



**HEYFIELD  
HOSPITAL**

Central Gippsland Health

**Heyfield Hospital Incorporated  
Governance Policies**

**August 2019**

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## **1 Purpose of Governance Policies**

**1.1** Governance refers to the processes and mechanisms in place to support and implement decisions. It encompasses policies, procedures, systems and behaviours through which an organisation's authority is administered, exercised and maintained.

Good governance is when these policies and processes positively support effective decision-making, transparency, strategy, accountability and performance, each of which is critical to ensuring the ongoing viability of a service.

These Governance policies are designed to assist the Board to make collective decisions in an effective, knowledgeable and transparent manner in the discharge of their duties under relevant legislation, rules of association and policies. Sound governance enables the Board and management to understand and delineate their responsibilities and achieve accountability in decision making.

## **2 Our Vision, Mission and Values**

### **Our Vision**

Our vision is for Heyfield Hospital to be: a flexible, accessible and trusted service supporting community needs.

We believe that we can build on our positive reputation within the region and on current and emerging partnerships to enable us to achieve long term financial independence, grow our services and respond flexibly to the changing needs of our community.

### **Our Mission**

The Mission of Heyfield Hospital is to add value to our community by providing high quality, flexible health and aged care services tailored to meet our community's needs.

In doing so we will:

- Attract, retain and continue to develop a vibrant and dynamic workforce, capable of meeting our service needs within a framework of mutual obligation;
- Achieve financial independence and long term sustainability;
- Provide very high quality services that not only meet but exceed external quality accreditation standards; and
- Develop innovative, exciting and relevant service delivery models that both embrace and take advantage of regional partnerships, collaborative service delivery programs and funding opportunities.

## **Our Values**

We understand and embrace the belief that Heyfield Hospital is capable of supporting our community.

In stabilising and possibly growing this community asset we will:

- Place people at the centre of care.
- Act with honesty, transparency and integrity.
- Strive for excellence in the quality of services.
- Be supportive and socially aware.
- Provide services as efficiently and effectively as possible.
- Demonstrate respect, loyalty and trust to our people.

## **3 Goals**

Our Key Goals are to:

### **Connect Services**

Build a triangular relationship which includes horizontal (across service levels) and vertical components for resourcing, viability and workforce development.

### **Connect Communities**

Create a viable model that builds on strengths and creates enabling pathways for the local community in an era of increasing competition from state-wide and national providers.

### **Universal Design**

Universally adapt the facilities to maximize the outcomes for current and future needs of the community.

## 4 Our Stakeholders

- 4.1 As a not for profit community owned residential care and health care provider, our primary stakeholders are our residents and the community of Heyfield and district. The Department of Health, through the Minister for Health and the Secretary, which funds, controls and strategically directs our operations and discharges its responsibilities under the National Health Care Agreement. We also have responsibilities to the Commonwealth Department of Health & Ageing who fund aged care services, the Department of Health and Central Gippsland Health Service who fund acute and subacute public health services, multiple health funds whose members we provide services to, our staff, volunteers and contractors. We also cooperate and work together with other health and community service agencies to fulfil our Values, Mission and Vision.

## 5 Key Board Responsibilities, including Delegation with Limitations

- 5.1 The role of the Board is to provide strategic guidance and effective oversight of management through discharge of its corporate and governance responsibilities and through its delegation to the Chief Executive Officer (CEO) and the limitations set out. The Board oversees the performance of the service and ensure that it meets required policies and performance objectives, including setting the vision, strategy and direction of the organisation in line with Victorian government policy. The Board has ultimate accountability for the delivery of safe and quality care, overall oversight of the performance and delivery of key policy priorities, and ensuring the ongoing financial viability of the organisation.

### Corporate responsibilities

- 5.2 The Board's corporate responsibilities are to:
- provide governance oversight of the health service, including its control and accountability systems, and processes to manage corporate risk through an appropriate committee structure and reporting to the Board;
  - monitor the performance of the health service against its targets (including Service Agreement or other funding agreements);
  - monitor, overview and, if necessary, terminate the management agreement with CGHS;
  - provide guidance to management in the development and refinement of the health service's corporate strategy and performance objectives through the development of an organisational strategic plan;

- review and approve systems of risk management and internal compliance and control, codes of conduct, and strategies for legal compliance developed by management;
- monitor and manage potential conflicts of interest of Board Directors and employees through an effective and transparent system of disclosure;
- through the CEO, ensure effective monitoring of senior management performance, implementation of strategy, and that appropriate resources are available;
- monitor the progress of major capital works and approve expenditure, and monitor and approve major contracts and major expenditures;
- evaluate financial and clinical performance; and
- monitor the reporting of data.

### **Clinical Governance Responsibilities**

**5.3** The Board must ensure that the health service has:

- A robust clinical governance framework which includes processes to maintain and monitor clinical standards, including effective infection monitoring and patient outcome measures;
- an effective and responsive system for managing clinical risk and timely reporting through appropriate committee structures to the Board;
- a system for effective training and professional development for all staff.

### **CEO communication and support to the Board to enable the Board to discharge its key responsibilities**

**5.4** The CEO shall ensure that the Board is informed and supported in its work. Therefore, the CEO shall:

- submit data in a timely, accurate and understandable fashion addressing the various issues to be monitored by the Board;
- present financial reports that make clear:
  - significant trends
  - data relevant to agreed benchmarks and Board-agreed measures, e.g. financial ratios as determined by the Board, variations to major budget categories;

- inform the Board of significant trends, implications of Board decisions, issues arising from policy matters or changes in the basic assumptions upon which the Board's policies are based;
- inform Board members when for any reason there is actual or anticipated non-compliance with a Board policy;
- inform the Board of any actual or potential serious legal conflict or dispute that has or may arise in relation to the health service;
- ensure the Board is fully informed on relevant points of view to allow the Board to determine a matter;
- inform the Board of such occasions when it violates one of its own policies, particularly when this relates to the CEO's ability to carry out his/her responsibilities;
- ensure that there are effective communication channels relevant to the Board's tasks; and
- deal with the Board as a whole except when responding to individual requests for information or requests from Board committees or working parties.

#### **Delegation to CEO and CEO reporting to Board**

**5.5** The Board delegates to the CEO the responsibility for all operational policies for the functioning of the health service and the implementation of measures to ensure that funding agreements are met. The Board, through its Instrument of Delegation, sets the financial limits of the CEO and Executive staff delegation.

**5.6** The Board permits the CEO to use reasonable interpretation of Board directives in performing this delegation.

#### **Delegation by CEO**

**5.7** The CEO is permitted to delegate, in writing, certain responsibilities and authorities to employees who report directly to the CEO.

#### **Limitations on the delegation to the CEO**

**5.8** While the CEO is entrusted with delegations from the Board, the following limitations apply to the CEO who must not:

- cause or allow the development of financial harm or material deviation of actual expenditures from Board priorities;
- cause the health service to incur debt without Board approval that cannot reasonably be funded from unencumbered revenues within a period agreed to by the Board;

- use any organisational funds, or enter into any contracts or accept other liabilities, other than for the furtherance of the health service's purposes and priorities as approved by the Board;
- permit invoices from suppliers of goods and services to the health service to remain unpaid beyond trade credit terms agreed with those suppliers;
- use or permit the use of restricted funds or contributions for any purposes other than those designated;
- fail to pay staff on time;
- act outside of the Instrument of Delegation;
- permit tax payments or other government ordered payments and filing to be overdue or inaccurately filed;
- cause non-compliance with Australian Accounting Standards;
- acquire, encumber or dispose of real estate without the authority of the Board;
- neglect to ensure that there are limitations on expenditure and adequate controls on the use of credit cards by card holding staff;
- fail to take all reasonable steps to secure monies owed to the health service; and
- fail to protect the assets of the Health service.

## **6 Interface between the Board and Management**

### **Decisions of the Board as a whole**

- 6.1** The interface between the Board and management is only through the CEO. Only decisions of the Board, acting as a whole, are binding on the CEO.

### **Board may only direct CEO**

- 6.2** The Board will never give directions to a staff member, nor will the Board evaluate either formally or informally, any staff member, other than the CEO.

### **Performance Assessment of CEO**

- 6.3** The Chair of the Board will be invited by the CGHS Board Chair to assist in the review and assess the CEO's performance on the basis of organisational performance. The achievement of the Board's strategy, within the guidelines of and according to the principles of this policy, will be viewed as part of successful CEO performance.

## **Management Agreement**

- 6.4 The Board and CGHS shall act in accordance with the terms and conditions of the agreement including the need to renew or otherwise as set out in the agreement.

## **CEO Emergency Succession**

- 6.5 To ensure business continuity as a result of the sudden or unexpected loss of its CEO, the CEO shall ensure that there is at least one senior executive who is capable of assuming the CEO's role and tasks on a temporary basis and who is familiar with Board issues and priorities.

## **7 Composition, Induction and Evaluation of Board**

### **Appointment, Composition and Removal**

- 7.1 The Board will place advertisements for a general appointment round each year.
- 7.2 The advertisement will invite suitably qualified and experienced persons to apply for appointment to positions as members on the board. Those interested must have a commitment to excellence in health care, and the skills and expertise to contribute to the governance of the organisation.
- 7.3 As an aged care provider, the health service requires that all Board Directors comply with the Aged Care Principles enacted under the Aged Care Act. This requires each Director to furnish a police check before appointment or re-appointment.
- 7.4 In accordance with the rules of association, the Board shall comprise of up to 12 persons.

### **Induction**

- 7.5 Effective governance requires Board members to have a clear understanding of the organisation, the environment it operates in as well as their own role and responsibilities. In the case of new Board members, this means that they must be effectively inducted into the organisation. A well-developed induction program improves Board integration, and assists with the delivery of long term strategic goals, compliance with legal and regulatory requirements, and meeting environmental and community needs.
- 7.6 The induction programme shall incorporate health service background material, the latest annual report, the rules of Heyfield Hospital Incorporated, information about roles and responsibilities and face to face meetings with relevant Office Bearers.

### **Evaluation**

- 7.7 The Board must evaluate its performance and effectiveness at least once each year.

## **8 Internal Working of the Board**

### **Board's collective responsibility for governance**

**8.1** Board directors are bound by legal and ethical responsibilities enshrined in the Enabling Act and supporting governance guidelines. The role of a director is to fulfil their directorship responsibilities, and those responsibilities outlined in the Health Services Act, in a professional and ethical manner.

In practice, this means that directors must:

- act in the interests of the health service at all times
- act with integrity and in good faith
- hold themselves and each other to account
- attend all meetings, having pre-read all board papers
- look beyond the obvious and not just accept the information presented
- be curious and well informed – inform themselves of issues/risks impacting the provision of health services.

**8.2** The Board will govern with an emphasis on:

- outward vision more so than inward management;
- encouragement of diversity of opinions and views;
- strategic leadership more so than administrative detail;
- collective rather than individual decisions;
- a clear distinction between Board and executive management roles, and
- pro-activity rather than reactivity.

**8.3** The Board will:

- cultivate a sense of group responsibility with a close attention to achieving a high level of governance excellence;
- bring a high level of commitment and awareness of matters under discussion;
- accept a collective responsibility for all aspects of Board performance including the fulfilment of official roles and the work of Committees.

### Appointment and role of the Chair

**8.4** The chair plays a crucial leadership role in facilitating the effective contribution of all directors and promoting constructive and respectful relations between all directors and executive management. As the leader of the Board, the Chair also has a performance management role with respect to other directors. The chair must lead by example, displaying the utmost professionalism and engaging in conduct that is beyond reproach.

An effective chair must:

- actively engage in inclusive leadership that ensures all directors can, and do, contribute to Board discussions in a collegiate and constructive manner
- ensure that the Board fulfils its role to proactively oversee and govern the organisation rather than being a 'rubber stamp' for management
- demonstrate personal integrity through ethical behaviour and exercise power in the appropriate manner
- provide leadership by empowering and motivating Board colleagues
- develop a positive relationship with the CEO and senior management
- command respect by winning the confidence of fellow directors
- demonstrate strong communication skills, both verbal and written
- understand and demonstrate a commitment to corporate governance principles and practices
- operate as a team player, respecting, acknowledging and building on the views and perspectives of others
- promote a suitable vision and strategy, offering strategic insight and direction
- manage Board meetings and procedures including time management and development of agendas
- performance assessment and management
- lead succession planning for Board and key executives
- oversee the development of a sound risk management framework.

**8.5** The Board elects the Chair at the first meeting of the Board after the annual general meeting.

**8.6** The Chair assures the integrity of the Board's process and on appropriate occasions represents the Board to outside parties. Therefore, the Chair ensures that the Board behaves consistently with its own rules and policies:

- meeting discussion content will centre on those issues which, according to Board policy, clearly belong to the Board to decide, not the CEO;
- deliberation will be fair, open, and thorough but also timely, orderly, and kept to the point;
- the Chair will schedule meetings with the CEO at least monthly to ensure adequate communication;
- the authority of the Chair consists in making decisions within the Governance Policies and Board/CEO interface, except where the Board specifically delegates portions of its authority to the Chair. The Chair is authorised to use reasonable interpretation of the provisions in these policies;
- the Chair is empowered to chair Board meetings, with all the commonly accepted power of that position (for example, ruling, recognising);
- the Chair has no authority to make decisions that conflict with Board policies. Therefore, the Chair has no authority to personally supervise or direct the CEO;
- the Chair may represent the Board to outside parties in announcing Board-stated positions and in stating decisions of the Board and interpretations within the area delegated to her or him;
- the Chair may delegate this authority but remains accountable for its use.

### **Management of conflicts of interest**

**8.7** A conflict of interest is where a director has interests that could influence, or be seen to influence, their decisions or actions in the performance of their duties. Conflicts of interest and duty may be actual, potential or perceived. The duty to declare interest and avoid conflicts of interest is a fiduciary duty.

**8.8** Conflicts of interest are frequently referenced in public sector governance and public settings due to the trust and confidence reposed on the director. Public sector agencies like health services have significant investment and faith placed in them by the public. Avoiding, and where this is not possible, declaring and managing a conflict is critical for the public to maintain their trust and confidence in the health service as an entity. For this reason, no decision maker in the entity – be they the Board, the CEO or even a low level procurement officer, can have a conflict of interest regarding the decision being made.

- 8.9** The Board must regularly assess the independence of each Director in light of their disclosed interests. Conflicts of interests occur where there is a divergence between the individual interests of a Director and their responsibility to the health service.

#### **Disclosure of conflicts**

- 8.10** All conflicts must be disclosed by Directors to the Board. Directors must, as soon as they become aware, reveal information relevant to the nature of any conflict of interest, before it is considered by the Board. Any Director who has a conflict of interest must not participate in debate or vote on the matter in question. All such conflicts of interest must be declared by the Director concerned and officially documented in the minutes of the meeting at which the disclosure is made. A register of disclosed conflicts is circulated with every meeting agenda.

#### **Board meeting process**

- 8.11** Meetings are held with the expectation that Directors have prepared for them, papers are read and they will participate in all discussions at all times within the boundaries of behaviour considered acceptable by the Board.
- 8.12** Meetings will include the CEO, members of the senior management team as agreed by the CEO, Board members and, from time to time, the CEO may invite other staff to the meeting to present an issue or provide information or advice.
- 8.13** The Board may exercise its right to go 'in committee' at any time but must:
- make the reasons clear;
  - make an effort to anticipate and signal any such 'in committee' session in the agenda or at the beginning of the meeting;
  - may include or exclude any person other than a Board Director if it so chooses.
- 8.14** Any Director may call for a poll on any issue. Each Director has one vote and in the event of a tied vote, the Chairperson may resolve the issue by a second or casting vote.

#### **Annual agenda**

- 8.15** The Board will develop and follow an annual agenda that focuses on its strategic issues, corporate and clinical governance and should aim to continually improve Board performance through education and evaluation of effectiveness. The Board's annual agenda cycle, budget and business planning will be aligned such that all tasks/requirements are met each year and include the following:
- reviews of Key Result Areas and strategic objectives;
  - governance training and education;
  - schedule for the review of the Governance Policy; and

- Board performance/effectiveness review.

## **9 Ethical, Responsible and Informed Decision-Making**

### **Ethics**

- 9.1** The Board promotes and ensures the integrity of those who can influence the health service Strategic Plan and financial performance. This involves promoting a process to enable responsible and ethical decision making and management. The key outcome will be honesty and transparency in all dealings and transactions. Directors of the Board have a fiduciary duty to the health service.

### **Duties of a fiduciary**

- 9.2** Directors of the Board are “fiduciaries”, having the ultimate responsibility for the Health Service as a legal entity. This means that they have common law duties of loyalty and good faith. In addition, they owe a duty to:
- act bona fide in the interests of the health service;
  - exercise powers for their proper purposes;
  - retain their discretionary powers;
  - avoid conflicts of interest; and
  - exercise care and diligence.

### **Directors duties under Corporations Act**

- 9.3** Directors of the Board are subject to the statutory duties of officers and directors imposed by the Corporations Act.

### **Collective decision making and independent judgment**

- 9.4** The Board is collectively responsible for the decisions it makes. Board Directors are expected to bring their independent judgment, their expertise and their community perspective to bear on the issues facing the Board. Board Directors are expected to follow the highest standards of corporate and personal conduct.

### **Informed decision-making**

- 9.5** The CEO and the Chair, through the provision of induction materials, ongoing education and professional development, and appropriate information on the business facing the Board, ensure that the decisions of Directors are not only ethical and responsible but suitably informed.

## 10 Committees

### Committees established by CGHS By-Laws

**10.1** CGHS By-Laws establish a Quality Committee and a Risk & Audit Committee and permit the establishment of other committees. The responsibilities of the committees cover the entire CGHS network including HHI. The HHI Board will receive all the committee minutes, including recommendations of the Committees in a timely manner.

### Quality Committee

**10.2** The CGH Quality Committee is to:

- Support a culture of quality improvement and innovation across all divisions of CGH;
- Oversight the development, implementation, monitoring and evaluation of the CGH Clinical Governance Framework;
- Oversight and report against performance and improvement activities relating to the achievement of relevant quality and accreditation standards across CGH services and campuses;
- Oversight major CGH quality improvement projects;
- Provide the Boards with quality improvement information, supported by qualitative and quantitative information, including those relating to the Accountability Framework and relevant legislative compliance reports.

### Risk & Audit Committee

**10.3** The Risk & Audit Committee is responsible for reviewing the accuracy of all data reported by the Services and for the integrity of the risk management system and risk register and to attest to risk management principles.

### Risk Management

**10.4** HHI is incorporated in CGHS's risk attestation framework. As such, the Board is responsible for ensuring that:

- The agency has a risk management framework in place consistent with AS/NSZ ISO 31000:2009 Risk Management – Principles and Guidelines;
- The risk management framework is reviewed annually to ensure it remains current and is enhanced as required, and supports the development of a positive risk culture within the agency;
- Risk management processes are effective in managing risks to a satisfactory level;

- It is clear who is responsible for managing each risk, inter-agency risks are addressed and the agency contributes to the management of shared risks across government, as appropriate;
- The agency contributes to the identification and management of state significant risks, as appropriate;
- Risk management is incorporated in the agency's corporate and business planning processes;
- Adequate resources are assigned to risk management;
- The agency risk profile has been reviewed within the past 12 months; and
- The agency conducts:
  - An annual review of its compliance with both risk management and insurance requirements;
  - Attests in the CGHS annual report that it has complied with Ministerial Standing Direction 4.5.5 or, if it is partially in compliance, identifies areas of non-compliance and remedial actions taken in the attestation; and
  - Ensures that the Risk & Audit Committee reviews and monitors compliance with Ministerial Standing Direction 4.5.5.

### **Reports to the Board**

- 10.5** The Risk & Audit Committee shall after every meeting forward the minutes of that meeting to the next ordinary meeting of the CGHS, SPI and HHI Boards and may include a report explaining any specific recommendations and key outcomes.
- 10.6** The Board can establish committees for specific tasks as required. For the most part, the function of committees is to solve problems for, or make recommendations to, the Board in respect of which only the Board has the power to make decisions or policy. When committees are established, their mandate, composition and working procedures should be well defined, disclosed and approved by the Board. The mandate, composition and working procedures of committees established by the Board must be in conjunction with and not in any way contrary to the existing Governance Committees of Central Gippsland Health.

## **11 Matters Relating to Financial Management and Risk**

### **Financial management and audit**

- 11.1** The CEO is required to signify that the financial reports present a true and fair view, in all material respects, of the health service's financial condition and operational results

and are in accordance with relevant accounting standards and The Financial Management Act 1994. An independent financial audit will be undertaken on an annual basis to measure compliance.

### **Investments**

- 11.2** All investments made for or on behalf of the health service may be made in any manner authorised by law and in accordance with an approved investment policy. Investment in government approved funds and institutions are aimed to maximise long term returns whilst minimising risk.

### **Fundraising**

- 11.3** Fundraising activities pursued by the health service will align with its Mission, Strategic Plan and Rules. In doing so, the health service will remain mindful of the fundraising activities of other groups and the legitimate business activities of others in the community. Any auxiliaries and other specific fundraising groups and committees established will be appropriately structured and governed. All fundraising monies will be used only for the purposes for which they were intended.

## **12 Matters Relating to Clinical Management**

- 12.1** The Australian Council on Healthcare Standards defines clinical governance as 'the system by which the governing body, managers and clinicians share responsibility and are held accountable for patient care, minimising risks to consumers, and for continuously monitoring and improving the quality of clinical care'. The Board is legally and ultimately responsible for ensuring the safety and quality of the health care services it governs. CGHS through its management and committee structure will evaluate the organisation's performance and advice and implement strategies to continuously improve clinical governance.
- 12.2** Clinical services will be patient focused, safe, timely, appropriate and accessible. The guiding principles of good clinical management which the Board will monitor include:
- building a culture of respect, tolerance and trust which promotes collaboration towards improving quality and supports staff in providing safe care;
  - supporting transparent avenues of disclosure and engaging stakeholders and consumers in the provision of quality information to continually improve services;
  - establishing organisational structures, rigorous systems and provide resources to identify, monitor and continuously learn from unexpected incidents;
  - identification, management and reporting of key areas of risk;
  - critical evaluation of patient care against appropriate local, national and international benchmarks;

- valuing the competency of staff by supporting them with appropriate levels of resources and encouraging innovative solutions to improving patient care;
- Fostering relationships with other health services so that patients may move safely between them;
- Considering the reports of relevant experts, in particular clinical areas.

**12.3** Good clinical management should encompass both existing and planned services. Prior to engagement, all senior medical staff must undergo a rigorous process of credentialing and privileging. This process is designed to underpin safe clinical practice. CGHS has a committee that reviews and recommends the scope of privileges of all senior medical practitioners.