

Terms of reference

Central Queensland Hospital and Health Board Safety and Quality Committee

	Developed	Reviewed	Next Review Date
Date:	27 January 2012	November 2022	By end 2023

Purpose

The role of the Board Safety and Quality Committee (“the Committee”) is to monitor and advise on matters relating to safety and quality.

The Committee will provide prompt and constructive reports on its findings directly to the CQHHS Board (the Board) highlighting issues it considers are not being adequately addressed by management.

The Minutes of the Committee’s meeting will be promptly provided to the Board.

The Committee is an advisory committee of the Board and has no executive powers.

In discharging its responsibilities, the Committee has the authority to:

- examine any matter in relation to its objectives as it sees fit or as requested by the Board;
- engage external resources if necessary to obtain independent advice in relation to Committee matters with the approval of the Board; and
- have access to all levels of management via the Health Service Chief Executive in order to seek information from any employee of the CQHHS in order to carry out the Committee’s responsibilities.

The Committee refers recommendations to the Board.

Membership

The Committee shall have at least three members.

Except in circumstances where the necessary skills do not exist on the Board, the members of the Committee shall be members of the Board as determined by the Board from time to time. Where the necessary skills do not exist on the Board, the Board may appoint an external member to the Committee.

Collectively, the Committee shall possess (and may, where necessary, obtain assistance from external consultants with consent from the Board to assist in possessing):

- A commitment to the continual improvement in safety and quality of health services;
- A high-level understanding of patient safety systems;

- The ability to monitor governance arrangements relating to safety and quality of health services;
- A sound knowledge of accreditation models and State and National Safety and Quality standards, strategies, policies and agreements.
- A commitment to trauma aware healing informed policy and procedures

The Chairperson of the Committee shall be a member of the committee as nominated by the Board from time to time.

Attendees

Each CQHHS employee must provide full, frank and meaningful advice on any issue raised by the Committee within a reasonable time of receiving such a request and shall co-operate fully with the activities of the Committee in all respects. Holders of the following positions may not be members of the committee however are invited to, and expected to attend each meeting and provide

- Health Service Chief Executive
- Chief Operating Officer
- Executive Director Quality and Safety, Nursing and Midwifery
- Director Quality and Safety Unit
- Executive Director of Medical Services
- A nominated member of the Community and Consumer Advisory Committee or another appropriate person external to the CQHHS.

Proxies

Proxies are not permitted if the member is unable to attend meetings.

Quorum

A quorum for Committee meetings will consist of three (3) members.

Ethical Practices

- Members are required to declare any interests that could constitute a real, potential or apparent conflict of interest with respect to participation on the Committee
- The declaration must be made on appointment to the Committee and in relation to specific agenda items at the outset of each Committee meeting and be updated as necessary.
- Members of the Committee may from time to time be in receipt of information that is regarded as “commercial in confidence”, clinically confidential or have privacy implications.
- Members acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain. Members will maintain the Committee papers in a confidential manner from any other business or responsibilities of the members.

Governance

The Hospital and Health Boards Act 2011

Public Service Act 2008

Financial Accountability Act 2009

The Committees' duties and responsibilities are to monitor and advise on matters relating to Safety and Quality as detailed in s 32 of the *Health and Hospital Boards Regulation 2012*:

- a. advising the board on matters relating to the safety and quality of health services provided by the Service, including the Service's strategies for the following—
 - i. minimising preventable patient harm;
 - ii. reducing unjustified variation in clinical care;

- iii. improving the experience of patients and carers of the Service in receiving health services;
- iv. complying with national and State strategies, policies, agreements and standards relevant to promoting consultation with health consumers and members of the community about the provision of health services by the Service;
Examples of policies and standards— the documents called 'National safety and quality health service standards' dated September 2011 and 'Australian charter of healthcare rights', published by the Australian Commission on Safety and Quality in Health Care the document called 'Queensland Health public patients' charter', published by the department
- b. monitoring the Service's governance arrangements relating to the safety and quality of health services, including the CQHHS' First Nations Health Equity Statement by monitoring compliance with the Service's policies and plans about safety and quality using risk management approaches;
- c. promoting improvements in the safety and quality of health services provided by the Service;
- d. monitoring the safety and quality of health services being provided by the Service using appropriate indicators developed by the Service;
- e. collaborating with other safety and quality committees, the department and Statewide quality assurance committees in relation to the safety and quality of health services;
- f. any other function given to the committee by the Service's board, if the function is not inconsistent with a function mentioned in paragraphs (a) to (e).
*Example of a function for paragraph (f)—
 overseeing workplace health and safety practices in the Service*

Duties and Responsibilities

The Committee is directly responsible and accountable to the Board for the exercise of its duties and responsibilities. In carrying out its duties and responsibilities, the Committee must at all times recognise that primary responsibility for management of the CQHHS rests with the Board.

The Committee is to have regard to the duties and responsibilities to monitor and advise on matters relating to Safety and Quality as detailed in s 32 of the *Health and Hospital Boards Regulation 2012* and will extend across the following main indicators:

- Patient Safety and Quality matters:
 - Compliance with the Clinical Governance Framework
 - Compliance with the Safety and Quality Plan
 - Accreditation Strategy and processes
 - Minimising preventable harm through clinical incident reporting and management
 - Clinical Audit Program to identify and manage unjustified variations
 - Improving patient experience through consumer feedback mechanisms
 - Credentialing and Scope of Practice
 - Promoting improvements and lessons learnt in Patient Safety and Quality
- Staff training and development as it relates to quality and safety.
- Any other matters related to patient safety and quality as referred to the Committee by the Board or reported to the Committee
- The Chair of the Committee is expected to participate in the State-wide Chairs of Safety and Quality Committees Forum and Clinical Senate

This committee operates in accordance with the CQHHS Clinical Governance Framework and CQHHS Consumer and Community Engagement Strategy and incorporates the intent of NSQHS

Standard One: Clinical Governance and Standard Two: Partnering with Consumers with acknowledgement of linkages between all National Standards in business decision making.

Principles of Operation

The Committee may co-opt other members from appropriate Departments/Services/Facilities or professional groups, to attend and advise on specific items relating to their particular expertise.

The Committee will meet at least 4 times per year.

The Committee Chairperson may hold such additional meetings as may be necessary to address any matters referred to the Committee or in respect of matters the Committee wishes to pursue.

The Committee meetings will abide by normal meeting procedure, will be minuted and an agenda will be distributed before each meeting. Secretariat support will be provided to the Committee.

Draft Minutes of the Committee's meetings will be provided to the Chair for review within 48 hours of the Meeting. Feedback will be sought from the members within 7 days after distribution to them after which point they will be regarded as confirmed.

The Minutes of the Committee will be included with the meeting papers for the Board.

Reporting Relationships

The Committee will develop two-way communications through formal and ad hoc reporting to the Board.

Escalation Methodology

From Committee to Board

Issues, recommendations or escalations are to be sent to the secretariat of the Board.

Evaluation/Communication

The Terms of Reference are to be reviewed and evaluated on an annual basis to ensure that it remains consistent with the Committee's authority, objectives and responsibilities.

The Committee will undertake an annual self-assessment of its performance, for the previous twelve months.

The Terms of Reference are endorsed by the Chair of the Committee and approved by the Chair, CQHH Board.

Endorsement

Next Review Date: By End 2023

Document Control

Version	Date	Prepared by	Comments
v0.2	27/01/2012	Nik Fokas (v0.2)	First Draft
v0.3	4/06/2012	L Riddell	
v0.4	5/06/2012	L Riddell –	
v.05	28/06/2012 C Coleman	C Coleman	
v0.6	16/10/2013	Safety and Quality Committee	
v1.0		Approved by CQHH Board 25 October 2013	
v1.1	14/11/2014	Safety and Quality Committee	
v2.0	21/11/2014	Board	
v2.0	24/05/2016	Safety and Quality Committee	Annual Review
v.2.0	25/05/2016	Board	Approval
v2.1	17/11/2016	Safety and Quality Committee	Annual Review – Change to template and HHS representation
v2.1	16/12/2016	Board	Approval
v3.0	03/10/2017	Safety and Quality Committee	Annual Review – changes to attendees, governance and duties and responsibilities
v.3.0	27/10/2017	Board	Approval
v.3.1	October 18	Safety and Quality Committee	Annual Review – additional ACHS statement added
v4	April 2019	Board	Annual Review - additional ACHS statement added - CACC nominee added
v4.1	November 2019	Safety and Quality Committee	Annual Review: - amend attendance list - amend duties and responsibilities for Chair
v4	November 2021	Safety and Quality Committee	No changes made subject to revision of Board Charter and incorporation of relevant matters associated with implementation of the Health Equity Framework prescribed by the <i>Hospital and Health Boards Regulation 2011</i>
v4	December 2021	Board	Approved
v4.1	November 2022	Safety and Quality Committee	Annual Review – amendments suggested
v5	31 March 2023	Board	Approved

*Drafts should use format vX.1 (eg. start at v0.1). Final versions should use format vX.0 (eg. v1.0).