

Terms of Reference

Board Quality and Safety Committee *as at March 2019*

1.0 Purpose

The purpose of the Children's Health Queensland (CHQ) Board Quality and Safety Committee (the Committee) is to support the Board with its governance responsibilities and make recommendations to the Board. This is achieved by overseeing the quality and safety including compliance with state and national standards, provision of child and family centred care including patient and family feedback and complaints, service accreditation preparedness and periodic industry review outcomes and critical incidents of concern/interest to the Board. In fulfilling its responsibilities, the Committee will observe and promote the core organisational values of respect, care, integrity and imagination.

2.0 Authority

The Committee is a prescribed committee under Part 7 of the *Hospital and Health Boards Regulation 2012* and reports to the Children's Health Queensland Hospital and Health Board. The terms of reference are approved by the Children's Health Queensland Hospital and Health Board. The Board has authorised the Committee, within the scope of its responsibilities to:

- examine any matter in relation to its purpose and function 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 to assist in carrying out the Committee responsibilities.

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

3.0 Functions

The Committee has the following functions:

- (a) advising the Service on matters relating to the safety and quality of health services provided by the Service, including strategies for the following—
 - (i) eliminating 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;
- (b) monitoring the Service's governance arrangements relating to the safety and quality of health services, including by monitoring compliance with the Service's policies and plans about safety and quality;
- (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) monitoring key performance trends/indicators;
- (f) collaborating with other safety and quality committees, the department and State-wide quality assurance committees in relation to the safety and quality of health services in addition to working with national and international peers;
- (g) overseeing and monitoring the health services' Quality and Safety Strategic Plan;
- (h) 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 (g).

4.0 Risk Management

A proactive approach to risk management will underpin the business of the Committee. The Committee will:

- Identify risks and mitigating strategies associated with all decisions, to ensure the ongoing financial viability of the organisation;
- Implement processes to enable the Committee to identify, monitor and manage critical risks as they relate to the accountabilities of the Committee.

5.0 Reporting

The Committee will prepare prompt and timely reports to the Board outlining relevant matters that have been considered by it, as well as the Committee's opinions and recommendations thereon. The minutes of Committee meetings will be provided to the next meeting of the Board. The Chair will report to the Board on a regular basis. The Committee will provide the following to the Board:

- Annual meeting schedule
- Confirmed meeting minutes

The Committee will receive the following reports as standing items:

- Quality and Safety Report
- Consumer Engagement and Patient Experience Report
- Divisional Presentations (annual schedule)

6.0 Membership

Membership is determined by the Board. Members, including the Chair, will include at least three members of the Board. The appointment of the Committee Chair and Board members on the Committee will be minuted at the appropriate Board meeting and reviewed annually.

Chair:

If the Chair is absent from a meeting or vacates the Chair at a meeting, the Chair must appoint another member to act as the Chair on a temporary basis.

Standing invites:

The following positions will be invited to attend each meeting:

- Health Service Chief Executive
- Executive Director Clinical Services (QCH)
- Executive Director Clinical Services
- Executive Director Medical Services
- Executive Director Nursing Service
- Executive Director Allied Health
- Director Patient Safety and Quality Service

Proxies:

Proxies are only permitted if approved by the Chair.

7.0 Other Participants

The Chair may request Health Service Executive management team members, employees or external parties to attend a meeting of the Committee. Persons officially acting in a standing invitees' position may attend and participate in Committee deliberations / contribute to Committee recommendations provided they are suitably briefed prior to the meeting.

8.0 Quorum

A quorum for a meeting is one-half of the number of Committee members, or if one-half is not a whole number, the next highest whole number.

9.0 Out-of-Session Papers

Urgent matters can be progressed out-of-session with the agreement of the Chair.

10.0 Performance

The Committee will undertake an annual self-assessment of its performance to ensure that the Committee remains fit

for purpose and to identify and action any areas in which the effectiveness of the Committee could be improved. The Committee will provide a report on the annual review of outcomes to the Board.

11.0 Confidentiality and Access

Members of the Committee may receive 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. This responsibility includes, but is not limited to, the obligations on Board Members outlined in the *Hospital and Health Boards Act 2011* in Part 7 Confidentiality.

The Committee has full, free and unrestricted access to all records, documentation and physical property and personnel as may be required to fulfil its responsibilities. CHQ employees and management are expected to make themselves available to the Committee and frank, truthful and meaningful answers be given to questions asked of Committee members.

12.0 Secretariat

Secretariat support will be provided by the Board Secretary or another officer. The secretariat will be responsible for the preparation and circulation of the meeting agenda and accurately minuting all decisions of the Committee, in consultation with the Chair. The secretariat will also be responsible for the timely tabling of all correspondence, reports and other information relevant to the Committee’s activities.

13.0 Meeting Schedule

Meetings will be held at least four times a year and a schedule of meetings will be agreed in advance. In addition, the Chair may call additional meetings as necessary to address any matters referred to the Committee or in respect of matters the Committee wishes to pursue within its Terms of Reference.

14.0 Terms of Reference Review

The Terms of Reference will be reviewed annually by the Committee to ensure it remains consistent with the Committee’s authority, purpose function and responsibilities.