# Terms of Reference

## Aboriginal and Torres Strait Islander Patient and Community Serious Incident Review (SIR) Sub-Committee

**Portfolio Area:** Clinical Excellence Commission SIR Sub-Committees

**Applies to:** All members of the SIR Sub-Committee

**Reference Number:** TRIM D24/11138

**Date of Issue:** 03/07/2024

**Replaces:** TRIM D21/18091

**Related Policy / Documents:**

- Clinical Risk Action Group Terms of Reference
- National Aboriginal Health Plan
- NSW Health Authorised Committees
- NSW Aboriginal Health Plan (pending launch in NAIDOC week)
- Aboriginal Governance and Accountability Framework (pending launch in NAIDOC week)
- Communicating Positively: A Guide to Appropriate Aboriginal Terminology
- Aboriginal Cultural Activities Policy
- The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025
- Aboriginal Cultural Engagement Self-Assessment Tool
- Aboriginal Health Impact Statement
- Health Administration Act 1982 SECTION 23
- Incident Management Policy PD2020_047
- Violence, Abuse and Neglect (VAN) Service Standards Policy and Procedures PD2019_052
- Family Focused Recovery Framework 2020-2025
- Integrated Trauma Informed Care Framework
- Coroners Act 2009
- Look Back
- Open Disclosure Policy

**Related Documents:**

- Confidentiality Agreement Form (D24/13046)
- New Member Orientation Pack (D24/13047)

**Summary:**
This document outlines the Terms of Reference for the Aboriginal and Torres Strait Islander Patient and Community SIR Sub-Committee, including all processes. The document provides information pertaining to the Confidentiality Undertaking that is required for all Sub-Committee members.

**Review Date:** 01/12/2024

Revision and Approval History

| Version | Approved by | Date | Amendment Notes |
|---|---|---|---|
| CEC 20-05 | CRAG | May 2024 | Standardisation of SIR Sub-Committee TORs, membership updates, inclusion of debriefing session |

## 1. PURPOSE

The Aboriginal and Torres Strait Islander Patient and Community SIR Sub-Committee (the Sub-Committee) will review and analyse Serious Adverse Event Reviews (SAER) reports referred by the other SIR Sub-Committees that involve Aboriginal and Torres Strait Islander people and their community, as well as other relevant reports and information, to identify key learnings, emerging risks and patient safety issues that have statewide implications, and to promote improvements in the provision of health care to Aboriginal and Torres Strait Islander population, related care and services.

## 2. GOVERNING BODY

The Sub-Committee is a sub-committee of, and reports to, the Clinical Risk Action Group (CRAG) and is therefore afforded statutory privilege under Section 23 of the *Health Administration Act 1982*. All resources created by, and for, the Sub-Committee are privileged and cannot be disclosed or released without the approval of the CRAG.

## 3. FUNCTIONS

The functions of the Sub-Committee are to:

- Review and discuss SAER reports referred by the other SIR Sub-Committees, to identify key learnings, emerging risks and patient safety issues that have state-wide implications. It is at the discretion of the Co-Chairs of the Sub-Committee to determine if the SAER report requires discussion.
- Review other relevant reports and information, such as coronial reports, interjurisdictional reviews, consumer and community feedback, as determined by the Co-Chairs, to identify key learnings that have state-wide implications for NSW.
- Liaise/engage with relevant stakeholders to escalate identified risks and patient safety issues.
- Refer SIR reports to other SIR Sub-Committees upon agreement that there are potential risks, issues, or learnings relevant to that Sub-Committee.
- Escalate to the CRAG any key trends, risks and patient safety issues arising from the Sub-Committee, and specify actions being taken.
- Respond to any requests from the CRAG.
- Conduct analyses of relevant Aboriginal and Torres Strait Islander safety data
- Share statewide learnings arising from the Sub-Committee with the LHDs/SHNs and NSW Ambulance, as approved by the CRAG.

## 4. COMPOSITION

### 4.1 Chair

The Co-Chairs of the Sub-Committee are the Associate Director Patient Safety, Clinical Excellence Commission, and the Senior Regional Aboriginal Health Director.

The Co-Chairs are to:

- Ensure meetings are scheduled.
- Invite subject matter experts to attend meetings when required by the Sub-Committee.
- Establish the meeting agenda.
- Guide the meeting according to the agenda and time available.
- Ensure all discussion items end with a decision, action, or definite outcome.
- Determine if a request for a postmortem report is appropriate.
- Review and approve the draft minutes before distribution.

- Monitor the progression and completion of action items.
- Refer relevant SAER reports to other SIR Sub-Committees.
- Review SAER reports referred to the Sub-Committee to determine if the report requires discussion at the next Sub-Committee meeting.
- Ensure members are notified of their membership cessation in writing.

### 4.2 Secretariat

The Secretariat will be provided by the Clinical Excellence Commission and will:

- Allocate SAER reports to Sub-Committee members for review in consultation with the Co-Chairs.
- Prepare meeting papers and ensure all necessary documents requiring discussion or comment are attached to the agenda.
- Make meeting papers (including the minutes from the last meeting) available five days prior to the meeting, which includes a caveat stating:

  *The SIR Sub-Committee meeting papers are privileged and cannot be discussed or forwarded outside the membership of this Committee, without prior authorisation. Please ensure all correspondence and attachments are stored securely. Due to the sensitive nature of the content, under no circumstances should the papers be forwarded to personal email addresses.*

- Prepare minutes of meeting.
- Make minutes available to all committee members two weeks after the meeting. The minutes should be endorsed for distribution by the Co-Chairs and accepted by Sub-Committee members as a true and accurate record at the commencement of the next meeting.
- Ensure new members complete the Clinical Excellence Commission's Confidentiality Undertaking.

### 4.3 Aboriginal Patient Safety Project Officer

The Aboriginal Patient Project Officer of the Sub-Committee will:

- Liaise with the Co-Chairs and Secretariat prior to the scheduled Sub-Committee meeting to confirm agenda items for discussion.
- Conduct relevant analyses and compile additional materials for consideration by the Co-Chairs or for discussion by the Sub-Committee.
- Review the draft minutes prior to approval by the Co-Chairs.
- Ensure actions items are completed.
- Ensure resources are developed to share key lessons for learning arising from Sub-Committee discussions. This includes complying with required processes for approval by the CRAG and organising dissemination and publication where relevant.
- Review requested postmortem reports to determine if findings are relevant to Sub-Committee discussions, in consultation with the Co-Chairs.
- Contribute to the biannual report compiled by the Patient Safety Directorate and submitted to the CRAG.
- Draft an annual report of Sub-Committee activities for submission to the CRAG.

### 4.4 Membership

The following positions form the Sub-Committee core membership:

| Member Position | Department/Organisation | Position |
|---|---|---|
| Senior Regional Aboriginal Health Director | Ministry of Health | Co-Chair |
| Associate Director Patient Safety | Clinical Excellence Commission | Co-Chair |
| Director Patient Safety | Clinical Excellence Commission | Member |
| Aboriginal Patient Safety Officer | Clinical Excellence Commission | Member |
| Principal Clinical Lead | Clinical Excellence Commission | Member |
| Senior clinical representative (CAH) | CAH, Ministry of Health | Member |
| **Members to be distributed across tertiary, metropolitan, rural, and regional LHDs** | | |
| Aboriginal Liaison Officer x 2 | LHD/SHN (regional/remote) | Member |
| Director of Clinical Governance | LHD/SHN (regional/remote) | Member |
| Director of Clinical Governance | LHD/SHN (metro) | Member |
| Aboriginal Health Manager, Mental Health | Mental Health Service | Member |
| Multidisciplinary (allied health) Aboriginal Clinician x 2 | LHD/SHN (regional/remote) | Member |
| Aboriginal Health Manager Alcohol and Other Drugs (AOD) Clinician | LHD/SCHN | Member |
| Justice Health Representative | LHD/SCHN | Member |
| Child and Adolescent/Young Person Mental Health | LHD/SCHN | Member |
| Maternal and neonatal health | LHD/SCHN | Member |
| **Others** | | |
| Secretariat | Clinical Excellence Commission | |

### 4.5 Roles and responsibilities of members

Each member is required to:

- Comply with the requirements for confidentiality, code of conduct and conflict of interest that are set out in NSW Health Policy Directive *Code of Conduct* (PD2015_049), NSW Health Policy Directive *Conflicts of Interest and Gifts and Benefits* (PD2015_045), and the Clinical Excellence Commission's *Confidentiality Undertaking*. The obligations also apply to the member's delegate/nominated representative.
- Review allocated SAER report(s) prior to the meeting, present the identified risks, issues, and learnings at the meeting for discussion by members. Regardless of attendance, the reviewer is expected to participate in the pre-meeting review process and to ensure a representative is available to present the case. As part of the review process, the member is to:
  - complete the SAER case summary proforma when required.
- Read the meeting papers and contribute to the meeting discussion by identifying recurring themes, issues, risks, and learnings, as well as proposing potential action items for consideration by the Sub-Committee.
- Contribute to, review, and provide feedback on any resources developed by the Sub-Committee.
- Declare any conflicts of interest and abstain from making comments or contributing to the conversation unless invited by the Co-Chairs.
- Nominate a delegate/proxy when the member is unavailable. It is at the discretion of the Co-Chairs to agree to the delegate/proxy and the delegate/proxy is required to

comply with the roles and responsibilities stipulated above.

Members will cease to be a member of the Sub-Committee if they:

- Resign from their employment or move to a position that no longer aligns with the Sub-Committee membership requirements.
- Conclude their membership term*
- Fail to meaningfully contribute to the Sub-Committee or comply with the Terms of Reference*.

**It is at the discretion of the Co-Chairs to determine whether a member will cease to be part of the Sub-Committee membership.*

### 4.6 Membership recruitment and term of appointment

Member can be recruited through various methods including:

- An expression of interest.
- Recommendations from current members or exiting members.
- Direct appointment by the Co-Chairs.

Members of the Sub-Committee will be appointed for a three-year term. It is at the discretion of the Co-Chairs to extend a member's term.

### 4.7 Observers/subject matter experts/clinical advisors

Observers/subject matter experts/clinical advisors can attend a Sub-Committee meeting at the invitation of the Co-Chairs.

Observers and subject matter experts/clinical advisors are required to comply with the requirements for confidentiality, code of conduct, conflict of interest and privilege that are set out in NSW Health Policy Directive *Code of Conduct* (PD2015_049), NSW Health Policy Directive *Conflicts of Interest and Gifts and Benefits* (PD2015_045), and the Clinical Excellence Commission's *Confidentiality Undertaking*. The meeting invitation will only be sent once they have completed and returned the required confidentiality paperwork.

Observers, subject matter experts/clinical advisors have no voting rights and may be required to leave the meeting at any time by the Co-Chairs.

## 5. MEETING OPERATING PROCEDURES

### 5.1 Quorum

A quorum consists of 50% of the Sub-Committee core membership plus one with the inclusion of one of the Co-Chairs and representation from the Clinical Excellence Commission and the Centre for Aboriginal Health (CAH) Branch.

In the event a quorum is not achieved the meeting may proceed, however, decision making must be postponed until a quorum is formed. Decisions will be made by consensus.

### 5.2 Frequency of meetings

Sub-Committee meetings will be held bi-monthly for a duration of up to two and a half hours. An exceptional/extraordinary meeting may be called by the Co-Chairs and the Clinical Excellence Commission if there are urgent system wide risks that require the collective expertise of the Sub-Committee to formulate an informed advice to the CRAG.

A de-briefing session will be available after the closure of the meeting, as required.

Where there are insufficient reports for review, a meeting may be cancelled, and the agenda items will be carried over to the next scheduled meeting. This will be determined by the Co-Chairs, and members will be notified within seven days of the scheduled meeting.

## 6. Reporting and Evaluation

An annual report is required to be submitted to the CRAG detailing the activities of the Sub-Committee. In addition, the Sub-Committee is required to contribute to a biannual report that is compiled by the Patient Safety Directorate, Clinical Excellence Commission and submitted to the CRAG.

An evaluation will be circulated to all Sub-Committee members to seek their feedback on the functions of the Sub-Committee, their experience, and opportunities for improvement. The evaluation will be conducted annually, and the results provided to the CRAG in the annual report.

The Terms of Reference will also be reviewed annually from the date of approval to ensure ongoing appropriateness.