Terms of Reference

Health
Sydney
Local Health District

SLHD Clinical Quality Council

GOVERNANCE	Sydney Local Health District (SLHD) Board SLHD Chief Executive Clinical Governance Unit
OBJECTIVE	To implement effective clinical governance by providing a means by which the quality of clinical care provided to consumers at Sydney Local Health District is defined, measured, monitored, improved and reported to consumers, the clinicians and managers of the services, the Chief Executive of SLHD, the Governing Council, the Ministry of Health (MoH) and the Minister for Health.
MEMBERS	Membership will include: • Members of the Governing Board • Chief Executive SLHD • Executive Director Medical Services, Clinical Governance and Risk SLHD • Deputy Director Clinical Governance • Executive Director Operations SLHD • Executive Director Nursing and Midwifery SLHD • Executive Director Clinical Services Integration SLHD • Chief Medical Wellness Officer • Chief Nursing and Midwifery Information Officer • Executive Director Finance • Clinical Directors • Director Allied Health SLHD • Community representatives • Facility/Service General Managers • Clinical Manager Representative • Pharmacy representative • PHN Representative • Clinical Quality Manager • Patient Safety Manager • Policy Manager • Incident Management • Director Patient and Family Experience • Executive Director Strategic Relations and Communications • Executive Clinical Advisor • Director CEWD • Executive Director, Sydney Research • Director Planning • Chief Information Officer • Staff representatives from Nursing, Allied Health or Medical
CHAIRPERSON	SLHD Board Member + Chief Executive

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SECRETARIAT	SLHD Clinical Quality Officer
QUORUM	The quorum for the committee shall be the nearest whole number above one half of the membership
MEETING FREQUENCY	Monthly
ROLE	• To provide leadership for quality of health care within the SLHD • To measure the quality of care delivered to consumers, to analyse, evaluate, and report it accurately to all stakeholders • To provide leadership against the National Standards, especially National Standard 1 • To facilitate and monitor quality improvement and clinical practice improvement initiatives within the SLHD • To promote education, training and research for quality • To approve, monitor and provide feedback on SLHD policies, procedures and guidelines
REPORTS and AGENDA ITEMS	**Every meeting:** • Incident/Complaint presentation (Rostered across facilities and Streams) • Patient and Family Centred Care presentation (Rostered across PFCC Committees and Facilities) • Serious Incident Report • Root Cause Analysis final summary sheets • Consumer issues (standing agenda item) • Matters for Information (standing agenda item) • Performance report (PMF) • Facility presentation on local Quality and Safety initiatives/results **Three times a year**: • Hand Hygiene Audit results • Bureau of Health Information survey results and initiatives **Annually:** • Quality and Safety KPI results and trends: o Complaints, o Falls, o Pressure Injury, o Infection rates, o Involuntary Mental Health Patient Abscond data • Annual Terms of Reference review
MINUTES	SLHD Board Clinical Quality Council members SLHD Executive Risk Committee