



COMMITTEE CHARTER & TERMS OF REFERENCE

Health Care Quality Committee Sub Committee of the Western NSW LHD Board

1. Authority

The Local Health District Board has the responsibility for the overall governance of Western NSW Local Health District (Western NSW LHD).

The Health Care Quality Committee is a sub-committee of the Western NSW LHD Board.

The Chief Executive has assigned executive responsibility for Western NSW LHD quality and safety systems to the Executive Director Quality, Clinical Safety and Nursing who directs the resources and staff of the Quality and Clinical Safety team.

The Executive Sponsor of the Health Care Quality Committee is the Executive Director, Quality Clinical Safety and Nursing Directorate.

This Charter defines the purpose, terms of reference and authority of the Western NSW LHD Health Care Quality Committee.

2. Purpose

The purpose of the Health Care Quality Committee is to ensure the integrity of the Western NSW Local Health District's system to monitor the quality of clinical care and safety performance, and to ensure that there is a focus on continuous quality improvement.

The Health Care Quality Committee has the designated role to monitor, report, evaluate and progress Western NSW LHD quality and safety strategies and overall performance and in alignment with the following documents:

1. NSW Ministry of Health Service Agreement
2. Western NSW LHD Strategic Plan 2020 – 2025
3. WNSW LHD Operational Plan
4. Australian Safety and Quality Framework for Health Care
5. National Safety and Quality Health Service (NSQHS) Standards
6. NSW Patient Safety and Clinical Quality Program PD 2005_608
7. Clinical Governance Framework PD 2019_030

The Health Care Quality Committee has the delegated authority to:

- Review and feedback about WNSW LHD clinical quality and patient care functions
- Provide oversight of initiatives to continuously improve the quality of patient centred health care services
- Safeguard high standards of care by promoting an environment of excellence in patient care and service delivery.

3. Terms of Reference

The Committee objectives are:

- Provision of advice and expertise regarding the strategic directions for quality and patient care within Western NSW LHD.
- Coordination, monitoring and evaluation of the Western NSW LHD functions and initiatives consistent with the NSW Patient Safety and Clinical Quality Program and the initiatives of the Clinical Excellence Commission (CEC) and the Agency for Clinical Innovation ACI.
- Promotion of a culture of quality and care in an environment of excellence in clinical care.
- Oversight of patient care activities including monitoring, review and evaluation of District-wide actions taken in response to incident management.
- Review of clinical and service indicators to evaluate the quality, care and effectiveness of clinical service delivery.
- Oversee dissemination of outcomes from clinical quality and patient care activities across the Western NSW LHD.
- Ensure ongoing engagement of clinical staff occurs in monitoring, reporting and evaluating quality and clinical safety.
- Monitor District-wide clinical quality and patient care developments and outcomes
- Ensure consumer perspectives are incorporated into Western NSW LHD clinical quality and patient care programs.

4. Organisational Risks addressed by this Committee

The primary organisational risk addressed by the committee is clinical risk as it is specifically outlined in the Ministry of Health Service Level Agreement and the NSW Patient Safety & Clinical Quality Program, and as identified by Clinical Excellence Commission initiatives, the Western NSW LHD Strategic Patient Safety Goals and other major clinical governance, patient safety and clinical quality priorities.

5. Membership

Membership will include:

- Western NSW LHD Board representatives – Minimum of two Board members, one of whom will be designated as Chair of HCQC
- Chief Executive
- Executive Director Quality, Clinical Safety and Nursing
- Executive Director Service Delivery
- Chief Medical Officer
- Clinical Director, Quality and Clinical Safety
- Executive Director of Aboriginal Health and Wellbeing
- Executive Director Allied Health and Innovation
- General Manager Representative (Rotating basis Sector GM/GM Base site) – 12 months
- Consumer Representative 2 years - with a 6 month review period
- Patient Safety Manager
- Manager Patient Experience, Living Well Together
- Clinical Risk Manager
- Manager Nursing Policy, Practice & Clinical Standards

The Committee may co-opt other members or attendees as required.

Other personnel may be co-opted as required to assist the work of the committee.

In the absence of the nominated Chair the Executive Director of Quality, Clinical Safety and Nursing shall act as Chair.

6. Quorum

A quorum will be half the members plus one. A Board member must be present.

7. Frequency and Length of Meeting

- The meetings will be held a minimum of eight meetings per calendar year on the fourth Wednesday of the month.
- Meetings will be set at the beginning of each calendar year and circulated to members.
- Meetings will be 2 hours in length.

8. Agenda Preparation and Minutes Circulation

Papers for the committee will be prepared by the Secretariat to the Committee and circulated one week prior to the meeting date.

Agenda items must be forwarded to the Secretariat to the Committee at least one week prior to circulation of the agenda i.e, two weeks before the next meeting.

Minutes will be distributed to members within one week of the meeting date.

Quarterly Reports and other relevant documents will be circulated to the Executive Leadership Team, General Managers, Health Service Managers and Clinical Stream Executive Sponsor and Chairperson, with the expectation of dissemination to relevant staff.

Documents endorsed by committees should be stored electronically in PDF format.

9. Declaration of Conflict of Interest

Committee members are responsible for declaring any conflict of interest, whether pecuniary or non-pecuniary. In all cases where a conflict of interest exists, or may be reasonably perceived to exist, the Committee member shall not participate in the decision-making process.

10. Reporting lines

The Minutes of this committee will be forwarded to the WNSW LHD Board and are available for review as part of the National Safety and Quality Health Service accreditation process or other similar system as appropriately undertaken by the WNSW LHD.

The Committee will review and endorse reports and activities of working parties or committees as required. Minutes from the following committees and working parties will be received and tabled:

- LHD Infection Prevention Control Committee
- LHD Drug & Therapeutics Committee
- LHD District Blood Committee
- LHD Falls Prevention and Management Advisory Committee
- LHD Medical Imaging Services Patient Safety Minutes
- NSW Pathology – Pathology West
- LHD National Standards Steering Committee

11. Evaluation/Key Performance Indicators

- Monitoring Health Service performance against the current NSW Health Service Performance Agreement and the WNSW LHD priority Patient Safety related goals for example: Between the Flags / DETECT Program, Hospital Acquired Complications, Healthcare Associated Infection, Hand Hygiene, Correct Patient, Site and Procedure.
- Guidance and endorsement of the Safety and Quality Account.
- Publication and distribution of Bi-Annual (six monthly) Reports.
- Meeting frequency in accordance with terms of reference.
- Number of actions completed within time frame

12. Review

The terms of reference will be reviewed annually, or if circumstances that are endorsed by the Committee require a review to occur.

CONFIDENTIALITY POLICY

Matters discussed at this meeting may be of a confidential nature and must be treated as such by members. All data presented will be de-identified.

Breaches of privacy or confidentiality may result in disciplinary action.

Committee endorsement of this policy will imply understanding and acceptance of this confidentiality clause.

Version Control and Change History

Version	Date from	Date to	Amendments
1.0	5.6.13	24.10.18	Original Version
2.0	24.10.18	28.11.18	Revised and Endorsed
3.0	28.11.18	26.6.19	Membership updated
4.0	26.6.19	03.07.19	Membership roles updated
5.0	01.04.20	24.03.21	Membership and Purpose updated
6.0	24.03.21	23.02.2021	Membership
7.0	23.02.2022	22.02.2023	Frequency and Length of Meeting
8.0	22.02.2023		Membership titles updated