Clinical Excellence Commission – Terms of Reference for Clinical and Governance Committees

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Tab B - Audit and Risk Management Committee

The Board of the of the Clinical Excellence Commission (CEC), and the Chief Executive of the Agency for Clinical Innovation have established a shared Audit and Risk Committee (ARC) in compliance with the NSW Health Internal Audit Policy.

The objective of the CEC ARC is to provide independent assistance to the CEC Board and CEC Chief Executive by monitoring, reviewing, and providing advice about the CEC's governance processes, risk management, control frameworks, and its external accountability obligations.

Tab C - CEC Board

The Clinical Excellence Commission is a board-governed statutory health corporation established under the Health Services Act 1997. It is responsible for providing guidance and strategic oversight of the organisation's performance. This includes setting directions within the bounds of statutory, government and Ministry of Health requirements and available resources.

Tab D- CEC Consumer Board Subcommittee

The primary role of the Consumer Board Sub-Committee is to:

- Provide leadership to, and governance oversight of, consumer partnerships at the Clinical Excellence Commission (CEC); and
- Assure the CEC Board that the consumer partnership activities and outputs of the CEC are contributing to the CEC's priorities and strategic goals and are aligned with relevant state- level priorities and strategies.

Tab E- CEC Data & Analytics Governance Committee

To provide advice to the Chief Executive of Clinical Excellence Commission (CEC) regarding:

- Co-ordination of the data and analytics governance structures within the CEC
- Use, disclosure, quality, security and governance of data and analytics to support the Determination of Functions and CEC Strategic plans
- Compliance with all legal, regulatory and policy requirements in relation to the CEC's data assets
- Development of data and analytics capability and capacity of the CEC.

Tab F- CEC Education & Research Board Sub-Committee

The primary role of the Education & Research Board Sub-Committee is to:

- Provide leadership to, and governance oversight of, education and research conducted by the Clinical Excellence Commission (CEC); and
- Assure the CEC Board that the education and research activities and outputs of the CEC are contributing to the CEC's priorities and strategic goals and aligned with relevant state-level priorities and strategies.

Tab G- CHASM

The Collaborating Hospitals' Audit of Surgical Mortality (CHASM) is a committee whose purpose is to review deaths that occur within 30 days after an operation or procedure, or during the last hospital admission under the care of a surgeon, irrespective of whether an operation has been performed or not.

Tab H- Combined CEC, Regulation and Compliance Unit MoH & Private Hospitals Committee

The Combined Clinical Excellence Commission (CEC), Regulation and Compliance Unit MoH & Private Hospitals Committee meeting aims to facilitate timely and regular communication across the three groups. The Committee will:

- provide a regular forum for discussion of current clinical and professional issues relevant to the Private Hospitals as well as the CEC and Regulation and Compliance Unit MoH.
- act as a support and resource group for clinical governance leads in the private sector.
- facilitate sharing of information and initiatives across agencies
- act in an advisory capacity in relation to relevant policy, projects and initiatives within NSW Health, other government departments including the Federal Department of Health, and key external bodies in relation to Private Hospitals.

Tab I- CRAG

The NSW Health Clinical Risk Action Group (CRAG) is responsible for the assessment and oversight of management of serious clinical adverse events reported to the Ministry of Health via Reportable Incident Briefs (RIBs), which are prepared specifically for the Committee's purpose, and ensuring that appropriate action is taken. This committee currently has special privilege under Section 23 of the Health Administration Act 1982.

Tab J- Directors of Clinical Governance Forum

The meetings provide a forum for discussion and problem solving about new and emerging strategies and issues, sharing of local initiatives and professional development.

Tab K- HAI/IPAC Strategic Advisory Committee

The NSW Infection Prevention and Control Strategic Advisory Committee provides oversight and direction to development and implementation of the infection prevention and control and healthcare associated infections program work plan. This will ensure the work plan is appropriate against current and emerging issues and opportunities in NSW health organisations, aligning with current NSW Health and Clinical Excellence Commission strategic plans.

Tab L- HAI/IPAC Operational Expert Advisory Committee

The NSW Infection Prevention and Control Operational Expert Advisory Committee is responsible for providing expert advice on all matters relating to infection prevention and control and healthcare associated infections.

The Committee will advise the Clinical Excellence Commission on the implementation of policies, guidelines, initiatives, monitor and report processes to prevent and control the acquisition of healthcare associated infections and support infection prevention and control systems.

Tab M - NSW Blood Management Governance Committee

The NSW Blood Management Governance Committee (is the peak committee for blood management in NSW. Blood Management is combination of multidisciplinary strategies that optimise and conserve a patient's own blood, and safe and appropriate transfusion practice.

The Committee will oversee the development of a strategic plan in NSW, to improve blood management initiatives and efficient stewardship of blood and blood products in NSW.

Tab N - ISMS Steering Committee

To review ISMS Policy and to ensure that the CEC has an appropriate suite of policies and procedures that help manage and protect Health’s sensitive data.

Tab O - Life Saving Drugs Expert Advisory Group

The purpose of the Life Saving Drugs Expert Advisory Group (LSD EAG) is to provide expert advice to the Clinical Excellence Commission on issues related to life saving medicines including antidotes and antivenoms.

Tab P - Maternity, Neonatal and Paediatric Stream Meeting

The meeting enables leadership, oversight and collaboration of key functions and programs relating to Maternity, Neonatal and Paediatric Patient Safety and Improvement across the CEC. The Maternity, Neonatal and Paediatric Stream Meeting comprises representatives from the Medical Patient Safety, Patient Safety and Systems Improvement Directorates.

Tap Q - Medical Device Governance Committee

The Medical Device Governance Program Steering Committee has been established to:

- Provide strategic direction for the implementation of the Therapeutic Goods Administration (TGA) medical device reforms across New South Wales (NSW) Health
- Strengthen the governance and operational structures of medical devices in NSW Health
- Monitor emerging medical device technologies.
- Provide oversight of the Medical Device Governance Program workplan

Tab R- Medication Safety Expert Advisory Committee

The purpose of the Medication Safety Expert Advisory Committee (MSEAC) is to:

- provide expert advice to the NSW public health system (NSW Health pillars, HealthShare NSW, eHealth NSW, Local Health Districts and Speciality Health Networks) on issues related to medication safety
- help create and support safety and quality systems and initiatives that improve medication safety in the NSW public health system
- provide oversight to bodies of work that will improve the safety of medicines use.

Tab S - NSW High-Cost Medicines Subcommittee

The NSW High-Cost Medicines Subcommittee makes recommendations to the NSW Medicines Formulary Committee as to whether a high-cost medicine should be included on the NSW Medicines Formulary.

Tab T- NSW Medicines Formulary Committee

The NSW Medicines Formulary Committee is the peak governance committee for medicines and therapeutic agents approved for initiation in inpatients in NSW public hospitals and health services. The Committee oversees the maintenance of the NSW Medicines Formulary to ensure appropriate, safe, and cost-effective use of medicines within NSW Health.

Tab U - NSW Mental Health Patient Safety Governance Committee

The Mental Health Patient Safety Program Governance Committee provides governance and oversight by monitoring activities and outcomes of the MHPSP. The NSW Health review of seclusion, restraint and observation of consumers with a mental illness in NSW health facilities was conducted in 2017. The Report identified nineteen recommendations.

The Clinical Excellence Commission is responsible for leading Recommendation 2 – NSW Health to adopt a mental health patient safety program, informed by contemporary improvement science. The NSW Mental Health Patient Safety Program will focus on supporting LHDs and Specialty Health Networks develop and improve their Mental Health Patient Safety Programs through the lens of improvement.

Tab V - Opioid Stewardship Expert Advisory Group

The purpose of the Opioid Stewardship Expert Advisory Group (OSEAG) is to provide leadership, oversight, and direction for the continuous improvement strategy to prevent hospital opioid-related harm in NSW.

Tab W- Quality Audit Reporting System (QARS) Advisory Group

To provide expert advice on the development, content and governance of the Clinical Excellence Commission's (CEC) Quality Audit Reporting System (QARS). The QARS Advisory Group will provide advice on issues relevant to the application and its content including:

- Function as a forum for review and development of the application and its content
- Review, advise on and prioritise requests for updates and amendments to the application
- Review, advise on and prioritise requests for updates, amendments and new state level audits

- Advise on benchmarking of audit results across the state in alignment with the CEC's Strategic Plan
- Review and advise on other matters including database servers and user management
- Provide advice on the risks and data governance of this application.

Tab X- Quality Improvement Data System (QIDS) Advisory Group

To provide expert advice on the development, content and governance of the Clinical Excellence Commission's (CEC) Quality Improvement System (QIDS). The QIDS Advisory Group will provide advice on issues relevant to the application and its content including:

- Function as a forum for review and development of the application and its content
- Review, advise on and prioritise requests for updates and amendments to the application
- Review and advise on other issues including database servers and user management
- Provide advice on the risks and data governance of this application.

Tab Y- SCIDUA

The Special Committee Investigating Deaths Under Anaesthesia (SCIDUA) is a committee whose purpose is to review deaths which occur while under, as a result of, or within 24 hours after the administration of anaesthesia, as stipulated in section 84 of the Public Health Act 2010.

Tab Z - Venous Thromboembolism Prevention Expert Advisory Group

The purpose of the Venous Thromboembolism Prevention Expert Advisory Group (VTE EAG) has been established to provide leadership, oversight and direction for the continuous improvement strategy to prevent hospital related VTE in NSW.

ANTIMICROBIAL STEWARDSHIP EXPERT ADVISORY COMMITTEE

TERMS OF REFERENCE 2023

Vision	To reduce the development of antimicrobial resistance and promote the most appropriate use of antimicrobials in NSW Health facilities by leading a state-wide improvement program which will continuously develop, implement, and monitor strategies to reduce patient harm.
Purpose	The purpose of the Antimicrobial Stewardship (AMS) Expert Advisory Group is to provide leadership, oversight and direction for the management and continuous improvement strategy for AMS in NSW.
Key responsibilities	1. Provide strategic direction of AMS program initiatives 2. Provide advice and content expertise for the further development, refinement, evaluation, and oversight of AMS initiatives and resources based on demonstrated need and feedback from the system. These include but are not limited to: a. Policy Directives b. Patient information resources c. System improvement tools d. Improvement implementation frameworks e. Education and training materials f. Safety and Quality assurance monitoring and audit tools g. Relevant publications and documents h. Workshops 3. Commission working groups for specific purposes as required.
Executive sponsor	Director, Systems Improvement, CEC
Chairperson	Dr Pam Konecny
Secretariat	Improvement Lead Medication Safety, CEC

Membership	The following positions form the AMS Expert Advisory Committee: <u>Core membership</u> • CEC Medication Safety and Quality team • Specialist – Infectious Diseases Physician • Specialist – Clinical Microbiologist • Specialist – Infectious Diseases Physician (Paediatrics) • AMS pharmacist • Nursing representative • Nurse practitioner (preferably from a rural hospital) • Director of Pharmacy • Consumer • Private hospital representative <u>Special advisory membership</u> • Director of Medical Services/ Medical executive • Specialist – Emergency Medicine • Specialist – Respiratory Physician • Surgical Representative • General Practitioner • General Physician • Junior medical officer • Agency for Clinical Innovation (ACI) Specialty Networks: Emergency Care Institute, Neurosurgery, Anaesthesia and Perioperative Care, Trauma and Injury Management. Other members as deemed appropriate. <u>Definitions</u> Specialist: Medical practitioners who have been assessed by an Australian Medical Council (AMC) accredited specialist college as being eligible for fellowship. Infectious Diseases Physician: Specialist medical practitioner who holds an Infectious Diseases Fellow of the Royal Australasian College of Physicians. Clinical Microbiologist: Specialist medical practitioner who holds a Fellow of the Royal College of Pathologists of Australasia.

CEC Representation	Director, Systems Improvement Chief Advisor and Program Lead Medication Safety, Quality and Therapeutic Optimisation Principal Lead Medication Safety and Quality Senior Improvement Lead Medication Safety and Quality Improvement Improvement Lead Medication Safety Project Support Officer, Medication Safety
Member roles and responsibilities	1. Comply with NSW Health's requirements for confidentiality, code of conduct and conflict of interest. These also apply to the member's delegate/nominated representative. Ensure a nominated proxy is available at each meeting in their absence. Non-attendance without apology for three consecutive meetings will result in the chair revising the ongoing membership. 3. Consult with colleagues and relevant staff within their organisation/networks to inform the advice given to the group. 2. Identify and act on allocated actions/tasks within agreed timeframes. All documents circulated for comment will include a response deadline. Where no communication is received, it will be assumed there is no comment and the content within is agreed.
Material ownership and acknowledgement	All material reviewed, edited and/or developed by the group remains the intellectual property of the CEC and NSW Health. Copyright of all material is owned by the CEC and NSW Health. Where appropriate, reasonable and respectful acknowledgment and attribution will be made for the group and/or individuals that contributed to the development of the material.

Managing and recording conflict of interest	1. Declaration of Interest will be a standing item at the beginning of each meeting to provide members the opportunity to declare any conflict of interest in relation to any item on the agenda. 2. Conflict of interest will be recorded and reported to the organisation. 3. A member with a declared conflict of interest cannot take part in any discussion relating to the interest or issue or vote, on the matter. A conflicted member must be absent from the meeting room when any discussion or vote is taking place. This is to be recorded in the meeting minutes. 4. The meeting minutes are to reflect the nature of the conflict, whether it is a 'material' conflict, how the conflict is being managed in the public interest, and the times that a group member is absent from the meeting room due to the conflict. 5. In an extreme case this may require resignation by the member from the group.
Quorum	A quorum will be attained if more than 50% of the currently filled core member positions attend the meeting. Decisions will be made by consensus. Where no consensus can be achieved within a reasonable timeframe, decisions will be made by voting.
Apologies and proxies	All members should advise the Secretariat at least one week prior to the meeting if they will be absent. If members are unable to attend a meeting, a proxy should be nominated who is employed in a similar position or has similar credentials.
Meeting venue	The details for the meetings will be forwarded to members prior to the meeting. They will also be included in the agenda papers.
Meeting length	90 mins.
Meeting schedule	Meetings will be held quarterly or as deemed appropriate. An exceptional/extraordinary meeting may be called by half of committee members, or by the CEC, when required.
Agenda and papers	The agenda and meeting papers shall be distributed to members at least five days before the meeting date.
Contact details	Any matters relating to the group should be forwarded to the Secretariat at cec-ams@health.nsw.gov.au
Review	Terms of reference and membership shall be reviewed every 12 months or as required.

AUDIT & RISK COMMITTEE CHARTER AGENCY FOR CLINICAL INNOVATION & CLINICAL EXCELLENCE COMMISSION

FOREWORD

The Agency for Clinical Innovation and the Clinical Excellence Commission (herein referred to as the Agencies) shared Audit and Risk Committee (herein referred to as the Committee) has been established by the ACI Chief Executive, and the CEC Chief Executive and the Board of the Clinical Excellence Commission (herein referred to as the Board) and plays an important role in providing oversight of the organisations' governance, risk management, compliance and control practices, as well as advice to the Board and the Chief Executive of the Agency for Clinical Innovation and the Chief Executive of the Clinical Excellence Commission (herein referred to as the Chief Executives) . The Committee also serves to provide confidence in the integrity of practices to enable achievement of the organisations' strategic objectives.

This Charter provides the framework for performance of Committee activities. The Committee has been established in compliance with the NSW Health Internal Audit Policy Directive.

1. OBJECTIVE

The objective of the Committee is to provide independent assistance to the CEC Chief Executive and the CEC Board in respect of the CEC as a board governed statutory health corporation, and ACI Chief Executive in respect of the ACI as a chief executive governed statutory health corporation. The Committee will achieve its objective by monitoring, reviewing and providing advice about the respective organisation's governance processes, risk management and control frameworks, and its external accountability obligations. The Committee assists the Chief Executives to fulfil their obligations under NSW Health Internal Audit policy PD 2022_022.

2. INTERPRETATION

In this charter where reference is made to "the Committee" it refers to the roles, responsibilities and functions of the Committee as it is established for each separate organisation.

3. AUTHORITY

The Boards authorise the Committee, within the scope of its role and responsibilities, to:

- obtain any information it needs from any employee and/or external party (subject to their legal obligation to protect information)
- discuss any matters with the external auditor, or other external parties (subject to confidentiality considerations)

- request the attendance of management or any other employee at Committee meetings
- obtain external legal or other professional advice, as considered necessary to meet its responsibilities.

The Committee has no executive powers, delegated financial responsibility or management functions.

4. COMMITTEE COMPOSITION

The Committee is to have no fewer than three and no more than five members, including the Chair. The CEC Chief Executive and Board Chair, after consultation with the ACI Chief Executive, will appoint the Committee Chair and members of the Committee. All Members (including the Chair) must be independent and sourced from NSW Treasury's Prequalification Scheme: *Audit and Risk Committee Independent Chairs and Members*, on the NSW Procurement website buy.nsw.gov.au. Under the Scheme, Chairs and Members may sit on up to five NSW public sector audit and risk committees at any one time, as defined in NSW Treasury Policy TPP20-08.

Except for the appointment of an entirely new Committee, the appointment of Members is only to be made after consultation with the Committee Chair. Members must possess the skills, knowledge and experience that are relevant to, and which will enhance, the Committee's operations. At least one member of the Committee must have accounting or related financial management experience with an understanding of accounting and auditing standards in a public sector environment.

Prior to appointing a Chair, and prior to appointing or reappointing a Member, the organisations must conduct appropriate probity checks on the candidate. These checks may include a National Criminal Record Check and Insolvency Check.

Current employees of any NSW government sector organisation, other than State Owned Corporations, cannot serve as a Member or Chair on the Committee.

5. TERM OF APPOINTMENTS

The Chair of the Committee is to be appointed for a single term only, of at least three years and not greater than five years. The term of appointment may be extended, but any extension must not cause the total term to exceed five years as the Chair. A Member who is prequalified as a Chair may be appointed as a Chair either prior, or subsequent, to a term as a Member.

The initial term for Members of the Committee must be at least three years and must not exceed five years. Members may be reappointed or extended for further terms, but the total period of Membership on the Committee must not exceed eight years (inclusive of any term as Chair of the Committee).

AUDIT & RISK COMMITTEE CHARTER
AGENCY FOR CLINICAL INNOVATION & CLINICAL EXCELLENCE COMMISSION

6. ROLES AND RESPONSIBILITIES

The Committee is directly responsible and accountable to the CEC Board and the Chief Executives for the exercise of its responsibilities. It supports the Chief Executives and the CEC Board by:

- Reviewing effectiveness of governance, risk management, compliance and control.
- Reviewing the financial statements and performance reporting.
- Promoting improved economy, efficiency, effectiveness and ethical culture.
- Reviewing reliability of management information.
- Monitoring and evaluating internal audit performance.
- Reviewing effectiveness of fraud control measures.
- Monitoring compliance with laws, regulations, standards and good practice.

The responsibilities of the Committee may be revised or expanded in consultation with, or as requested by, the Chief Executives and the CEC Board from time to time. In carrying out its responsibilities, the Committee must at all times recognise that primary responsibility for management of the organisations rests with the CEC Chief Executive and CEC Boards for the CEC and the ACI Chief Executive for the ACI.

The Committee shall have the ability to review all elements of the Organisations' governance and assurance activities.

6.1. Risk management

The Committee's responsibilities include:

- review whether management has in place a current and appropriate risk management framework that is consistent with AS/NZS ISO 31000:2018 (*Risk Management – Guidelines*)
- assess and advise on the maturity of the organisation risk management framework and risk culture
- review risk management plans and reports and provide advice to the Chief Executives.
- consider the adequacy and effectiveness of internal control and risk management frameworks by reviewing reports from management, internal audit and external audit, and by monitoring management responses and actions to correct any noted deficiencies
- seek assurance from management and Internal Audit that risk management processes are operating effectively, including that relevant internal control policies and procedures are in place and that these are periodically reviewed and updated

- review whether a sound and effective approach has been followed in developing risk management plans for significant projects, initiatives or undertakings
- review the impact of the organisation risk management on its control environment and insurance arrangements
- review the organisation fraud and corruption control framework, including the fraud control plan, and be satisfied that the organisation has appropriate processes and systems in place to capture and effectively investigate fraud-related information
- review whether a sound and effective approach has been followed in establishing the organisation business continuity planning arrangements, including whether disaster recovery plans have been tested periodically
- consider risks of state-wide significance to NSW Health.
- consider the impacts of climate-related risks when identifying types of risks that might impact the organisation ability to achieve its objectives
- consider security risks, including physical security, cyber security and ICT security, when identifying organisation risks.

6.2. External accountability

The Committee's responsibilities include:

- assess the adequacy of local procedures for management review and consideration of the financial position and performance of the organisation, including the frequency and nature of that review (including the approach taken to addressing variances and budget risks)
- review the requirements around early close and year-end
- review the financial statements and provide advice to the CEC Board and Chief Executives and recommend their signing by the CEC Board Chair and the Chief Executives
- satisfy itself that the financial statements are supported by appropriate management sign-off on the statements
- review the Director of Finance Letter of Certification and supporting documentation (in line with NSW Treasury Policy and Guidelines Paper, as applicable to NSW Health Organisations).
- Review cash management policies and procedures
- Review policies and procedures for collection, management and disbursement of grants and tied funding

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AGENCY FOR CLINICAL INNOVATION & CLINICAL EXCELLENCE COMMISSION

- review the processes in place designed to ensure that financial information provided for inclusion in the NSW Health annual report is consistent with the signed financial statements
- satisfy itself that the organisation has a performance management framework that is linked to organisational objectives and outcomes.

6.3. Compliance and ethics

The Committee's responsibilities include:

- determine whether management has appropriately considered legal and compliance risks as part of the organisation risk assessment and management arrangements
- review the effectiveness of the system for monitoring the organisation compliance with applicable laws, regulations and associated government policies
- seek assurance that the appropriate exercise of delegations is monitored and reviewed
- seek assurance that changes in key laws, regulations, internal policies and applicable standards affecting the agency's operations are being monitored at least once a year, and appropriately addressed
- review the agency's process for communicating the code of conduct to staff and seek assurance as to compliance with the code
- review policies and processes for identifying, analysing and addressing complaints
- review whether management has taken steps to embed a culture which is committed to ethical and lawful behaviour.

6.4. Internal audit

The Committee's responsibilities include:

- review and provide advice to the CEC Board and Chief Executives on the internal audit policies and procedures
- review the risk-based internal audit methodology
- review the internal audit coverage and annual work plan, ensure the plan is based on the organisation strategic objectives, risks and risk exposures, and recommend approval of the plan by the Chief Executives
- advise the CEC Board and the Chief Executives on the adequacy of internal audit resources to carry out its responsibilities, including completion of the approved internal audit plan
- review audit findings and related recommendations that have been assessed as the most significant according to the risk the audit findings represents to the

organisation if the recommendation(s) related to the findings are not implemented

- provide advice to the Board and the Chief Executives on significant issues identified in audit reports and action taken on these issues, including identification and dissemination of good practice
- monitor management's implementation of internal audit recommendations
- review and endorse the internal audit charter to ensure appropriate organisational structures, authority, access and reporting arrangements are in place
- periodically review the performance of Internal Audit, with the Chair contributing to the annual performance review of the Chief Audit Executive
- provide advice to the CEC Board and the Chief Executives on the results of any external assessments of the internal audit function
- provide advice to the Chief Executives on whether the Chief Audit Executive should be a dedicated role within the organisation
- provide advice to the CEC Board and the Chief Executives on the appointment or replacement of the Chief Audit Executive and, where appropriate, recommend the appointment or replacement of internal audit service providers.

6.5. External audit

The Committee's responsibilities include:

- act as a forum for communication between the CEC Board and the Chief Executives, senior management and internal and external audit
- provide input and feedback on the financial statement and performance audit coverage proposed by external audit and provide feedback on the audit services provided
- review all external plans and reports in respect of planned or completed audits and monitor management's implementation of audit recommendations
- provide advice to the CEC Board and the Chief Executives on action taken on significant issues raised in relevant external audit reports and better practice guides.

7. RESPONSIBILITIES OF MEMBERS

Members of the Committee are expected to:

- understand and observe the requirements of the NSW Health Internal Audit Policy Directive and the NSW Health Enterprise-wide Risk Management Policy Directive

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- make themselves available as required to attend and participate in meetings
- contribute the time needed to study and understand the papers provided
- apply good analytical skills, objectivity and good judgement
- abide by the relevant ethical codes that apply to employment within the NSW public sector, including the NSW Health Code of Conduct and the *NSW Treasury Prequalification Scheme – Audit and Risk Committee Independent Chairs and Members* – Scheme Conditions
- express opinions frankly, ask questions that go to the fundamental core of the issue and pursue independent lines of enquiry.

7.1. Reporting

The Committee will regularly, but at least once a year, report to the CEC Board and the Chief Executives on its operation and activities during the year. As a minimum, the report is to include:

- an overall assessment of the organisation risk, control and compliance framework, including details of any significant emerging risks or legislative changes impacting the organisation
- a summary of the work the Committee performed to fully discharge its responsibilities during the preceding year
- details of meetings, including the number of meetings held during the relevant period, and the number of meetings each member attended.
- a summary of the organisation progress in addressing the findings and recommendations made in internal and external reports
- a summary of the Committee's assessment of the performance of internal audit

The Committee may, at any time, report to the CEC Board and the Chief Executives any other matter it deems of sufficient importance to do so. In addition, at any time an individual committee member may request a meeting with the CEC Board Chair and the Chief Executives.

AUDIT & RISK COMMITTEE CHARTER
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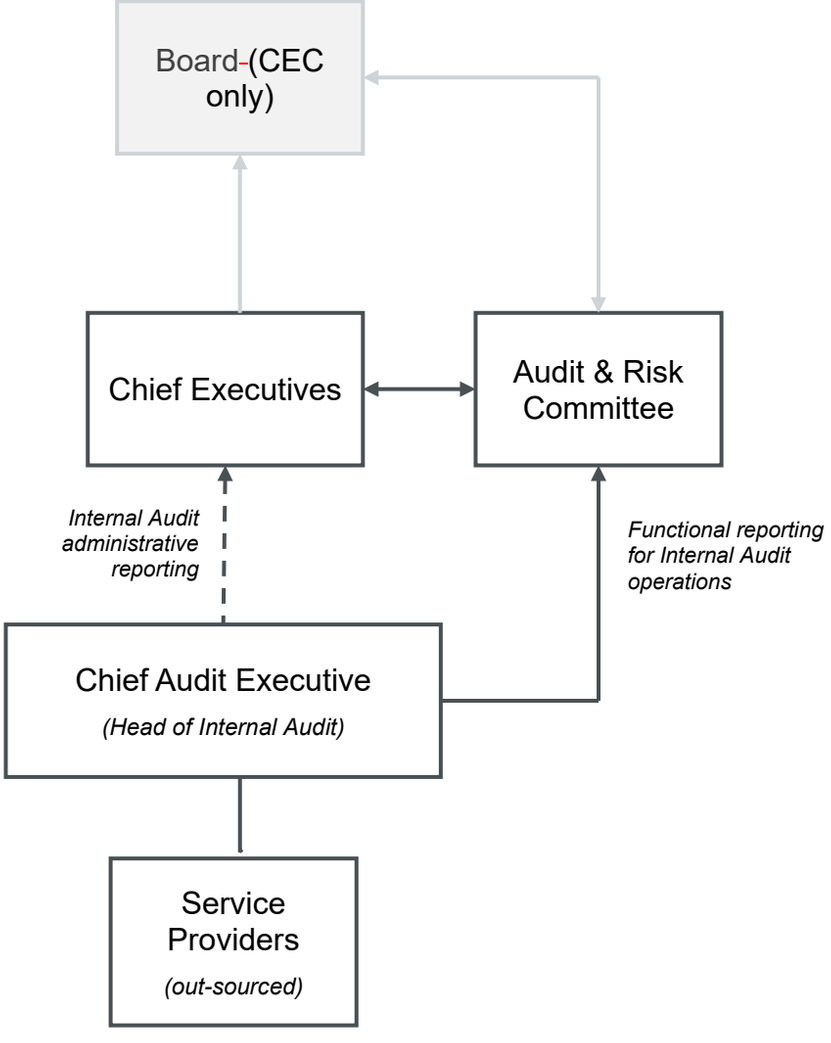
7.2. Reporting Lines

The Committee must at all times ensure it maintains a direct reporting line to and from internal audit and act as a mechanism for internal audit to report to the Chief Executives on functional matters.

The following reporting line is prescribed where the dotted line represents the 'administrative' reporting line, and the bold line represents the 'functional' reporting line:



The Chief Audit Executive is to have a dual reporting line that reports administratively to the Chief Executive to facilitate day-to-day operations of the Internal Audit function, and functionally to the Audit and Risk Committee for strategic direction and accountability of the Internal Audit function.

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8. ADMINISTRATIVE ARRANGEMENTS

8.1. Meetings

The Committee will meet at least four times per year. A special meeting may be held to review the organisation's annual financial statements. The Chair is required to call a meeting if requested to do so by the CEC Board, Chief Executives, or another Committee member.

A forward meeting plan, including meeting dates and agenda items for each meeting, will be agreed by the Committee each year. The meeting plan will cover all of the Committee's responsibilities as detailed in this Charter.

All attendees are responsible and accountable for maintaining the confidentiality of the information they receive during the course of these meetings.

8.2. Attendance at meetings and quorums

A quorum will consist of a majority of Committee members. Meetings can be held in person, by telephone or by video conference.

A Board member and the Chief Executives may attend the meetings of the Committee in an advisory capacity. The Chief Audit Executive, external audit representatives, and any other organisation representatives may attend Committee meetings, except where the Committee members wish to have in-camera discussions. The Committee may also request the Chief Finance Officer or other employees routinely attend Committee meetings or participate for certain agenda items.

The Committee will meet separately and in-camera with both the internal and external auditors at least once a year. The Committee may also have in-camera discussions with any other members of the organisation, if necessary.

8.3. Dispute Resolution

The Chair and Members of the Committee must establish and maintain an effective working relationship with management, including senior executives, and must seek to amicably resolve differences or concerns with management by way of open negotiation.

Where a disputed matter cannot be resolved, the Chair of the Committee may make an oral or written request to the relevant Chief Executive or the CEC Board Chair. If a disputed matter cannot be resolved locally, the matter is to be referred to the Deputy Secretary, People, Culture and Governance and, if required, to the Secretary, NSW Health.

8.4. Secretariat

The Chief Executives will each appoint a secretariat support service to their own Committee. The Secretariat will ensure the agenda for each meeting and supporting papers are circulated, after approval from the Chair, at least five working days before the

meeting and ensure the minutes of the meetings are prepared and maintained. Minutes must be approved by the Chair and circulated within ten working days of the meeting to each Member and Committee attendees, as appropriate.

8.5. Conflicts of interest

Once a year, Members will provide written declarations to the CEC Board and the Chief Executives, via the Secretariat, stating they do not have any conflicts of interest that would preclude them from being members of the Committee.

Committee Members must declare any conflicts of interest at the start of each meeting or before discussion of the relevant agenda item or topic. Details of any conflicts of interest should be appropriately minuted.

Where members or observers at committee meetings are deemed to have an actual, or perceived, conflict of interest, the Chair (or a quorum of the Committee if the conflict of interest arises from the Chair) shall excuse them from Committee deliberations on the issue where a conflict of interest exists.

A register of interests will be maintained for the Committee Chair and Members to demonstrate transparency and as a safeguard against conflict of interest.

8.6. Induction

New members will receive relevant information and briefings on their appointment to assist them to meet their Committee responsibilities.

8.7. Assessment arrangements

The CEC Board Chair, and the Chief Executives, in consultation with the Chair of the Committee, will establish a mechanism to review and report on the performance of the Committee, including the performance of the Chair and each Member, at least annually.

The review will be conducted on a self-assessment basis (unless otherwise determined by the Chief Executives and the CEC Board Chair) with appropriate input from the Chief Executives and the CEC Board Chair, the internal and external auditors, management and any other relevant stakeholders, as determined by the CEC Board Chair and the Chief Executives.

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9. REVIEW OF CHARTER

At least annually, the Committee will review this Charter. This review will include consultation with the CEC Board and the Chief Executives. Any substantive changes to this Charter must be consistent with the NSW Health Internal Audit Policy Directive, recommended by the Committee and formally approved by the ACI Chief Executive, the CEC Chief Executive, and the CEC Board.

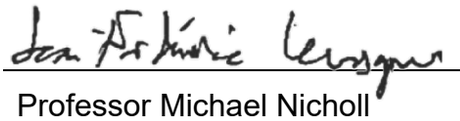
Mr Ian Gillespie

Chair of Audit and Risk Committee

Date: 26/06/2023

Dr Jean-Frederic Levesque,

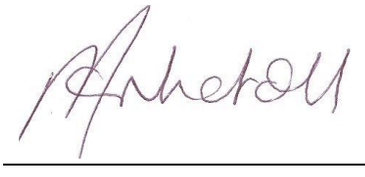
Agency for Clinical Innovation



Date: 29/06/2023

Professor Michael Nicholl

Clinical Excellence Commission



Date: 28/06/2023

Professor Andrew Wilson

CEC Board Chair

Date: 28/06/2023

The Hon Brad Hazzard MP
Minister for Health
Minister for Medical Research

H17/63350

Chief Executives
Statutory Health Corporations

Dear Chief Executive

I am pleased to advise that new model by-laws have been developed for Board Governed Statutory Health Corporations.

The new model by-laws have been developed to exclude the clinical related requirements from the model by-laws applying to Local Health Districts and Speciality Health Networks, whilst still including core governance requirements, including the establishment of an Audit and Risk Committee and a Finance and Performance Committee.

A copy of the model by-laws is attached and will be effective from **1 October 2017.** Please note this is later than the original proposed commencement date of 1 September 2017. The new model by-laws includes some minor typographical and other changes from the version sent to you on 15 June 2017, however there are no changes of substance.

Changes in 2016 to the Health Services Act allow Statutory Health Corporations to adopt the model-by laws without seeking approval of the Minister. However, if a Statutory Health Corporation wishes to modify the model by-laws, the Minister's approval is required.

If you have any queries please contact Ms Gemma Broderick, Senior Legal Officer, at gbrod@doh.health.nsw.gov.au or at 9391 9626.

Yours sincerely

Brad Hazzard MP

cc Board Chairs

18 SEP 2017

GPO Box 5341, Sydney NSW 2001
Phone: (61 2) 8574 6000 Fax: (61 2) 9339 5506 Web: www.nsw.gov.au

HEALTH SERVICES ACT 1997

ORDER AS TO MODEL BY-LAWS

BOARD GOVERNED STATUTORY HEALTH CORPORATION – MODEL BY-LAWS

PURSUANT to section 60 of the *Health Services Act 1997*, I, Brad Hazzard MP, Minister for Health, do by this Order set out the terms of the Model By-laws to be used by Board Governed Statutory Health Corporations constituted under Chapter 4, Division 1, of the *Health Services Act 1997*.

Brad Hazzard MP, Minister for Health

Date 18 September 2017

Part 1 – Preliminary [Pts 1 and 2]

1. Name of the By-laws [cl. 1]

These By-laws may be cited as the [*name of statutory health corporation*] By-laws.

2. Definitions [cl. 2]

Expressions used in these By-laws are defined in the Dictionary at the end of the By-laws.

3. Making and Amendment of By-laws [cl. 4]

(1) The Board may make, amend or repeal the corporation's By-laws in accordance with the Act.

(2) Any motion to make, amend, replace or repeal a by-law must be considered at a meeting of the Board.

(3) Written notice of the motion to make, amend or repeal a by-law must be provided to each member of the Board at least 21 calendar days before the date of the meeting.

Explanatory Note: The Model By-laws establish a set of core governance provisions. Changes to these core provisions require approval of the Health Secretary or delegate.

Clause 3 varies from the LHD Model by excluding a requirement to refer certain changes to the medical staff council or medical staff executive council (the Pillar Model By Law does not include provision for MSCs and MSECs)

4. Availability of By-laws [cl. 3]

(1) The Chief Executive is to ensure that a current version of the By-laws, that incorporate all changes approved by the Board, is accessible to staff and the public.

Published LW 22 September 2017 (2017 No 518)

(2) If an amendment is made by the Board and approved by the Health Secretary, the Chief Executive is to ensure the amendment is promptly incorporated into the By-laws

Part 2 - The seal [Pt 3]

5. The seal [cl. 5]

(1) The Chief Executive is to ensure the safe custody of the seal of the corporation.

(2) The seal of the corporation is to be affixed only to documents on behalf of the corporation when the Board signs such documents and the signature and sealing of the document are formally witnessed.

(3) The Chief Executive is to ensure:

(a) the safe custody of the seal of the corporation; and
(b) a Register is maintained, listing documents of the corporation to which the seal is affixed.

Explanatory Note: Clause 5 expands on the 2012 Model to add a requirement for a register to be kept of all documents signed under seal.

Part 3 – Conduct of Board meetings [Pt 4]

6. Procedure – Board meetings [cl. 6]

Procedures for meetings of the Board are set out in Part 3 of Schedule 4A of the Act.

Explanatory Note: Schedule 5 of the Health Services Act 1997deals with the constitution and procedures for boards. Part 3 of Schedule 5 deals with the conduct of meetings, covering issues such as quorum, voting, attendance and presiding member. Part 3 of Schedule 5 takes precedence over the terms of the By-Laws.

Part 4 – Conduct of meetings of Committees or sub-Committees established by the By-laws [New Part]

7. Application of this Part [New]

The procedures set out in this Part 4 apply to any meeting, including a special meeting, of any Committee or sub-Committee provided for under these By-laws, and on this basis in this Part:

(a) "Committee" means any such Committee or sub-Committee;
(b) "participate" includes, in relation to a member, the right to vote.

8. Attendance [cls. 7,9]

Any person may be invited to attend a meeting of a Committee.

9. Attendance from a remote location[cl.7]

(1) A Committee may approve a member or invitee participating from a location other than the place where the meeting is being held.

19. Meetings [cl.18]

A Committee is to meet as specified by the Board, subject to any corporate governance policy issued by the Ministry from time to time.

20. Notice of meetings and special meetings [cl.19]

(1) The chairperson of a Committee, or a person authorised by the chairperson to do so, is to give written notice of a meeting to each Committee member at least 7 days prior to the meeting.

(2) When the chairperson of a Committee considers that a matter is of such urgency that a special meeting of a Committee should be held within a period of not less than 48 hours of such a request, the chairperson may request the Board Chair to give written approval to the conduct of such a special meeting. The written approval of the Board Chair may determine, subject to this clause and the Regulations, the business and conduct of such a special meeting.

(3) A copy of the Board Chair's approval under 20(2) is to be provided to the members of the Board.

(4) A special meeting shall be held, if approved, not later than seven days after receipt by the Chief Executive of such a request.

(5) The chairperson of a Committee is to ensure that at least 24 hours' notice is given of a special meeting to each member and each person invited to attend the meeting.

(6) Notice of a special meeting is to specify the business to be considered at that meeting.

(7) Only business specified in the notice of a special meeting is to be considered at the special meeting.

(8) Each provision of this clause shall be subject to any corporate governance policy issued by the Ministry from time to time.

Part 6 – Rules [Pt. 11]

21. Rules [cl.61]

The Board may make rules for the proper functioning of the Corporation. These rules should not be inconsistent with the Act, the Regulation and these By-laws.

DICTIONARY

Act means the *Health Services Act 1997*.

Chief Executive means the chief executive of the statutory health corporation.

Corporation means the [*insert name of board governed corporation*].

Board means the Board appointed under section 49 of the Act.

Ministry means the NSW Ministry of Health.

Notice in respect of giving notice to a meeting includes a notice communicated by electronic means including email and electronic messaging.

executive staff means the persons appointed by the corporation to its management structure and any persons appointed to act for the time being in those positions.

Regulations means the regulations made under the Act.

Explanatory Note: Certain words and phrases used in the by-law are 'defined' in the dictionary. These largely repeat those used in the Health Services Act so that the use of such words in the by-law is consistent with the Act.

(2) Participation from another location may be by telephone, video or other electronic medium as is appropriate to the circumstances or the business being transacted.

(3) A member participating from a remote location shall be regarded as being present at the meeting for the purposes of the calculation of a quorum, voting or any other similar matter required under these By-laws.

(4) A Committee may determine a protocol or procedure for remote participation of members or other persons in its meetings.

10. Quorum [cl. 8]

The quorum for any meeting is a majority of the appointed number of the members.

11. Voting [cl.10]

(1) Only members of a Committee may vote at a meeting.

(2) A decision supported by a majority of the votes cast at a meeting at which a quorum is present is to be the decision of the Committee.

12. Minutes [cl.10]

The member presiding at a meeting of a Committee is to ensure that minutes are kept of all meetings of the Committee.

Explanatory Note: Part 4 sets out machinery provisions for all committees and other bodies established under the By-Laws. These provisions remain effectively the same as those under the 2012 Model, with minor changes to simplify and update language and establish a distinction between procedures for committees/councils/bodies established by the By-Laws (set out in this Part) and procedures for Board meetings (which are set out in the Health Services Act).

Part 5 – Committees of the Corporation

13. Establishment of Committees generally [cl.12]

(1) The Board is to establish the following Committees:
(a) Audit and Risk Management; and
(b) Finance and Performance.

(2) The Board may establish such other Committees as it determines appropriate to provide advice or other assistance to enable the Corporation to perform its functions under the Act.

Explanatory Note: The 2012 Model and the new LHD Model also requires a "quality and safety" committee to be established. Given the Pillars do not provide direct health services to patients this requirement has been has been removed from the Pillar Model By-Law. The Board retains the right under clause 13(2) to establish any other committees it considers appropriate.

14. Audit and Risk Management Committee [cl.13,16]

(1) The Audit and Risk Committee is to comprise at least three, and no more than five, members

(2) Members of the Committee are to be independent of the Corporation and appointed in accordance with relevant NSW Government and NSW Health Policy Directives, as amended from time to time.

(3) The Chairperson of the Audit and Risk Committee may not to be the chairperson of the Finance and Performance Committee (or other similar committee).

(4) In the event of inconsistency between this clause 14 and Part 5, this clause applies to the extent of the inconsistency.

Explanatory Note: Clause 14 revises the 2012 Model provision to be consistent with NSW Treasury Policy TPP15-03 *Internal Audit and Risk Management Policy for the NSW Public Sector* and NSW Health Policy Directive 2016_051 *Internal Audit*. Clause 3.1.5 of TPP15-03 lists the criteria for an "independent member" and requires them to be selected from the pre-qualified panel held by the Department of Finance and Services. Clause 3.1.6 of TPP15-03 also recognises that governing board members are eligible for appointment as chairs/members of the ARC, provided they are not employees and otherwise meet the independence requirements of 3.1.5

15. Committee chairpersons and secretaries of Board Committees [cl.14]

The Board is to appoint:

(a) a chairperson of each Committee established under Part 5

(b) in consultation with the Chief Executive, a person to act as the secretary of each Committee. The same person may act as secretary for more than one Committee.

16. Functions of Committees [cl.15]

A Committee is to provide advice or other assistance on issues as requested by the Board.

17. Committee membership [cl.16]

(1) The Board may appoint such Committee members as they think fit, such members may also include a member of the Board.

(2) The Board is to appoint at least one representative of the executive staff of the Corporation to each Committee.

(3) The Board is to appoint such clinician representation as they consider appropriate to each Committee (other than the Finance and Performance committee).

(4) The Board may remove any Committee member as they think fit, subject to any corporate governance policy issued by the Ministry from time to time.

18. Term of office [cl.17]

Any person nominated to a Committee holds office for such period as the Board may determine, subject to any corporate governance policy issued by the Ministry from time to time.

Clinical Excellence Committee
CONSUMER BOARD SUB-COMMITTEE
TERMS OF REFERENCE

PURPOSE

The primary role of the Consumer Board Sub-Committee is to:

- Provide leadership to, and governance oversight of, consumer partnerships at the Clinical Excellence Commission (CEC); and
- Assure the CEC Board that the consumer partnership activities and outputs of the CEC are contributing to the CEC's priorities and strategic goals and are aligned with relevant state-level priorities and strategies.

In performing these roles, specific regard will be given to the roles and responsibilities of the CEC as set out in the Determination of Functions.

TERMINOLOGY

In this document, a 'consumer' is defined in line with the most recent Australian National Safety and Quality Health Service Partnering with Consumers Standard. A 'consumer' is a person who has used, or may potentially use, health services; or a family or friend who provides personal care, support and assistance to the person using health services. A healthcare consumer may also act as a consumer representative to provide a consumer perspective, contribute consumer experiences, advocate for the interests of current and potential health service users, and take part in decision-making processes.

FUNCTIONS

The scope and functions of the Committee are to provide oversight on behalf of the Board on:

- Organisational structures and processes in place to enable consumer partnerships
- The quality and rigor of consumer engagement
- Impact of the engagement on the work produced by the organisation.

AUTHORITY

The Consumer Board Sub-Committee shall bring to the attention of the Board matters in scope of the Committee.

The Committee may establish working parties or groups, when required, to support the delivery of the scope and functions of the Committee.

COMPOSITION

Chair

The Chair is a member of the CEC Board and will be appointed by the CEC Board.

The Chair is responsible for:

- Scheduling meetings and notifying committee members
- Inviting specialists/subject experts to attend meetings when required by the Committee
- Guiding the meeting according to the agenda and time available
- Clarifying actions raised at the meeting and responsibility for those actions
- Reviewing and approving the draft minutes before distribution.

Secretariat

The secretariat is responsible for:

- Preparing agendas and issuing notices for meetings, and ensuring all necessary documents requiring discussion or comment are attached to the agenda
- Distributing the agenda and meeting materials at least one week prior to the meeting
- Taking notes of proceedings and preparing minutes of meeting
- Distributing the minutes to all committee members two weeks after the meeting. The minutes should be checked by the Chair and accepted by committee members as a true and accurate record at the commencement of the next meeting.
- Ensuring the minutes and other nominated papers from the Consumer Board Sub-Committee meeting are formatted and submitted in accordance with process for preparing Board papers.

Membership

Membership on the Committee is by appointment from the CEC Board. Membership of the Committee will comprise:

- At least two Board members,
- Two People Partners and two delegates, four People Partners in total, as official committee members,
- At least two consumer members with significant experience in consumer representation at a local and state level, with an interest in governance and organisational development of consumer partnerships,
- CEC's Chief Executive or delegate.

As per the CEC By-Laws (2017), Section 15, the CEC Board will appoint the chairperson and the secretary of committees. All members will have equal voting rights. The duration of the term of members of the Committee shall be of three years. Members can be reappointed for up to two further terms (i.e. participate for up to 9 years).

Committee members will cease to be a member of the Consumer Board Sub-Committee if they:

- resign from the committee
- fail to attend three consecutive meetings
- breach confidentiality.

Members

The member is responsible for:

- Complying with the requirements of the NSW Health Code of Conduct. For members that are not NSW Health employees this includes signing the last page and providing a copy to the Secretariat acknowledging that they have read it and will abide by it.
- Actioning the allocated meeting task(s) and completing the tasks within the agreed timeframe.

Attendees

Attendees shall include the Committee Secretary and other attendees as requested by the Chair or Chief Executive.

CONFLICTS OF INTEREST

Interest means any pecuniary or other interest in relation to a matter being considered by the Committee. It includes shareholders, ownership, employment, being the past or future recipient of benefits in any form from another entity also having an interest in the matter being considered, as well as any known family, social, business, or other relationship, past present or future with owners, principals, or agents of such other entity.

Upon being appointed all non-board committee members will provide written declarations, on the approved CEC form, to the Secretariat stating they do not have any conflicts of interest that would preclude them from being members of the Committee. Committee members must declare any conflicts of interest at the start of each meeting or before discussion of the relevant agenda item or topic. Details of any conflicts of interest should be appropriately minuted and an updated written declaration on the approved CEC form submitted to the Chair at the earliest practicable opportunity. The Secretariat will record all declarations in the Committee's Conflicts of Interest Register, and keep all the register, declarations, and any other associated records in a secure TRIM folder.

Where members or observers at the Committee meetings are deemed by the Chair to have an actual, or perceived, conflict of interest they are, at the discretion of the Chair, to be excused from Committee deliberations for the relevant agenda item(s).

MEETING OPERATING PROCEDURES

Quorum

A quorum is defined as a majority of Committee members in attendance. A quorum of members must be present before a meeting can proceed. There should be a majority of member over non-member attendees, not including topic-specific guests.

At least five members must be present for decision-making.

Internal or external specialists/subject experts may be invited to attend the meeting at the request of the Chair on behalf of the committee to provide advice and assistance where necessary. They have no voting rights and may be required to leave the meeting at any time by the Chair.

Frequency of Meetings

Meeting will be held three times a year for a period of 1.5 hours. The Committee may meet more often as required by the Chair. An exceptional/extraordinary meeting may be called by the Chair. Meetings may be attended in person or online.

REPORTING

The minutes and other nominated papers from the Consumer Board Sub-Committee meeting will be provided to the Board at the subsequent Board meeting. The Chair of the Committee (or Committee representative in the Chair's absence) will provide a verbal update to the Board on matters arising from the Consumer Board Sub-Committee meeting.

The Committee shall provide a written report annually on its activities to the Board for the preceding calendar year.

REVIEW

The terms of reference will be reviewed 12 months from the date of commencement, and every two years thereafter. The terms of reference may be altered to reflect the current functions of the Committee, by the decision of the CEC Board.

Data & Analytics Governance Committee

Terms of Reference

1. Purpose

To provide advice to the Chief Executive of Clinical Excellence Commission (CEC) regarding:

- Co-ordination of the data and analytics governance structures within the CEC
- Use, disclosure, quality, security and governance of data and analytics to support the Determination of Functions and CEC Strategic plans
- Compliance with all legal, regulatory and policy requirements in relation to the CEC's data assets
- Development of data and analytics capability and capacity of the CEC.

2. Key Responsibilities

The Data & Analytics Governance Committee will:

2.1 Provide strategic advice on the governance of data and analytics at the CEC

2.2 Monitor and provide advice on the operational aspects of data and analytics governance including roles and responsibilities, privacy, cyber security and business continuity

2.3 Establish priorities for data and analytics workflows within the CEC to ensure core functions are carried out within appropriate timeframes, while encouraging and facilitating new and innovative project and work streams

2.4 Monitor and ensure that sound data management and governance practices are in place for all CEC-led data and analytic-related Advisory Groups

2.5 Monitor and review CEC's hardware and software requirements for data and analytics.

3. Subgroups of the Data & Analytics Governance Committee

The Data & Analytics Governance Committee can form *ad hoc* subgroups to address specific issues, as required. The subgroups can co-opt people as required.

4. Chair and Membership

4.1 Chair

The CEC's Data & Analytics Governance Committee will be chaired by the Medical Director, Patient Safety. The Director of Information Management will be the Co-Chair.

4.2 The Chair is responsible for:

- Scheduling meetings and notifying committee members
- Inviting specialists/subject experts to attend meetings when required by the Committee
- Guiding the meeting according to the agenda and time available

- Ensuring all discussion items end with a decision, action or definite outcome
- Reviewing and approving the draft minutes and distribution.

4.3 Membership of the Data & Analytics Governance Committee will include:

- All CEC Directors
- Principal Lead, Analytics and Reporting
- Biostatistician
- Principal Clinical Lead, Safety Intelligence??
- Delegate appointed by Patient Safety Director to report on the ims+

The Data & Analytics Governance Committee can co-opt people for specific advice as required.

4.4 Committee members will cease to be a member of the Data & Analytics Governance Committee if they:

- Resign from the committee
- Resign from their employment
- Breach the requirements for privacy, confidentiality, code of conduct and conflict of interest that are set out in NSW Health and CEC policies and procedures.

5. Confidentiality of Governance Group Documents

Meeting papers and draft documents sent to the Data & Analytics Governance Committee are confidential and not for circulation outside the Group without explicit permission from the Chair or Co-Chair.

6. Secretariat

The CEC will provide the Data & Analytics Governance Committee secretariat.

The secretariat will be nominated by Chair and is responsible for:

- Preparing agendas and issuing notices for meetings, and ensuring all necessary documents requiring discussion or comment are attached to the agenda
- Distributing the agenda and meeting materials 7 days prior to the meeting
- Taking notes of proceedings and preparing minutes of meeting
- Distributing the minutes to all committee members one week after the meeting. The minutes should be checked by the Chair and accepted by committee members as a true and accurate record at the commencement of the next meeting
- Distributing minutes and reports from the Data & Analytics Governance Committee, as directed by the Chair.

7. Frequency of Meetings

Meetings will be held bi-monthly, or more frequently if required.

8. Meeting Format and Quorum

Each meeting will allow members to participate by face-to-face or teleconference (or webinars as required) with a quorum of 50% of membership plus 1.

9. Reporting Responsibility

The Committee reports to the Chief Executive, Clinical Excellence Commission.

10. Review of Terms of Reference

The Terms of Reference of the Data & Analytics Governance Committee will be reviewed annually from the date of approval.

Resources

Data.NSW. 2021. NSW Data Governance Toolkit v1.1 [Online]. Available: https://data.nsw.gov.au/data-governance-toolkit-0 (Accessed 27 November 2023).

National Archives of Australia. 2021. Information and data governance framework [Online]. Available: https://www.naa.gov.au/about-us/who-we-are/accountability-and-reporting/information-and-data-governance-framework (Accessed 27 November 2023).

National Archives of Australia. ns. Establishing an information governance committee [Online]. Available: https://www.naa.gov.au/information-management/information-governance/establishing-information-governance-framework/establishing-information-governance-committee (Accessed 27 November 2023).

NSW Health. 2019. NSW Health Data Governance Framework GL2019_002 [Online]. Available: https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2019_002 (Accessed 27 November 2023).

Clinical Excellence Committee
EDUCATION & RESEARCH BOARD SUB-COMMITTEE TERMS OF REFERENCE

PURPOSE

The primary role of the Education & Research Board Sub-Committee is to:

- Provide leadership to, and governance oversight of, education and research conducted by the Clinical Excellence Commission (CEC); and
- Assure the CEC Board that the education and research activities and outputs of the CEC are contributing to the CEC's priorities and strategic goals and aligned with relevant state-level priorities and strategies.

In performing these roles, specific regard will be given to the roles and responsibilities of the CEC as set out in the Determination of Functions.

FUNCTIONS

The scope and functions of the Committee are:

- Governance processes oversight of CEC-driven education and research
- Share expertise and evidence on areas of best practice, resources, opportunities and risks for innovative approaches to education and research, in support of CEC's strategic objectives
- Provide advice on potential for collaboration between the CEC and other NSW Health organisations, NSW Health Pillars, universities, and other relevant state, national and international bodies, to improve education and research in CEC's strategic priority areas including considering the relevance of state research and education priorities e.g. Targeted Calls for Research and equivalent opportunities in health workforce, capability building, and/or undergraduate education curricula
- Share expertise and evidence to guide ongoing monitoring of CEC's education and research activities
- Ensure appropriate governance for the administration of Grants and Scholarships awarded by the CEC.

AUTHORITY

The Education & Research Board Sub-Committee shall bring to the attention of the Board matters in scope of the Committee.

The Committee may establish working parties or groups, when required, to support the delivery of the scope and functions of the Committee.

COMPOSITION

Chair

The Chair is a member of the CEC Board and will be appointed by the CEC Board.

The Chair is responsible for:

- Scheduling meetings and notifying committee members
- Inviting specialists/subject experts to attend meetings when required by the Committee
- Guiding the meeting according to the agenda and time available
- Clarifying actions raised at the meeting and responsibility for those actions
- Reviewing and approving the draft minutes before distribution.

Secretariat

The secretariat is responsible for:

- Preparing agendas and issuing notices for meetings, and ensuring all necessary documents requiring discussion or comment are attached to the agenda
- Distributing the Agenda and meeting materials at least one week prior to the meeting
- Taking notes of proceedings and preparing minutes of meeting
- Distributing the minutes to all committee members two weeks after the meeting. The minutes should be checked by the Chair and accepted by committee members as a true and accurate record at the commencement of the next meeting.

Membership

Membership on the Committee is by appointment from the CEC Board. Membership of the Committee will comprise:

- At least two Board members
- At least one independent member with a background in clinical/health services research
- At least one independent member with a background in education in a health care setting
- A representative from the Health Education and Training Institute or delegate
- A representative from the NSW Health Clinical Innovation and Research Division or delegate
- CEC's Chief Executive or delegate.

As per the CEC By-Laws (2017), Section 15, the CEC Board will appoint the chairperson and the secretary of committees. All members will have equal voting rights. The duration of the term of members of the Committee shall be of three years. Members can be reappointed for up to two further terms (i.e. participate for up to 9 years).

Committee members will cease to be a member of the Education and Research Board Sub-Committee if they:

- resign from the committee
- fail to attend three consecutive meetings
- resign from their employment
- breach confidentiality.

Members

The member is responsible for:

- Complying with the requirements of the NSW Health Code of Conduct. For members that are not NSW Health employees, this includes signing the last page and providing a copy to the Secretariat acknowledging that they have read it and will abide by it.
- Actioning the allocated meeting task(s) and completing the tasks within the agreed timeframe.

Attendees

Attendees shall include the Committee Secretary and other attendees as requested by the Chair or Chief Executive.

CONFLICTS OF INTEREST

Interest means any pecuniary or other interest in relation to a matter being considered by the Committee. It includes shareholders, ownership, employment, being the past or future recipient of benefits in any form from another entity also having an interest in the matter being considered, as well as any known family, social, business, or other relationship, past present or future with owners, principals, or agents of such other entity.

Upon being appointed all non-board committee members will provide written declarations, on the approved CEC form, to the Secretariat stating they do not have any conflicts of interest that would preclude them from being members of the Committee. Committee members must declare any conflicts of interest at the start of each meeting or before discussion of the relevant agenda item or topic. Details of any conflicts of interest should be appropriately minuted and an updated written declaration on the approved CEC form submitted to the Chair at the earliest practicable opportunity. The Secretariat will record all declarations in the Committee's Conflicts of Interest Register, and keep all the register, declarations, and any other associated records in a secure TRIM folder.

Where members or observers at the Committee meetings are deemed by the Chair to have an actual, or perceived, conflict of interest they are, at the discretion of the Chair, to be excused from Committee deliberations for the relevant agenda item(s).

MEETING OPERATING PROCEDURES

Quorum

A quorum is defined as a majority of Committee members in attendance. A quorum of members must be present before a meeting can proceed. At least five members must be present for decision-making.

Internal or external specialists/subject experts may be invited to attend the meeting at the request of the Chair on behalf of the committee to provide advice and assistance where necessary. They have no voting rights and may be required to leave the meeting at any time by the Chair.

Frequency of Meetings

Meeting will be held twice a year for a period of 1.5 hours. The Committee may meet more often as required by the Chair. An exceptional/extraordinary meeting may be called by the Chair. Meetings may be attended in person or online.

REPORTING

The minutes and other nominated papers from the Education & Research Board Sub-Committee meeting will be provided to the Board at the subsequent Board meeting. The Chair of the Committee (or Committee representative in the Chair's absence) will provide a verbal update to the Board on matters arising from the Education & Research Board Sub-Committee meeting.

The Committee shall provide a written report annually on its activities to the Board for the preceding calendar year.

REVIEW

The terms of reference will be reviewed every two years from the date of approval. The terms of reference may be altered to reflect the current functions of the Committee, by the decision of the CEC Board.

HEALTH ADMINISTRATION ACT 1982

TERMS OF REFERENCE

COLLABORATING HOSPITALS' AUDIT OF SURGICAL MORTALITY

I, ELIZABETH KOFF, Secretary, Ministry of Health, acting as the authorised delegate of the Minister of Health, pursuant to sections 20(5) and 23 of the *Health Administration Act 1982* (the Act) and section 43 of the *Interpretation Act 1987,* do hereby repeal the existing terms of reference for the Collaborating Hospitals' Audit of Surgical Mortality (CHASM), and authorise CHASM to conduct investigations and research in accordance with section 23 of the Act as follows:

1. Governance and statutory privilege

The Collaborating Hospitals' Audit of Surgical Mortality (CHASM) is governed by its Ministerial Committee and administratively supported and managed by the Special Committees Program at the Clinical Excellence Commission.

CHASM is constituted under section 20 of the Act and is afforded privilege under section 23 of the Act for the purpose of conducting research or investigations into morbidity and mortality occurring within NSW. Material created for and by CHASM is privileged and cannot be disclosed or released, otherwise than in accordance with these terms of reference, without the approval of the Minister for Health or the Minister's authorised delegate.

2. Purpose

The purpose of CHASM is to review deaths that occur within 30 days after an operation or procedure, or during the last hospital admission under the care of a surgeon, irrespective of whether an operation has been performed or not.

3. Functions

CHASM will:

- undertake, oversee, and coordinate a systematic audit of surgical mortality in NSW, using peer review processes;
- obtain information including confidential medical information, case notes and opinions relevant to deaths associated with surgical care from: individual surgeons, in relation to cases that have been notified to CHASM; public health organisations, private health facilities and day procedure centres in relation to cases being reviewed by CHASM, and external assessors (including individual surgeons and such other persons or bodies as the Committee considers appropriate) to CHASM to perform its functions;
- review deaths associated with surgical care, identify potentially preventable factors associated with these cases, and provide confidential feedback to the surgeons involved;
- receive notifications of deaths associated with surgical care from individual surgeons, public health organisations, private hospitals and day procedure centres, and the NSW State Coroner;
- contribute surgical expertise to the preparation, analysis and interpretation of publications and reports to highlight any surgical learnings and identify any recommendations for appropriate action;
- conduct relevant research projects using the data and de-identified information obtained as part of the audit;
- share information from the audit findings with the Special Committee Investigating Deaths Under Anaesthesia (SCIDUA) for the following: Notification data on deaths that occur while under, or as a result of, or within 24 hours after, the administration of an anaesthetic or a sedative drug;
- contribute surgical expertise to the review of clinical incidents involving surgical care and make recommendations for system improvement;
- regularly review the Committee's functions and activities including maintenance of security and confidentiality of case data.

4. Communication and reports

CHASM will provide de-identified feedback or reports on the outcome of its reviews to inform on best practice, system improvement and patient safety to:

- individual surgeons involved in the care of the deceased patient;
- individual surgeons participating in CHASM as peer review assessors;
- the Secretary, NSW Health, as an annual publication for educational purposes;
- hospitals and health facilities on their notification of death reporting; and
- other committees with special privilege under section 23 of the Act.

CHASM may provide reports using de-identified aggregated data to:

- public health organisations and private health facilities to assist in improving effective and timely care;
- individual surgeons requesting data to support their low/negligible risk research projects, or for journal publications and presentations;
- research teams conducting research projects with ethics approval from a NSW Health Human Research Ethics Committee;
- the Australian and New Zealand Audit of Surgical Mortality (ANZASM) for inclusion in their national case book publications and Case of the Month national program;
- the Royal Australasian College of Surgeons (RACS) for the purpose of maintenance of standards and surgical education; and /or
- appropriate agencies, organisations or colleges to support patient safety and quality improvement initiatives.

5. Communication with Key Stakeholders

Members may visit hospitals and local health districts on an ad hoc basis to promote the program and encourage surgeon participation. They may give presentations at conferences, forums and educational sessions to promote and educate the surgical community on the purpose of CHASM.

CHASM produces an annual publication using de-identified information, approved for disclosure by the Secretary, NSW Health, to promote a greater awareness of relevant issues and challenges for surgeons in New South Wales.

Individual feedback is provided by the Chairperson to each surgeon participating in the CHASM Program following case assessment. This is an educational process to assist surgeons to undergo a period of reflection by considering the feedback provide from their peer.

6. Sub-committees

CHASM may establish sub-committees to assist with the functions of CHASM and delegate such functions of CHASM, consistent with these Terms of Reference, to those sub-committees as CHASM considers appropriate.

7. Research

De-identified information obtained from the surgical case form and subsequent assessment/s may be made available to researchers to conduct approved research projects. CHASM may place specific conditions on the data provided to any agency or person.

This information will also be available to be analysed and scrutinised by employees of the Clinical Excellence Commission to ensure data integrity and to provide accurate context for the purposes of each research project. NSW Health Cybersecurity protocols must be adhered to by all researchers.

Research papers and publications using aggregated data will be published in a de-identified format, approved by the Chief Executive of the Clinical Excellence Commission, to ensure that the perspective of the research outcomes is appropriate, and able to withstand public scrutiny.

Proposed research projects will require the approval of a NSW Health Human Research Ethics Committee (HREC) before commencing and will need to be endorsed by the CHASM Chairperson. NSW Health remains the owner of the data provided for research purposes.

8. Membership

CHASM should reflect the interests of the surgical community relative to the work of the Committee and is to consist of no more than 30 members, including:

- one Clinical Chairperson
- two Deputy Co-Chairs, including one representative of the Royal Australasian College of Surgeons (RACS) New South Wales State Committee
- one layperson with expertise in human factors
- one member of the Special Committee Investigating Deaths Under Anaesthesia (SCIDUA)
- one perioperative geriatrician
- one or more registered NSW medical practitioners representative of the following specialities:
    - Cardiothoracic Surgery
    - General Surgery
    - Neurosurgery
    - Oncology Surgery
    - Orthopaedic Surgery
    - Urology
    - Vascular Surgery

Members are appointed by the Secretary, NSW Health, under delegation by the Minister, for a period not exceeding five (5) years, and any such appointments may be terminated by the Secretary at any time. Members may be eligible for reappointment for further terms, where the total period of appointment as a member does not exceed a maximum of ten (10) years.

In addition, the Committee has the following ex-officio membership: Chief Executive, Clinical Excellence Commission (CEC); Medical Director, Patent Safety, CEC; Manager, Special Committees, CEC; Chairperson or member of the Special Committee Investigating Deaths Under Anaesthesia (SCIDUA); Chairperson, NSW Regional Committee of the Royal Australasian College of Surgeons (RACS) as a Deputy Co-Chair.

The Committee Chairperson may also invite surgeons to attend meetings as Subject Matter Experts to conduct case-specific reviews for specialities and sub-specialities including, but not limited to: Paediatric Surgery; Cardiothoracic Paediatric Surgery; Plastic and Reconstructive Surgery; Otolaryngology – Head and Neck Surgery; Maxillo-Facial Surgery; Obstetrics and Gynaecology; Ophthalmology.

9. Clinical Chairperson and Deputy Co-Chair

Pursuant to Section 20 of the Act, a member of the Committee who is a registered medical practitioner can be appointed as the Clinical Chairperson or Deputy Co-Chair by the Secretary, NSW Health, under delegation by the Minister, for a period not exceeding five (5) years, any such appointments do not include the term of office as a member of the Committee in the maximum term of office as Chairperson or Deputy Co-Chair.

At the end of the Chairperson's first term, if eligible, the holder of office may be considered for reappointment by the Secretary, NSW Health, for a further term, where the total period of appointment does not exceed a maximum of ten (10) years.

The Chairperson may endorse a Deputy Co-Chair for reappointment by the Secretary, NSW Health, for further terms, with the holder of office not exceeding a maximum period of appointment of ten (10) years.

The Secretary, NSW Health, may appoint, a member to act in the office of Chairperson of the Committee during the illness or absence of the Chairperson, and the member, while so acting, will assume all the functions of the office, and is taken to be the holder of office.

10. Conduct

Each member of the Committee must agree to comply with the NSW Health Code of Conduct and is to sign a confidentiality agreement relative to the business of the Committee.

A member of the Committee is taken to have vacated their position if:

(a) The Minister revokes a member's appointment; or
(b) A member resigns in writing to the Minister; or
(c) A member is not considered eligible for reappointment upon the completion of their term of appointment; or
(d) A member becomes mentally incapacitated, or dies; or
(e) A member becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with his or her creditors or makes an assignment of his or her remuneration for their benefit, or
(f) A member is convicted in New South Wales of an offence which is punishable by imprisonment for 12 months or more, or is convicted elsewhere than in New South Wales of an offence that, if committed in New South Wales, would be an offence so punishable.

11. Remuneration

Remuneration (including travelling and subsistence allowances) for the Chairperson, Deputy Co-Chairs and members of CHASM is set by the Minister in accordance with the *Remuneration and Classification framework established for NSW Government Boards and Committees*. Deputy Co-Chairs are entitled to remuneration equivalent to that of a Committee member, plus 15%.

The CHASM Committee is classified as a C2-i entity with rates effective from 1 July 2014, set by the Public Service Commission.

12. Meetings

The CHASM Committee will meet at least four (4) times each calendar year. Meetings will be held out of hours, where applicable, with members attending outside of their employed clinical roles.

13. Secretariat

The Secretariat for CHASM will be provided by the Clinical Excellence Commission.

14. Quorum

The CHASM Committee requires the attendance of one quarter (25%) of its membership (to the nearest whole number) for a quorum.

Members not providing an apology to the Chairperson to support their inability to attend a meeting, may be at risk of forfeiting their membership if this occurs on more than three consecutive occasions.

Dated this 10th day of October 2021

Elizabeth Koff
Secretary, NSW Health

Ref: D23/25414

Combined Clinical Excellence Commission (CEC), Regulation and Compliance Unit MoH & Private Hospitals Committee Terms of Reference

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1. Purpose

The Combined Clinical Excellence Commission (CEC), Regulation and Compliance Unit MoH & Private Hospitals Committee meeting aims to facilitate timely and regular communication across the three groups.

2. Key Responsibilities

The Committee will:

- provide a regular forum for discussion of current clinical and professional issues relevant to the Private Hospitals as well as the CEC and Regulation and Compliance Unit MoH.
- act as a support and resource group for clinical governance leads in the private sector.
- facilitate sharing of information and initiatives across agencies
- act in an advisory capacity in relation to relevant policy, projects and initiatives within NSW Health, other government departments including the Federal Department of Health, and key external bodies in relation to Private Hospitals.

3. Chair and Membership

3.1 Chair

The Committee Chair is the Chief Executive, CEC.

3.2 The Chair is responsible for

- Scheduling meetings and notifying committee members
- Inviting specialists/subject experts to attend meetings when required by the Committee
- Guiding the meeting according to the agenda and time available
- Ensuring all discussion items end with a decision, action or definite outcome
- Reviewing and approving the draft minutes before distribution.

3.3 Membership of the Combined Clinical Excellence Commission, Regulation and Compliance Unit MoH & Private Hospitals Committee will include:

- Chief Executive, CEC
- Director, Patient Safety, CEC
- Director, Regulation and Compliance Unit, Legal & Regulatory Services, NSW Ministry of Health
- Chief Executive or delegate, Adventist Healthcare

- Chief Executive or delegate, Healthscope
- Chief Executive or delegate, Ramsay Health Care
- Chief Executive or delegate, St Vincent's Health Australia
- Chief Executive or delegate, Calvary Health Care
- Chief Executive or delegate, Healthe Care
- Chief Executive or delegate, Macquarie University Hospital

Additional representatives can be co-opted as required.

4. Secretariat

The CEC will provide the Committee secretariat.

The secretariat is responsible for:

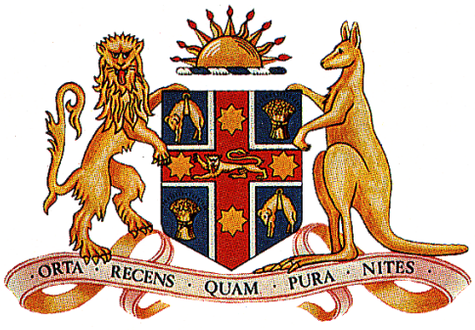
- Preparing agendas and issuing notices for meetings, and ensuring all necessary documents requiring discussion or comment are attached to the agenda
- Distributing the agenda and meeting materials 10 days prior to the meeting
- Taking notes of proceedings and preparing minutes of meeting
- Distributing the minutes to all committee members one week after the meeting. The minutes should be checked by the Chair and accepted by committee members as a true and accurate record at the commencement of the next meeting.

5. Meeting Operating Procedures

- Meetings will be held three times a year in March, July, and November.
- Each meeting will allow members to participate by face-to-face, teleconference or video conference as required.

6. Review of Membership and Terms of Reference

The Terms of Reference of the Combined Clinical Excellence Commission, Regulation and Compliance Unit MoH & Private Hospitals will be reviewed annually.



Government Gazette

of the State of

New South Wales

Number 32
Friday, 14 February 2020

The New South Wales Government Gazette is the permanent public record of official NSW Government notices. It also contains local council, non-government and other notices.

Each notice in the Government Gazette has a unique reference number that appears in parentheses at the end of the notice and can be used as a reference for that notice (for example, (n2019-14)).

The Gazette is compiled by the Parliamentary Counsel's Office and published on the NSW legislation website (www.legislation.nsw.gov.au) under the authority of the NSW Government. The website contains a permanent archive of past Gazettes.

To submit a notice for gazettal, see Gazette Information.

ISSN 2201-7534

By Authority
Government Printer

GOVERNMENT NOTICES
Roads and Maritime Notices

ROADS ACT 1993

LAND ACQUISITION (JUST TERMS COMPENSATION) ACT 1991

Notice of Compulsory Acquisition of Land at North Boambee in the Coffs Harbour Council Area

Transport for NSW, by its delegate declares, with the approval of Her Excellency the Governor, that the land described in the schedule below is acquired by compulsory process under the provisions of the *Land Acquisition (Just Terms Compensation) Act 1991* for the purposes of the *Roads Act 1993*.

K DURIE
Manager, Compulsory Acquisition & Road Dedication
Transport for NSW

Schedule

All those pieces or parcels of land situated in the Coffs Harbour Council area, Parish of Bonville and County of Raleigh, shown as Lots 1 and 2 Deposited Plan 883939, being the whole of the land in Certificates of Title 1/883939 and 2/883939 respectively, excluding any existing easements from the compulsory acquisition of the said Lots.

The land is said to be in the possession of Minister for Education.

(TfNSW Papers: SF2019/230229; RO SF2016/094384)

Reference number:(n2020-320)

ROADS ACT 1993

Notice of Dedication of Land as Public Road at New Lambton Heights and Kotara in the Newcastle City Council Area

Transport for NSW, by its delegate, dedicates the land described in the schedule below as public road under section 10 of the *Roads Act 1993*.

K DURIE
Manager, Compulsory Acquisition & Road Dedication
Transport for NSW

Schedule

All those pieces or parcels of land situated in the Newcastle City Council area, Parish of Newcastle and County of Northumberland, shown as:

Lots 13 to 19 inclusive Deposited Plan 734570;

The area of 3¼ perches shown on Deposited Plan 438243, being the whole of the land in Notice of Resumption Land Dealing G89659 and being also part of Lot 44 Deposited Plan 19050;

Lot 1 Deposited Plan 407995;

Lots 3 and 4 Deposited Plan 219229;

Lot 21 Deposited Plan 715249;

Lot 2 Deposited Plan 708292; and

The area of 28¼ perches shown on Deposited Plan 435449, being the whole of the land in Notice of Resumption Land Dealing D914958 and being also part of Lot 20 Deposited Plan 17292.

(TfNSW Papers: SF2020/010757; RO SF2015/006341)

Reference number:(n2020-321)

Mining and Petroleum Notices

Pursuant to section 136 of the *Mining Act 1992* and section 16 of the *Petroleum (Onshore) Act 1991*

NOTICE is given that the following applications have been received:

EXPLORATION LICENCE APPLICATIONS

(TMS-APP27)

No. 5918, METROPOLITAN COLLIERIES PTY. LTD. (ACN 003 135 635), area of 2042 hectares, for Group 9, dated 3 February 2020. (Sydney Mining Division).

(TMS-APP31)

No. 5920, TRK RESOURCES PTY LTD (ACN 116543081), area of 28 units, for Group 1, dated 11 February 2020. (Sydney Mining Division).

Reference number:(n2020-322)

NOTICE is given that the following applications have been granted:

EXPLORATION LICENCE APPLICATIONS

(T19-1101)

No. 5840, now Exploration Licence No. 8939, TRK RESOURCES PTY LTD (ACN 116 543 081), County of Wynyard, Map Sheet (8527), area of 37 units, for Group 1, dated 4 February 2020, for a term until 4 February 2022.

(T19-1104)

No. 5841, now Exploration Licence No. 8936, EXTRACT MINERALS PTY LTD (ACN 635 500 373), Counties of Phillip, Roxburgh and Wellington, Map Sheet (8832), area of 34 units, for Group 1, dated 4 February 2020, for a term until 4 February 2022.

(T19-1110)

No. 5847, now Exploration Licence No. 8931, SYNDICATE MINERALS PTY LTD (ACN 635 864 587), County of Beresford, Map Sheet (8725), area of 10 units, for Group 1, dated 9 January 2020, for a term until 9 January 2026.

(T19-1126)

No. 5860, now Exploration Licence No. 8928, CLEAN TEQ SUNRISE PTY LTD (ACN 008 755 155), County of Ashburnham, Map Sheet (8431), area of 20 units, for Group 2, dated 6 January 2020, for a term until 6 January 2023.

(T19-1127)

No. 5861, now Exploration Licence No. 8940, ALKANE RESOURCES LTD (ACN 000 689 216), County of Roxburgh, Map Sheet (8831), area of 33 units, for Group 1, dated 5 February 2020, for a term until 5 February 2026.

(T19-1140)

No. 5874, now Exploration Licence No. 8938, LACHLAN MINERALS PTY LTD (ACN 629 795 339), County of Kennedy, Map Sheet (8333), area of 10 units, for Group 1, dated 5 February 2020, for a term until 5 February 2026.

(T19-1141)

No. 5875, now Exploration Licence No. 8937, LACHLAN MINERALS PTY LTD (ACN 629 795 339), Counties of Flinders and Kennedy, Map Sheet (8333), area of 33 units, for Group 1, dated 4 February 2020, for a term until 4 February 2026.

(T19-1142)

No. 5876, now Exploration Licence No. 8933, LODE RESOURCES PTY LTD (ACN 637 512 415), Counties of Arrawatta and Gough, Map Sheet (9138, 9139, 9238, 9239), area of 16 units, for Group 1, dated 16 January 2020, for a term until 16 January 2023.

Reference number:(n2020-323)

NOTICE is given that the following applications for renewal have been received:

(TMS-REN66)

Exploration Licence No. 7073, MOOLARBEN COAL MINES PTY LIMITED (ACN 108 601 672), KORES AUSTRALIA MOOLARBEN COAL PTY LIMITED (ACN 129 132 501) AND SOJITZ MOOLARBEN RESOURCES PTY LTD (ACN 126 287 027), area of 1110 hectares. Application for renewal received 11 February 2020.

(TMS-REN67)

Exploration Licence No. 7074, MOOLARBEN COAL MINES PTY LIMITED (ACN 108 601 672), KORES AUSTRALIA MOOLARBEN COAL PTY LIMITED (ACN 129 132 501) AND SOJITZ MOOLARBEN RESOURCES PTY LTD (ACN 126 287 027), area of 28 hectares. Application for renewal received 11 February, 2020.

(TMS-REN64)

Exploration Licence No. 8236, SILVER CITY MINERALS LIMITED (ACN 130 933 309), area of 4 units. Application for renewal received 10 February 2020.

(TMS-REN62)

Exploration Licence No. 8515, LOCH LILLY PTY LTD (ACN 615 305 032), area of 200 units. Application for renewal received 7 February 2020.

(TMS-REN63)

Exploration Licence No. 8516, LOCH LILLY PTY LTD (ACN 615 305 032), area of 100 units. Application for renewal received 7 February 2020.

(TMS-REN65)

Mining Purposes Lease No. 162 (Act 1973), NAMOI MINING PTY. LTD. (ACN 071 158 373), area of 1 hectares. Application for renewal received 7 February 2020.

Reference number:(n2020-324)

APPLICATIONS TO TRANSFER RECEIVED

Notice is given that the following applications to transfer have been received:

(TMS-TRF37)

MT BROWNE MINING GROUP PTY LTD (ACN 619 711 867) has applied for approval to transfer Exploration Licence No. 6479 to GOLDREEF RESOURCES PTY LTD (ACN 638 720 733). Application received 31 January 2020.

(TMS-TRF37)

MT BROWNE MINING GROUP PTY LTD (ACN 619 711 867) has applied for approval to transfer Exploration Licence No. 8681 to GOLDREEF RESOURCES PTY LTD (ACN 638 720 733). Application received 31 January 2020.

Reference number:(n2020-325)

TRANSFERS

(EF19/27878)

Exploration Licence No. 5964, formerly held by GOLDEN CROSS OPERATIONS PTY. LTD. (ACN 050 212 827) has been transferred to SUNNY SILVER PTY LTD (ACN 619 274 109). The transfer was registered on 15 January 2020.

(EF19/27279)

Exploration Licence No. 8814, formerly held by HAVERFORD HOLDINGS PTY LTD (ACN 142 660 553) has been transferred to BACCHUS RESOURCES PTY LTD (ACN 606340872). The transfer was registered on 21 January 2020.

Reference number:(n2020-326)

WITHDRAWAL OF APPLICATIONS TO PART TRANSFER

Notice is given that the following applications for transfer have been withdrawn:

(EF19/700)

Consolidated Coal Lease No. 768, ILLAWARRA COAL HOLDINGS PTY LTD (ACN 093 857 286). Withdrawal took effect on 10 February 2020.

Reference number:(n2020-327)

MINING RESERVE 3200A (ANCILLARY MINING ACTIVITIES DIRECTION) AMENDMENT ORDER 2020

under the

MINING ACT 1992

Margaret Beazley, Governor

I, the Honourable Margaret Beazley, AC QC, Governor of New South Wales, with the advice of the Executive Council, and pursuant to section 367 of the Mining Act 1992, make the following Order.

Dated this 12th day of February 2020

By Her Excellency's Command,

JOHN BARILARO MP
Deputy Premier
Minister for Regional New South Wales
Minister for Industry and Trade

MINING RESERVE 3200A (ANCILLARY MINING ACTIVITIES DIRECTION) AMENDMENT ORDER 2020

under the

MINING ACT 1992

1 Name of Order

This Order is the *Mining Reserve 3200A (Ancillary Mining Activities Direction) Amendment Order 2020.*

2 Commencement

This Order commences on the date it is published in the NSW Government Gazette.

3 Amendment to direction in relation to Mining Reserve No. 3200A

The direction in relation to Mining Reserve No. 3200A published in Government Gazette 169 of 14 December 1990 is revoked and I hereby direct in relation to that reserve (as amended from time to time)-

(a) that no exploration licence is to be granted over land in the reserve; and

(b) that no mining lease is to be granted over land in the reserve with the exception of mining leases in respect of an ancillary mining activity or activities only to facilitate opal mining which may be granted over land in the reserve.

Reference number:(n2020-328)

Energy Notices

ELECTRICITY SUPPLY ACT 1995 (NSW)
LAND ACQUISITION (JUST TERMS COMPENSATION) ACT 1991 (NSW)

ESSENTIAL ENERGY
NOTICE OF COMPULSORY ACQUISITION OF EASEMENTS FOR
ELECTRICITY PURPOSES AT HILLTOP ROAD, BERRIDALE

Essential Energy declares, with the approval of Her Excellency the Governor, with the advice of the Executive Council, that the Interests in Land described in Schedule 1 to this notice the terms of which are described in Schedule 2 to this notice, are acquired by compulsory process in accordance with the provisions of the *Land Acquisition (Just Terms Compensation) Act 1991* (NSW), for the purposes of the *Electricity Supply Act 1995* (NSW).

Dated at Port Macquarie this 14th day of February 2020

Martin English
Head of Legal
Essential Energy
PO Box 5730
PORT MACQUARIE NSW 2444

SCHEDULE 1

No	Interests in Land	Locality	LGA	Parish	County
1	Easement for overhead powerlines 20 wide and variable over Lot 2 in DP1223621 shown as "E7 Proposed Easement for overhead powerlines 20 wide and variable" in DP1253675	Hilltop	Snowy Monaro Regional	Townsend	Wallace
2	Easement for overhead powerlines 20 wide and variable over the bed and banks of the Crown Waterway Kara Creek shown as "E7 Proposed Easement for overhead powerlines 20 wide and variable" in DP1253675	Hilltop	Snowy Monaro Regional	Townsend	Wallace

SCHEDULE 2

The easement described in Schedule 1 is on the terms set out in Part A of Memorandum AG189384.

The acquisition of the easement is a future act to which section 24MD(3) of the *Native Title Act 1993* (Cth) applies. In so far as any Native Title rights and interests may exist over the Crown Land affected by the easements, the "non-extinguishment principle" applies.

Reference number:(n2020-329)

Crown Land Notices

1300 886 235 www.crownland.nsw.gov.au

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Gotha; County – Townsend

Land District – Deniliquin; LGA – Murray River

Road Disposed: Lot 1 DP 1247794

File No: 15/07556

Reference number:(n2020-330)

ROADS ACT 1993

ORDER
Transfer of Crown Road to a Council

In pursuance of the provisions of Section 152I of the *Roads Act 1993*, the Crown road specified in Schedule 1 is transferred to the roads authority specified in Schedule 2 hereunder as from the date of publication of this notice and as from that date the road specified in Schedule 1 ceases to be a Crown road.

The Hon Melinda Pavey, MP
Minister for Water, Property and Housing

SCHEDULE 1

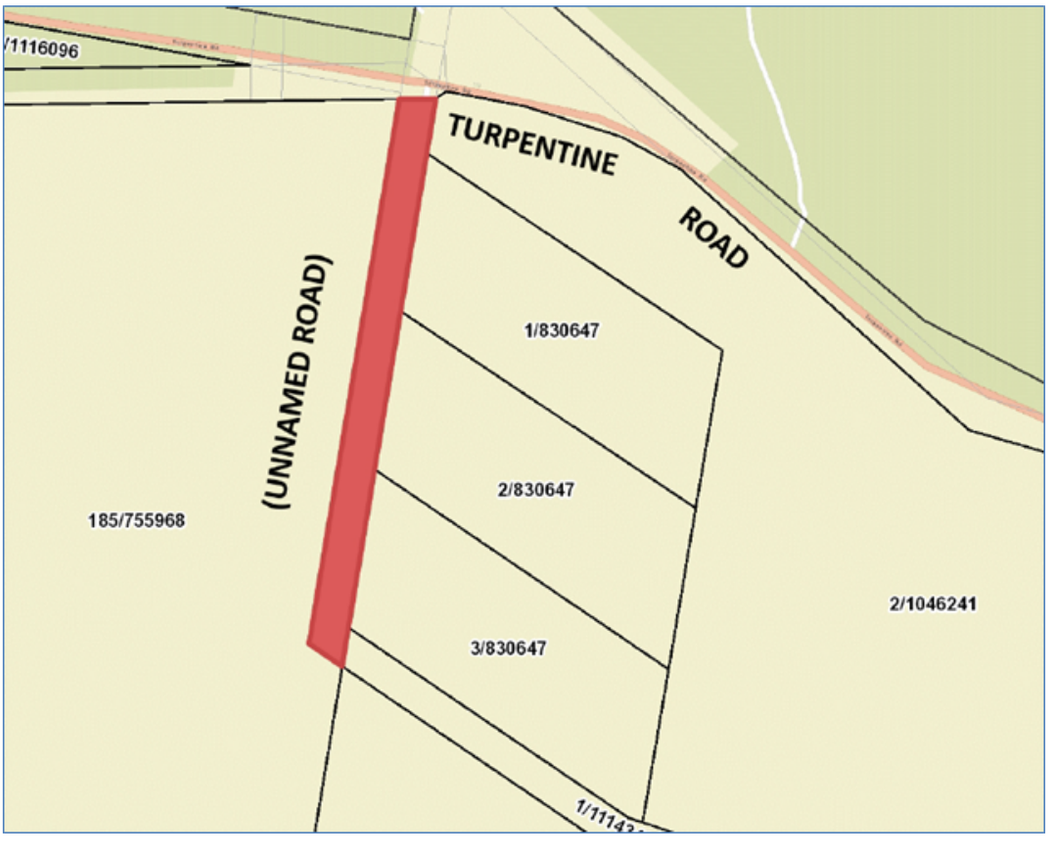
Parish:	Tomerong
County:	St Vincent
Land District:	Nowra
LGA:	Shoalhaven City Council
DESCRIPTION:	Crown road known as Yerunda Road in the locality of Tomerong and as shown by red colour on the diagram below.

SCHEDULE 2

Roads Authority:	Shoalhaven City Council
Council's Ref:	2921E (D18/40008)
DoI-Lands & Water Ref:	20/00724

SCHEDULE 1

Parish:	Wandrawandian
County:	St Vincent
Land District:	Nowra
LGA:	Shoalhaven City Council
DESCRIPTION:	Unnamed Crown road south and off Turpentine Road in the locality of Tomerong, west of Lots 1, 2 and 3, DP 830647and in the north western corner of Lot 2 DP 1046241 and as shown by red colour on the diagram below.



SCHEDULE 2

Roads Authority:	Shoalhaven City Council
Council's Ref:	2921E (D18/40008)
DoI-Lands & Water Ref:	20/00724

Reference number:(n2020-331)

ROADS ACT 1993

ORDER
Transfer of Crown Road to a Council

In pursuance of the provisions of Section 152I of the *Roads Act 1993*, the Crown road specified in Schedule 1 is transferred to the roads authority specified in Schedule 2 hereunder as from the date of publication of this notice and as from that date the road specified in Schedule 1 ceases to be a Crown road.

The Hon Melinda Pavey, MP
Minister for Water, Property and Housing

SCHEDULE 1

Parish:	Wandrawandian
County:	St Vincent
Land District:	Nowra
LGA:	Shoalhaven City Council
DESCRIPTION:	Crown roads known as Gumden Lane and Bayly Road (pt) in the locality of St Georges Basin and as shown by red colour on the diagram below.

SCHEDULE 2

Roads Authority:	Shoalhaven City Council
Council's Ref:	2921E (D18/40008)
DoI-Lands & Water Ref:	20/00723

Reference number:(n2020-332)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Willeroon; County – Canbelego

Land District – Nyngan; LGA – Bogan

Road Disposed: Lots 1-2 DP 1258865

File No: 09/11554

Reference number:(n2020-333)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Tumbarumba; County – Selwyn

Land District – Tumbarumba; LGA – Snowy Valleys

Road Disposed: Lot 2 DP 1254877 subject to a right of carriageway created by Deposited Plan 1254877

File No: 19/04708

Reference number:(n2020-334)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Gunnenbeme; County – Nandewar

Land District – Tamworth; LGA – Gunnedah

Road Disposed: Lot 1 DP 1259494

File No: 12/03937

Reference number:(n2020-335)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Tumbarumba; County – Selwyn

Land District – Tumbarumba; LGA – Snowy Valleys

Road Disposed: Lot 1 DP 1254877 subject to a right of carriageway created by Deposited Plan 1254877

File No: 19/04709

Reference number:(n2020-336)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Wilson; County – Pottinger

Land District – Gunnedah; LGA – Gunnedah

Road Disposed: Lot 1 DP 1257466

File No: 12/00696

Reference number:(n2020-337)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Bunyan; County – Beresford

Land District – Cooma; LGA – Snowy Monaro Regional

Road Disposed: Lots 1-2 DP 1259141

File No: 19/03124

Reference number:(n2020-338)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Congarinni; County – Raleigh

Land District – Kempsey; LGA – Nambucca Valley

Road Disposed: Lot 1 DP 1259140

File No: 13/00320

Reference number:(n2020-339)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Parrabel; County – Dudley

Land District – Grafton; LGA – Kempsey

Road Disposed: Lot 1 DP 1259155

File No: 12/02119

Reference number:(n2020-340)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Wayo; County – Argyle

Land District – Goulburn; LGA – Goulburn Mulwaree

Road Disposed: Lot 4 DP 1253845

File No: 18/04133

Reference number:(n2020-341)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parishes – Muttama, Burra; County – Harden

Land District – Gundagai; LGA – Cootamundra-Gundagai Regional

Road Disposed: Lot 1 DP 1251502

File No: 18/05968

Reference number:(n2020-342)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Bethungra; County – Clarendon

Land District – Cootamundra; LGA – Junee

Road Disposed: Lot 3 DP 1248012

File No: 18/04670

Reference number:(n2020-343)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Buckargingah; County – Hume

Land District – Albury; LGA – Greater Hume Shire

Road Disposed: Lot 1 DP 1251445

File No: 18/09528

Reference number:(n2020-344)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Yambla; County – Goulburn

Land District – Albury; LGA – Greater Hume Shire

Road Disposed: Lot 1 DP 1252145 (subject to easement/right of carriageway created by Deposited Plan 1252145)

File No: 18/02665

Reference number:(n2020-345)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Dubbleda; County – Pottinger

Land District – Gunnedah; LGA – Gunnedah

Road Disposed: Lots 1-4 DP 1258180

File No: 18/05782

Reference number:(n2020-346)

ROADS ACT 1993

ORDER
Transfer of Crown Road to a Council

In pursuance of the provisions of Section 152I of the *Roads Act 1993*, the Crown road specified in Schedule 1 is transferred to the roads authority specified in Schedule 2 hereunder as from the date of publication of this notice and as from that date the road specified in Schedule 1 ceases to be a Crown road.

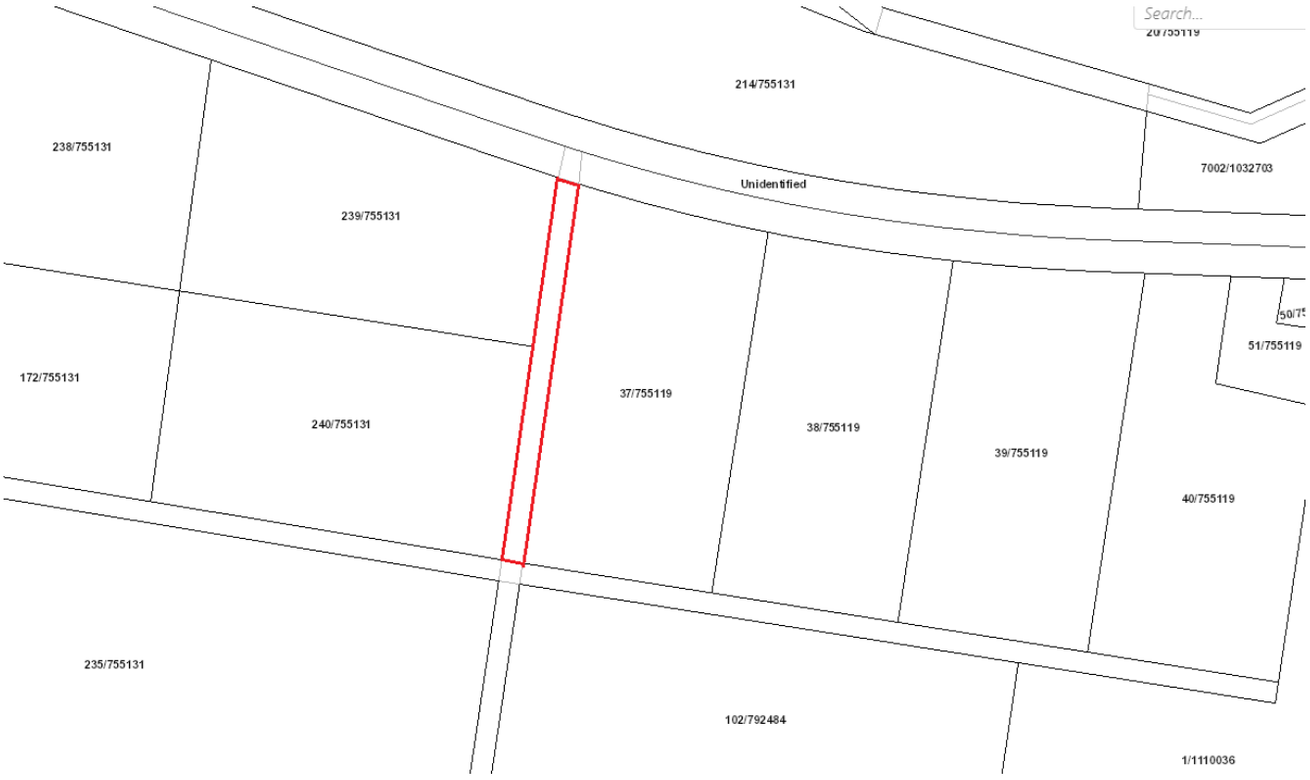
The Hon Melinda Pavey, MP
Minister for Water, Property and Housing

SCHEDULE 1

Parish:	Narromine
County:	Narromine
Land District:	Dubbo
LGA:	Narromine Shire Council
DESCRIPTION:	Crown road to the west of Lot 37 DP 755119, as shown on diagram below.

SCHEDULE 2

Roads Authority:	Narromine Shire Council
DPIE Ref:	20/00695



Reference number:(n2020-347)

NOTIFICATION OF CLOSING OF A ROAD

In pursuance of the provisions of the *Roads Act 1993* and the savings and transitional provisions set out in clause 9A and 44 of Schedule 7 to the *Crown Land Management Act 2016*, which provide the Minister responsible for administering the *Crown Land Management Act 2016* with the power to close council roads under the provisions of the *Roads Act 1993* as in force immediately before the amendments had effect the road hereunder described is closed and the lands comprised therein cease to be public road and the rights of passage and access that previously existed in relation to the road is extinguished. Upon closing, title to the land, comprising the former public road, vests in the body specified in the Schedule hereunder.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Gewah; County – Ewenmar

Land District – Coonamble; LGA – Gilgandra & Warren

Road Closed: Lots 1 – 2 DP 1221417

File No: DB05H283

SCHEDULE

On closing, the land within Lots 1 & 2 DP 1221417 will remain vested in the State of New South Wales as Crown land.

On closing, the land within Lot 1 DP 1221417 will become vested in the State of New South Wales as Crown Land.

Reference number:(n2020-348)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Gulligal; County – Darling

Land District – Tamworth; LGA – Tamworth Regional

Road Disposed: Lots 2-3 DP 1254666

File No: 19/02024

Reference number:(n2020-349)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Bulgundara; County – Wallace

Land District – Cooma; LGA – Snowy Monaro Regional

Road Disposed: Lot 1 DP 1259288

File No: 19/08530

Reference number:(n2020-350)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Trangie; County – Narromine

Land District – Dubbo; LGA – Narromine

Road Disposed: Lot 1 DP 1258855

File No: 10/13470

Reference number:(n2020-351)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Borambil; County – Bligh

Land District – Mudgee; LGA – Upper Hunter

Road Disposed: Lot 1 DP 1254948

File No: 17/02325

Reference number:(n2020-352)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Gordon; County – Wallace

Land District – Cooma; LGA – Snowy Monaro Regional

Road Disposed: Lot 1 DP 1259441

File No: 19/08532

Reference number:(n2020-353)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Billinudgel; County – Rous

Land District – Murwillumbah; LGA – Byron

Road Disposed: Lot 2 DP 1211863

File No: 14/00860

Reference number:(n2020-354)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parishes – Minnaminane, Booramine; County – Courallie

Land District – Moree; LGA – Moree Plains

Road Disposed: Lot 1 DP 1256466

File No: 07/6143

Reference number:(n2020-355)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Queerbri; County – Jamison

Land District – Narrabri; LGA – Narrabri

Road Disposed: Lot 3 DP 1251929

File No: 18/03016

Reference number:(n2020-356)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parishes – Wyoming, Lewis; County – Macquarie

Land District – Taree; LGA – Mid-Coast

Road Disposed: Lot 1 DP 1251933

File No: 18/04575

Reference number:(n2020-357)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Wambat; County – Harden

Land District – Young; LGA – Hilltops

Road Disposed: Lot 2 DP 1256292

File No: 19/05820

Reference number:(n2020-358)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Carrego; County – Sturt

Land District – Hay; LGA – Carrathool

Road Disposed: Lot 1 DP 1253888

File No: HY98H226

Reference number:(n2020-359)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – The Gap; County – Gordon

Land District – Molong; LGA – Cabonne

Road Disposed: Lot 3 DP 1259354

File No: 19/04980

Reference number:(n2020-360)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parishes – Ilginbah, Wolseley, Oolambeyan, Mulberrygong, Eilginbah, Wahwoon, Mulburruga, Burrabogie; Counties – Waradgery, Boyd

Land District – Hay; LGA – Hay

Road Disposed: Lot 1 DP 1256831, Lots 2-3 DP 1256834, Lots 4-5 DP 1257334, Lot 6 DP 1257463

File No: 17/02363

Reference number:(n2020-361)

NOTIFICATION OF DISPOSAL OF A CROWN ROAD

Section 152B Roads Act 1993

The road hereunder described has been disposed of under section 152B of the *Roads Act 1993*. In accordance with section 152H of that Act, the road comprised therein has ceased to be a Crown road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon disposal, title to the land, comprising the former Crown road, is transferred to freehold.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

DESCRIPTION

Parish – Woodburn; County – St Vincent

Land District – Nowra; LGA – Shoalhaven

Road Disposed: Lot 1 DP 1258276

File No: 18/09380

Reference number:(n2020-362)

CROWN LAND MANAGEMENT ACT 2016

APPOINTMENT OF STATUTORY LAND MANAGER BOARD MEMBERS

Pursuant to clause 4(1) of Schedule 5 to the *Crown Land Management Act 2016*, the persons specified in Column 1 of the Schedule hereunder are appointed, for the terms of office specified in that Column, as board members for the statutory land manager specified opposite in Column 2, which has been appointed as Crown land manager of the land referred to in Column 3 of the Schedule.

It is a condition of the appointment that the board member must comply with the Department of Industry *Crown reserve code of conduct: For non-council Crown land managers and commons trusts* (as may be amended or replaced from time to time).

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

Schedule

Column 1	**Column 2**	**Column 3**
Charles Glenn Cooper (new member) For a term commencing the date of this notice and expiring 12th February 2025.	Woodville Oval Recreation Reserve Land Manager	Reserve No. 97840 Public Purpose: public recreation Notified: 10 Jul 1985 File Reference: AE85R20

Reference number:(n2020-363)

CROWN LAND MANAGEMENT ACT 2016

APPOINTMENT OF STATUTORY LAND MANAGER BOARD MEMBERS

Pursuant to clause 4(1) of Schedule 5 to the *Crown Land Management Act 2016*, the persons specified in Column 1 of the Schedule hereunder are appointed, for the terms of office specified in that Column, as board members for

the statutory land manager specified opposite in Column 2, which has been appointed as Crown land manager of the land referred to in Column 3 of the Schedule.

It is a condition of the appointment that the board member must comply with the Department of Industry *Crown reserve code of conduct: For non-council Crown land managers and commons trusts* (as may be amended or replaced from time to time).

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

Schedule

Column 1	Column 2	Column 3
The person for the time being holding the office of Secretary, Tullakool Bush Fire Brigade (ex-officio member) The person for the time being holding the office of Captain, Tullakool Bush Fire Brigade (ex-officio member) For a term commencing the date of this notice and expiring 31st January 2025.	Tullakool Hall Land Manager	Reserve No. 97244 Public Purpose: public hall Notified: 1 June 1984 File Reference: HY89R1-01

Reference number:(n2020-364)

CROWN LAND MANAGEMENT ACT 2016

APPOINTMENT OF STATUTORY LAND MANAGER BOARD MEMBERS

Pursuant to clause 4(1) of Schedule 5 to the *Crown Land Management Act 2016*, the persons specified in Column 1 of the Schedule hereunder are appointed, for the terms of office specified in that Column, as board members for the statutory land manager specified opposite in Column 2, which has been appointed as Crown land manager of the land referred to in Column 3 of the Schedule.

It is a condition of the appointment that the board member must comply with the Department of Industry *Crown reserve code of conduct: For non-council Crown land managers and commons trusts* (as may be amended or replaced from time to time).

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

Schedule

Column 1	Column 2	Column 3
Richard Thornton (new member) Stephen John Coe (new member) Sue Elizabeth McGoldrick (re-appointment) Graeme Colin Bowden (re-appointment) Mark Anthony Fosdick (new member) Anthony John Knight (re-appointment) Kevin John Sharp (new member) For a term commencing 27th February 2020 and expiring 26th February 2025.	Coonabarabran Showground Land Manager	Reserve No. 85201 Public Purpose: public recreation, showground Notified: 22 January 1965 Reserve No. 96929 Public Purpose: public recreation Notified: 26 August 1983 File Reference: DB80R126-005

Reference number:(n2020-365)

CROWN LAND MANAGEMENT ACT 2016

APPOINTMENT OF STATUTORY LAND MANAGER BOARD MEMBERS

Pursuant to clause 4(1) of Schedule 5 to the *Crown Land Management Act 2016*, the persons specified in Column 1 of the Schedule hereunder are appointed, for the terms of office specified in that Column, as board members for the statutory land manager specified opposite in Column 2, which has been appointed as Crown land manager of the land referred to in Column 3 of the Schedule.

It is a condition of the appointment that the board member must comply with the Department of Industry *Crown reserve code of conduct: For non-council Crown land managers and commons trusts* (as may be amended or replaced from time to time).

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

Schedule

Column 1	Column 2	Column 3
Gemma Charlotte Day (new member) For a term commencing the date of this notice and expiring 3rd October 2024.	Hannam Vale Recreation Reserve Land Manager	Reserve No. 80942 Public Purpose: public recreation Notified: 15 August 1958 File Reference: TE80R197

Reference number:(n2020-366)

CROWN LAND MANAGEMENT ACT 2016

APPOINTMENT OF STATUTORY LAND MANAGER BOARD MEMBERS

Pursuant to clause 4(1) of Schedule 5 to the *Crown Land Management Act 2016*, the persons specified in Column 1 of the Schedule hereunder are appointed, for the terms of office specified in that Column, as board members for the statutory land manager specified opposite in Column 2, which has been appointed as Crown land manager of the land referred to in Column 3 of the Schedule.

It is a condition of the appointment that the board member must comply with the Department of Industry *Crown reserve code of conduct: For non-council Crown land managers and commons trusts* (as may be amended or replaced from time to time).

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

Schedule

Column 1	Column 2	Column 3
Alexander Marshall Gilmore (re-appointment) Anna Lesley Molloy (re-appointment) Alan Goldstein (re-appointment) Valerie June Hodgson (re-appointment) For a term commencing the date of this notice and expiring 13th February 2025.	Byrangery Grass (R140088) Reserve Land Manager	Reserve No. 140088 Public Purpose: environmental protection Notified: 13 April 1995 File Reference: GF95R35-002

Reference number:(n2020-367)

REVOCATION OF RESERVATION OF CROWN LAND

Pursuant to section 2.11 of the *Crown Lands Management Act 2016*, the reservation of Crown land specified in Column 1 of the Schedule hereunder is revoked to the extent specified opposite thereto in Column 2 of the Schedule.

The Hon Melinda Pavey, MP
Minister for Water, Property and Housing

SCHEDULE

Column 1	Column 2
Parish: Mialora County: Cowper Land District: Bourke Local Government Area: Bourke Locality: Bourke Reserve No: 51390 Public Purpose: Trigonometrical Station Notified: 24 March 1916 File Reference WLL14212-1#01	The part of reserve 51390 within Lot 6773 DP 823889 being an area of approximately 10.68 ha This part co-exists with Western Lands Lease 14212

Reference number:(n2020-368)

CROWN LAND MANAGEMENT ACT 2016

NOTICE – CROWN LAND TO BE USED OR OCCUPIED FOR OTHER PURPOSE UNDER S 2.18(2)(b)

Pursuant to section 2.18(2)(b) of the *Crown Land Management Act 2016*, the Crown land specified in Column 2 of the following Schedule is proposed to be used or occupied under a relevant interest granted for the purpose(s) specified in Column 1 of the following Schedule.

The Hon. Robert Stokes, MP
Minister for Planning and Public Spaces

Schedule

Column 1	Column 2
steps (relevant interest – Metro Licence 535385) seawall (relevant interest – Metro Licence 535385) residence (relevant interest – Metro Licence 535385) reclamation (relevant interest – Metro Licence 535385) ramp (relevant interest – Metro Licence 535385) pontoon (relevant interest – Metro Licence 535385) pontoon (relevant interest – Metro Licence 614012) ramp (relevant interest – Metro Licence 614012)	Reserve No. 56146 Public Purpose: generally Notified: 11 May 1923 File Reference: 17/02842

Column 1	Column 2
jetty (relevant interest – Metro Licence 614012) deck (relevant interest – Metro Licence 614012)	

Schedule

Column 1	Column 2
steps (relevant interest – Metro Licence 535385) seawall (relevant interest – Metro Licence 535385) residence (relevant interest – Metro Licence 535385) reclamation (relevant interest – Metro Licence 535385) ramp (relevant interest – Metro Licence 535385) pontoon (relevant interest – Metro Licence 535385) pontoon (relevant interest – Metro Licence 614012) ramp (relevant interest – Metro Licence 614012) jetty (relevant interest – Metro Licence 614012) deck (relevant interest – Metro Licence 614012)	Reserve No. 1011268 Public Purpose: future public requirements Notified: 3 February 2006 File Reference: 17/11497

Reference number:(n2020-369)

CROWN LAND MANAGEMENT ACT 2016

NOTICE – CROWN LAND TO BE USED OR OCCUPIED FOR OTHER PURPOSE UNDER S 2.18(2)(b)

Pursuant to section 2.18(2)(b) of the *Crown Land Management Act 2016*, the Crown land specified in Column 2 of the following Schedule is proposed to be used or occupied under a relevant interest granted for the purpose(s) specified in Column 1 of the following Schedule.

The Hon Melinda Pavey, MP
Minister for Water, Property & Housing

Schedule

Column 1	Column 2
bore site (relevant interest – Licence 601234) pipeline	Reserve No. 755267 Public Purpose: future public requirements Notified: 29 June 2007

Column 1	Column 2
(relevant interest – Licence 601234) power/transmission line (relevant interest – Licence 601234) pump site (relevant interest – Licence 601234) access (relevant interest – Licence 601234)	File Reference: 18/08350

Schedule

Column 1	Column 2
pipeline (relevant interest – Licence 608225) pump site (relevant interest – Licence 608225)	Reserve No. 84334 Public Purpose: generally Notified: 22 March 1963 File Reference: 19/05156

Schedule

Column 1	Column 2
pipeline (relevant interest – Licence 608225)	Reserve No. 1013810 Public Purpose: future public requirements Notified: 29 June 2007 File Reference: 19/05156

Schedule

Column 1	Column 2
communication facilities (relevant interest – Licence 616575) access (relevant interest – Licence 616575)	Reserve No. 47990 Public Purpose: trigonometrical purposes Notified: 31 July 1912 File Reference: 08/6163

Schedule

Column 1	Column 2
communication facilities (relevant interest – Licence 616737) access (relevant interest – Licence 616737)	Reserve No. 50299 Public Purpose: trigonometrical purposes Notified: 4 November 1914 File Reference: 08/6163

Schedule

Column 1	**Column 2**
grazing (relevant interest – Licence 607521)	Reserve No. 98012 Public Purpose: sheltered workshop Notified: 6 December 1985 File Reference: 19/04490

Schedule

Column 1	**Column 2**
access (relevant interest – Licence 616656) communication facilities (relevant interest – Licence 616656)	Reserve No. 85322 Public Purpose: trigonometrical purposes Notified: 7 May 1965 File Reference: 08/6163

Schedule

Column 1	**Column 2**
pipeline (relevant interest – Licence 601489)	Reserve No. 91107 Public Purpose: future public requirements Notified: 14 April 1978 File Reference: 18/08749

Schedule

Column 1	**Column 2**
pipeline (relevant interest – Licence 601489) grazing (relevant interest – Licence 601489)	Reserve No. 91111 Public Purpose: water supply Notified: 14 April 1978 File Reference: 18/08749

Schedule

Column 1	**Column 2**
slipway (relevant interest – Licence 590937) jetty (relevant interest – Licence 590937) access (relevant interest – Licence 601234) pump site (relevant interest – Licence 601234) power/transmission line (relevant interest – Licence 601234)	Reserve No. 56146 Public Purpose: generally Notified: 11 May 1923 File Reference: 17/10565

Column 1	Column 2
pipeline (relevant interest – Licence 601234) bore site (relevant interest – Licence 601234)	

Schedule

Column 1	Column 2
slipway (relevant interest – Licence 590937) jetty (relevant interest – Licence 590937) access (relevant interest – Licence 601234) pump site (relevant interest – Licence 601234) power/transmission line (relevant interest – Licence 601234) pipeline (relevant interest – Licence 601234) bore site (relevant interest – Licence 601234) pipeline (relevant interest – Licence 608225) pump site (relevant interest – Licence 608225)	Reserve No. 1011268 Public Purpose: future public requirements Notified: 3 February 2006 File Reference: 17/10565

Reference number:(n2020-370)

Other Government Notices

ANTI-DISCRIMINATION ACT 1977

EXEMPTION ORDER

Under the provisions of section 126 of the *Anti-Discrimination Act 1977* (NSW), an exemption is given from sections 17, 19 and 51 of the *Anti-Discrimination Act 1977* (NSW) to the **Australian Mathematical Sciences Institute** to designate and advertise 3 internships on its APR.Intern program for Aboriginal and/or Torres Strait Islander persons only.

This exemption will remain in force for 1 year.

Dated this 10th day of February 2020

Elizabeth Wing
Senior Manager, Operations
Delegate of the President
Anti-Discrimination NSW

Reference number:(n2020-371)

ASSOCIATIONS INCORPORATION ACT 2009

Cancellation of registration pursuant to section 80

TAKE NOTICE that **POSITIVE CHANGE FOR MARINE LIFE INCORPORATED INC9897071** became registered under the *Corporations Act 2001* as **POSITIVE CHANGE FOR MARINE LIFE LIMITED ACN 632 504 324**, a company limited by guarantee on 9 April 2019, and accordingly its registration under the *Associations Incorporation Act 2009* is cancelled as of that date.

Robyne Lunney
Delegate of the Commissioner,
NSW Fair Trading
12 February 2020

Reference number:(n2020-372)

ASSOCIATIONS INCORPORATION ACT 2009

Cancellation of Registration pursuant to Section 76

TAKE NOTICE that the registration of the following associations is cancelled by this notice pursuant to section 76 of the *Associations Incorporation Act 2009*.

JACARANDA HOUSE CREATIVE FUND INCORPORATED	INC1700462
STRATHFIELD COMMUNITY SUPPORT INCORPORATED	INC1800395
HAY CHILDREN'S SERVICES INC	INC1901361
WARREN SOCIAL SPORTING CLUB INCORPORATED	INC1301557

Cancellation is effective as at the date of gazettal.

Dated this 12th day of February 2020.

Diane Duggan
Delegate of the Commissioner
NSW Fair Trading

Reference number:(n2020-373)

ASSOCIATIONS INCORPORATION ACT 2009

Cancellation of incorporation pursuant to section 74

TAKE NOTICE that the incorporation of the following associations is cancelled by this notice pursuant to section 74 of the *Associations Incorporation Act 2009*.

CHARLOTTE PASS SKI LODGES ASSOCIATION INCORPORATED	Y2912421
MYSTERY SHOPPING PROVIDERS ASSOCIATION – ASIA PACIFIC INCORPORATED	INC9891684
OAK CARE INCORPORATED	INC1500370
YOUNG ACTIVITIES CENTRE INC	INC1801173

Cancellation is effective as at the date of gazettal.

Dated this 12 February 2020.

Robyne Lunney
Delegate of the Commissioner
NSW Fair Trading

Reference number:(n2020-374)

DISTRICT COURT ACT 1973

District Court of New South Wales
Direction

Pursuant to section 173 of the *District Court Act 1973*, I direct that the District Court shall sit in its criminal jurisdiction at the place and time shown as follows:

Goulburn	10.00am	26 October 2020 (3 weeks) In lieu of 2 November 2020 (3 weeks)
Queanbeyan @Goulburn	10.00am	24 August 2020 (3 weeks)
Queanbeyan @Goulburn	10.00am	16 November 2020 (3 weeks) In lieu of 9 November 2020 (3 weeks)
Nowra	10.00am	23 November 2020 (3 weeks) In lieu of 30 November 2020 (3 weeks)
Tamworth	10.00am	29 June 2020 (2 weeks)

Dated this 6th day of February 2020

Justice D M Price AM
Chief Judge

Reference number:(n2020-375)

GEOGRAPHICAL NAMES ACT 1966

PURSUANT to the provisions of Section 10 of the *Geographical Names Act 1966*, the Geographical Names Board has this day assigned the name listed hereunder as a geographical name.

Myles Dunphy Creek for a waterbody located approximately 21 metres south west of the River Road and Mulga Road junction, in the suburb of Oatley. It extends south west for approximately 470m into Gungah Bay.

The position and extent for these features are recorded and shown within the Geographical Names Register of New South Wales. This information can be accessed through the Board's website at www.gnb.nsw.gov.au

NARELLE UNDERWOOD
Chair
Geographical Names Board
PO Box 143
BATHURST NSW 2795

Reference number:(n2020-376)

GEOGRAPHICAL NAMES ACT 1966

PURSUANT to the provisions of Section 10 of the *Geographical Names Act 1966*, the Geographical Names Board has this day assigned the names listed hereunder as geographical names in the suburb of Macquarie Park.

- *Campbells Common* located adjacent to Jarvis Circuit
- *Tirriwan Reserve* located on the corner of Halifax Street and Wicks Road

The position and extent for these features is recorded and shown within the Geographical Names Register of New South Wales. This information can be accessed through the Board's website at www.gnb.nsw.gov.au

NARELLE UNDERWOOD
Chair
Geographical Names Board
PO Box 143
BATHURST NSW 2795

Reference number:(n2020-377)

HEALTH ADMINISTRATION ACT 1982

NSW CLINICAL RISK ACTION GROUP
TERMS OF REFERENCE

I, Elizabeth Koff, Secretary, Ministry of Health, acting as the authorised delegate of the Minister for Health, do hereby appoint the NSW Clinical Risk Action Group (CRAG) as a committee pursuant to pursuant to section 20(4) of the *Health Administration Act 1982* (the Act) and authorise CRAG to conduct investigations and research in accordance with section 23 of the Act, as follows:

1. Purpose

The CRAG is responsible for the assessment and oversight of management of serious clinical adverse events reported to the Ministry of Health via Reportable Incident Briefs (RIBs), which are prepared specifically for the CRAG's purpose, and ensuring that appropriate action is taken.

The CRAG will analyse information reported to it on specific incidents and identify issues relating to morbidity and mortality that may have significant implications for the provision of health care within the State of New South Wales.

2. Committee and statutory privilege

The CRAG is constituted under section 20(4) of the Act.

The CRAG is afforded privilege under section 23 of the Act for the purpose of conducting research or investigations into morbidity and mortality occurring within NSW.

Material created for and by the CRAG is privileged and cannot be disclosed or released, otherwise than in accordance with these terms of reference, without the approval of the Minister for Health or the Minister's authorised delegate.

3. Key Responsibilities and functions

The CRAG will examine and monitor the nature and trend of serious clinical incidents reported in clinical RIBs. The CRAG will:

- Obtain information on clinical adverse events reported in the form of RIBs
- Identify unsafe practices or systems issues which may compromise patient safety and impact on mortality and morbidity.
- Establish appropriate procedures for the CRAG's operation, consistent with the Risk Management – Enterprise-Wide Policy and Framework – NSW Health PD2015_043.
- Advise the Secretary and the Minister, through the analysis of serious clinical incidents, on means to address and reduce the occurrence of such incidents and associated risks, and oversee the implementation of appropriate actions to minimise the impact of the consequences of such incidents and prevent their future occurrence.
- Oversee policy and strategy development to ensure identified risks are appropriately managed.
- Obtain advice and assistance from relevant Branches of the Ministry of Health and Pillar Agencies as it considers appropriate to assist it in the performance of its functions.
- Provide RIBs to other section 23 committees.

- Exchange information that relates to serious clinical incidents and incident trends with other section 23 committees.
- Collate and analyse de-identified data about serious clinical incidents from information received by CRAG, including Root Cause Analyses reports, and share such data with other NSW Health agencies and researchers when doing so is considered appropriate by CRAG.
- Receive copies of Root Cause Analyses conducted in accordance with Division 6C of Part 2 of the *Health Administration Act 1982*.
- Access information relevant to serious clinical incidents and incident trends from regulatory and investigative agencies.
- Review these procedures from time to time as required.

4. Chair

In carrying out its role, the CRAG will be chaired by the Chief Executive of the Clinical Excellence Commission. In the event that the Chief Executive, Clinical Excellence Commission is unavailable, the Deputy Secretary, Patient Experience and System Performance, Ministry of Health will chair the meeting.

5. Secretariat

The Secretariat for the CRAG will be provided by the Patient Safety Directorate, Clinical Excellence Commission. The Strategic Relations and Communications Branch of the Ministry of Health will provide administrative support by receiving and distributing clinical RIBs on behalf of the CRAG.

6. Sub-committees of the CRAG

The CRAG may establish sub-committees to assist with the functions of the CRAG and delegate such functions of the CRAG, consistent with these Terms of Reference, to those sub-committees as the CRAG considers appropriate.

7. Reporting

The CRAG will provide information and report on actions and outcomes of the CRAG through the preparation of regular reports based on de-identified data to:

- the Minister for Health and Secretary (annual report)
- the community through a bi-annual report on incident management in the NSW public health system
- the Executive of the Local Health Districts (LHDs) and Specialty Health Networks (SHNs) through the Senior Executive Forum
- the Directors of Clinical Governance of the LHDs/SHNs

The CRAG may also prepare such additional reports, including to the community or to NSW Health agencies, that the CRAG considers appropriate having regard to its purpose.

The CRAG may determine that any report prepared by the CRAG may also be made publicly available on the Clinical Excellence Commission website.

8. Data sharing

The CRAG may provide de-identified data, including data taken from Root Cause Analysis reports, to any NSW Health agency for the purpose of further research, investigations or assessment by that agency.

The CRAG may, upon request, provide students or researchers access to de-identified data held by CRAG for the purpose of research projects that the CRAG considers align with the CRAG's objectives. Any such access must be subject to an appropriate confidentiality agreement.

The CRAG may place conditions on the data provided to any agency or person.

9. Section 23 Committees

The exchange of information between committees established under the Act as necessary to enable the committees to undertake their functions is hereby authorised. These committees include and are not limited to:

- Special Committee Investigating Deaths Under Anaesthesia (SCIDUA)
- Collaborating Hospitals' Audit of Surgical Mortality (CHASM)
- NSW Maternal and Perinatal Committee
- Mental Health Sentinel Event Review Committee

10. Accountability

The CRAG reports to the Minister for Health through the Secretary, Ministry of Health.

11. Provision of Reportable Incident Briefs

In order to assist the CRAG from time to time with its functions, and to provide advice to the Secretary, the following officers of the Ministry of Health will be provided with copies of Reportable Incident Briefs:

- Deputy Secretary, Population and Public Health Division
- Deputy Secretary, Patient Experience and System Performance Division
- Deputy Secretary, Health System Strategy and Planning Division
- Deputy Secretary, People, Culture and Governance Division
- Executive Director, Strategic Communications and Engagement
- Executive Director, Legal and Regulatory Services
- Chief Nursing and Midwifery Officer
- Chief Psychiatrist
- Chief Executive, Clinical Excellence Commission
- Director, Patient Safety, Clinical Excellence Commission
- Director, Patient Safety First
- Executive Director, Strategic Communications and Engagement
- Executive Director, System Management Branch
- Director, Office of the Secretary; and
- Any other person as approved by the Secretary from time to time, such approvals to be in writing and provided to Legal and Regulatory Services Branch at the Ministry of Health.

The clinical Reportable Incident Brief distribution list will be reviewed by the CRAG annually or when position changes occur.

12. Membership

Membership of the CRAG consists of the following officers (or their delegates):

- Chief Executive, Clinical Excellence Commission (Chair)
- Deputy Secretary – Patient Experience and System Performance (alternate Chair)
- Deputy Secretary – People Culture and Governance
- Chief Executive, NSW Agency for Clinical Innovation
- Senior Clinical Advisor, Obstetrics, NSW Health
- Chief Cancer Officer and Chief Executive Officer, Cancer Institute NSW
- Chief Executive, NSW Ambulance
- Director, Patient Safety, Clinical Excellence Commission
- Executive Director, System Management Branch
- Chief Nursing and Midwifery Officer
- Chief Paediatrician, Health and Social Policy, MoH
- Chief Psychiatrist, NSW Health
- Director, Patient Safety First Unit
- Two Local Health District/Specialty Health Network Chief Executives
- Two Local Health District/Specialty Health Network Directors of Clinical Governance
- Any other person approved by the Chair from time to time; such approvals are to be in writing and provided to the Legal and Regulatory Services Branch at the Ministry of Health

13. Quorum

A quorum will be fifty per cent plus one of the members and must include the following:

- Deputy Secretary – Patient Experience and System Performance or Executive Director, System Management Branch.
- A representative from the Clinical Excellence Commission
- A Local Health District/Specialty Health Network Chief Executive

11. Meeting Frequency

Meetings are held on the third Wednesday of each month except in January. Additional meetings may be called by the Chair as required.

12. Review of Membership and Terms of Reference

Membership of the CRAG will be reviewed annually by the Committee.

These Terms of Reference repeal and replace the previous Terms of Reference of the CRAG published in the NSW Government Gazette on 18 December 2015

Elizabeth Koff
Secretary
Date: 11/11/19

Reference number:(n2020-378)

ERRATUM

HEALTH ADMINISTRATION ACT 1982
LAND ACQUISITION (JUST TERMS COMPENSATION) ACT 1991

Notice of Acquisition of Land by Compulsory Process for the Purposes of the Health Administration Act 1982

In the notice published in NSW Government Gazette No 73 of 12 July 2019, n2019-2054 on page 2755:

1. the words "1" in the 'Lot' column and "731402" in the 'Plan no' column of Annexure A to the notice for 'Yass District Hospital, Meehan Street, Yass 2582' are replaced with "1 & 2" in the 'Lot' column and "1244251" in the 'Plan no' column; and

2. the word "1/DP731402" in the 'Ref' column of Annexure A is replaced with "1/DP1244251 & 2/DP1244251".

This notice corrects the above errors.

The gazettal date remains 12 July 2019.

Bryson Wilson
Manager, Assets
NSW Ministry of Health
a duly authorised delegate of the
Health Administration Corporation

Reference number:(n2020-379)

LOCAL GOVERNMENT ACT 1993

Section 218CB
Determination to maintain rate path

I, the Hon. Shelley Hancock MP, Minister for Local Government, pursuant to section 218CB(4) of the *Local Government Act 1993*, do by this Determination vary the Determination made under section 218CB of the Act on 18 May 2017 and published in the NSW Government Gazette No 56 of 26 May 2017 at page 1814 (as varied by the Determination made under section 218CB of the Act on 17 October 2019 and published in the NSW Government Gazette on 21 October 2019) by inserting in Schedule B in alphabetical order:

Inner West Council.

This Determination shall take effect on the day that it is published in the NSW Government Gazette.

Dated this 7th day of February 2020.

SHELLEY HANCOCK MP
Minister for Local Government

Reference number:(n2020-380)

POISONS AND THERAPEUTIC GOODS REGULATION 2008

ORDER
Withdrawal of Drug Authority

In accordance with the provisions of clause 175(1) of the *Poisons and Therapeutic Goods Regulation 2008* an Order has been made on **Jessica Jendruch PHA0002093967** of Matraville NSW 2036 prohibiting her, until further notice, as a pharmacist, from supplying or having possession of, or manufacturing any preparation, admixture or extract of a drug of addiction as authorised by Clauses 101(1) and 102 of the Regulation.

This Order is to take effect on and from 10 February 2020.

Dated at Sydney, 6 February 2020

Elizabeth Koff
Secretary, NSW Health

Reference number:(n2020-381)

POISONS AND THERAPEUTIC GOODS REGULATION 2008

ORDER
Withdrawal of Drug Authority

In accordance with the provisions of clause 175(1) of the *Poisons and Therapeutic Goods Regulation 2008* an Order has been made on **Crystal Zhang PHA0001061752** of Waverley NSW 2024 prohibiting her, until further notice, as a pharmacist, from supplying or having possession of, or manufacturing any preparation, admixture or extract of a drug of addiction as authorised by Clauses 101(1) and 102 of the Regulation.

This Order is to take effect on and from 4 February 2020.

Dated at Sydney, 3 February 2019

Elizabeth Koff
Secretary, NSW Health

Reference number:(n2020-382)

POISONS AND THERAPEUTIC GOODS REGULATION 2008

ORDER
Restoration of Drug Authority

In accordance with the provisions of clause 175(1) of the *Poisons and Therapeutic Goods Regulation 2008* a direction has been issued that the Order that took effect on and from 30 October 2015, on **Dr Peter John Austin CARR MED0001029338** of Wentworthville NSW 2145, prohibiting him as a medical practitioner from supplying or having possession of drugs of addiction as authorised by clause 101 of the Regulation, and issuing a prescription for a drug of addiction as authorised by clause 77 of the Regulation, shall cease to operate on and from 14 February 2020.

Dated at Sydney, 12 February 2020

ELIZABETH KOFF
Secretary
NSW Health

Reference number:(n2020-383)

RESTRICTED PREMISES ACT 1943

Declaration by Supreme Court in relation to premises

On 26 September 2019, the Supreme Court declared that premises identified by NSW Land Registry Services as Lot 57 in Deposited Plan 244895, which is commonly known as 12 Nottingham Avenue, Castle Hill in the State of New South Wales, are premises to which Part 2 of the *Restricted Premises Act 1943* applies.

Reference number:(n2020-384)

COUNCIL NOTICES

DUBBO REGIONAL COUNCIL

Roads Act 1993
Notification of Road Closure

Notice is hereby given, under the provisions of the *Roads Act 1993*, that the road as set out in the Schedule below is closed and the lands comprised therein cease to be public road and the rights of passage and access that previously existed in relation to the road is extinguished. Upon closing, title to the land, comprising the former public road, will vest in Dubbo Regional Council, and is classified as operational land for the purposes of the *Local Government Act 1993*:

Michael McMahon
Chief Executive Officer
Dubbo Regional Council

Schedule

Lot 100 DP1260037 King Street, MONTEFIORES

Dated: 11 February 2020

Reference number:(n2020-385)

GLEN INNES SEVERN COUNCIL

– Amendment to Sale of Land Notice from 8 November 2019 – re: Assessment 336-11870
Local Government Act 1993, Section 713

Glen Innes Severn Council resolved on 24 October 2019, in accordance of Section 713 of the *Local Government Act 1993*, to sell the land described hereunder.

Glen Innes Severn Council received an amended Notice Regarding a Supplementary Valuation dated 29/12/2019 – Lot 54 DP 753288 is no longer as it has been incorporated in Lots 1-3 DP 1122256.

Owners or persons having an interest in the land (a)	**Description of the Land (b)**	**Amount of rates (including extra charges) overdue for more than five (5) years (c) $**	**Amount of rates (including extra charges) due and in arrears (d) $**	**TOTAL AMOUNT OUTSTANDING (e) $**
Wayne Tyrone Collison, John William Owen, Samuel Wilson, Caroline Wilson	Lots 7 – 13, DP 113369; Lots 40, 41, 44, DP 753288; Lots 1 – 3 DP 1122256 – 1001 Tablelands Rd, Red Range, NSW 2370	$3,946.53	$4,344.99	$8,291.52

Reference number:(n2020-386)

KEMPSEY SHIRE COUNCIL

ROADS ACT 1993
Naming of Roads

Notice is hereby given that Kempsey Shire Council, pursuant to section 162 of the *Roads Act 1993*, has officially named the road(s) as shown hereunder:

Name	**Locality**
Royal Pines Parade	ARAKOON

Description

New private road created in the staged subdivision of Lot 11 DP 1250013, off the extension of Athena Parade.

Craig Milburn, General Manager,
Kempsey Shire Council,
22 Tozer Street, West Kempsey
NSW
2440

Reference number:(n2020-387)

KEMPSEY SHIRE COUNCIL

ROADS ACT 1993
Naming of Roads

Notice is hereby given that Kempsey Shire Council, pursuant to section 162 of the *Roads Act 1993*, has officially named the road(s) as shown hereunder:

Name	**Locality**
Kingston Heath Drive	ARAKOON

Description

New private road created in the staged subdivision of Lot 11 DP 1250013, off the extension of Athena Parade.

Craig Milburn, General Manager,
Kempsey Shire Council,
22 Tozer Street, West Kempsey
NSW 2440

Reference number:(n2020-388)

KEMPSEY SHIRE COUNCIL

ROADS ACT 1993
Naming of Roads

Notice is hereby given that Kempsey Shire Council, pursuant to section 162 of the *Roads Act 1993*, has officially named the road(s) as shown hereunder:

Name	**Locality**
Oakmont Drive	ARAKOON

Description

New private road created in the staged subdivision of Lot 11 DP 1250013, off the extension of Athena Parade.

Craig Milburn, General Manager,
Kempsey Shire Council,
22 Tozer Street, West Kempsey
NSW 2440

Reference number:(n2020-389)

KEMPSEY SHIRE COUNCIL

ROADS ACT 1993
Naming of Roads

Notice is hereby given that Kempsey Shire Council, pursuant to section 162 of the *Roads Act 1993*, has officially named the road(s) as shown hereunder:

Name	**Locality**
Pinehurst Place	ARAKOON

Description

New private road created in the staged subdivision of Lot 11 DP 1250013, off the extension of Athena Parade.

Craig Milburn, General Manager,
Kempsey Shire Council,
22 Tozer Street, West Kempsey
NSW 2440

Reference number:(n2020-390)

KEMPSEY SHIRE COUNCIL

ROADS ACT 1993
Naming of Roads

Notice is hereby given that Kempsey Shire Council, pursuant to section 162 of the *Roads Act 1993*, has officially named the road(s) as shown hereunder:

Name	**Locality**
Sunnydale Crescent	ARAKOON

Description

New private road created in the staged subdivision of Lot 11 DP 1250013, off the extension of Athena Parade.

Craig Milburn, General Manager,
Kempsey Shire Council,
22 Tozer Street, West Kempsey
NSW 2440

Reference number:(n2020-391)

KEMPSEY SHIRE COUNCIL

ROADS ACT 1993
Naming of Roads

Notice is hereby given that Kempsey Shire Council, pursuant to section 162 of the *Roads Act 1993*, has officially named the road(s) as shown hereunder:

Name	**Locality**
Huntingdale Way	ARAKOON

Description

New private road created in the staged subdivision of Lot 11 DP 1250013, off the extension of Athena Parade.

Craig Milburn, General Manager,
Kempsey Shire Council,
22 Tozer Street, West Kempsey
NSW 2440

Reference number:(n2020-392)

KEMPSEY SHIRE COUNCIL

ROADS ACT 1993
Naming of Roads

Notice is hereby given that Kempsey Shire Council, pursuant to section 162 of the *Roads Act 1993*, has officially named the road(s) as shown hereunder:

Name	**Locality**
Augusta Crescent	ARAKOON

Description

New private road created in the staged subdivision of Lot 11 DP 1250013, off the extension of Athena Parade.

Craig Milburn, General Manager,
Kempsey Shire Council,
22 Tozer Street, West Kempsey
NSW 2440

Reference number:(n2020-393)

KEMPSEY SHIRE COUNCIL

ROADS ACT 1993
Naming of Roads

Notice is hereby given that Kempsey Shire Council, pursuant to section 162 of the *Roads Act 1993*, has officially named the road(s) as shown hereunder:

Name	**Locality**
Bull Lane	CRESCENT HEAD

Description

New private road created in the subdivision of Lot 3 DP 1164661, off the extension of Neville Morton Drive.

Craig Milburn, General Manager,
Kempsey Shire Council,
22 Tozer Street, West Kempsey
NSW 2440

Reference number:(n2020-394)

KEMPSEY SHIRE COUNCIL

ROADS ACT 1993
Naming of Roads

Notice is hereby given that Kempsey Shire Council, pursuant to section 162 of the *Roads Act 1993*, has officially named the road(s) as shown hereunder:

Name	**Locality**
Cornish Lane	CRESCENT HEAD

Description

New private road created in the subdivision of Lot 3 DP 1164661, off the extension of Neville Morton Drive.

Craig Milburn, General Manager,
Kempsey Shire Council,
22 Tozer Street, West Kempsey
NSW
2440

Reference number:(n2020-395)

KEMPSEY SHIRE COUNCIL

ROADS ACT 1993
Naming of Roads

Notice is hereby given that Kempsey Shire Council, pursuant to section 162 of the *Roads Act 1993*, has officially named the road(s) as shown hereunder:

Name	**Locality**
Neville Morton Drive	CRESCENT HEAD

Description

New extension of Neville Morton Drive, 475 metres in length, created in the subdivision of Lot 3 DP 1164661.

Craig Milburn, General Manager,
Kempsey Shire Council,
22 Tozer Street, West Kempsey
NSW 2440

Reference number:(n2020-396)

NEWCASTLE CITY COUNCIL

The Roads Act 1993
Road Closure

Notice is hereby given under the provisions of the *Roads Act 1993* that the land described in the schedule below is closed and the lands comprised therein cease to be public road and the rights of passage and access that previously existed in relation to the road are extinguished. Upon closing, title of the land, comprising the former public road, vests in Newcastle City Council and is classified as Operational Land.

JEREMY BATH, Chief Executive Officer, Newcastle City Council, PO Box 489, Newcastle, NSW 2300

SCHEDULE

The land comprising part of streets at Jesmond, in the Parish of Newcastle, county of Northumberland, shown as road on DP 1181, known as 'Abel Street' and as shown highlighted on the attached plan.

Reference number:(n2020-397)

Directors of Clinical Governance Forum
Terms of Reference

1. PURPOSE

The Directors of Clinical Governance Forum is the peak consultative and advisory body on clinical risk, patient safety and clinical quality in NSW. The purpose of the Forum is to elevate the patient and staff experience and build resilience in the NSW health system.

The Forum provides an opportunity to seek the views of clinicians, health consumers, pillar organisations and the NSW Ministry of Health when formulating its advice. The advice provided by the Forum informs decisions about state and local patient safety and quality strategies and initiatives, and their implementation and evaluation.

2. KEY FUNCTIONS

The functions of the Directors of Clinical Governance Forum are to:

- Contribute to the state strategy for patient safety and quality and advise on initiatives to achieve the strategy.
- Advise the NSW Ministry of Health and pillar organisations on health service risks and requirements for implementing patient safety and quality initiatives and actions to address those concerns and requirements.
- Advise health services on the strategic direction for patient safety and quality and lead local implementation of patient safety and quality initiatives.
- Provide a platform for communication and discussion with state level organisations to ensure the Forum has access to and is using the best available information when formulating advice.
- Receive information on the achievements and performance of patient safety and quality initiatives across the NSW health system, other jurisdictions, and overseas organisations.

3. REPORTING STRUCTURE

The Directors of Clinical Governance Forum provides advice to organisations including the NSW Ministry of Health, pillar organisations and health services. The advice provided is either in response to requests by these organisations or prompted by concerns identified by the Forum.

The Directors of Clinical Governance Forum is hosted by the Clinical Excellence Commission.

The CEC supports professional development for DCGs through educational forums and action learning sets.

3.1 Sub-Advisory Groups

The Directors of Clinical Governance Forum may establish sub-committees and working groups to assist the Forum effectively undertake its functions. The DCG Incident Management Advisory Group reports to the Directors of Clinical Governance Forum.

4. COMPOSITION

4.1 Membership

The Directors of Clinical Governance Forum is to comprise:

- Directors of Clinical Governance from across NSW
- Chief Executive, Clinical Excellence Commission
- Clinical Directors, Clinical Excellence Commission
- Director Patient Safety First Unit, Ministry of Health
- Associate Director Patient Safety and Principal Lead Governance and Assurance, Clinical Excellence Commission.

4.2 Role of the Chair

The Forum will be co-chaired by the Director of Patient Safety, CEC and a nominated Director of Clinical Governance. The role of the Co-Chairs is to:

- Ensure members contribution is in keeping with agreed operating behaviours
- Invite specialists/ subject matter experts to attend meetings when required by the Forum
- Guide the meeting according to the agenda and time available
- Ensure all discussion items end with an advice-based outcome
- Review and approve the draft minutes before distribution
- Review the draft agenda and approve for distribution

4.3 Role of individual forum member

The role of individual forum members is to:

- Actively participate in the discussions and the development of advice.
- Provide advice and feedback to local committees including the Board, Heath Care Quality Committee, and relevant staff within their organisation on the actions and outcomes from the meetings.
- Action the allocated meeting task(s) and complete within the agreed timeframe.
- Comply with the Ministry of Health policy requirements for confidentiality, code of conduct and conflict of interest.

4.4 Role of the secretariat

Secretariat support will be provided by Executive Officer, Patient Safety Directorate. The secretariat will include management of the administrative responsibilities including the meeting schedules, apologies, and documentation.

5. MEETINGS OPERATION PROCEDURES

5.1 Frequency of meetings

The Directors of Clinical Governance Forum will meet on the 1st Friday of each month as required.

5.2 Location of Meetings

The Directors of Clinical Governance Forum will meet in person at 1 Reserve Road, St Leonards, NSW or via an approved digital meeting room.

5.3 Alternative Representative to meetings

A member can nominate a representative to attend a meeting if the member is unable to attend. Where possible, the Chair will be informed of the substitution at least 5 working days prior to the scheduled meeting.

The nominated representative will provide relevant comments/ feedback about the attended meeting to the member they are representing.

5.4 Quorum requirements

As an advisory and not a decision-making body a quorum is not required. Members, however, should be provided with the opportunity to contribute to the discussion and formulation of advice either via attendance at the Forum or in out of session discussions.

5.5 AGENDA, MINUTES AND PAPERS

5.5.1 Agenda items

All agenda items will be forwarded to the secretariat by close of business 10 working prior to the next scheduled meeting. The agenda, with attached meeting papers, will be distributed at least 5 working days prior to the next scheduled meeting.

5.5.2 Reporting Schedule

Reports to be scheduled monthly include:

- Clinical Excellence Commission Chief Executive
- Clinical Excellence Commission Directorates
- The Clinical Risk Action Group
- Patient Safety First Unit Ministry of Health
- Other reports as required that impact on patient safety and quality.

5.5.3 Minutes and Action Log

The minutes of each of the meetings will be prepared by the secretariat. Full copies of the minutes and action log will be provided to all members no later than 10 working days following each meeting.

5.5.4 Out-of-session Support

By agreement of the Forum, out-of-session advice will be considered acceptable. All out-of-session advice will be recorded in the minutes of the next scheduled committee meeting.

6. REVIEW

The terms of reference, including the membership, will be reviewed after 2 years or as required.

Amendments record

This record is updated, and a new version number is allocated whenever a specification, procedure or other aspect of the process changes.

Version	Issue Date	Update Author
1	2 September 2022	Jennifer Taylor
2		

IPAC/HAI Operational Expert Advisory Committee

Terms of Reference

1. PURPOSE

The NSW Infection Prevention and Control (IPAC)/ Healthcare Associated Infections (HAI) Operational Expert Advisory Committee provides expert advice to the IPAC/HAI Program of the Clinical Excellence Commission (CEC) on all matters related to IPAC/HAI.

2. GOVERNING BODY

The NSW IPAC/HAI Operational Expert Advisory Committee is a standing committee providing expert advice to the CEC on best practice and standards in management of IPAC/HAI. The committee will report to the CE, CEC.

3. FUNCTIONS

The functions of the IPAC/HAI Operational Expert Advisory Committee are:

- To provide expert advice and oversight in the development of IPAC/HAI resources by the CEC IPAC/HAI Program
- To review and advise on best practice and standards in IPAC/HAI prevention, control and management
- To review and advise on the response to significant IPAC/HAI related incidents and issues in NSW health organisations
- To provide an approval process for policy, guides and resources supporting the IPAC/HAI program.

4. COMPOSITION

4.1 Chair

The Chair is appointed by the Chief Executive, Clinical Excellence Commission.

The Chair is responsible for:

- Ensuring all meetings start and finish on time
- Guiding the meeting according to the agenda and time available
- Ensuring all discussion items end with a decision, action or definite outcome
- Reviewing and approving the draft minutes before distribution.

4.2 Secretariat

The CEC IPAC/HAI program provides secretariat support and is responsible for:

- Scheduling meetings and notifying members

- Inviting specialists/subject experts to attend meetings when required by the Committee
- Preparing agendas and issuing notices for meetings, and ensuring all necessary documents requiring discussion or comment are attached to the agenda
- Distributing the agenda and meeting papers prior to the meeting
- Taking notes of proceedings and preparing minutes of meeting
- Distributing meeting minutes to members.

4.3 Membership

Membership of the IPAC/HAI Operational Expert Advisory Committee is by invitation from the CEC's Chief Executive.

Membership of the Committee will include representatives from all local health districts and relevant specialty health networks where possible. Membership will be multi-disciplinary and, include at least one member representing each of the core positions below:

- Infection Prevention and Control Clinical Nurse Consultant/Lead
- Infectious Diseases Physician/Clinical Microbiologist
- Epidemiologist or Biostatistician.

Key staff of the CEC IPAC/HAI program will be included in the Committee membership as members ex officio.

Members are responsible for:

- Providing a delegate/nominated representative at each meeting in their absence. Failure to attend three consecutive meetings without providing delegate/nominated representative may lead to the cessation of their membership
- Complying with the requirements for confidentiality, code of conduct and conflict of interest set out in relevant NSW Health policies
- Where appropriate, consulting with colleagues and relevant staff within their organisation or representative group to inform the advice given to the Committee
- When requested, providing feedback to colleagues and relevant staff within their organisation or representative group on meeting actions and outcomes within the agreed timeframe
- Actioning the allocated meeting task(s) and completing the tasks within the agreed timeframe.

Members will cease to be a member when they:

- Resign from the Committee
- Fail to attend three consecutive meetings without providing notice to the Chair
- Resign from their employment
- Breach confidentiality.

5. MEETING OPERATING PROCEDURES

5.1 Frequency of Meetings

The Committee meets quarterly.

An exceptional/extraordinary meeting may be called by at a minimum half of Committee members.

5.2 Quorum

A quorum, consisting of half the number of members plus one, must be present (in person or by teleconference) for decision-making.

The CEC will make every effort to ensure there is a quorum for each Committee meeting.

Cancellation of meetings due to lack of a quorum is at the discretion of the CEC.

5.3 Decision making

Decision will be made by consensus. If consensus cannot be reached, the Chair may elect decision to be made by voting.

Decision may also be reached out of session via electronic communication as required.

Members ex officio will have no voting rights.

Invited internal or external specialists/subject experts have no voting rights and may be required to leave the meeting at any time by the Chair.

6. AMENDMENTS

The terms of reference will be reviewed annually from the date of approval.

The terms of reference may be altered to reflect the current functions of the Committee.

Infection Prevention and Control (IPAC) and Healthcare Associated Infections (HAI) Strategic Advisory Committee

Terms of Reference

1. PURPOSE

The NSW IPAC/HAI Strategic Advisory Committee provides oversight and direction to development and implementation of the IPAC/HAI work plan to ensure the work plan is appropriate against current and emerging issues and opportunities in NSW health organisations and aligns with current NSW Health and CEC strategic plans.

2. GOVERNING BODY

The NSW IPAC/HAI Strategic Advisory Committee is a standing committee providing strategic advice to the Clinical Excellence Commission on IPAC priorities, implementation of IPAC/HAI policies, guidelines and other guidance.

3. FUNCTIONS

The NSW IPAC/HAI Strategic Advisory Committee takes a strategic oversight role in managing IPAC and HAI in NSW health organisations.

The Committee will:

- Provide advice about the strategic direction for IPAC/HAI prevention and control in NSW public hospitals and other healthcare facilities and services
- In collaboration with Local Health Districts, Specialty Health Networks, Pillar Agencies and HealthShare NSW, provide strategic advice and guidance on implementation and monitoring of IPAC/HAI-related programs and projects.

4. COMPOSITION

4.1 Chair

The Committee is chaired by the Chief Executive, Clinical Excellence Commission, or their delegate.

The Chair is responsible for:

- Guiding the meeting according to the agenda and time available
- Ensuring all discussion items end with a decision, action or definite outcome
- Representing the Committee on occasions where committee input is required by other entities
- Responding to correspondence addressed to the Committee and providing correspondence on behalf of the Committee
- Reviewing and approving the draft minutes before distribution.

4.2 Secretariat

The CEC IPAC/HAI team will provide secretariat support to the Committee.

The secretariat is responsible for:

- Scheduling meetings and notifying committee members
- Inviting specialists/subject experts to attend meetings if required
- Preparing agendas and issuing notices for meetings, and ensuring all necessary documents requiring discussion or comment are attached to the agenda
- Distributing the agenda and meeting papers prior to the meeting
- Taking notes of proceedings and preparing minutes of meeting
- The follow-up of all action items after each meeting with a suitable timeframe and maintenance of the Committee's action log
- Distributing meeting minutes to Committee members.

4.3 Members

The membership of the Committee consists, at a minimum of one or more:

- NSW Chief ICP/HAI Advisor
- Local Health District/Specialty Health Network Director of Clinical Governance
- Local Health District/Specialty Health Network Director of Medical Services
- Infectious Diseases Physician/Medical Microbiologist
- Intensive Care Physician
- Occupational Physician
- Infection Prevention and Control Professional x2 (Regional/Metro)
- Nursing and Midwifery Office representative and/or Local Health District/Specialty Health Network Director of Nursing and Midwifery
- Health Protection NSW/ Communicable Diseases Branch representative
- System Management/ System Performance Support representative
- NSW Biocontainment Centre representative
- NSW Health Pathology representative
- ACI/ NSW Surgical Services Taskforce representative
- HealthShare NSW representative
- eHealth representative
- HETI representative
- Aboriginal health representative
- Community/patient representative.
- Subject Networking Representative IPC/Research/Epidemiology (x2)

Members are responsible for:

- Providing a delegate/nominated representative (where appropriate) at each meeting in their absence. Failure to attend three consecutive meetings without

providing delegate/nominated representative may lead to the cessation of their membership

- Complying with the requirements for confidentiality, code of conduct and conflict of interest set out in relevant NSW Health policies
- Where appropriate, consulting with colleagues and relevant staff within their organisation or representative group to inform the advice given to the Committee
- When requested, providing feedback to colleagues and relevant staff within their organisation or representative group on meeting actions and outcomes within the agreed timeframe
- Actioning the allocated meeting task(s) and completing the tasks within the agreed timeframe.

Members will cease to be a member when they:

- Resign from the Committee
- Fail to attend three consecutive meetings without providing notice to the Chair
- Resign from their employment
- Breach confidentiality.

5. MEETING OPERATING PROCEDURES

5.1 Frequency of Meetings

The Committee meets at least twice a year.

An exceptional/extraordinary meeting may be called by at a minimum half of Committee members.

5.2 Quorum

A quorum, consisting of half the number of members plus one, must be present (in person or by teleconference) for decision-making.

The CEC will make every effort to ensure there is a quorum for each Committee meeting.

Cancellation of meetings due to lack of a quorum is at the discretion of the CEC.

5.3 Decision making

Decisions will be made by consensus. If consensus cannot be reached, the Chair may elect decision to be made by voting.

Internal or external specialists/subject experts may be invited to attend the meeting at the request of the Chair on behalf of the Committee to provide advice and assistance where necessary. They have no voting rights and may be required to leave the meeting at any time by the Chair.

The Chair may request via electronic communication that the Committee consider issues and make decisions out of session.

6. AMENDMENTS

The terms of reference will be reviewed annually from the date of approval.

The terms of reference may be altered to reflect the current functions of the Committee.

NSW BLOOD MANAGEMENT GOVERNANCE COMMITTEE

TERMS OF REFERENCE

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1. PURPOSE

The NSW Blood Management Governance Committee (the Committee) is the peak committee for blood management in NSW. Blood Management is combination of multidisciplinary strategies that optimise and conserve a patient's own blood, and safe and appropriate transfusion practice.

The Committee will oversee the development of a strategic plan in NSW, to improve blood management initiatives and efficient stewardship of blood and blood products in NSW.

2. GOVERNING BODY

The Committee is accountable to the Chief Executive, Clinical Excellence Commission (CEC).

3. FUNCTIONS and RESPONSIBILITIES

The functions and responsibilities of the Blood Management Governance Committee are to:

- Develop a strategic plan that addresses system level risks
- Makes decisions relating to the governance of blood management that can be resolved at a state level, including:
  - Stewardship of blood and blood products
  - Policy direction
  - Emergent risks within NSW
- Oversees communications from Government agencies relating to blood management, to ensure alignment of messaging.
- Consult with and take advice from relevant NSW Health committees and advisory groups.
- Provide governance oversight for, endorse terms of reference and receive reports from the following:
  - NSW Blood Management Clinical Advisory Committee
  - NSW Blood and Blood Product Wastage Group
  - NSW/ACT Haemophilia Advisory and Clinical Committee
- Provide governance for issues raised by Local Health Districts and Specialty Health Networks that require a system level approach.
- Identify issues that require resolution at a national level, liaise with and obtain advice from the Ministry and the National Blood Authority to make recommendations to the Minister (noting that the Ministry of Health represents NSW on the Jurisdictional Blood Committee).
- Receives advice from NSW representatives on the following national groups:
  - National Haemovigilance Advisory Committee
  - Jurisdictional Immunoglobulin Performance Improvement group

4. REPORTING

The Committee will prepare annual summary reports for the Chief Executive CEC outlining the key focus areas and outcomes of the Committee. The Chief Executive to approve for tabling for information at the Clinical Risk Action Group (CRAG).

5. MEMBERSHIP

5.1. Membership

The following positions form the core of the Blood and Blood Product Governance Committee Membership of the Blood Management Governance Committee consists of the following:

Core members	
NSW Clinical Excellence Commission	• Director of Patient Safety (Chair) • Blood Watch Senior Lead
Office of the Chief Health Officer (OCHO)	• Chief Health Officer/ Deputy Secretary, Population and Public Health or delegate • Director of OCHO
NSW Health Pathology	• Clinical Lead Transfusion Stream • Director of Clinical Governance
Agency of Clinical Innovation	• Stream Manager, Trauma, Pain and Rehabilitation
Local Health Districts/Specialty Networks	• Relevant LHD/SN Executive representation e.g. Director of Clinical Governance or Medical Services
Consumer Representative	Mr John Stubbs
NSW Ambulance	Deputy Director Medical Services
Co-opted members	
NSW Ministry of Health	• Chief Pharmacist Branch • Strategic Planning and Reform group
Committee members will additionally include the following NSW Health staff	
NSW Clinical Excellence Commission	• Principal Lead, Governance and Assurance
Office of the Chief Health Officer (OCHO)	• Medical Adviser • Senior Policy Officer

5.2. Chair

The Chair is responsible for:

- Scheduling meetings and notifying committee members
- Inviting specialists/subject experts to attend meetings when required by the Committee
- Guiding the meeting according to the agenda and time available
- Ensuring all discussion items end with a decision, action or definite outcome
- Reviewing and approving the draft minutes before distribution.
- Nominating an experienced member to assume control of the meeting, in their absence. All decisions would need to be ratified by the Chair out of session.

5.3. Secretariat

Secretariat support is provided by the Clinical Excellence Commission and is responsible for:

- Preparing agendas and issuing notices for meetings, and ensuring all necessary documents requiring discussion or comment are attached to the agenda
- Distributing the Agenda and meeting materials 10 days[1] prior to the meeting

[1] Distribution Timeframe is referenced from the Audit Office of NSW (1999). On Board: Guide to Better Practice for Public Sector Governing and Advisory Boards - section 7 [document was cited in DOH PD2007_089].
http://www.audit.nsw.gov.au/publications/better_practice/1998/onboard_april98.pdf

- Taking notes of proceedings and preparing minutes of meeting
- Distributing the minutes to all committee members one week after the meeting. The minutes should be checked by the Chair and accepted by committee members as a true and accurate record at the commencement of the next meeting.

5.4. Members

The member is responsible for:

- Providing a delegate/nominated representative at each meeting in their absence. Failure to attend two consecutive meetings without providing delegate/nominated representative may lead to the cessation of the membership
- Complying with the requirements for confidentiality, code of conduct and conflict of interest as set out in NSW Health Corporate Governance & Accountability Compendium. The obligations also apply to the member's delegate/nominated representative
- Consulting with colleagues and relevant staff within their organisation/networks to inform the advice given to the committee
- Providing advice/feedback to the relevant executive/colleagues within their organisation/networks on the meeting actions/outcomes
- Actioning the allocated meeting task(s) and completing the tasks within the agreed timeframe.

6. MEETING OPERATING PROCEDURES

6.1. Quorum

A quorum of members must be present before a meeting can proceed. At least five core members must be present for decision-making.

Internal or external specialists/subject experts may be invited to attend the meeting at the request of the Chair on behalf of the committee to provide advice and assistance where necessary. They have no voting rights and may be required to leave the meeting at any time by the Chair.

Decisions will be made by consensus.

6.2. Frequency of Meetings

Three meetings per year, noting capacity for escalation of issues and decision making out of session.

7. AMENDMENTS

The terms of reference will be reviewed annually from the date of approval. The terms of reference may be altered to reflect the current functions of the Committee.

ISMS STEERING COMMITTEE
TERMS OF REFERENCE

1. PURPOSE

The CEC ISMS Steering Committee undertake regular review of the operations of the Information Security Management System (ISMS).

2. FUNCTIONS

The objective of the ISMS Steering Committee is to provide oversight, direction and decision making for all matters related to CEC Information Security.

Its functions include:

- Status of actions from previous steering committee meetings.
- Changes in external and internal issues that are relevant to the CEC ISMS.
- Feedback on security performance metrics including trends in:
  - nonconformities and corrective action
  - monitoring and measurement results
  - audit results
  - fulfilment of information security objective.
- Feedback from interested parties.
- Results of risk assessment and status of risk treatment plans.
- Opportunities for continual improvement.
- Management of Information Security issues, risks and decisions escalated to the ISMS Steering Committee or Chief Executive.

3. GROUP MEMBERSHIP

Chair

The Steering Committee will be Co-Chaired by the Chief Executive and the Director, IM & ICT, CIO

- Guiding the meeting according to the agenda and time available.
- Ensuring all discussion items end with a decision, action, or definitive outcome.
- Reviewing and approving the draft minutes before distribution to the committee.
- Providing updates to the ARC sub-committee of the Board.

Secretariat

The Secretariat will be provided by the CEC and is responsible for:

- Scheduling meetings and notify members.
- Preparing agendas, issuing notices for meetings, and attaching documents for discussion or comment.
- Distributing the agenda and meeting materials 7 days prior to the meeting.
- Taking minutes of proceedings.
- Preparing, updating, and distributing the action log to all members one week after the meeting.
- Circulating relevant materials to members for consultation with clear dates for return.
- Providing updates to group members between meetings where relevant.

Members

Additional members may be appointed at the discretion of the Co-Chairs.

The members appointed to the CEC ISMS Steering Committee are:

Position title	Name	Organisation
Chief Executive and Co-Chair	Adj Prof Michael Nicholl	CEC
Director IM & ICT, CIO, and Co-Chair	André Jenkins	CEC
Director Patient Safety	Dr Trish Bradd	CEC
Director Systems Improvement	Dr Harvey Lander	CEC
Director Medical Patient Safety	Dr James Mackie	CEC
Director Capability and Culture	Karen Patterson	CEC
Director Corporate Services	Jenine Wosinski	CEC
Systems Enablement Manager, CEC ISMS	Anita Kim	CEC
Assoc. Director Financial Performance & Reporting	Pankaj Nepal	CEC
Corporate Governance, Risk & Compliance Manger	Thomas Weir	CEC

Advisory Members are:

Position title	Name	Organisation
Business Continuity Project Officer	Fangyan Chen	CEC
eHealth ISMS Representative	James Wootten	eHealth

A quorum for the meeting will be a minimum of one Co-Chairperson and three committee members. When appropriate, members may elect to send a delegate or proxy.

4. FREQUENCY OF MEETINGS

- ISMS Steering Committee meetings will be scheduled monthly.

5. COMMITTEE MEMBERS' ROLES AND RESPONSIBILITIES

- Participate in meetings or ensure a suitable representative is available at each meeting in their absence where appropriate.
- Represent the needs of the Directorates they represent.
- Provide advice and guidance to the ISMS project team.
- Support and communicate the ISMS related requirements within CEC.
- As stipulated in the CEC ISMS Policy section 1 "Purpose".

6. SUPPORT AND ESCALATION

At a minimum, support and escalation will include the channels listed below. Please refer to the CEC ISMS Policy section 4 "Policy" and section 5, "Responsibilities", for a complete list.

Support

- CEC Information Management
- CEC Capability and Culture
- CEC Corporate Services
- CEC Corporate Governance, Risk & Compliance
- CEC Medical Patient Safety
- CEC Patient Safety
- CEC Systems Improvement

Escalation

- CEC Executive Leadership Group
- CEC Chief Executive

LIFE SAVING DRUGS EXPERT ADVISORY GROUP

TERMS OF REFERENCE

1. VISION

To enable safe and equitable access to life saving medicines (antidotes and antivenoms) for all patients across NSW.

2. PURPOSE

The Life Saving Drugs Expert Advisory Group (LSD EAG) has been established to provide expert advice to the Clinical Excellence Commission on issues related to life saving medicines including antidotes and antivenoms.

3. GOVERNING BODY

The Executive Sponsor oversees the work of the Expert Advisory Group and ensures the escalation of issues or concerns to the Chief Executive of the Clinical Excellence Commission (CEC).

4. FUNCTIONS

The functions of the Expert Advisory Group are to provide expert and timely advice to the Clinical Excellence Commission on:

- the medicines (including antidotes and antivenoms) and testing kits that appear on the Life Saving Drugs Register solution (the Solution)
- the design of the Solution
- additional information (for example, guidance related to life-saving medicines and links to relevant resources) that appears on the Solution
- the need for state direction regarding stock availability and management of life saving medicines.

Any medication safety advice relating to life-saving medicines provided by the Expert Advisory Group will be documented and recorded by the Secretariat.

5. COMPOSITION

5.1 Executive Sponsor

Director, Systems Improvement, Clinical Excellence Commission. See Section 3 Governing Body for the role description of the Executive Sponsor.

5.2 Chair

The role of the Chair is to provide leadership and guide the meeting according to the agenda and time available, send/receive formal correspondence on behalf of the Committee with support from the Secretariat and decide the actions required.

5.3 Secretariat

Improvement Lead Medication Safety, Clinical Excellence Commission
Project Support Officer Medication Safety, Clinical Excellence Commission

The Secretariat is responsible for:

- preparing agendas and issuing notices for meetings, and ensuring all necessary documents requiring discussion or comment are attached to the agenda
- distributing the agenda and meeting papers seven (7) days prior to the meeting, where practical
- taking notes of proceedings and preparing minutes of meeting
- distributing the minutes to all Expert Advisory Group members two weeks after the meeting. The minutes should be checked and accepted by committee members as a true and accurate record at the commencement of the next meeting
- co-ordinating out-of-session consultations and correspondence on behalf of the Expert Advisory Group.

5.4 Membership

The LSD EAG will be comprised of a broad cross-section of stakeholders that can provide both technical and operational advice on medication safety issues related to life saving medicines. Members will be selected based on their individual expertise, executive function, or organisational affiliation. In addition, on a needs basis, Subject Matter Experts will be invited to attend meetings to provide advice on areas where the Committee does not have sufficient expertise.

The following positions form the core of the Committee:

Members	
Name	**Role**
Amy Thomson **OR** Nicole Wright	Deputy Director, NSW Poisons Information Centre (PIC) Director, NSW PIC
Prof. Andrew Dawson	Consultant, NSW Poisons Information Centre
Dr Anne Walton	Staff Specialist (Emergency), Central Coast Local Health District (LHD)
A/Prof. Betty Chan	Toxicologist, NSW PIC
A/Prof. Darren Roberts **(Chair)**	Medical Director, NSW PIC
Daryl Mitchell	Rural Clinical Nurse Consultant, Murrumbidgee LHD
Dawn Astles	Clinical Governance Unit, Northern Sydney LHD
Jared Brown	Manager Toxicity Response, Epidemiology and Surveillance, Centre for Alcohol and Other Drugs, NSW Ministry of Health
Dr Jason Bendall	Director of Medical Services, NSW Ambulance

Dr Jay Ramanathan	Staff Specialist (General & Acute Medicine/Ambulatory Care/Clinical Pharmacology), South Western Sydney LHD
Prof. Jennifer Martin	Clinical Pharmacologist and Chair/Clinical Lead of the NSW Medicines Formulary, Clinical Excellence Commission
Jessica Mehegan	Pharmacist, NSW Ambulance
Julie Luu	Pharmacist (Intensive Care), South Western Sydney LHD
Dr Kylie McArdle	Staff Specialist (Intensive Care), Central Coast LHD
Mohammad Irfan Azeem	Senior Clinical Pharmacist, Sydney Children's Hospital Network
A/Prof. Naren Gunja	Chief Medical Information Officer, Western Sydney LHD
Noman Masood	Senior Category Manager, HealthShare NSW
Peter Samios	Director of Pharmacy, SVHNS
Prue Kevans	Medication Safety Pharmacist, Western NSW LHD
Dr Thanjira Jiranantakan	Medical Advisor, Centre for Alcohol and Other Drugs, NSW Ministry of Health
Tom Dempsey	Rural Nurse Educator, Northern NSW LHD
Dr Trevor Chan	Clinical Director, ACI, and Staff Specialist (Emergency), South Eastern Sydney LHD
Vinstein Brillante	Senior Policy & Project Officer, State Preparedness and Response Unit, NSW Ministry of Health

CEC Representatives	
Name	**Role**
Nina Muscillo	Chief Advisor and Program Lead Medication Safety, Quality and Therapeutic Optimisation
Lucy Nair	Principal Lead, Medication Safety and Quality
Bayan Hosseini	Senior Improvement Lead, Medicines Critical Response and Governance
Jaiden Millner **(Secretariat)**	Improvement Lead, Medication Safety
Chai Koh	Project Support Officer, Medication Safety

5.5 Members

The member is responsible for:

1. Abiding by the CEC confidentiality, conduct, and conflicts of interest obligations. A summary of obligations is noted below for convenience:

Confidentiality

Materials, proposals, business cases and procurement decisions that come into a member's possession must only be used or disclosed for the purpose of the CEC Expert Advisory Group's function. To protect confidentiality, individual members must destroy all proposals or information (electronic or paper form) provided by the CEC (that is saved outside the CEC work environment) in a secured way once the purposes for which it was provided have been fulfilled.

Note: This allows for Expert Advisory Group members that represent an organisation or group to disclose documents to those they represent if it assists with fulfilling the Expert Advisory Group's aims. Expert Advisory Group members must ensure that documents provided beyond the immediate membership are treated as confidential by those who receive it.

Conduct

Expert Advisory Group members must perform their duties impartially, uninfluenced by fear or favour, and act with integrity, objectivity, openness and honesty. Furthermore, they must not solicit or accept any benefit, advantage or promise of future advantage for themselves, immediate family, or any business concern or trust, from those who are in, or seek to be in, a contractual or special relationship with the government or CEC.

Conflicts of Interest

Expert Advisory Group members are required to declare any real, potential or perceived pecuniary or non-pecuniary conflicts of interests relating to an agenda item at the beginning of each meeting. These declarations, and how the conflict of interest is being managed in the public interest, will be reflected in the meeting minutes.

2. Providing a delegate / nominated representative at each meeting in their absence. The confidentiality, code of conduct and conflict of interest obligations also apply to the member's delegate / nominated representative.
3. Consulting with colleagues and relevant staff within their organisation / networks to inform the advice given to the Expert Advisory Group.
4. Providing advice / feedback to the relevant executive / colleagues within their organisation on the meeting actions / outcomes.
5. Identifying and actioning allocated tasks within agreed timeframes. All documents circulated for comment will include a response deadline. Where no communication is received, it will be assumed there is no comment and the content within is agreed.
6. Notifying the Expert Advisory Group if they resign or discontinue employment with the group or organisation they represent, to enable review by the Chair and Executive Sponsor.

Managing and recording 'Conflict of Interest'

- 'Declaration of Interest' will be a standing item at the beginning of each Expert Advisory Group meeting to provide members the opportunity to declare any conflict of interest in relation to any item of agenda.
- Conflict of Interest will be recorded and reported to the organisation.
- Members cannot take part in any discussion of the Expert Advisory Group relating to the interest or issue and cannot vote on the matter. This would require the member to be absent from the meeting room when any discussion or vote is taking place and to not receive any relevant Expert Advisory Group papers. This is to be recorded in the meeting minutes.
- The meeting minutes are to reflect the nature of the conflict, whether it is a 'material' conflict, how the conflict is being managed in the public interest; and the times that a committee member is absent from the meeting room due to the conflict.
- In an extreme case, this may require resignation by the member from the Expert Advisory Group.

Material ownership and acknowledgement

All material reviewed, edited and or developed by the Expert Advisory Group remains the intellectual property of the CEC and NSW Health. Copyright of all material is owned by the CEC and NSW Health.

Where appropriate, reasonable and respectful acknowledgment and attribution will be made for the group and / or individuals that contributed to the development of the material.

6. MEETING OPERATING PROCEDURES

6.1 Quorum

A quorum of members must be present before a meeting can proceed. A quorum will be attained if more than half of the currently filled Expert Advisory Group positions are represented at the meeting. Meetings may be held by any means whereby participants can be heard and can hear the proceedings.

Internal or external specialists or Subject Matter Experts may be invited to attend the meeting at the request of the Chair or Secretariat on behalf of the Expert Advisory Group to provide advice and assistance where necessary. They have no voting rights and may be required to leave the meeting at any time by the Chair.

6.2 Decision making and voting (during a meeting)

In the first instance, a matter is considered agreed if there is consensus amongst members. If the Chair believes there is sufficient disagreement, a vote may be called for on a given issue.

A vote is won on a simple majority basis, and only those in attendance at the meeting are entitled to vote. A delegate / nominated representative may vote only if they represent an organisation, not an individual.

6.3 Out-of-session consultation and decisions

Members may be requested to provide out-of-session review and endorsement of documents, and advice on specific matters. The decision for out-of-session consultation and timeframe for feedback will be made at the discretion of the CEC in consultation with the Chair and will be determined on a case-by-case basis with consideration towards the nature and urgency of advice required.

Additionally, decisions can be made out-of-session by the Committee. These decisions must be put forward in writing (email is sufficient) by the Chair or his delegate, with members providing written approval of the position put forward.

Where members have been requested to provide comment or approval via email and there is evidence that the email has been received (e.g., through an Outlook delivery or read receipt), if a response is not provided to the Secretariat by the specified deadline, it will be assumed that the member has no comment and agrees with the content of the document / position put forward.

6.4 Member contribution to meeting papers

Any Expert Advisory Group member can propose agenda items for inclusion in meeting papers. Those who propose potential agenda items are responsible to support it with relevant background information, and clear recommendations related to what advice or decision is desired from the Expert Advisory Group.

Agenda items and all supporting information and materials are to be forwarded to the Secretariat three weeks prior to the scheduled meeting to allow time for review and prioritisation of items. The final agenda will be decided at the discretion of the Chair and Secretariat.

6.5 Apologies and Nominated Representatives

All members should advise the Secretariat as early as practicable prior to the meeting if they will be an apology. If members represent an organisation, they must nominate a representative that is a member of the same organisation. If there is sufficient reason why this is not possible, this must be recorded in the meeting minutes.

If members do not represent an organisation, they should attempt to nominate a representative with similar credentials, is an expert, or who is employed in a similar position if an executive.

6.6 Termination of Membership

Expert Advisory Group members will cease to be a member of the Committee if they:

- resign from the Expert Advisory Group
- fail to attend three consecutive meetings without providing a delegate / nominated representative
- resign from their employment or discontinue their membership with the organisation they represent on the Expert Advisory Group. In the case of experts, they remain

entitled to membership insofar as they continue to have the credentials for which they were nominated

- breach confidentiality.

Membership term will be for two years, after which each member will have their membership reviewed for continuation.

Member participation in out-of-session consultations will also be taken into consideration when the Chair reviews membership entitlement.

6.7 Frequency of meetings

Meetings will be biannual via Microsoft Teams only. They will be 1 hour in duration. Additional meetings may be convened if required.

6.9 Agenda and associated papers

The agenda and meeting papers shall be distributed to members at least seven days before the meeting date.

6.10 Queries

This committee is supported by the CEC. Any matters related to the Expert Advisory Group should be forwarded to the CEC via CEC-LSDR@health.nsw.gov.au.

7. AMENDMENTS

The Terms of Reference will be reviewed annually from the date of approval, or as required. The Terms of Reference may be altered to reflect the current functions of the Committee, by the decision of the Chief Executive, CEC.

Terms of Reference endorsed by: LSD EAG members.

Date for review: March 2025 or earlier, as required.

Maternity, Neonatal and Paediatric Patient Safety Governance Meeting
TERMS OF REFERENCE

Name of Document:	Terms of Reference-Maternity, Neonatal and Paediatric Patient Safety Governance Meeting
Portfolio Area:	Clinical Excellence Commission (CEC) Maternity, Neonatal and Paediatric Patient Safety Team
Applies to:	All members of the Maternity, Neonatal and Paediatric Patient Safety Governance Meeting
Reference Number:	
Date of Issue:	20/01/2022
Replaces:	N/A
Related Policy / Documents:	
Summary:	This document outlines the Terms of Reference for the Maternity, Neonatal and Paediatric Patient Safety Governance Meeting, including all processes.

Review Date: February 2024

Revision and Approval History

Version	Approved by	Date	Amendment Notes
February 2023	Dr Harvey Lander	21/02/23	Update to membership to include new roles

1. PURPOSE

The Maternity, Neonatal and Paediatric Patient Governance Meeting comprises representatives from the Patient Safety, Safety Intelligence and Systems Improvement teams.

The meeting enables leadership, oversight and governance of key functions and programs relating to Maternity, Neonatal and Paediatric Patient Safety across the CEC.

2. GOVERNING BODY

- CEC Executive through the Chief Executive.

3. FUNCTIONS

The functions of the meeting are to:

- Provide leadership and direction across the CEC's maternity, neonatal and paediatric programs of work
- Ensure effective communication and alignment of priority functions and programs across the CEC
- Monitor progress and outcomes of established programs within the CEC and statewide
- Identify areas of new bodies of work and priority activities, with identified resources
- Ensure alignment with the strategic plans within CEC and with the broader objectives of NSW Health
- Reduce duplication of effort within the CEC by ensuring a whole of CEC approach.

4. COMPOSITION

4.1 Chair

The Chair is rotated between the Directors Patient Safety and Systems improvement Clinical Excellence Commission on a six-monthly basis.

The Chair is responsible for:

- Ensuring meetings are scheduled and notifying committee members, in line with the agreed committee process (see Appendix A)
- Establishing the meeting agenda
- Ensuring all discussion items end with a decision, action, or definite outcome
- Reviewing and approving the draft minutes before distribution.

4.2 Secretariat

The Secretariat is rotated between the Patient Safety and Systems improvement Executive Assistants, Clinical Excellence Commission on a six-monthly basis

The Secretariat is responsible for:

- Preparing meeting papers and ensuring all necessary documents requiring discussion or comment are attached to the agenda
- Taking notes of proceedings and preparing minutes of meeting
- Distributing the meeting papers five days[1] prior to the meeting
- Distributing the minutes to all members one week after the meeting. The minutes should be endorsed for distribution by the Chair and accepted by committee members as a true and accurate record at the commencement of the next meeting

4.3 Membership

The following positions form the core of the Maternity, Neonatal and Paediatric Patient Governance Meeting:

Committee Member	Department or Organisation	Position Title
Director Patient Safety	Clinical Excellence Commission	Chair - rotating
Director Systems Improvement	Clinical Excellence Commission	Chair - rotating
Executive Assistant	Clinical Excellence Commission	Secretariat
Principal Lead, Patient Safety Improvement Programs	Clinical Excellence Commission	Member
Senior Improvement Lead - Maternity, Neonatal & Paediatric Safety Programs	Clinical Excellence Commission	Member
Senior Lead – Maternal and Perinatal Patient Safety Analyst	Clinical Excellence Commission	Member
Medical Director of Patient Safety	Clinical Excellence Commission	Member
Medical Clinical Co-Lead -MAT IQ	Clinical Excellence Commission	Member
Medical Clinical Co-Lead -MAT IQ	Clinical Excellence Commission	Member
Associate Director of Patient Safety	Clinical Excellence Commission	Member

- Additional committee members may be co-opted as required, subject to endorsement by the Chair.

4.4 Members

Each member is responsible for:

- Updating progress of shared work priorities
- Identify and escalating state-wide risks and future actions required pertaining to the Maternal, Perinatal and Paediatric Patient Safety Program.

5. MEETING OPERATING PROCEDURES

5.1 Quorum

- A quorum of 50% membership plus one.
- Decision will be made by consensus.

5.2 Frequency of Meetings

- Meeting will be held once every month for a minimum of 45 minutes.

6. AMENDMENTS

The Terms of Reference will be reviewed annually from the date of approval. The Terms of Reference may be altered to reflect the current functions of the Committee.

MEDICAL DEVICE GOVERNANCE PROGRAM STEERING COMMITTEE TERMS OF REFERENCE

1. PURPOSE

The Medical Device Governance Program Steering Committee has been established to:

- Provide strategic direction for the implementation of the Therapeutic Goods Administration (TGA) medical device reforms across New South Wales (NSW) Health
- Strengthen the governance and operational structures of medical devices in NSW Health
- Monitor emerging medical device technologies.
- Provide oversight of the Medical Device Governance Program workplan

2. FUNCTIONS

The functions of the Medical Device Governance Program Steering Committee are:

- Establish a governance framework for medical devices in NSW
- Oversee interagency/Pillar dependencies, outcomes, deliverables, issues and risks
- Approve and monitor resource allocation for implementation
- Provide guidance on strategies to support the introduction of Unique Device Identifiers (UDI) that integrate with current infrastructure
- Support the development of robust processes to ensure patients receive device implant cards and product information for all devices implanted in NSW Health
- Ensure strategies are established to integrate National Mandatory adverse event reporting for medical devices
- Monitor progress against the TGA Action Plan for Medical Devices
- Ensure interagency collaboration and integration
- Recommend strategies to support communication and change management processes

3. COMPOSITION

4.1 Chair

Prof Michael Nicholl, Chief Executive Clinical Excellence Commission

The Chair is responsible for:

- Scheduling meetings and notifying committee members
- Inviting specialists/subject experts to attended meetings when required by the Committee
- Guiding the meeting according to the agenda and time available
- Ensuring all discussion items end with a decision, action or definite outcome
- Reviewing and approving the draft minutes before distribution.

4.2 Secretariat

The secretariat is responsible for:

- Preparing agendas and issuing notices for meetings, and ensuring all necessary documents requiring discussion or comment are attached to the agenda

- Distributing the Agenda and meeting materials 10 days[1] prior to the meeting
- Taking notes of proceedings and preparing minutes of meeting
- Distributing the minutes to all committee members one week after the meeting. The minutes should be checked by the Chair and accepted by committee members as a true and accurate record at the commencement of the next meeting.

4.3 Membership

The following positions form the core of the Medical Device Governance Program Steering Committee

Position title	Organisation	Role
Chief Executive	Clinical Excellence Commission	Chair
People Partner	N/A	Member
People Partner	N/A	Member
Director Patient Safety	Clinical Excellence Commission	Member
Chief Health Officer or delegate	Office of the Chief Health Officer Ministry of Health	Member
Director, Regulation and Compliance Unit	Ministry of Health	Member
Director, Office of Health and Medical Research	Ministry of Health	Member
Chief Executive	eHealth NSW	Member
Director Clinical Governance	HealthShare NSW	Member
Chief Executive	Health Infrastructure	Member
Executive Director	Agency for Clinical Innovation	Member
Chief Executive (Regional)	TBA Local Health District/SHN	Member
Chief Executive (Metro)	Sydney Children's Hospital Network	Member
Clinical Risk Manager (Regional)	Hunter New England Local Health District	Member
Director Clinical Governance (Metro)	Sydney Local Health District	Member
Program Lead, Medical Device Governance	Clinical Excellence Commission	Secretariat
Principal Lead, Governance and Assurance	Clinical Excellence Commission	Ex officio
Change Manager and Systems Integration Lead	Clinical Excellence Commission	Ex officio

Committee members will cease to be a member of the Medical Device Governance Program Steering Committee if they:

- resign from the committee
- fail to attend three consecutive meetings without providing delegate/nominated representative to the Chair
- resign from their employment
- breach confidentiality

[1] Distribution Timeframe is referenced from the Audit Office of NSW (1999). On Board: Guide to Better Practice for Public Sector Governing and Advisory Boards - section 7 [document was cited in DOH PD2007_089].
http://www.audit.nsw.gov.au/publications/better_practice/1998/onboard_april98.pdf

4.4 Members

The member is responsible for:

- Providing a delegate/nominated representative at each meeting in their absence. Failure to attend Medical Device Governance Program Steering Committee consecutive meetings without providing delegate/nominated representative may lead to the cessation of the membership
- Complying with the requirements for confidentiality, code of conduct and conflict of interest. The obligations also apply to the member's delegate/nominated representative
- Providing advice/feedback to the relevant executive/colleagues within their organisation on the meeting actions/outcomes
- Actioning the allocated meeting task (s) and completing the tasks within the agreed timeframe.

4. MEETING OPERATING PROCEDURES

4.5 Quorum

A quorum of members must be present before a meeting can proceed. A minimum of 50% + 1 of membership must be present to achieve quorum for decision-making.

Internal or external specialists/subject experts may be invited to attend the meeting at the request of the Chair on behalf of the committee to provide advice and assistance where necessary. These individuals have no voting rights and may be required to leave the meeting at any time at the request of the Chair.

4.6 Frequency of Meetings

Meetings will be held on the fourth Wednesday of each month for a period of one hour. An exceptional/extraordinary meeting may be convened by the Chair if required.

5. AMENDMENTS

The terms of reference will be reviewed annually from the date of approval. The terms of reference may be altered to reflect the current functions of the Committee.

MEDICATION SAFETY EXPERT ADVISORY COMMITTEE

TERMS OF REFERENCE

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1. VISION

No patient will be harmed from a preventable medication incident within the NSW public health system.

2. PURPOSE

The Medication Safety Expert Advisory Committee (MSEAC) has been established to:

- provide expert advice to the NSW public health system (NSW Health pillars, HealthShare NSW, eHealth NSW, Local Health Districts and Speciality Health Networks) on issues related to medication safety
- help create and support safety and quality systems and initiatives that improve medication safety in the NSW public health system and,
- provide oversight to bodies of work that will improve the safety of medicines use.

3. GOVERNING BODY

The Executive Sponsor oversees the work of the Committee and ensures the escalation of issues or concerns to the Chief Executive of the Clinical Excellence Commission (CEC).

The Executive Sponsor ensures the Chair on behalf of the Committee responds to and provides expert advice about medication safety issues identified by the NSW Health Clinical Risk Action Group (CRAG) and other relevant health entities. The Secretariat ensures that medication safety advice arising from the Committee is provided to the relevant health entity for action. Figure 1 outlines the relationship of these health entities with the Committee.

It is the responsibility of the health entity to oversee and manage the implementation of advice from MSEAC.

4. FUNCTIONS

The functions of the Committee are to:

- provide expert and timely advice to the NSW public health system on:
    - content and safety impact of electronic and paper-based tools and resources developed to support implementation of medication safety activities in NSW
    - new or emerging medication safety risks, with proposed solutions that appreciate competing priorities in the health system
    - regulatory advice as it relates to medication safety
- escalate any medication safety concerns, including when medication safety advice provided by the Committee is not actioned by the system, including NSW Health pillars, LHDs / SHNs or when these organisations identify significant medication safety issues that are deemed to have state-wide patient safety implications, to the Chief Executive of the CEC who may then escalate to the NSW Health Clinical Risk Action Group (CRAG) as appropriate
- respond and provide expert advice about medication safety issues identified by CRAG
- contribute to the review and endorsement of relevant a) medication communications to be

sent via the Safety Alert Broadcast System and b) policies and other bodies of work that have a medication safety impact, prior to their dissemination and use across the NSW public health system

- identify new information and review relevant data that impacts patient care, which may require changes to policies, practices or the system and flag these changes with the relevant health entity
- review and endorse the medication safety aspects of paper-based forms considered by the NSW Health State Forms Management Committee (SFMC) and paper medication charts that are generated from an electronic system, that are developed for implementation across the NSW public health system to ensure that they meet legislative requirements and support safe and effective medicines management
- provide advice to all risk committees and agencies within NSW that have interest or input into medication safety and to facilitate review of system wide data and serious adverse event incidents
- partner with eHealth NSW to resolve technical issues within the electronic medication management systems or electronic medical record which impact medication safety and to provide advice on medication safety related issues through the eHealth Safety and Quality Advisory Group (SQAG)
- in addition, the Committee will function as the central resource of expertise on medication safety, providing input to forums where such expertise is required.

Any medication safety advice provided by the Committee is documented and recorded by the Secretariat via the action log or out-of-session consultation.

5. COMPOSITION

5.1 Executive Sponsor

Director, Systems Improvement, Clinical Excellence Commission. See Section 3 Governing Body for the role description of the Executive Sponsor.

5.2 Chair

The role of the Chair is to provide leadership and guide the meeting according to the agenda and time available, send/receive formal correspondence on behalf of the Committee with support from the secretariat and decide the actions required.

5.3 Secretariat

Improvement Lead Medication Safety, Clinical Excellence Commission.

The secretariat is responsible for:

- preparing agendas and issuing notices for meetings, and ensuring all necessary documents requiring discussion or comment are attached to the agenda
- distributing the agenda and meeting papers seven (7) days prior to the meeting
- taking notes of proceedings and preparing minutes of meeting
- distributing the minutes to all committee members two weeks after the meeting. The minutes should be checked and accepted by committee members as a true and accurate record at the commencement of the next meeting
- co-ordinating out-of-session consultations and correspondence on behalf of the Committee

5.4 Membership

The Committee will be comprised of a broad cross-section of stakeholders that can provide both technical and operational advice on medication safety issues. Members will be selected based on their individual expertise, executive function, or organisational affiliation. In addition, on a needs basis, experts will be invited to attend meetings to provide advice on areas where the Committee does not have sufficient expertise.

The following positions form the core of the Committee:

COMMITTEE MEMBERS
Experts
Chair
Consumer Representative
Clinical Nurse Representative / Nurse Practitioner
Paediatric Physician
Metropolitan Physician
Rural / Regional Physician
Minimum two Junior Medical Officers
Executive Positions
Chief Pharmacist of NSW (or delegate), NSW Ministry of Health
Director, Systems Improvement, CEC (Vice Chair)
Chief Advisor and Program Lead Medication Safety, Quality and Therapeutic Optimisation, CEC
NSW State Formulary Chair, CEC
1 x Clinical Governance Unit representative
2 x Director of Medical Services
3 x Director of Pharmacy or Chief Pharmacist or Deputy Director of Pharmacy
Rural Health Service Manager
Nurse Unit Manager
1 x Medication Safety Pharmacist representative
1 x Academia representative
Organisational / Group Representatives
Representative from a Drug and Therapeutic Committee
Principal Advisor (or more senior officer), Nursing and Midwifery Office
Director (or more senior officer), Agency for Clinical Innovation
Representative from Emergency Care Institute, Agency for Clinical Innovation
2 x Representatives from eHealth NSW
Representative from NSW Ambulance

CEC Representatives
Principal Lead, Medication Safety and Quality
Senior Improvement Lead, Medicines Critical Response and Governance
Senior Improvement Lead, Medication Safety and Quality Improvement
Improvement Lead, Medication Safety
Project Support Officer, Medication Safety
Other CEC representation as appropriate

5.5 Members

The member is responsible for:

Abiding by the CEC confidentiality, conduct, and conflicts of interest obligations. A summary of obligations is noted below for convenience:

Confidentiality

Committee materials, proposals, business cases and procurement decisions that come into a member's possession must only be used or disclosed for the purpose of the CEC committee function. To protect confidentiality, individual members must destroy all proposals or information (electronic or paper form) provided by the CEC (that is saved outside the CEC work environment) in a secured way once the purposes for which it was provided have been fulfilled.

> Note: This allows for committee members that represent an organisation or group to disclose documents to those they represent if it assists with fulfilling the Committee's aims. Committee members must ensure that documents provided beyond the immediate membership are treated as confidential by those who receive it.

Conduct

Committee members must perform their duties impartially, uninfluenced by fear or favour, and act with integrity, objectivity, openness, and honesty. Furthermore, they must not solicit or accept any benefit, advantage, or promise of future advantage for themselves, immediate family, or any business concern or trust, from those who are in, or seek to be in, a contractual or special relationship with the government or CEC.

Conflicts of Interest

Committee members are required to declare any real, potential, or perceived pecuniary or non-pecuniary conflicts of interests relating to an agenda item at the beginning of each meeting. These declarations, and how the conflict of interest is being managed in the public interest, will be reflected in the meeting minutes.

Providing a delegate / nominated representative at each meeting in their absence. The confidentiality, code of conduct and conflict of interest obligations also apply to the member's delegate / nominated representative.

Consulting with colleagues and relevant staff within their organisation / networks to inform the advice given to the Committee.

Providing advice / feedback to the relevant executive / colleagues within their organisation on the meeting actions / outcomes.

Identifying and actioning allocated tasks within agreed timeframes. All documents circulated for comment will include a response deadline. Where no communication is received, it will be assumed there is no comment and the content within is agreed.

Notifying the Committee if they resign or discontinue employment with the group or organisation they represent, to enable review by the Chair and Executive Sponsor.

Managing and Recording Conflict of Interest

'Declaration of Interest' will be a standing item at the beginning of each committee meeting to provide members the opportunity to declare any conflict of interest in relation to any item of agenda.

Conflict of Interest will be recorded and reported to the organisation.

Members cannot take part in any discussion of the Committee relating to the interest or issue and cannot vote on the matter. This would require the member to be absent from the meeting room when any discussion or vote is taking place and to not receive any relevant committee papers. This is to be recorded in the meeting minutes.

The meeting minutes are to reflect the nature of the conflict, whether it is a 'material' conflict, how the conflict is being managed in the public interest; and the times that a committee member is absent from the meeting room due to the conflict.

In an extreme case, this may require resignation by the member from the Committee.

Material Ownership and Acknowledgement

All material reviewed, edited and or developed by the Committee remains the intellectual property of the CEC and NSW Health. Copyright of all material is owned by the CEC and NSW Health.

Where appropriate, reasonable, and respectful acknowledgment and attribution will be made for the group and / or individuals that contributed to the development of the material.

6. MEETING OPERATING PROCEDURES

6.1 Quorum

A quorum of members must be present before a meeting can proceed. A quorum will be attained if more than half of the currently filled committee positions are represented at the meeting. Meetings may be held by any means whereby participants can be heard and can hear the proceedings.
Internal or external specialists / subject experts may be invited to attend the meeting at the request of the Chair on behalf of the Committee to provide advice and assistance where necessary. They have no voting rights and may be required to leave the meeting at any time by the Chair.

6.2 Decision Making and Voting (during a meeting)

In the first instance, a matter is considered agreed if there is consensus amongst members. If the Chair believes there is sufficient disagreement, a vote may be called for on a given issue.

A vote is won on a simple majority basis, and only those in attendance at the meeting are entitled to vote. A delegate / nominated representative may vote only if they represent an organisation, not an individual.

6.3 Out-of-session Consultation and Decisions

Members may be requested to provide out-of-session review and endorsement of documents, and advice on specific matters. The decision for out-of-session consultation and timeframe for feedback will be made at the discretion of the CEC in consultation with the Chair and will be determined on a case-by-case basis with consideration towards the nature and urgency of advice required.

Additionally, decisions can be made out-of-session by the Committee. These decisions must be put forward in writing (email is sufficient) by the Chair or his delegate, with members providing written approval of the position put forward.

Where members have been requested to provide comment or approval via email and there is evidence that the email has been received (e.g. through an Outlook delivery / read receipt), if a response is not provided to the secretariat by the specified deadline, it will be assumed that the member has no comment and agrees with the content of the document / position put forward.

6.4 Member Contribution to Meeting Papers

Any committee member can propose agenda items for inclusion in meeting papers. Those who propose potential agenda items are responsible to support it with relevant background information, and clear recommendations related to what advice or decision is desired from the Committee.

Agenda items and all supporting information and materials are to be forwarded to the secretariat three weeks prior to the scheduled meeting to allow time for review and prioritisation of items. The final agenda will be decided at the discretion of the Chair and secretariat.

6.5 Apologies and Nominated Representatives

All members should advise the secretariat as early as practicable prior to the meeting if they will be an apology. If members represent an organisation, they must nominate a representative that is a member of the same organisation. If there is sufficient reason why this is not possible, this must be recorded in the meeting minutes.

If members do not represent an organisation, they should attempt to nominate a representative with similar credentials, is an expert, or who is employed in a similar position if an executive.

6.6 Termination of Membership

Committee members will cease to be a member of the Committee if they:

- resign from the Committee
- fail to attend three consecutive meetings without providing a delegate / nominated representative
- resign from their employment or discontinue their membership with the organisation they represent on the Committee. In the case of experts, they remain entitled to membership insofar as they continue to have the credentials for which they were nominated
- breach confidentiality.

Membership term will be for two years, after which each member will have their membership reviewed for continuation.

Member participation in out-of-session consultations will also be taken into consideration when the Chair reviews membership entitlement.

6.7 Frequency of Meetings

Meetings will be held four times a year. Meetings will be held virtually via Microsoft Teams using the details provided within the agenda papers.

6.8 Agenda and Papers

The agenda and meeting papers shall be distributed to members at least seven days before the meeting date.

6.9 Queries

This committee is supported by the CEC. Any matters related to the Committee should be forwarded to the CEC via CEC-MedicationSafety@health.nsw.gov.au.

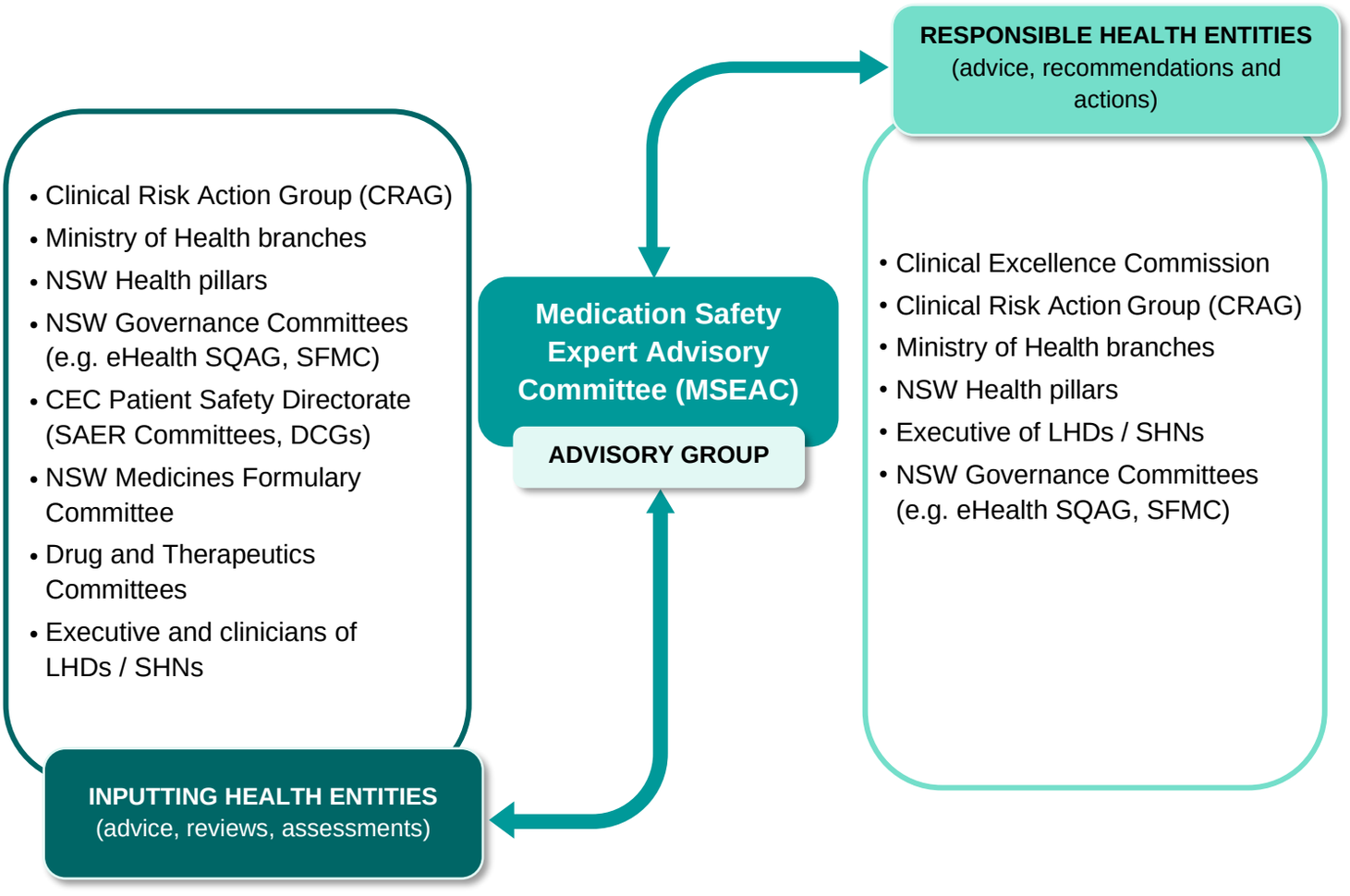
7. AMENDMENTS

The Terms of Reference will be reviewed annually from the date of approval, or as required. The Terms of Reference may be altered to reflect the current functions of the Committee, by the decision of the Chief Executive, CEC.

Terms of Reference endorsed by: Dr Harvey Lander, Executive Sponsor – February 2024

Date for review: February 2025 or earlier, as required.

Figure 1. Relationship of health entities with the MSEAC



NSW High-Cost Medicines Subcommittee

NSW GOVERNMENT

CLINICAL EXCELLENCE COMMISSION

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Vision

To ensure optimum clinical governance and value in medicines use, and to improve patient outcomes across NSW Health through clinical consistency and equity of access to medicines.

Definition of a High-Cost Medicine

For the purposes of this subcommittee's deliberations the definition of a high-cost medicine shall be*:
Those medicines for which the predicted expenditure is:

- ≥$10,000 per patient per treatment course or per year; or
- ≥$100,000 for an individual hospital per year.

Exemptions:

- medicines listed under the Pharmaceutical Benefits Scheme (section 85 or section 100) used in accordance with the PBS criteria for subsidy
- low-cost medicines which represent a high cost due to high volumes of use (e.g. sodium chloride for injection).

**this definition to be reviewed on an annual basis to assess suitability.*

Purpose of the Subcommittee

The High-Cost Medicines Subcommittee (the Subcommittee) has been established to make recommendations to the NSW Medicines Formulary Committee as to whether a high-cost medicine should be included on the NSW Medicines Formulary, thereby improving equity of allocation of resources and access to these medicines for all NSW patients.

Authority

The Subcommittee assists the NSW Medicines Formulary Committee to discharge its responsibilities in relation to high-cost medicines. The NSW Medicines Formulary Committee is accountable to the Secretary, NSW Health through the Executive Sponsor (the Sponsor) being the relevant Deputy Secretary at the Ministry of Health.

- The Subcommittee is empowered to deliberate on matters that affect NSW Health facilities and services in relation to high-cost medicines.
- Subcommittee recommendations are made by majority and are recorded in the meeting minutes.
- Any urgent decisions that can be managed as an out–of–session paper when authorised by the Chair will be recorded in a similar manner.
- Issues unable to be resolved by the Subcommittee are referred by the Chair to the NSW Medicines Formulary Committee.

Key Responsibilities

The responsibilities of the High-Cost Medicines Subcommittee are to:

- Evaluate the clinical, ethical and economic impact of high-cost medicines proposed for inclusion in the state-wide formulary and make recommendations to the NSW Medicines Formulary Committee (see Appendix 2).
- Monitor use of high-cost medicines in NSW hospitals included in the NSW Medicines Formulary.
- Review reports received of high-cost Individual Patient Use approvals and non-formulary medicine use within the LHDs/SHNs to determine if a formulary evaluation or guidance, is required.

Decision-making Principles

Evaluation of medicines should be guided by the agreed principles and an agreed decision algorithm described in the NSW Medicines Formulary Committee Terms of Reference.

Additional considerations required in review of HCM for listing on the NMF should include:

- medicine utilisation and population epidemiology
- expected costs per patient, and the number of patients likely to receive treatment per year
- financial impact to LHDs/SHNs (including consideration of varying funding arrangements)
- ethical considerations for individuals or the broader community
- proposed “value” of the health outcomes.

The Subcommittee may make recommendations to the NMFC on (but not limited to) restrictions for use of HCM and outcome monitoring requirements.

Ongoing formulary management of high-cost medicines should include a systematic review process for all high-cost medicines decisions.

Membership

The High-Cost Medicines Subcommittee will be multi-disciplinary and comprise representation from clinicians, clinical governance, senior executives, and relevant state-wide advisory groups. The Subcommittee will liaise with other NSW Health committees, state-wide clinical networks, and other expert groups to seek advice, or to make recommendations on the use of high-cost medicines and the development of clinical guidelines.

Subcommittee members must be NSW Health employees. Proposed members are determined by the Chair, in consultation with the Secretariat and is based on individual expertise and commitment. Final membership is appointed by the Executive Sponsor (or nominated delegate) in consultation with the Secretariat/ Chair of the NSW Medicines Formulary Committee. Confirmation of line manager/ facility approval is required from the nominee prior to an offer of appointment.

Members will include medical practitioners and other health professionals with expertise in and a commitment to safe, cost-effective, and quality use of medicines. In the rare circumstance where the right skills and experience cannot be sourced from within NSW Health, the appointment of an external will be considered.

The maximum term of appointment of members is two years, with a maximum of three reappointments. Appointment terms are generally staggered to ensure business continuity as well as provide an opportunity for the committee to gain additional skills, knowledge, and insight from incoming members. Each year, approximately one-third of the membership will complete a term.

Members will be selected based on their individual expertise, role, or organisational affiliation. In addition, as required, experts will be invited to attend meetings to advise on areas where the Subcommittee does not have sufficient expertise.

Membership of the High-Cost Medicines Subcommittee may include:

- Clinical Pharmacology
- Drug and Therapeutics Committee Chair
- Senior medical specialists including but not limited to:
  - ✓ Immunology
  - ✓ Oncology/Haematology
  - ✓ Rheumatology
  - ✓ Neurology
  - ✓ Nephrology
  - ✓ Psychiatry/Mental Health
  - ✓ Infectious Diseases
  - ✓ Cardiology
  - ✓ Dermatology
  - ✓ Anaesthetics
  - ✓ Paediatrics
- Pharmacy (clinical and managerial)
- Nursing (clinical and managerial)
- Chief Advisor and Program Lead Medication Safety Quality and Therapeutic Optimisation, Clinical Excellence Commission
- Director of Clinical Governance
- Health economist (as required)
- Consumer Representative x 2 (as required)

Additional expertise may be called upon as required depending on the medicines being considered.

Consumer Representation

The Subcommittee will engage and seek feedback from Consumer representatives to ensure diverse voices and perspectives are included in problem solving and decision making.

Consumer input may range from one off consultations to ongoing collaboration through Committee membership.

Rural Representation

The core member positions will include individuals that work in rural or remote sites and can provide unique perspectives of rural settings in addition to the individual specialty expertise for the core member position.

Chair

The Chair will be appointed by the Ministry of Health Deputy Secretary (or nominated delegate). The Chair will be a practising clinician, with experience in Drug and Therapeutics Committees.

The maximum term of appointment of the chair is two years, after which the appointment will be reviewed for continuation. There is no limit to the number of times the chair may be reappointed, as long as each appointment is no longer than two years in duration.

The Chair of the NSW Medicines Formulary Committee will be appointed as the Deputy Chair.

If the chair is absent from a meeting or vacates the chair at a meeting, the Deputy Chair or (in that member's absence) an experienced member, who has been nominated by the Chair, may assume control of the meeting on a temporary basis (however all decisions would need to be ratified by the Chair out of session).

Member responsibilities

Responsibilities of subcommittee members are to:

1. Declare all perceived or potential conflicts of interest.
2. Consult with colleagues and relevant staff within their organisation/networks to inform the advice given to the subcommittee.
3. To advocate for the role of the subcommittee to colleagues and relevant staff within their organisation/networks and on the compliance with the NSW Medicines Formulary and its processes.
4. Identify and act on allocated actions/tasks within agreed timeframes. All documents circulated for comment will include a response deadline.

Other participants

Where agreed by the Chair, other persons may participate in subcommittee proceedings/ activities where relevant to an agenda item. However, such persons do not assume membership or participation in any decision–making processes of the subcommittee

Secretariat

Secretariat support for the High-Cost Drug Subcommittee will be provided by the Clinical Excellence Commission (CEC).

Responsibilities

The Secretariat will be responsible for:

- Providing administrative support to the High-Cost Medicines Subcommittee, including meeting co-ordination, minute taking and distribution of relevant papers.
- Providing additional information to subcommittee members to support medicines evaluations and assist in decision-making, where required.
- Maintaining a log of all subcommittee recommendations.
- Communicating subcommittee recommendations to the NSW Medicines Formulary Committee.
- Liaising closely with the Strategic Procurement Services and the state-wide clinical procurement committee.

Meeting Procedures

Frequency and Duration

A placeholder for meetings will be held on the first Tuesday of the month, however meetings will only be confirmed to take place when items have been referred to the Subcommittee by the NMFC. All meetings will be held virtually for a duration of two hours.

Quorum

At any meeting of the Subcommittee, a quorum will be attained when half plus one of the currently filled subcommittee positions are in attendance. A quorum is required to conduct the business of the meeting. If a quorum is not met, the following will occur:

- continuation of the meeting will be confirmed at the Chair's discretion
- if the meeting proceeds, all recommendations will be preliminary
- any preliminary recommendations will then proceed to seek an out-of-session quorum consensus.

Confidentiality

Members of the subcommittee may from time to time be in receipt of information that is regarded as 'commercial in confidence', clinically confidential or have privacy implications. Subcommittee members, the Secretariat and observers are required to sign Confidentiality Undertaking and acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain.

Conflicts of interest

Subcommittee members are required to declare any real, potential or perceived pecuniary or non-pecuniary conflicts of interests relating to an agenda item at the beginning of each meeting.

The Conflicts of Interest and Gifts and Benefits Policy Directive (PD2015_045) states a conflict of interest may occur where a staff member could be influenced or perceived to be influenced by a competing interest when carrying out their public duty.

Competing interests may arise through personal or private interests, or through separate professional interests. If matters arise where there is an actual or perceived conflict of interest, they will be managed under PD2015_045 and the NSW Health Code of Conduct.

Managing and Recording Conflict of Interest

1. 'Declarations of interest' will be a standing item at the beginning of each subcommittee meeting to provide members the opportunity to declare any conflict of interest in relation to any item of agenda.
2. Conflict of interest will be recorded and reported to the Secretariat.
3. Members cannot take part in any discussion of the subcommittee relating to the interest or issue and cannot vote on the matter. This would require the member to be absent from the meeting room when any discussion or vote is taking place and to not receive any relevant subcommittee papers. This is to be recorded in the subcommittee minutes.
4. The meeting minutes are to reflect the nature of the conflict, whether it is a 'material' conflict, how the conflict is being managed in the public interest; and the times that a subcommittee member is absent from the meeting room due to the conflict.
5. In an extreme case, this may require resignation by the member from the subcommittee.

Voting and decision making

During a meeting

All members/nominated approved proxies have one vote. Decisions will be passed by the majority of members/nominated approved proxies present. Where a quorum has not been reached, endorsement will occur through out-of-session vote, or at the next scheduled meeting.

Out-of-session Consultation and Decisions

Members may be requested to provide out-of-session review and endorsement of documents, and advice on specific matters. The decision for out-of-session consultation and timeframe for feedback will be made at the discretion of the Chair and will be determined on a case-by-case basis with consideration towards the nature and urgency of advice required.

Additionally, decisions can be made out-of-session by the subcommittee. These decisions must be put forward in writing (email is sufficient) by the Chair or Deputy Chair, with members providing written approval of the position put forward.

Escalation

If a consensus regarding a recommendation for formulary listing cannot be reached, the decision will be escalated to the NSW Medicines Formulary Committee (See Appendix 2 - maintenance governance diagram).

Meeting papers

The agenda and meeting papers shall be distributed to members at least seven (7) days before the meeting date.

Apologies and Proxies

All members should advise the secretariat at least 5 days prior to the meeting if they will be an apology. If members nominate a proxy, that proxy must be equivalent in terms of expertise/credentials and will be approved by the Chair.

Due to the nature of the deliberations, proxies are generally discouraged. However, the use of a proxy may be necessary where a member expects a short-term absence from the subcommittee (e.g. annual leave). Where a member elects to nominate a proxy, this must be notified in writing to the Secretariat at least two business days prior to a meeting, who will then advise the Chair. Acceptance of the proxy is at the discretion of the Chair. The proxy must complete the relevant conflict of interest declarations. A member who nominates a proxy is expected to brief the proxy about the subcommittee and its responsibilities. Proxies accepted by the chair count towards the quorum for a meeting and are entitled to participate in subcommittee discussion and decision-making.

Reporting relationships

Formulary governance structure is in Appendix 2.
The subcommittee will provide regular reports on its activities and recommendations to:

- NSW Medicines Formulary Committee.

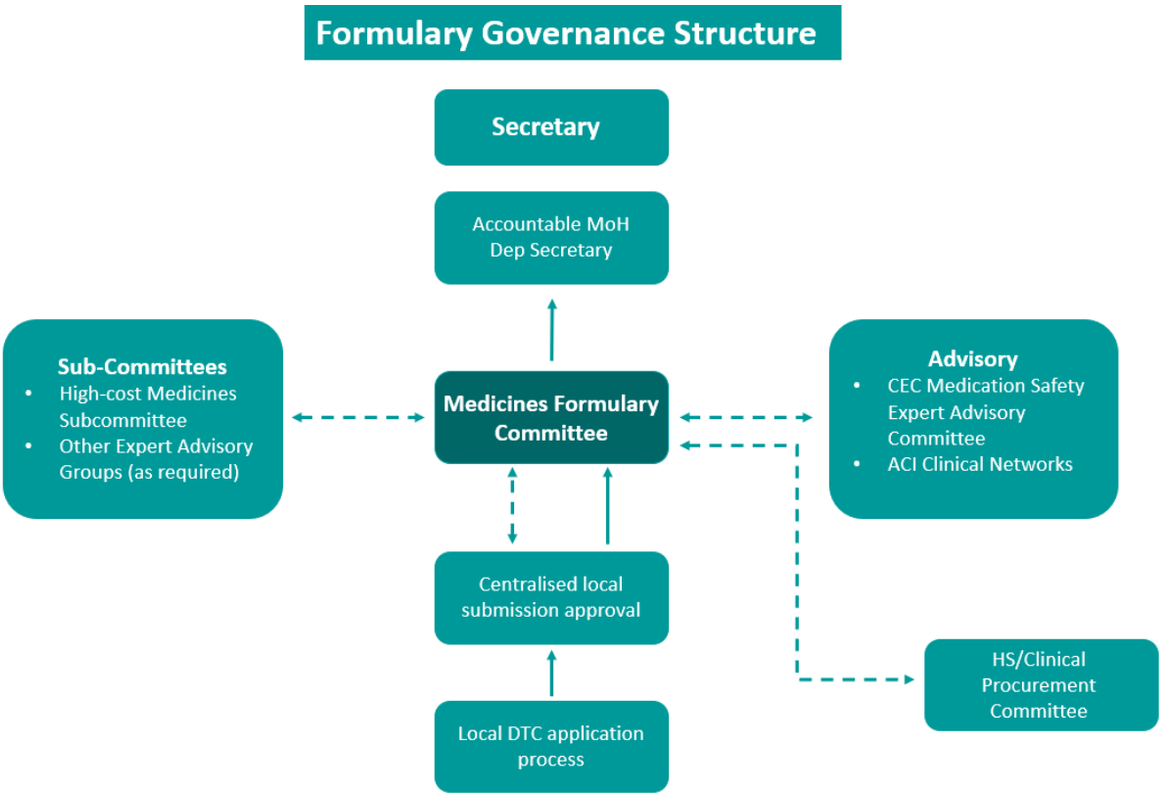
Subcommittee Evaluation

The High-Cost Medicines Subcommittee shall review its terms of reference, membership and performance annually via a self-assessment process that may involve surveys and/or interviews with various stakeholders or parties involved with the subcommittee. Member meeting attendance will be evaluated annually. It is expected that all members will attend or nominate a proxy for 75% of meetings each year.

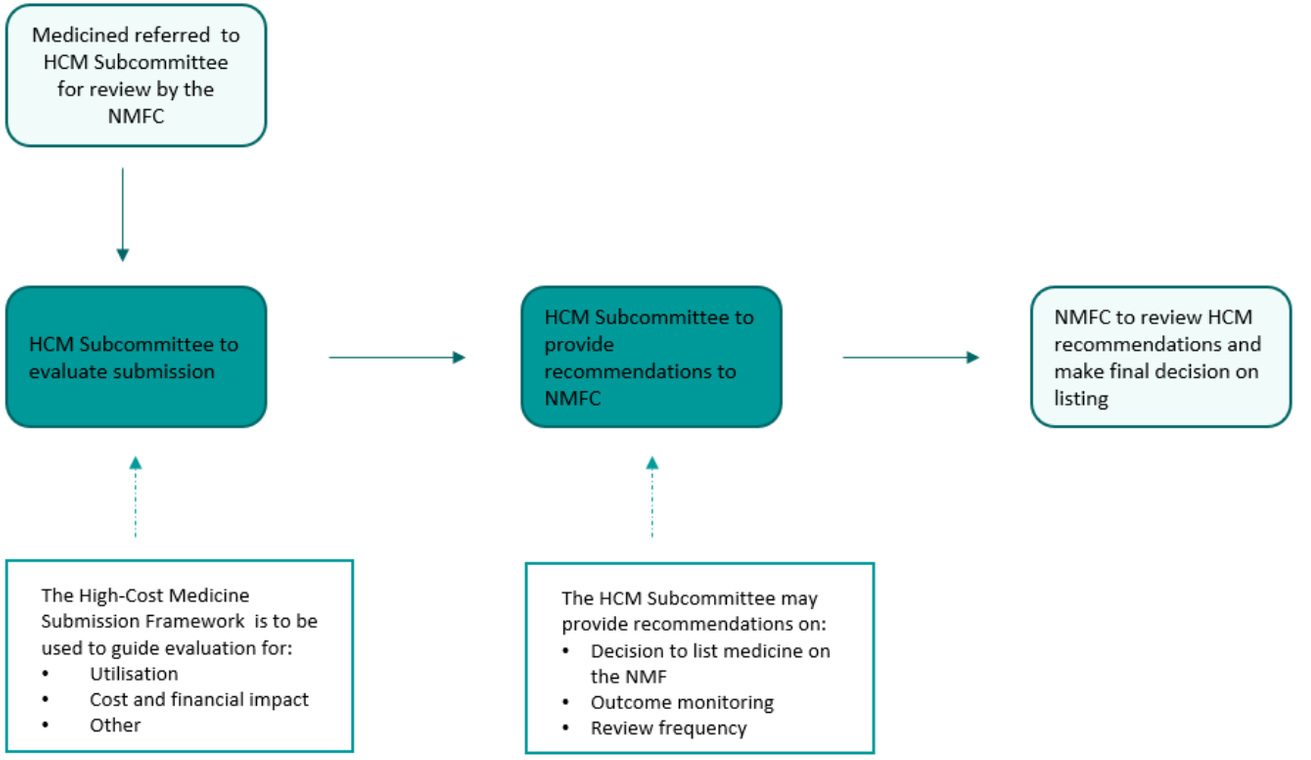
A report on this assessment will be provided to the NSW Medicines Formulary Committee.

Appendices

Appendix 1. Governance



Appendix 2. HCM Subcommittee evaluation and recommendation process



Appendix 3. Skills based matrix for Committee composition

The High-cost Medicines Subcommittee has committed to reviewing its skills matrix annually to ensure the group continues to have an appropriate mix of skills and experience. The following skills matrix presents the results of the assessment of the current membership at inauguration in September 2021.

	Previous DTC experience	Clinical Governance	Medication Safety	Rural /Regional	Critical Core Specialty	Generalist	Relevant Academic or Research interest	Financial Acumen	Health Economics	Drug Utilisation	Interstate experience	Other QUM experience or relevant committees
1	✓				✓	✓					✓	✓
2				✓			✓					✓
3					✓		✓					✓
4	✓		✓	✓								✓
5				✓	✓		✓				✓	
6					✓			✓				
7				✓		✓						
8			✓					✓		✓		
9	✓		✓					✓				✓
10				✓		✓					✓	✓
11					✓			✓				
12	✓				✓				✓	✓		
13	✓	✓						✓			✓	
14						✓	✓				✓	

15	✓	✓			✓							✓
16					✓							✓
17	✓	✓	✓			✓						
18			✓			✓						✓

No one member is expected to have every skill referenced, rather, these skills should be held collectively by the Subcommittee as a whole. The skills and experience listed demonstrate alignment of the members responsibilities in the Terms of Reference with the current mix of skills and experience on the Subcommittee. The chair believes this mix results in an appropriate set of skills, experience and expertise, and ensures a diverse range of views and perspectives for the effective governance, oversight and strategic advice of the High-Cost Medicine Subcommittee.

NSW Medicines Formulary Committee

Terms of Reference

October 2022

NSW GOVERNMENT

CLINICAL EXCELLENCE COMMISSION

Table of Contents

Vision

To ensure optimum clinical governance and value in medicines use, and to improve patient outcomes across NSW Health through clinical consistency and equity of access to medicines.

Purpose

The NSW Medicines Formulary Committee (the Committee) is the peak governance committee for medicines and therapeutic agents. The Committee will oversee the establishment and maintenance of the NSW Medicines Formulary, to ensure appropriate, safe and cost-effective use of medicines within NSW Public Health Organisations and NSW Ambulance.

The definition of the NSW Medicines Formulary is *Medicines and other therapeutic agents*[1] *approved for use in NSW public hospitals and health services that includes (where appropriate) the approved indications, dose formulations and any prescribing restrictions.*' This state-wide approach supports quality use of medicines by ensuring safe, equitable and reliable access to necessary medications in NSW.

Authority

The Committee is accountable to the Secretary, NSW Health through the Executive Sponsor (the Sponsor) being the relevant Deputy Secretary at the Ministry of Health.
The Sponsor empowers the Committee to;

- Operate without limitation of date.
- Deliberate on matters that affect NSW Health facilities and services.

The Committee will:

- Record recommendations made by majority in the meeting minutes.
- Note and record any urgent decisions that are managed as an out–of–session paper when authorised by the chair at the next NSW Medicines Formulary Committee meeting.
- Refer any issues unable to be resolved by the Committee to the Sponsor or nominated delegate via the Chair.

Key responsibilities

The primary responsibilities of the NSW Medicines Formulary Committee are to:

- Implement systematic, fair and transparent processes for adding, amending, removing and reviewing all medicines included in the NSW Medicines Formulary.
- Evaluate medicines for formulary inclusion in a considered and consistent approach, underpinned by evidence-based best practice and cost-effectiveness, and as outlined in the Policy Directive 2016_033 *Approval Process of Medicines for Use in NSW Public Hospitals* (or the approved equivalent).
- Consult with expert advisory groups and committees, and other lead clinicians and experts where required.
- Recommend the development of state-wide clinical guidance, protocol or other educational resources to accompany formulary medicines where required.

[1] The terms 'medicines', 'medications' and 'therapeutic agents' include a drug, medicine, pharmaceutical preparation (including an extemporaneously compounded preparation), therapeutic substance, complementary and alternative medicine, vaccine, diagnostic agent for patient administration, medicated dressing, device containing a medicine and a fluid for intravenous use. Includes Scheduled medication and unscheduled medication.

- Ensure effective and timely decision-making and communication of all formulary matters to existing Local Health District (LHD)/Speciality Health Network (SHN) Drug and Therapeutics Committees and other relevant medicines-related governance committees as required through the LHD Chief Executives.
- Consult with and take advice from the NSW High-Cost Medicines Subcommittee regarding formulary submissions for high-cost medicines, or those that may pose significant financial risk to any facility within the LHDs/SHNs.
- Ensure all clinicians involved in the submission and assessment of applications for formulary listings disclose any perceived or actual conflicts of interest. There must be full disclosure of any significant relationship (financial or otherwise) between the clinician and the supplier of the product or any other significant party.
- Review reports received of Individual Patient Use approvals and non-formulary medicine use within the LHDs/SHNs to determine if a formulary evaluation is required.
- Advise the formulary secretariat regarding the need for medicines use evaluations (MUEs) to inform the review of formulary medicines, where required.

Decision making principles

Formulary decision making should:

- follow a systematic, evidence-based evaluation process incorporating quality use of medicines (QUM) principles
- be made in a timely manner without compromising the quality of information and evaluation required
- have clearly defined and communicated processes for appeals and reconsideration of applications.

And consider the complexity of:

- the medicine, e.g., evidence of efficacy and safety, indications, TGA registration, dose, administration
- the health system, e.g., diversity of health services, clinical expertise available, inpatient/outpatient settings
- funding, e.g., PBS, hospital, Medicines Access Programs (MAPS), compassionate supply, self-funding
- equity, e.g., impact of this formulary decision on equity of access.

Medicines approvals should include:

- the active ingredient, strength(s), dosage form(s), indication(s) and any restrictions (e.g., by prescriber, by indication or duration of therapy) for medical and non-medical prescribers
- recommendations for specific monitoring, e.g., audits, MUEs, adverse events or medication incidents
- recommendation for accompanying protocol/guidelines (or changes to existing state-wide Policy Directives)

Evaluation of medicines should be guided by the agreed principles and a defined decision algorithm (See Appendix 2).

Ongoing formulary management should include a systematic review process for medicines placed on formulary. The review of medicines on formulary should include (but not limited to); medicine utilisation trends, evidence of inappropriate use or emergence of safety implications, new evidence, or changes in indication for use, emergence of newer agents that supersede current listings, or evidence for disinvestment.

Membership

The NSW Medicines Formulary Committee will be multi-disciplinary and comprise representation from clinicians, clinical governance, senior executives, and relevant state-wide advisory groups. The Committee will liaise with other NSW Health committees, state-wide clinical networks and other expert groups to seek advice, or to make recommendations on the use of medicines and the development of clinical guidelines.

Committee members must be NSW Health employees (with the exception of the health economist and consumer member positions). Membership eligibility is determined by the Chair, in consultation with the secretariat, and is based on individual expertise and commitment.

Members are appointed by the Executive Sponsor or nominated delegate in consultation with the Chair. Confirmation of line manager/facility approval is required from the nominee prior to an offer of appointment.

Members will include medical practitioners and other health professionals with expertise in—and a commitment to safe, cost-effective and quality use of medicines.

The maximum term of appointment of members is two years, with a maximum of three reappointments.

Appointment terms are generally staggered to ensure business continuity as well as provide an opportunity for the committee to gain additional skills, knowledge and insight from incoming members. Each year, approximately one-third of the membership will complete a term.

Members will be selected based on their individual expertise, role, or organisational affiliation. In addition, as required, experts will be invited to attend meetings to advise on areas where the Committee does not have sufficient expertise. Core representation will include:

- Clinical pharmacologists
- Senior medical specialists:
  - Infectious diseases
  - Paediatrics
  - Cardiology
  - Endocrinology
  - Oncology/Haematology
  - Geriatrics
  - Psychiatry/Mental Health
  - Nephrology
  - Respiratory
  - Anaesthetics/Perioperative Medicine
  - Neurology
  - Critical Care (e.g. ED, ICU)
- Pharmacy (clinical and managerial)
- Chief Pharmacist of NSW or a delegate
- Director, Systems Improvement, Clinical Excellence Commission

- Nursing (clinical and managerial)
- Director of Clinical Governance
- Director of Medical Services
- Chief Advisor and Program Lead, Medication Safety, Quality and Therapeutic Optimisation, Clinical Excellence Commission
- Health economist (as required)
- GP VMO
- Consumer Representative x 2 (as required)

Consumer Representation

The Committee will engage and seek feedback from Consumer representatives to ensure diverse voices and perspectives are included in problem solving and decision making.
Consumer input may range from one off consultations to ongoing collaboration through Committee membership.

Rural Representation

The core member positions will include individuals that work in rural or remote sites and can provide unique perspectives of rural settings in addition to the individual specialty expertise for the core member position.

Chair

The Chair will be appointed by the Ministry of Health Deputy Secretary. This will be a practising Clinical Pharmacologist, with experience in Drug and Therapeutics Committees.

The maximum term of appointment of the Chair is two years, after which the appointment will be reviewed for continuation. There is no limit to the number of times the chair may be reappointed, as long as each appointment is no longer than two years in duration.

A deputy Chair will be appointed from the membership by the Chair in consultation with the Sponsor or nominated delegate. The duration for term of appointment will follow the same process as for the Chair.

If the Chair is absent from a meeting or vacates the chair at a meeting, the deputy Chair or (in that member's absence) an experienced member, who has been nominated by the Chair, may assume control of the meeting on a temporary basis (however all decisions would need to be ratified by the Chair out of session).

Member responsibilities

Responsibilities of committee members are to:

1. Declare all perceived or potential conflicts of interest.
2. Consult with colleagues and relevant staff within their organisation/networks to inform the advice given to the committee.
3. To advocate for the role of the Committee to colleagues and relevant staff within their organisation/networks and on the compliance with the state-wide formulary and its processes.
4. Identify and take action on allocated actions/tasks within agreed timeframes. All documents circulated for comment will include a response deadline.

Other participants

Where agreed by the Chair, other persons may participate in committee proceedings/activities where relevant to an agenda item. However, such persons do not assume membership or participation in any decision–making processes of the Committee.

Sub-committees

The NSW Medicines Formulary Committee may create relevant sub-committees or other subordinate bodies (including time limited working groups) as deemed necessary to assist the committee in discharging its responsibilities. Existing subcommittees are:

- The High-Cost Medicines Subcommittee (HCMS)

Secretariat

Secretariat support for the NSW Medicines Formulary Committee will be provided by the Clinical Excellence Commission (CEC).

Responsibilities

The secretariat will be responsible for:

- Providing administrative support to the formulary committee, including meeting co-ordination, minute taking and distribution of relevant papers.
- Receiving and reviewing all formulary submission applications and liaising with referring DTCs and applicants.
- Providing additional information to committee members to support medicines evaluations and assist in decision-making, where required.
- Undertaking regular environment scan (PBS updates, medicines shortages, discontinuations, safety notices, eTG updates etc).
- Receiving reports to be tabled, including IPU application outcomes, use of non-formulary medicines and medicines usage evaluations (MUEs).
- Maintaining a log of all formulary and committee decisions.
- Communicating committee decisions and providing regular formulary updates to the LHDs via the CEs (requesting distribution to DTCs)
- Maintaining clinical content of the Formulary Listed Approved Medicines (FLAMe).
- Liaising closely with the Strategic Procurement Services and the state-wide clinical procurement committee.
- Liaising with eHealth Clinical Application Support where required.
- Co-ordinating the formulary review process.
- Co-ordinating appeals process as required.

Meeting Procedures

Frequency and Duration

The Committee will meet once a month for a duration of two hours. Meetings will be held virtually unless otherwise advised by the secretariat.

Quorum

At any meeting of the Committee, a quorum will be attained when half plus one of the currently filled committee positions are in attendance. A quorum is required to conduct the business of the meeting. If a quorum is not met, the following will occur:

- continuation of the meeting will be confirmed at the Chair's discretion
- if the meeting proceeds, all recommendations will be preliminary
- any preliminary recommendations will then proceed to seek an out-of-session quorum consensus.

Confidentiality

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. Committee members, secretariat and observers are required to sign a *Confidentiality Undertaking* and acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain.

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Committee members are required to declare any real, potential or perceived pecuniary or non-pecuniary conflicts of interests relating to an agenda item at the beginning of each meeting.

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Managing and Recording Conflict of Interest

1. 'Declarations of interest' will be a standing item at the beginning of each committee meeting to provide members the opportunity to declare any conflict of interest in relation to any item of agenda.
2. Conflict of interest will be recorded and reported to the Secretariat.
3. Members cannot take part in any discussion of the committee relating to the interest or issue and cannot vote on the matter. This would require the member to be absent from the meeting room when any discussion or vote is taking place and to not receive any relevant committee papers. This is to be recorded in the committee minutes.
4. The meeting minutes are to reflect the nature of the conflict, whether it is a 'material' conflict, how the conflict is being managed in the public interest; and the times that a committee member is absent from the meeting room due to the conflict.
5. In an extreme case, this may require resignation by the member from the committee.

Voting and decision making

During a meeting

All members/nominated approved proxies have one vote. Decisions will be passed by the majority of members/nominated approved proxies present. Where a quorum has not been reached, endorsement will occur through out-of-session vote, or at the next scheduled meeting.

Out-of-session Consultation and Decisions

Members may be requested to provide out-of-session review and endorsement of documents, and advice on specific matters. The decision for out-of-session consultation and timeframe for feedback will be made at the discretion of the Chair and will be determined on a case-by-case basis with consideration towards the nature and urgency of advice required.

Additionally, decisions can be made out-of-session by the committee. These decisions must be put forward in writing (email is sufficient) by the Chair or Deputy Chair, with members providing written approval of the position put forward.

Escalation

If a consensus or decision regarding a formulary medicine cannot be reached, the decision will be escalated to the Ministry of Health Deputy Secretary or delegate.

Meeting papers

The agenda and meeting papers shall be distributed to members at least seven (7) days before the meeting date.

Apologies and Proxies

All members should advise the secretariat at least 5 days prior to the meeting if they will be an apology. If members nominate a proxy, that proxy must be equivalent in terms of expertise/credentials and will be approved by the Chair.

Due to the nature of the deliberations, proxies are generally discouraged. However, the use of a proxy may be necessary where a member expects a short-term absence from the committee (e.g. annual leave). The proxy must complete the relevant conflict of interest declarations. A member who nominates a proxy is expected to brief the proxy about the committee and its responsibilities. Proxies accepted by the chair count towards the quorum for a meeting and are entitled to participate in committee discussion and decision-making.

Reporting relationships

Formulary governance structure is in Appendix 1.

The Committee will provide reports on its activities as required to:

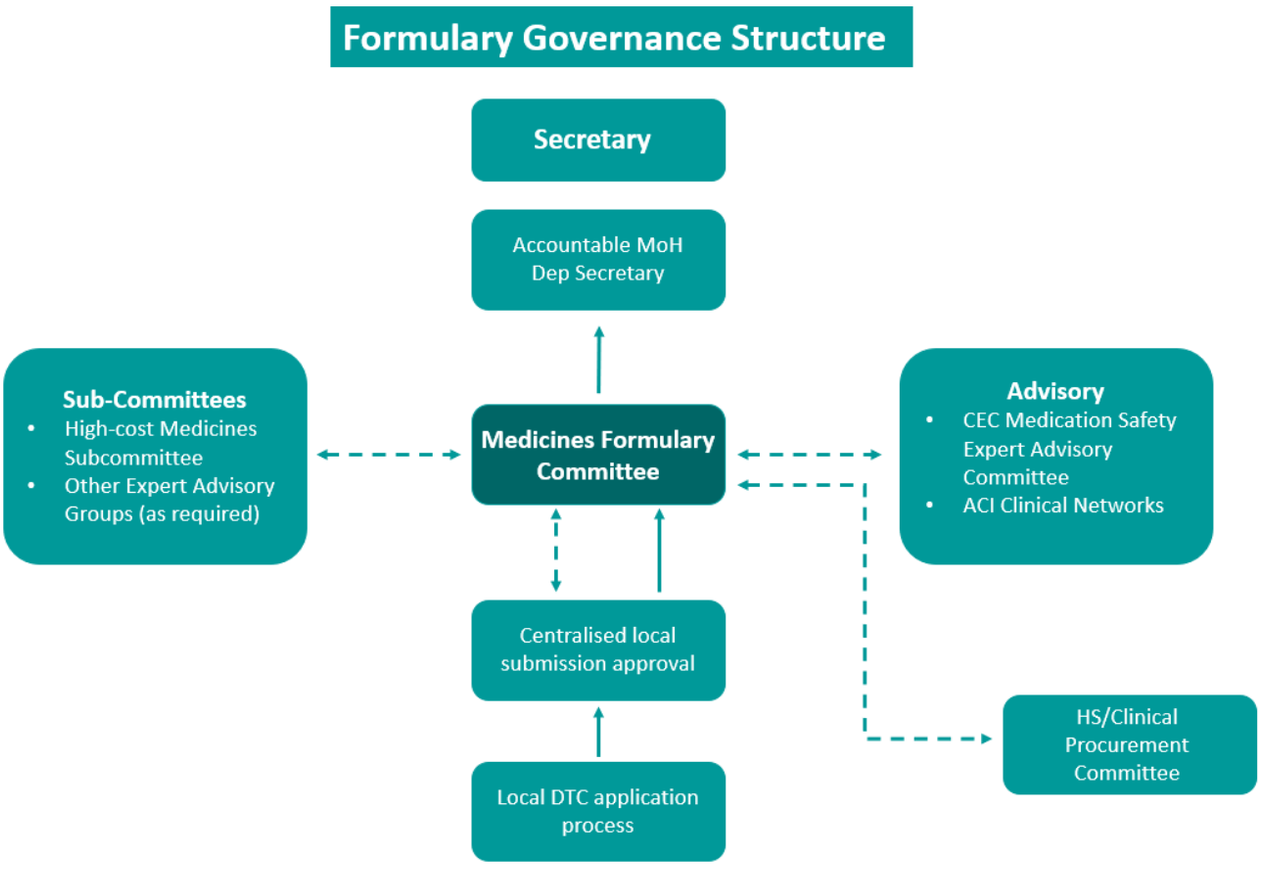
- Accountable Deputy Secretary

Committee Evaluation

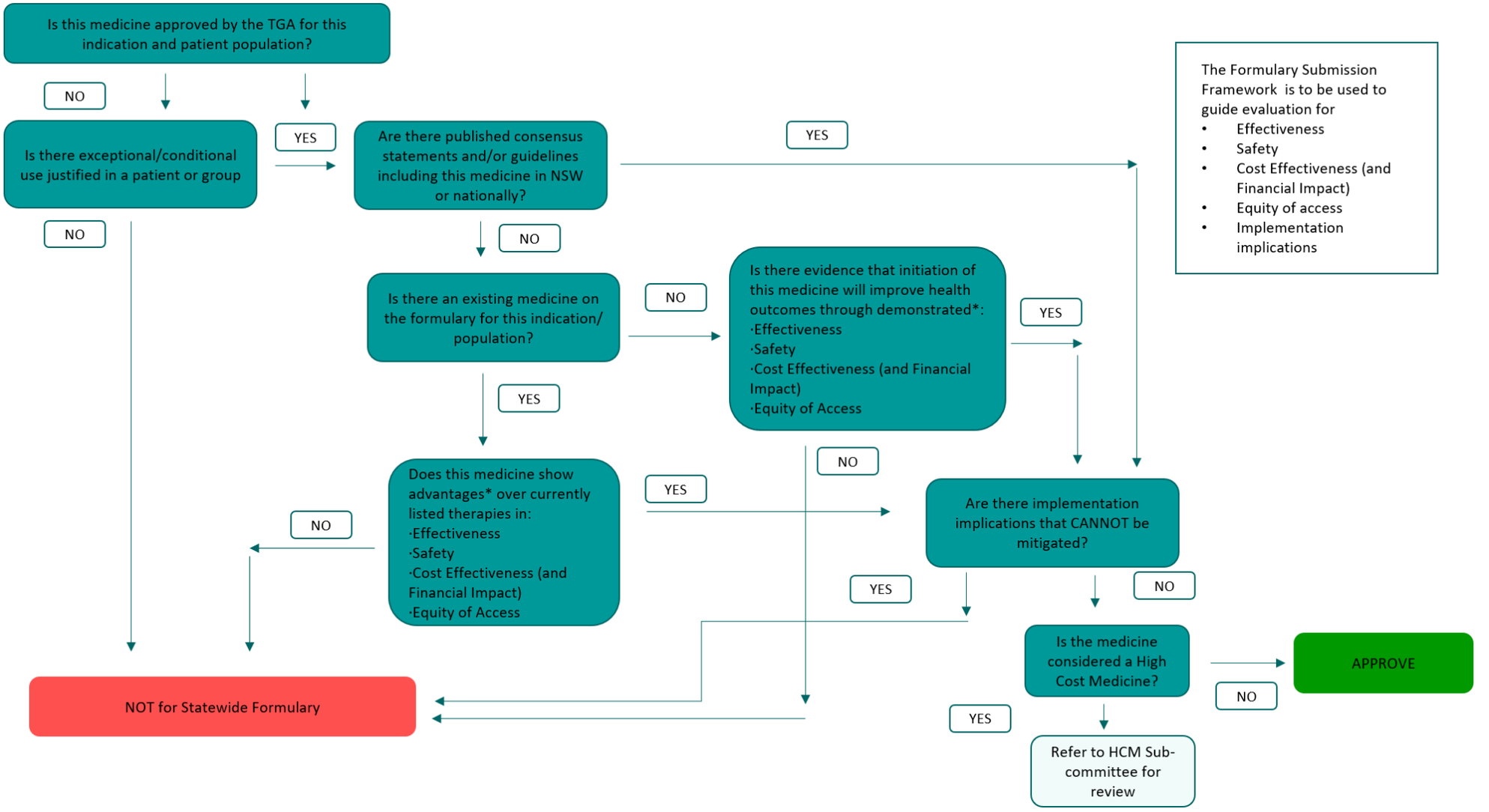
The NSW Medicines Formulary Committee shall review its terms of reference, membership, and performance annually via a self-assessment process that may involve surveys and/or interviews with various stakeholders or parties involved with the Committee. Member meeting attendance will be reported annually. It is expected that members attend 75% of meetings each year. The evaluation will be provided to the Deputy Secretary or nominated delegate via the Chair.

Appendices

Appendix 1. Governance



Appendix 2. NMFC- Formulary submission decision algorithm



TERMS OF REFERENCE

Name	**NSW Mental Health Patient Safety Program Governance Committee**
Program	NSW Mental Health Patient Safety Program
Objective	The Mental Health Patient Safety Program Governance Committee provides governance and oversight by monitoring activities and outcomes of the MHPSP
Background	• The NSW Health review of seclusion, restraint and observation of consumers with a mental illness in NSW health facilities was conducted in 2017. The Report identified nineteen recommendations. • The Clinical Excellence Commission is responsible for leading Recommendation 2 – NSW Health to adopt a mental health patient safety program, informed by contemporary improvement science. • The NSW Mental Health Patient Safety Program will focus on supporting LHDs and Specialty Health Networks develop and improve their Mental Health Patient Safety Programs through the lens of improvement
Key responsibilities	The Governance Committee will: 1. Provide oversight and receive reports on the implementation and effectiveness of the NSW Mental Health Patient Safety Program including relevant workplans, activities and challenges engaging health services 2. Monitor progress with the ongoing implementation, and evaluation of the program. 3. Consider any program risks, challenges and and provide advice and direction as necessary to help address these issues
Reporting Line	The Governance Committee is responsible for escalating any concerns or issues to CRAG (Clinical Risk Action Group)
Co-Chairs	Chief Executive, Clinical Excellence Commission, and Executive Director, Mental Health Branch, NSW Ministry of Health – on a rotating basis

Secretariat	Office of the Chief Executive at CEC
Committee Member Composition	The Committee will consist of the following personnel: • Deputy Secretary, Health System Strategy and Patient Experience, Ministry of Health • Chief Executive, Clinical Excellence Commission • Executive Director, Mental Health Branch, NSW Ministry of Health • Chief Psychiatrist, Mental Health Branch, NSW Ministry of Health • Director Systems Improvement, Clinical Excellence Commission • Secretariat, provided by Clinical Excellence Commission
In Attendance for part of the meeting to provide report and progress:	• Senior Manager, NSW Mental Health Patient Safety Program, Clinical Excellence Commission • Clinical Lead, NSW Mental Health Patient Safety Program, Clinical Excellence Commission The Co-Chairs may co-opt individuals or organisational representatives to join the membership of the group for a specific purpose as required.
Committee members' roles and responsibilities	• Participate in meetings or ensure a suitable representative is available at each meeting in their absence where appropriate; • Provision of direction, advice and guidance to the Program team responsible for the management of the NSW Mental Health Patient Safety Program; • Monitoring of the status of the Mental Health Patient Safety Program, including the Program deliverables and oversee and advise on impacts and related programs external to the CEC; • Treat meeting material distributed to members as confidential; • Identify any issues or risk in their area of expertise to enable share accountability;

	• Evaluation and resolution of issues or conflicts that have the potential to impact the success of NSW Mental Health Patient Safety Program
Committee member roles and responsibilities	• Committee members must abide by the CEC Committee Members' Obligations policy (appendix 1) which sets out requirements for confidentiality, code of conduct and conflict of interest. These obligations apply to all members and their delegates. • Ensure a nominated representative is available at each meeting in their absence. Non-attendance without apology for 3 consecutive meetings will result in the chair revising the ongoing membership.
Material Ownership and Acknowledgement	All new material reviewed, edited and or developed by the committee remains the intellectual property of NSW Health. Copyright of all material is owned by NSW Health. Where appropriate reasonable and respectful acknowledgment and attribution will be made for the group and/or individuals that contributed to the development of the material.
Quorum and Decision Making	A meeting quorum will be half the members plus 1 (4 of 6 members). Decisions will be made by consensus.
Meeting venues	In person or by videoconference Clinical Excellence Commission 1 Reserve Road St Leonards NSW 2065
Teleconference details	Available if required and approved by the Co-Chairs
Meeting Length	1 hour
Meeting Schedule	4 monthly
Agenda	Agenda items must be forwarded to the Secretary ten (10) working days prior to the meeting, where possible. The agenda will be published seven (7) working days prior to the meeting, where possible.
Minutes and Papers	Minutes shall be distributed to members as 'Draft Minutes' within seven (7) working days of a scheduled meeting. Minutes will be submitted to the Clinical Excellence Commission Executive Leadership Committee for information.

Review	Terms of reference and membership shall be reviewed every 12 months or as required.
Apologies	To be sent to the secretariat via email or phone.

Terms of reference endorsed by:

Date: February 2023

For review: February 2024

This Terms of Reference may be amended, varied or modified in writing after consultation and reaching agreement as per protocol including in this Terms of Reference

CEC OPIOID STEWARDSHIP EXPERT ADVISORY GROUP (OSEAG)

TERMS OF REFERENCE 2024

Vision	To reduce the incidence of opioid related patient harm in NSW Health facilities.
Purpose	The purpose of the Clinical Excellence Commission's Opioid Stewardship Expert Advisory Group (OSEAG) is to provide leadership, oversight, and direction for the continuous improvement strategy to prevent hospital opioid-related harm in NSW.
Key responsibilities	1. Provide strategic direction to CEC's opioid stewardship program 2. Provide advice and content expertise for the further development, refinement, evaluation, and oversight of the program's resources based on demonstrated need and feedback from the system. These include but are not limited to: a. Policy Directives b. Patient information resources c. System improvement tools d. Improvement implementation frameworks e. Education and training materials f. Safety and Quality assurance monitoring and audit tools g. Relevant publications and documents h. Workshops 3. Commission working groups for specific purposes as required
Executive sponsor	Director, Systems Improvement, CEC
Chairperson	Dr Damien Finniss
Secretariat	Improvement Lead Medication Safety and Quality, CEC
Membership	The following positions form the Expert Advisory Group: <u>Core membership</u> • CEC Medication Safety and Quality team • Specialist – Emergency Medicine • Specialist – Surgeon • Specialist – Pain Management and/or Anaesthesia • Specialist – Paediatric • Specialist – Intensive Care • Specialist – Aged Care

	• Specialist – General Practitioner • Representative – Drug and Alcohol • Agency for Clinical Innovation (ACI) Pain Management Network representative • Director of Clinical Governance or representative from Clinical Governance Unit • Director of Medical Services • Senior Pharmacist – Metropolitan • Senior Pharmacist – Regional or rural • Consumer Representative • Clinical Nurse Representative • Nurse – Emergency Medicine • Nurse practitioner • Physiotherapist <u>Special advisory membership</u> • Ambulance Service Representative • Specialist – General Medicine, Medical Oncology, Haematology, Obstetrician and Gynaecologist, Toxicologist. • Midwife Other members as deemed appropriate. <u>Definitions</u> Specialist: Medical practitioners who have been assessed by an Australian Medical Council (AMC) accredited specialist college as being eligible for fellowship. Special Advisory Member: Experts to provide advice upon request during meetings and for out of session review, also subject to conflict of interest and confidentiality agreements.
CEC Representation	Director, Systems Improvement Chief Advisor and Program Lead Medication Safety, Quality and Therapeutics Optimisation Principal Lead Medication Safety and Quality Senior Improvement Lead Medication Safety and Quality Improvement Improvement Lead Medication Safety and Quality Improvement Project Support Officer, Medication Safety and Quality Improvement Clinical Lead, State Formulary, Medication Safety and Quality

Member roles and responsibilities	1. Comply with NSW Health's requirements for confidentiality, code of conduct and conflict of interest. These also apply to the member's delegate/nominated representative. Ensure a nominated proxy is available at each meeting in their absence. Non-attendance without apology for three consecutive meetings will result in the chair revising the ongoing membership. 3. Consult with colleagues and relevant staff within their organisation/networks to inform the advice given to the group. 2. Identify and act on allocated actions/tasks within agreed timeframes. All documents circulated for comment will include a response deadline. Where no communication is received, it will be assumed there is no comment and the content within is agreed. 3. Notifying the Group if they resign or discontinue employment with the group or organisation they represent, to enable review by the Chair and Executive Sponsor.
Material ownership and acknowledgement	All material reviewed, edited and/or developed by the group remains the intellectual property of the CEC and NSW Health. Copyright of all material is owned by the CEC and NSW Health. Where appropriate, reasonable and respectful acknowledgment and attribution will be made for the group and/or individuals that contributed to the development of the material.
Managing and recording conflict of interest	1. Declaration of Interest will be a standing item at the beginning of each meeting to provide members the opportunity to declare any conflict of interest in relation to any item on the agenda. 2. Conflict of interest will be recorded and reported to the organisation. 3. A member with a declared conflict of interest cannot take part in any discussion relating to the interest or issue or vote, on the matter. A conflicted member must be absent from the meeting room when any discussion or vote is taking place. This is to be recorded in the meeting minutes. 4. The meeting minutes are to reflect the nature of the conflict, whether it is a 'material' conflict, how the conflict is being managed in the public interest, and the times that a group member is absent from the meeting room due to the conflict. 5. In an extreme case this may require resignation by the member from the group.
Quorum	A quorum will be attained if more than 50% of the currently filled core member positions attend the meeting. Decisions will be made by consensus. Where no consensus can be achieved within a reasonable timeframe, decisions will be made by voting. A delegate / nominated representative may vote only if they represent an organisation, not an individual.

Out-of-session Consultation and Decisions	Members may be requested to provide out-of-session review and endorsement of documents, and advice on specific matters. The decision for out-of-session consultation and timeframe for feedback will be made at the discretion of the CEC in consultation with the Chair and will be determined on a case-by-case basis with consideration towards the nature and urgency of advice required. Additionally, decisions can be made out-of-session by the Group. These decisions must be put forward in writing (email is sufficient) by the Chair or his delegate, with members providing written approval of the position put forward. Where members have been requested to provide comment or approval via email and there is evidence that the email has been received (e.g. through an Outlook delivery / read receipt), if a response is not provided to the Secretariat by the specified deadline, it will be assumed that the member has no comment and agrees with the content of the document / position put forward.
Apologies and proxies	All members should advise the Secretariat at least one week prior to the meeting if they will be absent. If members are unable to attend a meeting, a proxy should be nominated who is employed in a similar position or has similar credentials.
Meeting venue	The details for the meetings will be forwarded to members prior to the meeting. They will also be included in the agenda papers.
Meeting length	90 minutes.
Meeting schedule	Meetings will be held three times a year (approx. every four months) or as deemed appropriate. An exceptional/extraordinary meeting may be called by half of members, or by the CEC, when required.
Agenda and papers	The agenda and meeting papers shall be distributed to members at least five days before the meeting date. Any member can propose agenda items for inclusion in meeting papers. Those who propose potential agenda items are responsible to support it with relevant background information, and clear recommendations related to what advice or decision is desired from the Group.
Contact details	Any matters relating to the group should be forwarded to the Secretariat at cec-medicationsafety@health.nsw.gov.au
Review	Terms of reference and membership shall be reviewed every 12 months or as required.

Quality Audit Reporting System Advisory Group

Terms of Reference

1. Purpose

To provide expert advice on the development, content and governance of the Clinical Excellence Commission's (CEC) Quality Audit Reporting System (QARS).

2. Key Responsibilities

The QARS Advisory Group will provide advice on issues relevant to the application and its content including:

2.1 Function as a forum for review and development of the application and its content

2.2 Review, advise on and prioritise requests for updates and amendments to the application

2.3 Review, advise on and prioritise requests for updates, amendments and new state level audits

2.4 Advise on benchmarking of audit results across the state in alignment with the CEC's Strategic Plan

2.5 Review and advise on other matters including database servers and user management

2.6 Provide advice on the risks and data governance of this application.

3. Subgroups of the QARS Advisory Group

The QARS Advisory Group can form ad hoc subgroups to address specific issues, as required. The subgroups can co-opt people as required.

4. Chair and Membership

4.1 Chair

The QARS Advisory Group Chair is the Medical Director, Patient Safety of the CEC. If the Chair is not available, the Chair will nominate an Acting Chair.

4.2 The Chair is responsible for:

- Scheduling meetings and notifying committee members
- Inviting specialists/subject experts to attend meetings where required by the Committee
- Guiding the meeting according to the agenda and time available
- Ensuring all discussion items end with a decision, action or definite outcome
- Reviewing the draft minutes before distribution
- Authorising distribution of the minutes, as required.

4.3 Membership of the QARS Advisory Group will include:

- Medical Director, Patient Safety, CEC
- Directors of Clinical Governance, LHDs/SNs, or their delegates
- Representatives from LHD/SNs and other NSW Health organisations and groups
- Principal Lead, Analytics and Reporting, CEC
- Project Officer, Analytics and Reporting, CEC (secretariat)

The QARS Advisory Group can co-opt people for specific issues / to advise on requests, as required.

Membership of the QARS Advisory Group will be for 2 years and then subject to review by the CEC, in consultation with the LHD/SNs.

4.4 Membership responsibilities include:

- Regular attendance at the scheduled QARS Advisory Group meetings
- Provide a delegate/nominated representative at each meeting if unable to attend a scheduled meeting
- Ensure there is adequate representation from their LHD/SNs and other NSW Health organisations at each meeting
- Provide representative advice from their LHD/SNs and other NSW Health organisations at each meeting
- Ensure that appropriate consultation is undertaken in their LHD/SNs and other NSW Health organisations, when required
- Action any allocated meeting task(s) and complete task(s) within the agreed timeframe.

4.5 Committee members will cease to be a member of the QARS Advisory Group if they:

- Resign from the committee
- Fail to attend four consecutive meetings without providing a delegate/nominated representative
- Substantively change their current role/no longer the nominee of their organisation
- Resign from their employment
- Breach the requirements for confidentiality, code of conduct and conflict of interest that set out in NSW Health policies.

5. Confidentiality of Governance Group documents

Meeting papers and draft documents sent to the QARS Advisory Group are confidential and not for circulation outside the Advisory Group without written permission from the CEC.

6. Secretariat

The CEC will provide the QARS Advisory Group secretariat.
The secretariat is responsible for:

- Preparing agendas and issuing notices for meetings, and ensuring all necessary documents requiring discussion or comment are attached to the agenda
- Distributing the agenda and meeting materials 10 days prior to the meeting
- Taking notes of proceedings and preparing minutes of meeting

- Distributing the minutes to all committee members and Directors of Clinical Governance, one week after the meeting. The minutes should be checked by the Chair and accepted by committee members as a true and accurate record at the commencement of the next meeting
- Distributing the minutes and reports to the CEC Data and Analytics Governance Committee, and as directed by the Chair.

7. Frequency of Meetings

Meetings will be held quarterly (approximately every 3 months), or more frequently if required.

8. Meeting Format and Quorum

Each meeting will allow members from LHD/SN/Pillar health entities to participate via virtual meeting technology. The meeting quorum is 50% representation from the LHD/SN/Pillar health entities plus 1.

9. Reporting Responsibility

CEC Data and Analytics Governance Committee.

10. Review of Terms of Reference

The Terms of Reference of the QARS Advisory Group will be reviewed every two years, or more frequently if required.

Resources

Data.NSW. 2021. NSW Data Governance Toolkit v1.1 [Online]. Available: https://data.nsw.gov.au/data-governance-toolkit-0 (Accessed 27 November 2023).

NSW Health. 2019. NSW Health Data Governance Framework GL2019_002 [Online]. Available: https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2019_002 (Accessed 27 November 2023).

Quality Improvement Data System Advisory Group

Terms of Reference

1. Purpose

To provide expert advice on the development, content and governance of the Clinical Excellence Commission's (CEC) Quality Improvement System (QIDS).

2. Key Responsibilities

The QIDS Advisory Group will provide advice on issues relevant to the application and its content including:

2.1 Function as a forum for review and development of the application and its content

2.2 Review, advise on and prioritise requests for updates and amendments to the application

2.3 Review and advise on other issues including database servers and user management

2.4 Provide advice on the risks and data governance of this application.

3. Subgroups of the QIDS Advisory Group

The QIDS Advisory Group can form ad hoc subgroups to address specific issues, as required. The subgroups can co-opt people as required.

4. Chair and Membership

4.1 Chair

The QIDS Advisory Group Chair is the Medical Director, Patient Safety of the CEC. If the Chair is not available, the Chair will nominate an Acting Chair.

4.2 The Chair is responsible for:

- Scheduling meetings and notifying committee members
- Inviting specialists/subject experts to attend meetings where required by the Committee
- Guiding the meeting according to the agenda and time available
- Ensuring all discussion items end with a decision, action or definite outcome
- Reviewing the draft minutes before distribution
- Authorising distribution of the minutes, as required.

4.3 Membership of the QIDS Advisory Group will include:

- Medical Director, Patient Safety, CEC
- Directors of Clinical Governance, LHDs/SNs, or their delegates
- Representatives from LHD/SNs and other NSW Health organisations and groups

- Principal Lead, Analytics and Reporting, CEC
- Project Officer, Analytics and Reporting, CEC (secretariat)

The QIDS Advisory Group can co-opt people for specific issues / to advise on requests, as required.

Membership of the QIDS Advisory Group will be for 2 years and then subject to review by the CEC, in consultation with the LHD/SNs.

4.4 Membership responsibilities include:

- Regular attendance at the scheduled QIDS Advisory Group meetings
- Provide a delegate/nominated representative at each meeting if unable to attend a scheduled meeting
- Ensure there is adequate representation from their LHD/SNs and other NSW Health organisations at each meeting
- Provide representative advice from their LHD/SNs and other NSW Health organisations at each meeting
- Ensure that appropriate consultation is undertaken in their LHD/SNs and other NSW Health organisations, when required
- Action any allocated meeting task(s) and complete task(s) within the agreed timeframe.

4.5 Committee members will cease to be a member of the QIDS Advisory Group if they:

- Resign from the committee
- Fail to attend four consecutive meetings without providing a delegate/nominated representative
- Substantively change their current role/no longer the nominee of their organisation
- Resign from their employment
- Breach the requirements for confidentiality, code of conduct and conflict of interest that set out in NSW Health policies.

5. Confidentiality of Governance Group documents

Meeting papers and draft documents sent to the QIDS Advisory Group are confidential and not for circulation outside the Advisory Group without written permission from the CEC.

6. Secretariat

The CEC will provide the QIDS Advisory Group secretariat.
The secretariat is responsible for:

- Preparing agendas and issuing notices for meetings, and ensuring all necessary documents requiring discussion or comment are attached to the agenda
- Distributing the agenda and meeting materials 10 days prior to the meeting
- Taking notes of proceedings and preparing minutes of meeting
- Distributing the minutes to all committee members and Directors of Clinical Governance, one week after the meeting. The minutes should be checked by the Chair and accepted by committee members as a true and accurate record at the commencement of the next meeting
- Distributing the minutes and reports to the CEC Data and Analytics Governance Committee, and as directed by the Chair.

7. Frequency of Meetings

Meetings will be held quarterly (approximately every 3 months), or more frequently if required.

8. Meeting Format and Quorum

Each meeting will allow members from LHD/SN/Pillar health entities to participate via virtual meeting technology. The meeting quorum is 50% representation from the LHD/SN/Pillar health entities plus 1.

9. Reporting Responsibility

CEC Data and Analytics Governance Committee.

10. Review of Terms of Reference

The Terms of Reference of the QIDS Advisory Group will be reviewed every two years, or more frequently if required.

Resources

Data.NSW. 2021. NSW Data Governance Toolkit v1.1 [Online]. Available: https://data.nsw.gov.au/data-governance-toolkit-0 (Accessed 27 November 2023).

NSW Health. 2019. NSW Health Data Governance Framework GL2019_002 [Online]. Available: https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2019_002 (Accessed 27 November 2023).

HEALTH ADMINISTRATION ACT (1982)

TERMS OF REFERENCE

NSW SPECIAL COMMITTEE INVESTIGATING DEATHS UNDER ANAESTHESIA

I, ELIZABETH KOFF, Secretary, Ministry of Health, acting as the authorised delegate of the Minister of Health, pursuant to sections 20(5) and 23 of the Health Administration Act 1982 (the Act) and section 43 of the Interpretation Act 1987, do hereby repeal the existing terms of reference for the NSW Special Committee Investigating Deaths Under Anaesthesia (SCIDUA), and authorise SCIDUA to conduct investigations and research in accordance with section 23 of the Act as follows:

1. Governance and statutory privilege

The NSW Special Committee Investigating Deaths Under Anaesthesia is governed by its Ministerial Committee and administratively supported and managed by the Special Committees Program at the Clinical Excellence Commission.

SCIDUA is constituted under section 20 of the Act and is afforded privilege under section 23 of the Act for the purpose of conducting research or investigations into morbidity and mortality occurring within NSW. Material created for and by SCIDUA is privileged and cannot be disclosed or released, otherwise than in accordance with these terms of reference, without the approval of the Minister for Health or the Minister's authorised delegate.

2. Purpose

The NSW Special Committee Investigating Deaths Under Anaesthesia (SCIDUA). Its purpose is to subject all deaths which occur while under, as a result of, or within 24 hours after the administration of anaesthesia or sedation for procedures of a medical, surgical, dental or investigative nature to peer review so as to identify any area of clinical management where alternative methods could have led to a more favourable result.

3. Functions

SCIDUA will:

- register, investigate and classify deaths occurring during or within 24 hours of a procedure performed under anaesthesia or sedation.
- determine whether further information is required to complete the above investigation, and if so to request such information under guarantee of confidentiality from the attending practitioner(s).
- examine information acquired and identify any issues of management which were instrumental in the patient's death.
- feedback the Committee's findings confidentially to the medical practitioners involved in the patient's care.
- report annually to the Minister for Health, drawing attention to any matters which require action to improve the safety of anaesthesia and sedation in New South Wales.
- acquaint the medical profession in general and anaesthetists in particular with any matters to which special attention needs to be paid to ensure the safety of anaesthesia and sedation.
- submit for publication in appropriate peer-reviewed journals the results of the Committee's investigations in such a way as to preserve undertakings of confidentiality given to respondents.
- conduct relevant research projects using the data and deidentified information obtained as part of the audit.
- make available the expertise of its members to the Clinical Excellence Commission in pursuit of systemic improvements to patient care in the fields of anaesthesia and sedation.
- share the audit findings of a notified death with other committees that have special privilege under section 23 of the *Health Administration Act 1982*, if the same death has been notified to them.

- share information from the audit findings with the Collaborating Hospitals' Audit of Surgical Mortality (CHASM) for the following: Notification data on deaths that occur within 30 days after an operation or procedure, or during the last hospital admission under the care of a surgeon, irrespective of whether an operation has been performed or not.
- regularly review the Committee's functions and activities including maintenance of security and confidentiality of case data.

4. Communication and reports

SCIDUA will provide de-identified feedback or reports on the outcome of its reviews to inform on best practice, system improvement and patient safety to:

- individual medical practitioners involved in the care of the deceased patient;
- the Secretary, NSW Health, as an annual publication for educational purposes;
- hospitals and health facilities on their notification of death reporting; and
- other committees with special privilege under section 23 of the Act.

SCIDUA may provide reports using de-identified aggregated data to:

- public health organisations and private health facilities to assist in improving effective and timely care;
- individual medical practitioners requesting data to support their low/negligible risk research projects, or for journal publications and presentations;
- research teams conducting research projects with ethics approval from a NSW Health Human Research Ethics Committee;
- the Australian and New Zealand Audit College of Anaesthetists (ANZCA) for inclusion in their national publications on anaesthesia safety;
- appropriate agencies, organisations or colleges to support patient safety and quality improvement initiatives.

5. Communication with Key Stakeholders

Members may visit hospitals and local health districts on an ad hoc basis to promote the program and encourage participation from medical practitioners. They may give presentations at conferences, forums and educational sessions to promote and educate the anaesthetic community on the purpose of SCIDUA.

SCIDUA produces an annual publication using deidentified information, approved for disclosure by the Secretary, NSW Health, to promote a greater awareness of relevant issues and challenges for anaesthetists in New South Wales.

Individual feedback is provided by the Chairperson to each medical practitioner participating in the SCIDUA Program following case assessment by the Committee. This is an educational process to assist medical practitioners to undergo a period of reflection by considering the feedback provided.

6. Sub-committees

SCIDUA may establish sub-committees to assist with the functions of SCIDUA and delegate such functions of SCIDUA, consistent with these Terms of Reference, to those sub-committees as SCIDUA considers appropriate.

7. Research

Deidentified information obtained from the submitted form may be made available to researchers to conduct approved research projects. SCIDUA may place specific conditions on the data provided to any agency or person.

This information will also be available to be analysed and scrutinised by employees of the Clinical Excellence Commission to ensure data integrity and to provide accurate context for the purposes of each research project. NSW Health Cybersecurity protocols must be adhered to by all researchers.

Research papers and publications using aggregated data will be published in a de-identified format, approved by the Chief Executive of the Clinical Excellence Commission, to ensure that the perspective of the research outcomes is appropriate, and able to withstand public scrutiny.

Proposed research projects will require the approval of a NSW Health Human Research Ethics Committee (HREC) before commencing and will need to be endorsed by the SCIDUA Chairperson. NSW Health remains the owner of the data provided for research purposes.

8. Membership

SCIDUA should reflect the interests of the anaesthesia community relative to the work of the Committee and is to consist of no more than 12 members, including:

- one Clinical Chairperson
- up to two Deputy Co-Chairs, including one representative of the Australian and New Zealand College of Anaesthetists (ANZCA)
- one or more registered NSW medical practitioners with expertise in anaesthesia and/or sedation.

Members are appointed by the Secretary, NSW Health, under delegation by the Minister, for a period not exceeding five (5) years, and any such appointments may be terminated by the Secretary at any time. Members may be eligible for reappointment for further terms, where the total period of appointment as a member does not exceed a maximum of ten (10) years.

In addition, the Committee may have the following ex-officio membership: Chief Executive, Clinical Excellence Commission (CEC) or proxy; Manager, Special Committees, CEC; Chairperson or member of the Collaborating Hospitals' Audit of Surgical Mortality (CHASM); a representative of the Australian and New Zealand College of Anaesthetists (ANZCA) as a Deputy Co-Chair.

9. Clinical Chairperson and Deputy Co-Chair

Pursuant to Section 20 of the Act, a member of the Committee who is a registered medical practitioner can be appointed as the Clinical Chairperson or Deputy Co-Chair by the Secretary, NSW Health, under delegation by the Minister, for a period not exceeding five (5) years, any such appointments do not include the term of office as a member of the Committee in the maximum term of office as Chairperson or Deputy Co-Chair.

At the end of the Chairperson's first term, if eligible, the holder of office may be considered for reappointment by the Secretary, NSW Health, for a further term, where the total period of appointment does not exceed a maximum of ten (10) years.

The Chairperson may endorse a Deputy Co-Chair for reappointment by the Secretary, NSW Health, for further terms, with the holder of office not exceeding a maximum period of appointment of ten (10) years.

The Secretary, NSW Health, may appoint, a member to act in the office of Chairperson of the Committee during the illness or absence of the Chairperson, and the member, while so acting, will assume all the functions of the office, and is taken to be the holder of office.

10. Conduct

Each member of the Committee must agree to comply with the NSW Health Code of Conduct and is to sign a confidentiality agreement relative to the business of the Committee.

A member of the Committee is taken to have vacated their position if:

(a) The Minister revokes a member's appointment; or
(b) A member resigns in writing to the Minister; or
(c) A member ceases clinical practice in New South Wales; or
(d) A member is not considered eligible for reappointment upon the completion of their term of appointment; or
(e) A member becomes mentally incapacitated, or dies; or
(f) A member becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with his or her creditors or makes an assignment of his or her remuneration for their benefit, or
(g) A member is convicted in New South Wales of an offence which is punishable by imprisonment for 12 months or more, or is convicted elsewhere than in New South Wales of an offence that, if committed in New South Wales, would be an offence so punishable.

11. Remuneration

Remuneration (including travelling and subsistence allowances) for the Chairperson, Deputy Co-Chairs and members of SCIDUA is set by the Minister in accordance with the *Remuneration and Classification framework established for NSW Government Boards and Committees*. Deputy Co-Chairs are entitled to remuneration equivalent to that of a Committee member, plus 15%.

The SCIDUA Committee is classified as a C2-i entity with rates effective from 1 July 2014, set by the Public Service Commission.

12. Meetings

The SCIDUA Committee will meet at least four (4) times each calendar year. Meetings will be held out of hours, where applicable, with members attending outside of their employed clinical roles.

13. Secretariat

Administrative support for the SCIDUA Committee will be provided by the Clinical Excellence Commission, with Medical Secretariat functions conducted by members of SCIDUA.

14. Quorum

The SCIDUA Committee requires the attendance of one quarter (25%) of its membership (to the nearest whole number) for a quorum.

Members not providing an apology to the Chairperson to support their inability to attend a meeting, may be at risk of forfeiting their membership if this occurs on more than three consecutive occasions.

Dated this 5th day of December 2021

Elizabeth Koff

VENOUS THROMBOEMBOLISM (VTE) PREVENTION EXPERT ADVISORY GROUP

TERMS OF REFERENCE

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1. VISION

To reduce the incidence of hospital-related venous thromboembolism (VTE) in NSW Health facilities by leading a state-wide improvement program which will continuously develop, implement, and monitor strategies to reduce patient harm.

2. PURPOSE

The VTE Prevention Expert Advisory Group (VTE EAG) has been established to provide leadership, oversight and direction for the continuous improvement strategy to prevent hospital-related VTE in NSW.

3. GOVERNING BODY

The Executive Sponsor oversees the work of the VTE EAG and ensures the escalation of issues or concerns to the Chief Executive of the Clinical Excellence Commission (CEC).

4. FUNCTIONS

The functions of the VTE EAG are to:

- provide strategic direction to the VTE Prevention Program
- provide advice and content expertise for the further development, refinement, evaluation, and oversight of the VTE Prevention Program's resources based on demonstrated need and feedback from the system. These include but are not limited to:
    - Policy Directives
    - Patient information resources
    - System improvement tools
    - Improvement implementation frameworks
    - Education and training materials
    - Safety and Quality assurance monitoring and audit tools
    - Relevant publications and documents
    - Workshops
- Commission working groups for specific purposes as required.

5. COMPOSITION

5.1 Executive Sponsor

Director, Systems Improvement, Clinical Excellence Commission.

See Section 3 Governing Body for the role description of the Executive Sponsor.

5.2 Chair

The role of the Chair is to provide leadership and guide the meeting according to the agenda and time available, send/receive formal correspondence on behalf of the EAG with support from the Secretariat and decide the actions required.

5.3 Secretariat

Improvement Lead Medication Safety, Clinical Excellence Commission.

The Secretariat is responsible for:

- scheduling meetings and preparing agendas, and ensuring all necessary documents requiring discussion or comment are attached to the agenda
- distributing the agenda and meeting papers five days prior to the meeting
- taking notes of proceedings and preparing minutes of meeting
- distributing the minutes to all members two weeks after the meeting. The minutes should be checked and accepted by members as a true and accurate record at the commencement of the next meeting
- co-ordinating out-of-session consultations and correspondence on behalf of the EAG.

5.4 Membership

The EAG will be comprised of a broad cross-section of stakeholders. Members will be selected based on their individual expertise, executive function, or organisational affiliation. In addition, on a needs basis, experts will be invited to attend meetings to provide advice on areas where the EAG does not have sufficient expertise.

The following positions form the core of the VTE EAG:

- Directors of Clinical Governance or representatives from Clinical Governance Units
- eHealth NSW
- Consumer
- Senior Consultant – Emergency Department
- Senior Consultant – Haematologist
- Senior Consultant – General Medicine or Aged Care
- Senior Consultant – Orthopaedic surgery
- Senior Consultant – Vascular surgery
- Senior Consultant – Obstetrician
- Director of Medical Services
- Junior Medical Officers x 2
- Midwife
- Nurse Practitioner
- Nurse – General Medicine or Aged Care
- Nurse – Surgery
- Director of Pharmacy
- Senior Pharmacist – Metropolitan
- Senior Pharmacist – Regional or rural
- Physiotherapist

<u>Special advisory membership</u>

- General Practitioner
- Senior Consultant – Psychiatry
- Agency for Clinical Innovation (ACI) Speciality Networks: Emergency Care Institute, Neurosurgery, Anaesthesia and Perioperative Care, Trauma and Injury Management
- Other members as deemed appropriate.

CEC membership

- Director Systems Improvement (Executive Sponsor)
- Chief Advisor and Program Lead Medication Safety, Quality and Therapeutic Optimisation
- Principal Lead Medication Safety and Quality
- Senior Improvement Lead Medication Safety and Quality Improvement
- Improvement Lead Medication Safety (Secretariat)
- Project Support Officer Medication Safety

5.5 Member responsibilities

Members are responsible for:

1. Complying with NSW Health's requirements for confidentiality, code of conduct and conflict of interest. These also apply to the member's delegate/nominated representative.
2. Providing a delegate/nominated representative at each meeting in their absence. Failure to attend three consecutive meetings without providing a delegate/nominated representative may lead to the cessation of membership.
3. Providing advice/feedback to the relevant executive/colleagues within their organisation on the meeting actions/outcomes.
4. Actioning the allocated meeting task(s) and completing the tasks within the agreed timeframe.

5.6 Managing and recording conflict of Interest

1. Declaration of Interest will be a standing item at the beginning of each meeting to provide members the opportunity to declare any conflict of interest in relation to any item of the agenda.
2. Conflict of Interest will be recorded and reported to the organisation.
3. A member with a declared conflict of interest cannot take part in any discussion relating to the interest or issue and cannot vote on the matter. This would require the member to be absent from the meeting room when any discussion or vote is taking place and to not receive any relevant meeting papers. This is to be recorded in the meeting minutes.
4. The meeting minutes are to reflect the nature of the conflict, whether it is a 'material' conflict, how the conflict is being managed in the public interest; and the times that a member is absent from the meeting room due to the conflict.
5. In an extreme case, this may require resignation by the member from the EAG.

5.7 Material ownership and acknowledgement

All material reviewed, edited and or developed by the EAG remains the intellectual property of the CEC and NSW Health. Copyright of all material is owned by the CEC and NSW Health.

Where appropriate, reasonable and respectful acknowledgment and attribution will be made for the group and/or individuals that contributed to the development of the material.

6. MEETING OPERATING PROCEDURES

6.1 Quorum

A quorum of members must be present before a meeting can proceed. A quorum will be attained if more than half of the currently filled EAG positions are represented at the meeting. Meetings may be held by any means whereby participants can be heard or can hear the proceedings.

Internal or external specialists/subject experts may be invited to attend the meeting at the request of the Chair or Secretariat on behalf of the EAG to provide advice and assistance where necessary. They have no voting rights and may be required to leave the meeting at any time by the Chair.

6.2 Decision making

In the first instance, a matter is considered agreed if there is consensus amongst members. If the Chair believes there is sufficient disagreement, a vote may be called for on a given issue.

A vote is won on a simple majority basis, and only those in attendance at the meeting are entitled to vote. A delegate/nominated representative may vote only if they represent an organisation, not an individual.

6.3 Out-of-session consultation and decisions

Members may be requested to provide out-of-session review and endorsement of documents, and advice on specific matters. The decision for out-of-session consultation and timeframe for feedback will be made at the discretion of the CEC in consultation with the Chair and will be determined on a case-by-case basis with consideration towards the nature and urgency of advice required.

Additionally, decisions can be made out-of-session by the EAG. These decisions must be put forward in writing (email is sufficient) by the Chair or his delegate, with members providing written approval of the position put forward.

Where members have been requested to provide comment or approval via email and there is evidence that the email has been received, if a response is not provided to the Secretariat by the specified deadline, it will be assumed that the member has no comment and agrees with the content of the document/position put forward.

6.4 Member contribution to meeting papers

Members may propose agenda items for inclusion in the meeting papers. Those who propose potential agenda items are responsible to support it with relevant background information, and clear recommendations related to what advice or decision is desired from the EAG.

Agenda items and all supporting information and materials are to be forwarded to the Secretariat three weeks prior to the scheduled meeting to allow time for review and prioritisation of items. The final agenda will be decided at the discretion of the Chair and Secretariat.

6.5 Apologies and nominated representatives

All members should advise the Secretariat as early as practicable prior to the meeting if they will be an apology. If members represent an organisation, they must nominate a representative that is a member of the same organisation. If there is sufficient reason why this is not possible, this must be recorded in the meeting minutes.

If members do not represent an organisation, they should attempt to nominate a representative with similar credentials, is an expert, or who is employed in a similar position of an executive.

6.6 Termination of membership

Members will cease to be a member of the EAG if they:

- resign from the EAG
- fail to attend three consecutive meetings without providing a delegate/nominated representative
- resign from their employment or discontinue their membership with the organisation they represent on the EAG. In the case of experts, they remain entitled to membership insofar as they continue to have the credentials for which they were nominated
- breach confidentiality.

Membership term will be for two years, after which each member will have their membership reviewed for continuation.

6.7 Frequency and duration of meetings

Meetings will be held four times a year. An exceptional/extraordinary meeting may be called by the Chair or Secretariat on behalf of the EAG.

Meetings will run for 90 minutes unless otherwise stated.

6.8 Location of meetings

Meetings will be held at the CEC office at 1 Reserve Road, St Leonards NSW 2065. Directions are available at http://www.cec.health.nsw.gov.au/contact. A virtual meeting option will also be available for members to join remotely if needed. Meeting details will be including in the agenda/meeting papers.

6.9 Agenda and meeting papers

The agenda and meeting papers shall be distributed to members at least five days before the meeting date.

6.10 Queries

This EAG is supported by the CEC. Any matters related to the EAG should be forwarded to the Secretariat via CEC-medicationsafety@health.nsw.gov.au.

7. AMENDMENTS

The Terms of Reference will be reviewed annually from the date of approval. The Terms of Reference may be altered to reflect the current functions of the EAG, by the decision of the Executive Sponsor.

Terms of Referenced endorsed on: 31 August 2023

Date for review: August 2024