

## TERMS OF REFERENCE

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### Hornsby Ku-ring-gai Hospital Clinical Quality Council

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#### 1. TITLE

Hornsby Ku-ring-gai Hospital Clinical Quality Council (HKHCQC)

#### 2. PURPOSE

The Hornsby Ku-ring-gai Hospital Clinical Quality Council has been established to:

- Provide a forum to discuss and provide input into strategic planning, priorities for service development, resource allocation, clinical policy development and providing professional (expert) clinical guidance (where appropriate and when needed) to the HKH Executive Team, and Director of Clinical Governance and Patient Experience.
- Facilitate the input of clinicians into the strategic decision making process, bringing together the HKH Executive, Clinical Leaders and senior clinicians on a regular basis
- Implement effective clinical governance by providing a mechanism to define, measure, monitor, improve and report on the quality of clinical care delivered to consumers and communicate this to clinicians, service managers, the HKH Executive Team, and Director of Clinical Governance and Patient Experience.

#### 3. RESPONSIBILITIES

The Hornsby Ku-ring-gai Hospital Clinical Quality Council will be required to meet obligations relating to patient safety and quality outlined within the NSLHD By-laws.

The Council will ultimately provide the HKH Executive Team, and Director of Clinical Governance and Patient Experience with assurance on clinical and quality matters including:

- a. Providing leadership for the quality of health care within HKH by measuring, analyzing, evaluating and reporting the quality of care that is delivered to consumers
- b. Improving quality, safety and standards of care through clinical policy within HKH
- c. Leading evidence based, data driven practice into local delivery of services, minimising inappropriate clinical variation
- d. Developing innovative solutions that best address the needs of our local communities
- e. Resource allocation in an activity based funding environment
- f. Other related matters that the HKH Executive Team, and Director of Clinical Governance and Patient Experience may seek advice on.

The Council will provide reports to the NSLHD Clinical and Quality Council on the activities of HKH including updates on the implementation of the NSLHD Clinical Services Plan, the NSLHD Clinical Governance Framework, opportunities and issues relating to clinical care, quality and safety, education and research.

## 4. MEMBERSHIP

### Core

- HKH Executive Leadership Team
- Professor Sue Kurrle, Co-Chair NSLHD Clinical Council, NSLHD Network Director
- One staff member from Nursing and Allied Health disciplines across NSLHD via an expression of interest
- Head of Department
- Head of Department Anaesthetics
- Head of Department Cardiology
- Head of Department Emergency Medicine
- Head of Department ENT
- Head of Department Gastroenterology
- Head of Department General Medicine
- Head of Department General Surgery
- Head of Department GP Unit
- Head of Department Intensive Care Unit
- Head of Department Neurology
- Head of Department Obstetrics & Gynaecology
- Head of Department Orthopaedics
- Head of Department Paediatrics
- Head of Department Radiology
- Head of Department RACS
- Head of Department Respiratory
- Head of Department Urology
- Consumer representative
- Carer representative

### Quorum

Quorum is 50% of core membership +1

### Invitees

Additional attendees may be co-opted to attend the Hornsby Ku-ring-gai Hospital Clinical Quality Council meetings as required.

## 5. EXECUTIVE SPONSOR

Chief Executive NSLHD.

## 6. COMMITTEE SECRETARIAT

Executive Officer to General Manager, HKH

## **FREQUENCY OF MEETINGS**

The Council will convene 11 meetings per year, with dates set 12 months in advance from the first meeting of the New Year. The Council will report on quality outcomes at bimonthly meetings, with the alternate meetings to have a standard agenda. The Chair of the Council is to ensure agenda and minutes are provided to each member no less than 5 working days prior to regular meetings.

The Chair/Co-Chair has the power to call special meetings as it deems necessary.

The Chair is to ensure that at least 24 hours' notice is given of a special meeting to each member and each person invited to the meeting. Only special business specified in the notice is to be considered at the special meeting. The special meeting shall be held, if approved, not later than seven days after receipt by the Chief Executive of the request.

## **7. REPORTING COMMITTEES**

Reporting committees to the Clinical Quality Council:

- Infection Prevention & Control
- Drug & Therapeutic Committee
- Patient Safety & Clinical Review
- Communicating for Safety
- Comprehensive Care Committee

## **8. METHOD OF EVALUATION**

The HKH Clinical Quality Council shall undertake a review of the appropriateness of these Terms of Reference annually. In addition the HKH Clinical Quality Council shall perform a self-assessment of the effectiveness of the Council every two years, by way of surveys and or interviews with various parties involved in the Council.