

Governance Committee

CARING FOR THE COAST – EVERY PATIENT EVERY TIME

terms of reference

Health Care Quality Committee

These Terms of Reference are to be read in conjunction with the [CCLHD Committee Charter](#). The Committee Charter is to be circulated to Members as part of the annual self-evaluation as a reminder of the roles, responsibilities and etiquette of committee members, chairpersons, and secretariats.

1. PURPOSE/ROLE

The Health Care Quality Committee (the Committee) has been established by the Board in accordance with the [Model By-Laws \(Part 5 – Committees of the Organisation\)](#) to report to the Board on the District's operations in relation to patient quality and safety.

The purpose of the Health Care Quality Committee (the Committee) is to ensure the District has appropriate and effective clinical safety and quality systems in place to ensure the delivery of safe, high quality reliable care and to monitor patient experience and outcomes. The Committee will also ensure a culture of collaboration, trust and continuous improvement in the delivery of health care services.

2. RESPONSIBILITIES

The Committee has the following responsibilities:

- To ensure safety systems are embedded and strategically enabled through governance, partnerships, roles and responsibilities, capability and capacity.
- To ensure the whole care system, including patients, clinical and support staff, management and Board are equipped to lead positive safety cultures and improve performance in all settings.
- High risk safety priorities and programs are identified and programs are developed with supported safety expertise.
- Data is triangulated for safety improvement and risk is predicted and acted upon.
- Good practice and outcomes across the system are identified, acknowledged and promoted
- Set priorities and strategic directions for safe and high-quality clinical care and ensure that these are communicated effectively to the workforce and the community.
- Ensure clinical risk mitigation strategies are in place to minimise preventable hospital-acquired complications, adverse events and clinical variation.
- Review and monitor progress on safety and quality performance, compliance with the Australian Commission on Safety and Quality in Healthcare, National Safety and Quality Health Services Standards, policies, safety and quality risk and trends, serious adverse events, clinical quality indicators and recommendations and actions taken as a result of analyses of clinical incidents.
- Ensure that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people.

- Review and monitor actions received from externally published reports on the District's safety and quality performance.
- Build staff knowledge and capability in application of Quality and Safety improvement methodologies.
- Ensure appropriate accountability at all levels of the organisation for the delivery of safe, high quality health care services.
- Ensure risks and opportunities associated with quality and safety are being identified, assessed and treated to an acceptable level and are consistent with the District's [Risk Appetite Statement](#).

3. REPORTING

The Committee will prepare an annual report to the CCLHD Board outlining relevant matters that have been considered by it, as well as the Committee's opinions and recommendations. The Chair will report key messages monthly to the CCLHD Board.

As per the CCLHD Committee Structure, sub-committees of the HCQC are:

- Clinical Safety, Quality and Governance Committee (monthly)
- Hospital Acquired Complication Committee (bi-monthly)

3.1. Reports provided by HCQC:

The Committee will provide the following to the CCLHD Board:

- Health Care Quality Committee minutes - for endorsement
- Health Care Quality Annual Report (November each year)

3.1.1. Committee Key Messages

Following a meeting, any key messages are to be prepared and circulated by the Chair/Secretariat to members within 48 hours for distribution by members to the Finance and Performance Committee, CCLHD Board and broader group they represent on the Committee for information and transparency.

3.1.2. Committee Issues Requiring Escalation

Matters requiring escalation to the Board should be submitted on a referral note by the Chair and District Director Quality, Strategy and Improvement.

3.2 Reports received by HCQC:

All reports received according to the annual meeting schedule (attachment)

Each meeting for noting:

- Health Care Quality Committee Annual Report
- Safety and Quality KPI Report
- Hospital Acquired Complication (HAC) KPI Report
- Summary Report - HCQC - High and Extreme Risks
- Coroners Recommendations (reporting by exception)
- SAER Recommendation Report
- Annual Serious Adverse Review Thematic Analysis
- Annual Executive and Board Safety WalkAround
- Aboriginal Health Indicator Report
- Health Roundtable Reports
- NSQIP

- Clinical Registries: ANZ Hip Fracture / ANZ ICU / Stroke / Vascular / ANZ Renal
- Health Care Complaints Significant Notifications (reporting by exception)
- Patient reported measures Report
- Annual Safety and Quality Account
- LBVC Progress Report T2
- LBVC Progress Report T1
- Service Improvement Reports: Maternity Services
- Service Improvement Reports: Mental Health
- Priority Updates

The Committee may also receive reports on an 'as needs' basis, where the report is relevant to the Committee's functions. Reports are to be provided to the Secretariat no later than 10 days prior to the meeting for inclusion in the meeting pack for Committee members.

Each meeting minutes for noting:

- Minutes of the Clinical Safety, Quality and Governance Committee
- Minutes Hospital Acquired Complications (HAC) Committee
- Minutes CCAC

4. MEMBERSHIP

Members are expected to actively contribute to the functioning of the Committee including, but not limited to: consultation; completion of relevant agenda items, actions and decisions in a timely manner; disseminating key messages and decisions from the committee to the groups they represent.

4.1. Core Membership

- Mr Greg Flint, (Chair), Member CCLHD Board
- Prof Donald MacLellan, Member CCLHD Board
- Professor Tracy Levett- Jones, Member CCLHD Board
- Chief Executive
- District Director Nursing & Midwifery
- Director Clinical Safety, Quality and Governance
- Executive Director Acute Services
- District Director Community Wellbeing and Allied Health
- District Director Quality, Strategy, and Improvement
- District Director Medical Services
- Consumer Representative
- Director ICT

4.2 Officers

Chair:

The CCLHD Board in consultation with the Chief Executive is to nominate a Chairperson. The Chairperson is currently Mr Greg Flint, Member CCLHD Board.

Secretariat:

Executive Assistant to District Director Quality, Strategy & Improvement

Executive Sponsor:

District Director Quality, Strategy & Improvement

4.3 Invitees

The Committee may invite persons with particular skills to either:

- Be co-opted onto the Committee for a period of time as deemed necessary by the Committee
- Attend a meeting or part of a meeting.

4.4 Term of Office

- Board Members appointed to the Committee will remain on the committee for a period of three years or as determined by the Board Chair.
- Members appointed by role will remain on the Committee whilst they remain in that role.
- Consumer members will be appointed for three years at which time membership will be reviewed.

5 MEETING PROCEDURES

5.2 Frequency of Meetings

Meetings will be held monthly for duration of 1.5 hours.

5.3 Quorum

- The quorum of any meeting, including a special meeting, of the Committee is 50% of the appointed Membership plus one.
- In the absence of a quorum, the HCQC may meet but any decisions must be formally ratified at the next meeting with a quorum or agreed out of session, within a specified time frame, by a majority of the committee.
- If members are unable to attend the meeting, they are required submit their comments to the Chair prior to the meeting so that their input can be included in discussions.

5.4 Submission of Agenda Items

Agenda items and papers will be submitted to the Secretariat by two (2) weeks prior to the meeting. Late Agenda items and papers will only be submitted with the approval of the Chair.

5.5 Distribution of Agenda/draft Minutes/meeting papers

Before the meeting:

The Agenda and meeting papers will be distributed electronically to the Members five (5) business days prior to a scheduled meeting.

After the meeting:

- Actions arising from the meeting will be distributed electronically to the Members one (1) week after the meeting, allowing time for actions to be completed.
- Draft Minutes are to be submitted to the next meeting for approval.

5.5 Record keeping

All meeting papers and endorsed Minutes will be maintained in accordance with State Records Act and applicable General Disposal Authority.

6 EVALUATION

An annual review of the Committee's performance and the ongoing appropriateness of the Terms of Reference will be undertaken and reported to the CCLHD Board utilising the standard CCLHD template and procedure.

As part of this review, a self-evaluation process to review the Committee's performance against the Terms of Reference will be undertaken. The report on the annual review will contain, but not be limited to, the following Performance Measure Benchmarks.

- Greater than 85% of members or representative attending each meeting
- 100% of meetings met quorum in the last 12-month period
- Zero scheduled meetings cancelled in the last 12-month period
- Report/Minutes forwarded as stated in the Terms of Reference
- Annual Self-Assessment completed