

# Terms of Reference

## Health Care Quality Committee

SDOC 23/5509

### Purpose

The Southern NSW Local Health District (SNSWLHD) Health Care Quality Committee is a committee of the Local Health District Board as required under s12 of the *NSW Health Services Act 1997 Model By-Laws*.

The Committee undertakes specialised clinical governance activity that assists the Board to fulfill its obligations with regard to health care quality and safety. The Health Care Quality Committee monitors the quality and safety of health care provided by the District and ensures continuous improvement in the quality of health care and service provision. The Health Care Quality Committee advises the SNSWLHD Board of any issues of concern in relation to the quality and safety of health care and services provided within the Local Health District.

### Responsibility

The responsibilities of the Health Care Quality Committee are to:

- Oversight the development of processes and frameworks aimed at continuously improving a culture of patient safety, quality improvement, innovation and excellence within the organisation
- Oversight the development and implementation of effective strategies for partnering with patients, carers and consumers and responding to their feedback
- Provide input into the development, implementation and review of the Clinical Governance Framework and safety and quality strategic plans
- Review reports on performance in relation to patient safety and quality including key trended metrics on safety, quality, evidence-based clinical care and compliance with the National Safety & Quality Health Service Standards
- Monitor patient safety and clinical risks, ensuring that appropriate controls and monitoring systems are in place
- Monitor action taken as a result of analysis of clinical incidents and complaints to ensure information is used to improve safety systems
- Monitor the development and implementation of processes aimed at ensuring roles and responsibilities for safety and quality are clearly defined for all staff
- Oversee District programs to recognise and communicate local achievements in clinical practice improvement, quality and innovation, and encourage learning from experiences
- Oversee the effectiveness of the District's framework for policy and guideline development and implementation

Oversight the development and implementation of framework and processes aimed as facilitating the governing body fulfilling its responsibilities as outlined in the National Safety and Quality Health Service Standards.

### Composition

The Health Care Quality Committee membership is appointed by the Board and is to include:

- At least two and up to four Board Directors
- Chief Executive
- District Director Nursing, Midwifery and Clinical Governance
- Executive Director Medical Services

Ex Officio Members:

All Board Directors are ex officio members and therefore shall be entitled to attend and participate in Committee meetings.

The committee invitees include:

- Executive Director Operations
- District Medical Lead – Clinical Governance
- District Director Mental Health, Alcohol and Other Drugs
- Director Governance, Risk and Audit
- District Director People and Culture
- Other members of the Clinical Governance team as required

### **Chair and Chair's Specific Duties**

The Board is responsible for the appointment of a Board member as the Committee Chair.

The Chair's specific duty is to notify the Board of any matters of concern or risk with the delivery of safe and quality services.

### **Meeting Schedule and Quorum**

The Health Care Quality Committee will conduct at least six meetings per calendar year.

An annual meeting schedule will be produced in December each year for the following calendar year.

Only members appointed to the Committee shall be entitled to vote at a Committee meeting. A decision supported by the majority of the votes cast by appointed members present at a meeting at which a quorum is present, is to be the decision of the Committee .

A quorum requires fifty per cent of the membership, including two appointed Board Directors. A Board member who is unable to attend a meeting/meetings may nominate another Board member to attend as their delegate for the period of absence.

Board Directors (other than Board Directors appointed to the Committee ) shall not be considered as part of the quorum for the Committee and shall not be entitled to vote at the committee meeting.

### **Meeting Procedures**

The agenda shall be agreed by the Chair prior to the meeting. The agenda and papers shall be prepared and distributed by the Secretary at least one week prior to meeting dates. All meetings shall be minuted and the minutes distributed to all members of the Committee within a fortnight of the meeting.

A schedule of reports will be developed and agreed annually to ensure the Committee is fulfilling its responsibilities regarding clinical governance and health care quality and safety.

The following procedures are in accordance with the SNSWLHD By-Laws:

- Any person may be invited by the Committee to attend a meeting of a Committee
- The Committee may approve a member or invitee participating from a location other than the place where the meeting is being held. Participation from another location may be by telephone, video or other electronic medium as is appropriate to the circumstances or the business being transacted
- Only members of a Committee may vote at a meeting. 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.
- All Board Directors shall have Committee meeting agendas and documents distributed to them as and when appointed members are provided with such papers and documents.

Special meetings may be convened by the Chairperson with approval from the Board Chair, with at least 24 hours' notice to each member and invitee.

### Reporting Relationships

The Health Care Quality Committee is a committee of the Board and provides its analysis, recommendations, and reports through the Committee Chair.

The SNSWLHD Patient Safety and Quality Committee will report and provide minutes to the Health Care Quality Committee.

### Indicators of Committee Effectiveness

An annual review of the effectiveness of the Committee will be conducted in December each year.

Committee effectiveness is achieved if:

- Accreditation is maintained against the NSQHSS and Clinical Care Standards
- SNSWLHD Safety and Quality Account KPIs are achieved as per the Performance Agreement with NSW Health,
- Clinical risks are identified, prioritised and mitigated; and
- Audits, Quality KPIs, clinical indicators and other measures demonstrate care delivery in accordance with current best evidence and benchmarks with minimal variation in clinical practice and health outcomes across the district.

### Resources and Reports

Resources and Reports to the Committee will be identified by the Board and the Patient Safety and Quality Committee.

The Committee will receive the following reports:

- Safety and Quality Reports:
  - Network/Directorate
  - Clinical Streams
- Key Performance Indicators
- Incident management

- Medico-legal and open disclosure
- Consumer participation, experience and complaints
- Accreditation
- Risk Register
- Safety and Quality Account
- Attestation Statement
- Clinical Governance Framework

## Strategic Plan Alignment

The Health Care Quality Committee primarily aligns with the Southern NSW Local Health District Strategy 2026 priorities as follows:

- Personalised care – Strategic Priority 1: Elevating the Human Experience
- Effective & Appropriate care – Strategic Priority 2: Keeping people healthy and well

Safe Care – Strategic Priority 3: Delivering Safe Care in all Settings

## Secretariat

The Nursing, Midwifery and Clinical Governance Directorate will provide the primary secretariat support to the committee.

## Terms of Reference Review

The Terms of Reference will be reviewed annually in conjunction with the completion of a committee evaluation.

## Document Date

Recommended to the Board by the Health Care Quality Committee on 22 August 2023.

Endorsed by the Board on: 22 August 2023

Version	Date	Update
001	18 April 2017	Revised Terms of Reference in line with the Board Committee Structure Review of 4 November 2016. Endorsed by the Board on 7 July 2017.
002	10 July 2018	Committee composition, and schedule updated.
003	May 2020	Revised and updated to align with organisation structure
004	December 2021	Updated
005	June 2022	Endorsed by the Committee on 21 June 2022
006	August 2022	Amendments made by Chair, Endorsed by Board and Committee
007	December 2022	Position titles amended to reflect current organisational structure
008	July 2023	Updated with addition of committee effectiveness, resources and reports, updated template and amendments to membership and Board Director responsibilities

## References

Model By-Laws for Local Health Districts as at 28 February 2019, NSW Health

*User Guide for Governing Bodies*, National Safety and Quality Health Service Standards, Australian Commission on Safety and Quality in Health Care, March 2019

ENDORSED