



North West Hospital and Health Board

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Quality, Safety & Risk Committee  
North West Hospital and Health Board Committee  
Terms of Reference  
(Charter)



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**DOCUMENT INFORMATION**

This document is owned by the Chair of the Quality, Safety & Risk Committee.

It will be interchangeably referred to as Committee Terms of Reference or the Charter.

**SIGN OFF**

Endorsed by:

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Chair  
Quality, Safety & Risk Committee

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Approved by:

Paul Woodhouse  
Chair  
North West Hospital and Health Service Board

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**REVIEW DATE**

This document will be reviewed every year from date of approval. The next review will be within 1 month of May 2016



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## 1. BACKGROUND

- 1.1 The North West Hospital and Health Service Board (Board) established the Quality, Safety & Risk Committee (Committee) on 31 July 2012 as part of its commitment to a comprehensive governance and risk management framework and the provision of a quality hospital and health service.
- 1.2 This document establishes the authority and responsibility of the Committee so that it may function effectively as a key governance body of North West Hospital and Health Service (NWHHS).

## 2. PURPOSE

- 2.1 The purpose of the Committee is to:
  1. Provide oversight and make recommendations to the Board concerning matters pertaining to the effectiveness, efficiency and appropriateness of quality, safety and risk management of health services provided across NWHHS to improve performance, governance and organisational effectiveness.
  2. To provide independent assurance and assistance to the NWHHS Board regarding:
    - a) The provision of effective governance frameworks operating within NWHHS;
    - b) The delivery of safe and quality clinical patient services in an environment that fosters the wellbeing of patients and staff;
    - c) The identification and mitigation of risks for those under the health service clinical care, and workplace health and safety risks for employees and others in the facilities;
    - d) The identification and implementation of efficiencies and innovation in the areas of quality and safety in health care
  3. Ensuring (in conjunction with the Board's Finance, Audit and Risk Management Committee) that accurate and complete performance data is reported to the Board and to external agencies or Government departments as required by the Board's Service Agreement with the Queensland Government and otherwise as required by legislation, funding instruments or benchmarking partners;
  4. To provide advice and recommendations to the Board on the identification and mitigation of significant risks that are not within the specific ambit of another board committee
  5. Other relevant matters as determined by the NWHHS Board.
- 2.2 The Committee does not replace or replicate established management responsibilities and delegations, the responsibilities of other executive management groups within NWHHS, or the reporting lines and responsibilities of NWHHS management or executive.

## 3. Scope and Functions:

- 3.1 Terms of Reference

The Terms of Reference have regard to:

- The regulatory requirements outlined in the Hospital and Health Board Regulation 2012

**Prescribed by Regulation:**

1. Advise the board on matters relating to the safety and quality of health services provided by the Service, including the Service's strategies for the following:
  - a) Minimising preventable patient harm;
  - b) Reducing unjustified variation in clinical care;
  - c) Improving the experience of patients and carers of the Service in receiving health services;
  - d) Complying with National and State strategies, policies, agreements and standards relevant to promoting consultation with health consumers and members of the community about the provision of health services by the Service;
2. Monitor the Service's governance arrangements relating to the safety and quality of health services, including monitoring compliance with the Service's policies and plans about safety and quality;
3. Promote improvements in the safety and quality of health services provided by the Services;
4. Monitor the safety and quality of health services being provided by the Service using National and State Standards and other appropriate indicators that may be identified by the Service;
5. Collaborate with other safety and quality committees, the department and state-wide quality assurance committees in relation to the safety and quality of health services;
6. Any other function given to the Committee by the Service's Board, if the function is not inconsistent with a function mentioned in paragraphs (1) to (6).

#### 4. MEMBERSHIP

Membership of the Committee consists of the following:

4.1 Members\* (voting)

\*NWHHS Board Members:

- Rowena McNally (Chair);
- Dr Christopher Appleby
- Ms Kari Arbouin

\*NWHHS Board Chair (ex-officio)

- Mr Paul Woodhouse

4.2 Independent Member, where need and skills are identified (To be appointed by the Board and the appointment minuted.)

4.3 Invited Participants^ and Guests (non-voting)

All members of the Board are invited to participate in each meeting.  
Other Guests are invited to attend subject to approval by the Chair.

If an Invitee of the Committee is unable to attend due to leave, the person acting in their place (if there is one) should attend the Committee to represent the area of service and for professional development of the person.

^ Invitees:

- Chief Executive, NWHHS
- Executive Director Medical Services
- Executive Director Nursing
- Executive Director People & Performance
- Chief Operating Officer
- Director Human Resources
- Director Continuous Improvement and Innovation Unit

#### 4.4 New Members

- a) As a form of induction, it is the responsibility of the Chair to provide new Standing Members with a copy of the following documents prior to their first meeting:
  - the Terms of Reference (if not already supplied)
  - the minutes of the last three meetings of the Committee (where appropriate)
- b) Only the Board may appoint Standing Members. The Committee Chair may invite guests as they consider appropriate.
- c) If the Chair is temporarily unable to perform his/her duties (e.g. they are unable to attend a meeting) he or she will nominate another Board member on the Committee to act as Chair.

### 5. REPORTING

The Committee will report directly to the North West Hospital and Health Board and:

- Submit a monthly and written report to each NWHHS Board meeting outlining relevant considered matters as well as the Committee's opinions, decisions and recommendations.
- Circulate minutes of the committee meetings to NWHHS Board and invited guests as appropriate.
- Prepare an annual report to NWHHS Board summarising the performance and achievements for the previous year. An interim program of the planned activities for the coming year is also to be provided.
- Submit a summary of the Committee activities for inclusion in NWHHS Annual Report.

### 6. AUTHORITY AND INDEPENDENCE

- 6.1 The Committee has no executive powers, unless delegated to it by the NWHHS Board.
- 6.2 The Committee is a committee of the NWHHS Board and is directly responsible to the Board. In discharging its responsibilities the committee has the authority to:
  - a) Conduct or authorise investigations into matters within its scope of responsibility.
  - b) Access information, records and personnel of NWHHS for such purpose.

- c) Request the attendance of any employee, including executive staff, at Committee meetings, through the Health Service Chief Executive Officer
- d) Conduct meetings with NWHHS clinical service auditors and experts as necessary.
- e) Seek advice from external parties, as necessary.

## 7 RESPONSIBILITIES OF THE COMMITTEE

### 7.1 Risk: Clinical and non-clinical

- Monitoring compliance with clinical risk management systems in each facility including morbidity and mortality meetings to support the safe provision of care.
- Analysing the environment, risks and opportunities surrounding NWHHS at least annually.

### 7.2 Quality and Safety

- Ensuring the robust formulation of a Quality, Safety & Risk Policy to support the delivery of safe, high quality care within a robust clinical governance and risk management framework.
- Monitoring operational performance in respect to clinical quality and safety including the performance of individual facilities against quality and safety indicators.
- Monitoring the outcomes of quality improvement activities designed to ensure the delivery of improved patient outcomes and reduced occasions of harm.
- Ensuring effective systems are in place to achieve accreditation in all facilities.
- Facilitating information sharing and discussion within and between facilities and services, especially in identifying best practice and opportunities for improvement.
- Working with the Board Finance and Audit Committees to ensure that accurate and complete performance data is reported to the Board and to external agencies or Government departments as required by the Board's Service Agreement with the Queensland Government and otherwise as required by legislation, funding instruments or benchmarking partners.

### 7.3 Workplace Health and Safety

- Monitoring and evaluating reports of worker and other injuries, including reported "near-miss" events and employee surveys and recommending to the Board any remedial actions required and / or those matters that require further attention.

#### 7.4 Credentialing

- Ensuring the robust formulation of policy including policies relating to the development, implementation and evaluation of medical appointments, Credentialing and Scope of Practice Policy
- Ensuring robust and effective systems for credentialing and scope of practice in each facility and compliance with such systems including the broader credentialing issues of competency and capability frameworks, especially for allied health, and having regard to the challenges of regional and remote practice.
- Providing advice to the Board with respect to review, suspension, dismissal or complaints arising from the credentialing process.
- Acting as a forum for facility medical credentialing committees who may request matters by considered at the QR&S committee, including the potential suspension or dismissal of doctors, or complaints regarding the credentialing process that may require escalation to the Board.

#### 7.5 Consumer and Staff Feedback

- Monitoring and evaluating patient complaints reports and recommend to the Board any remedial actions required and / or those matters that require further attention.

#### 7.6 Medico Legal

- Monitoring and evaluating all medico-legal claims and patient surveys and recommend to the CE and to the Board any remedial actions required and / or those matters that require further attention.

#### 7.7 Education and Research

- Overseeing governance processes for research related activities conducted within the facilities and providing strategic advice and recommendations to the Board in relation to same.
- Overseeing clinical education initiatives conducted within the facilities and providing strategic advice and recommendations to the Board in relation to same.

## **8 MEETINGS**

- 8.1 The Committee will meet at least quarterly or as required by the Board or the Chair.
- 8.2 Meetings will be conducted at a place determined by the Chair.
- 8.3 Meetings will be conducted on a formal basis and be minuted.



- 8.4 A quorum consists of the Chair (or Acting Chair) and at least one other voting Standing Member.
- 8.5 There will be no provision to appoint proxies to attend meetings on behalf of Standing Members.
- 8.6 The invitation and attendance of Guests must be by approval of the Committee Chair prior to the meeting.

## 9. AGENDA

- 9.1 An agenda is to be prepared for meetings, in consultation with the Committee Chair, with relevant issues papers attached and distributed to members at least one week prior to the meetings.
- 9.2 Agenda items may be considered out of session by electronic or other means and should be minuted at the next available meeting.

## 10. MINUTES

- 10.1 A draft copy of the meeting minutes must be forwarded to the committee Chair within 1 week after the meeting. Approved minutes must be forwarded to committee members within 1 month following the meeting.
- 10.2 The Minutes must record the following:
  - Date and location of meeting
  - Attendees, apologies
  - Agenda items discussed
  - Action items (including responsibility and timeframe)
  - Decisions taken (including rationale for decisions)
- 10.3 Minutes of the preceding meeting must be confirmed at each meeting, which includes a review of the action items outstanding.
- 10.4 The Minutes must be provided to the Chair prior to circulation.
- 10.5 Once approved, the Minutes of the meeting will be emailed to all members

## 11. SECRETARIAT

- 11.1 Secretariat support is provided from within the resources of the NWHHS.
- 11.2 The Secretariat will be responsible for the preparation and circulation of the meeting agenda (and supporting papers) and minuting meetings.
- 11.3 The Secretariat will ensure that electronic copies of all relevant documents to the Committee (including agendas, position papers and minutes) are saved in a secure electronic directory on the NWHHS network.

## 12. SUB-COMMITTEES

The Committee may create sub-committees at any time to perform specific tasks or responsibilities supportive of the activities of the Committee. Terms of Reference, membership, reporting arrangements and sunset arrangements should be specified at time of

establishment The Committee Chair is to discuss formation of a Sub-Committee with the Board Chair prior to being formed.

### 13. ANNUAL REVIEW

13.1 Each year the Board will undertake a review of the operation and functioning of the Committee with particular reference to the extent to which the Committee has discharged its roles and responsibilities.

13.2 Where appropriate the review should make recommendations for improvements

### 14. TERMINATION

14.1 The Committee shall remain in existence and in compliance with this Terms of Reference until such time as it is dissolved by the Board.

### 15. DEFINITIONS

*Standing Member:* A specific position approved and appointed by the Board to participate on the Committee each meeting.

*Invited Participant:* A specific person approved by the Chair to attend each committee meeting at their discretion.

*Guest:* A specific person requested by the Chair to attend and provide expertise to specific meetings.