



Board Safety and Quality Committee Charter



Our vision

Caring for our communities - *healthier together*

Our values

- **Compassion** – We engage with others and demonstrate empathy, care, kindness, support and understanding.
- **Integrity** – We are open, honest, approachable, equitable and consistent in everything we do.
- **Dignity** – We treat others with respect, display reasonableness and take pride in what we do.
- **Innovation** – We embrace change and strive to know more, learn more and do better.
- **Courage** – We respectfully question for clarity and have the strength and confidence to Speak Up.

Darling Downs Hospital and Health Service Board Safety and Quality Committee

Version control

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An electronic version of this document is available at www.health.qld.gov.au/__data/assets/pdf_file/0026/429191/ddhhs-qualitysafety.pdf

Darling Downs Hospital and Health Service Board Safety and Quality Committee Charter

1. Introduction

This document, to be known as the Board Safety and Quality Committee Charter, has been approved by the Darling Downs Hospital and Health Board ('the Board').

The purpose of this charter is to outline the role, responsibilities, composition and operating guidelines of the Board Safety and Quality Committee ('the Committee') in accordance with the *Hospital and Health Boards Regulation 2012*.

2. Role of the Board Safety and Quality Committee

The role of the Committee is to provide independent assurance and assistance to the Board on the Darling Downs Hospital and Health Service's (DDHHS) quality, safety and clinical governance frameworks and strategies.

The Committee's role is an oversight role and does not replace management's primary responsibilities for the management of the operations of the DDHHS.

The Committee will provide prompt and constructive reports on its findings directly to the Board, highlighting issues it considers are not being adequately addressed by management. The minutes of the Committee's meeting will be promptly provided to the Board.

3. Authorisation

The Committee has no executive powers.

The Committee is a "prescribed committee" under Part 7, section 31 of the *Hospital and Health Boards Regulation 2012*.

The Committee is an advisory group of the Board. In discharging its responsibilities, the Committee has the authority to:

- Examine any matter in relation to its objectives as it sees fit, or as requested by the Board.
- Engage external resources if necessary to obtain independent advice in relation to Committee matters with the approval of the Board.
- Have access to all levels of management, via the Health Service Chief Executive (HSCE), in order to seek information from any employee of the DDHHS to carry out the Committee's responsibilities.

4. Scope of the Board Safety and Quality Committee

The Committee is directly responsible and accountable to the Board for the exercise of its duties and responsibilities. In carrying out its duties and responsibilities, the Committee must at all times recognise that primary responsibility for governance and performance of the DDHHS rests with the Board.

In line with the *Hospital and Health Boards Regulation 2012* (S32), the Committee is to:

- (a) 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:

- (i) minimising preventable patient harm.
 - (ii) reducing unjustified variation in clinical care.
 - (iii) improving the experience of patients and carers of the Service in receiving health services.
 - (iv) 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.
- (b) Monitor the Service’s governance arrangements relating to the safety and quality of health services, including by monitoring compliance with the Service’s policies and plans about safety and quality.
- (c) Promote improvements in the safety and quality of health services provided by the Service.
- (d) Monitor the safety and quality of health services being provided by the Service using appropriate indicators developed by the Service.
- (e) 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.
- (f) Any other function given to the Committee by the Board, if the function is not inconsistent with a function mentioned in paragraphs (a) to (e).

The Committee provides the following reports:

Recipient	Report	Frequency	Responsibility
Board	Board Safety and Quality Committee Minutes	Bi-Monthly	Secretariat
Board	Matters for attention of the Board	As required	Chair

The Committee receives the following reports:

Report	Description / Type	Frequency	Responsibility
Credentialing	Exception report of breaches	As required	Executive Director Medical Services
Mandatory Training	Mandatory training compliance report	6 monthly	Secretariat
Hospital Standardised Mortality Ratio (HSMR)	DDHHS summary report	Quarterly	Executive Director Medical Services
Variable Life Adjusted Display (VLAD)	Register and response reports	Bi-monthly	Executive Director Medical Services
Nurse Sensitive Indicators	DDHHS trend reports	Bi-monthly	Executive Director Nursing and Midwifery
Clinical Incidents (CI) Reports	DDHHS summary reports including: <ul style="list-style-type: none"> • SAC1 analysis • progress report • Completed SAC1 analysis reports • Corrective actions summary report • SAC 1 and SAC2 overdue recommendations and progress reports 	Bi-monthly	Executive Director Medical Services

Consumer Feedback	Statewide Benchmark Report DDHHS Summary Reports	Quarterly Bi-monthly	Executive Director Medical Services
Office of the Health Ombudsman (OHO)	DDHHS summary report	Bi-monthly	Executive Director Medical Services
Coroner	DDHHS Summary Reports	As required	Executive Director Medical Services
Medico-legal actions	DDHHS summary report	Bi-monthly	Executive Director Medical Services
Safety and Quality KPI	Statewide Benchmark Report	Quarterly	Executive Director Medical Services
Accreditation	Survey Reports and Improvement Plans	As required	Executive Director Medical Services
Governance	Safety and Quality Clinical Risk Register	Quarterly	Executive Director Legal and Governance
Workforce Reports	<ul style="list-style-type: none"> • Human Resources Scorecard • Conduct and Performance Excellence Report Card • Work Health and Safety Report Card 	Quarterly	Executive Director Workforce
Indigenous Health Report	DDHHS Summary Report	Bi-Monthly	Director Indigenous Health

The above table is not an exclusive nor exhaustive list and other emergent quality and safety information is provided as required and requested.

Issue Escalation

Issues unable to be resolved by the Committee are escalated to the Board.

5. Risk management

The Committee is to adopt a pro-active approach to risk management within the parameters of the Board Risk Appetite Statement.

The Committee will:

- Identify risks and mitigating strategies with all decisions and recommendations made.
- Implement processes to enable the Committee to identify, monitor and arrange management of risks as they relate to the scope of the Committee.
- Work collaboratively with the Board Audit and Risk Committee to manage risks as required.

6. Sub committees

The Chair of the Committee has the authority to create relevant sub-committees or other subordinate bodies deemed necessary to assist the Committee in discharging its responsibilities.

The Committee is part of the DDHHS's corporate governance framework. To the extent that there is any overlap in the responsibilities of the Committee and the other committees of the Board, those committees shall, directly or through the Board or management, endeavour to ensure that the overlap is dealt with in an appropriate manner. The Committee shall refer any issues that relate more appropriately to another committee to that other committee.

Each committee shall consult, where necessary, with the other committees to ensure that the committees' plans are consistent with each other and with the DDHHS Strategic Plan.

7. Key Performance Indicators/Deliverables

The Committee will review DDHHS performance indicators, relevant to patient safety and quality, on a bi-monthly basis. The Committee will oversee the review of the service's safety and quality governance frameworks, strategies and plans as appropriate and within required timeframes.

8. Membership

The Committee shall have at least three (3) members. Members, including the Chair, will be members of the Board. Where the necessary skills do not exist on the Board, the Board may appoint an external member to the Committee.

The term of appointment is up until 30 June 2021 and can be extended for a further term subject to an assessment of individual member performance and the composition and skill requirements of the Committee.

Chair

- Ms Trish Leddington-Hill.

Members

- Associate Professor Maree Toombs.
- Dr Ross Hetherington.
- Ms Cheryl Dalton.
- Ms Megan O'Shannessy.

Standing Invitees

Holders of the following positions may not be members of the Committee however are invited to, and expected to attend each meeting.

- Executive Director Nursing and Midwifery Services.
- Executive Director Medical Services.
- Director Clinical Governance.
- Executive Director Legal and Governance.
- Executive Director Allied Health.
- Health Service Chief Executive.
- Executive Director Workforce.
- Director Indigenous Health.

Proxies

- Proxies are not permitted if the member is unable to attend meetings.

9. Quorum arrangements

The quorum for Committee meetings will consist of three (3) members, including the Chair.

10. Other attendees

Agency Liaison

The Committee shall liaise with other agency groups as required, to understand their roles in managing patient safety and quality and maintaining adequate control frameworks and assess any gaps.

11. Frequency of meetings

- Bi-monthly.
- 1st Tuesday.

12. Agenda, Papers, Minutes, Actions and Summary

The Committee should determine its own agenda, ensuring appropriate consultation to include emerging issues and emphasis on the most significant risks and threats.

1. Agenda

- » Members wishing to place items on the agenda must notify the Secretariat at least 10 working days prior to the scheduled meeting.
- » The agenda must be cleared by the Chair prior to distribution to Members.
- » Agenda and relevant (supporting) papers will be sent out to all Members 5 days prior to the meeting.
- » Late agenda items will be tabled at the discretion of the Chair.

2. Papers, Submissions and Reports

- » Papers in respect to agenda items are to be supplied to the Secretariat no later than 10 days prior to the scheduled meeting via email to DDHHS_Board@health.qld.gov.au
- » Papers must be submitted on the correct briefing note template, available from the Secretariat.
- » All papers must be submitted in Word format (as per original template).
- » The numbers and names of electronic attachments must mirror the numbers and names used in the brief.

3. Minutes

- » Minutes must be cleared by the Chair prior to distribution to Members.
- » Minutes (and action items) will be distributed to all Members within 5 days of the meeting.
- » Minutes are included in the papers for the next meeting.
- » Minutes are taken as draft until they are ratified at the next meeting of the committee.

13. Urgent out of session matters

Items can be managed Out-of-Session where:

- The item is urgent and must be considered before the next scheduled meeting.
- In circumstances when face-to-face meetings are not possible, to enable business to be progressed.
- Out of session matters must be minuted at the next meeting of the committee.

14. Conflict of interest

To meet the ethical obligations under the *Public Sector Ethics Act 1994*, members must declare any conflicts of interest whether actual, potential, apparent, or appear likely to arise, and manage those in consultation with the Chair. This may relate to a position a member holds (e.g. Chair of an external organisation) or to the content of a specific item for deliberation.

Members of the Committee will, at all times in the discharge of their duties and responsibilities, exercise honesty, objectivity, independence and probity and not engage knowingly in acts or activities that have the potential to bring discredit to the DDHHS.

Members also must refrain from entering into any activity that may prejudice their ability to carry out their duties and responsibilities objectively and must at all times act in a proper and prudent manner in the use of information acquired in the course of their duties. Members must not disclose DDHHS information for any personal gain for themselves or their immediate families or in any manner that would be contrary to law or detrimental to the welfare and goodwill of the DDHHS.

15. Confidentiality

Members of Committee may receive information that is regarded as ‘commercial-in-confidence’, clinically confidential or have privacy implications. Members acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain.



16. Decision making

Decisions are made by a majority of votes. Each member present at a meeting has a vote and if the votes are equal the member presiding has a casting vote. Members participating in a meeting by use of technology such as teleconferencing are taken to be present at the meeting.

A resolution is validly made by the Board, even if it is not passed at a meeting if:

- a. A majority of the Board members gives written agreement to the resolution.
- b. Notice of the resolution is given under procedures approved by the Board.

17. Evaluation

The Board will develop an annual work plan. The work plan is linked to Board functions, the DDHHS Strategic Plan and Service Agreement, and details the activities to be completed by the Board and its Committee's during the financial year.

The Committee will be evaluated in terms of its performance against the approved Terms of Reference and the annual work plan through an annual self-assessment process.

Periodically the chair will discuss professional development and training needs for all members of the Committee. When needs are implied the Secretariat will make arrangements for approved training requirements.

18. Secretariat

The Secretariat support will be provided by the Darling Downs Hospital and Health Service, Chief Executive Office. The role of the Secretariat is outlined in the Board Operational Guidelines.

19. Changes to the Charter

These Terms of Reference may be altered following Committee consultation and endorsement by the Chair of the Committee and approval by the Board.

These Terms of Reference will be reviewed in June of each year in conjunction with the annual committee performance evaluation.

The Darling Downs Hospital and Health Board – Safety and Quality Committee Charter was formally approved by the Darling Downs Hospital and Health Board on 23 February 2021.

Chairperson

Signature

Mr Michael Horan AM

Chair

Darling Downs Hospital and Health Board