

Board Safety and Quality Committee Charter



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Charter

Board Safety and Quality Committee

1. Purpose

The purpose of the Sunshine Coast Hospital and Health Board (the Board) Safety and Quality Committee (the Committee) is to assist the Board in its oversight of Sunshine Coast Hospital and Health Service's (SCHHS) safety and quality related strategies, performance, governance arrangements, and improvements. The Committee is also responsible for promoting a culture of open and honest reporting of any situation that may threaten the quality of patient care. The Board does not replicate or replace established management responsibilities and delegations. In fulfilling its responsibilities, the Committee will observe and promote the organisational values of Integrity, Compassion, Accountability and Innovation.

2. Legislative Authority

The *Hospital and Health Boards Act 2011* (the Act) requires the Board to establish a Safety and Quality Committee with the functions set forth in section 32 of the *Hospital and Health Boards Regulation 2012* (the Regulation). In accordance with this requirement, and to assist the Board to perform its functions effectively and efficiently, the Board has established a committee to be known as the Safety and Quality Committee .

The Committee is an advisory committee of the Board and has no executive powers, unless the Board, by resolution, delegates a certain power to the Committee. The Committee may examine any matter in relation to its functions as it sees fit or as requested by the Board. Where a matter for consideration is beyond the scope of the Committee's functions, the decision is to be referred to another committee of the Board where relevant, or to the Board.

Elements of this Charter that are prescribed by legislation or regulation are shown as text in italics.

3. Functions

In accordance with section 32 of the Regulation, the Committee has the following functions:

(a) advising 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;

Examples of policies and standards—

- *the National Safety and Quality Health Service Standards, 2nd edition, formulated by the Australian Commission on Safety and Quality in Health Care*

- the document called 'Queensland Health public patients' charter', published by the department

(b) monitoring 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) promoting improvements in the safety and quality of health services provided by the Service;

(d) monitoring the safety and quality of health services being provided by the Service using appropriate indicators developed by the Service;

(e) collaborating with other safety and quality committees, the department and State-wide quality assurance committees in relation to the safety and quality of health services.

In accordance with the provision in the Regulation allowing the Board to assign to the Committee any other relevant function, the Board has assigned the following additional functions to the Committee:

(g) monitoring the SCHHS Health Equity Strategy to ensure specific health needs of Aboriginal and Torres Strait Islander peoples are addressed;

(h) monitoring the effectiveness of SCHHS Emergency Response preparedness including systems and processes; and

(i) advising the Board on the SCHHS's research strategy and performance to ensure strategic alignment and promote the translation of research into effective clinical care and service models.

4. Risk Management

A proactive approach to risk management will underpin the business of the Committee. The Committee will:

- Identify risk, and mitigating strategies, associated with all decisions made; and
- Implement processes to enable the Committee to identify, monitor and manage critical risks as they relate to the functions of the Committee.

5. Reporting

The Committee will receive the following reports:

Domain/National Model Clinical Governance Framework	Reports	Frequency	Responsibility
Governance, Leadership and Culture	National Standards	Quarterly	Executive Director Medical Services
	Accreditation	As required	Executive Director Medical Services
	Clinical Governance Framework	Annually	Executive Director Medical Services
	Health Equity Strategy	Biannually	Service Director A&TSI
Patient Safety and Quality	Safety and Quality Performance Report	Quarterly	Executive Director Medical Services

Clinical Performance and Effectiveness	Safety and Quality Performance Report	Quarterly	Executive Director Medical Services
	Credentialing and scope of clinical practice	Annually	Executive Director Medical Services
	Medicolegal Report	Quarterly	Executive Director Medical Services
Safe Environment for the delivery of care	Safety and Quality Performance Report	Quarterly	Executive Director Medical Services
	Clinical Audit	Annually	Executive Director Medical Services
	Emergency Response Preparedness	Annually	Chief Operating Officer
Partnering with Consumers	PEACCE Strategy	Quarterly	Executive Director Medical Services
Research	Research Strategy	Annually	Executive Director
	Research Report	Bi-annually	Medical Services
	Trends in research activity and participation		

The Committee may also receive reports as required or as requested where the report is relevant to the Committee's functions.

The Committee, via the Committee Chair, will provide written and verbal reports and recommendations to the Board highlighting issues it considers warrant Board discussion.

6. Committee Composition

The Committee consists of three (3) members appointed by the Board, one of which will be a clinician. Members will be members of the Board, or, where the Board considers it does not have the necessary expertise, it may appoint an external member to the Committee.

Collectively, the Committee members will possess (or, with the consent of the Board, may obtain assistance from experts to assist them in possessing):

- Commitment to the continual improvement of safety and quality at Sunshine Coast Hospital and Health Service
- Sound knowledge of the National Safety and Quality in Healthcare Standards and best practice clinical governance
- High level of competency in safety and quality matters and the ability to analyse safety and quality reports.

In addition, the Committee may request the attendance at any meeting of any person who, in their opinion, may be able to assist the Committee in any matter under consideration.

Members are not permitted to appoint a proxy to attend a meeting on their behalf.

The Board will review the Committee's composition as required but no less than annually.

Subject to the presence of any conflict of interest all Board members are entitled to attend Committee meetings.

Standing invitees at meetings will include the:

- Health Service Chief Executive
- Chief Operating Officer
- Executive Director Medical Services
- Executive Director Allied Health
- Executive Director Nursing and Midwifery
- Service Director Aboriginal and Torres Strait Islander Health
- Executive Director Legal and Governance.

7. Role of the Executive Director Medical Services

The Executive Director Medical Services (EDMS) is the executive lead and will:

- Liaise closely with the Committee in relation to safety and quality issues
- Ensure that all relevant safety and quality issues and proposals are placed on the Committee's agenda and that appropriate staff members are available to brief the Committee
- Develop and report on safety and quality indicators and measures affecting the SCHHS.

8. Role of the Committee Chair

The Board will appoint a member of the Board to be the Chair of the Committee.

The role of the Committee Chair includes:

- Setting the Committee agenda
- Facilitating the flow of information and discussion
- Conducting Committee meetings and other business
- Ensuring the Committee operates effectively
- Reporting to the Board on the activities of the Committee.

9. Role of the Manager Board Operations

The Manager Board Operations is responsible for:

- Organising Committee meetings and Committee member attendance
- Coordinating the completion and dispatch of Committee agendas, Committee papers and briefing papers
- Preparing minutes of meetings and resolutions of the Committee
- Providing a point of reference for communications between the Committee and the Executive
- Monitoring that Committee procedures and protocols are followed.

All members have direct access to the Manager Board Operations for advice and services relating to the operation of the Committee.

10. Conduct of Committee Meetings

10.1 Committee Agenda and Papers

The Committee Chair and the EDMS are responsible for preparing agendas in line with the committee work plan and any other matters that fit within the remit of the committee's functions and priorities.

All Committee papers must be approved by the relevant Executive Director and the HSCE prior to being submitted to the Manager Board Operations for distribution to Committee members.

10.2 Meetings and attendance

Meetings of the Committee are to be held at the times and places the Committee Chair decides.

Unless otherwise agreed, the Committee will meet at least six times each year.

Exceptional circumstances aside, Committee members will be provided with at least 48 hours' notice of meetings.

10.3 Quorum

A quorum for a meeting of the Committee is one-half of the number of its members, or if one-half is not a whole number, the next highest whole number.¹

10.4 Presiding at Meetings

The Committee Chair is to preside at all meetings of the Committee at which the Committee Chair is present. If the Committee Chair is not present, a member of the Committee chosen by the members is to preside.

10.5 Decision making

As an advisory committee the recommendations of the Committee will be regarded as a collective decision or advice unless there is material dissension.

If consensus cannot be reached, the Chair of the Committee reserves the right to escalate the matter to the Board.

The minority view will be recorded in the minutes of the meeting and placed before the Board.

10.6 Minutes

The Committee must keep minutes of its meetings and a record of any written resolutions made by it.²

The Manager Board Operations is responsible for taking the minutes.

Board members are responsible for ensuring minutes are accurate and reflect a true and correct record of the procedures and decisions of meetings.

Minutes of Committee meetings are available to all members on Convene.

10.7 Confidentiality

All attendees at Board or Committee meetings are required, as officers and or fiduciaries of Sunshine Coast Hospital and Health Service, to keep confidential all information presented to (whether written or oral) or discussed at Board and Committee meetings.

11. Written Resolutions/Out of session

Items would typically only be managed out of session in agreement with the Committee Chair when the item is urgent and must be considered before the next scheduled meeting.

¹ HHBA, Schedule 1, Section 4.

² HHBA, Schedule 1, Section 7(1).

12. Committee Work Plan

The Manager Board Operations, in consultation with the Committee Chair and the EDMS shall maintain an annual work plan for the Committee. The annual work plan shall identify the key matters for consideration and actions required by the Committee during the year and allocate those matters and actions to a relevant meeting(s). The annual work plan enables the Committee, the Chief Executive and the Executive to be aware of and plan for the year and may attend any Committee meeting.

13. Evaluation of Committee Performance

The Committee will undertake an annual self-assessment of its performance, including its performance against the requirements of this Charter and the performance against the annual work plan. This self-assessment will feed into the annual Board and Committee performance review.

14. Business Rules

The Committee Charter should be read in conjunction with the Board Charter which outlines the general governance provisions that apply to the Board Committee meetings.

15. Publication of this Charter

A copy of this Charter will be made available at www.schhs.health.qld.gov.au

16. Interpretation

The following terms when used in this Charter have the meaning given to them below:

Act	<i>Hospital and Health Boards Act 2011 (Qld)</i>
The Board	The Sunshine Coast Hospital and Health Board, comprised of members appointed by the Governor in Council, by gazette notice, on the recommendation of the Minister
Committee	The SCHH Board Safety and Quality Committee
Executive	The SCHHS Executive team
Service	A Hospital and Health Service established under the Act.
Minister	Minister for Health and Ambulance Services
Regulation	<i>Hospital and Health Boards Regulation 2012 (Qld)</i>
SCHHS	Sunshine Coast Hospital and Health Service – a statutory body established under the Act.

17. Revision History

Date	Nature of amendment
6 November 2012	Final document v.1.0
25 September 2013	Inclusion of work plan, and other minor amendments
3 December 2013	Removal of 'and the Chair' section 8, paragraph 1 Membership
25 November 2014	Change of name from Chief Operating Officer to Executive Director of Clinical Services to reflect Executive position name change Change of Executive Lead (Section 11) to the Executive Director Medical Services
3 February 2015	Version 3 approved at the SCHH Board meeting
10 August 2015	Chair, Clinical Leadership Group changed to Chair, Clinical Council
August 2016	Paragraph entered under section 2 – Function
August 2017	Amendments to section 10 standing invitees
November 2018	Amendments to section 10 standing invitees – V5
November 2020	Full revision of Charter in line with Board governance review
May 2022	Full revision of Charter

18. Next review

This Charter will be reviewed in June 2023.

This Charter was approved by the Board at its meeting on 7 June 2022.

Ms Sabrina Walsh

Chair, Sunshine Coast Hospital and Health Board