

Safety and Quality Committee Terms of Reference

Cairns and Hinterland Hospital and Health Board

1. Purpose

The purpose of the Cairns and Hinterland Hospital and Health Board Safety and Quality Committee (the Committee) is to support the Board with its governance responsibilities and make recommendations to the Board. This is achieved by overseeing the safety and quality including compliance with state and national standards. In fulfilling its responsibilities, the Committee will observe and promote the core organisational values of accountability, compassion, integrity and respect.

The Committee assists the Cairns and Hinterland Hospital and Health Service (CHHHS) and its Board by fulfilling its oversight responsibilities by ensuring effective and accountable systems are in place to monitor and improve the quality and effectiveness of health services provided by CHHHS.

The Committee does not replace or replicate established management responsibilities and delegations, the responsibilities of the CHHHS Board or other executive management groups within CHHHS.

The Committee will provide prompt and constructive reports on its findings directly to the Cairns and Hinterland Hospital and Health Board, particularly when issues are identified that could present a material risk or threat to CHHHS.

2. Authority

The Safety and Quality Committee is a formal committee of the Cairns and Hinterland Hospital and Health Board, established in accordance with Schedule 1, Section 8 of the *Hospital and Health Boards Act 2011* and Section 32 of the *Hospital and Health Boards Regulations 2012*.

The Committee is an advisory committee only and reports to the Cairns and Hinterland Hospital and Health Board. It has no decision-making powers, unless delegated to it by the Cairns and Hinterland Hospital and Health Board.

The Board has authorised the Committee to have the power to conduct or authorise investigations into any matters within the Committee's scope of responsibilities. It is authorised to seek any information it requires from any employee of CHHHS. The Committee shall be empowered to obtain independent legal or other professional advice to assist it in the conduct of any investigation.

3. Guiding principles

The *Hospital and Health Boards Act 2011* provides the following principles intended to guide achievement of the Acts' objects. These principles guide all deliberations of the Cairns and Hinterland Hospital and Health Service Safety and Quality Committee:

Hospital and Health Boards Act 2011:

- the best interests of users of public sector health services should be the main consideration in all decisions and actions under this Act;
- there is a commitment to ensuring quality and safety in the delivery of public sector health services;



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- there is a commitment to achieving health equity for Aboriginal people and Torres Strait Islander people;
- there is a commitment to the delivery of responsive, capable and culturally competent health care to Aboriginal people and Torres Strait Islander people;
- providers of public sector health services should work with providers of private sector health services to achieve coordinated, integrated health service delivery across both sectors;
- there should be responsiveness to the needs of users of public sector health services about the delivery of public sector health services;
- information about the delivery of public sector health services should be provided to the community in an open and transparent way;
- there should be commitment to ensuring that places at which public sector health services are delivered are places at which –
 - employees are free from bullying, harassment and discrimination;
 - employees are respected and diversity is embraced; and
 - there is a positive workplace culture based on mutual trust and respect;
- there should be openness to complaints from users of public sector health services and a focus on dealing with the complaints quickly and transparently;
- there should be engagement with clinicians, consumers and community members and local primary healthcare organisations in planning, developing and delivering public sector health services;
- opportunities for research and development relevant to the delivery of public sector health services should be promoted; and
- opportunities for training and education relevant to the delivery of public sector health services should be promoted.

Public Service Act 2008:

Public service management is directed towards:

- providing responsive, effective and efficient services to the community and the Government;
- maintaining impartiality and integrity is maintained when informing, advising and assisting the Government;
- promoting collaboration between Government and non-government sectors is fostered in providing services to the community;
- continuously improving public service administration, performance management and service delivery;
- managing public resources efficiently, responsibly and in a fully accountable way;
- promoting the Government as an employer of choice; and
- promoting equality of employment opportunity.

4.Functions

The Safety and Quality 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 standards¹ relevant to promoting consultation with health consumers and members of the community about the provision of health services by the Service;
- (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;
- (f) overseeing and monitoring the Health Service's strategic progress against its Clinical Services Plan; and
- (g) any other function given to the Committee by the Service's board, if the function is not inconsistent with a function mentioned in paragraphs (a) to (f).

5. Reporting

The Committee will prepare prompt and timely reports to the Board outlining relevant matters that have been considered by it, as well as the Committee's opinions and recommendations thereon. The minutes of the Committee meetings will be provided to the next meeting of the Board. The Committee Chair will report to the Board on a regular basis. The Committee will provide the following to the Board:

- Annual meeting schedule and work plan
- Meeting minutes

Reporting will be in accordance with the agreed Work Plan endorsed by the Committee and the Board.

6. Membership

Membership is determined by the Board. Members, including the Chair, will include at least two members of the Board, or, where the necessary skills do not exist on the Board, the Board may appoint an external member of the Committee.

If the Chair is absent from a meeting or vacates the Chair at a meeting, the Chair must appoint another member to act as the Chair on a temporary basis.

The following positions will be invited to attend each meeting:

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

Proxies are only permitted if approved by the Chair.

7. Other participants

The Chair may request other Health Service Executive Leadership Team members, employees or external parties to attend a meeting of the Committee. Persons officially acting in a standing invitee position may attend and participate in Committee deliberations/contribute to Committee recommendations, provided they are suitably brief prior to the meeting.

8. Quorum

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

9. Decision making

The Safety and Quality Committee is advisory in nature and does not have binding decision-making powers, unless these have been delegated to it by the Board in accordance with the *Hospital and Health Board Act 2011*.

10. Performance

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

The Committee will undertake an annual self-assessment of its performance for the previous twelve months at the meeting that coincides with the anniversary of its inception.

The Committee will provide a report of the annual review outcomes to the CHHHS Board.

The Chair will provide each individual member with feedback on that person's contribution to the Committee's activities at least once during each member's term of office. This assessment will include a review of any training needs of the member.

11. Confidentiality

All information acquired as a result of membership to the Safety and Quality Committee is confidential to Cairns and Hinterland Hospital and Health Service and should not be disclosed either during appointment or after termination (by whatever means) to third parties except as permitted by law and with prior clearance from the Chair.

12. Ethical practices

To meet the ethical obligations under the *Public Sector Ethics Act 1994*, Committee 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.

Each member is required to declare all conflicts of interest at the beginning of every committee meeting if an agenda item indicates a conflict. If a conflict of interest arises during a meeting the member must disclose the conflict immediately.

All conflicts of interest and all pecuniary interests of all members are to be recorded in the Cairns and Hinterland Hospital and Health Service Register of Conflicts of Interest, which will be available at each Safety and Quality Committee meeting.

13. Secretariat

Secretariat support will be provided by the Board Liaison Officer. The role of the Secretariat is outlined in the Cairns and Hinterland Hospital and Health Board Business Rules.

14. Meeting schedule

The Safety and Quality committee will meet bi-monthly. It is anticipated that its meetings will coincide with the monthly Board Meeting.

The Committee Chair may call additional meetings or alter meeting dates and frequency as necessary to address any matters referred to the committee or in respect of matters that the committee wishes to pursue. Such amendments shall be communicated to the Board in advance of proposed amendments.

15. Business rules

As per Board Business Rules which provides the governance framework for the Board and Committee meetings.

Document History

Date	Nature of Amendment
18/12/12	Draft presented to Board
18/12/12	TOR amended as per Board request and Endorsed.
18/09/13	Amended as per Safety and Quality Committee requesting that a standing invite be provided to the Chair Clinical Council
26/02/2014	Endorsed by the Safety and Quality Committee
01/02/2017	Revised Safety & Quality Committee ToR reviewed and endorsed
26/06/2019	Revised Safety and Quality Committee TOR presented to Safety and Quality Committee
03/07/2019	Approved by Board
25/11/2020	Revised Safety and Quality Committee TOR presented to Safety and Quality Committee
02/12/2020	Approved by Board
14/12/2022	Revised Safety and Quality Committee TOR presented to the Safety and Quality Committee
01/02/2023	Approved by Board
2/8/2023	Approved by Board
15/1/2024	ToR under review
01/03/2024	Endorsed by Safety and Quality Committee