Queensland Government

Mental Health Alcohol and Other Drugs Quality Assurance Committee Terms of Reference

1: NAME AND AUTHORITY

1.1 Mental Health, Alcohol and Other Drugs Quality Assurance Committee (MHAODQAC).

1.2 Established as a quality assurance committee pursuant to Part 6, Division 1 of the *Hospital and Health Boards Act 2011.*

1.3 Relevant legislation and policies include:

- *Mental Health Act 2016* (Queensland) (MHA)
  (Chief Psychiatrist Policies and Chief Psychiatrist Practice Guidelines)
- *Health Ombudsman Act 2013*
- *Anti-Discrimination Act 1991*

1.4 MHAODQAC is established by the Director-General, Queensland Health.

2: PURPOSE

2.1 To improve the safety and quality of public mental health alcohol and other drugs services by:

- reviewing and analysing relevant investigation and audit findings to monitor deaths, suspected suicides, significant incidents, suspected homicides, acts of violence and the management of risk to inform continuous improvement, implementation of reform strategies and the provision of quality and safe care
- assessing and evaluating the quality of relevant health services
- reporting and making recommendations concerning relevant health services.

3: FUNCTIONS

3.1 Obtain and review Queensland Health data on critical incidents as defined under relevant Chief Psychiatrist policies, including suspected suicides, and homicides of and perpetrated by a person with a mental illness, serious acts of violence, serious adverse clinical incidents and significant incidents involving consumers of public mental health, alcohol and other drugs services[1], to identify trends and system level improvements.

3.2 To monitor and review qualitative and quantitative clinical and other information, including investigation documents (for example coronial reviews), as required, from relevant departments and entities to identify trends and system level improvements.

3.3 Maintain confidential clinical data, reports and findings in a secure and confidential manner.

3.4 Make recommendations to the Minister for Health on policy, standards, guidelines and quality improvement for public mental health, alcohol and other drugs services with the intent of improving patient safety and the quality of public sector mental health alcohol and other drugs services.

3.5 Monitor the implementation of MHAODQAC recommendations.

3.6 Guide and promote quality improvement activities by working in partnership with appropriate statewide, national, international key stakeholders, professional bodies and networks.

3.7 Establish sub-committees to collect data/information, consider and make recommendations (where necessary).

4: SCOPE

4.1 Activities of MHAODQAC:

4.1.1 The MHAODQAC will develop an annual work plan which will be reviewed not less than on an annual basis.

4.1.2 Monitor and review trends in mental health alcohol and other drug critical incidents, sentinel events, serious acts of violence, investigation findings and other indicators of mental health and alcohol and drug outcomes, to identify systemic issues of patient safety and quality across Queensland public mental health alcohol and other drugs services.

[1] Determination by the Chief Psychiatrist 2017, that the MHAOD QAC will may also review critical incidents, sentinel events, serious acts of violence, investigation findings and other indicators of mental health and alcohol and drug outcomes, relating to consumers of Public Authorised Mental Health Services who are on a Forensic Disability Order (FDO).

4.1.3 The scope of activities will initially focus on the monitoring and review of deaths and significant incidents and may be expanded or contracted at the discretion of the Chairperson.

4.1.4 Identify and recommend service improvement activities to promote and support the best possible clinical practice.

4.1.5 Monitor and promote new and existing best-practice standards/guidelines.

4.1.6 Work in partnership with the State-wide Mental Health Alcohol and Other Drugs Clinical Network to address, where appropriate, systemic problems in safety and quality, equity and or efficiency of mental health and alcohol and other drugs treatment and care.

4.1.7 Liaise with Queensland Health, professional associations and key stakeholders to negotiate support for the implementation and adoption of recommendations by the MHAODQAC.

4.1.8 Work collaboratively with Australian and international entities relevant to the delivery of public mental health, alcohol and other drugs services in Queensland.

5: REPORTING

5.1 Pursuant to s.27 of the *Hospital and Health Boards Regulation 2012*, the Committee will give to the Director-General (DG), Queensland Health, through Patient Safety and Quality Improvement Service (PSQIS) an annual activity statement containing data/information about trends in the provision of relevant health services, issues and incidents.

5.2 Pursuant to s.26 of the *Hospital and Health Boards Regulation 2012*, the Committee will carry out a review of its functions (on a triennial basis). It must evaluate its own effectiveness in meeting its purpose and functions (for example, timeliness in decision making, attendance at meetings and the number of meetings). A copy of this review must be given to the DG.

5.3 Pursuant to s.25 of the *Hospital and Health Boards Regulation 2012*, the Committee will give a triennial report to the Director-General, Clinical Excellence Division, Department of Health (the triennial report will be made publicly available).

6: MEMBERSHIP

6.1 MHAODQAC will comprise individuals with training and experience appropriate to these functions. Members will be appointed for a period of three-years.

6.2 The Chairperson will be the Chief Psychiatrist.

6.3 Members will be appointed by a duly constituted panel or by written invitation from the Chairperson. The panel will include: the Chairperson; an endorsed

representative from the Committee; and a representative from the State-wide Mental Health Alcohol and Other Drugs Clinical Network.

6.4 Members can be appointed via an expression of interest to the panel or other methods decided by the panel.

6.5 Members may serve no more than two consecutive terms.

6.6 Members may reapply for membership for the following term with continuation of membership to be at a maximum of 50% of current members. The evaluation of EOIs for membership including resubmission of applications by current members will be undertaken by the panel as stated in 6.3.

6.6 In considering such applications, the selection panel will take particular note of the availability of new applicants with similar expertise. The selection panel will also take into consideration whether those members wishing to continue their membership for a further term, have been able to make sufficient contribution through their attendance of at least 50% of meetings held in the period of their previous membership.

6.7 The Membership of the MHAODQAC will reflect the diversity of services and geographical regions; disciplines; professional groups and stakeholders involved in the operations of public mental health alcohol and other drugs services; patient safety and quality; and consumer and carer representation. Members do not represent the organisation of employment but are appointed based on relevant expertise and experience.

6.8 Membership will comprise broad representation of not more than 18 members from the following areas of work and interest:

- acute psychiatry (inpatient and/or emergency psychiatry)
- adult mental health (continuing community care; rehabilitation)
- forensic mental health
- alcohol and other drugs treatment (public)
- child and youth mental health (continuing community care; rehabilitation)
- older persons mental health
- Aboriginal and Torres Strait Islander (mental health alcohol and other drugs)
- transcultural mental health
- metropolitan regional, and rural and remote services/regions
- patient safety and quality (clinical governance)
- disciplines/professional groups
- Mental Health Alcohol and Other Drugs Branch
- Consumer and carer[2]

6.9 Proxies may not participate in the committee due to privacy and confidentiality requirements.

[2] Consumer and Carer representation to include representation from: regional and remote areas; consumers and carers from both mental health and alcohol and other drug services

7: SUB-COMMITTEES

7.1 To assist MHAODQAC undertake its responsibilities, it may establish sub-committees to undertake specific tasks.

7.2 Sub-committee members may be identified as relevant persons[3].

7.3 Sub-committees will take direction from the Chairperson of MHAODQAC.

7.4 Sub-committees will be chaired by a person nominated by MHAODQAC.

8: RELEVANT PERSONS

8.1 MHAODQAC may authorise persons to receive information on its behalf and from it to enable it to perform its functions.

Relevant persons may receive, obtain or collate, analyse and arrange secure data storage for information relating to the following critical incidents, adverse clinical incidents, mental health alcohol and other drugs care or other mental health alcohol or other drugs outcomes.

8.2 The secretariat of MHAODQAC will maintain a register of relevant persons. The register will contain the following information.

8.2.1 the individual's full name and qualifications

8.2.2 the individual's office or position

8.2.3 the date the individual was authorised as a relevant person

8.2.4 the date the individual was terminated.

8.3 The Chairperson, on behalf of MHAODQAC, will write to the relevant person to:

8.3.1 confirm termination as a relevant person

8.3.2 advise that data/information obtained will continue to be protected under the *Hospital and Health Boards Act 2011*

8.3.3 request the relevant person destroy or return all documents in their possession (hard copy and electronic copies) received in their capacity as a relevant person.

9: MODIFYING THESE TERMS OF REFERENCE

9.1 From time to time, these Terms of Reference may be modified.

9.2 Changes take effect from the time of resolution by MHAODQAC.

9.3 Notification of changes to the name of the quality assurance committee or the Terms of Reference must be submitted to the Deputy-Director General, Clinical Excellence Division Department of Health.

[3] See: relevant persons are defined in Schedule 2 (p254) of the *Hospital and Health Boards Act 2011*

10: NON-MEMBER PARTICIPATION

10.1 MHAODQAC may invite guest speakers or expert advisors to present information or advice at meetings. Due to privacy and confidentiality considerations, these participants do not assume membership and do not participate in decision-making processes of the committee.

11: PRIVACY AND CONFIDENTIALITY

11.1 Members of the MHAODQAC will receive information that is clinically confidential, has privacy implications or that may be commercial in confidence. All members of the MHAODQAC will acknowledge their responsibility to maintain confidentiality of information by signing a Department of Health privacy and confidentiality statement /non-disclosure agreement.

11.2 Pursuant to s.23 of the *Hospital and Health Boards Regulation 2012*, MHAODQAC adopts, by resolution, a written privacy policy.

11.3 Members of MHAODQAC and relevant persons are prohibited from making a record of, divulging or communicating to any other person, information obtained in the course of their involvement in the MHAODQAC activities, unless this is undertaken for the sole purpose of enabling MHAODQAC to perform its functions.

11.4 Data and/or information released by MHAODQAC while performing its function will not disclose the identity of an individual who is a provider or recipient of mental health alcohol and other drugs services.

12: PERIODIC COMMITTEE EVALUATION

12.1 MHAODQAC will periodically (not less than on a triennial basis) review its functions.

12.2 The MHAODQAC may elect to undertake an annual self-evaluation of its own effectiveness against the Terms of Reference and work plan (see Appendix 1).

13. MEETINGS

13.1 The Chairperson will determine the frequency of meetings, and the time and place for ordinary meetings.

13.2 The Chairperson may delegate the Chairperson role to another committee member. A Chairperson is to preside at all meetings.

13.3 A meeting may be conducted wholly or partially by electronic means.

13.4 The following quorum requirements apply:

13.4.1 A quorum for is the number equal to one-half of the number of its members or, if one-half is not a whole number, the next highest whole number[4].

13.5 Urgent matters may be determined out-of-session, requiring affirmation by a number of members equal to or greater than a quorum.

[4] See: s.18 of the *Hospital and Health Boards Regulation 2012*

13.6 Where practicable, the agenda together with reports and related documents will be forwarded to members in sufficient time to enable consideration prior to meetings.

13.7 Minutes will be kept of each meeting for a period of ten years after the meeting. The minutes of meetings are to be submitted to MHAODQAC members for ratification at the next subsequent meeting.

13.8 Decisions will be on a simple majority voting basis and by those in attendance at the meeting. In the event of equal votes, the Chair holds the casting vote.

14: TERMINATION OF MEMBERSHIP

14.1 The Chair may at their discretion terminate the membership of a member.

14.2 Routinely the decision to terminate membership will be by agreement of the majority of the MHAODQAC members at the meeting where the termination is proposed. An example of a reason for terminating membership may include ongoing non-attendance.

14.3 The Chairperson of MHAODQAC will write to the member to advise the following:

14.3.1 Termination of membership.

14.3.2 For the purposes of the terminated member, the information obtained in the course of involvement in MHAODQAC will continue to be protected under the privacy and confidentiality provisions in Part 6, Division 1 of the *Hospital and Health Boards Act 2011*.

14.3.3 The member must destroy or return all documents in their possession (hard copy and electronic) that were received in the course of their membership of the committee.

15: SECRETARIAT

15.1 Secretariat support for the MHAOD QAC will be provided by the Department of Health.

16: APPENDIX I - SELF EVALUATION CHECKLIST

The MHAODQAC will undertake an annual self-assessment of its effectiveness against the Terms of Reference and its Work Plan. The self-assessment is to cover the following as a minimum:

1. Are the Terms of Reference still relevant to the functions required?
2. How effective has the MHAODQAC been in meeting the intended functions and purpose?
3. Has the Work Plan been established?
4. Have the Work Plan aims, activities and goals been achieved?

5. Is the frequency of meetings adequate for the MHAODQAC to address its functions and purpose?
6. Is the mix of skills, knowledge and expertise of the members adequate to support the requirements and functions of the MHAODQAC?
7. Have meetings always achieved a quorum?
8. How satisfactory is the meeting attendance, of all individual members?
9. Are matters submitted to the MHAODQAC provided in a satisfactory format, and with adequate timing and data available? Are there any issues?
10. Are minutes and agendas circulated in adequate time for members to consider the content, appropriately?
11. Has the MHAODQAC been able to access the required data, and information it requires to perform its functions and purpose?
12. Does the MHAODQAC document decisions, considerations, communication and other matters adequately, and maintain adequate and secure records as required?
13. Does the MHAODQAC follow-up to ensure recommendations have been considered and implemented?
14. Has the MHAODQAC communicated decisions and recommendations to appropriate bodies in a timely and appropriate manner?

17: APPENDIX II - DATA SOURCES

17.1 The MHAODQAC will collect, monitor and analyse data from a range of sources in the fulfilment of its role and function. Data sources include but are not limited to the following:

Clinical data

- Consumer Integrated Mental Health Application (CIMHA)
- Alcohol Tobacco and Other Drugs Information System (ATOD-IS)
- Emergency Department Information System (EDIS)
- Integrated electronic Medical Record (*ieMR*)
- Queensland Hospital Admitted Patient Data Collection (QHAPDC)
- Queensland Health Clinical incident reporting system (RiskMan and Prime-CI)
- Collated data sources provided by Relevant Persons
- Queensland Police Information System – Q-Prime (where applicable)
- Queensland Interim Suicide Register (QiSR) - Australian Institute of Suicide Research and Prevention (AISRAP)

Investigations and findings

- Root Cause Analysis reports and other clinical analyses
- Coronial reports and recommendations
- Health service investigation reports and findings
- Extraordinary investigations or health service reviews
- Parliamentary inquiries

18: APPENDIX III - DEFINITIONS

Serious Acts of Violence –Serious acts of violence are defined as a prescribed offence (*A guide to the Mental Health Act 2016,* Queensland Health)

Prescribed offence means an offence against any of the following provisions of the Criminal Code:

- section 302 (Definition of murder) and 305 (Punishment of murder)
- section 303 (Definition of manslaughter) and 310 (Punishment of manslaughter)
- section 306 (Attempt to murder)
- section 317 (Acts intended to cause grievous bodily harm and other malicious acts)
- section 320 (Grievous bodily harm)
- section 349 (Rape)
- section 350 (Attempt to commit rape), and
- section 351 (Assault with intent to commit rape).
- section 461 (Arson)

Critical Incidents: this definition is taken from the *Chief Psychiatrist Policy - Notification to Chief Psychiatrist of Critical Incidents and Non-Compliance with the Act*, Mental Health Alcohol and Other Drugs Branch 2017, Queensland Department of Health (page 2).

A 'critical incident' means:

- the death or an injury suffered resulting in likely permanent harm, of a person receiving treatment or care for a mental illness as a patient of an AMHS
- the death, or an injury resulting in likely permanent harm, of a person who, within 30 days preceding their death, received treatment or care for a mental illness as a patient of an AMHS, if the AMHS becomes aware of the person's death
- an incident resulting in significant mental or physical harm to an inpatient
- allegations of sexual assault, or sexual safety incidents resulting in significant mental or physical harm involving an inpatient
- a serious adverse clinical incident such as the incorrect administration of medication to a patient which could have resulted in serious harm, and
- any incident (clinical or non-clinical) affecting the health, safety or well-being of a patient or another person which could attract public attention or adversely affect the organisational reputation of the AMHS.

Version control

Version	Date	Updated by	Comments
V0.1	Dec 2016	PSQIS	Initial draft
V1.0	30 January 2018	MHAOD-QAC	MHAOD-QAC Endorsement
V1.1	21 June 2018	OCP/PSQIS	Clerical amendment
V1.2	3 June 2019	QAC Manager	Amendments as tabled 1 May 2019 meeting and 31 May workshop Approved out of session