

Healthcare Safety and Quality Indicator Sub-Committee

Terms of Reference

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| **1.** | **Purpose** |

The purpose of the Healthcare Safety and Quality Indicator Sub-Committee (HSQISC) is to provide advice and guidance to the Patient Safety and Quality Advisory Committee in supporting the delivery of their functions to define key system domains, measures and indicators of healthcare safety and quality and recommend **systems for reporting** of these indicators to relevant stakeholders.

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| **2.** | **Authority and Decision making** |

HSQISC is a subcommittee to the PSQAC. PSQAC provides advice to the Queensland Health Executive Leadership Team who makes recommendations to the Director General.

Papers prepared by the HSQISC will primarily be for endorsement by the PSQAC.

Decision making is by consensus. Where consensus cannot be reached, the Chair may elect to put the matter to a vote or may escalate the issue to the PSQAC for resolution.

Members and their proxies are afforded equal voting rights. Observers, guests and other participants do not hold voting rights.

HSQISC members are collectively accountable for advice provided to the PSQAC.

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| **3.** | **Guiding Principles** |

The principles of the *Public Service Act 2008* and the *Hospital and Health Boards Act 2011* guide the deliberations of public servant participation on this Sub-Committee.

The Sub-Committee is committed to establishing, maintaining and promoting good governance by adhering to the following principles of public sector governance:

**1. Consistency with the Hospital and Health Boards Act (2011**) – maintain consistency with system roles, accountabilities and authorities for DGs, DDGs, HHS CE and HHS Boards under legislation.

**2. Federated to Networked system governance -** to promote mutual reciprocity, and value-creation alliances between peers and partners including HHSs, DoH and the QAS.

**3. Engagement between HHSs, DoH and QAS** - to develop common ground, mutual respect, understanding, and an active investment in relationship capital.

**4.** **Transparency –** better decisions are made when reducing “information asymmetry”. Ensure all parties have all the information.

**5.** **Pursuit of Value –** advice and decision are made with the view to getting the best outcome at lowest cost for Queenslanders – patients and families.

**6.** **Partnership –** Queensland Health as part of a much broader health and social care ecosystem. We need to work with other delivery partners to get the best outcome for Queenslanders.

**7. Consumers and Clinician engagement** – Services will be best when co-designed with those who deliver and receive them.

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| **4.** | **Functions** |

The primary functions of the HSQISC are to:

* **Define** key system domains, measures and indicators of healthcare safety and quality with a focus on outcomes that matter to patients and their families as well as providers
* **Recommend systems for reporting** of these indicators to relevant stakeholders (including other Tier 2 committees).

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| **5.** | **Declaration of Recognition** |  |

**Building** on the progress already made, including through the Queensland Government’s Reconciliation Action Plan 2018-2021, the Human Rights Act 2019 and new National Agreement on Closing the Gap, the Sub-Committee **solemnly proclaims** a standard of achievement to be pursued in a manner which will be guided by the purposes and principles from the Queensland Government’s Statement of Commitment to reframe the relationship with Aboriginal and Torres Strait Islander peoples and the Queensland Government 2019, including:

• Recognition of Aboriginal peoples and Torres Strait Islander peoples as the First Nations Peoples of Queensland

• Self-determination

• Respect for, and recognition of Aboriginal and Torres Strait Islander cultures and knowledge

• Locally led decision-making

• Shared commitment, shared responsibility and shared accountability

• Empowerment and shared decision-making

• Free, prior and informed consent

• A strengths-based approach to working with Aboriginal and Torres Strait Islander peoples to support thriving communities.

**Affirming** that prior to colonisation, the First Nations of this continent were a vast array of independent, yet interconnected, sovereign nations with their own clearly defined: territories, governance, laws (and lores), languages and traditions;

**Recognising** the sovereign First Nations of this continent were and remain highly sophisticated in their operations, organisations, institutions and practices;

**Convinced** that unlike the history of much of the rest of the world, the sovereign First Nations of this continent did not invade to colonise, usurp and/or replace domestic or international nations for ownership or exploitation;

**Recognising** that Aboriginal peoples’ and Torres Strait Islander peoples’ sovereignty was never ceded;

**Acknowledging** the continuing spiritual, social, cultural and economic relationship Aboriginal peoples and Torres Strait Islander peoples have with their traditional lands, waters, seas and sky;

**Recognising** the past acts of dispossession, settlement and discriminatory policies, and the cumulative acts of colonial and state governments since the commencement of colonisation, have left an enduring legacy of economic and social disadvantage that many Aboriginal peoples and Torres Strait Islander peoples and First Nations have experienced and continue to experience;

**Convinced** that addressing levels of disadvantage and inequity will require a new approach to radically improve and transform the design, delivery and effectiveness of government services by enabling and supporting Aboriginal peoples and Torres Strait Islanders peoples and First Nations’ self-determination, self-management and capabilities;

**Asserting** that when Aboriginal peoples and Torres Strait Islander peoples and First Nations have a genuine say in the design and delivery of services that affect them, better life outcomes are achieved;

**Acknowledging** that the United Nations Declaration on the Rights of Indigenous People, and the International Covenant on Economic, Social and Cultural Rights, affirm the fundamental importance of the right to self-determination, by virtue of which Aboriginal peoples and Torres Strait Islander peoples and First Nations freely determine their political status and freely pursue their economic, social and cultural development;

**Underpinning** the principle of self-determination are the actions of truth telling, empowerment, capability enhancement, agreement making and high expectations relationships; pursuant to the social, cultural, intellectual and economic advancement of Aboriginal peoples and Torres Strait Islander peoples and their development agendas;

**Recognising** that fundamental structural change in the way governments work with Aboriginal peoples and Torres Strait Islander peoples and First Nations is needed to address inequities.

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| **7.** | **Key Collaboration relationships** |  |

The Sub-Committee will work collaboratively with the Clinical Senate, the Clinical Networks, The Statewide Quality Assurance Committees, Health Consumers Queensland and other Departmental Divisions.

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| **8.** | **Reporting and Communication** |

Minutes will be recorded from each HSQISC meeting and will be provided to the monthly PSQAC meetings.

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| **9.** | **Membership** |

Chair:

* Executive Director, Patient Safety and Quality Improvement Service

Co-Chair:

* Co-chair of Directors of Clinical Governance Improvement and Implementation Partnership

Members:

* Chief Aboriginal and Torres Strait Islander Health Officer nominee
* Nominees of Directors of Clinical Governance Improvement and Implementation Partnership (metro, regional, remote)
* Nominee of Hospital and Health Boards Safety and Quality Chairs Committee (metro, regional, remote)
* 2 consumer representatives nominated by Health Consumers Queensland
* Executive Director, Healthcare Improvement Unit, CEQ or nominee
* Executive Director, Contracting and Performance Management, Healthcare Performance & System Planning or nominee

Ad-Hoc topic specific participation:

* Clinical leads, Clinical Excellence Queensland
* Co-Chairs/Chairs, Clinical Networks
* Chairs/Co-Chairs, Quality Assurance Committees
* Policy
* Data custodians
* Clinical coders
* Chief Clinical Information Officer nominee

Proxies:

Members who are unable to attend in person and do not have a delegate officially acting in their role may send a proxy;

Persons officially acting in a member’s position and approved proxies are expected to participate in deliberations and contribute to the HSQISC recommendations according to the principles outlined in these terms of reference;

Proxies must be suitably briefed prior to the meeting; and if the Chair is absent from a meeting or vacates the chair at a meeting, the Chair must appoint another person to act as the Chair on a temporary basis. If that person is not officially acting in the Chair’s position, decisions made at the meeting must be endorsed by the Chair.

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| **10.** | **Other Participants** |

The Chair may from time to time, invite other individuals or groups to present to, or observe, meetings of the HSQISC.

Where agreed by the Chair, members may invite guests to attend meetings to provide expert advice and support to a specific topic raised.

A guest’s attendance is limited to the duration of discussion on that specific topic. Observers and guests do not have the authority to make determinations in respect of the HSQISC‘s deliberations

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| **11.** | **Behaviours** |

Minimum governance behaviours of the Sub-Committee include:

* All members exercise **due diligence** and **act in good faith**.
* Members are provided with timely access to information, and information is shared amongst

members.

* Appropriate **confidentiality** is respected.
* Members **review papers in advance** of meetings and **attend** meetings
* Full and **active participation** in discussions by all members is promoted
* Constructive questioning and **vigorous debate** is encouraged, with expressions of dissent
* undertaken in a harmonious and collegiate fashion
* Members deal with each other with **courtesy and respect**
* The **right issues** are considered, **decisions documented** and **follow up** conducted

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| **12.** | **Quorum** |

The quorum for Sub-Committee meetings will be a minimum of 50% of members. In the absence of a quorum, the meeting may continue at the Chair’s discretion with any items requiring decision to be deferred and circulated, following the meeting, to members as an out-of-session item. Proxies are included in the determination of a quorum.

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| **13.** | **Out-of-Session Papers** |

Items can be managed out-of-session where:

* The item is urgent and must be considered before the next scheduled meeting: or
* In circumstances when face-to-face meetings are not possible, to enable business to be progressed.

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| **14.** | **Performance** |

The Sub-Committee will develop an annual work plan which will be linked to the department’s strategic objectives and the Sub-Committee’s functions and detail the activities to be completed by the Sub-Committee during the term of the workplan.

Evaluation of adherence to these performance activities and the minimum governance behaviours (section 9) will be conducted, with the support of the Risk, Assurance and Information Management Branch, Corporate Services Division, via:

* A Health Check – 6 months from the establishment of the Sub-Committee
* A periodic review – annually following the completion of the Health Check

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| **15.** | **Confidentiality** |

Members of the Sub-Committee may receive information that is regarded as commercial-in-confidence, clinically confidential or having privacy implications.

Members, proxies and observers acknowledge their responsibility to adhere to legal and ethical confidentiality frameworks and maintain confidentiality of all information that is not in the public domain.

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| **16.** | **Conflicts of Interest** |

To meet the ethical obligations under the Public Sector Ethics Act 1994, Sub-Committee members and proxies must declare any conflicts of interest and manage those in consultation with the Chair.

This may relate to a position a member holds (for example, chair of an external organization) or to the content of a specific item for deliberation.

Guidance on managing conflicts of interest can be found in the E1 Workplace conduct and ethics policy QH-POL-113 and associated guideline, QH-GDL-113:1:2017.

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| **17.** | **Secretariat** |

Secretariat support will be provided by Patient Safety and Quality Improvement Service, Clinical Excellence Queensland.

Responsibilities of the Secretariat include:

* Prepares an annual work plan and meeting schedule
* Records and maintains meetings proceedings (minutes)
* Confirms and reviews membership on an annual basis (inclusive of Chair and Secretariat)
* Documents actions and decisions, and reports them to PSQAC to report to the relevant peak bodies including ELT and QHLAB

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| **18.** | **Meeting Schedule** |

The Sub-Committee will meet at a minimum of 10 meetings per calendar year.

Meeting papers will be distributed at least five (5) working days prior to the meeting.

Document History

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| **Date** | **Nature of Amendment** |
| 24 August 2020 | V0.1 First draft |