| **Safety and Quality Improvement Framework**  Project Reference Group - Terms of Reference |  |
| --- | --- |

1. **Background and context**

Safety and quality improvement (S&QI) is the foundation of efficient and effective healthcare in an environment of ever-increasing demands and complexity. There has been an increasing focus on S&QI across the world with various health services internationally committed to embedding a structured safety and quality improvement framework to support business-as-usual across their service.

To be safe and effective, the mental health alcohol and other drugs (MHAOD) service system must be able to adapt to changing circumstances and advances in care. Contemporary approaches to improving safety in health care continue to emphasise the need to be guided by reducing ‘what goes wrong’ (Safety I) but more actively promote consideration and action in line with ‘what goes right’ (Safety II).

To guide and optimise S&QI efforts by Hospital and Health Service (HHS) and non-government organisation (NGO) leaders and frontline healthcare providers and statewide improvement agencies and networks, QH funded MHAOD services require a clear and achievable framework to support S&QI activity across the state. A statewide framework for S&QI requires a shared vision of healthcare improvement priorities, leadership, staff and service capability and digital capability.

*Better Care Together; a plan for Queensland’s state-funded mental health, alcohol and other drug services to 2027* (Better Care Together) commits to:

1. Developing a statewide safety and quality framework which articulates an agreed vision for clinical reform, an improvement agenda, and best practice improvement methods for MHAOD treatment, care and support.
2. Supporting implementation of the safety and quality framework by strengthening and supporting MHAOD quality improvement governance, including defining roles and responsibilities of each part of the system.

The Safety and Quality Improvement Framework project will deliver a statewide framework for S&QI for Queensland’s state-funded MHAOD services, improvement agencies and networks. This framework will:

* provide a vision and a coordinated framework for services, agencies and networks driving S&QI and support a learning culture within MHAOD services into the future
* enhance the capability of state-funded MHAOD services, improvement agencies and networks to undertake S&QI initiatives and meet the National Safety and Quality Health Service Standards.

The MHAOD Branch has commissioned [the provider] to undertake a collaborative design process to inform the development of a Queensland MHAOD S&QI Framework. Project deliverables include:

1. a draft S&QI Framework document,
2. an issues paper that provides recommendations on governance structures and a process for ongoing MHAOD system-wide identification, prioritisation and progression of S&QI priorities, and
3. an implementation recommendations paper that supports MHAOD services and statewide improvement agencies and networks (including training providers, networks, collaboratives and the Department of Health) to use the framework, and associated resources, to implement local or state-wide level S&QI initiatives.

The S&QI Framework Project Reference Group (the Reference Group) established as part of the governance structure of the S&QI Framework project, is the group responsible for informing the direction in management of project deliverables.

1. **Role of the Reference Group**

The role of the Reference Group is to provide a range of MHAOD service provider, leadership, policy, project management, and lived expertise to support the timely and successful delivery of the S&QI Framework project by:

* Monitoring and providing advice on the management of project activities undertaken by [the provider] to ensure key project milestones are met
* Reviewing project deliverables and making recommendations to the Chief Mental Health Alcohol and Other Drugs Officer in relation to the development of the S&QI Framework
* Identifying, managing, or escalating any project, planning and operational risks and issues as they arise.

1. **Members of the Reference Group**

Membership of the Reference Group will consist of HHS representatives, MHAOD Peak Bodies representatives, a PHN representative, people with lived experience, MHAOD Strategy and Planning Branch (SPB) Clinical Planning and Service Strategy Division (CPSSD) representatives, and the members of the MHAOD Branch Clinical Excellence Qld project team (Office of the Chief Psychiatrist and Clinical Systems, Collections and Performance Unit [CSCPU]).

|  |  |
| --- | --- |
| **Role** | **Position/Representing** |
| Chair | Director Clinical Governance, MHAOD Branch, Clinical Excellence Qld |
| Principal Project Officer | Principal Project Officer, Clinical Governance Team, MHAOD Branch, Clinical Excellence Qld |
| Project Manager, CGT | Manager, Clinical Governance Team, MHAOD Branch, Clinical Excellence Qld |
| CSCPU rep |  |
| MHAOD SPB rep |  |
| MHAOD SPB rep |  |
| HHS |  |
| HHS |  |
| HHS |  |
| HHS |  |
| HHS Peer Workforce rep |  |
| HHS First Nations Workforce rep |  |
| QAMH |  |
| QAIHC |  |
| QNADA |  |
| MHLEPQ |  |
| ARAFMI |  |
| PHN |  |
| Lived experience rep |  |
| Lived experience rep |  |

1. **Meeting conduct**

Protocols and requirements for meetings are as follows:

* Meetings will occur every month for one hour. Additional meetings may be scheduled by the MHAOD Branch, after initiation by the Chair. Meeting papers will be circulated five business days prior to the meeting date and meeting minutes will be finalised within five business days of the meeting date.
* The Reference Group is time limited and will operate from the time of commencement of engagement with [the provider], until delivery of the final project deliverables (anticipated six month timeframe). Any extension to this arrangement will require a review of these Terms of Reference, as determined by the Chair.
* Members who are absent from a meeting may have a proxy attend on their behalf. Proxies should be briefed and be able to contribute to meetings as if they were a nominated Reference Group member.
* Members must declare any actual or perceived conflicts of interest regarding any issues discussed that may have a direct influence on their ability to provide objective advice.
* The Reference Group will be chaired by the Director Clinical Governance, Office of the Chief Psychiatrist or their delegate/s. The Chair may invite participants or groups as guests to present to or observe meetings.
* Members may receive information that is regarded as ‘commercial-in-confidence’, clinically confidential or have privacy implications. By accepting membership of the Reference Group or an invitation to attend as a guest, meeting attendees acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain.
* Members, proxies and guests acknowledge their responsibility to act in accordance with the *Hospital and Health Boards Act 2011* and all relevant departmental policies and guidelines.

1. **Authority**

* The Reference Group has no legislative basis for its inception and operates in accordance with these approved terms of reference.
* The Reference Group reports through to the Chief Mental Health Alcohol and Other Drugs Officer, MHAOD Branch as per the S&QI Framework Project Governance Structure (pictured below).
* Individual members are responsible for the collation and dissemination of information for reporting purposes relative to the area they represent.
* Advice and recommendations made by the Reference Group will be presented as a consensus, where possible. However, it is acknowledged that the range of service provider, leadership, policy, project management, and lived expertise included in the Reference Group may lead to divergent views. Where relevant and necessary, recommendations presented by the Reference Group will reflect the views of all stakeholders, with resolution of decisions made by the Chief Mental Health Alcohol and Other Drugs Officer, MHAOD Branch.
* A minimum attendance of 50% members plus one is required for a quorum. Members can be substituted by suitably briefed proxies as required.

The S&QI Framework Project Governance structure

Better Care Together Implementation Reference Committee

Strengthening quality to reduce harms and improve outcomes Work Package Reference Group

Chief Mental Health Alcohol and Other Drugs Officer

[The provider]

External Consultant

S&QI Framework Project Reference Group

S&QI Framework Project

MHAOD Branch Project Team

1. **Document History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Comments** |
| 0.1 | 22/12/2022 | Maxine Waldburger | Initial draft |
| 0.2 | 05/01/2023 | Janet Martin |  |
|  |  |  |  |
|  |  |  |  |