
Title: **NSLHD - Health Care Quality Committee (HCQC)**

1. Purpose:

The Northern Sydney Local Health District (NSLHD) Board is committed to assuring the delivery of safe, high-quality care for the community, and all those who receive services in the Northern Sydney District.

The NSLHD Board Health Care Quality Committee (HCQC) is established to provide assurance to the Board that the NSLHD is providing care that is safe and of high quality, including in terms of patient experience and outcomes. The HCQC has a key leadership role in identifying the strategic direction for clinical quality and patient safety for the health service.

2. Responsibilities:

The HCQC achieves its primary objectives by:

- Advising and reporting to the Board regarding strategies, priorities, actions and risks associated with patient safety and the delivery of clinical services;
- Monitoring key performance areas affecting the safety and quality of care, including safety and quality priorities articulated in the NSLHD service agreement with NSW Health, including hospital acquired complications (HACs), incidents, complaints and compliments;
- Identifying opportunities to improve the safety and quality of services and all aspects of care;
- Providing leadership and strategic direction that promotes a culture of continuous quality improvement and learning from excellence and incidents, particularly in relation to the safety, effectiveness and appropriateness of care;
- Overseeing and monitoring organisational progress and achievement of the National Safety and Quality Health Service Standards;
- Monitoring and providing direction in relation to organisational alignment with the NSLHD Clinical Governance Framework and relevant elements of other key organisational statements, including the NSLHD Strategic and clinical services plans;
- Seeking assurance from the health service in relation to areas of safety and quality under-performance, requesting reviews and providing assurance to the Board on specific clinical issues and risks;
- Receiving and monitoring regular trend data, in particular HACs, incidents and complaints and other measures, especially relating to the potential for patient harm;
- Monitoring progress on implementation and delivery of quality and safety programs and projects, such as those introduced by the Clinical Excellence Commission (CEC) and Agency for Clinical Innovation (ACI), as well as local quality improvement projects /programs;
- Promoting and celebrating NSLHD quality initiatives and/or projects;
- Promoting an organisational “Just Culture” in relation to quality, safety, governance, and transparency of health care within NSLHD;
- Promoting education, training and research in connection with quality, safety, governance and transparency of health care and assuring the necessary capacity and capability for continuous quality improvement and learning and development in relation to quality and safety;

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- Supporting learning by receiving reports and patient stories in relation to clinical care excellence and incidents;
- Monitoring and receiving reports related to coronial and medico-legal matters;
- Monitoring and escalating to Board any high risk issues or concerns in relation to clinical quality and patient safety, effectiveness and accreditation;
- Recommending policy and system changes to sustain or enhance the quality, safety, governance and transparency of health care;
- Reviewing the NSLHD Safety and Quality Account and Attestation Statement for Board approval annually;
- Partnering with the Board Consumer Committee to support and realise a shared vision for patient safety, outcomes and experience and clinical quality across the District;
- Receiving and monitoring reports on clinical KPIs required under the Deed or service agreement with the Northern Beaches Hospital and Third Schedule associates.

3. Governance:

The HCQC reports to the NSLHD Board.

The Director Clinical Governance and Patient Experience is the Executive Lead with delegated responsibility for the effective functioning of the HCQC.

4. Membership:

- Up to three Member(s) of the Board; one of whom shall be the Chair of the Consumer Committee (CC). One member of the Board will chair the committee.
- Chief Executive
- Director, Clinical Governance and Patient Experience (responsible executive)
- Deputy Director, Clinical Governance and Patient Experience
- Executive Director, Operations
- Medical Executive Director NSLHD
- Directors Medical Services x 4 (HKH, RNSH, Ryde, MVH)
- Service Directors x 2 (PACH, MHDA)
- General Managers x 4 (HKH, RNSH, Ryde, MVH)
- NSLHD Director, Nursing and Midwifery
- NSLHD Director, Allied Health
- NSLHD Director, Aboriginal Health
- Executive Representative Mental Health Drug and Alcohol (may be DMS or Service Director)
- Executive Representative Primary and Community Health
- Clinical Council Representative x 2
- Pharmacy Representative
- Primary Health Network Representative
- Chief Risk Officer
- Consumer Advisors x2
- Frontline Clinician
- Clinical Network Representative x2

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- Information Technology Representative
- Northern Beaches Hospital Representative (DMS, CE or delegate)
- National Standards Representative
- Internal Audit Representative
- Director, Northern Beaches Hospital Partnerships NSLHD
- Director, Infection Prevention Control

5. Chair:

Board Member, and in default, NSLHD Chief Executive.

6. Executive Sponsor:

Director, Clinical Governance and Patient Experience

7. Committee Secretariat:

Board Secretariat, Clinical Governance Unit.

8. Frequency of Meetings:

Second monthly meetings commencing in February each year, with a minimum of 6 meetings each calendar year.

A meeting schedule will be published and communicated to the membership on an annual basis (December), by the Secretariat.

The Chair or the Chief Executive may convene ad hoc and out-of-session meetings should this be considered necessary.

9. Quorum:

Quorum will be 50% + 1 of agreed membership, but must include at least one Board Member, two District Executives, one Director Medical Services and one Consumer Advisor

10. Business Papers:

The Chair shall approve the agenda prior to the meeting. Members of the HCQC will receive the agenda papers, including the minutes of the meeting, at least five working days before the meeting.

All meetings shall be minuted and the minutes will be distributed to all members of the HCQC within a fortnight of the previous meeting. The Chair shall sign the minutes at the following meeting when endorsed at the meeting.

11. Reporting:

11.1 Formal reports will be tabled as per HCQC Reporting Schedule, which is updated annually and reflective of the requirements in the '[ACSQHC_NSQHS Standards Checklist for Assessors - Reviewing information accessed and actioned by the governing body](#)'.

11.2 Following each meeting the Committee Chair will develop, with the secretariat, a written report for the Board's information containing key issues, achievements or risks identified by the committee.

12. Committees Reporting to HCQC

12.1 Facility and service safety and quality committees

TERMS OF REFERENCE

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13. Working Relationship

- 13.1 The Committee Chair will work collaboratively and in partnership with the Board Consumer Committee (CC).

15. Evaluation

- 13.2 Annual review of the terms of reference
- 13.3 80% attendance of each member
- 13.4 Annual evaluation of achievement of purpose and responsibilities