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## NSLHD Health Care Quality Committee (HCQC)

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**Title:** NSLHD - Health Care Quality Committee

### 1. Achieving Quality in NSLHD:

The Northern Sydney Local Health District (NSLHD) Board is focused on providing quality care for the people in our community, and those who receive services in our district from outside our local district. The Board has established two committees to provide strategic advice and oversight of quality across NSLHD. These committees are the Health Care Quality Committee which focuses on quality and clinical care, and the Consumer Committee (CC) which focuses on consumers' experience.

### 2. Purpose:

The Health Care Quality Committee (the HCQC) is a Northern Sydney Local Health District (NSLHD) Board Committee whose role it is to identify opportunity and to continually improve the quality of services and all aspects of care through defining, overseeing, measuring, monitoring, improving and reporting on structures, processes and assurance for effective, consistent and best practice patient safety and clinical quality and, where relevant, having regard to National Safety and Quality Health Services Standards.

The HCQC will:

- Advise and report to the Board regarding strategies, priorities, actions and risks associated with effective, consistent and best practice patient safety and clinical quality;
- Identify opportunities to provide leadership and strategic direction that promotes a culture of continuous quality improvement and learning from excellence, particularly in relation to the safety, effectiveness and appropriateness of care.
- Receive reports related to the work of the HCQC and make appropriate recommendations;
- Provide support and advice in relation to compliance with the Australian Commission on Safety & Quality in Health Care's National Safety and Quality Health Service Standards (2<sup>nd</sup> Edition).
- Monitor and provide direction on the NSLHD's oversight of the NSW Ministry of Health's Patient Safety & Clinical Quality Program, and the NSLHD Clinical Governance Framework.
- Provide a channel for the Board to receive and be aware of issues relevant to the work of the HCQC.

### 3. Governance:

The HCQC reports to the NSLHD Board.

The Director Clinical Governance is the Executive Leader with delegated responsibility for the effective functioning of the HCQC.

Staff in the Clinical Governance Directorate provides secretariat and other support to this committee.

### 4. Responsibilities:

- To raise question of processes and receive assurance on matters of concern/interest relevant to clinical quality and safety as regards operational assurance processes. Examples might include staff on-boarding processes, police and qualifications checking, the incident management process, the complaints management processes, clinical performance appraisal and supervision processes.

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- To recommend relevant NSLHD policy and system changes.
- To receive and monitor regular trend data and oversee measures that reduce harm to patients at NSLHD to, or as close as reasonably practicable to, zero.
- To receive and monitor regular trend data and oversee measures directed at delivering personalised and individualised consumer centred care at NSLHD, including respectful communication and genuine engagement.
- To monitor and provide direction on the oversight of the quality and safety programs and projects of the Clinical Excellence Commission (CEC) and Agency for Clinical Innovation (ACI) as well as local quality improvement projects.
- To monitor progress on the current NSLHD Strategic Safety and Quality Plan related to actions relevant for the HCQC.
- To work in partnership with the Consumer Committee (CC) towards a shared vision for quality across the District.
- To monitor, develop and accept performances and trends against the Safety and Quality indicators within the Ministry of Health Service Agreement and guide the development of the NSLHD Safety and Quality Account for Board approval, and advise on any areas of concern.
- To monitor and review trends in compliments and complaints across NSLHD to inform direction of programs (including patient survey results).
- To receive reports on clinical KPIs required under the Deed or service agreement with the Northern Beaches Hospital and Third Schedule associates.
- To learn from clinical care excellence and receive reports and patient stories on clinical care excellence related to the work of the Committee.
- To receive reports and documents related to coronial and medico-legal matters pertaining to NSLHD.
- To encourage a Just Culture in connection with matters pertaining to quality, safety, governance and transparency of health care within NSLHD.
- To escalate to Board high risk issues or concerns in relation to clinical quality (care safety, effectiveness and/or person centredness).
- To recommend to Board policy and system changes to sustain or enhance the quality, safety, governance and transparency of health care within NSLHD.
- To promote education, training and research in connection with matters pertaining to quality, safety, governance and transparency of health care within NSLHD and provide advice and support to NSLHD in building the necessary capacity and capability for continuous quality improvement and learning from excellence.
- To highlight, promote and celebrate quality initiatives and/or projects across NSLHD.

### 5. Membership:

- Chief Executive
- Up to three Member(s) of the Board; one of whom shall be the Chair of the Consumer Committee (CC)
- Director Clinical Governance
- Deputy Director Clinical Governance
- [Director Finance]
- Executive Director Operations
- Medical Executive Director NSLHD
- Directors Medical Services x 4 (NBHS, HKH, RNSH, Ryde)

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- NSLHD Director Nursing and Midwifery
- NSLHD Director Allied 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
- General Manager Representative
- Pharmacy Representative
- Primary Health Network representative
- Chief Risk Officer
- Consumer Advisors x2
- Frontline Clinician
- Clinical Network Representative
- Information Technology Representative

### 6. Chair:

Board Member, and in default, NSLHD Chief Executive.

### 7. Executive Sponsor:

Director Clinical Governance

### 8. Committee Secretariat:

Clinical Governance Directorate; Board Secretariat

### 9. Frequency of Meetings:

At least every 2 months, 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.

### 10. 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*

### 11. 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 the HCQC has endorsed them.

### 12. Reports:

All reports referred to below must be prepared on an aggregate basis for NSLHD and broken down on a per facility basis.

12.1 Every meeting will receive:

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- 12.1.1 Patient story or presentation of clinical quality initiative proposal or current initiative related to patient outcomes or learning from excellence
- 12.1.2 Statistical Process Control data on key incident types of concern, e.g. falls, pressure injuries. These will reflect NSLHD performance against MoH Key Performance Indicators where they exist. Note that all relevant reports will be provided as both aggregate NSLHD data and facility level data.
- 12.1.3 Health System Performance results including emergency treatment performance, elective surgical targets, transfer of care, length of stay, incorrect procedures, deteriorating patients, unplanned readmissions including mental health, serious infections (CLAB and SABS) and hand hygiene, with comparison and analysis against target.
- 12.1.4 Other Quality and Safety indicators including clinical variation and clinical audit results
- 12.1.5 Serious Incident report (sentinel, Harm Score 1 and Harm Score 2) including summaries, new and updates on progress, how these are being dealt with and closed off, how they are performing against targets (both numerical and time related), and how lessons learnt are being incorporated across NSLHD.
- 12.1.6 Focused Incident Reports, as relevant, through identification of trends.
- 12.1.7 Serious Adverse Event Review (Root Cause Analysis (RCA) summary reports, including recommendation implementation status.
- 12.1.8 Serious Adverse Event Review recommendations monthly percentage report from SeeIT.
- 12.1.9 Consumer issues, relevant to clinical care delivery, including complaints and compliments handling matters.
- 12.1.10 Risk report to include the top five clinical risks (based on risk rating) across the NSLHD, new clinical risks and changed high risks that have been reported in the previous month. Relevant clinical risks entered into the Enterprise Risk Register in previous month.
- 12.1.11 Any matters for information.
- 12.1.12 Medico-legal and coronial matters
- 12.2 Annually:
  - 12.2.1 Terms of Reference review as necessary.
- 12.3 Ad hoc reporting:
  - 12.3.1 Progress and/or final reports on clinical service reviews concerning care quality matters.
  - 12.3.2 Progress and/or final reports on MoH, CEC, ACI initiated projects, e.g. IMS+ roll-out, Sepsis, Antimicrobial Stewardship matters.
  - 12.3.3 Quality Awards.
  - 12.3.4 National Safety and Quality Health Services Standards survey reports; presented by relevant services representatives, with action plans to address any survey recommendations or suggestions for improvement.
  - 12.3.5 NSW Health Patient Survey reports.
  - 12.3.6 Performance against MoH criteria, guidelines and also against ACHS standards and recommendations made in surveys.

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- 12.3.7 Other reports received from external State or National agencies related to healthcare quality.
- 12.3.8 An agreed cycle of clinical process safety and quality reviews, e.g. how policy and procedure is developed and ratified, clinical staff delineation of clinical privileges, clinician on-boarding checks, etc. These may be biannual or triannual.
- 12.4 Committees reporting to HCQC are:
  - 12.4.1 Ryde Patient Safety and Quality Committee
  - 12.4.2 RNSH Clinical Council
  - 12.4.3 HKH Clinical Governance Committee
  - 12.4.4 MHDA QARM
  - 12.4.5 P&CH Quality and Safety Committee
  - 12.4.6 Northern Beaches Hospital

### 13. Reporting

Minutes of meetings of the HCQC are to go to the Board and the Executive Leadership Team and the NSLHD Clinical Council.

Following each meeting of the NSLHD Health Care Quality Committee, the Committee Chair will develop with the secretariat, a written report for the Board's information and consideration, which will contain succinct observations and insights on relevant issues that should be brought to the attention of the Board. The report will have a particular focus on key issues that have been considered and relevant trends that have been observed by the Committee. This report will be prepared in addition to the minutes of the meeting.

In addition to the matters set out in these Terms of Reference, the Chief Executive will provide monthly written reporting to the Board on quality, safety, governance and transparency of health care within NSLHD, by way of the Chief Executive's report and, if thought appropriate, a separate management report. This will include details of all Harm Score 1 and Harm Score 2 events.

The Director Clinical Governance will attend meetings of Finance, Risk and Performance Committee. In that capacity, the Director Clinical Governance is responsible for the review of risks in connection with matters pertaining to quality, safety, governance and transparency of health care within NSLHD and assisting with the corresponding periodic review and updating of the risk register.

### 14. Working Relationship

The HCQC will work collaboratively and in partnership with the Consumer Committee (CC). The Annual Calendar will include at least one meeting where the HCQC and CC meet together.

Both the HCQC and CC will work collaboratively on the development and oversight of implementation of the Strategic Safety and Quality Plan. This Plan will identify the accountabilities for each of these committees, to facilitate a comprehensive and holistic approach to achieving the quality objectives.

### 15. Evaluation

- The annual *Performance Agreement – NSW Patient Safety & Clinical Quality Program - NSW Health and NSLHD*.

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### **NSLHD Health Care Quality Committee (HCQC)**

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- Annual review of the NSLHD Health Care Quality Committee's Terms of Reference (to be coordinated by the Director Clinical Governance).
- NSLHD Strategic Safety and Quality Plan