

# Metro North Hospital and Health Board

## Triennial Report 2020

### Metro North Hospital and Health Board Safety and Quality Committee

#### The Committee

The Metro Quality North Hospital and Health Board Safety and Quality Committee (the Committee) was established as a Quality Assurance Committee on 12 June 2014 by the Metro North Hospital and Health Service.

The Committee is a Quality Assurance Committee (QAC) established under Part 6, Division 1 of the *Hospital and Health Boards Act 2011* (the Act). The purpose of Division 1 is to improve the safety and quality of health services by providing protections for quality assurance committees established under the action.

#### Purpose

The purpose of the Metro North Hospital and Health Board Safety and Quality Committee (the Committee) is to provide independent assurance and assistance to the Board on:

- the Service's Quality Improvement Strategy
- the Service's Workplace Health and Safety Plan.

The Committee has an oversight role and does not replace management's primary responsibilities for the management of safety and quality, or governance of the service generally.

The Committee will provide prompt and constructive reports on its findings directly to the board highlighting issues it considers are not being adequately addressed by management. The minutes of the Committee's meetings will be promptly provided to the Board.

The Committee is a prescribed committee under the *Hospital and Health Boards Regulation 2012*:

- the Committee reports to the Board
- the terms of reference is approved by the Board
- the Board has authorised the Committee, within the scope of its responsibilities, to
  - examine any matter in relation to its objectives as it sees fit or as requested by the Board
  - engage external resources if necessary to obtain independent advice in relation to Committee matters with the approval of the Board
  - have access to all levels of management via the Health Service Chief Executive (HSCE) in order to seek information from any employee to assist in carrying out the Committee's responsibilities.

#### Functions

The Committee has the following functions:

(a) advising the Board on matters relating to the safety and quality of health services provided by the service, including the service's strategies for the following—

- (i) minimising preventable patient harm
- (ii) reducing unjustified variation in clinical care
- (iii) improving the experience of patients and carers of the service in receiving health services
- (iv) complying with national and State strategies, policies, agreements and standards relevant to promoting consultation with health consumers and members of the community about the provision of health services by the service;

Examples of policies and standards—

the documents called 'National Safety and Quality Health Service Standards' (1<sup>st</sup> edition dated September 2011 and 2<sup>nd</sup> edition dated November 2017) and 'Australian charter of healthcare rights', published by the Australian Commission on Safety and Quality in Health Care the document called 'Queensland Health public patients' charter', published by the Department of Health

- (b) monitoring the service's governance arrangements relating to the safety and quality of health services, including by monitoring compliance with the service's policies and plans about safety and quality;
- (c) promoting improvements in the safety and quality of health services provided by the service;
- (d) monitoring the safety and quality of health services being provided by the service using appropriate indicators developed by the service;
- (e) overseeing the assessment and evaluation of the quality of health services, the reporting and making of recommendations concerning those services and monitoring the implementation of its recommendations;
- (f) collaborating with other safety and quality committees, the department and State-wide quality assurance committees in relation to the safety and quality of health services;
- (g) any other function given to the committee by the service's board, if the function is not inconsistent with a function mentioned in paragraphs (a) to (g).

Example of a function for paragraph (g) — overseeing workplace health and safety practices in the service

### Membership (current)

Membership (Current)	Name Qualifications Dates	Summary of person's experience that is relevant to the committee's functions (s27(2)(c)(iii))
Committee Chair	Dr Kim Forrester Board Deputy Chair RN, BA, LLB, LLM (Advanced), PhD Barrister at Law Honorary Adjunct Associate Professor, Faculty of Health Science and Medicine Bond University	Registered nurse and barrister at law. Clinical background includes intensive and coronary care nursing. A member of the Australian College of Nursing and established the Masters in Emergency Nursing program at Griffith University and foundation academic in the School of Medicine. Honorary Adjunct Associate Professor in the Faculty of Health Science and Medicine at Bond University. Publishes extensively in the area of health law and legal practice areas of expertise include coroner's inquests and professional regulation.
Committee member	Professor Mary-Louise Fleming Board Member BEd(QUT), MA (Ohio), PhD (Qld), MAICD Head School of Public Health and Social Work QUT	Head of the School of Public Health and Social Work, Queensland University and Technology. Expert on public health education, health promotion and prevention, and evaluation. PhD in Public Health, The University of Queensland.
Committee member	Dr Rob Franz Board Member MBBS, FRACS	Director of Surgery, The Prince Charles Hospital and Chair, Queensland Surgical Advisory Committee.
<b>Standing invites – management</b>		
Chief Executive	Shaun Drummond	Responsible for the strategic direction and the efficient, effective and economic administration of the Health Service.
Chief Operating Officer	Adjunct Professor Jackie Hanson BNSc	Responsible for providing operational leadership, direction and day to day management, including infrastructure, of Metro North HHS to optimise quality health care and business outcomes.
Executive Director Clinical Services	Dr Elizabeth Whiting BA, MB BCH BAO, FRACP, FRANZSGM	Responsible for providing strategic leadership to clinical services. Chair of the Statewide Ministerial Collaborative for Frail Older People. Chair of the Clinical Examinations Committee for the Royal Australasian College of Physicians.
Executive Director Medical Services	Dr Elizabeth Rushbrook CSC, MBBS, MHA, FRACMA	Specialist medical administrator with executive sponsorship for medical credentialing and scope of practice, transfer of care, and infection control. Professional lead for the medical workforce.
Executive Director Nursing and	Adjunct Professor Alanna Geary RN, Midwife, BScN, MHSc, FACN, MAICD	Professional lead for the nursing and midwifery workforce. Executive sponsorship for nursing and midwifery credentialing and pressure injuries standards accreditation. Executive

Midwifery Services		Sponsor Standard 8 Recognising and Responding to Acute Deterioration & co Executive Sponsor Standard 5 Comprehensive Care.
Acting Executive Director Safety & Quality	Mr Mark Butterworth Ba App Sc (Diagnostic Radiography) Grad Dip Business Administration	Provide strategic leadership, direction and day to day management of Metro North HHS's governance, safety, quality and risk functions to optimise quality health care, statutory and policy compliance and continuously improving business outcomes.
Acting Executive Director Allied Health	Ms Michelle Stute MHServMgt, BOccThy	Professional lead for the Health Practitioner workforce. Executive sponsorship for Health Practitioner credentialing and performance against National Safety and Quality Health Service Standard for Comprehensive Care.
Executive Director Surgery	Dr Jason Jenkins MBBS, FRACS	Executive Director of the Surgery Clinical Stream and vascular surgeon.
Chief Finance Officer and Corporate Officer	Ms Melissa MacCabe BBusAccLeg, GradDip ICAA	Provides advice to the Committee on workplace health and safety matters.
Acting Head of Legal Services	Ms Nicola Ellis BA LLB Masters in Law Admitted to the Supreme Court of Queensland and High Court of Australia since 2000	Provides advice to the Committee on complex legal claims for health matters. Experienced with <i>Hospital and Health Board Act 2011</i> (and Regulations), <i>Health Ombudsman Act 2013</i> , <i>Health Practitioner Regulation National Law Act 2009</i> , <i>Right to Information Act 2009</i> , and <i>Information Privacy Act 2009</i> .

#### Members whose membership ceased during the period

Membership (Ceased)	Name Qualifications Dates	Summary of person's experience that is relevant to the committee's functions (s27(2)(c)(iii))
Committee member	Dr Robert Stable AM Board Chair MBBS, DUniv (QUT), MHP, FRAGCP, FAICD <i>Membership ceased on 18 May 2020</i>	48 year career in health including roles as a rural and remote general practitioner, flying doctor, Hospital Medical Superintendent and Director-General Department of Health.
Committee member	Associate Professor Cliff Pollard AM Board Member BD, MB BS Qld, FRACS, FRCS Edin, FACS <i>Membership ceased 18 May 2019</i>	More than 40 years experience in trauma surgery with posts at Redcliffe Hospital and the inaugural director of trauma at RBHW. International trauma management expert and a member of the Royal Australasian College of Surgeons National and Queensland Trauma Committees, the State Trauma Clinical Network, and the Australian Trauma Registry.
Committee member	Dr Margaret Steinberg AM PhD (Child Health and Education), MPhty (Research), BPhty (Hons), Dip Phty (UQ) <i>Membership ceased 18 May 2018</i>	Former Assistant Commissioner of the Health Quality and Complaints Commission.
Committee member	Professor Helen Edwards OAM DipApSc, BA (Hons), PhD, FACN, FAAN, MAICD Registered Nurse, Registered Psychologist, Assistant Dean Faculty of Health QUT <i>Membership ceased 18 May 2018</i>	Assistant Dean (International and Engagement) for the Faculty of Health, Queensland University of Technology. Member of the Institute of Health and Biomedical Innovation.

## Standing Invites whose membership ceased during the period

Standing Invites (Ceased)	Name Qualifications Dates	Summary of person's experience that is relevant to the committee's functions (s27(2)(c)(iii))
Executive Director Safety and Quality	Ms Noelle Cridland BN, MN, MAICD <i>Membership ceased 25 October 2019</i>	Provide strategic leadership, direction and day to day management of Metro North HHS's governance, safety, quality and risk functions to optimise quality health care, statutory and policy compliance and continuously improving business outcomes.
Acting Head of Legal Services	Ms Fiona Banwell LLM, LLB, BN, GDipLegalPrac, GDipMid, DipAppScience <i>Membership commenced on 20 December 2018</i> <i>Membership ceased on 14 June 2019</i>	Provides advice to the Committee on complex legal claims for health matters.
Head of Legal Services	Mr Charles Hartley Solicitor admitted to practice in Australia, England and Wales <i>Membership ceased on 26 October 2018</i>	Provides advice to the Committee on complex legal claims for health matters.

## Terms of Reference

The Terms of Reference (appendix 1) was reviewed and updated in February 2020.

## Privacy Policy

The following information outlines the requirements for a quality assurance committee to have a written privacy policy in accordance with Part 5 Division 3 of the *Hospital and Health Boards Regulation 2012*.

This policy applies to all established quality assurance committees within Metro North Hospital and Health Service, and should be retained as an appendix to the approved Terms of Reference.

This policy complies with the *Information Privacy Act 2009* and the *Privacy Act 1988 (Cwlth)*.

## Meetings

All Committee meetings are convened in person at RBWH precinct Herston in Block 7 level 14 room 28A from 9am to 11am.

As set out in the terms of reference, meetings are held bimonthly.

From June 2017 to June 2020 meetings were held on:

2017	27 July, 28 September, 7 December
2018	22 February, 26 April, 28 June, 30 August, 25 October, 20 December
2019	21 February, 2 May, 27 June, 29 August, 23 September, 24 October, 19 December
2020	20 February

The next meeting will be held on 25 June 2020.

## Meeting attendance

A list of meeting attendance is provided at Appendix 2.

## Summary of activities

The Committee considers the following matters at each meeting:

- The effectiveness of key safety and quality systems
- Data, analysis and information to monitor and oversee the effectiveness of the systems in place to minimise preventable patient harm, improve the experience of patients and comply with national and state standards, policies and agreements
- Significant human resource issues including workplace health and safety matters
- Complex legal claims.

Committee discussions from 2017 to 2020 focused on a number of strategic topics including:

- Improving performance for transfer of care and learning from other jurisdictions
- Timeliness of SAC1 incident reviews and recommendations completed within 90 days
- Consumer engagement
- Hospital Acquired Complications reporting
- Annual evaluation of the Metro North Policy, Procedure and Protocol Framework and the Clinical Governance Framework
- Annual Quality of Care report
- Research and Education
  - Opioid Stewardship – Geoffrey Grima, Director of Pharmacy Redcliffe Hospital and Champika Pattulo, QUM Pharmacist RBWH
  - Data Warehouse (Trauma and Sepsis) – Associate Professor Kirsten Vallmuur QUT & Professor Jeff Lipman Research Ambassador Metro North
  - ICU Research Project – Dr Joel Dulhunty, Director of Research and Medical Education, Redcliffe Hospital and research Fellow, Intensive Care Services, RBWH
  - Orthopaedic Unit (NO FEAR) – Dr Chyrs Pulle, Geriatrician TPCH
  - QuARRIE Award recipient Penicillin Allergy need not be forever – Dr Andrew Redmond, Staff Specialist, Infectious Diseases and Microbiology RBWH
  - Watching Our Waits (WOW) update – interactive dashboards to improve clinical information – Kevin Clark Nursing Director Medicine Stream
  - IMPACT Trial – Professor Louise Cullen, Staff Specialist and Emergency Physician RBWH
  - Indigenous Safety and Quality Indicators – Paul Drahm Director, Indigenous Health Unit
  - Improving outcomes for patients diagnosed with cancer via the CVAD (central venous access device) registry – Nicole Gavin, Principal Nurse Researcher, Cancer Care Services
  - Closed Loop Electronic Medication Management – Dr Danielle Stowasser Pharmacist and Project Director
  - Human factors and systems safety – presented by Satyan Chair, Metro North Lead Human Factors and Systems Safety
  - Systems & Safety Improvement Caboolture Pilot Evaluation – presented by Linda Hardy previous Executive Director Clinical Governance, Safety, Quality and Risk and Dylan Campher, Director Clinical Skills Development Service
  - Queensland Cancer Control Safety & Quality Partnership overview of breast and colorectal cancer activity and associated outcomes – presented by Professor David Theile AO Chair and Shoni Philpot Manager Queensland Health

- CURE-IT Program, a successful and innovative model of care to treat Hepatitis C in the community – presented by Dr Tony Rahman, Gastroenterology TPCH.

# Metro North Hospital and Health Board

## Safety and Quality Committee Terms of Reference

### 1. Purpose

The purpose of the Metro North Hospital and Health Board (the Board) Safety and Quality Committee (the Committee) is to provide independent assurance and assistance to the Board on:

- the Service's Quality Improvement Strategy
- the Service's Workplace Health and Safety Plan.

The Committee has an oversight role and does not replace management's primary responsibilities for the management of safety and quality, or governance of the service generally.

The Committee will provide prompt and constructive reports on its findings directly to the board highlighting issues it considers are not being adequately addressed by management. The minutes of the Committee's meetings will be promptly provided to the Board.

### 2. Authority

The Committee is a prescribed committee under the *Hospital and Health Boards Regulation 2012*:

- the Committee reports to the Board
- the terms of reference is approved by the Board
- the Board has authorised the Committee, within the scope of its responsibilities, to
  - examine any matter in relation to its objectives as it sees fit or as requested by the Board
  - engage external resources if necessary to obtain independent advice in relation to Committee matters with the approval of the Board
  - have access to all levels of management via the Health Service Chief Executive (HSCE) in order to seek information from any employee to assist in carrying out the Committee's responsibilities.

The Committee is an established Quality Assurance Committee under Part 6 of the *Hospital and Health Boards Act 2011*.

### Decision making

- The Committee has no executive powers.
- The Committee is an advisory committee of the Board. In discharging its responsibilities, the Committee has the authority to:
  - recommend investigations into matters within its scope of responsibility
  - access information, records and personnel of the service and Health Department's Shared Service Provider for this purpose
  - request attendance of any employee, including executive staff, at committee meetings
  - conduct meetings with internal and external auditors as necessary
  - seek advice from external parties as necessary
- Recommendations of the Committee will be regarded as its collective decision or advice unless there is material dissension.
- If consensus cannot be reached, the Chair reserves the right to escalate the matter to the Board. The minority view will be recorded in the minutes of the meeting and placed before the Board.
- Where the matter for consideration is beyond the scope of the Committee, the decision is to be referred to another committee, where relevant, or the Board.

### 3. Guiding Principles

The *Hospital and Health Boards Act 2011* and the *Public Service Act 2008* provide the following principles intended to guide achievement of the Acts' objects. These principles guide all decisions of the Committee.

#### *Hospital and Health Boards Act 2011*

- the best interests of users of public sector health services should be the main consideration in all decisions and actions under this Act
- there should be a commitment to ensuring quality and safety in the delivery of public sector health services
- providers of public sector health services should work with providers of private sector health services to achieve coordinated, integrated health service delivery across both sectors
- there should be responsiveness to the needs of users of public sector health services about the delivery of public sector health services
- information about the delivery of public sector health services should be provided to the community in an open and transparent way
- there should be commitment to ensuring that places at which public sector health services are delivered are places at which –
  - employees are free from bullying, harassment and discrimination
  - employees are respected and diversity is embraced
  - there is a positive workplace culture based on mutual trust and respect
- there should be openness to complaints from users of public sector health services and a focus on dealing with the complaints quickly and transparently
- there should be engagement with clinicians, consumers and community members and local primary healthcare organisations in planning, developing and delivering public sector health services
- opportunities for research and development relevant to the delivery of public sector health services should be promoted
- opportunities for training and education relevant to the delivery of public sector health services should be promoted.

#### *Public Service Act 2008*

- public service management is directed towards providing responsive, effective and efficient services to the community and the Government
- impartiality and integrity is maintained when informing, advising and assisting the Government
- collaboration between Government and non-government sectors is fostered in providing services to the community
- there is commitment to continuously improving public service administration, performance management and service delivery
- public resources are managed efficiently, responsibly and in a fully accountable way
- the Government is promoted as an employer of choice
- equality of employment opportunity is promoted.

### 4. Functions

The Committee has the following functions:

(a) advising the Board on matters relating to the safety and quality of health services provided by the service, including the service's strategies for the following—

- (i) minimising preventable patient harm
- (ii) reducing unjustified variation in clinical care
- (iii) improving the experience of patients and carers of the service in receiving health services
- (iv) complying with national and State strategies, policies, agreements and standards relevant to promoting consultation with health consumers and members of the community about the provision of health services by the service;

Examples of policies and standards—



the documents called 'National Safety and Quality Health Service Standards' (1<sup>st</sup> edition dated September 2011 and 2<sup>nd</sup> edition dated November 2017) and 'Australian charter of healthcare rights', published by the Australian Commission on Safety and Quality in Health Care the document called 'Queensland Health public patients' charter', published by the Department of Health

- (b) monitoring the service's governance arrangements relating to the safety and quality of health services, including by monitoring compliance with the service's policies and plans about safety and quality;
- (c) promoting improvements in the safety and quality of health services provided by the service;
- (d) monitoring the safety and quality of health services being provided by the service using appropriate indicators developed by the service;
- (e) overseeing the assessment and evaluation of the quality of health services, the reporting and making of recommendations concerning those services and monitoring the implementation of its recommendations;
- (f) collaborating with other safety and quality committees, the department and State-wide quality assurance committees in relation to the safety and quality of health services;
- (g) any other function given to the committee by the service's board, if the function is not inconsistent with a function mentioned in paragraphs (a) to (f).

Example of a function for paragraph (g) — overseeing workplace health and safety practices in the service

## 5. Risk Management

A proactive approach to risk management will underpin the business of the Committee. The Committee will:

- identify risks and mitigating strategies associated with all decisions made
- implement processes to enable the committee to identify, monitor and manage critical risks as they relate to the functions of the Committee.

## 6. Sub-Committees

The Chair of the Committee has the authority to create relevant sub-committees or other subordinate bodies deemed necessary to assist the Committee in discharging its responsibilities.

## 7. Reporting

The Committee will prepare prompt and timely reports to the Board outlining relevant matters that have been considered by it, as well as the Committee's opinions and recommendations thereon. The Chair will report to the Board on a regular basis.

The Committee will provide the following to the Board:

- Annual meeting schedule
- Confirmed meeting minutes following each meeting

The Committee will receive the following reports as standing items:

- Safety and Quality Report
- External Reviews and Actions
- Internal audit reports pertaining to clinical governance and safety and quality matters
- Occupational Health and Safety Report
- Legal Claims Report

The Committee may also receive reports on an 'as needs' basis, where the report is relevant to the Committee's functions. Reports are to be provided to the secretariat no later than eight days prior to the meeting for inclusion in the meeting pack for Committee members.

## 8. Membership

Membership is determined by the Board. Members, including the Chair, will include at least two members of the Board, or, where the necessary skills do not exist on the Board, the Board may appoint an external member of the Committee.

If the Chair is absent from a meeting or vacates the Chair at a meeting, the Chair must appoint another member to act as the Chair on a temporary basis.

### Standing invites

The following positions will be invited to attend each meeting:

- Health Service Chief Executive
- Executive Director Operations
- Executive Director Safety and Quality
- Executive Director Clinical Services
- Executive Director Medical Services
- Executive Director Allied Health
- Executive Director Nursing and Midwifery Services
- Executive Director Surgery
- Chief Finance Officer (incorporates workplace health and safety function)
- Head of Legal Services
- Director Aboriginal and Torres Strait Islander Health Unit

### Proxies

Proxies are only able to attend if approved by the Chair. Proxies are to be notified to the Secretariat prior to the meeting and be fully orientated by the member. The Secretariat will ensure all proxies are formally made aware of the confidentiality and privacy obligations of the quality assurance committee.

## 9. Other participants

The Chair may request service health executives, employees or external parties to attend a meeting of the Committee. However, such persons do not assume membership or participate in any decision-making processes of the Committee. All invited guests will be orientated to the confidentiality and privacy requirements incumbent upon Committee functions by the Secretariat.

Clinical expertise and representatives will be requested to attend as required to inform decisions and discussion as required.

## 10. Quorum

A quorum will comprise the number equal to one-half of the number of formal members, including the Chair. If one-half of the number of its members is not a whole number, the next highest whole number.

## 11. Out-of-session Papers

Urgent matters can be progressed out-of-session with the agreement of the Chair.

## 12. Performance

The Committee will undertake an annual self-assessment of its performance to ensure that the Committee remains fit for purpose and to identify and action any areas in which the effectiveness of the Committee could be improved. The Committee will provide a report on the annual review of performance and achievements to the Board.

Periodically, the Chair will discuss professional development and training needs for all members of the Committee. When training needs are identified, the Secretariat will make the arrangements for registration and payment.

### 13. Ethical Practices

To meet the ethical obligations under the *Health and Hospitals Boards Act 2011* and the *Public Sector Ethics Act 1994*, Committee members must declare any conflicts of interest whether actual, potential, apparent, or appear likely to arise, and manage those in consultation with the Chair.

Members will at all times in the discharge of their duties and responsibilities, exercise honesty, objectivity, independence and probity and not engage knowingly in acts of activities that have the potential to discredit the service.

Members will refrain from entering into any activity that may prejudice their ability to carry out their duties and responsibilities objectively and will, at all times, act in a proper and prudent manner in the use of information acquired in the course of their duties. Members will not use the service's information for personal gain for themselves or their immediate families or in any manner that would be contrary to law or detrimental to the welfare and goodwill of the service. Further, members must not publicly comment on matters related to activities of the Committee other than as authorised by the Governing Board.

### 14. Confidentiality and Privacy

Members of the Committee may from time-to-time be in receipt of information that is regarded as 'commercial in confidence', clinically confidential or have privacy implications. Members acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain. Members will maintain the committee papers in a confidential manner separate from any other business or responsibilities of the member.

The Metro North Board Safety and Quality Committee is an authorised Quality Assurance Committee under the *Hospital and Health Boards Act 2011* (the Act), as authorised by the Chief Executive. Members must not disclose to someone else information acquired by the person as a member of the committee, other than for those purposes specifically outlined in section 84 of the Act. Furthermore, the Act outlines specific protections for documents and information that are application to the functions of the Committee and members.

In accordance with section 84 of the Act, the Committee, or Chair of the Committee, may approve the release of information acquired by the Committee for the purposes of:

- Exercising their functions of the Committee
- Mandatory reporting to Australian Health Practitioners Regulation Agenda
- Providing information to a prescribed Patient Safety Entity
- Providing information to another Quality Assurance Committee where the information is relevant to that Committee's functions.

Requests for the provision of documents prepared for the Committee should be directed to the Chair in the first instance. The Committee may agree to provide a copy of any document that has been prepared for the Committee, as a Quality Assurance Committee under Part 6 of the Act pursuant to section 84 of the Act, where the Committee believes that doing so is reasonably necessary to facilitate quality improvement in accordance with the functions of the Committee. The decision must be documented in the minutes. The Chair may make a decision to provide the documents without consideration of other Committee members if, in doing so, it is necessary to facilitate and not delay quality improvement. The Chair must advise members of this decision which should be documented in the minutes of the Committee meeting following the decision. Requests for documents made to the secretariat will be managed in accordance with legislative requirements of the Act and associated Regulations.

Additional guidelines regarding the Committee's confidential obligations as a Quality Assurance Committee are outlined in **Appendix A** (Quality Assurance Committees Confidentiality Obligations).

**Appendix B** is the written privacy policy of the quality assurance committee, and states the ways the Committee, or a member of the Committee, will acquire, compile, store and disclose relevant information.

## 15. Secretariat

Secretariat support will be provided by the Board Secretary or another officer. The Secretariat will be responsible for the preparation and circulation of the meeting agenda and accurately minuting all decisions of the Committee, in consultation with the Chair. The Secretariat will also be responsible for the timely tabling of all correspondence, reports and other information relevant to the Committee's activities. The Secretariat is responsible for the maintenance of information systems which ensure confidentiality of all Committee documents in accordance with the Metro North Quality Assurance Committee Privacy Policy (Appendix B).

## 16. Meeting Schedule

Meetings will be held at least six times a year. In addition, the Chair may call additional meetings as necessary to address any matters referred to the Committee or in respect of matters the Committee wishes to pursue within the terms of reference.

## 17. Business Rules

As per the Metro North Board Charter, which provides the corporate governance framework for the authority, role, operation, membership, functions and responsibilities of the Board.

Procedures of the Committee are conducted in accordance with Part 5 Division 2 of the *Hospital and Health Board Regulation 2012*.

**Approved** by the Metro North Hospital and Health Board on 25 February 2020

**Review date** February 2021

# Appendix A: Quality Assurance Committees (QAC's) Confidentiality Obligations

QAC's established pursuant to Part 6 of the *Hospital and Health Boards Act 2011* (Qld) ("HHB Act") are bound by strict confidentiality obligations. These obligations apply to both QAC members and relevant persons for the QAC. Relevant persons are individuals authorised to help the QAC to perform its functions, including providing administrative or secretarial services, advising the QAC about the performance of its functions, or preparing reports and other information for the QAC.

## Exceptions to the Prohibition of Disclosure

QAC members are prohibited from disclosing information acquired in the course of their involvement in QAC activities, except in the following circumstances:

### **For the purpose of exercising their functions as QAC members**

Reference should be made to the QAC's Terms of Reference to identify the QAC's functions. For example, if the purpose of the disclosure is in order to make safety and quality improvements, which is a function of the QAC, documentation and information can be disclosed to relevant persons so that improvements can be made and learnings actioned. This would include Executive Directors, Nursing Directors (where relevant to the matter) and Safety and Quality Officers.

### **Providing information to another QAC**

Information can be provided if the information is relevant to that QAC's functions. For example, information can be shared from a Complex Case Committee (QAC) to a Critical Incident Committee (QAC) for the purpose of patient safety or improvements.

### **Providing information to a prescribed Patient Safety Entity**

Information can be provided if the information is for an authorised purpose of the Patient Safety Entity. A prescribed Patient Safety Entity includes the administrative unit of the department and each Safety and Quality Committee established by the Board. Therefore disclosure can be made to a Patient Safety Unit of the Department of Health, or a Hospital and Health Service's Safety and Quality Committee.

The Health Ombudsman is not a prescribed Patient Safety Entity.

### **Reporting a reasonable belief of public risk notifiable conduct to the Australian Health Practitioner Regulation Agency (AHPRA)**

This provision only applies to registered health practitioner QAC members. Public risk notifiable conduct includes conduct where the practitioner has placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has impairment, or has practised the profession in a way that constitutes a significant departure from accepted professional standards.

Impairment is defined in the *Health Practitioner Regulation National Law (Queensland)* as a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to affect the person's capacity to practice the profession.

### **To comply with the requirements of an inspector.**

Information must be provided if the requirements of an inspector relate to an offence under Part 6, Division 1 of the HHB ACT. This division deals with the obligations of QAC's, for example breach of confidentiality provisions.

### **Under a Regulation made pursuant to section 91 of the HHB ACT**

Section 91 allows for Parliament to pass further regulations setting out circumstances in which a QAC is allowed or required to make specific information available to the public and permitting or requiring QAC's to provide reports or information to the Minister, Chief Executive or another entity.

Exercising any of these exceptions to disclosure should be at the discretion of, or in consultation with the QAC, or the Chair of the QAC.

## Protection Afforded to QAC's

A report or other document created by or for a QAC, information contained in a report or other document created by or for a QAC, or information acquired by a person as a member or relevant person of the QAC cannot be:

- Accessed under any order, whether of a judicial or administrative nature (which includes a direction or other process); and
- Is not admissible in any proceeding (which includes a civil proceeding, a criminal proceeding, or a proceeding under the *Health Practitioner Regulation National Law* (Queensland)).

Neither a QAC member nor a Relevant Person for a QAC can be called to produce documents or give evidence in any legal proceedings (civil proceeding, criminal proceeding, or disciplinary proceeding) about information that came to their knowledge as a QAC member or a Relevant Person for a QAC.

Therefore if a demand for documentation is made pursuant to other legislation, disclosure can be refused.

### Committee members or Relevant Persons

QAC members or Relevant Persons cannot be held civilly liable for acts done or omissions made honestly and without negligence in their functions as a QAC member or a Relevant Person for the QAC.

### Persons who assist QAC's

Persons who assist a QAC and provide information to a QAC are protected also. A person, who honestly and on reasonable grounds gives information to a QAC for the QAC's functions, is not subject to any liability for giving the information.

A person cannot be compelled to divulge or communicate in a proceeding, or in compliance with a requirement under an Act or legal process, any of the following:

- Whether or not the person gave information to a QAC or a Relevant Person for a QAC;
- Information the person gave to a QAC or a Relevant Person for a QAC;
- A document given by the person to a QAC or a Relevant Person for a QAC that was created by the person or another person for the QAC;
- Information the person was given, or questions the person was asked, by a QAC or a Relevant Person for a QAC.

Therefore, information acquired or documents created for the sole purpose of reporting to QAC's will be protected from disclosure and the QAC cannot be compelled to produce documents except in the circumstances previously outlined.

## Relevant organisations to which QAC's cannot provide information or documentation

QAC's cannot provide information or documentation to:

- The Office of the Health Ombudsman;
- AHPRA, except for public risk notifiable conduct. In addition, information or documents held by the QAC are not admissible in any disciplinary proceedings; and
- The Coroner.

The *Right to Information Act 2009* (QLD) exempts QAC's from right to information applications.

## Disclosure of information by a QAC

A report furnished, or information made available by a QAC, must be de-identified, unless the provider or recipient of health services has consented in writing to that disclosure pursuant to section 83(2) of the HHB Act.

## Appendix B: Quality Assurance Committee Privacy Policy

The following information outlines the requirements for a quality assurance committee to have a written privacy policy in accordance with Part 5 Division 3 of the *Hospital and Health Boards Regulation 2012*.

This policy applies to all established quality assurance committees within Metro North Hospital and Health Service, and should be retained as an appendix to the approved Terms of Reference.

This policy complies with the *Information Privacy Act 2009* and the *Privacy Act 1988 (Cwlth)*.

Within this policy, 'relevant information' means information acquired or compiled by the committee in the exercise of its functions.

Acquire and compile relevant information	<p>The secretariat will ensure the acquiring and compiling of information required for the committee to exercise its functions, is in accordance with quality assurance committee confidentiality and privacy provision (including confidentiality disclaimer on agenda and minute templates)</p> <p>Committee members are orientated to the provisions of confidentiality and privacy, in line with requirements of relevant Acts.</p>
Securely store relevant information	<p>The secretariat will maintain records within a secure drive, ensuring appropriate authorisation and governance in relation to access.</p> <p>The secretariat will keep the minutes of a meeting of a committee for 10 years after the meeting in accordance with s21 of the Regulation.</p>
Disclose relevant information	<p>In accordance with Part 6 s84 of the <i>Hospital and Health Boards Act 2011</i>.</p>
Ask an individual for consent to disclose the individual's identity under section 83 (2) of the Act	<p>The committee secretariat, under the authorisation of the committee Chair must request consent in writing to an individual and the individual must provide consent in writing.</p> <p>An email is considered 'writing' for the purposes of providing consent and maintaining records.</p> <p>The secretariat must maintain the record of consent as part of the committee document management and retention.</p>
Circumstances under which a record containing relevant information may be copied or destroyed	<p>The secretariat will comply with circumstances as outlined in the <i>Public Records Act 2002</i>, and other relevant legislation and regulation as appropriate within the <i>Hospital and Health Boards Act 2011</i>, the <i>Coroner's Act 2003</i>, and the <i>Health Ombudsman Act 2013</i>.</p>





## NOTES

NA – not a member or management attendee of the Committee.

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<sup>i</sup> Only Board members of the Committee and Acting Chief Executive invited.

<sup>ii</sup> Michelle Stute, Director Allied Health

<sup>iii</sup> John Bartholomew, Director WH&S

<sup>iv</sup> John Bartholomew, Director WH&S

<sup>v</sup> As above

<sup>vi</sup> As above

<sup>vii</sup> As above

<sup>viii</sup> Cassandra Sampson, Nursing Director Surgical Services

<sup>ix</sup> As above

<sup>x</sup> Andy Carter, Director of Nursing Community & Oral Health Directorate

<sup>xi</sup> Cherie Franks, Director of Nursing The Prince Charles Hospital

<sup>xii</sup> As above

<sup>xiii</sup> Professor Robyn Fox, Professor of Nursing and Midwifery Education

<sup>xiv</sup> Ben Ballard, Director of Nursing (Workforce Planning, Nursing & Midwifery Services)

<sup>xv</sup> Andy Carter, Director of Nursing Community & Oral Health Directorate

<sup>xvi</sup> Dr Leah Barrett-Beck, Deputy Executive Director Medical Services

<sup>xvii</sup> Rupert Tidmarsh, Principal Advisor Medical Services

<sup>xviii</sup> Acting Executive Director Allied Health

<sup>xix</sup> Temporary Head of Legal Services

<sup>xx</sup> Kate Scotchford, Legal Services