

Gold Coast Hospital and Health Board

# Safety, Quality and Clinician Engagement Committee Charter

v5.0



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The artwork throughout this document was produced for Gold Coast Health by Riki Salam, We are 27 Creative.

## 1. The Charter

This document, to be known as the Safety, Quality and Clinician Engagement Committee Charter (the Charter), has been approved by the Gold Coast Hospital and Health Board (the Board). Any previous version of the Charter/Terms of Reference is hereby revoked. This Charter will continue in effect until revoked by the Board.

The Charter establishes the Safety, Quality and Clinician Engagement Committee's purpose, function, membership, guiding principles, reporting and administrative arrangements.

The Charter will be periodically reviewed to maintain its alignment with excellence in governance standards and compliance with legislation, policy and best practice.

This Committee Charter should be read in conjunction with the Board Charter. The Board Charter outlines the general provisions for meetings which also apply to Board Committee meetings.

## 2. Purpose

The Gold Coast Hospital and Health Service (Gold Coast Health) is a statutory body under the *Hospital and Health Boards Act 2011*.<sup>1</sup> It is also a statutory body under the *Financial Accountability Act 2009* and the *Statutory Bodies Financial Arrangements Act 1982*, and is a unit of public administration under the *Crime and Corruption Act 2001*.<sup>2</sup>

The Safety, Quality and Clinician Engagement Committee (the Committee) reports directly to the Board and functions under the authority of the Board in accordance with Schedule 1, subsection 8(1)(b) of the *Hospital and Health Boards Act 2011*, and regulations 44(1)(a) and 45 of the Hospital and Health Boards Regulation 2023.

The purpose of the Committee is to advise the Board on matters pertaining to the appropriateness, quality and safety of health services provided by Gold Coast Health.

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<sup>1</sup> HHB Act, subsection 7(1)

<sup>2</sup> HHB Act, section 21



### 3. Function and Responsibilities

In accordance with section 45 of the Hospital and Health Boards Regulation 2023, a safety and quality committee established by a Service's Board 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.
- (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) monitoring the workplace culture of the Service in relation to the safety and quality of health services provided by the Service\*.
- (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 Board, if the function is not inconsistent with a function mentioned in paragraphs (a) to (f).

\* With reference to paragraph (e) above, monitoring of safety and quality performance metrics includes discussion of relevant workplace cultural issues. Full workplace culture metrics are considered by the Board's Executive Committee.

The Committee will carry out the following responsibilities on behalf of the Board:

- (a) Monitor implementation and outcomes of the Clinical Governance Framework to ensure continuous improvement in the quality provided to patients and the community served by Gold Coast Health.
- (b) Using trend analysis and national benchmarking, monitor the Board's compliance with the National Safety and Quality Health Service Standards for health service organisation Boards.
- (c) Ensure that appropriate safety and quality lead and lag indicators are identified and developed specifically for the Gold Coast Health.
- (d) Monitor the specific indicators in (c) through trend analysis and state, national and international benchmarking, where possible.
- (e) Ensure the organisation monitors relevant external reports/recommendations that may impact on its safety and quality governance processes.
- (f) Ensure through the processes in (a-e) above that the organisation can identify what patient groups are at greatest risk of suffering harm during their care and develops processes to address these variations.
- (g) Foster and ensure an engaged safety culture. With regard to the Workforce Strategy, ensure there is:





- (i) strong engagement with clinicians in the processes in (a-f) above
- (ii) workforce issues directly related to the delivery of safe clinical care are identified and monitored
- (h) With regard to the Consumer and Community Engagement Strategy, ensure there are organisational processes to engage consumer feedback into the development and implementation of Safety and Quality policies.
- (i) Ensure the organisation responds in a timely and effective manner to safety and quality matters.
- (j) Monitor reports on the management of relevant clinical risks.
- (k) Monitor and review Gold Coast Health's performance against relevant safety and quality key performance indicators.
- (l) Oversee the review of the Service's safety and quality governance frameworks, strategies and plans as appropriate and within required timeframes.
- (m) Any other function given to the Committee by the Board, if the function is not inconsistent with functions mentioned elsewhere within this Charter.

## 4. Authority and Decision Making

The Committee has an oversight role and does not replace or replicate management's primary responsibilities and delegations or the responsibilities of other executive management groups within Gold Coast Health.

The Committee is advisory in nature, and does not hold financial, procurement or any other form of delegation on behalf of the Board.

The Committee is a 'prescribed committee' under section 44 of the Hospital and Health Boards Regulation 2023. The Committee has no executive powers; it may pass resolutions however it is not authorised to make decisions.

A resolution is validly made by the Committee, even if it is not passed at a meeting, if most of the Committee members give written agreement to the resolution and notice of the resolution is given under procedures approved by the Committee.

In discharging its responsibilities, the Committee has the following authorities:

- The Chair of the Committee can access all information and personnel that are reasonably required to fulfill the Committee Charter
- The Chair of the Board and the Chief Executive will be consulted where information requests are considered of a private, sensitive, or confidential nature
- The Committee may request the attendance of any member of the Executive Management Team, including the Chief Executive, or member of the Board, at a Committee meeting
- The Committee may seek advice from external advisors, including legal or financial advisors, with approval of the Board
- The Committee may recommend investigations, reviews, and reports on matters within its Charter
- The Committee may recommend matters to the Board for approval or noting
- Issues unable to be resolved by the Committee are escalated to the Board.

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.

The Committee is part of Gold Coast Health's corporate governance framework. To the extent that there is any overlap in the responsibilities of the Committee and other committees of the Board, those committees shall, directly or through the Board or management, endeavor to ensure that the overlap is dealt with in an



appropriate manner. The Committee shall refer any issues that relate more appropriately to another committee to that other committee.

## 5. Guiding Principles

The Committee must recognise and adhere to the principles set out in the *Hospital and Health Boards Act 2011*, *Hospital and Health Board Regulation 2023*, the *Public Sector Act 2022* and the *Financial Accountability Act 2009* in carrying out the Committee's function.

The relevant principles from the above-mentioned legislation are contained in the Board Charter. The Committee must also conduct itself in accordance with the Gold Coast Health values below:



## 6. Relationships

The Committee reports directly to the Board. The Committee may recommend matters to the Board for approval or noting.

The Committee and other Committees of the Board will refer matters between each other for deeper analysis or investigation and reporting back within the Charters of the referring committee.

At the discretion of the Committee Chair, representatives of relevant Gold Coast Health groups may be invited to attend meetings on behalf of their respective representative group.

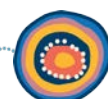
Following each Committee meeting, the Committee Chair will provide a summary report to the Board.

## 7. Reporting

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, particularly those issues which could present a material risk or threat to Gold Coast Health.

The Chair may give a verbal or written report at any meeting of the Board, at the invitation of the Chair of the Board.

An example annual work plan (shown at **Appendix 1**) has been developed in line with the responsibilities outlined in the Charter. Each year, the example work plan will form the basis of an Annual Committee Forward Planning and Reporting Calendar to be developed throughout the year to include additional discussion items as and when required.

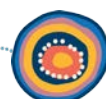


The Committee provides the following reports:

Recipient	Report	Frequency	Responsibility
<b>Board</b>	Safety, Quality and Clinician Engagement Committee Minutes	After each meeting	Secretariat
<b>Board</b>	Chair Summary Report including matters for the attention of the Board and/or other Committees	After each meeting	Chair
<b>Board</b>	A summary of the results of the Committee's annual assessment	Annually	Chair

The Committee may also receive reports or presentations from other employees or external agencies as and when required or where relevant to the Committee's functioning. The standing reports include:

Report	Frequency	Responsibility
Safety and Quality Report	Each meeting	Executive Director, Medical Services and Clinical Governance
Patient Story	Each meeting	Executive Director, Medical Services and Clinical Governance
Clinical Risks and Emerging Issues	Each meeting	Executive Director, Medical Services and Clinical Governance
Thematic Analysis of Severity Assessment Code (SAC) Incidents and Recommendations	Annual	Executive Director, Medical Services and Clinical Governance
Safety and Quality Attestation Statement	Annual	Executive Director, Medical Services and Clinical Governance
Thematic Analysis of Patient Complaints	Annual	Executive Director, Medical Services and Clinical Governance
NSQHS Standards Quality Improvement Plan	Annual	Executive Director, Medical Services and Clinical Governance



## 8. Membership

The Committee shall have at least four (4) Board Members, including at least two (2) clinicians.

All Committee members are to be appointed by the Board. The Board Chair is an ex-officio member of the Committee. Additional members can be considered by the Chair of the Committee and recommended to the Board for approval. Current Committee membership is outlined at **Appendix 2**.

### Chairperson

- The Chair will be appointed by the Gold Coast Hospital and Health Board.
- In the absence of the Chair, an alternate Board Member may be nominated by the Chair of the Board until the Board appoints another Committee Chair or the existing Committee Chair returns.
- The Chair is responsible for ensuring that an induction process is undertaken for all new members. The Chair may delegate that the induction be performed by another committee member or the Secretariat.

### Standing Invitees

The following persons (or a person acting in that position) shall be invited to attend each meeting:

- Board Directors who are not a member of the Committee
- Chief Executive
- Executive Director, Medical Services and Clinical Governance
- Executive Director, Nursing, Midwifery and Patient Experience
- Executive Director, Organisational Development
- Executive General Manager, Surgical and Critical Care
- Executive General Manager, Medicine
- Executive General Manager, Emergency and Specialist Services
- Executive Director, Corporate Affairs
- Clinical Director representative
- Chair (or nominee), Clinical Council
- Consumer Advisory Group representative
- Representative from other groups as agreed by the Committee.

While it is expected that the occupants of the abovementioned positions will be in attendance, where special circumstances prevent their attendance, appropriate staff can and should attend in their absence.

### Proxies

Board Members are not permitted to appoint a proxy to attend the meeting on their behalf.

## 9. Committee Meetings and Processes

### Quorum Arrangements

The quorum for the Committee meetings will comprise of 50% of members, or if 50% is not a whole number, the next highest whole number, including the Chair. Ex-officio and invited attendees should not be included in the count when determining the number needed for a quorum, and they should not be counted when determining if a quorum is present.





Members participating in a meeting by use of technology, such as teleconferencing, are taken to be present at the meeting.<sup>3</sup>

If a quorum is not met, the following must occur:

- At the Chair's discretion, the continuation of the meeting will be decided.
- If the meeting proceeds, all decisions will be preliminary decisions and will then proceed to a quorum consensus out of session.

## Frequency of Meetings

The Committee will meet at least six (6) times per year (bi-monthly), and the schedule of meetings will be agreed in advance. The Chair may call additional meetings as required.

## Secretariat

The Secretariat support function will be provided by the Corporate Affairs division. The role of the Secretariat is outlined in the Board Charter and includes the preparation of meeting papers and administrative support. The Secretariat will prepare and maintain a corporate file of the Committee's records.

Files must be kept securely and confidentially in accordance with the requirements of the *Public Records Act 2002*. Records must also be retained in accordance with [Queensland Government's General Retention and Disposal Schedule for Administrative Records](#). In general, papers considered by the Committee are retained permanently.

## Agenda

The agenda should be set allowing for appropriate consultation to include emerging issues and emphasis on the most significant risks and threats.

- Members wishing to place items on the agenda must notify the Secretariat at least fifteen (15) days prior to the scheduled meeting.
- The agenda must be cleared by the Chair prior to distribution to members and invited attendees.
- Agenda and relevant (supporting) papers will be sent out to all members and invited attendees four (4) days prior to the meeting.
- Late agenda items will be tabled at the discretion of the Chair.

## Papers, Submissions and Reports

Papers in respect to agenda items are to be supplied to the Secretariat no later than ten (10) days prior to the scheduled meeting, via email to [gchhsboard@health.qld.gov.au](mailto:gchhsboard@health.qld.gov.au).

- Papers must be submitted on the correct cover paper template, available from the Secretariat.
- All papers must be submitted in Word format (as per Committee cover paper template), unless otherwise agreed.
- The numbers and names of electronic attachments must mirror the numbers and names used in the cover paper.
- Papers are quality reviewed by the Secretariat and cleared by the Executive Director, Corporate Affairs and the Chair prior to distribution to the Committee.

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<sup>3</sup> HHB Act, Schedule 1, subsection 6(5)



## Minutes

- Minutes of meetings will be prepared by the Secretariat within five (5) days of the meeting.
- Minutes (and action items) must be cleared by the Chair within seven (7) days of the meeting, subject to confirmation by the Committee at the next meeting, prior to distribution to Members, invited attendees and other Board Members.
- Minutes will be distributed to all Committee Members, invited attendees and other Board Members immediately, once cleared by the Chair.
- Minutes are included in the meeting papers and are taken as draft until they are ratified at the next meeting of the Committee.
- Minutes should comply with the Minuting Guidelines, as detailed in the Board Charter
- The Chairs Summary will be distributed to the Board and relevant groups as directed by the Chair.

## Urgent out-of-session matters

Items can be managed out-of-session where the item is urgent and must be considered before the next scheduled meeting. Out-of-session matters must be minuted at the next meeting of the Committee. The Board Charter outlines the process for written resolutions of the Board and Board Committees.

## 10. Disclosures and Conflicts of Interest

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

Committee members (and other attendees) must, at the start of the meeting, declare any conflicts of interest in relation to specific agenda items of Committee meetings whether actual, potential, or perceived. The Chair of the Committee must require the conflicted person to leave the room while the remaining members determine whether the conflicted person is entitled to attend the meeting for the discussion.

A register of conflicts of interest will be maintained by the Secretariat.

## 11. Confidentiality

Members of the Committee may receive information that is regarded as 'commercial-in-confidence', subject to legal privilege, clinically confidential or have privacy implications. Members acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain.

## 12. Committee Performance and Professional Development of Members

The Committee will review its performance regularly, including compliance (or otherwise) with the Charter, the results of which is to be provided to the Board. The Board may commission an external peer review of the Committee's performance at its discretion.

The Committee will be evaluated in terms of its performance as outlined in **Appendix 3**.

The Chair may provide Committee members with feedback on their contribution to the Committee's activities, and periodically arrange professional development for Committee members.



## 13. Changes and/or Review of the Charter

The Charter may be altered following Committee consultation, endorsement by the Chair of the Committee, and approval by the Board. The Charter will be reviewed every two years or earlier if considered necessary. This Gold Coast Hospital and Health Board Safety, Quality and Clinician Engagement Committee Charter was formally approved by the Gold Coast Hospital and Health Board on 15 August 2023.



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Signature

Ian Langdon OAM

Board Chair

Gold Coast Hospital and Health Board

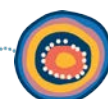


## 14. Document Control

Date	Nature of Amendment	Version
19 May 2020	Revised Charter to align with new branding template approved by the Board – refer HB20-05B6	v2.0
27 July 2021	Amendment Committee membership as approved on 26 May 2021 by the Board – refer HB21-05C2	v2.1
27 July 2021	Amendment to move Document Control section from the start of the document (section 1) to the end of the document (section 21) and include further detailed information to assist with recording of changes made to future iterations of the document	v2.2
27 July 2021	Amendment to the responsible executive titles in section 9 – Reporting.	v2.3
27 July 2021	Amendment to Invited Attendees in section 11 – Membership	v2.4
27 July 2021	Amendment to the <i>Hospital and Health Boards Act 2011</i> to reflect changes current as at 30 April 2021, and review of all other legislation	v2.5
27 July 2021	Amendment of Committee work plan – Appendix 2	v2.6
17 August 2021	Revised Charter approved by the Board – refer HB21-08C8	v3.0
17 April 2023	Revised Charter for Chair feedback	v3.1
24 April 2023	Revised Charter endorsed by Committee for Board approval	v3.2
20 June 2023	Revised Charter approved by the Board – refer HB23-06D2	v4.0
18 July 2023	Membership update	v4.1
15 August 2023	Updated to include additional function required by the Hospital and Health Boards Regulation 2023 (refer HB23-08F3). In addition to a change of invited attendee (Consumer Advisory Group representative) and the addition of the Executive Director, Organisational Development as an invited attendee.	v5.0

Contact for enquiries and proposed changes:

Contact	Board and Executive Services
Phone	5687 0516 or 5687 0514
Email	<a href="mailto:gchhsboard@health.qld.gov.au">gchhsboard@health.qld.gov.au</a>



## Appendix 1 – Example Committee Work Plan

The Committee work plan has been developed in line with the Committee's responsibilities outlined in the Charter. Each year, the example work plan will form the basis of an Annual Committee Forward Planning and Reporting Calendar to be developed throughout the year to include additional discussion items as and when required.

This document will constantly be updated, and the below table is designed to give an indication only.

Category: Recommendation to the Board (R), Noting (N), Feedback (F)

	Deliverable	Description	Owner	Category (R, N, F)	Jan	Mar	May	Jul	Sep	Nov
1	Review Committee Charter	Biennial Review of the Committee Charter with attached work plan	Secretariat	R			✓ (Next due: 2025)			
2	Committee Evaluation	Annual evaluation aligned to Board Committee and Board reviews	Secretariat	R			✓			
3	Forward meeting schedule and work plan	Annual review of the following year's meeting schedule and work plan	Secretariat	F						✓
4	Safety and Quality Report	An overview of health care quality, patient safety and outcomes for Gold Coast Health, in line with the National Safety and Quality Health Service (NSQHS) Standards and additional indicators under the Service Agreement. The report also focuses on the effectiveness of the patient safety and quality processes and the clinical governance system in the context of the Clinical Governance Framework.	EDMS	N	✓	✓	✓	✓	✓	✓
5	Patient Story	Work unit / patient journey presentation	EDMS	N	✓	✓	✓	✓	✓	✓





	Deliverable	Description	Owner	Category (R, N, F)	Jan	Mar	May	Jul	Sep	Nov
6	Clinical Risk and Emerging Issues	A report on the current clinical risk profile meeting the criteria for escalation to the Board	EDMS	N	✓					
7	Thematic Analysis of <u>all</u> SAC Incidents and Recommendations for previous calendar year	Annual report detailing the severity assessment code (SAC) incident themes and recommendations for the previous calendar year. The report also includes a breakdown of A&TSI and non-A&TSI clinical incidents	EDMS	N		✓				
9	Safety and Quality Attestation Statement	Annual statement attesting that the Board has fully complied with the actions in the National Safety and Quality Health Service (NSQHS) Standards relating to the responsibilities of governing bodies	EDMS	R				✓		
10	Thematic Analysis of Patient Complaints	An annual report detailing the occurrence and types of consumer complaints received by Gold Coast Health during the previous calendar year	EDMS	N		✓				
11	NSQHS Standards Quality Improvement Plan (Annual Update)	An annual report detailing progress against the NSQHS Standards Quality Improvement Plan	EDMS	N				✓		



## Appendix 2 – Committee membership as of 22 September 2023

Member	Committee Membership Type	Initial Committee Appointment Date	Current Tenure Cessation Date
Prof Judy Searle (Chair)	Chair and member	18 May 2016	31 March 2024
Mr Michael Kinnane ESM	Member	16 July 2019	31 March 2026
Prof Nick Zwar	Member	18 May 2021	31 March 2024
Mr Lucas Patchett OAM	Member	18 May 2021	31 March 2026
Ms Teresa Dyson	Member	1 June 2022	31 March 2026
Ms Karen Murphy	Member	1 June 2023	31 March 2024
Ms Zehrab Vayani	External invited attendee (Consumer Advisory Group representative)	1 November 2023	31 October 2025



## Appendix 3 – Example Committee Evaluation

As part of its commitment to sustainability and efficiency, the Board and its Committees evaluate performance and contribution periodically and invite feedback to be provided to the Chair and Secretariat regularly.

At the end of each meeting, Committee members and invited attendees will be asked to answer the following questions:

1. Has appropriate time been spent on relevant Gold Coast Health safety and quality issues?
2. Do the Committee's processes promote open disclosure and engagement, or should the Committee be doing things differently?
3. Is the Committee adding value to the Gold Coast Health around safety and quality issues?

Additionally, the Committee will undertake an annual assessment with reference to the Institute for Healthcare Improvement's Governance of Quality Assessment (GQA) Tool. The outcome of the assessment will be provided to the Board.

