



# **Board Safety and Quality Committee Charter**



# Our vision

Caring for our communities - *healthier together*

# Our values

- **Compassion** – We engage with others and demonstrate empathy, care, kindness, support and understanding.
- **Integrity** – We are open, honest, approachable, equitable and consistent in everything we do.
- **Dignity** – We treat others with respect, display reasonableness and take pride in what we do.
- **Innovation** – We embrace change and strive to know more, learn more and do better.
- **Courage** – We respectfully question for clarity and have the strength and confidence to Speak Up.

## Darling Downs Hospital and Health Service Board Safety & Quality Committee

### Version control

The first version was formally approved by the Darling Downs Hospital and Health Board on 24 July 2012.

This version was formally approved by the Darling Downs Hospital and Health Board on 28 May 2024.

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An electronic version of this document is available at [https://www.darlingdowns.health.qld.gov.au/\\_\\_data/assets/pdf\\_file/0016/104803/safety-quality-charter.pdf](https://www.darlingdowns.health.qld.gov.au/__data/assets/pdf_file/0016/104803/safety-quality-charter.pdf)

# Darling Downs Hospital and Health Service Board Safety and Quality Committee Charter

## 1. Introduction

This document, to be known as the Board Safety & Quality Committee Charter, has been approved by the Darling Downs Hospital and Health Service Board ('the Board').

The purpose of the charter is to outline the role, responsibilities, composition and operating guidelines of the Board Safety and Quality Committee ('the Committee') in accordance with the *Hospital and Health Boards Regulation 2023*.

## 2. Role of the Safety & Quality Committee

The role of the Committee is to provide independent assurance and assistance to the Board on the Darling Downs Hospital and Health Service's (DDHHS) quality, safety and clinical governance frameworks and strategies.

The Committee has an oversight role and does not replace management's primary responsibilities for the management of the operations of the DDHHS.

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 meeting will be promptly provided to the Board.

Board members have a responsibility to promote a culture committed to lawful and ethical behaviour.

## 3. Authorisation

The Committee has no executive powers.

The Committee is a "prescribed committee" under Part 9, s45 of the *Hospital and Health Boards Regulation 2023*. The Committee is an advisory group of the Board. In discharging its responsibilities, the Committee has the authority 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 of the DDHHS to carry out the Committee's responsibilities.

## 4. Scope of the Board Safety and Quality Committee

The Committee is directly responsible and accountable to the Board for the exercise of its duties and responsibilities. In carrying out its duties and responsibilities, the Committee must at all times

recognise that primary responsibility for governance and performance of the DDHHS rests with the Board.

In line with the Hospital and Health Boards Regulation 2023 (s45), the Committee is to:

- a) Advise 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) Monitor 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) Promote improvements in the safety and quality of health services provided by the Service.
- d) Monitor the safety and quality of health services being provided by the Service using appropriate indicators developed by the Service.
- e) Monitor the workplace culture of the Service in relation to the safety and quality of health services provided by the Services.
- f) Collaborate 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).



## The Committee provides the following reports:

| Recipient | Report                                     | Frequency   | Responsibility |
|-----------|--|-------------|----------------|
| Board     | Board Safety and Quality Committee Minutes | Bi-Monthly  | Secretariat    |
| Board     | Matters for attention of the Board         | As required | Chair          |

## The Committee receives the following reports:

| Report                                       | Description / Type  | Frequency               |
|--|---|-------------------------|
| Credentialing                                | Exception report of breaches  | As required             |
| Mandatory Training                           | Mandatory training compliance report  | 6 monthly               |
| Hospital Standardised Mortality Ratio (HSMR) | DDHHS summary report  | Bi-monthly              |
| Variable Life Adjusted Display (VLAD)        | Register and response reports   | Bi-monthly              |
| Nurse Sensitive Indicators                   | DDHHS trend reports   | Bi-monthly              |
| Clinical Incidents (CI) Reports              | DDHHS summary reports including: <ul style="list-style-type: none"> <li>SAC1 analysis progress report</li> <li>Completed SAC1 analysis reports</li> <li>Corrective actions summary report</li> <li>SAC 1 and SAC2 overdue recommendations and progress reports</li> </ul> | Bi-monthly              |
| Consumer Feedback                            | Statewide Benchmark Report DDHHS Summary Reports  | Quarterly<br>Bi-monthly |
| Office of the Health Ombudsman (OHO)         | DDHHS summary report  | Bi-monthly              |
| Coroner                                      | DDHHS Summary Reports   | Bi-monthly              |
| Medico-legal actions                         | DDHHS summary report  | Bi-monthly              |
| Safety and Quality KPI                       | Statewide Benchmark Report  | Quarterly               |
| Accreditation                                | Survey Reports and Improvement Plans  | As required             |
| Governance                                   | Safety and Quality Clinical Risks   | Annually                |
| Workforce Reports                            | <ul style="list-style-type: none"> <li>Human Resources Scorecard</li> <li>Conduct and Performance Excellence Report Card</li> </ul>   | Quarterly               |
| Workplace Culture                            | Workplace culture indicators for Safety & Quality   | Annually                |
| Indigenous Health Report                     | DDHHS Summary Report  | Bi-Monthly              |

The above table is not an exhaustive list and other emergent quality and safety information is provided as required and requested. The Committee may also receive reports/presentations from employees or external agencies as and when required or where relevant to the Committee's functioning.

## Issue Escalation

Issues unable to be resolved by the Committee are escalated to the Board.

## 5. Risk management

The Committee is to adopt a pro-active approach to risk management within the parameters of the Board Risk Appetite Statement.

The Committee will:

- Identify risks and mitigating strategies with all decisions and recommendations made.
- Implement processes to enable the Committee to identify, monitor and arrange management of risks as they relate to the scope of the Committee.
- Work collaboratively with the Board Audit and Risk Committee to manage risks as required.

## 6. Work Health & Safety

The Board is committed to ensuring the health and safety of workers and others, so far as is reasonably practicable and in doing so complies with its primary duty of care under the *Work Health and Safety Act 2011*.

The *Work Health and Safety Act 2011* imposes an obligation on officers (including the Board) to exercise due diligence with respect to the management of health and safety. Due diligence requires officers to be proactive in ensuring they comply with their duties and obligations.

The Darling Downs Health Safety Management System (SMS) sets out how we systematically manage workplace safety and wellbeing risks that may impact our workers, contractors, patients, visitors and volunteers.

Roles and responsibilities relating to officers are documented in:

- Department of Health – Health, safety and wellbeing governance standard
- Department of Health – Health, safety and wellbeing governance guideline
- Darling Downs Health Safety Management System Manual
- Darling Downs Health Safety and wellbeing governance and accountability procedure
- Darling Downs health Safety and wellbeing accountability matrix.

## 7. Sub-committees

The Committee is part of the DDHHS's corporate governance framework. To the extent that there is any overlap in the responsibilities of the Committee and the other committees of the Board, those committees shall, directly or through the Board or management, endeavour 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.

Each committee shall consult, where necessary, with the other committees to ensure that the committees' plans are consistent with each other and with the DDHHS Strategic Plan.



## 8. Key Performance Indicators/Deliverables

The Committee will review DDHHS performance indicators, relevant to patient safety and quality, on a bi-monthly basis. The Committee will oversee the review of the service's safety and quality governance frameworks, strategies and plans as appropriate and within required timeframes.

## 9. Membership

The Committee shall have at least four (4) members. Members, including the Chair, will be members of the Board. Where the necessary skills do not exist on the Board, the Board may appoint an external member to the Committee.

The term of appointment is up until 30 April 2025 and can be extended for a further term subject to an assessment of individual member performance and the composition and skill requirements of the Committee.

### Chair

- Trish Ledington-Hill

### Members

- Dr Ross Hetherington
- Dr Stephen Harrop
- Professor Maree Toombs

### Standing Invitees

Holders of the following positions may not be members of the Committee however are invited, and expected to attend each meeting:

- Health Service Chief Executive
- Executive Director Nursing and Midwifery Services
- Executive Director Medical Services
- Executive Director Allied Health
- Executive Director Workforce
- Executive Director Transformation, Analytics and Governance
- Director Office of the HSCE
- Director Aboriginal and Torres Strait Islander Health
- Board Secretary

\*Operational Executives (EDTH, EDR and EDMHAODS) will attend BSQC meetings on request to address specific matters as required.

### Proxies

- Proxies are not permitted if a member is unable to attend meetings.
- Proxies are permitted if a standing invitee is unable to attend meetings.

## 10. Quorum Arrangements

A quorum for a meeting of the Committee will consist of half of the members.

## 11. Other Attendees

### Agency Liaison

The Committee shall liaise with other agency groups as required, to understand their roles in managing patient safety and quality and maintaining adequate control frameworks and assess any gaps.

## 12. Frequency of Meetings

- Bi-monthly
- 1st Tuesday of the month (or as determined by the Committee)

## 13. Agenda, Papers, Minutes, Actions and Summary

The Committee should determine its own agenda, ensuring appropriate consultation to include emerging issues and emphasis on the most significant risks and threats.

### Agenda

- Members wishing to place items on the agenda must notify the Secretariat at least 10 working days prior to the scheduled meeting.
- The agenda must be cleared by the Chair prior to distribution to Members.
- Agenda and relevant (supporting) papers will be sent out to all Members 5 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 10 days prior to the scheduled meeting via email to [DDHHS\\_Board@health.qld.gov.au](mailto:DDHHS_Board@health.qld.gov.au)
- Papers must be submitted on the correct briefing note template, available from the Secretariat.
- All papers must be submitted in Word format (as per original template). The numbers and names of electronic attachments must mirror the numbers and names used in the brief.

### Minutes

- Minutes must be cleared by the Chair prior to distribution to Members.
- Minutes (and action items) will be distributed to all Members within 5 days of the meeting.
- Minutes are included in the papers for the next meeting.
- Minutes are taken as draft until they are ratified at the next meeting of the committee.



## 14. 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.
- in circumstances when face-to-face meetings are not possible, to enable business to be progressed.
- Out of session matters must be minuted at the next meeting of the Committee.

## 15. Conflict 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 appear likely to arise, and manage those in consultation with the Chair. This may relate to a position a member holds (e.g. Chair of an external organisation) or to the content of a specific item for deliberation.

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

Members also must refrain from entering into any activity that may prejudice their ability to carry out their duties and responsibilities objectively and must at all times act in a proper and prudent manner in the use of information acquired in the course of their duties. Members must not disclose DDHHS information for any 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 DDHHS.

## 16. Confidentiality

Members of Committee may receive 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.

## 17. Decision Making

Decisions are made by a majority of votes. Each member present at a meeting has a vote and if the votes are equal the member presiding has a casting vote. Members participating in a meeting by use of technology such as teleconferencing are taken to be present at the meeting.

A resolution is validly made by the Committee, even if it is not passed at a meeting if:

- a majority of the Committee members gives written agreement to the resolution.
- notice of the resolution is given under procedures approved by the Board.

## 18. Evaluation

The Board will develop an annual work plan. The work plan is linked to Board functions, the DDHHS Strategic Plan and Service Agreement, and details the activities to be completed by the Board and its Committee's during the financial year.

The Committee will be evaluated in terms of its performance against the approved Charter and the annual work plan through an annual self-assessment process.

Periodically the Chair will discuss professional development and training needs for all members of the Committee. When needs are implied, the Secretariat will make arrangements for approved training requirements.

## 19. Secretariat

The Secretariat support will be provided by the Office of the Chief Executive. The role of the Secretariat is outlined in the Board Operational Guidelines.

## 20. Changes to the Charter

This Charter may be altered following Committee consultation and endorsement by the Chair of the Committee and approval by the Board.

This Charter will be reviewed in April of each year in conjunction with the annual committee performance evaluation.

The Board Safety and Quality Committee Charter was formally approved by the Darling Downs Hospital and Health Board on 28 May 2024.

Signed by Dr Dennis Campbell

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Signature

**Dr Dennis Campbell**

**Board Chair**

Darling Downs Hospital and Health Service