



Child and Adolescent Health Service Board

Safety and Quality Committee Terms of Reference

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1. Establishment

- 1.1 Pursuant to clause 12 of the *Health Services (Health Service Providers) Order 2016* the Child and Adolescent Health Service (“**CAHS**”) was established as a health service provider in accordance with section 32 of the *Health Services Act 2016* (WA) (“**Health Services Act**”).
- 1.2 Section 92 of the *Health Services Act* authorises the CAHS Board (“**Board**”) to appoint committees to assist it to perform its functions and the Board may delegate any of its functions or powers to a committee. Delegation of powers to a committee must be in accordance with section 40 of the *Health Services Act* and the written instrument of delegation must be executed by common seal. If a delegation is made to a committee, then the committee will act with the statutory power given to them by the Board and will be responsible and accountable for decisions made whilst exercising the function delegated.
- 1.3 Section 27 of the *Health Services Act* provides that a policy framework issued by the Department CEO is binding upon CAHS. The Department CEO has issued the Statutory Board Operations Policy Framework. In accordance with clause 6 of the Statutory Board Operations Policy Framework CAHS is required to comply with the Statutory Board Governance Policy – Health Service Provider Boards.
- 1.4 Section 13 of the Statutory Board Governance Policy – Health Service Provider Boards requires the Board to appoint a Safety and Quality Committee (“**Committee**”). The Board has power to appoint the Committee pursuant to section 92 of the *Health Services Act*.
- 1.5 The Board has resolved to appoint the Committee by a resolution dated 13 October 2016.
- 1.6 The Committee will be responsible for assisting the Board to perform its functions as set out in these Terms of Reference. The Board is charged with ensuring the Committee has such powers and authority delegated to it, and is properly equipped and set up, to perform the Committee’s functions. Notwithstanding any delegation by the Board, the Board retains the ultimate responsibility and accountability for the performance of all powers, authority and functions, including any particular powers, authority and functions which may have been delegated.
- 1.7 The Board must make any delegation of powers, authority and functions by a resolution of the Board and the Board Chair must then sign an instrument of delegation on behalf of the Board in accordance with that resolution.
- 1.8 These Terms of Reference set out the specific responsibilities of the Committee and describe the manner in which it will operate.
- 1.9 In these Terms of Reference the following expressions have the meanings shown:
 - (a) “**Board**” means the Board of CAHS;
 - (b) “**Board Chair**” means the Chair of the Board as designated pursuant to section 72 of the *Health Services Act* from time to time;
 - (c) “**Board Committee**” means all or any of the Committee and any Other Board Committees (as the context permits);

- (d) **“Board Member”** means a member of the Board appointed pursuant to section 71 of the *Health Services Act* from time to time or any alternate members appointed pursuant to section 74 of the *Health Services Act* from time to time;
- (e) **“CAHS”** means the health service provider and statutory body corporate known as Child and Adolescent Health Service established as a board governed provider pursuant to section 32 of the *Health Services Act*;
- (f) **“CAHS Executive”** means the members of the CAHS Health Service Executive Committee and those persons appointed to an office of health executive in CAHS pursuant to section 121 of the *Health Services Act*.
- (g) **“CAHS Personnel”** means all or any of:
 - (i) CAHS Executive;
 - (ii) A staff member (as defined in section 6 of the *Health Services Act*) of CAHS; and
 - (iii) Personnel acting as an agent of, or contracted to, CAHS
- (h) **“Chief Executive”** means the Chief Executive of CAHS as appointed pursuant to sections 106 and 108 of the *Health Services Act*;
- (i) **“Committee”** means the Safety and Quality Committee of the Board as appointed pursuant to section 92(1) of the *Health Services Act*;
- (j) **“Committee Chair”** means the Chair of the Committee as appointed by the Board from time to time;
- (k) **“Committee Member”** means those people appointed as members of the Committee by the Board from time to time;
- (l) **“Health Services Act”** means the *Health Services Act 2016 (WA)*;
- (m) **“Internal Audit”** means the activities and functions of internal audit performed with respect to CAHS including those functions as set out in the Internal Audit Policy (MP 0008/16) as incorporated into the Risk, Compliance and Audit Policy Framework as a mandatory requirement;
- (n) **“Internal Auditor”** means the Chief Audit Executive (as defined in the Internal Audit Policy (MP 0008/16)), CAHS Personnel or any other person or entity responsible for discharging a function of Internal Audit;
- (o) **“Other Board Committees”** means any (as the context permits) of the other Board Committees that have been appointed by the Board, namely:
 - (i) the Audit and Risk Committee;
 - (ii) the Finance Committee; And
 - (iii) the Workforce Committee.
- (p) **“Policy Framework”** means a policy framework issued by the Department CEO pursuant to section 27 of the *Health Services Act*;

(q) “**System Manager**” means the Department CEO undertaking the role as provided for in Part 3 of the *Health Services Act*.

1.10 In these Terms of Reference any term not specifically defined shall have the same meaning as in the *Health Services Act* unless the context otherwise requires.

1.11 In these Terms of Reference any reference to:

(a) a Policy Framework, Department CEO Direction, laws and instruments binding upon CAHS includes any amendments thereto or replacements thereof;

(b) a document, instrument or agreement other than an item within clause 1.11(a) above do not include any amendments or replacements where they materially affect the operation and discharge by the Committee of its functions and responsibilities under these Terms of Reference until such time as the Board has approved the consequential changes to these Terms of Reference necessary to address any such amendments or replacements.

1.12 These Terms of Reference are effective on and supersede all prior Terms of Reference applicable to the Committee from 26 April 2019 in accordance with a resolution of the Board made 26 April 2019.

2. Purpose

The S&Q Committee is appointed to assist the CAHS Board perform its functions.

The purpose of the S&Q Committee is to assist the Board in fostering safety and quality in patient care across CAHS by monitoring and advising on matters relating to safety and quality and to provide assurance to the Board that the Clinical Governance, S&Q Policy Framework is implemented and adhered to and clinical systems, processes and outcomes are effective.

The Committee is directly responsible and accountable to the Board for the exercise of its duties and responsibilities. In carrying out these duties and responsibilities, the Committee must at all times recognise that primary responsibility for Executive of the CAHS rests with the CE.

3. Responsibilities of the Safety and Quality Committee

The primary function of the Committee is to facilitate CAHS’ compliance with the System Manager’s [Clinical Governance, Safety and Quality Policy Framework](#). Other responsibilities include:

3.1 Assurance to the Board

- Monitoring the CAHS governance arrangements relating to the safety and quality of health services;
- Monitoring compliance with the CAHS policies and plans about safety and quality;
- Monitoring the CAHS performance and compliance with state-wide and CAHS developed safety and quality performance indicators;
- Reviewing compliance with all relevant National Safety and Quality Health Service Standards;

- Reviewing accreditation with appropriate certification and accreditation agencies;
- Monitoring safety and quality accreditation strategy and processes;
- Monitoring credentialing strategy and processes;
- Monitoring performance in teaching and training for healthcare professionals at facilities that are a part of CAHS, including reporting against benchmarks and compliance with mandatory training; and
- Monitoring compliance with research governance, research output and reporting on performance.

3.2 Strategy

- Advising the Board on matters relating to the safety and quality of health services provided by CAHS, including the CAHS' strategies for the following:
 - o minimising preventable patient harm, including through clinical incident reporting and management;
 - o reducing unjustified variation in clinical care;
 - o improving the experience of patients and carers of the CAHS in receiving health services;
 - o improving patient outcomes through consumer feedback mechanisms;
 - o managing complaints; and
 - o complying with National and State strategies, policies, agreements and standards.

3.3 Improving Quality

- Ensuring quality Improvement processes are in place;
- Ensuring patient experience is measured and where necessary responded to;
- Promoting improvements in the safety and quality of health services provided by the services;
- Collaborating with other CAHS Committees, other Health Service Provider's S&Q Committees, the System Manager and State-wide Quality Assurance Committees in relation to the safety and quality of health services;
- Monitoring clinical engagement; and
- Promoting safety and quality improvements and lessons learned in relation to safety and quality.

3.4 Performance Management

- Reviewing of high level incident monitoring and trend analysis;
- Ensuring appropriate clinical indicators are being used and reported against industry best practice bench marks;
- Reviewing outcomes of safety and quality investigations; and
- Reviewing and contributing to performance recovery plans, prior to Board approval and Director General final endorsement, to ensure the clinical related drivers of the sustained performance concerns are identified, understood and addressed.

3.5 Risk Management and internal control

- Ensuring clinical risks and relevant controls are identified, assessed and appropriately managed;
- Provide feedback to the Board on the clinical audit program and on the plan to monitor the outcomes, recommendations and their implementation;
- Provide feedback to the Board on the mitigation of clinical risks;
- Notify the Board of newly identified high and extreme clinical risks.

3.6 External Audit

Review and recommend to the Board the Safety and Quality Key Performance Indicators (KPIs) included in the Annual Report

4. Powers of the Safety and Quality Committee

4.1 The Committee will hold the powers delegated to it by the Board. The Committee will confirm to any directions and financial limits within which it is required to operate as imposed on it by the Board.

4.2 In discharging its responsibilities, the Committee has the authority to:

- Monitor and evaluate information related to the safety and quality of the CAHS;
- Advise the CAHS Board on matters related to the safety and quality of the CAHS;
- Examine any matter in relation to the Committee's purpose and responsibilities as it sees fit or as requested by the Board;
- Recommend independent safety and quality investigations into matters within the Committee's scope of responsibility if required;
- Access information, records and personnel of the service for these purposes (within the remit of legislation, the statutory board governance policy and the local governing manual);
- Conduct meetings with internal and external auditors as necessary (without the presence of Executive, if required);
- Seek advice from external parties (including the System Manager) as necessary;
- Engage external expertise, if necessary, to obtain independent advice in relation to Committee matters with the approval of the Board;
- Access all levels of Executive via the CAHS CE in order to seek information from any employee of the CAHS in order to carry out the Committee's responsibilities;
- Recommend / require reviews be conducted by CAHS Executive into matters within the scope of the Committee's functions and responsibilities as set out in these ToR;
- Require the provision of reports by CAHS Executive on matters within the scope of the Committee's functions and responsibilities as set out in these ToR;
- Recommend to the Board that reviews or further reviews be conducted into matters within or related to CAHS, whether those investigations be by the Board, CAHS Executive, the Committee, the internal audit function, or any other person or entity (inside or outside of CAHS);
- Access information, records and personnel of CAHS;
- With the approval of the Board:

- (i) Obtain legal advice in accordance with the Legal Policy Framework; and
 - (ii) Obtain independent professional advice of any person or entity outside of CAHS with relevant experience and expertise if considered necessary by the Committee;
- Conduct meetings jointly with any one or more other Board Committees where the respective Chairs of each such Board Committee agree that it is appropriate; and
 - Undertake such other tasks as the Board authorises or delegates to the Committee.

5. Delegation of authority to a sub-committee

5.1 The Committee does not have the authority to create sub-committees.

5.2 Neither the Committee nor the Committee Chair has authority to delegate any powers, functions or responsibilities contained in these ToR or as delegated by the Board from time to time.

6. Structure and composition of the Safety and Quality Committee

6.1 Membership and appointment

- (a) Membership of the Committee is to be determined by the Board from time to time.
- (b) The Committee must have at least four members. The Committee may include persons who are not members of the CAHS Board, but must include at least two members of the Board. At least one member of the Committee must be a clinician. Any Committee member who ceases to be a member of the Board shall at the same time cease to be a member of the Committee.
- (c) A person who is a staff member of the CAHS is not eligible to be a member of the CAHS S&Q Committee but may be a member of another health service provider's S&Q Committee.
- (d) The Committee and its combined membership must possess:
 - Clinical governance experience;
 - A commitment to the continual improvement in safety and quality of health services;
 - A high level understanding of patient safety systems;
 - The ability to monitor governance arrangements relating to safety and quality of health services; and
 - A sound knowledge of accreditation models and State and National Safety and Quality standards, strategies, policies and agreements.

6.2 Chair

- (a) The Committee Chair shall be a member of the Board as nominated by the Board from time to time.
- (b) The Board Chair cannot act in the capacity as Committee Chair.

- (c) If the Committee Chair is absent from a meeting or vacates the Chair at a meeting, the Committee Chair must appoint another member to act as the Committee Chair on a temporary basis. When the Committee Chair is unavailable to or does not otherwise appoint another member to act on a temporary basis as the Chair then the Committee shall elect a temporary Chair from those members of the Committee present at any such meeting.

6.3 Standing invitees

Holders of the following positions (or equivalent positions) may not be members of the Committee (and may not vote on Committee decisions), and are not included in determining a quorum, however they may be invited to attend each meeting:

- Health Service Provider Chief Executive
- Executive Director Organisational Development
- Manager Audit and Risk
- Consumer Representative
- Others as required by the business of the meeting

Holders of the following positions shall be standing invitees and shall be given notice of all meetings of the Committee (although any such member of the Board not expressly appointed to the Committee shall not become a member of the Committee by virtue of such attendance, may not vote on Committee decisions and are not included in determining a quorum for a meeting of the Committee):

- The Board Chair; and
- The Chair of any other committees of the Board.

The Board may from time to time resolve that the holders of certain positions (or equivalent positions) at the CAHS shall be standing invitees to all meetings of the Committee (although such persons shall not be members of the Committee, may not vote on Committee decisions and are not included in determining a quorum for a meeting of the Committee).

Any member of the CAHS Board may attend Committee meetings (although any such member of the Board not expressly appointed to the Committee shall not become a member of the Committee by virtue of such attendance, may not vote on Committee decisions and are not included in determining a quorum for a meeting of the Committee).

A person who is a staff member of CAHS is not eligible to be a member of the Committee but may be a member of another health service provider's Safety and Quality Committee.

6.4 Other participants

The Chair may request CAHS Executives, System Manager Executives, Mental Health Commission, employees, the Chair of the Consumer Advisory Council (CAC) or their nominee, 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 and are not included in determining a quorum for a meeting of the Committee.

6.5 Secretariat

- (a) Secretariat support will be provided to the Committee by the CAHS Secretariat.

- (b) All records, including the agenda, minutes and any reports or recommendations will be prepared and kept by CAHS in accordance with the *State Records Act 2000* and in the same manner as the requirements of the Statutory Board Governance Policy – Health Service Provider Boards.¹
- (c) People who are not members of the Board shall only have access to the minutes, reports, recommendations or documents of the Committee with the prior approval of the Committee Chair, or the Board Chair where the Committee Chair considers it appropriate to refer the matter to the Board Chair for approval. Any person permitted to access such materials will observe the confidentiality obligations as imposed upon a Board Member and such obligations shall apply *mutatis mutandis* to all such persons.²

7. Meetings

7.1 Meeting schedule

The Committee will meet at least four times per year.

The Chair of the Committee will convene meetings of the Committee.

The Chair may call additional meetings of the Committee to consider any items of urgency or if so requested by any member of the Committee within a reasonable period of such request.

7.2 Quorum

A quorum for the S&Q Committee meetings is at least half the members of the Committee and must include one Board member.

7.3 Voting

The majority of affirmative votes of a quorum at a meeting of the Committee are sufficient to pass a resolution.

Each member's vote has equal weight. In the case of an equal number of votes, the Chair shall have a casting vote in addition to their deliberative (i.e. normal) vote as a member.

7.4 Agenda, Papers, Minutes, Actions and Summary

The Committee meetings will abide by normal meeting procedure and will be minuted. An agenda and supporting papers will be distributed not less than 5 working days prior to the meeting. Draft minutes will be circulated not more than 7 days after each meeting.

The Committee will adhere to the requirements of the *State Records Act 2000*.

The committee shall receive the following reports, as determined by the Committee from time to time:

- *Safety and Quality Reports*
- *Reports on SAC 1 events, including the outcomes of investigations, implementation of recommendations and evaluation*
- *External Reviews and Actions*

¹ See section 17.11 of the Statutory Board Governance Policy – Health Service Provider Boards

² See section 21 of the Statutory Board Governance Policy – Health Service Provider Boards

- *Legal Claims Report*
- *Audit Reports including Compliance Audit Reports*
- *Risk register*
- *Teaching and training report*
- *Research report*

7.5 Out-of-session matters

- (a) Urgent matters can be progressed out-of-session with the agreement of the Committee Chair.
- (b) Matters progressed out-of-session and out-of-session votes may occur in the same manner as an out-of-session matter or vote with respect to the Board. A reasonable time must be given to vote. A quorum of Committee Members must vote for a resolution or decision to stand.
- (c) Confirmation of those matters progressed out-of-session and the outcome of any out-of-session vote shall be included in the meeting agenda for the next Committee meeting and confirmation of the outcome of any out-of-session vote recorded in the minutes of the next meeting of the Committee.

7.6 Video or teleconference

Members may attend meetings by video or teleconference at the discretion of the Board Chair, and as outlined in the Statutory Board Governance Policy – Health Service Provider Boards.

8. Formal mechanisms for reporting key decisions

8.1 Making recommendations

- (a) The Committee may make recommendations to the Board on items within its Terms of Reference.
- (b) Recommendations of the Committee will be regarded as its collective decision or advice unless there is material dissension. When there exists a material dissension both the majority and minority view will be recorded in the minutes of the meeting.
- (c) If consensus cannot be reached, the Committee Chair reserves the right to escalate the matter to the Board. Both the majority and minority view will be recorded in the minutes of the meeting and placed before the Board.
- (d) Where a matter for consideration is not solely within the scope of the Committee and falls within the scope of another Board Committee, the matter shall also be referred to that other Board Committee for consideration.
- (e) Where a matter for consideration is beyond the scope of the Committee it shall be recorded in the minutes of the Committee and the matter shall be referred to:
 - (i) Another Board Committee if considered to fall within the scope of another Board Committee; and
 - (ii) If not within the scope of another Board Committee, or when relevant then in addition to, the Board.

8.2 Reporting key decisions

- (a) The Committee will develop two-way communications through formal and ad hoc reporting to both the Board and the Board Chair.
- (b) The Committee reports directly to the Board.
- (c) The minutes of meetings of the Committee (whether then in draft or approved) shall be included in the papers for the next Board meeting.
- (d) Once finalised and approved the minutes of each Committee meeting shall be made available to all Board Members whether through a central data repository or other medium accessible by all Board Members.

9. Ethical Practices

- 9.1 In accordance with the *Health Services Act* all Committee Members must act impartially and in the public interest in the exercise of the member's functions. Accordingly, a Committee Member must put the public interest before the interest of CAHS, the personal interests of the Committee Member or any Board Member.
- 9.2 Committee Members will at all times in the discharge of their duties and responsibilities, exercise honesty, objectivity, independence and not engage knowingly in acts or activities that have the potential to discredit CAHS, the Board, the Committee and/or individual Board Members or Committee Members.
- 9.3 Committee 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.
- 9.4 Committee Members will not use CAHS's information for personal gain or in any manner that would be contrary to law, or detrimental to the welfare and goodwill of another person, the Committee, the Board, CAHS or the WA health system.
- 9.5 Committee Members must not publicly comment on matters related to activities of the Committee, the Board and/or CAHS other than as authorised by the Board.
- 9.6 The CAHS Secretariat shall on behalf of the Board and the Committee maintain the following registers:
 - (a) A register of personal interests of all Committee Members and any standing invitees to the Committee meetings, together with any management plan regarding such personal interest;
 - (b) A register of all declarations of personal interest and/or actual, potential or perceived conflict of interest declared by members of the Committee or any attendees at a meeting of the Committee, together with any management plan regarding such conflict of interest;³ and

³ See section 22 of the Statutory Board Governance Policy – Health Service Provider Boards.

- (c) A register of gifts

in accordance with the Statutory Board Governance Policy – Health Service Provider Boards.

- 9.7** As per the Statutory Board Governance Policy, Committee Members must declare all material personal interests, and any actual, potential or perceived conflicts of interest or duty. Actual, potential or perceived, conflicts of interest should be managed as per the Statutory Board Governance Policy.⁴
- 9.8** A Committee Member who has a material personal interest or in respect of whom there exists an actual, potential or perceived conflict of interest in a matter being considered or about to be considered by the Committee must, as soon as possible after the relevant facts have come to the Committee Member's knowledge, disclose the nature of such personal interest or any actual, potential or perceived conflict of interest first to the Committee Chair⁵ and then at the Committee meeting.⁶
- 9.9** Subject to clause 9.10, Committee Members and any other person otherwise in attendance at a Committee Meeting must not be present while a matter is being considered,⁷ participate in discussions and must not vote on any issues in respect of which there is a material personal interest or where there exists an actual, potential or perceived conflict of interest.
- 9.10** A Committee Member may be present while a matter is being considered, participate in discussions and/or vote on the matter where the Committee has passed a resolution⁸ that specifies the Committee Member has a material personal interest or actual, potential or perceived conflict of interest but the Committee considers the interest or conflict:
- (a) As so trivial or insignificant as to be unlikely to influence the disclosing Committee Member's conduct; and
 - (b) They should not be disqualified from considering or voting on the matter in question (section 82 of the *Health Services Act*).

10. Confidentiality

- 10.1** Committee Members may from time-to-time be in receipt of information that is regarded as confidential. Committee Members acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain.
- 10.2** Committee Members and any other invitee to or attendee at a Committee meeting in receipt of Committee papers will maintain the Committee papers in a confidential manner

⁴ Refer to section 22 (Conflicts of Interest) of the Statutory Board Governance Policy – Health Service Provider Boards.

⁵ See section 22 of the Statutory Board Governance Policy – Health Service Provider Boards.

⁶ See section 17.9 of the Statutory Board Governance Policy – Health Service Provider Boards (Considerations for Determining the Materiality of Personal Interests).

⁷ See section 17.8 of the Statutory Board Governance Policy – Health Service Provider Boards and section 81(1) of the *Health Service Act 2016* (WA).

⁸ See section 17.8 of the Statutory Board Governance Policy – Health Service Provider Boards

separate from any other business or responsibilities of the Committee Member other than the business or responsibilities of the Committee Member as a Board Member.

- 10.3** Committee Members and any other invitee to or attendee at a Committee meeting in receipt of Committee papers or otherwise privy to information will observe the confidentiality obligations as imposed upon a Board Member and such obligations shall apply *mutatis mutandis* to all such persons.⁹

11. Code of Ethics and Code of Conduct

- 11.1** Committee Members and any other invitee to or attendee at a Committee meeting will observe the obligations with respect to the code of ethics and code of conduct as imposed upon a Board Member and such obligations shall apply *mutatis mutandis* to all such persons.¹⁰


12. Evaluation

- 12.1** 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.
- 12.2** The Committee will provide a report on the annual review of performance and achievements to the Board.
- 12.3** The Committee's annual self-assessment must be aligned with the Board's evaluation framework and be provided to the Board in advance of the Board's annual self-assessment.

13. Endorsement


Committee Chair

DEBBIE KARASINSKI
Board Chair



Signature

21/5/2019



Signature

26/4/19

⁹ See section 21 of the Statutory Board Governance Policy – Health Service Provider Boards

¹⁰ See section 19 of the Statutory Board Governance Policy – Health Service Provider Boards

Review date

This document will be reviewed every year from the date of approval. The next review will be prior to April 2020.

Change control register

Version	Author	Reviewed by	Approved by	Changes
1	Geoffrey Dobb	Safety and Quality Committee of the CAHS Board	CAHS Board, as at 13 October 2016	NA
2	Geoffrey Dobb	Safety and Quality Committee of the CAHS Board	CAHS Board as at 19 April 2018	NA



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