



Communicating for Safety Committee Terms of Reference

1. PURPOSE

The CAHS Communicating for Safety Committee:

- establishes and monitors systems, processes and review programs within CAHS to ensure there is effective communication with patients, carers, and families; between multidisciplinary teams and clinicians; and across the organisation.
- ensures that CAHS systems and processes for communicating with patients, carers and families; between multidisciplinary teams; and across the organisation aligns to the National Safety and Quality Health Service (NSQHS) Standard 6: Communicating for Safety and the associated National Standards for Mental Health Services.
- improves patient safety through meeting the objectives of the CAHS Clinical Governance Framework

2. FUNCTIONS

The Communicating for Safety Committee will facilitate improvements in patient safety through reviewing, monitoring, reporting and collaborating in the areas of:

Policy and Planning

- Review of the suite of policies relating to clinical communication at planned review dates or when a clinical incident or evidence based best practice indicates that the policy requires review.
- Ensure the impact on patients and staff is considered in all decision making.

Audit

- Implement a standardised approach to audit across all inpatient and community areas in support of NSQHS Standard 6 as guided by the CAHS Audit Schedule.

Quality Improvement and Risk

- Establish the Communicating for Safety quality improvement plan to record and monitor progress against recommendations / feedback related to communication processes identified through:
 - the review of critical incidents and sentinel events
 - sub-optimal audit results
 - internal audit program
 - formal complaints
 - patient / client feedback / surveys
- Review audit, incident and complaint trend data and request feedback



from units/departments as required; including from the relevant national standards leads and Executive Sponsors

- Review and evaluate risks related to clinical communication to ensure appropriate controls and treatment action plans are in place.

Education and Training

- Evaluate identified education and training needs for staff in support of the NSQHS Standard 6 and facilitate inclusion in the PCH, Community Health, CAMHS and Neonates Learning and Development Education Plans
- Liaise with CAHS Risk Management Coordinator to support the development of a 'Lessons Learnt' publication at least annually.

Engagement

- Facilitate consumer participation in the Communicating for Safety Committee.
- Promote a multidisciplinary approach to the Communicating for Safety Committee.

3. AUTHORITY

The Communicating for Safety Committee is a committee functioning under the authority of the CAHS Health Service Executive Committee (HSEC) and reporting to the CAHS Safety and Quality Executive Committee.

Committee members are individually accountable for their delegated responsibility and collectively responsible to contribute to advice provided by the Committee to the Chair in the interests of a whole of health service position.

4. MEMBERSHIP

The Communicating for Safety Committee shall consist of the following members:

Executive Director Health Service Management (Executive Sponsor)

- Executive Director Nursing Services
- Allied Health Service Unit Portfolio Lead
- CAMHS Portfolio Lead
- Community Health Service Unit Portfolio Lead
- Medicine Service Unit Portfolio Lead
- Neonates Service Unit Portfolio Lead
- Theatres representative (Surgical Stream Portfolio Lead)
- Medical Imaging representative (Surgical Stream Portfolio Lead)
- Health Information and Administrative Service representative
- Chief Registrar
- Consumer representative
- Safety and quality representative
- Paediatric Nursing Education representative
- Postgraduate Medical Education representative



By invitation only (as required), representatives from:

- Medication Safety Committee
- Comprehensive Care Committee
- Clinical Deterioration Committee
- Former Chair, Patient Identification and Procedure Matching Committee (dissolved)

The Communicating for Safety Committee or its Chair may co-opt temporary members onto the group or invite non-members to participate as required. This will be undertaken when it is considered they are directly involved in the matter(s) at hand, or have some expertise to assist in advising on matters as required.

All new members to the Communicating for Safety Committee are oriented to their role and receive copies of Terms of Reference, Committee Guidelines, Conflict of Interest declaration documents and meeting schedule. This is the responsibility of the Chair.

5. FREQUENCY OF MEETINGS

Meetings will occur monthly and a schedule of meetings will be agreed in advance. 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 its terms of reference.

6. QUORUM

A minimum attendance of 50% plus one of the Communicating for Safety Committee members will constitute a quorum. Committee members should appoint a delegate if they are unable to attend. Meetings shall not exceed one hour unless for a specific purpose and with approval from the Chair.

7. REPORTING

The Communicating for Safety Committee will provide a summary report to the CAHS Safety and Quality Executive Committee for tabling, as per the published schedule.

The executive sponsor or delegate of the Communicating for Safety Committee will present to the CAHS Safety and Quality Executive Committee annually a report identifying

- key improvements
- risks and emerging issues.
- status of recommendations received from internal and external quality assurance processes



8. CONFIDENTIALITY

The discussions and decisions of the meeting shall not be conveyed to unauthorised persons.

9. SECRETARY TO THE COMMITTEE

Secretariat support is to be provided by the Executive Sponsor and shall be responsible for ensuring the minutes of meetings and updated Action List are circulated to members within 7 days of meeting being held. The agenda, previous minutes, action list and accompanying documents are circulated to the Communicating for Safety Committee members at least 4 working days prior to each scheduled meeting. The secretary will refer to the CAHS Committee Guidelines for the conduct of meetings and annual evaluation of the Communicating for Safety Committee including updating the Terms of Reference on an annual basis. The secretary shall be responsible for all record keeping associated with the Communicating for Safety Committee.

10. CONFLICT OF INTEREST

Committee members are required to comply with Department of Health policy on Conflict of Interest OD 0264/10.

11. KEY PERFORMANCE INDICATORS

The Communicating for Safety Committee expected outcomes for the next twelve (12) months are:

- Policies/procedures are up to date
- Monitoring of compliance with clinical communication processes across CAHS
 - Results of all compliance audits will be submitted to the CAHS Communicating for Safety Committee.
- Review of Datix CIMS reports including:
 - the review of SAC 1 incidents
 - the review of SAC 2 & SAC 3 trends and clusters of incidents
- Review of Risk register reports
- Annual Lessons Learnt document published
- Annual report presented to the CAHS Safety and Quality Executive Committee
- Support the delivery of activities to ensure accreditation to NSQHS Standard 6



Evaluation of committee administrative processes against the following administrative KPIs:

1.	Number of meetings held	
2.	Minutes circulated within 7 days of meeting being held	
3.	Agendas circulated 4 working days before scheduled meeting	
4.	Minutes provided to reporting committees	
5.	Completion of committee evaluation	

The Communicating for Safety Committee shall be evaluated annually against its expected outcomes and KPIs. This evaluation shall be tabled and presented annually to the CAHS Safety and Quality Executive Committee.

12. APPROVAL

These Terms of Reference shall be altered on the recommendation and approval of the CAHS Safety and Quality Executive Committee. This should be annually in response to evaluation of the committee. The Chair shall be responsible for initiating this process. The members are responsible for the development, amendment and adoption of the Terms of Reference as ratified by CAHS Safety and Quality Executive Committee.

Signed copy sent to HSEC, all members of Communicating for Safety Committee, CAHS Committee Data Steward (Safety, Quality and Innovation) and Secretary of Communicating for Safety Committee.



Signature of Chairperson on behalf of Committee



Name of Chairperson on behalf of Committee



Date

Document History

Version	Date	Changed by	Nature of amendment
1			TOR created and first ratified
2	October 2019	Jaime Henderson	Membership updated. Reporting lines updated.

Previous version should be recorded and available for audit.