

# Queensland Paediatric Quality Council

## Terms of Reference

### 1. Purpose

The purpose of the Queensland Paediatric Quality Council (QPQC) is to:

- Collect and analyse clinical information regarding paediatric mortality and morbidity in Queensland to identify statewide and facility-specific trends.
- Make recommendations to the Deputy Director General on standards and quality indicators of paediatric clinical care, to enable health providers in Queensland to improve safety and quality. Assist with the adoption of such standards in both public and private sectors.

### 2. Functions

The Council, with respect to paediatric mortality and morbidity, will:

1. Investigate and monitor trends in the incidence and causes of paediatric mortality and morbidity to identify issues that need action and/or further study.
2. Provide recommendations to the Deputy Director General for Health on strategies that could assist with the amelioration of preventable events.
3. Work collaboratively with like organisations statewide, nationally and internationally. These may include but are not limited to:
  - a. Clinical Excellence Queensland, Queensland Health
  - b. Queensland Child and Youth Clinical Network
  - c. Statistical Services Branch, Queensland Health
  - d. Queensland Maternal and Perinatal Quality Council (QMPQC)
  - e. Patient Safety and Quality Improvement Service (Queensland Health)
  - f. Queensland Family and Child Commission (QFCC)
  - g. Office of the Health Ombudsman (OHO)
  - h. Paediatric councils with like functions in other Australian jurisdictions
  - i. Office of the State Coroner
  - j. Queensland Children's Clinical Incident Panel (QCCIP), Queensland Health
  - k. Clinical Excellence Commission, New South Wales

4. To disseminate findings and recommendations of the Council in such a way as to improve the quality and safety of care to children and young people and minimise preventable childhood mortality and morbidity in Queensland

To assist the QPQC in undertaking its functions, collaborative work will include the provision of qualitative and quantitative clinical information as requested including:

- a) Obtain qualitative and quantitative clinical information primarily from the Statistical Services Branch (SSB) and Patient Safety and Quality Improvement Service (PSQIS) Queensland Health, and where required, public and private health facilities, in a secure and confidential manner.
- b) Obtain qualitative and quantitative clinical information from the Queensland Maternal and Perinatal Quality Council (QMPQC).
- c) Obtain coronial investigation documents, including the Police Report of Death to a Coroner (Form 1), autopsy and toxicology reports, coronial findings and other coronial investigation documents as required, from the Office of the State Coroner, Department of Justice and Attorney General and local coroners.
- d) Receive clinical and other information from statutory or regulatory bodies, including but not limited to the Queensland Family and Child Commission (QFCC) for consideration and recommendation.
- e) Utilise data from literature reviews, members' expertise and any other source deemed appropriate.

### **3. Authority**

- The Council functions under the authority of the *Hospital and Health Boards Act 2011*, Part 6, Division 1 Quality Assurance Committees.
- The Council provides advice to the Deputy Director General via the triennial report and on a need's basis.
- The Clinical Excellence Division (CED), Queensland Health, has an overall governance and compliance role on behalf of the Director-General, Queensland Health for Quality Assurance Committees where the Director-General is the establishing entity. The Council provides advice to the CED Executive and the Patient Safety and Quality Improvement Service Executive via the triennial report, annual activity statement and on a need's basis.
- The Council functions collaboratively with the QMPQC and the QCYCN.

#### **3.1 Decision making**

Council recommendations are made by majority decision.

In the event that a majority consensus is not reached, the Chair will have the casting vote.

#### **3.2 Issue escalation**

For issues unable to be resolved by the Council, the Chair reserves the right to make the final decision, or to escalate the matter to the Clinical Excellence Division Executive or other appropriate authority.

## 4. Guiding principles

Part 6, Division 1 of the *Hospital and Health Boards Act 2011* sets out the principles that are intended to guide achievement of the Act's objects. These principles, the *Private Health Facilities Act 1999*, and any other legislation relevant to paediatric and child health care will guide all deliberations of the Council.

## 5. Committees

The Council will create functional committees to undertake its work. This will include a Steering Committee and subcommittees that are established to undertake specific tasks related to the review of identified priority areas.

### 5.1 Steering Committee

The Steering committee will be chaired by the Chair of the QPQC or delegate drawn from QPQC Steering Committee. The Steering Committee acts as a governing body for the QPQC with responsibility for:

- Providing strategic direction and endorsement for the work of the QPQC and its subcommittees;
- Oversight of subcommittee projects;
- Monitoring the QPQC budget and supporting Grant applications;
- Advocating for the work of the QPQC and its subcommittees and providing linkages with other stakeholders as required;
- Oversight of research, ethics, data and integrity; and
- Responding to and actioning QPQC related correspondence.

### 5.2 Subcommittees

To assist the Council in discharging its responsibilities, the Council will establish the Infant Mortality and Clinical Incident subcommittees to undertake specific tasks related to review of these areas.

The Subcommittees will be chaired by a nominated Council member. The Chair and Deputy Chair of the Council are ex officio members of all subcommittees.

Establishment of any additional subcommittees will occur after consultation and approval of the Steering committee

## 6. Reporting

- The Council, via Patient Safety and Quality Improvement Service, will provide a triennial report, and ad hoc reports as necessary to the Deputy Director General which will:
  - identify trends and issues in paediatric care relating to mortality and morbidity; and
  - recommend quality improvement activities and methodologies for their implementation to improve the safety and quality of health services.

- The Council is required to prepare an annual activity statement as per the Hospital and Health Boards Regulation 2012, S27 to the entity who established the Council and the Chief Executive.
- Where it is otherwise relevant to their statutory functions, regulatory authorities will be notified of summary findings and recommendations of the triennial and ad hoc reports
- Matters relevant to a single Hospital and Health Service or Private Health Facility may be referred to the relevant Chief Executive of the Hospital and Health Service or Private Health Facility by the Council Chair.
- The triennial reports and ad hoc reports will be made publicly available.
- Findings and learnings relating to specific paediatric mortality and morbidity areas of interest will be shared with stakeholders through a range of communication tools including the QPQC “Paediatric Matters” newsletters, patient safety alerts, fact sheets and other education tools.
- The Council will publish information and data for relevant professional groups in both the public and private health sectors in Queensland about the safety and quality of relevant health services (inclusive of interdisciplinary research publications, conferences and other related professional development and training activities), provided that:
  - 3.1.5.1 the information is not capable of identifying any individual to whom the information relates, other than as permitted by law (for example, with the express written and valid consent of the identifiable individual or by way of a granted application under Chapter 6, Part 4 of the Public Health Act 2005);
  - 3.1.5.2 the information is not capable of identifying any entity (including a provider of health services) to which the information relates; and
  - 3.1.5.3 the research is conducted in accordance with the research, ethics and governance requirements of Queensland Health

Organisations that request the consideration of the Council will receive reports as required in addition to the triennial and ad hoc reports.

## 7. Membership

Membership eligibility is determined by a duly constituted selection panel or by written invitation from the Chair (see Appendix 1: Queensland Paediatric Quality Council Business Rules).

### 7.1 QPQC Chair

The QPQC Chair will be appointed by a selection panel, after distribution of an Expression of Interest (EOI) to Queensland Health QPQC members.

The QPQC Chair will serve up to a three-year term, at which point there is the option for the Chair to continue for a second term, pending approval by the QPQC Steering Committee. Alternatively, the QPQC Steering Committee may elect for a change of QPQC Chair after one term.

When the Chair position becomes vacant, subject to the agreement of the QPQC Steering Committee, the Deputy Chair may not need to formally apply for the Chair position, however such an appointment to QPQC Chair must be ratified by the QPQC Steering Committee and a nominated representative of the Health Improvement Unit.

Should the Deputy QPQC Chair decline to take on the QPQC Chair role, the QPQC Chair role will be advertised within QPQC members as an EOI. Should there be no applicants; a wider EOI will be distributed.

A maximum of three consecutive terms should be undertaken by the QPQC Chair. After a break, a previous QPQC Chair may reapply.

## **7.2 Deputy QPQC Chair**

The Deputy QPQC Chair will be appointed by a selection panel after distribution of an Expression of Interest (EOI) to Queensland Health QPQC members.

The Deputy QPQC Chair will serve up to a three-year term, at which point there is the option for the Deputy Chair to continue for a second term, pending approval by the QPQC Steering Committee, or undertake a term as QPQC Chair. Alternatively, the QPQC Steering Committee may elect for a change of Deputy QPQC Chair after one term.

When the Deputy QPQC Chair becomes vacant, the position will be advertised within QPQC members as an EOI. A former QPQC Chair may apply. Should there be no applicants, a wider EOI will be distributed.

A maximum of three consecutive terms should be undertaken by the Deputy QPQC Chair. After a break, a previous Deputy QPQC Chair may reapply.

## **7.3 Members**

### **7.3.1 Steering Committee Members**

Membership of the Steering Committee shall reflect the role of the Committee as a governance body for the QPQC as well as the diversity of Council functions. The Steering Committee will include members who can provide advice and leadership in the following areas: Strategic function, Governance, Patient Safety, Ethics and Research, Strategic partnerships, Consumer representation.

### **7.3.2 Subcommittee Members**

Membership of the Subcommittees shall reflect the diversity of paediatric professional disciplines and the Subcommittee's defined Terms of Reference.

Membership will be drawn from areas such as:

- Paediatric medical specialties
- Nursing and Midwifery
- Pathology
- Forensic Medicine
- Child Protection
- Child and Youth Mental Health
- Child and Youth Community Health Service
- Aboriginal and Torres Strait Islander Health
- Academic/Research
- Quality and Safety
- Public Health/Population Health
- Urban, regional and remote areas of Queensland.

## 7.4 Proxies

Proxies may not attend due to privacy and confidentiality requirements.

## 7.5 Terms and conditions

- Council members are appointed for a term of two years.
- Members who wish to serve more than two consecutive terms should indicate to the selection panel particular skills, knowledge or expertise which would support that continuing membership. In considering such applications, the selection panel will take particular note of the availability of new applicants with similar expertise. The selection panel will also take into consideration whether those members wishing to continue their membership for a further term, have been able to make sufficient contribution through their attendance of at least 50% of meetings held in the period of their previous membership.
- A member may terminate his or her Council membership at any time, in writing to the Chair.
- Members shall not misuse the information provided to them by virtue of their membership of the Council.
- Members will be expected to take a strategic view of issues and not seek to take advantage of their membership of the Council to canvass personal or institutional issues.
- Any member who has a real or perceived conflict of interest in any matter under discussion at the Council shall be expected to declare that conflict and exempt himself/herself from the discussion.

## 8. Other participants

Where agreed by the Council, Guest Speakers or Expert Advisors may present advice in specialist areas to the Council. However, such persons do not assume membership or participation in any decision-making processes of the Council and are required to complete confidentiality agreements.

## 9. Relevant persons

The Queensland Paediatric Quality Council may, from time to time, appoint relevant persons to assist the Council in its work. The role of relevant persons may include receiving information relating to the investigation of paediatric deaths or permanent patient harm, obtaining and/or collating information from hospitals and other sources relating to paediatric deaths or permanent patient harm, identification of cases, receiving paediatric death data from the Council for the purposes of secure data storage and provision of ongoing access to such data by members of the Council.

## 10. Quorum

The quorum for the Council meetings will be half of all members or the next highest whole number.

In the absence of a quorum the meeting may continue at the Chair's discretion with any items requiring decision to be deferred and circulated, following the meeting, to Members as an Out-of-Session item.

Decisions may be made by flying minute/ VOCM (vote outside a committee meeting).

and will be carried when the total number of affirmative responses is greater than or equal to a quorum.

## 11. Performance

Initially the Council will evaluate its performance after 12 months with the aim of developing an ongoing work plan. The Council will then be evaluated in terms of its performance against the Terms of Reference and work plan through an annual self-assessment process. (See Appendix 2: Annual Self-Assessment).

## 12. Confidentiality

Members of the Council will be in receipt of information that is regarded as 'commercial in confidence', clinically confidential or have privacy implications. Members acknowledge their responsibility to maintain the confidentiality of all information by signing a Confidentiality Agreement (see Appendix 4: Confidentiality Agreement).

The Council will function in accordance with Part 5 Division 3 of the *Hospital and Health Boards Regulation 2012* which requires the adoption of a privacy policy. (See QPQC Privacy Policy 2015)

The Council is established as an approved Quality Assurance Committee (QAC) pursuant to section 82 of the *Hospital and Health Boards Act 2011*. The Council is prohibited from providing a report or information that discloses the identity of an individual who is a patient or a health service provider, unless that individual has consented in writing to the disclosure. Any questions regarding these types of issues should be referred to an appropriate legal advisor.

Section 84 of the *Hospital and Health Boards Act 2011* stipulates that:

- 1) A person who is or was a member of a committee must not disclose to someone else information acquired by the person as a member of the committee, other than -
  - a) for the purpose of exercising the functions of a member of the committee; or
  - b) to members of another committee if the information is relevant to the functions of the other committee; or
  - c) to a prescribed patient safety entity under section 85; or
  - d) if the person is a registered health practitioner – for notifying the National Agency about information in relation to a reasonable belief of the person that another registered health practitioner has behaved in a way that constitutes public risk notifiable conduct; or
  - e) to comply with the requirement of an inspector made of the person under this Act, if the requirement relates to an offence under this division; or
  - f) under a regulation made under section 91.

The mandatory reporting threshold is higher for a practitioner in their capacity as a QAC member than it otherwise would be in their capacity as a registered health practitioner. As a QAC member, health practitioners are only obliged and only permitted to report a reasonable belief of "public risk notifiable conduct".

Public risk notifiable conduct is defined under section 140(c) (d) of the *Health Practitioner Regulation National Law (Queensland)* as the reasonable belief that another health practitioner has placed the public at risk of substantial harm because of impairment or because of a practice that constitutes a significant departure from acceptable professional standards. The reporting of other forms of notifiable conduct is expressly prohibited by section 86 of the *Hospital and Health Boards Act 2011*.

Members of the Council and relevant persons cannot be legally required, whether by a provision of an Act or by an order of the Court, to produce any documentation that was created during the review of paediatric morbidity or mortality. This means that any information obtained including medical records furnished to the Council is not compellable at law and cannot be used in any proceedings before a Court.

Members of the Council are bound by provisions in sections 81, 81, 83 and 84 of the *Hospital and Health Boards Act 2011* with respect to any information provided by private health facilities.

### 13. Meeting schedule

- The Chair will determine the time and place for ordinary Steering Committee meetings.
- Meetings will occur at least twice a year.
- A chairperson is to preside at all meetings.
- The Chair may delegate the Chair to another Council member.
- The Chair may call an extraordinary meeting or initiate a flying minute/VOCM (vote outside a committee meeting).
- Meetings of the Subcommittees will be determined by the Chair of each Subcommittee.

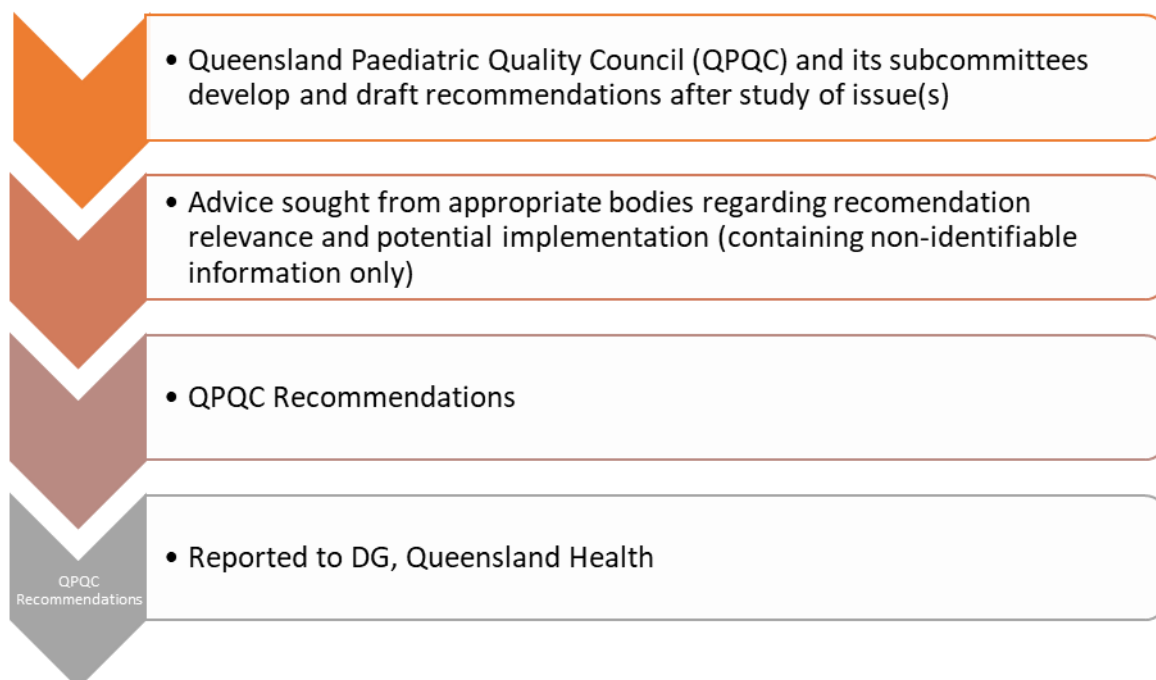
A meeting may be conducted wholly or partially by electronic means, whereby some or all participants can be heard and can hear but are not necessarily in the same location. All other requirements of these Terms of Reference apply to the meeting.

### 14. Functions

See Appendix 1. The Queensland Paediatric Quality Council Business Rules

See Appendix 2. The Queensland Paediatric Quality Council Annual Self-Assessment

### 15. Modis operandus of Council recommendation development





## Appendix 1: QPQC Business Rules

### Agenda and records

- Members wishing to place items on the agenda must notify the Secretariat at least seven (7) working days prior to the scheduled meeting.
- Papers, submissions and reports are to be received by the Secretariat no later than seven (7) working days prior to the meeting via email.
- Agenda and relevant papers will be sent out to all members five (5) working days prior to the meeting in accordance with the QPQC Privacy Policy.
- Late agenda items and papers will be tabled at the discretion of the Chair. Requests or urgent/late items should be submitted to the Secretariat in the first instance.
- Minutes will be distributed to members within two weeks of the meeting.
- Minutes of the meetings shall be submitted to Council members for ratification at next subsequent meeting of the Council.
- When confirmed, minutes shall be signed by the Chair and will be taken as evidence of the meeting.
- Minutes will be stored for at least ten (10) years.

### Role of the Secretariat

- Prepare an agenda and supporting papers.
- Distribute agenda and supporting papers as per Section 1
- Arrange meeting and venues and advise members of same.
- Maintain a record of all the Council minutes, action items, correspondence and other documentation in regard to the Council's deliberations.
- Notify relevant stakeholders of actions arising which require their attention.
- Maintain records of attendance.
- Undertake other activities to assist in the Council's functioning.

### Special meetings and Out-of-Session papers

- Special meetings may be called at the discretion of the Chair.
- Items may arise which will require Members to consider papers Out-of-Session.
- In these instances, the Member putting forward the urgent matter will be required to liaise with the Secretariat and ensure that all members are appropriately briefed to enable informed deliberations to be made.
- Any urgent matters unable to be deferred until the next Council meeting can be managed as an Out-of-Session paper. The Out-of-Session paper will be sent to Members via email with a requested response date.

- If approved the resolution will be entered into the minutes of the next meeting. If not endorsed by a majority of members, the item is deferred until next Council meeting.

## Induction and development

The following information is to be provided to new Members prior to their first Council meeting:

- Terms of Reference
- Business Rules
- Contact details of the Council Members
- Advance schedule of meetings
- Copies of significant policy or other documents that relate to issues discussed by the council as relevant at the time of induction.
- The Council Annual activity statement.

Members may be requested to attend nominated training relevant to the level of responsibilities discharged as a Council Member.

## Recruitment of members

- A call for nominations to serve on the Council will be promulgated every two to three years, or as necessary in the event of a mid-term resignation of a council member, via relevant professional and consumer bodies. These will include, as relevant to the required skillset but are not limited to:
  - Queensland Child and Youth Clinical Network
  - Australian College of Midwives
  - Australian College of Children and Young Peoples' Nurses
  - Division of General Practice
  - Paediatric Society of Queensland
  - Health Consumers Queensland
  - Royal Australasian College of Physicians
- Membership is determined by a selection panel established by the Chair or Deputy Chair of the QPQC.
- The Chair may invite individuals with professional skills, qualifications and/or training of particular relevance to the QPQC to become a Council member. Any invitation must be preceded by discussion of a candidate's suitability and vote by the Council. All invitations must be in writing.

## Termination of membership

- The Council may terminate the membership of a Member if they are no longer eligible for the position to which they were nominated (e.g. no longer registered as a medical practitioner).
- The Council may, by two thirds majority determine that a Member is no longer a Member of the Council.

- Circumstances where this would occur may include, but are not limited to, persistent non-attendance without reasonable excuse (three (3) consecutive meetings).
- The Council will formally discuss and recommend actions regarding termination of Council members.

## Interpretation of terms of reference

Any dispute or difference which may arise as to the meaning or interpretation of these Terms of Reference and as to the conduct of a meeting shall be resolved by the Chair.

## Appendix 2: QPQC Annual Self-Assessment

The Council is to undertake an annual self-assessment of its performance against the Terms of Reference and work plan.

The self-assessment is to cover the following, as a minimum:

- Has the Council achieved the objectives of the work plan?
- Has the Council adequately discharged its responsibility under its approved Terms of Reference?
- How effective has the Council been in meeting the Council's identified purpose and functions
- Do the Council Terms of Reference remain relevant? If not, why not and what changes are required?
- Does the Council meet and report with sufficient frequency to discharge its delegated responsibility?
- Does the Council possess and appropriate mix of skills and knowledge?
- Are quorums achieved at all meetings?
- Is the attendance of individual Council members satisfactory (i.e. >75%)?
- Are matters requiring Council deliberation submitted in writing and adequately explained?
- Are agendas and meeting papers circulated in sufficient time to allow proper consideration by the Council members prior to meetings?
- Is the Council able to obtain all of the information it requires?
- Are resolutions of the Council documented and communicated to appropriate bodies in a timely manner.
- Are minutes and meeting papers appropriately documented and stored?
- Are the Council's endorsed recommendations regularly reviewed and followed-up to ensure the required action has been taken?

## Appendix 3: Confidentiality agreement

To be signed by all members of an approved quality assurance committee pursuant to Part 5, Division 3 of the *Hospital and Health Boards Regulation 2012* which requires the adoption of a privacy policy

The Queensland Paediatric Quality Council (QPQC) is established as an approved quality assurance committee (AQAC) pursuant to Part 6, Division 1 of the *Hospital and Health Boards Act 2011*.

I (*print name*) .....member of the (*print name of committee*)..... quality assurance committee declared pursuant to Part 6, Division 1 of the *Hospital and Health Boards Act 2011* undertake to protect the confidentiality of all personal and medical information that I collect, see or handle in the course of my membership of the above mentioned committee.

Further, I hereby declare that I have not been the subject of any misconduct proceedings including breaches of confidentiality.

Signature:.....

Date:.....

Name of Witness:.....

Signature:.....

Date:.....

**Completed forms must be retained as part of the documentation of the approved quality assurance committee to which the form refers.**

## Document history

<b>Developed by</b>	QPQC Coordinator
<b>Date introduced</b>	6 July 2016
<b>Issuing Authority</b>	Queensland Paediatric Quality Council
<b>Replaces</b>	QPQC Terms of Reference – May 2015
<b>Authorised by</b>	Chair, Queensland Paediatric Quality Council
<b>Review Date</b>	August 2018

Version	Date	Changed by	Nature of amendment
0.1	25/02/2015	Rebecca Shipstone	Draft Update to previous 2013-15 QPQC Terms of Reference
0.2	25/02/2015	Julie McEniery	Edits made to document
0.3	25/02/2015	Rebecca Shipstone	Edits made to document following QPQC member feedback.
0.4	06/05/2015	Rebecca Shipstone	Edits made to document following QPQC member feedback and ratification
0.5	20/05/2015	Rebecca Shipstone	Transfer of document to QH branding for publication.
0.6	06/07/2016	Glenda Pickett	Draft update to previous May 2015 QPQC Terms of Reference
0.7	23/08/2016	Glenda Pickett	Suggestions by committee members
0.8	10/11/2016	Glenda Pickett	Modify wording Child Safety to Child Protection, wording re term of Chair amended. Addition of Deputy Chair wording.
1.0	24/01/2017	Glenda Pickett	Final endorsement from QPQC Committee
1.1	27/04/2017	Glenda Pickett	Add Relevant Person additions: REDCap and QLIK and content experts
1.2	15/11/2017	Jodie Osborne Diane Cruice Julie McEniery	Changes to: 2. Functions, 5. Committees and 7. Membership to reflect new Steering Committee development
1.3	1/3/2018	QPQC	Edits made to the document – now in Draft format

1.4	8/8/2018	Diane Cruice	Removed 13 Secretariat, Updated Reporting, updated Chair information
1.5	03/09/2019	Jodie Osborne & Diane Cruice	Removal of Appendix 2 relevant person list Update to Modis operandus to reflect the approval process reflecting the steering committee
1.6	01/02/2020	Diane Cruice	Update of functions, reporting and recruitment

Previous versions should be recorded and available for audit.