

# Queensland Paediatric Quality Council

## Terms of Reference

### 1. Purpose

The purpose of the Queensland Paediatric Quality Council (Council) 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 Minister for Health 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:

- 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.
- Obtain qualitative and quantitative clinical information from the Queensland Maternal and Perinatal Quality Council (QMPQC).
- 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.
- 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.
- Utilise data from literature reviews, members' expertise and any other source deemed appropriate.
- Investigate and monitor trends in the incidence and causes of paediatric mortality and morbidity to identify issues that need action and/or further study.
- Provide recommendations to the Minister for Health on strategies that could assist with the amelioration of preventable events.
- In partnership with the Queensland Child and Youth Clinical Network (QCYCN), monitor and assist in the adoption of standards and quality activities relating to paediatric care across Queensland.
- Work collaboratively with like organisations statewide, nationally and internationally. These may include:

- Clinical Excellence Division, Queensland Health
- Statistical Services Branch, Queensland Health
- Queensland Maternal and Perinatal Quality Council (QMPQC)
- Queensland Family and Child Commission (QFCC)
- Office of the Health Ombudsman (OHO)
- Paediatric councils with like functions in other Australian jurisdictions
- International Society for the Prevention and Study of Infant Death (ISPID).

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

### **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 Minister via the triennial report and on a needs 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 needs 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. Subcommittees

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

Subcommittees will be chaired by a Council member. The Chair of the Council is an ex officio member of all subcommittees.

Subcommittee members can be Council members or other duly appointed members with specific professional experience, qualifications and/or skills of particular relevance to the work of the subcommittee.

## 6. Reporting

- The Council, via the Healthcare Improvement Unit Executive, will provide a triennial report, and ad hoc reports as necessary to the Minister for Health which will:
  - identify trends and issues in paediatric care relating to mortality and morbidity
  - recommend quality improvement activities and methodologies for their implementation to improve the safety and quality of health services.
- The endorsed triennial and ad hoc reports will be provided to QCYCN, for promulgation to member facilities and organisations for consideration.
- 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 publically available.

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 Chair

The Chair will serve a two to three year term after which the position will be reviewed by the Queensland Paediatric Quality Council members to determine the option of continuing for an additional term.

When the Chair position becomes vacant, the position will be filled by the Deputy Chair, Queensland Paediatric Quality Council. The Deputy Chair will have served at least two years as a member of the QPQC.

The terms served by a chairperson may be additional to those served by the individual as a member of the Council.

## 7.2 Deputy Chair

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

## 7.3 Members

Membership of the Council shall reflect the diversity of paediatric professional disciplines and relevant stakeholders.

Membership will be drawn from areas including:

- Paediatric medical specialties
- Nursing and Midwifery
- Pathology
- Forensic Medicine
- Child Protection
- Child and Youth Mental Health
- Child and Youth Community Health Service
- General Practice Queensland
- Indigenous Health
- Academic/Research
- Quality and Safety
- Public Health/Population Health
- Consumer representation
- 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

- 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.

## 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, obtaining and/or collating information from hospitals and other sources relating to paediatric deaths, 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.

The Queensland Paediatric Quality Council authorise the staff listed in Appendix 2 as relevant persons under sections 84-90 of the *Hospital and Health Boards Act 2011* to receive information to enable the Council to perform its functions

## 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 minutes 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 3: 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. Secretariat

Secretariat support will be provided by through a partnership arrangement between the Department of Health, Healthcare Improvement Unit (HIU) and Children’s Health Queensland, Office of Strategy Management (OSM).

## 14. Meeting schedule

- The Chair will determine the time and place for ordinary meetings.
- Meetings will occur on a quarterly basis
- 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.

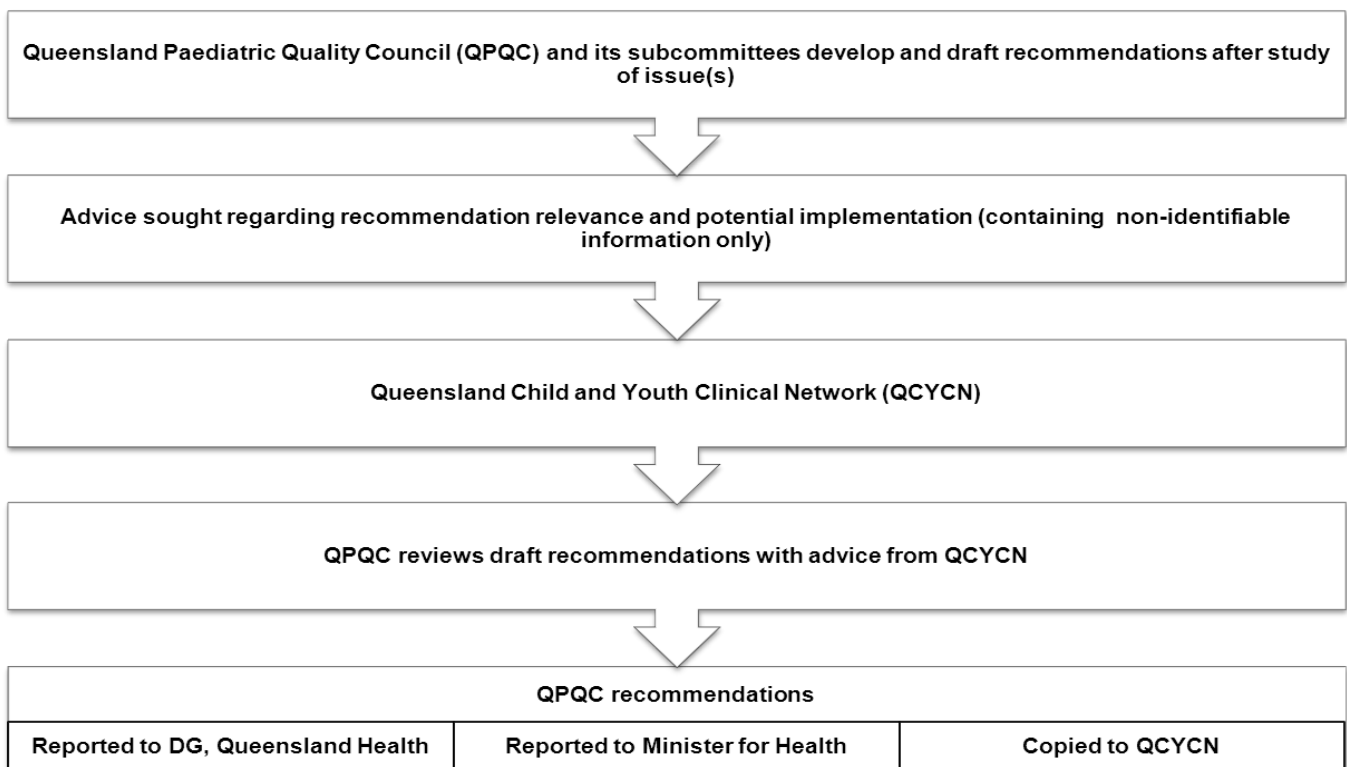
A meeting may be conducted wholly or partially by electronic means, whereby some or all participants can be heard and can hear, but are not necessarily in the same location. All other requirements of these Terms of Reference apply to the meeting.

## 15. Functions

See Appendix 1. The Queensland Paediatric Quality Council Business Rules

See Appendix 3. The Queensland Paediatric Quality Council Annual Self-Assessment

## 16. Modis operandi 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 ten (10) working days 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 Work Plan.

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 which includes the Executive Director, Healthcare Improvement Unit (or nominee), Chair of QCYCN, and the Chair of the QPQC.
- Members who have served one term must advise the Chair in writing that they wish to be considered for a second term. Members wishing to serve a second term will not be required to formally respond to a call for nominations.
- Members who wish to serve more than two consecutive terms are required to respond to the call for nominations and to specifically indicate to the selection panel particular skills, knowledge or expertise which would support that continuing membership.
- 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: Relevant persons lists

<b>Queensland Paediatric Quality Council</b>	
<b>Position Title</b>	
Principal Project Officer (QPQC Coordinator)	

<b>Statistical Services Branch</b>	
<b>Position Title</b>	<b>Position Title</b>
Analyst	Manager, Statistical Reporting and Coordination
Analyst Intern	Manager, Statistical Standards and Strategies
Assistant Data Collection Officer	Principal Oracle Database/Middleware Administrator
Assistant Data Linkage Officer	Principal Data Collection Officer
Data Collection Coordinator	Principal Statistical Output Officer
Data Collection Liaison Officer	Senior Analyst
Data Collection Officer	Senior Applications Specialist
Data Quality Officer	Senior Data Collection Officer
Director, Statistical Analysis and Linkage	Senior Data Linkage Officer
Director, Statistical Collections and Integration	Senior Statistical Data Quality Officer
Director, Statistical Reporting and Coordination	Senior Statistical Data Standards Officer
Director, Statistical Standards and Strategy	Senior Statistical Output Officer
Executive Director, Statistical Services Branch	Team Leader Statistical Analysis and Linkage
Manager, Statistical Collections and Integration	

<b>Patient Safety and Quality Improvement Service</b>	
<b>Position Title</b>	<b>Position Title</b>
Director, Medical	Senior Project Officer, Incident Response Systems
Director, Nursing	Manager, Clinical Monitoring Team
Director, Measurement and Monitoring	Principal Data Analyst, Clinical Monitoring Team
Manager, Incident Response Systems	
Principal Project Officer, Incident Response Systems	

<b>Queensland Maternal and Perinatal Quality Council</b>	
<b>Position Title</b>	<b>Position Title</b>
Chair, Queensland Maternal and Perinatal Quality Council	Member, Queensland Maternal and Perinatal Quality Council

REDCap	
Position Title	Position Title
Nurse Researcher, Paediatric Intensive Care Unit	

REDCap	
Position Title	Position Title
Nurse Researcher, Paediatric Intensive Care Unit	

QLIK	
Position Title	Position Title
Project Manager, Business Intelligence, Lady Cilento Children's Hospital	Reference Data Manager, Business Intelligence, Lady Cilento Children's Hospital

QLIK	
Position Title	Position Title
Project Manager, Business Intelligence, Lady Cilento Children's Hospital	Reference Data Manager, Business Intelligence, Lady Cilento Children's Hospital

Content experts as approved by the Queensland Paediatric Quality Council.

## Appendix 3: 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 4: 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>	July 2017

<b>Version</b>	<b>Date</b>	<b>Changed by</b>	<b>Nature of amendment</b>
0.1	25/02/2015	Rebecca Shipstone	Draft Update to previous 2013-15 QPQC Terms of Reference
0.2	25/02/2015	Julie McEnery	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

Previous versions should be recorded and available for audit.