THE HADER CLINIC
Clinical Guideline

Quality and Safety Committee Terms of Reference

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1 Purpose

The Quality and Safety Committee (QSC) is a standing committee of the Board Clinical Governance Committee responsible for providing oversight, assurance and advice regarding the quality, safety and continuous improvement of clinical and non-clinical services delivered by the organisation.

The Committee supports a culture of excellence, safety, recovery-oriented practice, trauma-informed care, cultural safety and continuous improvement, ensuring that consumers receive safe, effective, person-centred and evidence-based care.

The Committee operates in accordance with:

- Victorian Mental Health and Wellbeing Act 2022
- Health Services Act 1988 (Victoria)
- National Safety and Quality Health Service (NSQHS) Standards
- National Clinical Governance Framework
- Victorian Department of Health requirements
- National Standards for Mental Health Services
- AOD service standards and accreditation requirements
- Organisational policies and clinical governance frameworks

2 Scope

The Committee's oversight extends across all organisational services and activities, including:

- Inpatient Mental Health Services
- AOD Withdrawal Services
- Residential Rehabilitation Services
- Community AOD Services
- Community Mental Health Services
- Medical Services
- Nursing Services
- Allied Health Services
- Pharmacy Services
- Consumer and Carer Programs
- Support Services impacting quality and safety of care

The Committee is responsible for monitoring quality and safety performance across all clinical and operational areas.

3 Functions and Responsibilities

Related to these terms of reference

3.1 Quality Governance

The Committee shall:

- Monitor implementation of the organisation's Quality and Safety Framework.
- Promote a culture of continuous quality improvement.
- Review quality performance and outcomes.
- Monitor compliance with quality standards, legislation and regulatory requirements.
- Provide assurance to the Clinical Governance Committee and Board regarding quality systems and performance.

3.2 Clinical Safety

The Committee shall review and monitor:

- Clinical incident reporting and management.
- Serious adverse events.
- Sentinel events.
- Near misses.
- Consumer safety outcomes.
- Clinical deterioration events.
- Corrective and preventive actions arising from incidents.
- Electronic medical record incidents
- Information security incidents affecting care
- Clinical documentation quality
- Data quality and integrity
- Mortality reviews
- Unexpected deaths
- Coroner recommendations
- Morbidity review outcomes

The Committee shall ensure systems are in place to identify, investigate and reduce preventable harm.

3.3 AOD and Mental Health Safety Monitoring

The Committee shall review trends, risks and outcomes relating to:

- Suicide-related incidents.
- Self-harm incidents.
- Absconding events.
- Behavioural emergencies.
- Restrictive interventions.
- Use of compulsory treatment provisions.
- Recovery and consumer outcome measures.
- Overdose incidents.
- Withdrawal complications.
- Substance-related clinical deterioration.
- Pharmacotherapy incidents.
- Relapse-related safety concerns.
- Emerging drug-related risks.
- Co-occurring mental health and substance use presentations.
- High-risk and complex consumer outcomes.
- Inter-service coordination and continuity of care.

3.4 Consumer Experience and Feedback

The Committee shall oversee:

- Consumer feedback systems.
- Complaints management.
- Compliments and recognition.
- Consumer experience surveys.
- Consumer participation activities.
- Carer and family feedback.

The Committee shall ensure that consumer perspectives inform service improvement initiatives

3.5 Quality Improvement

The Committee shall:

- Review and monitor quality improvement plans.
- Evaluate outcomes of improvement initiatives.
- Monitor achievement of quality objectives.
- Promote innovation and evidence-based practice.
- Oversee implementation of recommendations from audits and reviews.

The Committee will review quality and safety data, benchmark performance where available, identify trends and monitor effectiveness of corrective actions

3.6 Clinical Audit Program

The Committee shall oversee:

- Annual clinical audit programs.
- Compliance audits.
- Documentation audits.
- Medication audits.
- Clinical practice audits.
- Outcome measurement audits.

The Committee shall monitor findings and ensure corrective actions are implemented.

3.7 Risk Management

The Committee shall:

- Monitor clinical and operational risks impacting quality and safety.
- Review organisational quality and safety risk registers.
- Escalate significant risks to the Clinical Governance Committee and Board.
- Monitor risk mitigation strategies and effectiveness.

Particular attention shall be given to:

- Suicide risk
- Violence and aggression
- Medication safety risks
- Workforce-related risks
- Consumer safeguarding risks
- Environmental safety risks

3.8 Infection Prevention and Control

The Committee shall oversee:

- Infection prevention and control programs.
- Healthcare-associated infection surveillance.
- Outbreak management.
- Hand hygiene compliance.
- Infection-related quality indicators.

The Committee shall review performance data and improvement actions.

3.9 Medication Safety

The Committee shall review:

- Medication incidents.
- High-risk medication use.
- Psychotropic medication safety.
- Controlled drug management.
- Pharmacotherapy program safety.
- Medication audit results.

The Committee shall support strategies to reduce medication-related harm.

3.10 Accreditation and Compliance

The Committee shall oversee:

- Compliance with NSQHS Standards.
- Mental Health Service Standards.
- AOD accreditation requirements.
- Regulatory audits and inspections.
- Accreditation preparation and readiness activities.

The Committee shall monitor implementation of recommendations arising from accreditation reviews.

3.11 Workforce Quality and Safety

The Committee shall monitor:

- Mandatory training compliance.
- Clinical competency programs.
- Clinical supervision arrangements.
- Workforce safety indicators.
- Occupational violence and aggression incidents.
- Staff wellbeing initiatives impacting quality and safety

3.12 Consumer Rights and Safeguarding

The Committee shall oversee compliance with:

- Charter of Human Rights and Responsibilities Act 2006 (Victoria)
- Mental Health and Wellbeing principles
- Consumer rights and advocacy requirements
- Open disclosure obligations
- Duty of care responsibilities

The Committee shall monitor incidents involving:

- Consumer harm
- Abuse or neglect allegations
- Restrictive practices
- Human rights concerns

3.13 Cultural Safety, Equity and Inclusion

The Committee shall oversee and monitor:

- Cultural safety initiatives across all services.
- Outcomes and experiences for Aboriginal and Torres Strait Islander consumers.
- Equity of access, participation and health outcomes for diverse consumer groups.
- Compliance with organisational cultural safety commitments, frameworks and action plans.
- Consumer feedback relating to cultural responsiveness, discrimination, racism or inequitable treatment.
- Workforce cultural capability training and development.
- Partnerships and engagement with Aboriginal Community Controlled Organisations and other relevant community stakeholders.
- Inclusion and accessibility for consumers from culturally and linguistically diverse backgrounds, LGBTQIA+ communities, people with disability and other priority populations.

The Committee shall:

- Promote culturally safe, inclusive and person-centred care.
- Monitor identified disparities in service access, experience and outcomes.
- Review and support actions aimed at reducing inequities and improving culturally responsive practice.
- Provide assurance to the Clinical Governance Committee and Board that cultural safety, equity and inclusion are embedded within quality improvement and clinical governance systems.

4 Authority

The Committee is authorised to:

- Access all information necessary to fulfil its responsibilities.
- Request reports from managers, clinicians and executives.
- Review incidents, investigations, audits and quality data.
- Establish working groups and quality improvement taskforces.
- Make recommendations to the Clinical Governance Committee and the Board.

The Committee acts in an advisory and oversight capacity and does not exercise powers reserved for the Board.

5 Membership

The Committee shall comprise:

- Quality and Safety Manager (Chair)
- Director of Nursing
- Program Director
- Program Manager
- Program Co-ordinator
- Nurse Unit Manager
- Infection Prevention and Control Representative

Additional members may be co-opted as required.

5.1 Conflict of Interest

- Members must declare any actual, perceived or potential conflicts of interest at the commencement of meetings.
- Such declarations shall be recorded in the minutes.

6 Meetings

- Meetings shall be held monthly.
- Extraordinary meetings may be convened by the Chair.
- Members will receive agenda papers prior to meetings.
- Minutes and action registers will be maintained.
- Key issues shall be escalated to the Clinical Governance Committee.
- The Committee will seek consensus in decision making. Where consensus cannot be achieved, recommendations will be determined by a majority vote of members present.

7 Quorum

A quorum shall consist of:

- Fifty percent of appointed members; and
- The Chair or delegate; and
- At least one senior clinical representative

8 Reporting

The Committee shall report to the Clinical Governance Committee and provide regular reports on:

- Quality and safety performance
- Serious incidents and investigations
- Clinical risk profile
- Consumer feedback and complaints
- Accreditation status
- Quality improvement initiatives
- Emerging risks and trends

A summary report shall be submitted to each meeting of the Clinical Governance Committee.

9 Key Performance Indicators for Oversight

The Committee shall routinely monitor:

Consumer Safety

- Serious adverse events
- Sentinel events
- Self-harm incidents
- Suicide attempts and deaths
- Seclusion and restraint rates
- Falls resulting in harm

AOD-Specific Indicators

- Overdose events
- Withdrawal-related incidents
- Pharmacotherapy incidents
- Unplanned discharges

Quality Indicators

- Consumer experience results
- Complaint trends
- Clinical audit outcomes
- Open disclosure compliance
- Accreditation compliance

Medication Safety

- Medication incident rates
- Controlled drug discrepancies
- High-risk medication monitoring

Workforce Safety

- Occupational violence incidents
- Staff injury rates
- Mandatory training compliance
- Clinical supervision compliance

10 Review

These Terms of Reference shall be reviewed every three years, or earlier if required by changes to legislation, accreditation requirements, clinical governance standards or organisational needs

11 Escalation

Significant risks, sentinel events, critical incidents, serious allegations of abuse, and deteriorating quality indicators shall be escalated to the Clinical Governance Committee and Executive within agreed reporting timeframes.

12 Document Control

Approved By: Clinical Board of Governance and the Board
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