Charter

NSW Health Pathology Quality and Clinical Safety Committee

The NSW Health Pathology Quality and Clinical Safety Committee (the **Committee**) has been established as a Committee of the NSW Health Pathology Board pursuant to clause 33 of the Board Constitution.

This Charter sets out the role, responsibilities and composition of the Committee.

1. Role

The role of the Committee is to assist the NSW Health Pathology Board and Chief Executive by providing oversight and strategic direction in relation to patient safety and the quality of clinical, forensic and analytical science services provided by NSW Health Pathology.

In fulfilling its responsibilities, the Committee will observe and promote the core organisational values of Respect, Integrity, Teamwork and Excellence. The Committee is an advisory Committee only and has no decision-making powers unless delegated to it by the Board.

2. Responsibilities

The Committee is directly responsible and accountable to the Board for the exercise of its responsibilities. In carrying out its responsibilities, the Committee must at all times recognise that the Board has primary responsibility for the governance, risk management and compliance of the organisation and the Chief Executive has primary responsibility for the management of the organisation.

The responsibilities of the Committee are:

a) Providing leadership and advice on strategic direction for patient safety and clinical, forensic and analytical science quality and ensuring accountability for the delivery of safe, high quality standards of care and services across NSW Health Pathology;

b) Providing leadership and advice on strategic direction in relation to, and ensuring accountability for, the use of data and technology to deliver better patient care and improved outcomes across NSW Health Pathology (provided that, where appropriate, the Committee refers to the Audit and Risk Management Committee any concerns identified regarding strategic or statewide data and technology risks or the effectiveness of NSW Health Pathology's data governance framework);

c) Supporting and reinforcing the importance of delivering continuous quality improvement and safe, high quality care as key management responsibilities;

d) Promoting and advancing the integration of patient safety and clinical, forensic and analytical science quality in all aspects of pathology, forensic and analytical science service delivery;

e) Promoting and advancing the use of data and technology to improve efficiencies and deliver smart, fast and seamless customer-centric solutions and clinical outcomes;

f) Overseeing and monitoring:

- the performance and effectiveness of patient safety and service quality systems, mechanisms and controls;
- performance against agreed quality and safety indicators and making recommendations to support and sustain continuous improvement;
- key clinical risks, ensuring controls and mitigation strategies are in place (concerns identified by the Committee in relation to the effectiveness of NSW Health Pathology's framework for

managing clinical risks or clinical risks of strategic or statewide significance should be referred to the Audit and Risk Management Committee);
- the implementation of the Clinical Governance Framework;
- the implementation of strategic, clinical service and operational plan projects relating to quality and clinical safety;
- the implementation and performance of informatics (including IT systems reliability and usability and the use of data analytics) in the delivery of customer-centred services and improved outcomes;

g) Identifying and exploring opportunities including emerging technologies/advancements and innovation to enhance NSW Health Pathology's clinical, forensic and analytical science service delivery; and

h) Such other matters as may be delegated to it by the Board from time to time.

3. Membership

3.1. Members

The Chair of the Committee shall be a Board member who shall be appointed by the Chair of the Board. The Chair shall serve for the duration of their appointment to the Committee.

The Committee shall consist of the following members:

- Chair (being a member of the Board);
- At least two additional Board members appointed by the Board Chair.

Appointment of additional members of the Committee, and removal of Committee members, shall be by the Board in accordance with the Board Constitution.

Board members appointed to the Committee hold office for such a period as the Board may determine, or until the person's appointment as a member of the Board expires and is not renewed or the office is otherwise vacated, whichever occurs first.

3.2. Attendees

The following positions will be invited to attend each meeting of the Committee:

- Chief Executive
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- Chief Pathologist
- Chief Information Officer;
- Associate Director, Clinical Operations
- Chief Operating Officer;
- Director, Scientific and Technical Strategy;
- Director, Clinical Governance (Patient Safety);
- Associate Director, Clinical Governance (Quality)

The Chair of the Committee may invite any person as it determines to attend and address a meeting of the Committee (either for the duration of the meeting or in relation to a specific agenda item).

4. Secretariat Support

The Director, Clinical Governance (Patient Safety) is responsible for ensuring Secretariat support is provided for the Committee.

5. Meetings

5.1. Frequency and Location

Committee meetings may be held face to face, by telephone, videoconference, or other electronic means. The Committee shall meet at least 6 times per year.

The Chair of the Committee may request the Chair of the Board to give written approval to the conduct of a special meeting where the Chair of the Committee considers that a matter is of such urgency that a special meeting should be held. If approved, a special meeting shall be held at least 48 hours but not later than 7 days after receipt by the Chair of the Board of such a request. The Chair of the Committee is to ensure that at least 24 hours' notice is given of a special meeting to every member of the Committee and each person invited to attend the meeting. Notice of a special meeting is to specify the business to be considered at that meeting, and only business specified in the notice is to be considered at the special meeting.

5.2. Quorum

A quorum shall consist of a majority of Committee members.

5.3. Decision-making

Decisions of the Committee shall be by consensus. Decisions unable to be made by consensus are to be escalated to the Board. Decisions may be made at a duly called and constituted meeting, or by a resolution in writing to all members and physically or electronically signed by all members. Decisions made at a meeting are to be stated in the minutes of the meeting at which they were decided.

5.4. Agenda and Minutes

The agenda shall be agreed by the Chair prior to the meeting. All papers must be submitted to the Secretariat by the specified submission deadline. The agenda and papers shall be distributed by the Secretariat at least one week prior to the meeting dates. Only with the Chair's permission will late papers be accepted.

All meetings shall be minuted, and the minutes distributed to all members of the Committee with the agenda papers for the next meeting. The deliberations and minutes of the Committee must be submitted to the Board for information.

6. Reporting

6.1. Reporting to the Board and other Board Committees

The Committee shall provide a report to the Board at each Board meeting which includes matters considered or approved by the Committee or referred to the Board for consideration or decision, any matters of concern and emerging issues. The report is a standing agenda item at each Board meeting

and will be prepared by the Director, Clinical Governance (Patient safety) and approved and presented to the Board by the Chair of the Committee.

Should the Committee need to refer or report a matter to another Board Committee, the Chair will write to the respective Chair, with a copy to the Board Chair.

In addition, the Committee will, at least once a year, report to the Board and Chief Executive on its operation and activities during the year. The report should include:

- a summary of the work the Committee performed to fully discharge its responsibilities during the preceding year;
- details of meetings, including the number of meetings held during the relevant period, and the number of meetings each member attended;
- Progress report on the implementation of the Clinical Governance Framework; and
- a summary of NSW Health Pathology's performance against the endorsed Quality and Clinical Safety key performance indicators.

6.2. Reporting to the Committee

Management is responsible for providing up-to-date performance and indicator reports for consideration at each meeting of the Committee. Reports to the Committee should:

- Provide relevant information and in-depth reporting to enable the Committee to understand NSW Health Pathology's exposure to clinical risk, the extent to which clinical risks are being effectively managed and the impact of these risks on the clinical governance performance of NSW Health Pathology;
- Report on progress regarding the implementation of the NSW Health Pathology Clinical Governance Framework;
- Provide relevant information and in-depth reporting to enable the Committee to fulfil its responsibilities in relation to current and planned use of data and technology by NSW Health Pathology to deliver better patient care and improved outcomes
- Focus succinctly on key issues that require the attention of the Committee.

The clinical governance report should include as a minimum:

- • An executive summary;
- • A summary of serious clinical incidents and complaints;
- • Performance against endorsed quality and clinical safety indicators;
- • Reporting of trends and analysis as per endorsed reporting matrix.

7. Conflicts of Interest

Committee members must declare any conflicts of interest at the start of each meeting or before discussion of the relevant agenda item or topic. Details of any conflicts of interest should be appropriately minuted and recorded in NSW Health Pathology's Conflicts of Interest Register in accordance with NSW Health Pathology's Conflicts of Interest and Gifts and Benefits Procedure.

Where members or observers at a Committee meeting are deemed to have a real or perceived conflict of interest in a matter, the Chair may decide to exclude them from Committee deliberations on the matter.

8. Evaluation

The Committee shall undertake an annual self-assessment of the effectiveness of the Committee and provide that information to the Board, along with any information the Board requests to facilitate its review of the Committee's performance and its membership.

9. Review of Charter

This Charter will be reviewed by the Committee every 2 years. This review will include consultation with the Board. Any substantive changes to this Charter will be recommended by the Committee and formally approved by the Board Chair.

10. Version History

Version No	Approval Date	Approved By	Details
1.0	16 December 2020	Board	
1.2	18 June 2021	Board Chair	Minor amendments to reflect changes to NSWHP Attendee Position Titles
1.3	14 November 2022	Board Chair	Minor amendments to reflect changes to NSWHP Attendee Position Titles
1.4	22 April 2024	Board Chair	Increase from one to two Board members (plus Board Chair); minor amendments to list of management attends; addition of standard report regarding data and technology