

The Queensland Cancer Control Safety and Quality Partnership (the Partnership) Quality Assurance Committee (QAC) Factsheet

Role of the Partnership

To improve the safety and quality of cancer services through:

- Clinician led service improvement and reform
- Collection, coordination, analysis, reporting and feedback of cancer data
- Collaboration on problem solving in the interests of better services for patients and improved outcomes
- Negotiate development and uptake of strategies to address safety and quality gaps

The Queensland Cancer Control Safety and Quality Partnership specific functions are set out in its Terms of Reference – <https://cancerallianceqld.health.qld.gov.au/media/1887/terms-of-reference-qccsaq-qac.pdf>

Legislation

There are common fears that tend to discourage people from participation in quality assurance activities. Fears such as:

- information generated will be used in medical negligence litigation
- that they would be embarrassed if information generated was disclosed
- that legal action would be taken against them for participating in the assessment or evaluation of health services provided by others

The Queensland legislation *Hospital and Health Boards Act 2011 ss.81-92 & Hospital and Health Boards Regulation 2012 ss.15-22* encourages participation in quality assurance activities and allows QACs to function effectively by providing protections, imposing duties of confidentiality and sets out obligations of the committee.

Qualified privilege is an exception to the usual principles of open and transparent public access to government information. This privilege is balanced with important responsibilities for committee members and 'relevant persons' (those authorised to assist the committee to perform its functions). Qld Cancer Control Analysis Team (QCCAT) are relevant persons and are responsible for the collection, coordination, analysis, reporting and feedback of Qld cancer data on behalf of the Partnership (see also providing information to the Partnership).

Obligations

QAC members and relevant persons must not disclose information acquired as a member of the committee except:

- Mandatory reporting of 'public risk notifiable conduct'
- Public reporting as required by regulation
- For the purposes of exercising the functions of a member of the committee (see Terms of Reference)

Protections

- QAC members and relevant persons cannot be compelled to give evidence about information obtained as a QAC member
- QAC members and relevant persons are not liable for actions done in good faith in exercising the functions of the QAC (and any legal defence costs will be indemnified by the State)
- QAC findings about the need for changes or improvements cannot be used as evidence of inadequate procedures or practices

QAC reports must not disclose the identity of a provider or patient without written consent

Providing information to the Partnership

There is no impediment to any person providing confidential, identified data to the QAC. Any person who honestly and on reasonable grounds gives information to a QAC, for the QAC's functions is not subject to any liability for giving the information, and no action, claim or demand may be taken for giving that information.

The legislation states:

"If the person would otherwise be required to maintain confidentiality about the information under an Act, oath, or rule of law or practice, the person –

- I. does not contravene the Act, oath, or rule of law or practice by giving the information; and*
- II. is not liable to disciplinary action for giving the information".*

Hospital and Health Boards Act 2011: Part 6 Safety and Quality: S89 (4) (b)

QCCAT source Qld cancer data from individual clinicians, health facilities (public and private) and state-wide data collections. All data are electronically stored within the Qld Oncology Repository (QOR), behind the Qld Health firewall, password protected and only accessible by QCCAT. Access to information is limited to the Partnership members, and relevant persons such as the Partnership sub-committees and QCCAT. Reports generated on behalf of the Partnership will contain aggregate and de-identified data and maintain the confidentiality of the person receiving the health service and the individual provider.

Public reporting

The Regulation requires the QAC to report publicly on:

- Committee's functions and membership
- Summary of outcomes of the exercise of the Committee's functions
- Annual statement to the Director-General of Health Department.

Conflicts of Interest

Any situation where a personal, financial or other interest directly conflicts with ('actual'), has the appearance of compromising ('perceived'), or has the potential to compromise ('potential'), effective and unbiased performance as a member of the Committee.

Examples of possible conflicts of interest which may require open declaration and managing include:

- Private/family businesses
- Financial interests including receiving benefits (e.g. cash, services, equipment) from outside bodies
- Professional positions/affiliations
- Membership of other committees, organisations, boards or advisory groups
- Consultancies
- Family and personal relationships

For more information:

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For further details about the legislation or the Partnership terms of reference

[Hospital and Health Boards Act 2011](#)

[Hospital and Health Boards Regulation 2012](#)

[Information Privacy Act 2009](#)

[The Partnership TOR](#)