



Guideline

Establishing and managing quality assurance committees



Guideline - Establishing and managing quality assurance committees

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1. Purpose

This Guideline for Establishing and Managing Quality Assurance Committees (Guideline) is intended to assist entities looking at establishing a QAC, pursuant to Part 6, Division 1 of the *Hospital and Health Boards Act 2011* (HHB Act) and the *Hospital and Health Boards Regulation 2012* (HHB Regulation). It also aims to explain the functions, obligations, responsibilities and protections associated with membership of a QAC..

2. Scope

This Guideline is relevant to entities authorised to establish a QAC¹, established QACs, members of a QAC², relevant persons³ and a person who performs functions for a patient safety entity⁴.

3. Legislation

HHB Act – (ss.81 to 92)

HHB Regulation – (ss.15 to 28)

Right to Information Act 2009 (Schedule 2, Part 1, Item 6⁵)

*Health Ombudsman Act 2013*⁶

*Information Privacy Act 2009*⁷

4. Principles

The following principles guide the establishment and management of QACs:

- the purpose of a QAC is to improve the safety and quality of health services
- the role of a QAC must include:
 - assessment and evaluation of the quality of health services
 - reporting and making recommendations concerning those health services
 - monitoring the implementation of its recommendations.

The prospective members of a QAC should be advised of their protection from liability,⁸ in order to encourage and facilitate the voluntary participation in healthcare improvement, by providing a confidential environment where practice, decisions and outcomes can be reviewed.

¹ Entities authorised to establish a QAC are identified in s.82 of the HHB Act.

² Section 82(3)(c) of the HHB Act.

³ Refer to the definition of *relevant person* in Schedule 2 and s.84(2) of the HHB Act.

⁴ Section 85(2) of the HHB Act.

⁵ Provides that the *Right to Information Act 2009* has no application to a QAC

⁶ A function of the Health Ombudsman under the *Health Ombudsman Act 2013* is to identify and report on systemic issues including issues related to the quality of health services at s.25(c).

⁷ Applies to the handling, access and amendment of personal information in the public sector environment.

⁸ Sections 88 and 89 of the HHB Act. Protection from liability is conditional upon the QAC member having acted in good faith and without gross negligence.



5. Establishing a QAC

5.1 Who can establish a QAC?

Any of the following may establish a QAC for a matter relating to its functions:

- a Hospital and Health Service (HHS)
- a professional association, society, college or other entity whose functions relate to the provision of health services or to the providers of health services
- the Director-General, Queensland Health for a matter relating to a HHS or the Department
- the licensee of a private health facility for a matter relating to health services provided in its facility.

Two or more of the bodies mentioned above may jointly establish a single QAC. However, an entity must not establish a QAC unless satisfied that certain requirements are met⁹.

5.2 QAC membership

The QAC must comprise individuals with appropriate training and experience appropriate to the services to be assessed and evaluated by the QAC. The HHB Act does not specify any minimum or maximum number of members¹⁰. It is recommended that any application process to establish a QAC include a requirement to submit details of each member's qualifications and a summary of their relevant experience.

QACs can authorise individuals (relevant persons) to help the QAC perform its functions, including by providing administrative or secretarial services, advising the QAC about the performance of its functions, or preparing reports and other information for the QAC.

5.2 Does the committee need to be a QAC?

It is important to consider whether a QAC is the most appropriate committee type for the circumstances. It is unnecessary for all committees with a role encompassing safety and quality to be a QAC.

The HHB Act requires QACs to make certain information available to the public¹¹.

The context of the committee needs to be considered against the strict confidentiality provisions, protections to prevent information from being disclosed in legal proceedings as well as the protections from liability for members of QACs.

QAC members and relevant persons are prohibited from disclosing information acquired as a member and/or relevant person for the committee¹².

The QAC must benefit from the immunities and protections afforded to QACs in sections 87, 88 and 89 of the HHB Act. Some questions to consider in this context could include:

⁹ Section 82(3) of the Act.

¹⁰ However, the HHB Regulation provides information relating to a quorum for a QAC – see section 18.

¹¹ Section 25 of the HHB Regulation

¹² For exceptions to the limitation placed on members and relevant persons disclosing information, see s.84(1) and s.84(2) of the HHB Act.



- Will the committee receive information from a person who might need protection against liability for giving the information to the committee?
- Is it likely that members of the committee may require protection against a civil liability for an act done, or omission made, including protection against defamation?
- Will the documents and information the committee creates, or created for the committee, as well as information acquired by a person who is a member of the committee require legal protection?

5.2 The process of establishing a QAC

Each entity establishing a QAC will need a local process for applications to establish a QAC. The establishing entity needs to be satisfied that¹³:

- (a) the committee's functions include:
- assessment and evaluation of the quality of health services
 - reporting and making recommendations concerning those health services
 - monitoring the implementation of its recommendations.
- (b) The committee comprises individuals with training and experience appropriate to the services to be assessed and evaluated by the committee.
- (c) The exercise of the committee's functions would benefit from the immunities and protections afforded by Part 6, Division 1 of the HHB Act.

Please note, there are other requirements listed in s.82 of the HHB Act. Please read these prior to establishing the QAC.

Once a QAC has been established, the Director-General, Queensland Health must be notified.

See: Item 6 below, *Notification of establishment*.

5.2 Register of QACs

The Director-General, Queensland Health, must establish and maintain a register of QACs and make the register available to the public on the Queensland Health website through the Patient Safety and Quality Improvement Service, Clinical Excellence Division, Department of Health (PSQIS). The register is available at <https://clinicalexcellence.qld.gov.au/priority-areas/safety-and-quality/quality-assurance-committees>

6. Notification of establishment

Once a QAC has been established¹⁴, the Director-General, Queensland Health must be notified in the form attached at Annexure 1 – and sent to the following addresses:

Director-General
Queensland Health
GPO BOX 48
BRISBANE QLD 4001

¹³ Section 82(3) of the HHB Act

¹⁴ It is recommended that as part of the notification process, the information in Annexures 2 and 3 is read and considered.



And:

Quality-Assurance-Committee@health.qld.gov.au

Or:

Email: SDLO@health.qld.gov.au

And:

Quality-Assurance-Committee@health.qld.gov.au

7. Requirement to adopt a privacy policy

Every QAC must adopt, by resolution, a written privacy policy. Section 24 of the HHB Regulation legislates the content of the privacy policy. Please refer to Annexure 2, for further information.

8. Documenting QAC procedures and processes

It is recommended every QAC develop a document, such as terms of reference, to document and guide the procedures, processes and general business of the committee. Please refer to Annexure 3 for further information.

9. Procedures of QACs

These procedures¹⁵ are mandatory, pursuant to Part 5, Division 2 of the HHB Regulation.

9.1 Electing a chairperson

A QAC must have a chairperson. The chairperson can be chosen by the entity establishing the QAC at the commencement of the QAC, or by the QAC electing a member to be chairperson at any time. If the chairperson is elected by the QAC, the establishing entity must approve the appointment. There is no limit to the time period a chairperson can sit in the position. If the chairperson role is vacated, the committee may elect a new chairperson.

If a committee was established by an entity other than the Director-General, Queensland Health, as soon as practicable after the chairperson is appointed the committee must give the Director-General a written notice containing the following information:

- the member's full name
- the date the member was appointed as chairperson.

Email: Quality-Assurance-Committee@health.qld.gov.au

¹⁵ See: Part 5, Division 2 of the HHB Regulation.



9.2 Times and places of meetings

Committee meetings are to be held at the times and places the chairperson decides. However, the chairperson must call a meeting if asked in writing to do so by at least the number of members forming a quorum for the committee. A committee must hold its first meeting within 3 months after its establishment.

9.3 A quorum at meetings

A quorum for a QAC is the number equal to one-half of the number of its members or, if one-half is not a whole number, the next highest whole number.

9.4 Presiding at meetings

The chairperson is to preside at all meetings of a QAC. If the chairperson is absent from a meeting or the office of chairperson is vacant, a chairperson for the particular meeting can be chosen by the members present.

9.5 Conduct of meetings

A question at a QAC meeting is decided by a majority of the votes of the members present. Each member present at the meeting has a vote on each question to be decided and, if the votes are equal, the member presiding also has a casting vote.

9.6 Minutes

A committee must keep the minutes of a meeting of the committee for 10 years after the meeting¹⁶.

9.7 Other procedures of QACs

Pursuant to the HHB Act and HHB Reg, a committee must conduct its business, including its meetings, pursuant to the procedures above. Notwithstanding the HHB Act and HHB Reg, the committee must in addition follow the procedures decided for it by the entity that established the committee. Additional procedures can be determined by the committee regarding how it may conduct its business, including its meetings.

10. Protections, immunities and confidentiality

10.1 Protection for QAC documents and information

The protections afforded to QACs apply to reports or other documents created by or for a committee, information contained in a report or other document created by or for a committee and information acquired by a person as a member of the committee or as a relevant person¹⁷ for the committee.

¹⁶ This requirement does not apply to the extent that the minutes are a public record under the *Public Records Act 2002*,

¹⁷ For the definition of a relevant person, see Schedule 2 of the HHB Act.



QAC related documents or information cannot be accessed under any order, whether of a judicial or administrative nature, and are not admissible in any proceeding. Further, neither a QAC member nor a relevant person for a committee can be called to produce documents or information or be called to give evidence in any legal proceedings or other legal process about information that came to their knowledge as a QAC member or a relevant person for a committee. The only exception to this is when the document, information or evidence relates to a legal proceeding for an offence against the QAC legislation.

10.2 Protection from liability

Neither a QAC member nor a relevant person for a committee can be held civilly liable for their acts or omissions if they have acted in good faith and without gross negligence in their function as a QAC member or a relevant person for a QAC. If the QAC member or relevant person incurs costs in defending such proceedings, the person is to be indemnified (costs paid) by the entity that established the QAC¹⁸.

10.3 Members and relevant persons' confidentiality obligations

Strict confidentiality obligations apply to both QAC members and relevant persons.

A person who is or was a QAC member is prohibited from disclosing information acquired in the course of their involvement in QAC activities, other than:

- for the purpose of exercising the functions of a member of the QAC
- to members of another QAC if the information is relevant to the functions of the other QAC
- to a prescribed patient safety entity¹⁹
- if the person is a registered health practitioner—for notifying the Health Ombudsman 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 conduct²⁰
- to comply with a requirement of an inspector made of the person under the HHB Act, if the requirement relates to an offence under Part 6, Division 1 of the HHB Act²¹
- under a regulation made under s.91 of the HHB Act.

The penalty for breach of these confidentiality provisions is a fine of up to \$12,615 (100 penalty units, at \$126.15 per penalty unit, current as at 24 August 2017).

Also, a person who is or was a relevant person for a QAC must not disclose to someone else information acquired by the person as a relevant person for the QAC, other than—

- for the purpose of helping the QAC to perform its functions
- to comply with a requirement of an inspector made of the person under the HHB Act²².

¹⁸ See section 88(3) of the HHB Act.

¹⁹ See section 85 of the HHB Act

²⁰ See definition of 'public risk notifiable conduct' under Schedule 2 of the HHB Act. See also section 36, *Health Ombudsman Act 2013*..

²¹ If the requirement relates to an offence under Part 6, Division 1 of the HHB Act

²² If the requirement relates to an offence under Part 6, Division 1 of the HHB Act.



The penalty for breach of these confidentiality provisions is a fine of up to \$12,615 (100 penalty units, at \$126.15 per penalty unit, current as at 24 August 2017).

11. Disclosing QAC reports and documents to other entities

A QAC may give a copy of a report or other document to a prescribed patient safety entity²³ for an authorised purpose for the entity. The PSQIS is a prescribed patient safety entity.

This type of disclosure by the QAC is protected in so far as a person who performs functions for the patient safety entity:

- must not give a copy of the report or other document to anyone else
- must not disclose any information contained in the copy of the report or other document to anyone else other than for the authorised purpose for which the copy of the report or document was given
- must not use the copy of the report or document, other than for the authorised purpose for which the copy of the report or document was given.

The penalty for breach of these provisions is a fine of up to \$12,615 (100 penalty units, at \$126.15 per penalty unit, current as at 24 August 2017).

12. QAC reporting obligations

12.1 Annual activity statement

Every year, a QAC must prepare an annual activity statement²⁴ (due every 12 months from the date the QAC commenced) containing the following information:

- the chairperson's full name
- each member's full name
- for any person appointed as a member during the reporting period
 - the person's full name and qualifications
 - the person's office or position
 - a summary of the person's experience that is relevant to the committee's functions
 - the date the person became a member.
- if a person ceased being a member during the reporting period—the date the individual ceased being a member
- the dates of each meeting held by the committee during the reporting period.

Annual activity statements must be forwarded before each anniversary of the day the QAC was established to both:

²³ See: section 85 of the HHB Act and section 28 of the HHB Regulation

²⁴ See section 27 of the HHB Regulation



- the entity that established the QAC
- the Director-General, Queensland Health (via PSQIS):
Email annual activity statements to: Quality-Assurance-Committee@health.qld.gov.au

12.2 Triennial report

Within three (3) years after establishing, QACs must make available to both the entity that established it and to the public, the following information relating to the period since the QAC was established:²⁵

- a statement of the QAC's functions
- for each current committee member:
 - the member's full name and qualifications
 - the member's office or position
 - a summary of the member's experience that is relevant to the committee's functions.
- a summary of the activities performed in, and any outcomes of, the exercise of the QAC's functions
- a summary of the QAC's privacy policy.

Triennial reports may be made in any form the QAC considers appropriate.

Where the Director-General, Queensland Health is the establishing entity, it is the responsibility of the relevant QAC to submit a Director-General briefing note (via PSQIS) to accompany the triennial report.

A QAC must also carry out a review of its functions²⁶ at least every three (3) years from the date of its establishment (additional reviews of the QACs functions can occur at any time). As soon as practicable following such a review, the QAC must give the report to:

- the entity that established the QAC
- the Director-General, Queensland Health (via PSQIS):
Email: Quality-Assurance-Committee@health.qld.gov.au

12.3 Mandatory reporting to the Health Ombudsman

This reporting obligation does not apply to QAC members who are not registered health practitioners.

The difference between a health practitioner's reporting obligation as a member of a QAC, and the usual reporting obligation as a health practitioner - as a member of a QAC a health practitioner is obligated to report substantial harm, whereas a health practitioner is usually only obligated to report harm²⁷.

Persons who are registered health practitioners and members of a QAC, are obligated to notify the Health Ombudsman about information they acquire as a QAC member that causes the person to form a reasonable belief that another registered health practitioner has behaved in a

²⁵ See section 25 of the HHB Regulations.

²⁶ See section 26 of the HHB Regulations.

²⁷ See Sections 140 and 141, Part 8, Schedule *Health Practitioner Regulation National Law At 2009*.



way that constitutes *public risk notifiable conduct*²⁸ – public risk notifiable conduct is defined as a health practitioner who has²⁹:

(a) placed the public at risk of substantial harm in the practitioner’s practice of the profession because the practitioner has an impairment; or

Substantial harm means considerable harm such as a failure to correctly or appropriately diagnose or treat because of the impairment. For example, a practitioner who has an illness which causes cognitive impairment so they cannot practise effectively would require a mandatory notification. However, a practitioner who has a blood-borne virus who practises appropriately and safely in light of their condition and complies with any registration standards or guidelines and professional standards and protocols would not trigger a notification.

| | | |
|--|--|--|
| <p>Box 1:</p> <p>As a practitioner, during the course of practising your health profession, or as an employer, do you reasonably believe that a practitioner has placed the public at risk or harm?</p> | | |
| <p>Box 2:</p> <p>If the answer is yes Is the risk of harm to the public substantial?</p> | <p>If the answer is yes Did the risk of substantial harm to the public arise in the practitioner’s practice of the health profession?</p> | <p>If the answer to the box immediately left of this box is yes Is the risk because the practitioner has an impairment?</p> <p>If so, you must notify the Health Ombudsman.</p> |
| <p>If the answer is no You are not required to make a mandatory notification but you may make a voluntary notification.</p> | | <p>If the answer is no You are not required to make a mandatory notification but you may make a voluntary notification.</p> |

(b) placed the public at risk of substantial harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards.

Substantial harm means considerable harm such as a failure to correctly or appropriately diagnose or treat because of the significant departure from accepted professional standards.

Decision guide – significant departure from accepted professional standards

²⁸ See section 84(1)(d) of the HHB Act.

²⁹ See Schedule 2 of the HHB Act.



Box 1:

As a practitioner, during the course of practising your health profession, or as an employer, do you reasonably believe that a practitioner has placed the public at risk or harm?

Box 2:

If the answer is yes

Is the risk of harm because the practitioner practised the health profession in a way that constitutes a significant departure from accepted professional standards

If the answer is yes

You must notify the Health Ombudsman.

If the answer is no

You are not required to make a mandatory notification but you may make a voluntary notification.

13. QAC - operational framework

13.1 Compliance framework

Director-General's role

- establish statewide QACs
- establish and maintain a publicly available QAC register
- review QAC annual activity statements
- review QAC triennial reports (prior to public release by the QAC).

The establishing entities' role

- establish the QAC
- review and approve for release annual activity statements (and release)
- review and approve for release local triennial reports (prior to public release by the QAC).

PSQIS' role (on behalf of the Director-General, Queensland Health)

- compliance tracking: due dates for triennial reports and annual activity statements
- maintain the publically available QAC register
- provision of advice to the Director-General as to whether proposed statewide QACs meet the relevant requirements under Section 82(3) of the HHB Act
- receive annual activity statements and triennial reports on behalf of the Director-General
- advise the Director-General whether annual activity statements and triennial reports meet the requirements of sections 25, 26 and 27 of the HHB Regulations.



13.2 Statewide and local QACs - the role of the PSQIS

The PSQIS has an overarching governance and compliance role, acting on behalf of the Director-General, Queensland Health, for QACs where the Director-General is the establishing entity or a joint establishing entity (for example, a state-wide QAC) as follows:

- Where the chief executive of a Hospital and Health Service is the establishing entity for a local QAC, the Hospital and Health Service has the responsibility for governance and compliance for the QAC.
- Where professional associations, colleges or licensees of private health facilities are the establishing entities for QACs, the establishing entity will have overall governance and responsibility for the QAC.



Annexure 1

APPROVED FORM NOTICE OF THE ESTABLISHMENT OF A QUALITY ASSURANCE COMMITTEE

Section 82(4) of the *Hospital and Health Boards Act 2011*

The contents of this form can be adapted to suit your own format.

I [insert full name], [insert position], of [insert entity] establish the [insert name of QAC] Quality Assurance Committee (QAC), in accordance with Section 82 of the *Hospital and Health Boards Act 2011* (HHB Act). The QAC:

- commenced on [the date of this Notice or insert the relevant date]
- was established by [insert the type of entity pursuant to s.82(1) of the HHB Act, for example, Metro North Hospital and Health Service³⁰]
- was jointly established with another entity,³¹ [if two entities established this committee give the other name – delete this paragraph if not relevant]
- [will adopt/has adopted] by resolution a written privacy policy³² [and will forward a copy to the Department of Health/and has attached a copy]
- comprises individuals with training and experience appropriate to the services to be assessed and evaluated by the QAC.

The QAC has appointed a Chairperson and the following members:

- [insert the chairperson's full name and title of Chairperson]
- [insert each member's full name]
 - [insert each member's qualifications]
 - [insert each member's office or position]
 - [insert a summary of each member's experience that is relevant to the committee's functions]
 - [insert the date the person became a member].

The QAC was established under a resolution or in accordance with the rules or official procedures of the establishing entity.

The QAC [will adopt/has adopted] by resolution, a document [insert here Terms of Reference or other document adopted] [and will forward a copy/and has attached a copy].

³⁰ See: s.82(1) of the HHB Act

³¹ See: s.82(2) of the HHB Act

³² See: ss.23 and 24 of the *Hospital and Health Boards Regulation 2012*



The QAC's functions include the assessment and evaluation of the quality of health services, the reporting and making of recommendations concerning those services and monitoring the implementation of its recommendations.

The exercise of the QAC's functions will benefit from the immunities and protections afforded by Part 6, Division 1 of the HHB Act.

Sign here:

Signature

Insert full name

Position

Date

Legislation

Hospital and Health Boards Act 2011 – section 82(4)

Acts Interpretation Act 1954 – sections.48 and 48A

Completed forms should be emailed to both of the following email addresses:

- Quality-Assurance-Committee@health.qld.gov.au
- SDLO@health.qld.gov.au

This Approved Form was first published July 2018. Form 1 version 1.



Annexure 2

Privacy policy

The function of a policy is to provide a sufficient level of detail to clarify and assist users of the policy to understand their obligations, and the committee's processes.

The QACs privacy policy should provide a sufficient level of information in a practical as well as easy to understand manner, to enable members and relevant persons to be aware of their obligations.

The privacy policy should provide a sufficient level of accurate and easily accessed information (where references to information sources are inserted) about the ways the committee/members, may do the following (see: Clause 24 of the HHB Act):

- (a) acquire and compile relevant information (mandatory)
- (b) securely store relevant information (mandatory)
- (c) disclose relevant information (mandatory)
- (d) ask an individual for consent to disclose the individual's identity under section 83(2) of the HHB Act (mandatory).

The privacy policy must also state the circumstances under which a record containing relevant information may be copied or destroyed. This must have regard to the policies, standards and guidelines about the making or keeping of public records made by the Queensland State Archivist.

If assistance in developing a privacy policy is required, please contact your local privacy officer.



Annexure 3

Documenting QAC procedures and processes

It is recommended every QAC develop a document, such as a terms of reference, to guide the procedures, processes and general business of the committee.

As a guide only, the document should contain (but may not be limited to) the following:

- Name of the QAC.
- Description of the purpose of the QAC.
- Functions of the QAC.
- The scope of the quality assurance committee.
- The minimum reporting requirements of the quality assurance committee:
 - Pursuant to s.25 of the Hospital and Health Boards Regulation 2012, the Committee will give to the Deputy Director General, Clinical Excellence Division, Department of Health an annual activity statement containing data/information about trends in the provision of relevant health services, issues and incidents (this report will be made public).
 - Pursuant to s.26 of the Hospital and health Boards Regulation 2012, the Committee will carry out a review of its functions (on a triennial basis). It must evaluate its own effectiveness in meeting its purpose and functions (for example, timeliness in decision making, attendance at meetings and the number of meetings). A copy of this review must be given to the commissioning authority and the Deputy Director General, Clinical Excellence Division, Department of Health.
 - Pursuant to s.27 of the Hospital and Health Boards Regulation 2012, the Committee will give a triennial report to the Deputy Director General, Clinical Excellence Division, Department of Health (the triennial report will be made publicly available).
- Whether sub-committees can be established by the QAC (it is common to permit sub-committees to be established).
- A statement clarifying the QAC will maintain a register of relevant persons³³ and how the involvement of relevant persons can be terminated.
- Reference to a privacy policy³⁴
- Procedures of the QAC³⁵ - refer further to Item 9 above:
 - times and places of meetings
 - a meeting quorum
 - presiding at meetings
 - conduct of meetings
 - minutes and other procedures.
- Details concerning the QAC minimum reporting obligations – see Item 12 above:

If assistance in developing a terms of reference or alternative document is required, please contact your local Legal Unit.

³³ See further the definition of relevant persons in Schedule 2 (p254) of the HHB Act

³⁴ Pursuant to s.23 of the HHB Regulation, the QAC must adopt, by resolution a written privacy policy.

³⁵ Refer to Part 5 Division 2 of the HHB Regulations