# About this template

1. The template is a guide only and has been designed to assist Queensland Health Quality Assurance Committee’s comply with their legislative and regulatory reporting responsibilities.
2. The header background can be replaced with individual Quality Assurance Committee branding.
3. Please include any additional information that may be relevant to your Committee, particularly in the highlighted sections.
4. When you have finished reading through the template instructions, please delete them.
5. Remove the ‘DRAFT’ watermark when the policy has been approved.
6. If you have any questions or require assistance in drafting the policy, please contact Patient Safety and Quality by email on Quality-Assurance-Committee@health.qld.gov.au.
7. Purpose

This policy aims to explain how the [insert name] Quality Assurance Committee (the Committee) satisfies its legislative responsibilities in accordance with the *Hospital and Health Boards Act 2011* (the Act), regarding the administration of information. The policy outlines how the Committee manages information it has acquired or compiled in the performance of its functions, how this information is stored, and the circumstances is which this information can be shared or disclosed.

1. Scope

 This Privacy Policy applies to:

* the Committee[[1]](#footnote-1)
* members of the Committee[[2]](#footnote-2)
* a person authorised by the Committee as a Relevant Person to assist, this includes persons who:
	+ provide administrative or secretarial services (Secretariat) to the Committee
	+ advise the Committee about the performance of its functions
	+ prepare reports and other information for the Committee.

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1. Acquiring and compiling relevant information

The Committee, its members and relevant persons must meet specific confidentiality obligations when acquiring and compiling relevant information. The Hospital and Health Boards Regulation 2023 (the Regulation) explains relevant information means information acquired or compiled by the Committee in the performance of its functions[[3]](#footnote-3). Information may be sought from a range of sources depending on the subject matter of the Committee, and may include:

* Public and private sector health facilities (including Root Cause Analysis (RCA) reports, as well as RCA relevant documents), professional associations, national and international entities, including professional colleges, commonwealth departments and non-government organisations.
* Confidential case summaries and patient clinical records, as well as other related information.
* Office of the State Coroner and the Registry of Births Deaths Marriages and Divorces. Coronial data may include the report of a death to a coroner, autopsy and toxicology reports, coronial findings and other coronial investigation documents.
1. Securely storing relevant information

The Committee has a range of mechanisms in place to ensure relevant information is securely stored in accordance with *Public Records Act 2002* and the Queensland State Archives, [General Retention and Disposal Schedule](https://www.forgov.qld.gov.au/information-and-communication-technology/recordkeeping-and-information-management/recordkeeping/disposal-of-records/search-for-a-retention-and-disposal-schedule/general-retention-and-disposal-schedule-grds) (GRDS).

These mechanisms include [select from the below options as relevant and/or insert relevant processes the QAC has in place to meet these obligations]:

* Assigning record keeping responsibilities to the Committee’s Secretariat and referencing this in the Committee’s Terms of Reference
* Using recordkeeping systems which are secure from misuse, loss and unauthorised access, modification or disclosure and ensuring records are created, stored and maintained systematically [expand on what these systems are, eg. Content Manager, Kiteworks].
* Marking relevant documentation generated electronically by the Committee as *Confidential and Not for further disclosure* when distributing.
* Ensuring all Committee members and relevant persons receive a copy of the Queensland Health [Guide, Establishing and managing quality assurance committees](https://clinicalexcellence.qld.gov.au/priority-areas/safety-and-quality/quality-assurance-committees-qacs), and complete the Committee’s Confidentiality Form prior to participating in Committee activities.
1. Disclosing relevant information

The Committee may disclose relevant information, however certain restrictions apply under section 83 and 84 of the Act, these include ensuring:

* A report furnished, or information made available by the Committee, is de-identified, unless the provider or recipient of the health service has consented in writing to the disclosure.
* If a report identifies a provider, a copy of the report is given to the provider to enable the provider to comment on the report.
* A person who is or was a member of the Committee does not disclose to someone else, information acquired by the person as a member of the Committee, other than:
	+ for the purpose of exercising the functions of a member of the Committee
	+ to members of another Quality Assurance Committee if the information is relevant to the functions of the other Committee
	+ to a prescribed patient safety entity under section 85 of the Act
	+ to a relevant Chief Executive in relation to health professionals working in the department (Director-General), a Hospital and Health Service (Health Service Chief Executive), or private health facility (licensee of the facility), to prevent serious risk of harm under section 85A of the Act
	+ if the person is a registered health practitioner - for notifying the Office of 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 conduct[[4]](#footnote-4)
	+ to comply with a requirement of an inspector made of the person under the Act, if the requirement relates to an offence under Part 6, Division 1 of the Act[[5]](#footnote-5)
	+ under a regulation made under section 91 of the Act.

The Committee has processes in place to ensure current and past Committee members and Relevant Persons, are aware and comply with their legislative responsibilities and restrictions in relation to disclosing information, this includes [select from the below option(s) as relevant and/or insert relevant processes the QAC has in place to meet these obligations]:

* Ensuring all Committee members and relevant persons receive a copy of the Queensland Health [Guide, Establishing and managing quality assurance committees](https://clinicalexcellence.qld.gov.au/priority-areas/safety-and-quality/quality-assurance-committees-qacs), and complete the Confidentiality Form prior to participating in Committee activities.
* [Insert additional examples as relevant]
1. Obtaining consent to disclose an individual’s identity

The Committee may only disclose information about an individual who is a provider or recipient of health services, when written consent has been formally sought and obtained from the individual[[6]](#footnote-6).

The Committee will firstly seek to ensure the appropriate person has been identified to provide consent. If there is an issue regarding decision making capacity (including in relation to the age of the individual) or the authority of an authorised representative, the Committee will seek advice to clarify its position.

When seeking written consent to disclose an individual’s identity, the Committee will provide written advice to the individual explaining:

* the type of personal information being disclosed
* the purpose of the disclosure
* who will be receiving the information and what it will be used for by the recipient(s)
* any foreseeable consequences of agreeing to the disclosure
* the right to withdraw consent and the steps involved to do this (ensuring this is a simple and straightforward process).

The Committee will not seek broader consent than is necessary for the purposes and will have a clear understanding of the intended use of the information and request consent accordingly.

1. Copying information

The copying of information is only permitted for the purpose of exercising the functions of the Committee.

1. Destroying information

The Committee operates within the [Department of Health’s disposal framework](https://qheps.health.qld.gov.au/csd/business/records-and-information-management/disposing-of-records/disposal-schedules) which provides guidance and processes to support the retention and disposal of administrative, corporate and clinical records.

The Committee’s Secretariat will develop and maintain a GRDS as relevant to the work of the Committee and ensure the relevant approval has been sought prior to the disposal of records.

1. Breach of confidentiality

Pursuant to the Act, the Committee is bound by confidentiality obligations which are outlined in the Committee’s Confidentiality Form and completed annually by Committee members and Relevant Persons.

In circumstances where the Committee becomes aware of, or is notified of a suspected breach of confidentiality, the Committee will take the following steps:

1. Review the material available to understand and consider what is alleged to have occurred.
2. Review the obligations of the Committee under Part 6, Division 1 of the Act, and relevant documents such as the Terms of Reference and any Committee policies.
3. Identify what section/s of the Act, or other Committee documents and/or processes are alleged to have been breached.
4. Identify if the Committee has any other procedures that govern the steps to be taken in the circumstances (under section 30 of the Regulation, the Committee must conduct its business in accordance with the procedures decided by the Committee).
5. Consider the nature of the alleged breach and if required, seek advice to determine the appropriate process for managing the breach.
6. Notify Patient Safety and Quality, Clinical Excellence Queensland as soon as the Committee becomes aware of the alleged breach by emailing quality-assurance-committee@health.qld.gov.au[[7]](#footnote-7).
7. Relevant legislation
* *Hospital and Health Boards Act 2011*
* *Hospital and Health Boards Regulation 2023*
* *Information Privacy Act 2009*
* *Public Records Act 2002*
1. Approval and implementation

| Policy Custodian | Policy Contact Details | Approval Date | Approver |
| --- | --- | --- | --- |
| [position eg. Secretariat] | [email and/or phone] | [date] | [position eg. Chair] |

# Version control

[Insert details of any changes made to this document. Date to be written in full].

| Version | Date | Comments |
| --- | --- | --- |
|  |  | [Insert a short explanation of the changes made to the document from the previous version. This summary should assist readers to quickly identify the changes made in each version and implement them if necessary]. |
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1. The Committee was established pursuant to s.82 of the HHB Act. [↑](#footnote-ref-1)
2. Note the confidentiality obligations apply to former members; see section 84(1) of the HHB Act. [↑](#footnote-ref-2)
3. Section 32(4) Hospital and Health Boards Regulation 2024 [↑](#footnote-ref-3)
4. Public risk notifiable conduct is defined in Schedule 2 of the HHB Act [↑](#footnote-ref-4)
5. Inspector is defined in Schedule 2 of the HHB Act [↑](#footnote-ref-5)
6. See section 83(3) of the Act [↑](#footnote-ref-6)
7. Required to ensure compliance with the Department’s Legislative Compliance Management Framework [↑](#footnote-ref-7)