Annual Activity Statement

Insert reporting period YYYY - YYYY

Insert QAC name

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| PLEASE NOTE(please delete prior to report submission)  This template has been developed as a guide to assist Quality Assurance Committees to meet legislative reporting obligation under [*s.35 of the Hospital and Health Boards Regulation*](https://www.legislation.qld.gov.au/view/whole/pdf/asmade/sl-2023-0100) *2023*.  The statement must include the following information:   1. **the** **chairperson’s full name** 2. **each member’s full name** 3. for any person appointed as a member during the reporting period— 4. **the person’s full name and qualifications**; and 5. **the person’s office or position**; and 6. **a summary of the person’s experience** that is relevant to the committee’s functions; and 7. **the** **date the person became a member**; 8. **if a person stopped being a member during the reporting period**—the date the individual stopped being a member; 9. **the dates of each meeting held by the committee** during the reporting period.   The Annual Activity Statement must be given to the entity that established the committee, on or before each **anniversary of the day** **the committee was established**. To provide a copy to the Director-General, please send it to [**quality-assurance-committee@health.qld.gov.au**](mailto:quality-assurance-committee@health.qld.gov.au)**.** |

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# Introduction

Instructions: Provide a brief summary of the Committee’s purpose, date the committee was established and the applicable reporting period (commencing from and to).

# Advice Summary

Instructions: Include a list of recommendations, learning outcomes or summary (if applicable) the Quality Assurance Committee has made during the reporting period. Please include a brief update on the current status of the ‘advice’ (e.g., Under consideration, in progress or implemented, and/or the agency or division the recommendation has been directed to).

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| --- | --- | --- |
| Date | Summary / Learning Outcomes | Implementation status / lead agency |
| 2024 – 2025 | Working group   * Conduct a retrospective case review for the period 2011 -2023 and report findings to the Minister, including recommendations for change.   • Establish the XXX Working Group. Form a specialised working group dedicated to in-depth analysis. The group will be responsible for formulating recommendations to address issues and improve outcomes. | Ongoing |
| 2024 - 2025 | 2021 and 2023 death reviews now completed   * Report development and data analysis for 2010 – 2020. Released early 2024. * Recruitment and onboarding of new members | Finished |
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# Committee membership

Instructions: Include the full name of the Chair(s), each member and the secretariat. If applicable include: the names of all new members that commenced during the reporting period and the date any members stopped being a member during the reporting period.

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| Name | Work location (e.g., HHS or town) | Position on sub-committee (i.e.. Chair, member, secretariat) | Date membership ceased (if applicable) |
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# Sub-committee membership

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| Name | Work location (e.g., HHS or town) | Position on sub-committee (i.e.. Chair, member, secretariat) | Date membership ceased (if applicable) |
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# Committee members commenced during the reporting period

Instructions: Include each member’s full name, qualifications, office or position and a summary of the member’s experience that is relevant to the committee’s function.

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| --- | --- | --- | --- | --- | --- |
| Full name | Date commenced | Qualifications | Position of employment | Summary of experience relevant to QAC | Work location (e.g., HHS or town) |
| Dr abc | 05/05/2023 | MBBS, FRACP, PhD | Director XYS, GCHHS | Consultant <specialty>  Director of Research, <facility>  Chair, ZYC Steering Committee  Reviewer, ABC publication  Steering Committee member, JJJ Queensland Clinical Network | N/A |
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# Sub-committee members commenced during the reporting period

Instructions: Include each member full name, qualifications, office or position and a summary of the member’s experience that is relevant to the sub-committee’s function.

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| --- | --- | --- | --- | --- | --- |
| Full name | Date commenced | Qualifications | Position of employment | Summary of experience relevant to QAC | Work location (eg. HHS or town) |
| Dr abc | 05/05/2023 | MBBS, FRACP, PhD | Director XYS, GCHHS | Consultant <specialty>  Director of Research, <facility>;  Chair, ZYC Steering Committee  Reviewer, ABC publication  Steering Committee member, JJJ Queensland Clinical Network | N/A |
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# Meeting dates

Instructions: List the dates the committee and sub-committees met during the reporting period (since the last annual activity statement).

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| Meeting type | Date |
| LLL QAC meeting |  |
| LLL QAC meeting |  |
| LLL QAC meeting |  |
| XYZ sub committee meeting |  |
| XYZ sub committee meeting |  |
| ABC sub committee meeting |  |
| ABC sub committee meeting |  |

# Terms of Reference

Instructions: Please attach a copy of the Quality Assurance Committee’s current Terms of Reference.

The Committee’s Terms of Reference is attached as Appendix 1.

# Appendices