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****.**  |

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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 |
|  |  |  |

# 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 CommitteeReviewer, ABC publicationSteering 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 CommitteeReviewer, ABC publicationSteering 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