

OFFICIAL

SA Health

Policy

Health Care Act 2008
Part 7 Committees and Activities

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1. Name of Policy

Health Care Act 2008 Part 7 Committees and Activities

2. Policy statement

This policy provides the mandatory requirements to ensure a uniform approach to the establishment and operation of authorised committees, person/s and activities declared under Part 7, section 64 of the *Health Care Act 2008 (SA)* across SA Health.

3. Applicability

This policy applies to all employees and contracted staff of SA Health; that is all employees and contracted staff of the Department for Health and Wellbeing (DHW), Local Health Networks (LHNs) including state-wide services aligned with those Networks and SA Ambulance Service (SAAS) and Wellbeing SA.

Specifically, this policy applies to all SA Health employees and contracted staff who are members of, or provide support to, a committee or working group/group of persons, whose activity is authorised under Part 7 of the *Health Care Act 2008*.

4. Policy principles

SA Health's approach to Part 7 committees and activities of the *Health Care Act 2008* is underpinned by the following principles:

- > We will ensure compliance with Part 7 of the *Health Care Act 2008*.
- > We will assist and support quality improvement and research activities to identify areas where changes to health systems, procedures, structures and or processes can achieve better patient outcomes.
- > We support collaboration between stakeholders providing information which is managed with integrity and responsibility.
- > We will act in the interest of public health outcomes.
- > We will develop, implement and monitor local processes in support of the function of Part 7 committees, subcommittees, working groups and activities.

5. Policy requirements

- > If any provision in any other Act or law is inconsistent with the requirements of the *Health Care Act 2008*, Part 7, it is the requirements of Part 7 that must be followed.

All Part 7 Committees, Person/s, Working Groups and activities must:

- > Be authorised by the Minister for Health and Wellbeing (the Minister)
- > Be published in the Government Gazette
- > Operate in accordance with Part 7 of the *Health Care Act 2008*
- > Operate in accordance with the Terms of Reference (ToR) provided to the Minister
- > Operate in accordance with any protocols or procedures determined by the Minister as per Section 64 (10), and
- > Store any documents containing information, protected by Part 7, in a secure manner ensuring access is granted only to an authorised person/s and in accordance with the requirements set out in the *Health Care Act 2008*.

DHW Safety and Quality must:

- > Facilitate the enactment of Part 7 of the *Health Care Act 2008* and *Regulations* on behalf of the Minister for Health and Wellbeing (the Minister).
- > Administer Part 7 applications and make recommendation for authorisation by the Minister in accordance with Section 64 *Declaration of authorised activities and authorised persons of the Act* for:
 - an authorised quality improvement activity, and/or
 - an authorised research activity.
- > Maintain a register of Part 7 committees, subcommittees, working groups, and activities.
- > Request annual reports from all nominated Part 7 Designated Authorities to monitor authorised activities and ensure compliance with legal requirements.
- > Provide advice to health services in response to specific queries about authorisation under Part 7 and associated activities.

SA Health Services must ensure:

- > All applications for authorisation under Part 7 of the *Health Care Act 2008* are submitted to the DHW Safety and Quality.
- > A Designated Authority is nominated for the Part 7 Committee and/or Activity.
- > All authorised persons under Part 7 of the *Health Care Act 2008* are made aware of their responsibilities and have completed a confidentiality agreement.
- > That any person who provides assistance to a Part 7 authorised committee or activity is formally appointed.
- > Appointments of a Root Cause Analysis (RCA) team, engaged by a Part 7 committee or subcommittee as designated authority, are made in compliance with the requirements of Part 8 section 69 of the *Health Care Act 2008*, and the [Clinical Incident Management Policy](#).
- > Systems are in place for appropriate storage of protected information and confidential documents.
- > An annual report is prepared outlining the Committee's activities each financial year for submission to DHW Safety and Quality.
- > Necessary processes are undertaken to obtain re-authorisation, if required, prior to the lapse of Part 7 authorisation at the end of three years.
- > The Minister is advised via the DHW Safety and Quality when protection under Part 7, section 64 of the *Health Care Act 2008* is no longer required.
- > That any agreements with contracted or licensed health services include requirements to comply with this policy for any authorised committees or activities under Part 7 of the *Health Care Act 2008*.

6. Mandatory related documents

The following documents must be complied with under this Policy, to the extent that they are relevant:

- > [Clinical Incident Management Policy](#)
- > [Health Care Act 2008 \(SA\)](#)
- > [Health Care Regulations 2008 \(SA\)](#)

7. Supporting information

- > [Application Form – Declaration Under Section 64 Health Care Act 2008](#)
- > [Information for Members of Committees Authorised Under Part 7, Section 64 of the Health Care Act 2008](#)
- > [Information for Part 7 Committee Activities](#)

8. Definitions

- > **Authorised activity** means an activity within the ambit of a declaration under section 64 of the *Health Care Act 2008* (SA).
- > **Authorised person** means a person within the ambit of a declaration under section 64 of the *Health Care Act 2008* (SA), including by being the member of a group (or committee) as it may be constituted from time to time.
- > **Designated authority** means:
 - a) the general manager or Chief Executive Officer of a LHN/SAAS (however described)
 - b) a person who is appointed by a LHN/SAAS to exercise the powers of a designated authority under this part
 - c) the Chief Psychiatrist, in relation to the investigation of an adverse event involving a mental health patient or mental health services provided by a health service entity
 - d) an authorised quality improvement body.
- > **Part 7 activities** means activities undertaken to improve health services by understanding or making assessments with respect to practices, procedures, systems and processes when providing a health service.
- > **Person/s assisting committees** means any formally appointed person who provides assistance to the committee such as:
 - o a technical advisor in relation to a specific issue
 - o a subject matter expert invited to speak or present to the group
 - o secretarial/administrative support, or
 - o any person who receives or gathers information in connection with an authorised activity.
- > **Protected information** means confidential information relating to a health service in which the identity of a patient or person providing the service is revealed, and/or other information declared by the regulations to be protected under Part 7 of the *Health Care Act 2008*.
- > **Root Cause Analysis (RCA) Team** means the team appointed in accordance with Part 8 of the *Health Care Act 2008* to conduct a root cause analysis investigation.
- > **A committee or working group** with Part 7 authorisation, as a designated authority, may appoint an RCA Team. They may also receive the confidential RCA report, but they must not under any circumstances conduct an RCA investigation themselves.
- > **State-wide services** means State-wide Clinical Support Services, Prison Health, SA Dental Service, BreastScreen SA and any other state-wide services that fall under the governance of the Local Health Networks.

9. Compliance

This policy is binding on those to whom it applies or relates. Implementation at a local level may be subject to audit/assessment. The Domain Custodian must work towards the establishment of systems which demonstrate compliance with this policy, in accordance with the requirements of the [Integrated Compliance Policy](#).

Any instance of non-compliance with this policy must be reported to the Domain Custodian for the Clinical Governance, Safety and Quality Policy Domain and the Domain Custodian for the Risk, Compliance and Audit Policy Domain.

10. Document ownership

Policy owner: Domain Custodian for Clinical Governance, Safety & Quality Policy Domain.

Title: *Health Care Act 2008* Part 7 Committees and Activities Policy

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Contact for enquiries: Health.DHWClinicalGovernance@sa.gov.au

11. Document history

Version	Date approved	Approved by	Amendment notes
4.0	01/02/2024	Deputy Chief Executive, Clinical System Support & Improvement	Policy updated to meet requirements of the Policy Framework
3.0	25/02/2013		Updated to reflect a name change to the Department for Health and Ageing and are not material in nature
2.0	17/09/2012		Updated to reflect the restructure within the portfolio and are not material in nature
1.0	02/12/2010		Original version