Queensland Health

Clinical **Excellence** Queensland

Statewide Rural and Remote Clinical Network

Terms of Reference

September 2020

Improvement | Transparency | **Patient Safety** | Clinician Leadership | Innovation

Queensland Government

Statewide Rural and Remote Clinical Network, Terms of Reference

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Vision of the statewide clinical networks

Engage, integrate and empower the clinicians of Queensland to innovate for service improvement, embed evidence-based best practice models and to set and monitor clinical standards.

Purpose of Statewide Clinical Networks

Statewide Clinical Networks provide clinical leadership, expertise and advice to Queensland Health with the aim of improving consumer outcomes and experience. They work collaboratively across Queensland to develop and implement evidence-based practice in a coordinated way to achieve high quality healthcare.

Statewide Rural and Remote Clinical Network

The Statewide Rural and Remote Clinical Network was established to provide leadership and clinical expertise with respect to rural and remote health services.

The network brings together clinicians, consumers and stakeholders from across the primary, community and acute care sectors to:

- Provide leadership and clinical expertise to drive system wide best practice through the identification, adoption and promotion of evidence-based best practices and clinical policy
- Share and support the implementation and replication of best practice approaches across the health system
- Advocate for evidence-based clinical policy in matters related to the provision of rural and remote health services.
- Provide advice to Hospital and Health Services and Queensland Health on clinical quality and the safety implications of policy, planning and funding decisions

Guiding principles of the network

- Place patients first in all that we do
- Provide evidence-based consensus driven, multidisciplinary clinical expert advice that positively influences clinical service delivery
- Add value, for patients and Hospital and Health Services, through a continual focus on improving health outcomes
- Provide specialised expertise and to effect change by leading the translation of evidence based clinical standards and pathways throughout the broader system
- Collaborate with other clinical networks to provide coordinated response/s
- Espouse and uphold collegiate principles and standards
- Establish strong links between stakeholders across hospital boundaries and healthcare sectors

Governance

The Deputy Director-General, Clinical Excellence Queensland is the sponsor of the statewide clinical networks.

The Executive Director, Healthcare Improvement Unit is the senior management link with the Department of Health.

Statewide Clinical Networks governance structure includes a Chair (or Co-Chairs), Steering Committee, time-limited working groups (established to deliver on network priorities) and the broader network membership. All working groups established will report to the Steering Committee.

Chair / Co-Chairs

Chair/Co-Chairs/Deputy Chairs are appointed through an expression of interest process open to clinicians currently employed by Queensland Health in the area of rural and remote health.

The Chair/Co-Chairs/Deputy Chair will:

- Provide leadership to the network in undertaking its roles and achieving its objectives
- Chair network Steering Committee meetings
- Represent the network on relevant committees to inform strategic directions, planning and clinical policy development
- Promote and advocate for the network within the health system
- Actively seek opportunities to enhance clinician and consumer engagement in the activities of the network.

The appointment will be for a time limited period of two years with a maximum of two consecutive terms. While it is important to rotate chairs to support new leadership and direction, Clinical Excellence Queensland may decide to retain particular leadership at crucial times in the Network's work.

Steering Committee

The Steering Committee is multidisciplinary and represents the broader membership. It assists the Chair/ Co-Chairs/Deputy Chair to administer and lead the network. Communication, collaboration and consensus underpin all decisions made by the Steering Committee on behalf of the network.

The role of the Steering Committee is to:

- Drive initiatives to improve the quality, safety and effectiveness of rural and remote services and care in Queensland
- Provide leadership, expertise and advice to Queensland Health in relation to rural and remote service planning, clinical policy and emerging issues (local, statewide, national)
- Provide expertise, direction and advice to clinicians within the domain of rural and remote health services and care
- Develop, review and endorse for statewide use, evidence-based care guidelines, pathways and other clinical policy
- Develop, promote and integrate clinical research activities and teaching opportunities throughout

rural and remote services in Queensland

- Develop an open and supportive environment for clinicians and consumers in relation to rural and remote health services in Queensland.
- Foster education, research and best practice in rural and remote health services and delivery of care.

Recruitment to the Steering Committee occurs through an expression of interest process overseen by the Chair/Co-Chair(s)/Deputy Chair. Appointments will be based on merit and ensure the right mix of knowledge, experience and expertise. The selection criteria will be published with the EOI process.

A review of the membership of the committee will occur every two years. An EOI process will be undertaken and all current members will be required to submit an application for re-appointment. Mid-term vacancies will be filled through an expression of interest process.

Steering Committee members are appointed for a maximum of 2 years.

Expectation of Steering Committee members:

- Commit to a two year term
- Attend a minimum of 75% of meetings and forums
- Participate in the work of the clinical network and working groups as needed
- Declare any conflicts of interest
- Adhere to confidentiality provisions
- Adhere to the Code of Conduct for Queensland Public Service http://www.psc.qld.gov.au/includes/assets/qps-code-conduct.pdf
- Advocate for and promote the clinical network and its activities.

Steering Committee members should include people with the following expertise:

- Chair/Co-Chair/Deputy Chair
- Immediate past Chair
- Rural Aboriginal and Torres Strait Islander Health Worker
- Rural Generalist – Anaesthetics
- Rural Generalist – Obstetrics
- Rural Generalist (non-procedural) with expertise in mental health or Aboriginal and Torres Strait Islander health
- Rural based specialist who works in, or visits rural and remote areas
- Rural midwife
- Rural nurse with experience across broad clinical domains
- Remote nurse
- Rural allied health practitioner
- Two rural General Practitioners (one with admitting rights) (nominated By RDAQ and PHN - see below)
- Rural Community representative/consumer
- Rural paramedic

- Rural academic
- Non-government organisation – Primary Health Network representative
- Rural Administrator

Time limited Working Groups may be established to undertake a specific body of work inline with the Network Work Plan. For Working Groups, preparation of meeting agendas and pre-reading documents are the responsibility of the Working Group Chair in consultation with the Coordinator. Recording of decisions made during Working Group meetings in an action register is the responsibility of the Working Group.

Steering committee meetings

Steering Committee meetings are held monthly or as required.

Steering Committee attendance can be face-to-face or via telephone/video conferencing.

If a member is unable to attend a meeting, the member must advise the network coordinator prior to the meeting and nominate a proxy to attend on their behalf.

A quorum is achieved with half the membership plus one additional member at a meeting within twenty minutes of the scheduled commencement time. For the purposes of determining a quorum a nominated proxy will count as a member in attendance. In exceptional circumstances if the quorum is not achieved, decisions can be made at the discretion of the chair/co-chairs.

Failure to attend two consecutive meetings without prior notification or ongoing poor attendance despite notification of an apology may require a member to step down from the Steering Committee at the discretion of the chair/co-chairs.

Broader network members

Membership of the broader network will be multidisciplinary and include representation from medical, nursing, allied health, community health, general practice, private practice, Aboriginal and Torres Strait Islander representation, consumers and non-government organisation(s) from across the state.

Membership and communication will also be open to other interested groups, including research centres and universities.

Membership of the network is voluntary and open to all individuals and groups that express interest in joining.

Remuneration and expenses

Clinical Excellence Queensland will provide remuneration for administrative or clinical backfill to allow the Co/Chair(s) to fulfil their commitments: eight hours per week for chair and four hours per week each for co-chairs) through amendment window transfers to the relevant Hospital and Health Service.

Consumer and members from primary and community care sectors will be remunerated in accordance with Queensland Health guidelines.

Sitting fees are not offered to members. Remuneration for additional expenses (e.g. time) will be negotiated between the member and their employer.

Network Coordination

A Principal Project Officer from the Healthcare Improvement Unit will act in an advisory capacity and manage the activities of the network.

Evaluation

The Statewide Rural and Remote Clinical Network Steering Committee will:

- report on a yearly basis outlining the networks achievements against the previous year's Work Plan (as part of a continuous improvement process)
- participate in an annual self-evaluation and regularly reflect on performance against expected functions/outcomes as defined by the Steering Committee Terms of Reference.

Date of last review

This document was last reviewed and endorsed by the Steering Committee, including the Chair and Deputy Chair at a meeting on 8 September 2020.

Approving authority

Dr Anthony Brown

Clinical Chair

22 / 9 / 2020

Document Control

Version	Date	Editor	Comments
0.1	13/9/2012	Andrea Chitakis, Senior Policy Officer, Clinical Access and Redesign Unit, Health Service & Clinical Innovation Division	Modifications from feedback received.
0.2	24/10/2012	Andrea Chitakis	Modifications from feedback received.
0.3	26/3/2013	Andrea Chitakis	Modifications from feedback received.
0.4	25/8/2015	Andrea Chitakis	Modifications to accommodate departmental restructure 1/8/2015
0.5	11/11/16	Bethnie McDonald	Modifications from feedback at Steering Committee Planning Meeting 10/11/16

0.6	23/8/18	Shireen Lazaro	Modifications from discussions at steering committee meeting on 21 August 2018
0.7	13/11/2019	Samantha Daly Dr Bruce Chater	Modifications to update to be consistent with SCN TOR template Updated content and membership.
0.8	January/April 2020	Samantha Daly	Modifications to update membership details. Endorsed at Steering Committee meeting
0.9	September 2020	Samantha Daly	Modifications to align to SCN TOR template. Endorsed at September 2020 Steering Committee meeting