Queensland Health

Clinical **Excellence** Queensland

Digital Healthcare Improvement Network - Terms of Reference

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.

As the peak body of clinical expertise in Queensland the clinical networks serve as an independent point of reference, for clinicians, Hospital and Health Services and the Department of Health as demonstrated in figure 1.

The networks guide quality and improvement reform and support clinical policy development, emphasising evidence-based practice and clinical consensus to guide implementation, optimisation and provision of high-quality consumer focused health care.

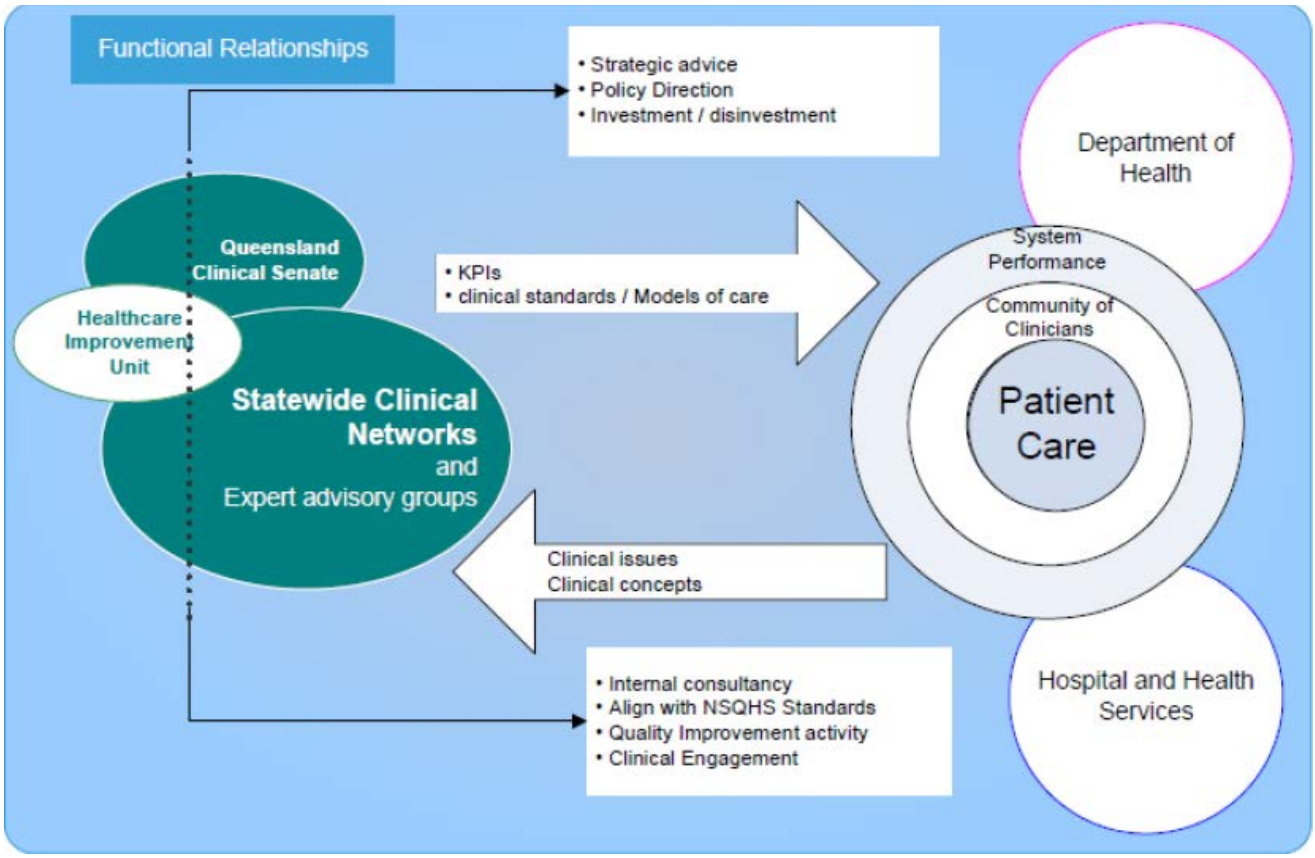

Figure 1 Role of Statewide Clinical Network

The Digital Healthcare Improvement Network (DHIN) is an advisory clinical body under the governance of the Clinical Excellence Queensland (CEQ) and will provide clear, coordinated and authoritative clinical advice and leadership to the Queensland digital health ecosystem.

The Network will ensure governance and assist with prioritisation of digital activities occurring throughout Queensland Health ieMR sites and function as an innovation hub for digital healthcare improvement. It will provide an opportunity for clinicians to share learnings and spread improvement ideas.

Principal Functions

The DHIN will enable a coordinated, multidisciplinary forum with the following principal functions:

1. Clinical communication to improve patient care using the digital platform
2. A mechanism of communication for digital clinical issues and priorities into Queensland Health
3. A source of clinical expertise and leadership for digital health work in Queensland
4. Building digital capacity and capability across Queensland Health.

Specific functions of DHIN include:

- Improve patient care and clinical workflows using the digital platform, including integrating across primary, community and hospital settings
- Assist with prioritising enhancements to the digital platform that improve clinical care
- Support transparency of current digital improvement activities
- Facilitate clinical readiness and assisting with clinical governance of digital transformation
- Provide guidance to facilities undergoing digital disruption to support the maintenance of performance and quality
- Raise, filter and escalate clinical issues with digital implementations
- Lead and advise on digital innovation
- Provide objective, agnostic advice on the integration and utilisation of existing and imminent systems
- Foster linkage with clinical networks and statewide clinical bodies

Network Structure

The Deputy Director-General, CEQ is the sponsor of statewide clinical networks, and the Executive Director, Healthcare Improvement Unit (HIU) is the senior management link for the network. HIU will provide secretariat support to the Network.

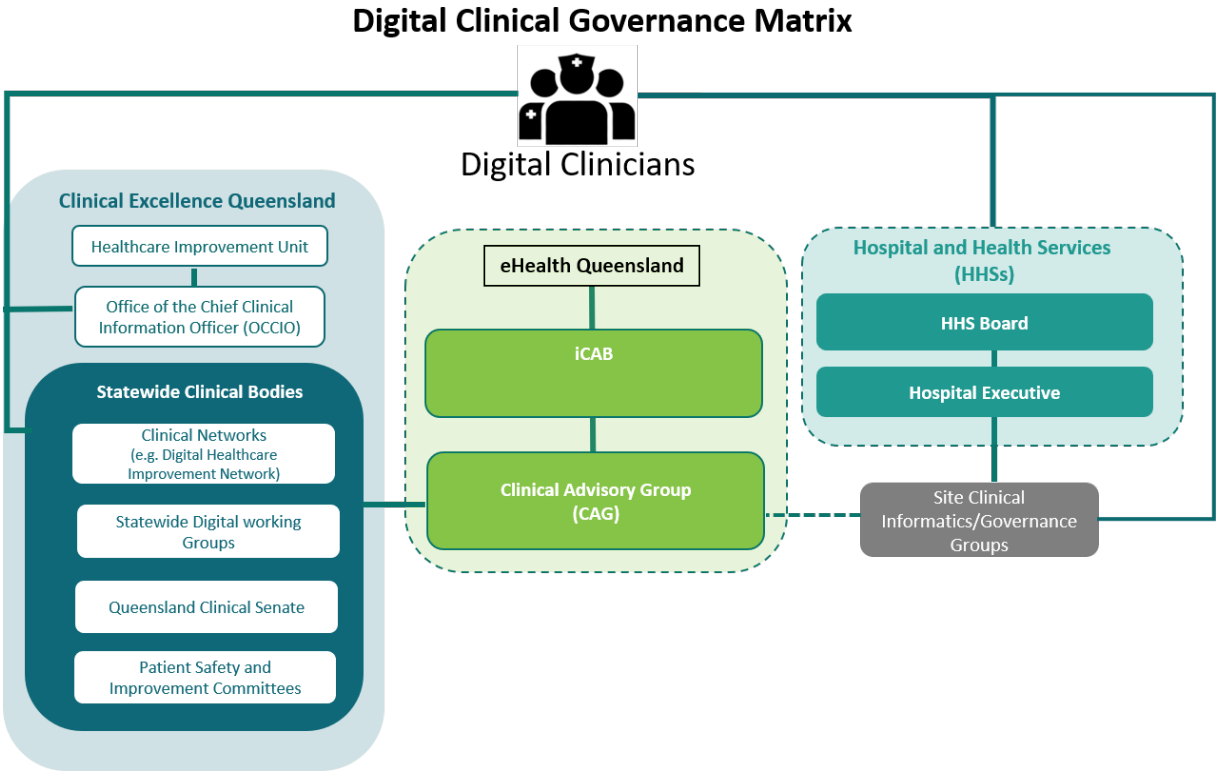

Figure 2 Digital Clinical Governance Matrix

Membership

The DHIN was established in 2017 to provide a coordinated, multidisciplinary forum for improving patient care and clinical workflows using the digital platform, including integrating across primary, community and hospital settings.

The network is comprised of members who are Queensland Health staff working or with an interest in the area of digital healthcare improvement. Members represent their facility or Hospital and Health Service.

DHIN Steering Committee

A multidisciplinary steering committee represents the broader membership and assists the Network Chair to administer and lead the network. Communication, collaboration and consensus under pin all decisions made by the steering committee on behalf of the network.

Terms of appointment

The DHIN Chair is appointed for a two-year term with an option to serve two consecutive terms (four years). Their appointment as the Chair is not impacted by the time they serve on the committee. Chairs also have the option of attending committee meetings for six months post appointment for continuity.

Expressions of Interest (EOI) for chair and steering committee positions are distributed every two years and all members are required to apply for re-appointment. This process will coincide with the term of the incoming Chair.

Working groups

The network may determine that time-limited working groups should be formed to complete a body of work. A member of the network may be nominated to act as Lead of the Working Group, or one may be sought from outside the Network through an EOI.

If a working group is to be convened, the Chair must advise the duration of the interim arrangements and how membership will be organised. The Chair will determine and document the roles of the working group members prior to any EOI process. All working groups established will report to the DHINEC and provide a final report to the network.

Broader network community

Network members will be responsible for distributing and sharing appropriate network business to the facility they represent. The network may also maintain a contact list for a broader network community including any person with an interest in the purpose and goals of the network. The broader community may include clinicians, administrators and other interested groups, including research centres and universities. Inclusion in the broader network community is voluntary and open to individuals and groups that express interest.

Queensland Clinical Senate

The network may nominate a representative to become a member of the Queensland Clinical Senate as a voting ex officio member. The representative may also be the Network Chair. The Queensland Clinical Senate provides a forum for a multidisciplinary group of clinicians with diverse perspectives to share their collective knowledge in the deliberation of strategic clinic issues and to make recommendations to Queensland Health through the Director-General. The Clinical Senate will complement rather than duplicate or usurp the work of the network.

Responsibilities

Decision making

Network recommendations are made by consensus where possible. In the event that a consensus is not reached, a majority decision will be sought. Should this not occur, the Chair will have the casting vote.

If the Chair is absent from a meeting or vacates the Chair, the Chair must appoint another person to act as the Chair on a temporary basis. If that person is not officially acting in the Chair's position, decisions made at the meeting must be endorsed by the Chair.

Guests

The Chair may from time to time invite other individuals or groups to present, or to observe at meetings. Observers and guests do not have authority to make determinations in respect of Network deliberations.

Where agreed by the Chair, members may invite guests to attend meetings to provide expert advice and support to a specific topic raised. The guest's attendance is limited to the duration of discussion on that specific topic.

Confidentiality

Due to the sensitive nature of some of the issues raised during meetings, network members acknowledge their responsibility to maintain confidentiality of all information not in the public domain. Members may be in receipt of information regarded as commercial in confidence, have privacy implications or be clinically confidential. Network members must abide by appropriate legislation that protects the privacy of people in the conduct of government services and business. This includes Section 62A of the *Health Services Act (1991)* and Information Standard IS42A.

The Network members will ensure that any recipient who receives any confidential information is aware of these terms and will require such representative to comply with these terms. Network members will be responsible if such a representative fails to comply.

Statewide Clinical Networks do not generally make their minutes available to the public. The right to information is designed to give a right of access to information in the government's possession or under the government's control, unless, on balance, it is contrary to the public interest to give the access.

Conflicts of Interest

To meet ethical obligations, network members and proxies must declare any conflicts of interest whether actual, potential, apparent, or appear likely to arise, and manage those in consultation with the chair. This may relate to a position a member holds or to the content of a specific item for deliberation.

Code of Conduct

Network members will be required to adhere to the Code of Conduct for the Queensland Public Service when appointed to the Network - http://www.psc.qld.gov.au/includes/assets/qps-code-conduct.pdf.

Queensland Health is committed to creating workplaces that are free from bullying, harassment and discrimination, where people are respected, and diversity is embraced. Queensland Health is guided by

the Public Service Ethics principles: integrity and impartiality; promoting the public good; commitment to the system of government; and accountability and transparency.

Meetings

Meetings of the Network are to be held at least four times per year for approximately two hours. Attendance can be face-to-face or via Microsoft Teams. Location will be advised prior to meetings.

If a member of the network is unable to attend a meeting, the member must nominate a proxy to attend on their behalf. The proxy assumes the same voting rights as the member.

A quorum is achieved with fifty percent of members plus one in attendance at a meeting, within 20 minutes of the scheduled commencement time of the meeting. For the purposes of determining a quorum, a nominated proxy will count as a member in attendance. In the absence of a quorum, the meeting may continue at the Chair's discretion with any items requiring a decision to be deferred and circulated to members as an out-of-session item following the meeting.

Failure to attend two consecutive meetings without prior notification will require a member to step down from the Network at the direction of the Chair and in consultation with HIU.

Network forums may be held each year to provide an opportunity to showcase improvements and exchange information with the broader network community.

Papers

Agenda papers, submissions and reports must be cleared and submitted through the Network Chair. Agenda papers will be called for at least two weeks prior to the meeting date. The Agenda and meeting papers will be circulated no later than one week before the meeting date. Meeting minutes including action lists will be distributed to all members within two weeks. Minutes are taken as draft until they are ratified at the next network meeting.

Items may be managed Out-of-Session where the item is urgent and must be considered before the next scheduled meeting; or to enable business to be progressed in circumstances when face-to-face meetings are not possible.

Secretariat

A Network Support Officer will be provided by the Healthcare Improvement Unit. The Network Support Officer will:

- Prepare and maintain electronic and hard copy records of the network's activities, including agendas, minutes and related papers of all meetings
- Prepare and maintain a corporate file in accordance with the requirements of the *Public Records Act 2002* and retain in accordance with Queensland Government's General Retention and Disposal Schedule for Administrative Records
- Collate members' responses to out-of-session papers and prepare for the Chair's endorsement.

Network correspondence will be coordinated through the Network Support Officer and use the Network's generic email address where possible – StatewideDigitalHINetwork@health.qld.gov.au

Planning and evaluation

Planning

The network will develop an annual Work Plan and Communication Strategy to guide network activities. The Work Plan is linked to the Queensland Health Strategic Plan and will reflect the Queensland Government organisational priorities and detail the activities to be completed by the Network. The Work Plan will incorporate action plans from all working groups under the network.

Reporting

All Statewide Clinical Networks will provide an annual report that includes network achievements against the Work Plan, as part of a continuous improvement process.

Evaluation

The Work Plan is reviewed at each meeting for progress against the stated strategies and is updated to reflect the status of the item. Progress against the Work Plan will be reported annually to HIU as part of a continuous improvement process.

All Statewide Clinical Networks will participate in a formal external evaluation if required.

Key elements of successful networks

The key elements of successful network include:

- Clinician engagement - a comprehensive representation and reach of the membership
- Structure, governance and accountability - an annual work plan describing patient focused priority initiatives
- Clinician leadership - an ability to influence HHSs
- Measuring impact - ensure resources are available to undertake initiatives and that key performance indicators are monitored.

Approving Authority

The following officers have endorsed this document

Name: Dr Nicholas Heard

Position: Chair, Digital Healthcare Improvement Network