

Terms of reference

Queensland Clinical Networks' Executive



Background

Statewide clinical networks (SCN) are the principle vehicle to engage front-line clinicians, consumers and leaders from across the health system in Queensland to develop, drive and implement clinical quality standards, ensure state-wide equity and plan for sustainable improvements in healthcare.

SCNs lead bottom-up innovation and improvement via integrated, multidisciplinary teamwork and evidence-informed pathways with a focus on quality, safety, efficiency, minimization of variation and optimisation of outcomes. Network core membership is a state-wide team of clinicians, strategy and administrative leads, government, patients and academic partners with community members and consumers engaged as equals.

There are currently 22 SCNs in Queensland (appendix 1).

The core functions of networks include:

- Engagement – empowering front-line clinicians and partnering with system leaders to drive innovative improvements in health care.
- Quality improvement - driving quality and safety through the development of standards, value based care, the uptake of innovation and digital technologies and provision of expert clinical advice to system leaders on priorities and actions to improve healthcare outcomes.
- Clinical policy development – providing counsel and special expertise to Hospital and Health Service (HHS) and Queensland Health on network related areas for operational improvement or strategy development and clinical service delivery.
- Innovation and research - enhancing Queensland Health's innovation, science and research by advising government on related matters, creating new knowledge and research capacity and identifying and evaluating innovations.
- Clinician education – developing, augmenting and extending multidisciplinary education initiatives and resources throughout the state to enhance the skills and knowledge of all health professionals.

The use of data and analytics is critical to network core function. Utilising new technologies and digital platforms is critical to improving how care is delivered. Through the provision of expert clinical advice and leadership, SCNs will facilitate the evaluation, implementation and uptake of innovative health technologies.

Purpose

The Queensland Clinical Networks' Executive (QCNE) provides a visible leadership structure for statewide clinical networks, enabling effective and efficient engagement with stakeholders from across the health system.

Responsibilities and functions

The QCNE will:

- Provide clinician input into high-level decision making through participation on key Queensland Health (QH) and HHS strategic committees (appendix 2)

- Ensure that key QH, HHS and other stakeholders remain updated on the work and plans of SCNs.
- Advocate for and promote the activities and needs of SCNs with key stakeholders.
- Be a point of contact for stakeholders engaging with SCNs.
- Facilitate communication between and across SCNs including identifying opportunities to partner on projects.
- Provide advice/recommendations to the Department of Health regarding resourcing and funding allocations to SCNs.
- Provide oversight for SCNs annual workplans and activity reporting.
- Create a framework to guide and support the establishment and operationalisation of the Queensland SCNs including:
 - developing and monitoring key performance indicators/outcome measures for SCNs e.g. annual workplans, annual reporting of outcomes, committee structures and renewal rates
 - criteria to create new SCNs and dissolve or suspend SCNs that may no longer be active or considered a priority
 - processes to support succession planning for leadership within the SCNs. This may include ensuring of fixed chair terms and multidisciplinary leadership.
- Provide support to SCNs that are not meeting agreed key performance indicators/outcome measures.

Membership

Membership will be comprised of:

- QCNE Chair
- Six QCNE members selected from SCN chairs/co-chairs
- The Chair of the Queensland Clinical Senate (ex-officio non-voting)
- At least one consumer representative

The Assistant Deputy Director-General and Chief Information Officer, Clinical Excellence Queensland will have a standing invitation to attend meetings.

Members responsibilities include:

- Advocating and communicating the activities of SCNs with leaders from across the health system.
- Consulting and communicating with SCN Chairs regarding key issues discussed at QCNE and other meetings.
- Attending QCNE meetings (minimum of 75%).
- Committing to a term on the QCNE of two years.

QCNE member appointment process

QCNE members will be recruited using the following process:

- When a vacancy arises, an expression of interest (EOI) will be circulated to SCN chairs/co-chairs and immediate past Chairs inviting them to nominate as a QCNE member.
- All nominations will be compiled into a ballot and distributed to all current SCN chairs/co-chairs for voting.
- Results of the vote will be tabled at the following QCNE meeting for consideration by current QCNE members.
- The QCNE will submit the appointment recommendation to the Assistant Director-General and Clinical Information Officer, Clinical Excellence Queensland for approval.
- Once appointed, the QCNE member will fill a role of QCNE member for a period of two years. After the first two year term expires, QCNE members have two options:
 1. Continue for another two year term or
 2. Resign from the QCNE membership.
- If option one is selected, and the member's second term has been completed, they will need to re-nominate for any position within QCNE in the usual process.
- If at any time, a QCNE member's position of Chair / Co-Chair of a Clinical Network ends, there is no effect on the membership within QCNE, unless the member decides to stand down.
- If a member stands down from their role in QCNE, a new EOI process to fill the position will commence for the remaining term of the outgoing member.

Note: the inaugural QCNE membership will consist of two and three year appointments to enable a staggered change in membership.

QCNE Chair appointment process

The QCNE Chair will be recruited using the following process:

- When a vacancy arises, an expression of interest (EOI) will be circulated to all current QCNE members to nominate for the Chair position.
- All nominations will be compiled into a ballot and distributed to current QCNE members for voting.
- Final vote will be recommended to the Assistant Deputy Director-General and Chief Information Officer, Clinical Excellence Queensland for approval of appointment. A Deputy Chair, if required, may also be appointed.
- Chair appointments are for a period of two years. Once the first term has been completed, a Chair may re-nominate for a second term (serving a maximum of two terms). After their appointment as Chair is completed, they have the option of continuing on the QCNE as an ex-officio member for a period of 12 months.

- If at any stage the Chair resigns from the position of Chair, they have the option of continuing on the QCNE as an ex-officio member for a period of 12 months.

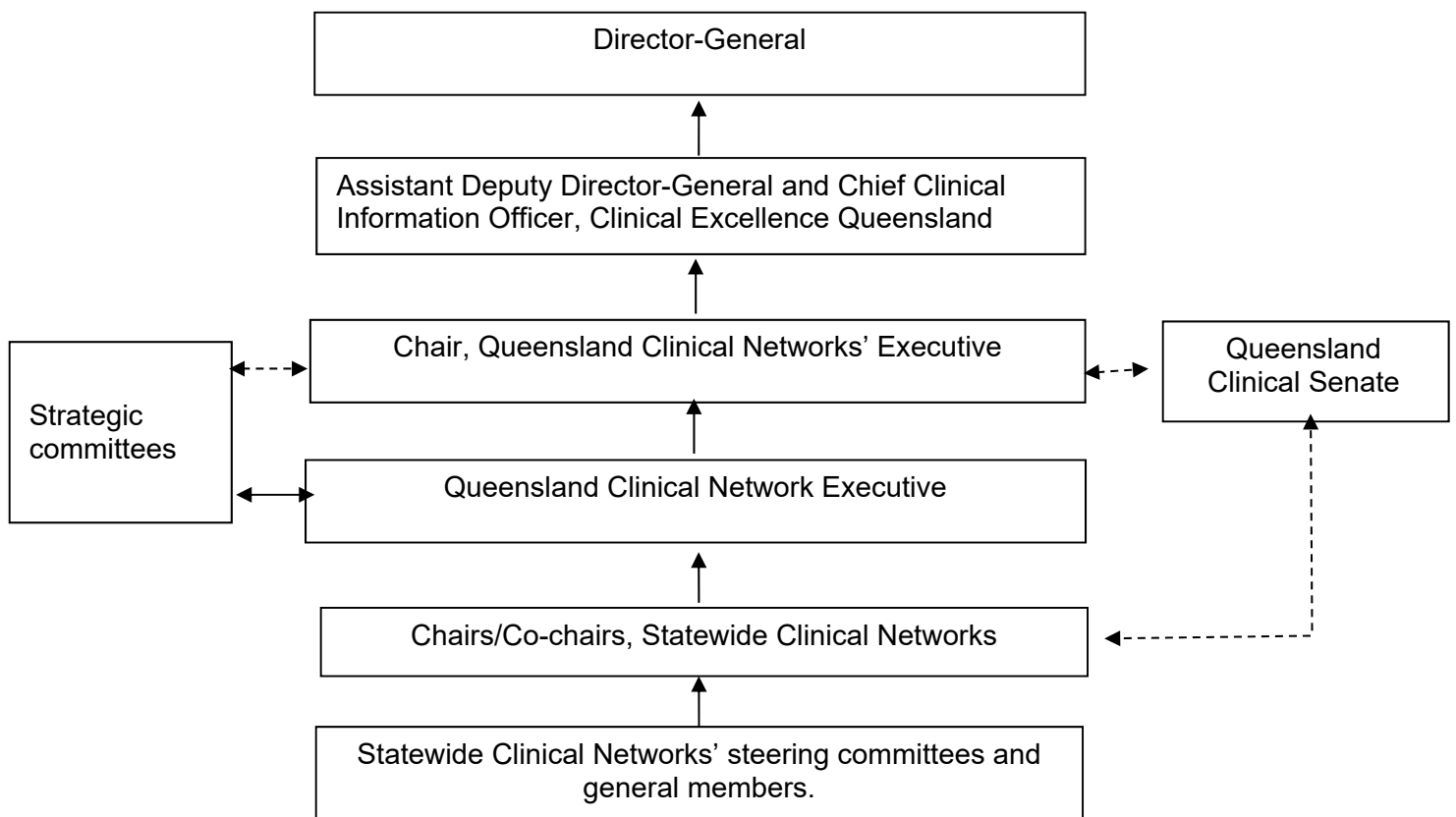
The chair will be appointed for up to 0.2 FTE in addition to their appointment as a chair of a SCN. The employing Hospital and Health Service will be remunerated for clinical release time to facilitate backfill.

Meetings

- QCNE meetings will be held fortnightly with some out of session meetings/communication as required.
- A quorum is achieved with more than half of members in attendance at a meeting within 20 minutes of the scheduled commencement time.
- Attendance can be face-to-face or via telephone/video conferencing.
- 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 QCNE at the direction of the chair.
- There are no provisions for proxy members on behalf of a member.
- Guest contributors may be invited to meetings as required
- Meetings will be chaired by the Queensland Clinical Network Executive Chair.
- An agenda and supporting papers will be circulated no later than five days prior to the meeting.

Governance

The QCNE reports to the Director-General through the QCNE Chair, via the Assistant Deputy Director-General and Chief Clinical Information Officer, Clinical Excellence Queensland.



Remuneration

Members of the QCNE will not be remunerated for their time, but will receive reimbursement for any expenses incurred by representing the commitments of the QCNE.

The QCNE Chair will be remunerated 0.2 FTE (8 hours per week) in addition to remuneration received as Chair/Co-chair of the respective Statewide Clinical Network.

Review

The QCNE will review its performance against its stated purpose and responsibilities every 12 months. The Terms of reference will be updated accordingly.

Support

The Healthcare Improvement Unit, Clinical Excellence Queensland, will provide secretariat support to the QCNE.

Approval



Professor Keith McNeil

Assistant Deputy Director-General and
Chief Clinical Information Officer, Clinical Excellence Queensland
Statewide Clinical Networks Sponsor

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