

Terms of Reference

Queensland Child and Youth Clinical Network
AYA Sub-Network
July 2021



Improvement



Transparency



Patient Safety



Clinician Leadership



Innovation



Queensland
Government

Contents

- Contents.....2
- Purpose.....3
- Functions.....3
- Authority and Decision Making.....3
- Frequency of meetings.....4
- Membership4
- Reporting.....5
- Guiding principles.....5
- Confidentiality.....6
- Code of Conduct6

Purpose

The purpose of the Queensland Child and Youth Clinical Network (QCYCN) Adolescent and Young Adult (AYA) Sub-Network is to guide the work of QCYCN to address complexities in care for this cohort, identify priority actions and progress work to improve the care and outcomes of AYAs throughout Queensland. This will be done in alignment with AYA Clinical Senate enquiry outcomes from 2020 and in alignment with QCYCN's strategic priority areas. This will involve considering priorities to improve care and outcomes in the following ways:

- **Advocating** for increased awareness about the needs of young people and holistic, patient-centred and family-centred AYA specific care
- **Connecting** all stakeholders to foster collaboration and shared learning about improvement work already underway across Queensland and identify gaps in need of collaborative improvement
- **Empowering** clinicians to improve care, health services to enact change, and consumers to advocate
- **Influencing** systemic and policy change to include and prioritise the AYA health agenda
- **Translating** evidence into tangible practice change to support the provision of quality AYA care.

Functions

The AYA Sub-Network has jurisdiction to consider all matters that directly or indirectly affect the key points in 'Purpose' above as they relate to the QCYCN AYA care agenda and work. The functions of the AYA Sub-Network include:

- Providing expert guidance to direct the work of QCYCN's, including determining state-wide priorities
- Providing out of session review and feedback as required to support the group's activities
- Raising awareness of, and advocate for the need for, AYA specific care
- Disseminating information and advocating for young people and the work of the group including suggesting required action to HHS/organisation leaders and professionals to support improvement and practice change.

Authority and Decision Making

The Adolescent and Young Adult (AYA) Sub-Network meeting:

- Functions under the authority of the QCYCN
- Reports to the QCYCN Chair.

Meeting recommendations are made by consensus. If consensus cannot be reached, the Chair reserves the right to make the final decision or to escalate the matter to the QCYCN Chairs.

The AYA Sub-Network members are individually accountable for their delegated responsibility and collectively responsible to the Chair in the interests of the whole group and its mandate.

Frequency of meetings

Meetings will be held bi-monthly or monthly from July 2021 – June 2022. Attendance may either be face to face or via telephone or videoconferencing. Items can be endorsed out of session with approval by the Co-Chairs. Where the AYA Sub-Network cannot reach an agreement on matters for endorsement, the Co-Chairs have the authority to make the final decision.

If a member is unable to attend a meeting, the member is encouraged to nominate a proxy to attend on their behalf.

A quorum is achieved with half plus one members in attendance at a meeting. For the purposes of determining a quorum a nominated proxy will count as a member in attendance. If a quorum cannot be achieved, pending decisions may be endorsed out of session by the absent members. The group in attendance may elect to hold informal discussions with no formal business to progress.

As Sub-Network rely on consistently active membership to achieve effective outcomes, failure to attend consecutive meetings without prior notification, or in the case of ongoing inability to attend despite notification of an apology may require a member to step down from the committee. In this instance the co-chairs or the secretariat of the group will contact the member to determine their ongoing capacity for membership. Secretariat for the AYA Sub-Network will be the responsibility of the group.

Membership

Membership of the AYA Sub-Network multidisciplinary and state-wide. It will include representation from those with expertise in AYA health and care, from metropolitan, regional and rural locations and across fields of practice. This may include representation from the disciplines of medicine, nursing and allied health. Membership will include two consumer experts who have a lived experience of AYA care. The AYA Sub-Network may also include representation from community healthcare, Aboriginal and/or Torres Strait Islander people, General Practice, and relevant Non-Government Organisation/s.

Members are expected to be able to demonstrate the following characteristics:

- Commitment to the pursuit of excellence in AYA healthcare on behalf of QCYCN, the AYA Sub-Network and ultimately the young people of Queensland, their families and the professionals providing care
- Commitment to improved care and quality of practice
- Commitment to meaningful partnership between professionals and consumer experts
- An ability to think of the whole health system and needs of all young people, rather than focus on individual elements or experience
- Leadership that uplifts and strengthens the specialty of AYA health and sets an example to peers
- Vision and energy to enhance AYA care and outcomes
- Commitment to innovation regarding education, training, advocacy, policy development for AYA health in Queensland and Australia.

Membership of the QCYCN AYA Sub-Network will be limited to 45 members including at least 2 consumer representatives. However, membership can be augmented by ex-officio and task specific co-opted members as dictated by the group or suggested by the QCYCN.

The AYA Sub-Network will have good depth of experience, clinical backgrounds and perspectives. However, the group may choose, from time to time as it sees fit, to invite persons to provide an expert resource that the group considers valuable to its deliberations.

Members will:

- Actively participate in monthly meetings and shared decision making
- Provide out of session review and feedback as required to support the group's activities
- Disseminate information and advocate for young people and the work of the group including suggesting required action to HHS/organisation leaders and professionals to support improvement and practice change.

Chair:

- The Chairs will be appointed after the initial meeting, with co-chairs recruited through an expression of interest process.

Reporting

The AYA Sub-Network will report through its Chair to the Chair of the QCYCN. The Deputy Director-General, Clinical Excellence Queensland is the sponsor of the QCYCN, and the Executive Director, Healthcare Improvement Unit is the senior management link for the QCYCN. The Sub-Network will provide the following:

- Minutes from all meetings to the QCYCN Chair
- Tracking of major activities to the QCYCN Clinician Collaborative (CC).

Any issues unable to be resolved by the meeting are escalated to the QCYCN Chair. State-wide clinical networks and associated working groups will participate in a formal external evaluation as required.

Guiding principles

The *Hospital and Health Boards Act 2011* provides a set of principles intended to guide achievement of the Act's objectives. These principles guide deliberations of the meeting to:

- The best interests of users of public health services should be the main consideration in all decisions and actions of this committee.
- There should be a commitment to ensuring quality and safety in the delivery of public sector health services.
- There should be responsiveness to the needs of users of public sector health services about the delivery of public sector health services.
- There should be collaboration with clinicians in planning, developing and delivering public sector health services.
- Information about the delivery of public sector health services should be provided to the community in an open and transparent way.
- There should be commitment to ensuring that places at which public sector health services are delivered are places at which:
 - employees are free from bullying, harassment and discrimination; and
 - employees are respected and diversity is embraced.
- There should be openness to complaints from users of public sector health services and a focus on dealing with the complaints quickly and transparently.
- Opportunities for research and development relevant to the delivery of public sector health services should be promoted.
- Opportunities for training and education relevant to the delivery of public sector health services should be promoted.

Confidentiality

Due to the sensitive nature of some of the issues raised during the committee meetings, members may at time be asked to remember the confidentiality clause as per below:

Section 62A of the *Health Services Act (1991)* regarding confidentiality states:

'A designated person or former designated person must not disclose to another person, whether directly or indirectly, any information (confidential information) acquired because of being a designated person if a person who is receiving or has received a public sector health service could be identified from the confidential information.'

Queensland Government requires its agencies to protect the privacy of people in the conduct of government services and business. The government has established Information Standards to protect the privacy of the people of Queensland in the delivery and conduct of government services and business.

Queensland Health must apply Information Standard IS42A, which states:

'Personal information held by the Queensland Department of Health must be responsibly and transparently collected and managed (including any transfer or sale of personal information held to other agencies, other levels of Government or the private sector) in accordance with the requirements of the National Privacy Principles.'

State-wide 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.

Duty of confidentiality

Confidential Information will be used solely for the Permitted Use of the AYA Sub-Network. The group will hold the Confidential Information in strict confidence and will not:

- a) copy or reproduce it except to the extent necessary for Permitted Use or
- b) disclose or distribute any of it to any person other than to its Representatives, to the extent they need access to Confidential Information for the Permitted Use or until the AYA Sub-Network agrees.

The AYA Sub-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. The AYA Sub-Network members will be responsible if such Representative fails to comply with these Terms.

Code of Conduct

AYA Sub-Network members will be required to adhere to the Code of Conduct for the Queensland Public Service when appointed to the network. This document can be found at <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 four principles of the Public Sector Ethics Act 1994.

1. Integrity and impartiality
2. Promoting the public good
3. Commitment to the system of government
4. Accountability and transparency.

Document history

Version	Date	Changed by	Nature of amendment
Draft	22.06.2021	Lucy Holland	Draft for QCYCN
1.0	27.07.2021	Heidi Atkins	Endorsed by AYASN

Previous versions should be recorded and available for audit.