

Terms of Reference

Queensland Child and Youth Clinical Network
Paediatric Palliative Care Working Group
April 2019



Improvement |



Transparency |



Patient Safety |



Clinician Leadership |



Innovation



Queensland
Government

Contents

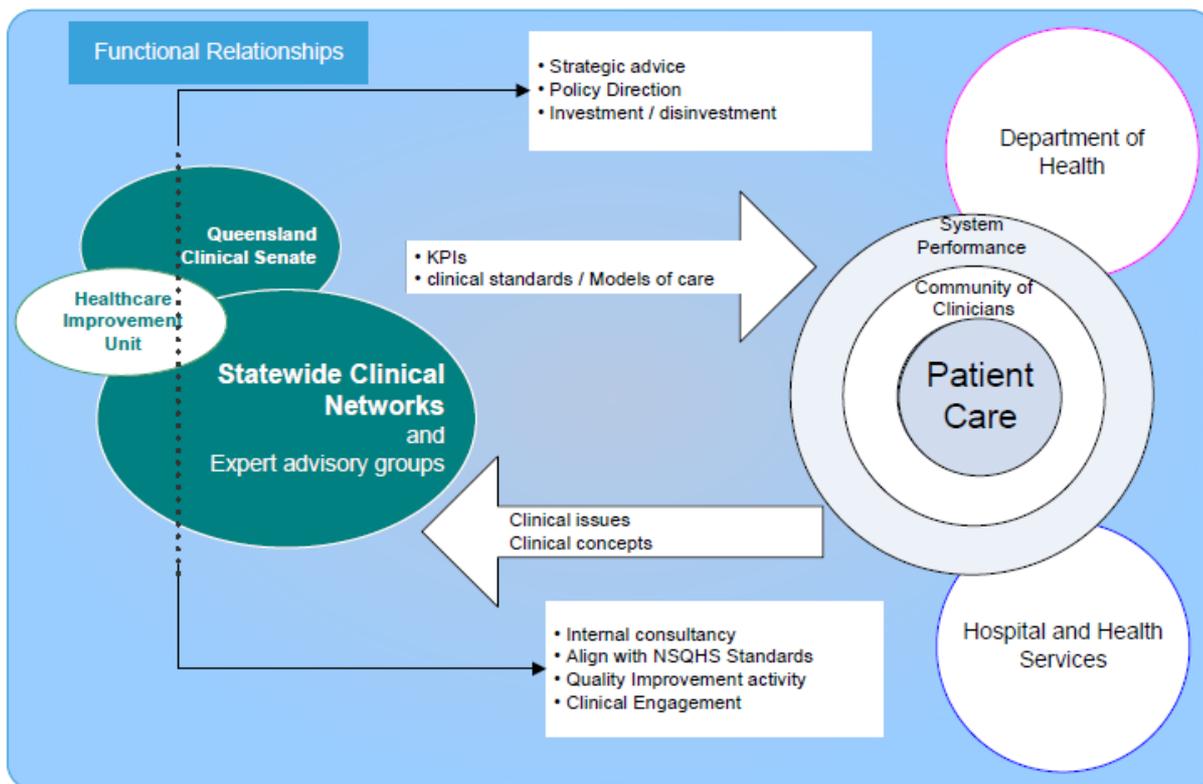
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Vision of the statewide clinical networks

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 the statewide clinical networks

As the peak body of clinical expertise in Queensland we serve as an independent point of reference, for clinicians, HHSs and the Department of Health. The clinical 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 patient focused health care.



Purpose

The purpose of the Paediatric Palliative Care Working Group (PPCWG) is to focus on improving the quality and safety of care to children with palliative care needs, including:

- Promoting equity of access to high quality, evidence-based, family centred palliative care in Queensland, and promoting delivery of such care in a seamless fashion across all organizations and professional groups.
- Promoting efficient planning of palliative care services for the state, providing expertise, direction and advice to Queensland Health in relation to palliative care for children and adolescents.

The PPCWG is the peak body for clinical leadership regarding paediatric palliative care in Queensland. The PPCWG will seek to provide such advice to the Queensland Child and Youth Clinical Network (QCYCN) in relation to these matters. The PPCWG may recommend guidelines and advocate for such standards as it sees fit.

The PPCWG harnesses the collective knowledge and expertise of health professionals delivering paediatric palliative care. This is achieved through providing an open supportive forum where health professionals and other government and non-government personnel can discuss and plan for the future of paediatric palliative care services. The PPCWG and its members are to be exemplars of leadership, providing models for others to follow.

Guiding principles

The guiding principles of the PPCWG are to:

- 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 Health Services, through a continual focus on improving actual health outcomes
- provide specialised expertise and effect change by leading the translation of evidence-based clinical standards and pathways throughout the broader system
- collaborate between other clinical networks to provide coordinated response/s
- espouse and uphold collegiate principles and standards
- establish strong links between paediatric palliative care clinicians across Hospital and Health boundaries.

Functions

The PPCWG has jurisdiction to consider all matters that directly or indirectly affect the key points in Purpose above as they relate to paediatric palliative care. The considerations of the PPCWG should primarily be at a strategic level and deal with issues related to the system as a whole. Accordingly, most of the considerations of the PPCWG will relate to problems that are difficult to solve or controversial.

Activities of the PPCWG may include, but are not limited to:

- ensuring service development and delivery is aligned with the Standards for providing quality palliative care for all Australians (Palliative Care Australia)
- service mapping
- development of referral pathways
- development of models of care and care pathways
- development of evidence-based clinical guidelines
- audit and Research activities
- education and Training
- consumer involvement and engagement

The PPCWG does not have operational responsibility or budget accountability but its work will inform service planning and delivery as part of implementing a number of key initiatives / strategies. The PPCWG should advocate to become involved in the detailed management or governance of health services by providing strategic advice at the leadership level.

Reporting

The PPCWG:

- functions under the authority of the QCYCN
- reports to the QCYCN Steering Committee.

The Deputy Director-General, Clinical Excellence Division is the sponsor of the statewide clinical networks, and the Executive Director, Healthcare Improvement Unit (formerly CARU) is the senior management link for the network. All working groups established will report to the executive committee.

Membership

Membership of the PPCWG is multidisciplinary and may include representation from medical, nursing and allied health from across Queensland. Membership may also include representation from community healthcare, Aboriginal and/or Torres Strait Islander people, consumer representation, General Practice, and relevant Non-Government Organisation/s.

Desired membership includes:

- Specialists working in paediatric palliative care (medical, nursing, or allied health) where the specialist has qualifications in paediatric palliative care and works > 50% FTE in paediatric palliative care
- General paediatrician(s)
- Specialist paediatrician(s)
- Clinical nurse, clinical nurse consultant or nurse practitioner(s)
- Allied health representative(s)
- General practitioner(s)
- Consumer representative(s)

- Non-government organisation representative(s)
- Regional representative(s)
- Specialist palliative medicine (adult focused) representative
- Bereavement representative
- Program Manager / Quality Manager
- Neonatal representative(s)
- Other representatives as needed with the evolving needs of the group

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

- Commitment to the pursuit of excellence in healthcare on behalf of the PPCWG and ultimately the children and families of Queensland.
- Commitment to improved standards and quality of practice.
- An ability to think of the whole health system rather than focus on individual elements.
- Clinical leadership that strengthens paediatric palliative care services.
- Vision and energy to sustain and enhance the innovation regarding education, training, advocacy and policy development for paediatric palliative care services in Queensland and Australia.
- Positive attitude, friendly collegiate manner and an ability to develop constructive, cooperative and collaborative relationships.

There is no set size for the membership of PPCWG. The membership can be augmented by ex-officio and task specific co-opted members as dictated by the PPCWG or suggested by the QCYCN.

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

Proxies for attendance at meetings may be accepted with the prior approval of the PPCWG Chair or Deputy Chair.

The PPCWG Chair and Deputy Chair are appointed for a two year term with an option to serve two consecutive terms (4 years). The PPCWG Chair and Deputy Chair must inform the QCYCN Chair/s of the decision to extend their tenure in writing at least 2 months prior to the end of their term.

Recruitment to the position of PPCWG Chair and Deputy Chair is conducted through an expression of interest process with the final decision resting with the QCYCN Co-Chair/s. The QCYCN Chairs will consider suitability of the selected Chair within the pre-existing involvement in the PPCWG and or QCYCN, demonstrated leadership, familiarity with group processes and meeting management.

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.'

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.

Duty of confidentiality

Confidential Information will be used solely for the Permitted Use of the steering committee. The steering committee 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 steering committee agrees.

(The steering committee 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 steering committee members will be responsible if such Representative fails to comply with these Terms).

Code of conduct

Steering committee 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; and
4. Accountability and transparency.

Meetings

The PPCWG meetings will be held bi-monthly, with some out of session endorsement occurring.

Attendance can be face-to-face or via telephone/video conferencing.

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 eight (8) members in attendance at a meeting within 10 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. Quorum should be representative of services delivering Paediatric Palliative Care and diversity in disciplines. 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.

Where the working group cannot reach agreement on matters for endorsement, the Chair has the authority to make a final decision.

As working parties 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 chair or the secretariat of the Committee will contact the member to determine their ongoing capacity for membership.

Secretariat for the PPCWG will be the responsibility of the working group.

Key elements of successful network

Key elements of a successful network include:

1. Clinician engagement
 - 1.1. Annual work plan describing patient focused priority initiatives
 - 1.2. Membership / professional representation / reach
2. Structure, governance and accountability
3. Network leaders / clinician leadership/ability to influence HHS
4. Measuring impact
 - 4.1. Resources available to undertake initiatives
 - 4.2. Key performance indicators are monitored

Evaluation

The PPCWG will provide an annual report including;

- monitoring network achievements against the previous financial year's work plan (as part of a continuous improvement process)
- meeting attendance including the achievement of quorum and identification of members who miss 3 or more meetings
- progress of the actions that come out of the meetings
- membership that is representative of all disciplines, all HHSs (as appropriate), consumers, GPs and NGOs as relevant.

Statewide clinical networks and associated working groups will participate in a formal external evaluation as required.

Date of last review

This document was last reviewed and endorsed by the PPCWG, QCYCN Steering Committee and the chair of the network on 4th March 2019.

Approving authority

Dr Robyn Littlewood / Dr Kerri-Lynn Webb

Co-Chair, Statewide Queensland Child and Youth Clinical Network

01/04/2019

Document history

Version	Date	Changed by	Nature of amendment
0.1	03.04.2018	Created	Start of version
0.2	31.05.2018	Katie Wykes	Edited
0.3	29.11.2018	Michelle Holland	Final
0.4	30.01.2019	Kate Weller	Edited to match style guide
0.5	01.04.2019	Kate Weller	Final endorsed
1.0	18.08.2020	Renae Kennedy	Edited to new template and minor changes: removal of membership list

Previous versions should be recorded and available for audit.