

Terms of Reference

Clinician Collaborative
Queensland Child and Youth Clinical Network

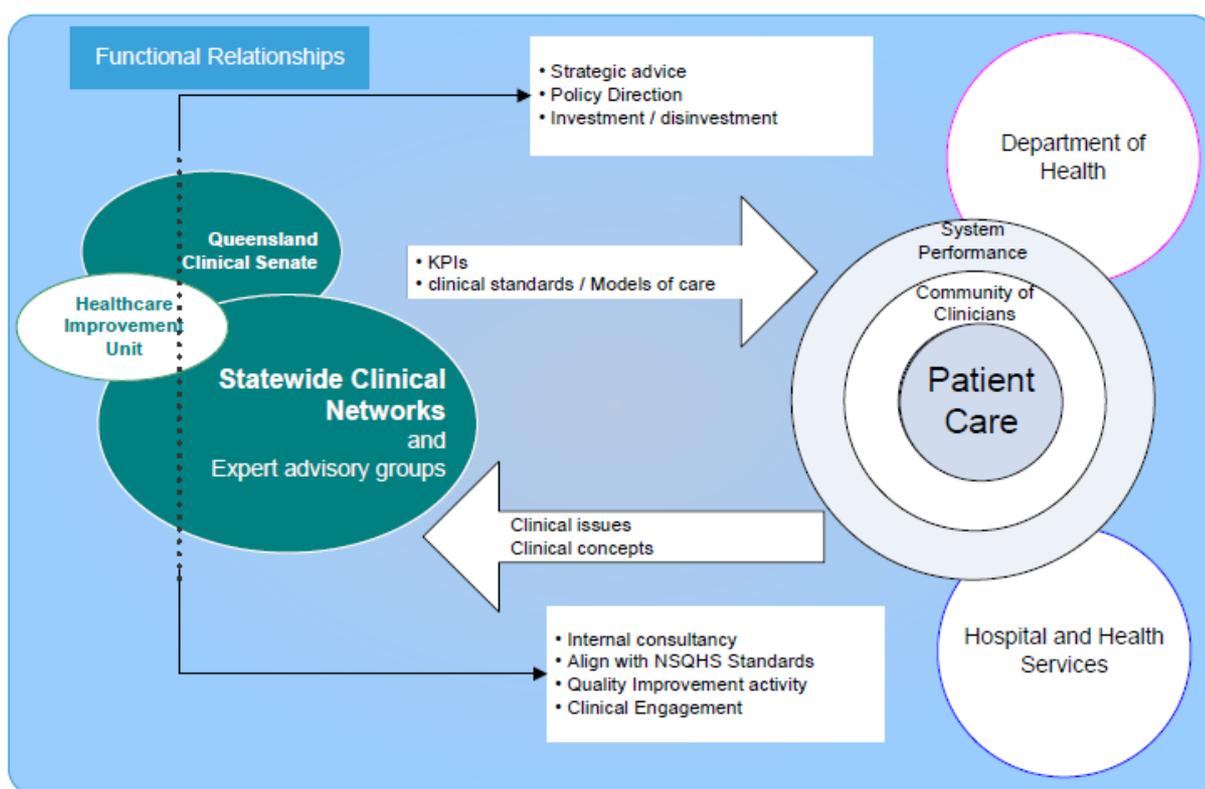
2019 - 2021

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 focussed health care.



Purpose of Queensland Child and Youth Clinical Network

The purpose of the Queensland Child and Youth Clinical Network (QCYCN) is to:

- improve the quality, safety, and effectiveness of care for children and young people in Queensland;
- provide expertise, direction and advice to the Queensland Health Executive and Hospital and Health Services and Boards in relation to child and youth health, service planning; and emerging issues locally, statewide and nationally;
- provide expertise, direction and advice and develop an open and supportive environment for clinicians who are involved in caring for patients, and consumers of child and youth health services in Queensland;
- foster best practice clinical care, education and research in child and youth health

Guiding principles of the QCYCN

The guiding principles of the QCYCN are to:

- place children, young people and their families 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 to bring to 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 child and youth clinicians across Hospital and Health boundaries and throughout the continuum of care.

Principal functions of the QCYCN

The principal functions of the QCYCN are to:

- provide advice in relation to the planning and development of child and youth health services in Queensland
- develop, review and endorse for state use, evidence based standards of care, clinical policy, guidelines and pathways that support the changing needs of the population and foster safety and innovation in child and youth health services
- review variation in clinical outcomes and develop strategies to achieve improvement
- review and support compliance with clinical practice standards produced by the Commonwealth and State governments
- review the value of new clinical interventions and technologies and advise on their most appropriate use
- monitor the adequacy of workforce supply, address the imbalance between service capacity and demand and develop new workforce strategies
- act in an advisory capacity to Queensland Health business units, Hospital and Health Services and statewide clinical networks as required
- develop, promote and integrate clinical research activities and teaching opportunities throughout Queensland Health child and youth health services
- support integrated child and youth health information systems throughout Queensland
- support prevention initiatives to promote healthy development for children and young people
- partner with Aboriginal and/or Torres Strait Islander stakeholders to embed a voice for Aboriginal and/or Torres Strait Islander children, young people and families
- strategically partner with HHSs and the Department of Health but retain autonomy and be clinically led and directed
- provide targeted input that helps clinicians 'do' and hence the system to 'perform'
- complement the broader perspective brought by the Queensland Clinical Senate
- commit to clinician engagement
- strategically align with the Clinical Excellence Division's strategic plan

Reporting responsibilities of the QCYCN

The Assistant Deputy Director-General, Clinical Excellence Division is the sponsor of the statewide clinical networks, and the Executive Director, Healthcare Improvement Unit is the senior management link for the QCYCN. All working groups established will report to the Clinician Collaborative.

Clinician Collaborative Purpose

The role of the QCYCN Clinician Collaborative is to provide high level specialist clinical advice to inform strategic directions, planning and policy and promote optimal child and youth health care. The Clinician Collaborative also serves as a mechanism to connect statewide clinicians to facilitate knowledge and information sharing.

Clinician Collaborative membership

The Clinician Collaborative will be multidisciplinary and include representation from medical, nursing, allied health, Aboriginal and/or Torres Strait Islander health workers, management, general practice, consumers and relevant government agencies and non-government organisations along with the QCYCN Chair/s, Chair/s of all subnetworks and working groups and QCYCN project officers. The QCYCN clinician collaborative will aim to have at least one representative from each Hospital and Health Service, who will act as a champion and voice for their service at the statewide level. Representatives from other clinical networks with paediatric specific areas are also encouraged to become members.

As the Clinician Collaborative provides an advisory function rather than a decision making function, there is no specific cap on membership numbers. All members are required to feedback information through their teams and organisations.

Recruitment to the Clinician Collaborative occurs through an expression of interest process and is selected by the QCYCN Chair/s. A review of the membership of the Clinician Collaborative will occur every two years. Current membership of the Clinician Collaborative is outlined in Appendix 1.

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 agree.

(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

Clinician Collaborative 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/gps-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.

Clinician Collaborative meetings

The Clinician Collaborative meetings will be held every 2 months, with some out of session feedback requests occurring. Attendance can be face-to-face or via telephone/video conferencing.

As the Clinician Collaborative provides an advisory function rather than a decision making function, there is no requirement for quorum. If a member is unable to attend a meeting, the member is encouraged to nominate a proxy to attend on their behalf. 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 Clinician Collaborative at the direction of the QCYCN Chair/s.

The chair role of the Clinician Collaborative meetings will be rotated between QCYCN project officers.

Secretariat

Secretariat for the Clinician Collaborative will be provided by the QCYCN Coordinator. Secretariat for any working group meetings 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 focussed 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

Statewide clinical networks 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 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 will participate in a formal external evaluation as required.

Date of last review

This document was last reviewed and endorsed by the Clinician Collaborative and QCYCN Chair/s on 20 September 2019.

Approving authority



Dr Kerri-Lyn Webb

Chair

Queensland Child and Youth Clinical Network

20 / 9 / 2019



A/Prof Robyn Littlewood

Chair

Queensland Child and Youth Clinical Network

20 / 9 / 2019

Appendix 1 – Clinician Collaborative Members

Name	Position	HHS/Organisation
Kerri-Lyn Webb	Co-Chair, QCYCN & Senior Staff Specialist – Child Development and Behaviour	QCYCN & CHQ
Robyn Littlewood	Co-Chair, QCYCN & Director of Health Service Research	QCYCN & CHQ
Andrea Densley	Nurse Unit Manager Child Health, 13Health	Health Contact Centre
Anthony Herbert	Chair, Paediatric Palliative Care Working Group & Medical Officer, Oncology and Haematology	QCYCN & CHQ
Ayala Rogany	Chair, Paediatric Obesity Working Group PPO, Qld Paediatric Critical Care Pathway	QCYCN Statewide
Bruce Maybloom	General Practitioner	
Cathy McCosker	Child Health Nurse	Darling Downs
Catherine Marron	Co-Chair, Child Health Sub Network & Nursing Director, Child and Youth Community Health Service	QCYCN & CHQ
Dana Newcomb	Medical Director Integrated Care	CHQ
Donna Rose	Consumer Representative	
Georgie Trickett	Consumer Representative	
Hannah Christensen	Coordinator, Child Development Subnetwork	QCYCN
Heidi Atkins	Principal Policy Officer	QCYCN
Helen Alvers	Nurse Unit Manager, Child and Adolescent Unit	Mackay
Jillian Scholes	Allied Health Team Leader - Deadly Ears	CHQ
Judy Williams	Director of Paediatrics, Bundaberg Hospital	Wide Bay
Julie McEniery	Chair, Queensland Paediatric Quality Council	Statewide
Kate Weller	QCYCN Coordinator	QCYCN
Kelly Foster	Lecturer, Nursing	Uni of Southern Qld
Laxmi Camadoo	Director of Paediatrics	Sunshine Coast
Lissa McLoughlin	Director of Nursing	North West
Nicole Owen	Clinical Supervisor, Parenting Clinicians	CHQ
Nicole White	General Practitioner	
Prema Subramaniam	Consultant Paediatrician	North West
Raylene Dean	Aboriginal and Torres Strait Islander Maternal, Child & Youth Health Steering Committee & Advanced Health Worker	QCYCN & Townsville
Roslyn Henney	Service Manager, QLD Youth Cancer Service	CHQ
Ryan Mills	Statewide Child Protection Partnership representative	Statewide
Samantha Horgan	Nurse Navigator Transition	CHQ
Sharon McDonald	Manager, Strategy, Children & Families Unit	Department of Health
Susan Pagel	Co-Chair, Child Development Subnetwork & Team Leader, Child Development Service	QCYCN & CHQ
Tracey Button	Clinical Nurse Consultant Project Officer	CHQ Brisbane South PHN
Vicki Moore	Chair, School Based Youth Health Nurse Sub Network & Nursing Director, School Based Youth Health	QCYCN & CHQ
Vivienne Braddock	Acting Team Leader, EVOLVE and AMYOS	Gold Coast