

Terms of Reference

Queensland Child and Youth Clinical Network
Queensland Paediatric Palliative care, Haematology and
Oncology Sub Network (QPPHON)
October 2021



Improvement |



Transparency |



Patient Safety |



Clinician Leadership |



Innovation



Queensland
Government

Contents

Contents	2
Purpose	3
Functions	4
Authority	6
Frequency of meetings	6
Membership	9
Reporting	9
Performance	10
Guiding principles	10
Confidentiality	11
Code of conduct	11
Appendix	13

The Queensland Paediatric Haematology and Oncology Network (QPHON) was established in 2006 to oversee and support relevant statewide services that provide care to children with cancer, blood disorders and have palliative care needs throughout Queensland and Northern NSW. In 2015 the network's title was updated to acknowledge the inclusion of non-oncology palliative patients in our Paediatric Palliative Care Service to become the Queensland Paediatric Palliative care, Haematology and Oncology Network (QPPHON), and in 2021 it became an formal subnetwork of the Queensland Child and Youth Clinical Network. Through education, coordination and communication, QPPHON aims to enhance existing services, improve clinical care, and optimise health outcomes

Purpose

The purpose of QPPHON is to provide statewide leadership and support that encourages and coordinates an integrated approach to statewide services for children with cancer, haematological disorders and palliative care needs across Queensland and northern NSW. This includes building the capacity and capability of staff in the network, which encompasses the tertiary centre at QCH, regional Shared Care Units and other regional hospitals supporting patients of the subnetwork. QPPHON will inform decision making at service delivery and corporate levels, through the provision of expert advice relating to the development and maintenance of safe statewide service provision.

The group's activity will take into consideration the Queensland Health Strategic Plan, the Queensland Health Cancer Care Services Statewide Health Service Strategy, the Children's Health Queensland Strategic Plan, The Children's Health and Wellbeing Services Plan, and the Clinical Services Capability Frameworks (eg Children's Cancer Services, Radiation Oncology Services and Palliative Care Services) and other Queensland Health and cross jurisdictional policy and program developments.

The subnetwork will be required to develop an Operational Plan with the Oncology Services Group at Queensland Children's Hospital. It will incorporate the following statewide aims and objectives.

Mission

- To support high quality, consistent, multidisciplinary, and integrated care to children with cancer, blood disorders and palliative needs and their families, as close to home as possible under the framework of the CSCF, through a managed and supported network of shared care units and regional hospitals with the support of the tertiary centre at QCH.

Vision

- We provide world-class and evidence-based care to all children and young people to optimise their chance of survival, wellbeing and long term survivorship, and provide quality palliative care, enabling all to live their best lives.
- We put the patient and family at the centre of each point of their individual journey and work in partnership towards a common goal. Care is compassionate and holistic.
- We strive to improve outcomes and experiences for all children and young people, their families and staff now and into the future through engagement of our consumers and multi-faceted research shared with our global community.
- The service is safe and sustainable with equal access to all children and young people in Queensland regardless of geographic location, providing care as close to home as possible consistent with the CHS target operating model.

- The service is designed and planned to deliver prompt, time efficient and cost effective care with minimal waiting times at all stages of treatment.
- Our staff are our most valuable resource and we support them at all stages of their professional journey through education, training, mentoring and direct support.
- The skills of the multidisciplinary team are appropriately recognised and applied, and are nurtured through peer support, education and research to underpin excellence.

Functions

The function of QPPHON is to address opportunities for improvement in patients' outcomes through the following strategies.

- 1) Provide clinical leadership and support service provision
 - Provide clinical leadership and expertise in the network including advice, mentoring and support of statewide staff and the development and implementation of effective models of care that contribute to the achievement of the QPPHON strategic direction.
 - Work within Clinical Service Capability Framework definitions.
 - Establish and continually improve communication processes between the tertiary centre and Shared Care Units to create a seamless service across the network for patients and families.
 - Review work practices and processes including case management.
 - Establish processes to support continuity of care across key government and non-government stakeholder services.
 - Facilitate development and evaluation of care models that integrate primary, secondary and tertiary service providers.
 - Facilitate the review and evaluation of inter-service referrals.
 - Provide advice regarding the physical environment, operational management and clinical supplies for areas in which care is provided for QPPHON patients.
- 2) Subnetwork planning and management
 - Undertake governance activities that facilitates the QPPHON mission, including a framework of regular meetings and collaboration and the provision of reports.
 - Participate in service planning focusing on a population-based approach or other appropriate methodology that accounts for rural and remote complexities.
 - Develop links with other corporate areas to assist in the future planning of services (including capital works branch, purchasing and logistics).
 - Develop QPPHON Strategic and Operational Plans in collaboration with the subnetwork and its stakeholders.
 - Develop and implement annual communication plans across the subnetwork and its stakeholders.
 - Develop service agreements to enhance inter-sectoral service partnerships.
 - Undertake evaluation of the subnetwork and its services, identifying and monitoring agreed significant key performance indicators.
 - Benchmark against the identified key performance indicators.
 - Guide service development, with emphasis on the provision of collaborative services that ensure continuity of care across acute and community environments.
 - Develop, coordinate and implement strategies and initiatives using project management, quality improvement and change management methodologies.
 - Undertake regular evaluation of statewide QPPHON services to ensure objectives are being met.

- Establish linkages with other related projects to improve clinical outcomes.
- Interact closely with Networks relating to adult cancer services and for other areas of paediatrics.
- Interact closely with radiation therapy facilities delivering treatment to children.
- Manage the subnetwork to ensure maximum collaboration, participation and communication between members and support of QPPHON's strategic directions.
- Manage available financial resources and seek other funding opportunities to maximise outcomes with the effective use of funding to support the QPPHON mission.
- Assess available infrastructure, equipment and resources to advocate for equitable, accessible and safe care across Queensland.
- Engage subnetwork stakeholders and develop inter-sectoral partnerships, including consumers, clinicians, HHSs, Statewide Cancer Network, and NGOs and other partners, particularly supporting shared care arrangements between tertiary centres, secondary centres and community care.

3) Workforce planning and management

- Undertake multi-disciplinary workforce mapping and needs analysis including monitoring of activity and assist Hospital and Health Services develop workforce plans to address those needs.
- Develop recruitment strategies for all disciplines and categories of staff for the specialty group.
- Promote a culture of development and learning, including formal education planning and evaluation.
- Plan and deliver staff education and training to provide a sustainable multidisciplinary workforce consistent with the highest standards of care.
- Support and advocate for the professional development of the network workforce.
- Identify baseline skills and competencies required to support comprehensive care and include those in Education Plans.
- Facilitate the development of support structures for staff who operate under the governance of QPPHON.

4) Safety and quality

- Lead and influence the services relevant to the statewide subnetwork to improve clinical performance and service delivery to improve patient and family outcomes.
- Support improved patient safety and quality and consistency of services across the subnetwork through collaborative creation of evidence based procedures, guidelines and standards of care.
- Undertake peer review including clinical audits in collaboration with clinicians and services.
- Include stakeholder engagement and consumer feedback in service planning and evaluation.
- Include Safety and Quality Rounding in all QPPHON meetings and mitigate risk through the collaborative development of a network risk register.
- Facilitate and support QPPHON quality improvement activities, innovative projects and research that may include process redesign, innovation, change management, training and coaching.
- Participate in providing evidence for, and complying with, standards from relevant accreditation bodies such as the National Safety and Quality Healthcare Standards.
- Facilitate the staff safety and resilience, undertaking activities that improve wellbeing.
- Support clinical trial implementation and research projects that align with the QPPHON mission.

Authority

The QPPHON meeting:

- functions under the authority of the QCYCN
- reports to the QCYCN Co-Chairs.

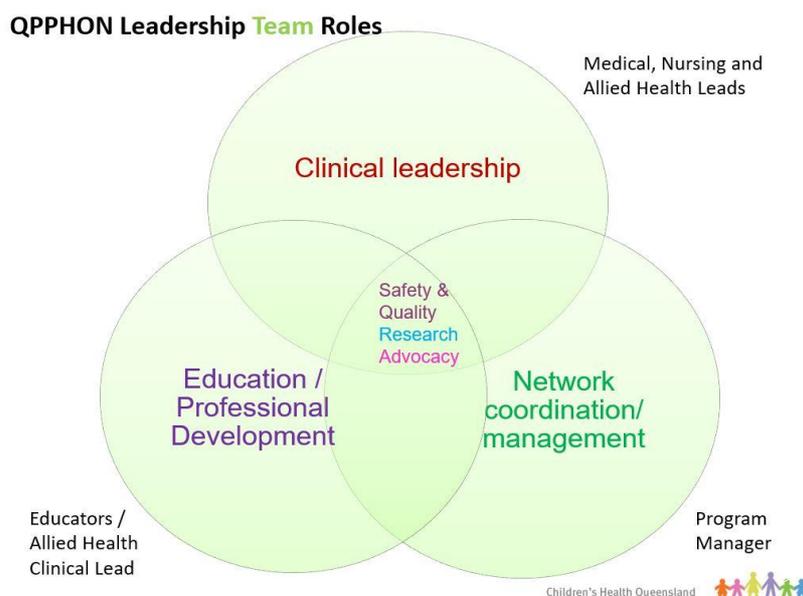
Decision making:

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 Co-Chairs.

QPPHON members are individually accountable for their delegated responsibility and collectively responsible to contribute to advice provided to the Chair in the interests of a whole-of-service position.

The QPPHON Chair will be appointed by the Director, Oncology Services Group, updating the Co-Chairs of the QCYCN of changes to this appointment.

A small Leadership Team comprising selected members from the network will exist to manage the day-to-day operations, reporting to the Oncology Services Leadership Group. Their roles are illustrated below.



Frequency of meetings

Subnetwork meetings occur every quarter between February and November. This meeting will be Chaired by Chair of QPPHON and will be attended by the QPPHON Executive Team, the Regional Case Managers, Regional Lead Paediatricians and QPPHON appointed Allied Health staff.

Attendance by other key regional staff including the NUM of the inpatient service, allied health staff, CHQ medical team leads, nursing leads and NPs/CNCs, allied health staff and other stakeholders is also encouraged. Other interested CHQ and regional staff are also welcome to attend.

Meetings are generally held via videoconference in the 4th week of the month, alternating between Wednesday and Thursday to provide contact with part time staff. Dial in details will be provided prior to the meeting. Regional Case Managers will book their local facilities if required.

Specific agenda items will include:

- **Meeting opening:** welcome and apologies, confirmation of previous minutes, business arising from previous minutes, acknowledgement of achievements.
- **Governance:** e.g. cancer networks, budget, meetings, communication, issues
- **Workforce:** QPPHON roles and relationships, staff changes
- **Planning:** operational plan report, projects
- **Evaluation:** activity, performance indicators, service reviews, other evaluation
- **Stakeholder engagement:** clinician, consumer, partners
- **Quality and Safety:** new and existing quality and innovation activities, Regional Safety Round (PRIME reports, near misses, actual and potential risks, consumer feedback)
- **Service development:** innovations, guidelines, portfolios, model of care, access to care, risks
- **Information exchange:** e.g. patient progress reports and summaries, activity reports, communication forms, two way feedback between CHQ and SCUs.
- **Education and resources:** new and existing education and resource opportunities, professional development, scholarships and funding, feedback and evaluation
- **Procedures and Guidelines:** e.g. review and development of new and existing CHQ and SCU policies and procedures
- **Research:** reports, priorities, tools, conferences, papers
- **Shared Care Unit updates:** unit specific issues
- **Other business**
- **Next meeting**

Quorum

For the QPPHON Meetings, to meet quorum requirements there must be at least one representative from each of the major discipline: medical, nursing, and allied health (includes pharmacy), plus one shared care Regional Case Manager.

For the purposes of determining a quorum a nominated proxy will count as a member in attendance.

For the QPPHON Leadership Team meetings, a quorum consists of at least 3 members.

Apologies to be made to Secretariat at least 24 hours prior to meeting.

Proxy membership to be negotiated with the Medical Chair or Co-Chair at least 24 hours prior to any meeting.

Agenda and minutes

Agendas will be prepared by the Secretariat, provided by QPPHON and circulated to members at least three (3) days prior to the meeting.

Meetings will be recorded by the Secretariat and verified as correct at each meeting.

Meetings minutes including action lists will be forwarded to committee members at least one week prior to the next meeting. Individual members have the responsibility to circulate agendas and minutes to their line managers and executive teams as appropriate. Latest minutes will be emailed to members.

Individual members have the responsibility of informing their line managers and executive teams of any decisions and or outcomes from QPPHON. It is advised that members meet regularly with their line managers and executive team to discuss the outcomes from the network.

1. QPPHON Leadership Team Meetings

The QPPHON Leadership Team will meet every second Thursday in the Oncology Services Group QCH and will report at the QPPHON meetings and the Oncology Services Group Leadership Meeting. Separate meetings may occur as called by the Chair.

Membership of QPPHON Leadership Team to consist of:

- Medical Chair
- Nurse Manager / Co-Chair
- Program Manager
- Statewide Educator
- Allied Health Clinical Lead (AHCL)
- Director of Oncology Service Group, QCH or delegate
- Oncology Pharmacist

Other staff may be invited to attend to participate in the discussion as required, including:

- Oncology Nurse Educator QCH
- Management Accountant responsible for the Oncology Services Group, QCH
- Representative of the QCH Oncology, Haematology or Palliative Care consultants
- Representative of the QCH CNCs or Nurse Practitioners

2. Regional Case Manager Peer Collaboration Meetings

Meeting occurring on the 3rd week of the month, alternating between Tuesday and Thursday to accommodate part-time staff.

The purpose of the Regional Case Manager Peer Collaboration Meeting is to provide a state wide platform for Regional Case Managers within their own HHS to work collaboratively with each other, facilitated by QPPHON.

The function of the Meeting is to:

- Provide Regional Case Managers ability to raise concerns/issues from within their own HHS and seek feedback and discussion with peers.
- Discuss innovation, and quality and safety integration ideas with peer group.
- Allow the QPPHON Leadership Team to discuss priority matters with RCM's if required prior to formal QPPHON Meeting
- Provide platform for RCM's to speak via tele link to QPPHON Leadership Team.

This meeting will be chaired by the QPPHON Nursing Co-Chair (or proxy) and the membership will consist of the Regional Case Manager of each QPPHON Shared Care Unit (or proxy). Other members of the QPPHON Leadership Team and the QPPHON Lead Paediatricians may also attend where relevant.

Meetings will be held at least 7 times a year and a schedule of meetings will be agreed in advance. The Chair may call additional meetings as necessary to address any matters referred to the committee or in respect of matters the committee wishes to pursue.

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 QPPHON Network Meeting.

The Regional Case Managers Peer Collaboration Meeting will provide meeting decisions and an activity summary to QPPHON Leadership Team monthly.

3. QPPHON Workshops

The QPPHON Regional Case Manager's Meeting is held on a specified Wednesday and Thursday in May. Flights and one night's accommodation will be funded through QPPHON upon request on the CHQ Travel and Accommodation form.

The QPPHON Paediatrician's Workshop is held on a specified Friday in August.

Membership

Representation on the QPPHON subnetwork is multidisciplinary and will include members of clinical services as well as members of associated service providers. It must include representation from all clinical disciplines including Medical, Nursing and Allied Health and the areas covered by the network, including oncology, haematology and palliative care.

- QPPHON Medical Chair and Nursing Manager Co-Chair
- Director, Oncology Services Group QCH
- Program Manager, QPPHON
- QPPHON State Educator and Oncology Nurse Educator QCH
- Allied Health Clinical Lead QPPHON
- QCH Management Accountant assigned to Oncology Services Group
- QCH Medical Team Clinical Leads - Some individuals may represent more than one area. Where possible, representation should encompass specialty areas such as Medical Oncology, Radiation Oncology, Haematology, Palliative Care and Surgery.
- Shared Care Unit Lead Paediatricians and other relevant medical staff.
- QCH Nursing - Division of Medicine Nursing Director, 11b, 5c and 10a Nurse Unit Managers, and Oncology / Haematology / Palliative care CNCs and Nurse Practitioners
- Shared Care Unit Regional Case Managers, Nurse Unit Managers, chemo-competent nurses and other relevant allied health staff.
- QCH Allied Health- Executive Director Allied Health and Clinical Leads
- Shared Care Unit Allied Health staff
- QCH Pharmacy - Clinical Oncology Pharmacist
- Statewide Child & Youth Network representative
- Chief Executive of CHQ HHS or nominated delegate
- Consumer Representative - 1 from Brisbane and 1 from outside Brisbane area
- Statewide Cancer Clinical Network representative
- Queensland Youth Cancer Service – Service Development Manager
- QCH CHARM Project Officer
- QuoCCA representative

Members will:

- Actively participate in 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.

Reporting

The QPPHON will report through its Chair to the Co-Chairs 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 QPPHON provides the following:

- minutes from the meeting to the QCYCN
- tracking of major activities summary to the QCYCN Clinician Collaborative (CC).

Issues unable to be resolved by the meeting are escalated to the QCYCN Co-Chairs.

Performance

QPPHON will be hosted by Children's Health Queensland Hospital and Health Service (CHQ HHS).

QPPHON will be subject to performance evaluation and be accountable for the advice and recommendations it provides.

All advice provided will be supported by evidence which has been presented, analysed and reviewed by each member of the network prior to a decision being made.

QPPHON must establish an Operational Plan. Key performance indicators will be identified for each priority on the plan to enable the subnetwork to evaluate and report on its performance. Support for the development and implementation of the Plan will be provided by resources allocated for a state wide service for children's cancer.

QPPHON may establish Working Groups to address specific issues or tasks, to be convened as required at the direction of the subnetwork in consultation with stakeholders. The subnetwork will set terms of reference (TOR) for these Working Groups dependent on their defined purpose. These TOR will be subject to review periodically and any subsequent changes will require network endorsement.

Performance will be evaluated against the Strategic Plan annually.

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.'

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

QPPHON Subnetwork 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.

Document history

Version	Date	Changed by	Nature of amendment
1	May 2006	Prof Ross Pinkerton, Anita Cox	Creation
2	May 2010	Penny Slater	Update
3	Feb 2011	Penny Slater	Update
4	Aug 2012	Penny Slater	Update
5	Nov 2013	Penny Slater	Update
6	Sept 2015	Penny Slater	Update
7	Feb 2020	Penny Slater, Jessica Nicholson	Update
8	Jul – Aug 2021	Penny Slater, Jessica Nicholson	Update and moving to QCYCN template for QPPHON Sub Network
9	15 October 2021	Heidi Atkins, Renae Kennedy, Penny Slater	Final version for QCYCN

Previous versions should be recorded and available for audit.

Appendix

Stakeholder Engagement

Below is the communication plan for the various categories of stakeholders related to QPPHON. A major avenue of communication for Queensland Health staff will be the Oncology Services Group intranet on QHEPS: <https://qheps.health.qld.gov.au/childrenshealth/html/statewide/qphon> and the QPPHON Sharepoint [Queensland Paediatric Palliative care Haematology Oncology Network - Home \(sharepoint.com\)](https://www.sharepoint.com/Queensland-Paediatric-Palliative-care-Haematology-Oncology-Network-Home)

Families and external providers are able to access the Oncology internet sites:

<https://www.childrens.health.qld.gov.au/service-oncology/>

<https://www.childrens.health.qld.gov.au/service-oncology-support-information/>

<https://www.childrens.health.qld.gov.au/service-oncology-who-can-help/>

Stakeholder category	Who	What	When
Tertiary centre staff caring for QPPHON patients	QPPHON Leadership Team Consultants Care coordinators (CNCs and NPs) Oncology / haematology / PPCS staff Other staff caring for QPPHON patients, including Allied Health and Pharmacy	Leadership team meetings QPPHON meetings Meeting minutes Emails Staff News QHEPS RCM Workshop RCM videolink	Fortnightly Every quarter Each meeting Ad hoc Monthly Ad hoc Annual Monthly Annual
Regional staff caring for QPPHON patients	SCU Regional Case Managers SCU Lead Paediatricians SCU and other regional NUMs SCU Regional chemo competent staff SCU and other regional staff providing supportive care SCU Allied health staff and Pharmacies	Paediatrician's Workshop Education program Annual Report	As per plan Annually
Qld Health staff	Staff in hospitals of other Hospital and Health Services who care for QPPHON patients. This may include, but is not limited to: Redcliffe Hospital Caboolture Hospital Redlands Hospital Gladstone Hospital Gympie Hospital The Prince Charles Hospital Ipswich Hospital CHQ Connected Care Program CHQ units caring for patients supported by the network Qld Youth Cancer Service Corporate Office Statewide Cancer Network	QPPHON meetings Meeting minutes Emails QHEPS Education program Annual Report	Every quarter Each meeting Ad hoc Ad hoc As per plan Annually
External health providers – public	Lismore Hospital Tweed Hospital Armidale Hospital Grafton Hospital	Education Program Annual Report	As per plan Annually

External providers - private	Community care Private health providers	Annual Report	Annually
Non-government organisations	Leukaemia Foundation Redkite Camp Quality CanTeen Queensland Cancer Council Childhood Cancer Support Lymphoma Australia Brainchild Kids with Cancer Children's Health Foundation Children's Cancer Foundation My Room	Annual Report	Annually
Universities	The University of Queensland Queensland University of Technology	Collaborative projects Annual Report	Ad hoc Annually
Families	On treatment and off treatment patients and families	Planned internet Oncology Family Forum Oncology Family News Oncology Family emails Brochures Family resources	Ad hoc Quarterly Quarterly Ad hoc Ad hoc Ad hoc