Southern Queensland Clinical Networks

Terms of Reference

Maternity and Neonatal Network

September 2009
1. INTRODUCTION
The Southern Queensland Clinical Networks (the networks) are established in accordance with the Queensland Health Clinical Networks Policy (v2.0). The networks are defined as formally recognised groups, principally comprising clinicians, established to address problems in quality, equity and or efficiency of health care. They provide an opportunity for clinicians and network members to engage in planning, priority setting and system improvement.

The Southern Queensland Clinical Networks include the following former Southern Area Health Service Clinical Networks:
- Cardiac
- Child Protection
- Renal
- ICU
- Perinatal and Gynaecology (now known as Maternity and Neonatal)

2. GUIDING PRINCIPLES
Networks will base their recommendations and advice on high quality evidence.

Networks will be accountable for the advice and recommendations they provide.

Membership is multidisciplinary and network members represent both their field of expertise and their District perspective and have a responsibility to consult with colleagues and ensure their knowledge about District perspective remains current.

Members will obtain written approval to participate in network activity from the relevant Chief Executive Officer or delegate.

Members are expected to provide feedback from meetings to their colleagues and their District Manager. Members are also expected to bring issues from their colleagues and Districts to the Network.

The work of Southern Queensland Networks will be underpinned by principles of equity, access, effectiveness, appropriateness, efficiency, responsiveness, safety, continuity, capability and sustainability. The work of Networks should not be constrained by existing models of care.

3. PURPOSE
The purpose of the Southern Queensland Maternity and Neonatal Clinical Network is to enable the knowledge and experience of clinicians, to be used to improve the quality of care for patients and the efficiency of planning of Southern Queensland’s health service. The network has the capacity to support CEOs in meeting their key performance indicators and to inform decision making by providing expert advice regarding the development and maintenance of health care services in the following Health Service Districts:
- Gold Coast Health Service District
- Metro South Health Service District
• South West Health Service District
• Darling Downs & West Moreton Health Service District
• Children’s Health Service District
and, where relevant, Mater Health Services.

The Maternity and Neonatal network will achieve this through the development of an action plan that incorporates and prioritises the objectives below. The network will work with and be supported by a range of Health Service District and Corporate units to achieve its prioritised objectives.

4. OBJECTIVE
The objective of the Southern Queensland Maternity and Neonatal Clinical Network is to address opportunities for improvement in patient outcomes through
• Improving the coordination and provision of maternity and neonatal services in Southern Queensland
• Provision of expert clinical advice to CEOs and QH Corporate Units in relation to issues such as service planning and evaluation, workforce planning, referral management, resource utilisation, patient flows, clinical protocols and guidelines, training and development, and population health.
• Supporting improved access to services and clinical outcomes
• Providing advice to and disseminating information from the Statewide Maternity and Neonatal Clinical Network
• Providing advice to and disseminating information from Maternity Child Health and Safety Branch.

5. SCOPE
The scope of the Southern Queensland Maternity and Neonatal Clinical Network includes:

5.1. Clinical Practice
5.1.1. identification of agreed significant clinical indicators
5.1.2. benchmarking against state wide, national and international standards.
5.1.3. clinical audits in collaboration with clinicians and services
5.1.4. reviewing evidence and developing strategies to support implementation of clinical standards and best practice

5.2. Workforce Planning
5.2.1. workforce mapping and analysis
5.2.2. development of recruitment strategies for specialist staff across maternity and neonatal disciplines
5.2.3. identification of baseline skills and competencies
5.2.4. developing and implementing strategies for staff training, professional development and retention
5.2.5. promoting research
5.3. **Workload Management**
   - 5.3.1. facilitate the review of work practices and processes
   - 5.3.2. facilitate the development and evaluation of integrated care models
   - 5.3.3. monitor and review patient flows

5.4. **Service Planning & Infrastructure**
   - 5.4.1. collaborate and communicate with relevant stakeholders to facilitate information sharing
   - 5.4.2. participate in service planning
   - 5.4.3. participate in the development and implementation of strategic plans and tools such as the Clinical Services Capability Framework
   - 5.4.4. participate and advise on the allocation and utilisation of resources

6. **REPORTING RESPONSIBILITIES & PERFORMANCE MANAGEMENT**
   The Network reports through the CEO Metro South and is accountable to the CEO Metro South, CEO Darling Downs & West Moreton, CEO Gold Coast, CEO South West, and where relevant CEO Children’s Health Services and CEO Mater Health Services.

   The Southern Queensland Maternity and Neonatal Clinical Network will establish an annual Action Plan which includes Key Performance Indicators enabling appropriate evaluation and reporting. The Plan will be endorsed by all relevant CEOs before implementation. Inability to meet the agreed outcomes of the Plan will be reported to all relevant CEOs as soon as practical.

   Prior to decision making, network members are responsible to review and analyse issues providing evidence based advice/recommendations.

   Performance will be evaluated against the Service Action Plan annually.

7. **CHAIRPERSON**
   The Clinical Chair provides clinical leadership, convenes, and chairs meetings and actively engages all network participants. The Chair, supported by the Network Coordinator, provides an annual report on network activity to all CEOs and signatories of the endorsed action plan.

8. **SELECTION OF CHAIR**
   Expressions of Interest for the position of Chair are called every two years. The Chair can be nominated by network members, CEOs and or other interested stakeholders and must be supported in writing by the CEO of their employing Health Service District. Persons holding the position of Chair of the counterpart Statewide Clinical Network are excluded from selection of Chair unless, the Statewide position is relinquished.

   The Chair is selected by either a panel, which may comprise a CEO, Executive Sponsor and a network member not nominated for the position, or by ballot at the next ordinary meeting. The selection must be endorsed collectively by the all Southern Queensland CEOs. The appointment as Chair is for a period of two years.
The election of a Co-Chair / Deputy Chair and or Executive Steering Group is highly recommended.

The elected Chair is automatically a member of the Statewide counterpart Clinical Network where one exists.

9. EXECUTIVE SPONSOR

The Network is guided and supported by a District Executive, preferably from a District other than that of the Chair. The Executive Sponsor may be nominated by the clinical network or relevant CEOs and is endorsed by all Southern Queensland CEOs

10. MEMBERSHIP

Representation on the Southern Queensland Maternity and Neonatal Clinical Network is multidisciplinary and includes:

- Clinical Chair
- Executive Sponsor
- Consumer representative
- Clinicians from hospital and community based services. Representation will be based on relevance of the Clinical Network to the Health Service District in collaboration and approval by the employing CEO
- Representation may also be drawn from Mater Health Services, GPs, NGOs, Peak Bodies and Professional Associations
- Ad hoc membership as required.

The Network may determine to include representation from Corporate Business Units, other Clinical Networks and Health Service District Management

Membership of the network is for a term of two years and is at the discretion of the employing line manager and employing CEO. All members are eligible for further terms as agreed by member’s line manager and employing CEO.

11. NETWORK COORDINATOR

Secretariat support for the Southern Queensland Maternity and Neonatal Clinical Network will be provided by the Southern Queensland Clinical Network Team (hosted by Metro South Health Service District).

12. MEETINGS

Second monthly or as decided by the members of the Clinical Network. An annual planning meeting of 4 – 6 hours is highly desirable.

13. AGENDA ITEMS

- Attendance
- Apologies
- Confirmation of the Minutes
- Business Arising
- Standing Agenda items
- New Business
• Other Business
• Correspondence
• Next Meeting
• Meeting Closure

14. QUORUM
50% of membership.
Apologies to be made to Secretariat at least 24 hours prior to meeting.
Proxy membership needs to be negotiated with the Clinical Chair at least 24 hours prior
to any meeting.

15. RESPONSIBILITY FOR AGENDA AND MINUTES
Agendas will be prepared by the Secretariat, provided by the Network Coordinator, 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.

Meeting minutes including action lists will be forwarded to committee members at least
one week prior to the next meeting. Minutes will also be circulated to CEOs and or their
delegates as requested. Individual members have the responsibility of circulating
agendas and minutes to their line managers and executive teams as appropriate.

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

16. NETWORK ACTIVITY & DATA SOURCES
Subject to legislative provisions and Queensland Health policy, the networks may
access data sourced from existing data collections or other approved sources to inform
decision making.

The capacity of the Network to undertake activity outside the endorsed Action Plan and
requests from stakeholders will be negotiated with the Chair in a timely manner.

17. REVIEW PERIOD
12 months

18. EVALUATION
Evaluation processes will be in accordance with the Queensland Health Executive
Committee Standards. Specific activities would include:

• Annual self-assessment of the Committee in achieving designated outcomes as
  identified in SQ Maternity and Neonatal Network Plan
• Members (or their proxy) must attend at least 75% of meetings
• Evaluation of committee administrative process timeframes and secretariat responsibilities

19. NEXT REVIEW DATE

August 2011