

Southern Queensland Renal Clinical Network

Terms of Reference

April 2011



1. Introduction

The Southern Queensland Renal Clinical Network (SQRCN) is established in accordance with the Queensland Health Clinical Networks Policy (v2.0).

2. Guiding principles

The work of SQRCN is underpinned by principles of equity, access, effectiveness, appropriateness, efficiency, responsiveness, safety, continuity, capability and sustainability.

3. Purpose

The purpose of SQRCN is to enable the knowledge and experience of clinicians to be used to improve the quality of care for patients across Southern Queensland's health service districts

4. Objectives

- The objective of the Clinical Network is to address opportunities for improvement in patient outcomes by
- providing expert advice to Southern District DCEOs and other stakeholders on issue of
 - best practice including evidence –based and safe care standards
 - workforce planning and standards
 - intersectoral clinical service partnerships
 - distribution of infrastructure and resources to achieve equitable and accessible care across the Southern Districts
- assisting in the development of strategic service plans for the Southern District
- guiding service development with emphasis on the provision of collaborative services that ensure continuity of care across acute and community environments
- implementing and evaluating statewide initiatives

5. Scope

The scope of the network may include:

5.1. Clinical Practice

- 5.1.1. reviewing evidence and developing strategies to support implementation of clinical standards and best practice determined by the Statewide Network
- 5.1.2. identification of agreed significant clinical indicators using local clinical teams across the Southern Districts
- 5.1.3. benchmarking against state wide, national and international standards
- 5.1.4. developing strategies to standardise practice
- 5.1.5. developing strategies and mechanisms to share clinical practice information and reduce duplication of effort
- 5.1.6. peer review and clinical audit in collaboration with clinicians and services

5.2. Workforce Planning

- 5.2.1. workforce mapping and needs analysis across Southern Districts
- 5.2.2. development of recruitment and other workforce strategies to build capacity and critical mass of Renal clinicians across the Southern Districts
- 5.2.3. identifying baseline skills and competencies
- 5.2.4. developing and implementing strategies for staff training, professional development and retention to provide a multidisciplinary workforce consistent with peak body standards

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 review and development and evaluation of integrated care models that integrate primary, secondary and tertiary service providers

5.3.3. facilitate the review and evaluation of interservice referrals

5.3.4. monitor and review patient flows

5.4. Service Planning & Infrastructure

5.4.1. participate in and advise on the allocation and utilisation of resources relevant to the Southern Districts through membership of the Statewide ICU Clinical Network and other avenues as identified

5.4.2. establish links with other related projects, Clinical Service Networks, and business units to improve clinical outcomes and prevent duplication

5.4.3. support for the clinical network to progress agreed initiatives

5.4.4. participate in service planning focusing on regional needs

5.4.5. participate in the development and implementation of strategic plans and tools such as the Clinical Services Capability Framework

5.5. Research

5.5.1 Promote research and training within Southern Queensland Renal Units.

6. Reporting responsibilities, Decision Making & Performance management

The Network reports through the CEO Metro South and is accountable to the DCEO Metro South, DCEO Darling Downs, DCEO West Moreton, DCEO Gold Coast, and CEO Mater Health Services.

The Network will endeavour to make consensus based recommendations. Where it is not possible to arrive at a consensus, both majority opinion and differing views will be presented back to respective Health Service District CEO's for local consideration.

SQRCN will establish an annual action plan which includes key performance indicators enabling appropriate evaluation and reporting. Performance is evaluated against the 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.

7.1. Selection of Chair

Expressions of Interest for the position of Chair are called every two years. The Chair can be nominated by network members, DCEOs and or other interested stakeholders.

The Chair is selected a panel chaired by the DCEO Metro Health Service or delegate. The appointment as Chair is for a period of two years. The Health Service

Districts which the Clinical Chair represents has the option of nominating a new representative, as the overarching role of the Clinical Chair ceases to represent a district while the office is held.

The Clinical Chair represents the *local* area network on the State-wide Renal Network.

The election of a Co-Chair / Deputy Chair and or Executive Steering Group is highly recommended.

8. Executive Sponsor

The Network is guided and supported by a District Executive, preferably from a District other than that of the Chair.

9. Membership

Representation is multidisciplinary and recommended to include:

- Clinical Chair
- Executive Sponsor
- Consumer representative
- Clinicians from:
 - Gold Coast Health Service District
 - Metro South Health Service District
 - Darling Downs Health Service District
 - West Moreton Health Service District
 - Mater Health Services
 - Ad hoc membership as required.

Representation on the local Clinical Network will be multidisciplinary (medical/nursing/allied health) with one (1) representative from each tertiary and secondary referral hospital and one from each dialysis unit. Additionally, each representative may nominate one proxy. Representatives from both hospital and community based services are nominated by respective Health Service District Executive.

For decision making that requires settlement by vote, representation will be aligned to Queensland Health District Health Structure. The maximum number of representatives that can be nominated from each district (excluding the clinical chair) is as follows;

- Metro South Health Service District– 2
- Gold Coast Health Service District– 2
- Darling Downs & South West Health Service Districts- 2.
- West Moreton Health Service District– 1
- Children’s Health Service District – 1

Notes:

- The term of office for each representative is 2 years. Any variation to this term should be notified in writing, to the Chair.
- Health Service Districts are responsible for nominating their voting representatives.
- Representatives should be nominated by August every alternate year and may be renominated at the end of their term. Relevant representatives may be coopted on to the network by the Clinical Chair on a temporary basis. The name of the representative being coopted and the reason for coopting must be circulated along with the agenda.

- The network membership may seek to recruit non-QH representatives such as members of Non Government Organisations, community and consumer representatives to the committee. Duration of terms and type of representation to be negotiated as required in each case.

All members are eligible for further terms as agreed by member's line manager and employing CEO.

10. NETWORK COORDINATOR

Secretariat support for the Network will be provided by the Southern Queensland Clinical Network Team.

11. AGENDA

The Agenda will be prepared by the Network Coordinator in collaboration with the Chair. Agenda items should be forwarded to the Network Coordinator five (5) days prior to the meeting.

Agendas will be circulated to members at least three (3) days prior to the meeting.

Agenda to include:

- 1) Attendance
- 2) Apologies
- 3) Confirmation of the Minutes
- 4) Business Arising
- 5) New Business
- 6) Other Business
- 7) Correspondence
- 8) Next Meeting
- 9) Meeting Closure.

12. QUORUM AND ATTENDANCE

No quorum exists for this meeting. It is at the discretion of the Chairperson to establish whether there is and has been sufficient consultation for appropriate decision making.

Apologies should be made to the Network Coordinator at least 24 hours prior to meeting and an appropriate proxy nominated.

Members are requested to reconsider their membership where persistent pressures prevent active participation.

13. MEETINGS & MINUTES

Regular meetings will be monthly or as decided by the membership.

An annual planning meeting of approximately 4 hours is highly desirable.

Minutes of meetings will be recorded by the Network Coordinator and verified as correct at the next 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 for communicating Network business and outcomes with their line managers and executive teams as appropriate.

14. REVIEW PERIOD

12 months

15. NEXT REVIEW DATE

April 2012

16. RELATED DOCUMENTS

Clinical Networks Policy (v2.0) effective 10 December 2007

Clinical Networks Implementation Standard (v1.0) effective December 2007

APPENDIX 1

Guidelines for Clinical Network Executive Sponsor

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 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 Networks have the capacity to assist CEOs to inform decision making by providing expert advice regarding the development and maintenance of health care services in the following Districts.

- Gold Coast Health Service District
- Metro South Health Service District
- Darling Downs & West Moreton Health Service District
- South West Health Service District
- Children's Health Service District

and, where relevant, Mater Health Services

2. OBJECTIVE

The objective of the Executive Sponsor is to ensure the ongoing strategic support for the clinical network and related decision making and network activity.

3. PURPOSE

The purpose of the Executive Sponsor is to provide a link between the clinical network and Health Service Districts' Executive Management Teams.

4. RESPONSIBILITIES OF THE EXECUTIVE SPONSOR

Each clinical network in the southern Queensland cluster will have an Executive Sponsor who is a member of the Executive Team of one of the participating Health Service Districts. It is highly desirable that the Executive Sponsor is not employed by the same District as the Chair of the Network. The term of appointment is for two years and negotiable thereafter.

The Executive Sponsor is responsible to:

- provide open and objective communication between the clinical network and executive management of the participating Health Service Districts.
- provide guidance about executive and strategic decision making
- advocate for, support and where necessary, facilitate the network to achieve its agreed goals
- represent the network at executive management level
- provide advice on the operational and resource implications of network activity
- provide advice and input into action planning and any recommendations of the clinical network.

Attendance at all network meetings is highly desirable.

5. AUTHORISATION OF CLINICAL NETWORKS

The clinical networks are authorised pursuant to the Queensland Health Clinical Network Policy (V2.0) and all activity is endorsed by the CEOs of all participating Health Service Districts.

This document applies to the following (former Southern Area Health Service) clinical networks:

- Cardiac
- Renal
- ICU
- Child Protection
- Maternity and Neonatal

APPENDIX 2

Clinical Chair –Role and Responsibilities

1. **Employment** The Chair of the Renal Clinical Network will be an appointment for 2 years.
2. **Award/Agreement:** Remuneration is equivalent to existing ordinary pay rate per hour, excluding allowances, on costs and overtime, for up to 4 hours per week, to a maximum of \$30,000 per annum
3. **Reports to:** The Chair reports to the CEO Metro South Health Service District and collaboratively to the CEOs Gold Coast, Darling Downs & West Moreton, South West Health Service Districts, and CEO Mater Health Services.
4. **Date of Review:** November 2011
5. **Delegation Authorisation:**
..... / .. / ..
Dr David Theile, CEO Metro South HSD
6. **Purpose of the Position:**

To provide expert leadership and direction with a patient focused approach relating to the functions of the Renal Southern Queensland Clinical Network. The position contributes to planning and clinical service improvement within the region, and provides expert advice and recommendations to the HSD CEOs, and other stakeholders as appropriated or as requested.
7. **Duties and Responsibilities:**
 - In accordance with the Queensland Health Clinical Networks Policy v2.0 and Implementation Standard v1.0, the Chair provides clinical leadership to, convene, chair and manage the Southern Queensland Renal Clinical Network, and engage network participants, including clinicians and consumers.
 - Provide ethical decision making in the achievement of organisational goals.
 - Develop and maintain effective and efficient communication strategies.

- Identify contentious and urgent issues and priorities which may require the attention of the HSD CEOs, Statewide Network and other relevant stakeholders.
- Collaborate and negotiate with key stakeholders including the Executive Sponsor.
- Facilitate the implementation of clinical service improvements and other network initiatives.
- Advocate and provide high level specialist and consensus advice in relation to planning and priority setting, workforce issues, professional development, service improvement, service delivery, access, models of care, clinical indicators, benchmarking, funding, clinical research activities, new clinical interventions and technologies and resource allocation.
- Promote a cross-district approach and support compliance with clinical practice standards.
- Advise on and support the development and implementation of working parties (sub-groups) to action service improvement activities and other initiatives endorsed by the network.
- Lead and participate in the development of work plans, reporting and outcome driven activity. Negotiate with relevant stakeholders, including the Statewide networks, and determine the capacity of the network to achieve goals and to participate in additional activity.
- Support and promote the work of the network members.

8. Selection Process:

- Expression of Interest (EOI) called each 2 years or upon resignation of presiding Chair.
- A Selection Panel comprising CEO Metro South Health Service District, Network Executive Sponsor, and a member of the Network not standing for the position.
- The successful applicant must have the support of the employing CEO.