
Paediatric Clinical Network

Governance committee | nursing representative

Expression of Interest

ORGANISATION CONTEXT

Safer Care Victoria (SCV) is the state's healthcare quality and safety improvement agency. SCV works with consumers, families and carers, clinicians and health services to monitor and improve the quality and safety of care delivered across our health system.

SCV puts patient safety front and centre, supporting health services to provide the safest and best possible care to patients every time.

CLINICAL NETWORKS

Clinical networks are part of the Clinicians as Partners branch and work collaboratively across SCV drawing on expertise in leadership development, innovation, systems improvement, and consumer experience to achieve their improvement objectives.

Clinical networks are tasked with reducing clinical practice variation by promoting the development and implementation of evidence-based guidelines and clinical protocols.

PAEDIATRIC CLINICAL NETWORK

The Paediatric Clinical Network supports an integrated statewide approach for health services to deliver efficient, effective and equitable healthcare for children in Victoria.

The network has formal governance structures, a clinical lead and a range of project-specific working groups and subcommittees. Collaboration with these groups provides a direct link to clinicians working with children, young people and their families. The network engages with the healthcare sector to support best practice and address issues that might impact the delivery of high quality services.

GOVERNANCE COMMITTEE

The purpose of the clinical network governance committee is to represent the network consumer and clinician member interests while providing a mechanism for making decisions and information exchange with SCV.

The Governance committee, in collaboration with the Insight subcommittee and other working groups, provides guidance, direction and oversight to support the network to achieve its goals and objectives (Refer to the Terms of reference for more information).

WHO ARE WE LOOKING FOR?

A senior paediatric nurse (nurse practitioner, nurse unit manager, associate nurse unit manager or paediatric educator from a health service who is:

- dynamic and collaborative with an interest and skills in improving quality and safety of care across paediatric services in Victoria
- a strategic thinker with an interest and skills in improvement to drive safety and quality
- experienced in applying improvement science to develop and deliver evidence informed best practice
- experienced in developing and applying best practice evaluation methodology for quality improvement.

WHAT'S INVOLVED?

As a regular invitee Paediatric Clinical Network Governance committee, you will support the network in providing clinical leadership, expertise and advice regarding the healthcare of children across Victoria.

Central to the Network Governance committee nursing representative role is ensuring the clinician voice is heard by SCV. SCV will use that voice to

develop ideas directly with clinicians and, ultimately, for consumers.

APPLICATION AND APPOINTMENT PROCESS

The Paediatric Clinical Network Governance committee nursing representative will be elected to attend as a regular invitee by expression of interest (EOI).

EOIs will be reviewed by the Network clinical lead in consultation with a selection committee from within SCV. Each application will be reviewed against the below selection criteria.

SELECTION CRITERIA

1. Relevant nursing expertise across the care continuum
2. Expertise in research, epidemiology, biostatistics, population health or other relevant areas is desirable
3. Available to participate in the activities of the governance committee, including face-to-face meetings and electronic communication
4. Relevant knowledge and skills in identifying, implementing and monitoring best practice approaches
5. Relevant knowledge and skills in identifying and acting upon clinical practice variation, low value care and volume-outcome relationships
6. Relevant knowledge and skills in developing clear and measureable safety and quality improvement goals and clinical quality measures

7. submission of supporting documentation including:

- (i) current resume
- (ii) completed conflict of interest declaration form
- (iii) completed confidentiality declaration form

HOW TO APPLY

Step 1: Review all included information as part this expression of interest document.

Step 2: Submit your supporting documents (outlined above) via email to: paediatric.clinicalnetwork@safercare.vic.gov.au with 'EOI – Governance committee nursing representative' as the subject.

Applications close: **Tuesday 28 August 2018.**

Successful applicants will be notified by Friday 7 September 2018.

MORE INFORMATION

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Paediatric Clinical Network

Governance committee | Terms of reference

1 December 2017

ORGANISATIONAL CONTEXT

Safer Care Victoria (SCV) is the state's healthcare quality and safety improvement agency. SCV works with consumers, families and carers, clinicians and health services to monitor and improve the quality and safety of care delivered across our health system.

Created in response to the recommendations from the report *Targeting Zero: the review of hospital safety and quality assurance in Victoria*, SCV works to eliminate avoidable harm and strengthen quality of care.

Staffed and led by clinicians and researchers, SCV puts patient safety front and centre, supporting health services to provide the safest and best possible care to patients every time.

CLINICAL NETWORKS

Clinical networks are the primary mechanism for SCV to harness clinical leadership and engage clinicians to inform, drive and promote quality improvement, innovation, research and address variation in clinical practice. Meaningful engagement with clinicians, healthcare managers, consumers and the wider health sector will ensure Victoria enjoys sustained improvement in the safety and quality of care and that Victorian consumers have better healthcare experiences.

SCV defines clinical networks as groups of health professionals, health organisations and consumers who work collaboratively and in a coordinated way to achieve a shared goal of high quality healthcare.

Clinical networks are part of the Clinicians as Partners branch and work collaboratively across SCV drawing on expertise in leadership development, innovation, systems improvement, and consumer experience to achieve their improvement objectives.

Clinical network governance structures include a governance committee, a clinical lead, the INSIGHT subcommittee and any time-limited working groups or sub-committees established to deliver on network priorities.

GOVERNANCE COMMITTEE PURPOSE

The purpose of the clinical network governance committee is to represent the network consumer and clinician member interests while providing a mechanism for decision making and information exchange with SCV.

Core operating principles of the governance committee

The governance committee will:

- act in the best interests of consumers and the wider Victorian community
- ensure consumers participate in a meaningful way (with an emphasis on co-design) in all activities of the clinical network, including decision making
- work with Safer Care Victoria and the broader network membership in a bottom up approach to agree on strategic objectives and network priorities focused on improving patient outcomes

- actively seek opportunities to enhance clinician and consumer engagement, focusing on promoting participation and effective communication
- collaborate with other networks and organisations on relevant improvement initiatives
- provide advice to Safer Care Victoria and the department more broadly on relevant clinical issues, including at short notice, if needed – in formulating its advice the governance committee should seek expert input from the clinical network’s wider membership as appropriate
- monitor delivery against the annual work plan and regularly review progress in achieving the three-year strategic goals
- be accountable to the Director of Clinicians as Partners branch for delivery against the network’s work plan to achieve its strategic improvement goals.

Role and responsibilities

The governance committee will provide guidance, direction and oversight to support the clinical network to:

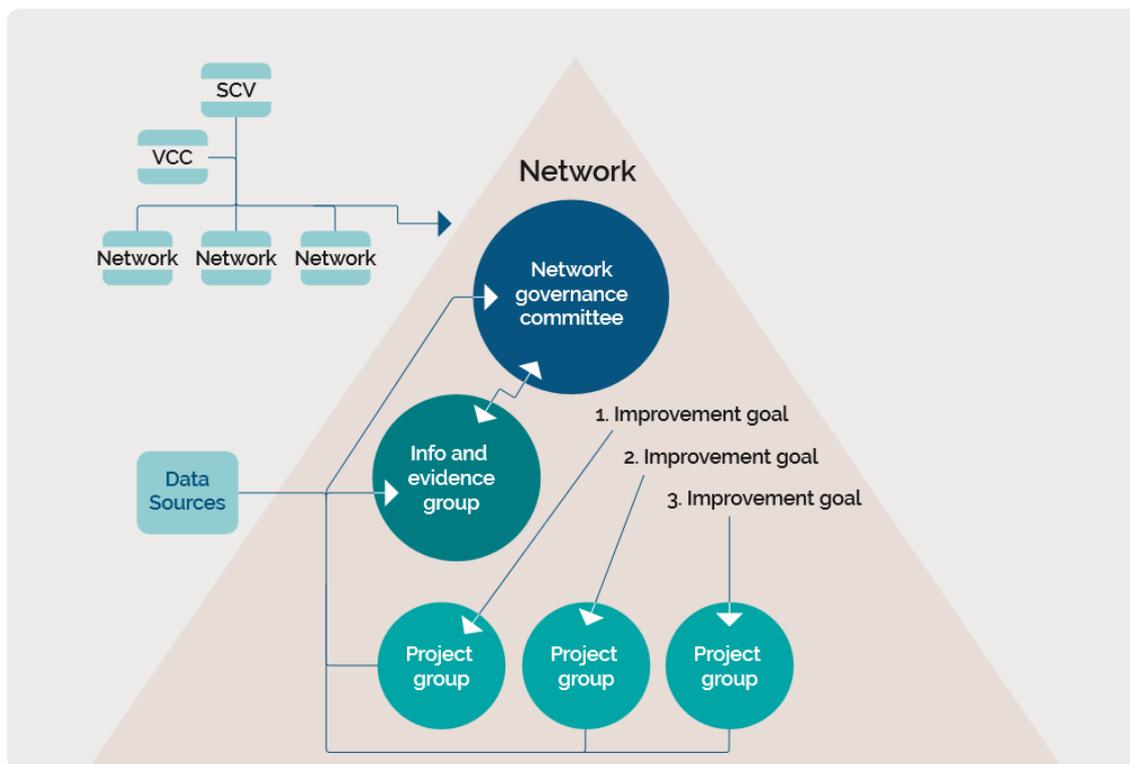
- identify best practice and share and support implementation and replication of best practice approaches across the health system
- identify mechanisms to decrease unwarranted clinical practice variation including promoting the development and implementation of evidence-based guidelines and clinical protocols.
- develop clear and measureable statewide safety and quality improvement goals that align with the strategic goals of Safer Care Victoria
- provide advice on the collection of clinical quality measures, with the support of the Insight subcommittee, to the Victorian Agency for Health information
- identify suitable targets for concentrated speciality-wide improvement and benchmarking work
- provide advice to the department on the development of clinical service capability frameworks including the implementation and monitoring approach
- identify treatments or procedures for which there is evidence of a material volume-outcome relationship, and provide advice to the department on safety thresholds for relevant conditions
- provide advice to Safer Care Victoria and the department on clinical quality and the safety implications of policy, planning and funding decisions.

SUBCOMMITTEES AND WORKING GROUPS

Each clinical network has its own dedicated Insight subcommittee. The subcommittee will act as an expert advisory group to the Network’s Governance committee. A member of the clinical network governance committee will chair the Insight subcommittee.

Under the guidance of the governance committee, other time limited subcommittees and/or working groups may be established to undertake work and report back on agreed key areas. For example project working groups may be established to deliver against specific improvement goals (Figure 1).

A member of the governance committee will chair and report back to the governance committee on the activities of these time-limited subcommittees/working groups. The governance committee will also consider, and as agreed act on recommendations, arising from these subcommittees/working groups.



SCV = Safer Care Victoria; VCC = Victorian Clinical Council

Figure 1: The clinical network governance arrangement.

MEMBERSHIP

Members

The governance committee will comprise of clinicians and consumers who will bring their perspective of frontline service delivery. Governance committee members are non-representative; that is they do not represent an entity, organisation or any vested interests. Each governance group will have, as a guide, no fewer than six and no greater than 10 members. If fewer or greater number of people are required to govern the work of the network this must be negotiated with Safer Care Victoria through the Director of the Clinicians as Partners branch.

The clinical lead will be an *ex officio** member of the governance group.

Having consumer members on the governance committee is mandatory. A minimum of two consumer members is recommended. There may be a preference for making a distinction between consumer representation and carer representation, if this is considered appropriate.

The clinical network manager will attend all meetings and will contribute to discussions in an impartial manner, although is not a formal member of the group. The clinical network manager will bring to the attention of the group any issues or information so as to inform group deliberations. Clinical network manager attendance may be delegated to another staff member of SCV if required.

**Ex officio* means that they are a full member of the committee, with all member rights and privileges, appointed on the basis of their position as clinical lead.

The Director Clinicians as Partners branch will have a standing invitation to attend all meetings as an impartial participant.

Additional guests may be invited to take part in meetings as appropriate. Guest participants will not have authority to vote and will be required to sign confidentiality statements prior to the meeting.

Appointments

Governance committee members will be appointed via an expression of interest process, with appointments based on merit and ensuring that the final committee has the right mix of knowledge, experience and expertise. The selection criteria will be published with the expression of interest documentation.

Governance committee members who will be attending meetings or participating in other network activities during their usual working hours at a healthcare organisation will need to provide evidence of support from their employing organisation as part of the appointment process.

Expectation of members

Members of the governance committee are expected to:

- commit to a three year term
- attend a minimum of 75 per cent of meetings and forums scheduled by the governance committee chair
- participate in the work of the clinical network subcommittees and working groups as needed
- declare any conflicts of interest
- adhere to the member confidentiality provisions
- advocate for and promote the clinical network and its activities
- adhere to the core operating principles for the governance committee
- notify the secretariat if they are unable to attend a scheduled meeting.

Accountability

The governance committee reports through the chair to the Director Clinicians as Partners branch who is accountable to the chief executive of Safer Care Victoria.

Proxies

Absent members cannot be represented by proxy.

Co-option of members

If the governance committee agrees that specific expertise and/or organisational representation is needed to progress work against specific priorities, the governance committee may co-opt members for a set period of time for that work. The role of the co-opted member is to contribute constructively to discussions and deliberations in the same way as other members. Co-opted members, however, do not have voting rights.

Tenure

Governance committee members will have a three-year term. The clinical lead, as an ex officio member, will have tenure for the period they hold the position of clinical lead.

Mid-term vacancies

Mid-term vacancies will be filled via an expression of interest process.

MEETINGS

Meeting frequency

Meetings are to be held regularly throughout the year and will be a minimum of 1 ½ hours in duration or as otherwise determined by the chair.

Decision making

Decision making in the governance committee will be on a consensus basis. In the event there is no consensus, a simple majority will suffice.

Chair

The governance committee should elect a chair from its membership. The chair may, but need not be, the clinical lead. The chair will:

- set the agenda for the meeting
- lead the meeting
- maintain order at the meeting
- ensure the conventions of the meeting are being followed
- ensure fairness and equality at the meeting
- keep the meeting to time
- approve the formal minutes of the meeting
- represent the governance committee (this responsibility may be delegated).

Secretariat

The Clinicians as Partners branch will provide the secretariat function for the governance committee. This function will be overseen by the clinical network manager. The role of the secretariat is to:

- support the day-to-day running of the committee by developing the agenda, preparing and distributing background papers, and recording and preparing minutes of committee meetings
- update, manage or log any potential conflicts of interest
- ensure group decisions and/or recommendations are accurately documented for endorsement by Director, Clinicians as Partners and/or others within Safer Care Victoria with appropriate delegation.

Out-of-session resolutions

When an issue arises that, in the opinion of the chair, requires resolution before the next scheduled meeting, the chair may seek an out-of-session resolution. An out-of-session resolution shall be achieved and may be acted upon if:

- written information about the issue, together with a proposed resolution, is distributed to all members of the committee
- sufficient members of the group to constitute a quorum respond and a consensus or simple majority agree with the proposed resolution, or an amended form of the resolution, within a timeframe agreed upon by the chair.

Attendance

Governance committee members must attend no less than 75 per cent of meetings per year. At least half of the meetings must be attended in person.

To support participation of people living in regional or rural locations, teleconference or videoconference should be made available if requested by prior arrangement.

Quorum

Half plus one members meeting together and/or via tele/videoconferencing will constitute a quorum.

In the event a quorum is not achieved, the meeting may proceed with voting held over until such time as a quorum is achieved.

Confidentiality

All members will be required to sign a confidentiality agreement on commencement of their term of appointment.

Members will not reveal any confidential or proprietary information entrusted in the course of their duties.

Upon cessation of membership, and thereafter, the member shall not reveal any confidential or proprietary information that they obtained while a member of the committee, and may not use or retain, or attempt to use or retain, any such information, documents or data.

Guests will be required to sign a confidentiality agreement prior to meeting attendance.

The chair will provide direction to members on outcomes or recommendations that may be disclosed publicly.

Conflict of interest

A conflict of interest will arise if a person's personal interest (actual or perceived) conflict with their duties as a committee member such that the person may not be independent, objective and impartial in relation to their duties. All declarations of conflict of interest will be declared as part of the membership documentation, and where appropriate for additional circumstances in any given meeting.

Where a potential conflict of interest has been declared the member will remove themselves from voting on matters concerning the declared conflict and be guided by the chairperson on how to best to proceed and advise the meeting accordingly. A formal declaration will be completed and signed along with documented action taken by the chairperson.

Remuneration

Consumer members and private practitioners such as general practitioners will be eligible for remuneration for attendance to meetings and subcommittee meetings. Other members of the committee may apply for remuneration on a case by case basis.

All members, whether remunerated or unremunerated, are eligible to be reimbursed for reasonable out-of-pocket expenses such as travelling, accommodation, meals and other incidental expenses associated with attendance at meetings, overnight absence from home or absence from the normal work location in the course of field duties.

Committee members should contact the manager of the clinical network for further information on remuneration and the processes for claiming expenses.

REVIEW

The governance committee will review its progress against its stated role and functions and work plans every 12 months and the Terms of reference will be updated accordingly.

Changes to the Terms of reference will be subject to approval by the Director, Clinicians as Partners branch.

Potential conflict of interest and confidentiality

All members of the Paediatric Clinical Network Governance committee are requested to complete this declaration prior to commencing Network governance duties as described in the Terms of reference.

CONFLICT OF INTEREST

Governance committee members must declare any potential personal, professional, or work-related conflict of interest:

- upon commencing involvement with the Governance committee, as applicable
- where a matter giving rise to a potential conflict of interest is to be tabled at a committee meeting, prior to the commencement of that committee meeting
- where a matter giving rise to a potential conflict of interest is raised during a committee meeting, as soon as practicable during the course of the committee meeting.

A conflict of interest may include for example, where there may be possible financial gain for the member or their employing organisation through knowledge, decisions or information obtained as a committee member of Network.

In the event a committee member has declared a potential conflict of interest, the committee member must comply with the identified method of addressing any the conflict of interest (For example, by removing himself/herself from the committee meeting for the duration of any discussion regarding the matter giving rise to the conflict of interest). Any declared conflict of interest will be recorded in the minutes of the committee meeting.

I agree to disclose any potential conflict/s of interest and comply with the identified methods of addressing the conflict/s of interest as described above.

Signed:

Date:

Confidentiality undertaking

I,hereby indicate that I understand and agree to abide by the confidentiality provisions set out in the Public Health and Wellbeing Act 2008 governing the Victorian Paediatric Clinical Network.

I acknowledge that I must not directly or indirectly make a record of, or divulge or communicate to any person any information gained by or conveyed to me by reason of my office, employment or engagement; or make use of the information for any purpose other than in the performance of the functions of Network.

Signed:

Witness:

Date: