Steering Committee - Terms of Reference

1. Purpose of the Queensland Rural and Remote Clinical Network

The Queensland Clinical Networks (QCN) are peak bodies of clinical expertise in Queensland. They serve as an independent point of reference, for clinicians, Hospital and Health Services (HHS) and the Department of Health. QCNs provide clinical leadership, expertise and advice to Queensland Health with the aim of improving consumer outcomes and experience. Networks partner and collaborate with consumers and clinicians across all health care sectors in Queensland to develop and implement evidence-informed practice to achieve high-quality healthcare.

The Queensland Rural and Remote Clinical Network was established to provide leadership and clinical expertise with respect to rural and remote health services.

The network brings together clinicians, consumers and stakeholders from across the primary, community and acute care sectors to:

- Provide leadership and clinical expertise to drive system-wide best practice through the identification, adoption and promotion of evidence-based best practices and clinical policy.
- Share and support the implementation and replication of best practice approaches across the health system.
- Advocate for evidence-based clinical policy in matters related to the provision of rural and remote health services.
- Provide advice to Hospital and Health Services and Queensland Health on clinical quality and the safety implications of policy, planning and funding decisions.

2. Guiding principles of the network

The overarching guiding principles of all Queensland Clinical Networks are to:

- place patients first in all that we do
- provide evidence-informed consensus driven, multidisciplinary clinical expertise and lead change that positively influences clinical care and service delivery
- add value, for patients and HHS, through a continual focus on improving health outcomes
- engage and collaborate with stakeholders, including other clinical networks and healthcare sectors to provide informed and coordinated response/s
- espouse and uphold collegiate principles and standards
- establish strong links between stakeholders across hospital boundaries and healthcare sectors.

3. Responsibilities of the QRRCN Steering Committee

The members of the Steering Committee will:

- identify and drive initiatives to improve the quality, safety, and effectiveness of rural and remote health services in Queensland
- provide leadership through clinical and consumer expertise to drive system-wide best practice through the identification, adoption and promotion of evidence-informed practice and clinical policy
- provide leadership, expertise and advice to clinicians in rural and remote Queensland facilities.

- develop, review, and endorse, relevant evidence-informed care guidelines, pathways and other clinical policy for statewide use
- develop, promote and integrate clinical research activities and teaching opportunities throughout relevant services in Queensland
- participate in the work of the clinical network and working groups as required
- comply with all policies, procedures, guidelines and standards including but not limited to Queensland Health's Code of Conduct.

4. Declaration of Recognition

Building on the progress already made, including through the Queensland Government's Reconciliation Action Plan 2018-2021, the *Human Rights Act 2019* and new National Agreement on Closing the Gap, the Committee solemnly proclaims a standard of achievement to be pursued

in a manner which will be guided by the purposes and principles from the Queensland Government's Statement of Commitment to reframe the relationship with Aboriginal and Torres Strait Islander peoples and the Queensland Government 2019, including:

- recognition of Aboriginal peoples and Torres Strait Islander peoples as the First Nations Peoples of Queensland
- self-determination
- respect for, and recognition of Aboriginal and Torres Strait Islander cultures and knowledge
- locally led decision-making
- shared commitment, shared responsibility and shared accountability
- empowerment and shared decision-making
- free, prior and informed consent
- a strengths-based approach to working with Aboriginal and Torres Strait Islander peoples to support thriving communities.

Affirming that prior to colonisation, the First Nations of this continent were a vast array of independent, yet interconnected, sovereign nations with their own clearly defined: territories, governance, laws (and lores), languages and traditions;

Recognising the sovereign First Nations of this continent were and remain highly sophisticated in their operations, organisations, institutions and practices;

Convinced that unlike the history of much of the rest of the world, the sovereign First Nations of this continent did not invade to colonise, usurp and/or replace domestic or international nations for ownership or exploitation;

Recognising that Aboriginal peoples' and Torres Strait Islander peoples' sovereignty was never ceded;

Acknowledging the continuing spiritual, social, cultural and economic relationship Aboriginal peoples and Torres Strait Islander peoples have with their traditional lands, waters, seas and sky;

Recognising the past acts of dispossession, settlement and discriminatory policies, and the cumulative acts of colonial and state governments since the commencement of colonisation, have left an enduring legacy of economic and social disadvantage that many Aboriginal peoples and Torres Strait Islander peoples and First Nations have experienced and continue to experience;

Convinced that addressing levels of disadvantage and inequity will require a new approach to radically improve and transform the design, delivery and effectiveness of government services by the

Queensland Clinical Networks enabling and supporting Aboriginal peoples and Torres Strait Islanders peoples and First Nations' self-determination, self-management and capabilities;

Asserting that when Aboriginal peoples and Torres Strait Islander peoples and First Nations have a genuine say in the design and delivery of services that affect them, better life outcomes are achieved;

Acknowledging that the United Nations Declaration on the Rights of Indigenous People, and the International Covenant on Economic, Social and Cultural Rights, affirm the fundamental importance of the right to self-determination, by virtue of which Aboriginal peoples and Torres Strait Islander peoples and First Nations freely determine their political status and freely pursue their economic, social and cultural development;

Underpinning the principle of self-determination are the actions of truth telling, empowerment, capability enhancement, agreement making and high expectations relationships; pursuant to the social, cultural, intellectual and economic advancement of Aboriginal peoples and Torres Strait Islander peoples and their development agendas;

Recognising that fundamental structural change in the way governments work with Aboriginal peoples and Torres Strait Islander peoples and First Nations is needed to address inequities.

5. Structure and Composition of the Steering Committee

5.1 Membership

The Steering Committee membership is multidisciplinary and should consider including the following membership attributes where appropriate to the network:

Steering Committee members should include people with the following expertise:

- Chair/Co-Chair/Deputy Chair
- Immediate past Chair
- Rural Aboriginal and Torres Strait Islander Health Worker
- Rural Generalist – Anaesthetics
- Rural Generalist – Obstetrics
- Rural Generalist (non-procedural) with expertise in mental health or Aboriginal and Torres Strait Islander health
- Rural based specialist who works in, or visits rural and remote areas
- Rural midwife
- Rural nurse with experience across broad clinical domains
- Remote nurse
- Two rural allied health professionals
- Two rural General Practitioners (one with admitting rights) (nominated By RDAQ and PHN - see below)
- Rural Community representative/consumer
- Rural paramedic
- Rural academic
- Non-government organisation – Primary Health Network representative
- Rural administrator

5.2 Appointment

Clinical Network Chair/Co-Chairs are appointed for a two-year term with an option to serve two consecutive terms (four years maximum).

The Chair/Co-Chairs/Deputy Chair will:

- Provide leadership to the network in undertaking its roles and achieving its objectives
- Chair network Steering Committee meetings
- Represent the network on relevant committees to inform strategic directions, planning and clinical policy development
- Promote and advocate for the network within the health system
- Actively seek opportunities to enhance clinician and consumer engagement in the activities of the network.

Steering Committee Members are appointed for a period of two years. Members are required to re-submit their interest after each two-year term served (ten years maximum). See Appendix 1 for Steering Committee Member appointment process.

6. Operation of the Steering Committee

6.1 Secretariat/Coordinator

- All records, including the agenda, minutes and any reports or recommendations of the Steering Committee will be prepared and kept by the Healthcare Improvement Unit, Clinical Excellence Queensland (CEQ).
- Members will receive a copy of the meeting agenda and relevant paperwork prior to each meeting.
- Members will receive a record of the meeting following each meeting.

6.2 Frequency of meetings

The Steering Committee will hold bi-monthly (one every two months) meetings or as required. Steering Committee attendance may be either face-to-face, virtual or hybrid approach.

6.3 Observers and guests

- Observers from Queensland Health may attend the Steering Committee with prior approval from the Chair/Co-Chairs.
- Guest contributors may be invited to meetings as required.

6.4 Proxies

- There are no provisions for proxy members on behalf of a member who will be absent from a meeting.

6.5 Quorum for meetings

- A quorum will be fifty percent of the membership, plus one member.
- Observers are not included in the numbers required to form a Quorum.
- In exceptional circumstances if the quorum is not achieved, decisions can be made at the discretion of the Chair/Co-Chairs.

6.6 Apologies

- Steering Committee Members are expected to attend a minimum of 75 per cent of meetings and forums per year.
- 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 Steering

Committee at the discretion of the Chair/Co-Chairs.

7. Reporting

The Steering Committee will develop and submit an annual workplan and report on its progress (as part of a continuous improvement process).

8. Conflicts of Interest

To meet the ethical obligations under the *Public Service Ethics Act 1994*, Steering Committee Members must declare any conflicts of interest and manage those in consultation with the Chair/Co-Chair. This may relate to a position a member holds or to the content of a specific item for deliberation.

9. Confidentiality

All information provided to Members and Observers of this Steering Committee is confidential and Members must act in accordance with below:

- keep the Confidential Information confidential and secure
- not use or copy the Confidential Information for any purpose other than to perform your obligations under the Terms of Reference
- not disclose the Confidential Information of Queensland Health without Queensland Health's prior written consent
- not disclose the Confidential Information of any Member to any third party without that Member's prior written consent and
- not use the Confidential Information of Queensland Health to the disadvantage of Queensland Health or use the Confidential information of a Member to that Member's disadvantage.

The obligations of confidence contemplated by the clause above do not apply to the extent that the Confidential Information is:

(a) required or permitted to be disclosed under applicable law or

(b) required or permitted to be disclosed by the Minister for Health and Ambulance Services.

10. Governance

The Deputy Director-General, CEQ is the sponsor of the Queensland Clinical Networks. The Executive Director, Healthcare Improvement Unit is the senior management link with the Department of Health (refer to Figure 1).

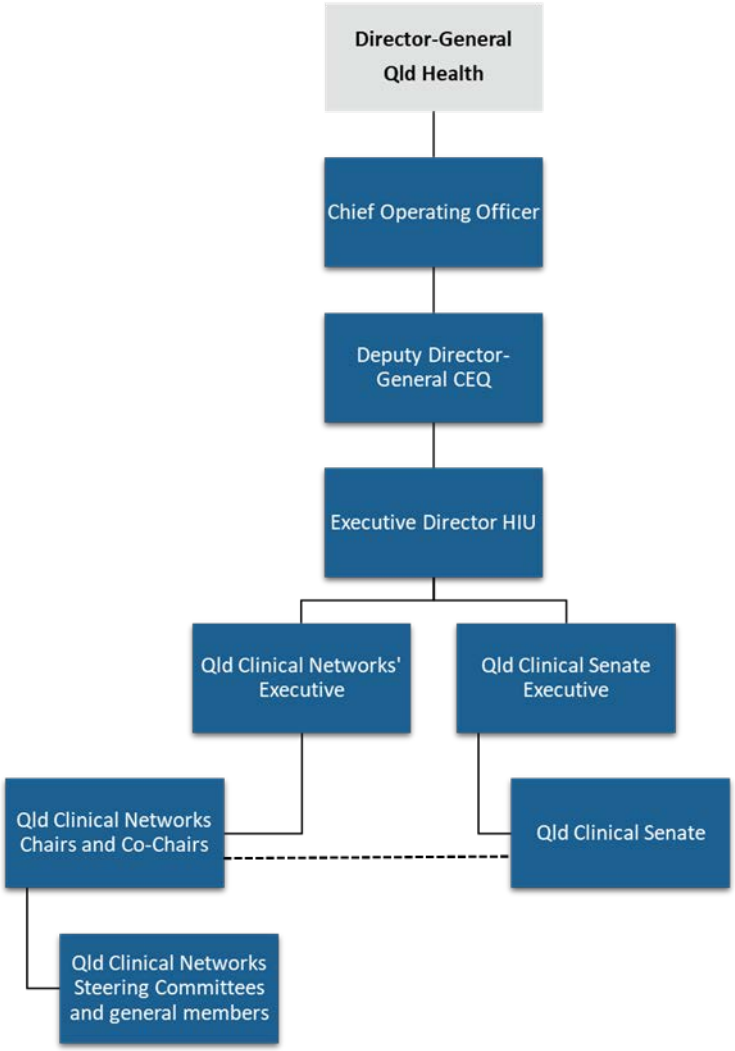

Figure 1. Queensland Clinical Networks' governance structure.

Queensland Clinical Networks governance structure includes a Chair (or Co-Chairs), Steering Committee, time-limited working groups (established to deliver on network priorities), sub-groups and committees and the broader network membership. All working and sub-groups established will report to the Steering Committee.

The Queensland Clinical Networks' Executive (QCNE) provides a visible leadership structure for the networks, enabling effective and efficient engagement with stakeholders from across the health system. The QCNE reports to the Deputy Director-General, Clinical Excellence Queensland.

11. Remuneration

Clinical Excellence Queensland will provide remuneration for administrative or clinical backfill to allow the Co/Chair(s) to fulfil their commitments: two sessions (8 hours) per week for the Chair or one session (four hours) per week each for Co-Chairs through amendment window transfers to the relevant Hospital and Health Service.

Consumers will be remunerated in accordance with Queensland Health guidelines. Consumers will be remunerated for their time in line with Health Consumers Queensland's remuneration position statement.

Members from primary and community care sectors will be recruited and remunerated via the General Practice Liaison Officer Network (HIU) and the Sunshine Coast Primary Health Network (PHN).

Sitting fees are not offered to all other members. Remuneration for additional expenses (e.g. time) will be negotiated between the member and their employer.

12. Review of the Terms of Reference (ToR)

This ToR will be reviewed every two years by the Steering Committee or as otherwise determined by the Chair.

13. Endorsement

Dr Konrad Kangru

Co-Chair

Queensland Rural and Remote Clinical Network

13 October 2022

Dr Emily Moody

Co-Chair

Queensland Rural and Remote Clinical Network

13 October 2022

Appendix 1

Steering Committee Member appointment process

Steering Committee members will be recruited using the following process:

- An Expression of Interest (EOI) will be circulated to the general membership of relevant networks and any other relevant mailing lists, inviting them to nominate as a Steering Committee member.
- All nominations will be reviewed and confirmed by the Chair/Co-Chairs and Coordinator.
- All applicants will be notified of the selection outcome. Successful applicants will receive an appointment letter, Terms of Reference and onboarding materials as required.
- See 5.2 for the term of appointment for the Steering Committee Members.
- If a member stands down from their role in the Steering Committee, a new EOI process will commence to fill the position until the Steering Committee membership is due for review.
- A review of the membership of the committee is scheduled to occur every two years.

Note:

- The consumer EOI process may be facilitated by Health Consumers Queensland.
- General Practice/Primary Care EOI process may be facilitated by the GPLO Network and the Sunshine Coast Primary Health Network (PHN).

Appendix 2 - Definitions

In these Terms of Reference:

- **Confidential Information** means Personal Information and any information provided to you to perform your functions as a Member.
- **Conflict of Interest** means having an interest (whether personal, financial or otherwise) which conflicts or may reasonably be perceived as conflicting with the ability of the Member (or its personnel) to perform its obligations under the Terms of Reference fairly and objectively.
- **Letter of Appointment** means the letter to each Member signed by the Executive Director Health Improvement Unit or Steering Committee Chair/Co-Chair attaching the Terms of Reference.
- **Member** means a member of the Steering Committee specified in the Terms of Reference.
- **Personal Information** means information under the *Information Privacy Act 2009* (Qld).
- **Personnel** means officers, employees, agents or sub-contractors.
- **Queensland Health** means the State of Queensland acting through Queensland Health.
- **Steering Committee Chair/Co-Chair** means the Chair/Co-Chair specified in the Terms of Reference.
- **Terms of Reference** means the document titled as such attached to the Letter of Appointment.