

Terms of Reference

Queensland Child and Youth Clinical Network
Aboriginal and Torres Strait Islander Health Worker –
Maternal, Child and Youth Health
Steering Committee
June 2020



Improvement |



Transparency |



Patient Safety |



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Innovation



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Background

- Qld Child and Youth Clinical Network (QCYCN) conducted two workshops in 2012 – feedback indicated large number of initiatives were taking place across Qld with little coordination and communication. As such, Health Workers reported feeling isolated, limited support and governance, roles being undervalued, lack of ability to influence service development, limited networking and training opportunities.
- Workforce challenges reflected in consultation findings as per Aboriginal and Torres Strait Islander Health Network Project Report (June 2015).
- Establishment of statewide Steering Committee (2017) and 5 cluster networking groups (2018) direct recommendation from Aboriginal and Torres Strait Islander Child & Youth Health Worker Forum, March 2016.
- During 2018/19 conducted review of Aboriginal and Torres Strait Islander Health Worker (Maternal, Child and Youth) role descriptions OO4 – OO7. These have been evaluated and disseminated for statewide use.

Purpose

The current purpose of the Aboriginal and Torres Strait Islander Health Worker – Maternal, Child and Youth Health Steering Committee (the Committee) is to:

- Provide cultural and content expertise, direction, advice and ongoing strategies to the QCYCN in relation to Aboriginal and Torres Strait Islander Health Workers – Maternal, Child and Youth Health workforce challenges.
- Foster collaboration provide ongoing leadership, content expertise and advocacy for the Aboriginal and Torres Strait Islander Health Worker – Maternal, Child and Youth Health Cluster Network Groups.
- Build workforce capacity through education and training to enable better health outcomes for the Aboriginal and Torres Strait Islander community and contribute to improving Closing the Gap.
- Consultative mechanism: Provide strategic, evidence-based advice and recommendations for guidelines and strategies to the QCYCN (and other departments) in relation to these challenges and issues.
- Identify gaps and critical workforce issues that impact on service delivery [note current lack of critical workforce to deliver services to our community].
- Discuss and provide expertise on industry related qualifications [work plan identifying other certificates relevant to industry] gathering information on industry related qualifications relevant to child and youth health.

Functions

The function of the Aboriginal and Torres Strait Islander Health Worker – Maternal, Child and Youth Health Steering Committee is to:

- Maintain, oversee and coordinate the five Aboriginal and Torres Strait Islander Health Worker – Maternal, Child and Youth Health Cluster Network Groups. Ensure representation across all relevant service areas including maternal, child, youth and mental health.
- Identify and advocate for change on emerging critical issues and challenges facing the five Aboriginal and Torres Strait Islander Health Worker – Maternal, Child and Youth Health Cluster Network Groups, focusing on solution generation.
- Lobby and advocate for best practice to be reflective of a strong and skilled workforce:
 - Increased workforce – ensure workforce is built into service models.
 - Existing workforce - training, succession planning, funded traineeships/cadetships/scholarship, mentoring, career pathways
- Contribute to the development of best practice service models (integrating care), share/transfer knowledge of what works, and celebrate achievements.
- Build cultural capacity/capability within the systems on all levels within maternal, child and youth health.
- Build connections and engagement with Unions to progress workforce outcomes as identified
- Review the Terms of Reference annually.
- Ensure strong alignment with Queensland Health’s strategic policies, initiatives and legislation aimed at improving health outcomes for Aboriginal and Torres Strait Islander Queenslanders. These include:
 - Health Legislation Amendment Bill 2019
 - The Aboriginal and Torres Strait Islander Workforce Strategic Framework 2016-2026
 - Making Tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033 - Policy and Accountability Framework
 - Queensland Health and Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 – 2033.
 - Growing Deadly Families: A strategy for maternity care for Aboriginal and Torres Strait Islander Queenslanders.
 - Other relevant documents as they arise.
- Monitor and review the progress of strategies and actions against their goals, and keep these goals and the strategies under review (refer to Work Plan).
- Report on the progress of the Aboriginal and Torres Strait Islander Health Worker – Maternal, Child and Youth Health Steering Committee and cluster networking groups to QCYCN Steering Committee and those responsible at an executive level.
- Ensure a clear communication strategy in place.

Authority

The Committee:

- functions under the authority of the QCYCN
- reports to the QCYCN Chair.

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

Meetings

Frequency

Meetings of the Committee are to be held every two months (5/year) and as required. In addition, 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 within its Terms of Reference.

Delivery Method

Meetings will be held via videoconference with the aim to hold at least one face to face meeting per year.

Quorum

Meeting quorum will be half the membership + 1. If quorum is not met, meetings may still proceed however decisions and endorsements cannot be made and may be perused out of session.

Proxy

If a member is unable to attend a meeting, the member needs to nominate a proxy to attend on their behalf. If a member is to be absent for 3 or more meetings, the Committee will vote to endorse the proxy for this member.

Failure to attend two consecutive meetings without prior notification will require a member to step down from the Committee at the direction of the Chair.

Membership

Membership of the Committee will consist of representation from across Queensland. The Chair/Co-Chair will be decided at the inaugural meeting and be rotated at discretion of the Committee. Secretariat support is provided by the Principal Policy Officer.

Membership Endorsement

- All members to seek HHS/QH endorsement for involvement in Committee using template provided.

Membership – Responsibilities of the Chair/Co-Chair

- The Chair/Co-Chair will have the skills to see, confront and solve problems.
- The Chair/Co-Chair will need to be proactive and advocate tactfully about dealing with group problems.

Membership – Responsibilities of members

- Participate fully in discussions and deliberations
- Provide due consideration of agenda items and seek input and feedback from HHS Aboriginal and Torres Strait Islander Health Workers to maximise program outcomes and consultation processes.
- Attend each meeting for the duration of the meeting or provide an acceptable, suitably prepared proxy.
- Following failure to attend two consecutive meetings without prior notification discussions will be held to identify a more suitable person who has capacity to attend and contribute to the Committee.
- Expectations to attend meetings as per endorsement process.

Membership – Responsibilities of the Secretariat

- The responsibility of the Secretariat with support from the Chair/Co-Chair will:
 - arrange meetings and organise videoconferencing
 - prepare and distribute the agenda and supporting papers of each meeting prior to the next Steering Committee meeting
 - produce minutes that include clear action lists showing who is responsible each action.
- The Secretariat will maintain a record of all minutes, recommendations, action items, correspondence and other documentation in regard to resolutions and recommendations.
- The Secretariat will prepare and distribute minutes and actions within ten business days of the meeting.

Reporting

The Committee will report through its Chair/Co-Chair to the Chair 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 QCYCN also reports to its host Children's Health Queensland Hospital and Health Service through the Executive Director, Community, Mental Health and Statewide Service.

The Committee are responsible for providing updated progress on issues back to the membership. The membership will, in turn, inform their respective workplaces and peers.

The Committee provides the following:

- minutes from the meeting to the QCYCN
- meeting decisions and activity summary to QCYCN

Issue escalation

Issues unable to be resolved by the meeting are escalated to the QCYCN Chair.

Performance

The Committee will develop an annual operational plan linked to organisational objectives and committee functions. The work plan will detail the goals and strategies determined by the committee with each strategy linked to a key performance indicators (KPI) and relative measures.

The Chair will facilitate an annual evaluation of the performance against the annual operational plan and Terms of Reference. Members will be consulted as part of the evaluation process. The evaluation will determine if a review is required of the Terms of Reference.

Specific evaluation activities include:

- achievement of KPIs as identified in the annual work plan
- self-assessment by the committee in undertaking designated meeting functions
- attendance records
- evaluation of committee administrative process timeframes and secretariat responsibilities
- annual assessment by key stakeholders of the role of the meeting and achievement of its function.

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 sector 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.

Date of last review

This document was last reviewed and endorsed by the Aboriginal and Torres Strait Islander Aboriginal and Torres Strait Islander Health Worker – Maternal, Child and Youth Health Steering Committee on the 29 June 2020.

Document history

Version	Date	Changed by	Nature of amendment
2018 v1	05.03.2018	Heidi Atkins	Creation of document
2018 v2	16.04.2018	Heidi Atkins	Final reviewed document
2019 v1	25.03.2019	Heidi Atkins	Updated to reflect membership
2019 v2	05.08.2019	Heidi Atkins	Small amendments to reporting lines
2020 v1	16.04.2020	Heidi Atkins	Reviewed and updated for 2020
2020 v2	05.06.2020	Heidi Atkins	Updated to reflect membership
2020 v3	21.08.2020	Rena Kennedy	Update to CEQ Template

Previous versions should be recorded and available for audit.

Appendix 1: Governance structure

