

Terms of Reference

Queensland Child and Youth Clinical Network
Child Development Subnetwork
July 2020

Contents

Contents.....	2
Purpose.....	3
Functions.....	3
Authority	4
Frequency of meetings.....	4
Membership	4
Reporting.....	5
Evaluation	5
Guiding principles.....	6
Confidentiality.....	6
Code of conduct	7

Purpose

The role of the Child Development Subnetwork (CDSN) is to provide clear apolitical advice in a cooperative and collaborative fashion regarding child development services (CDSs) across the continuum of care within HHSs with reference to:

- Planning, quality, research and clinical information systems
- Present and future workforce issues
- Service delivery practice principles and standards of clinical care
- Local policy & advocacy as they relate to the above

The CDSN is the peak body for clinical leadership regarding child development in the state and responsible for providing advice to the Queensland Child & Youth Clinical Network (QCYCN) in relation to these matters. The CDSN may recommend policies and advocate for such standards as it sees fit.

Functions

In scope

The CDSN has jurisdiction to consider all matters that directly or indirectly affect the key points in 'Purpose' above as they relate to Child Development within the health context. The considerations of the CDSN should primarily be at a strategic level and deal with issues related to the system as a whole. Accordingly, most of the considerations of the CDSN will relate to problems that are difficult to solve or controversial.

Activities of the CDSN may include, but are not limited to:

- ensuring service development and delivery is aligned with the Act Now for a Better Tomorrow (2013 – 2020) Standards for providing quality child development health services
- development of models of care, referral and care pathways
- development of evidence-based clinical guidelines
- audit and research activities (including service mapping)
- education and training
- consumer involvement and engagement

The CDSN work will inform service planning and delivery as part of implementing a number of key initiatives / strategies. The CDSN should advocate to become involved in the detailed management or governance of health services by providing strategic advice at the leadership level. The CDSN should be consulted on major resource allocation decisions that are likely to affect the standards of education, training, workforce or clinical care.

Out of scope

- Operational responsibility
- Budget accountability
- Determine resource allocation
- Should not become directly involved in the detailed management or governance of HHS

Authority

The Child Development Sub Network meeting:

- 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 Chairs reserves the right to make the final decision or to escalate the matter to the QCYCN Chair.

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

Frequency of meetings

The CDSN meetings will be held every second month whereby attendance can be either face to face or via telephone/video conferencing. Items can be endorsed out of session with approval by the Co-Chairs. Where the CDSN cannot reach an agreement on matters for endorsement, the Co-Chairs have the authority to make the final decision.

If a member is unable to attend a meeting, the member is encouraged to nominate a proxy to attend on their behalf.

A quorum is achieved with seven (7) members in attendance at a meeting. For the purposes of determining a quorum a nominated proxy will count as a member in attendance. If a quorum cannot be achieved, pending decisions may be endorsed out of session by the absent members. The group in attendance may elect to hold informal discussions with no formal business to progress.

As working parties rely on consistently active membership to achieve effective outcomes, failure to attend consecutive meetings without prior notification, or in the case of ongoing inability to attend despite notification of an apology may require a member to step down from the committee. In this instance the co-chairs or the secretariat of the Committee will contact the member to determine their ongoing capacity for membership. Secretariat for the CDSN will be the responsibility of the working group.

Membership

Membership of the CDSN is multidisciplinary and may include representation from medical, nursing and allied health from across Queensland. Membership may also include representation from community healthcare, Aboriginal and/or Torres Strait Islander people, consumer representation, General Practice, and relevant Non-Government Organisation/s.

Members are expected to be able to demonstrate the following characteristics:

- Commitment to the pursuit of excellence in healthcare on behalf of the CDSN and ultimately the children of Queensland.
- Commitment to improved standards and quality of practice.
- An ability to think of the whole health system rather than focus on individual elements.
- Clinical leadership that uplifts and strengthens the specialty of Child Development is an example to peers

- Vision and energy to sustain and enhance the innovation regarding education, training, advocacy and policy development for Child Development in Queensland and Australia
- Positive attitude, friendly collegiate manner and an ability to develop constructive, cooperative and collaborative relationships.

There is no set size for the membership of CDSN. The membership can be augmented by ex-officio and task specific co-opted members as dictated by the CDSN or suggested by the QCYCN.

The CDSN will have good depth of experience, clinical backgrounds and perspectives. The CDSN may choose, from time to time as it sees fit, to invite persons to provide an expert resource that the CDSN considers valuable to its deliberations.

Co-Chairs

- Recruited through an expression of interest process and appointed for a minimum 3 month
- The QCYCN Chairs will have the final decision and will consider candidate suitability with reference to pre-existing involvement in the CDSN; demonstrated leadership, familiarity with group processes and meeting management.

Reporting

The Child Development Subnetwork will report through its Co-Chairs 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 Child Develop Subnetwork provides the following:

- minutes from the meeting to the QCYCN
- periodic reports to the QCYCN on meeting decisions and network activity summary.
- tracking of major activities summary to the QCYCN Clinicians Collaborative (CC).
- members, in turn, inform their respective workplaces and peers of these decisions.

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

Evaluation

The CDSN will provide an annual report including;

- monitoring network achievements against the previous financial year's work plan (as part of a continuous improvement process)
- meeting attendance including the achievement of quorum and identification of members who miss 3 or more meetings
- progress of the actions that come out of the meetings
- membership that is representative of all disciplines, all HHSs (as appropriate), consumers, GPs and NGOs as relevant.

Statewide clinical networks and associated working groups will participate in a formal external evaluation as required.

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 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.
- place children and families first in all that we do
- provide evidence-based consensus driven, multidisciplinary clinical expert advice that positively influences clinical service delivery
- add value, for patients and Health Services, through a continual focus on improving actual health outcomes
- provide specialised expertise and effect change by leading the translation of evidence-based clinical standards and pathways throughout the broader system
- collaborate between other clinical networks to provide coordinated response/s
- espouse and uphold collegiate principles and standards
- establish strong links between child development clinicians across the HHS boundaries.

Confidentiality

Due to the sensitive nature of some of the issues raised during the committee meetings, members may at time be asked to remember the confidentiality clause as per below:

Section 62A of the *Health Services Act (1991)* regarding confidentiality states:

'A designated person or former designated person must not disclose to another person, whether directly or indirectly, any information (confidential information) acquired because of being a designated person if a person who is receiving or has received a public sector health service could be identified from the confidential information'.

Queensland Government requires its agencies to protect the privacy of people in the conduct of government services and business. The government has established Information Standards to protect the privacy of the people of Queensland in the delivery and conduct of government services and business.

Queensland Health must apply Information Standard IS42A, which states:

'Personal information held by the Queensland Department of Health must be responsibly and transparently collected and managed (including any transfer or sale of personal information held to other agencies, other levels of Government or the private sector) in accordance with the requirements of the National Privacy Principles'.

Statewide Clinical Networks do not generally make their minutes available to the public. The right to information is designed to give a right of access to information in the government's possession or under the government's control, unless, on balance, it is contrary to the public interest to give the access.

Duty of confidentiality

Confidential Information will be used solely for the Permitted Use of the Child Development Sub Network. The CDSN will hold the Confidential Information in strict confidence and will not:

- a) copy or reproduce it except to the extent necessary for Permitted Use or
- b) disclose or distribute any of it to any person other than to its Representatives, to the extent they need access to Confidential Information for the Permitted Use or until the CDSN agrees.

(The CDSN members will ensure that any recipient who receives any Confidential Information is aware of these Terms and will require such Representative to comply with these Terms. The CDSN members will be responsible if such Representative fails to comply with these Terms).

Code of conduct

CDSN members will be required to adhere to the Code of Conduct for the Queensland Public Service when appointed to the network. This document can be found at

<http://www.psc.qld.gov.au/includes/assets/qps-code-conduct.pdf>

Queensland Health is committed to creating workplaces that are free from bullying, harassment and discrimination, where people are respected, and diversity is embraced.

Queensland Health is guided by the four principles of the Public Sector Ethics Act 1994.

1. Integrity and impartiality;
2. Promoting the public good;
3. Commitment to the system of government; and
4. Accountability and transparency.

Document history

Version	Date	Changed by	Nature of amendment
Draft	09.12.2019		Draft CD Working Group QCYCN
1.0	05.01.2010		CH Working Group QCYCN
2.0	01.01.2013	Working Group	Minor changes.
3.0	09.03.2015	Working Group	Minor changes.
4.0	03.09.2020	Renae Kennedy Jordana Rigby	Removal of members list Update template Removal of QCYCN Functions diagrams Included Guiding Principals Updated Authority as per QCYCN management

Previous versions should be recorded and available for audit.