

Terms of Reference

Queensland Child and Youth Clinical Network
Child Health Subnetwork
June 2019

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Purpose

The purpose of the Child Health Subnetwork is to:

- Focus on child health clinical practice improvement across Queensland by providing expertise, direction and advice through the Queensland Child and Youth Clinical Network (QCYCN) to Hospital and Health Services specifically in relation to clinical standards, planning, workforce development, research and clinical information systems.
- Harness the collective knowledge and expertise of child health nurses and health professionals delivering care within child and family health services.
- Foster and support research and quality improvement across child and family health services and influence Hospital and Health Service managers and clinical leaders with regard to how care and services are provided for children and families.
- Provide an open supportive forum where child health nurses and health professionals, and other government and non-government personnel can discuss and plan for the future of child and family health services.
- Support the General Manager Operations in meeting responsibilities outlined in *The Public Service Act 2008*, *The Health Services Act 2011* and other relevant legislation.
- Support the Hospital and Health Board in meeting their responsibilities outlined in the *Hospital and Health Boards Act 2011* and the Service Agreement for Children's Health Queensland.
- Set an example of high functioning team behaviours and a culture of performance through the effective conduct and management of committee functions and member interactions.

Functions

The function of the Child Health Subnetwork is to:

- To identify Queensland Health core business in the delivery of child and family health services in the context of broad partnerships with other Government departments, educational institutions, Non-Government Organisations and community agencies.
- To identify current clinical practices and recommend practice standards that support the implementation of contemporary, evidence-based service delivery models across child family health services.
- To identify and develop evidence-based guidelines and practice relevant to child and family health with recommendations to and endorsement from Statewide Clinical networks.
- To support implementation of evidence based frameworks and models of care for child and family health services To identify key performance indicators that are measurable using existing data collection methodologies and work in collaboration with Hospital and Health Services to recommend and support consistency in child health data collection across Queensland.
- To provide high level advice to the QCYCN Clinician Collaborative and to work collaboratively with other network working groups.

Authority

The Child Health Subnetwork 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 Chair reserves the right to make the final decision or to escalate the matter to the QCYCN Chairs.

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

Frequency of meetings

Meetings will be held at least Bi-monthly and a schedule of meetings will be agreed in advance. 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.

Membership

Members are expected to:

- establish links, consult and disseminate information appropriately with key stakeholders
- facilitate and provide feedback on documentation within established timeframes
- commit a minimum of two hours per month
- nominate a proxy if unable to attend the committee meetings.

Reporting

The Child Health Subnetwork will report through its Chair to the Co-Chairs 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 Health Subnetwork provides the following:

- minutes from the meeting to the QCYCN
- tracking of major activities summary to the QCYCN Clinicians Collaborative (CC).

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

Performance

The Child Health Subnetwork will develop an annual action plan linked to the Child Health Subnetwork objectives and committee functions. The action plan will detail the goals and strategies for the committee with each strategy linked to a Key Performance Indicator and a measure.

The Chair will facilitate an annual evaluation of the meeting's performance against the Terms of Reference. Members will be consulted as part of the evaluation process. The evaluation will inform a review, where required, of the meeting's Terms of Reference.

Specific evaluation activities include:

- achievement of Key Performance Indicators as identified in the action 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 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.

Document history

Version	Date	Changed by	Nature of amendment
0.1	24/03/2016	Michael Carroll	
0.2	19/04/2016	Catherine Marron	Edited
1.0	26/04/2016	Catherine Marron	Final
1.1	13/05/2016	Kate Weller	Edited to match style guide
1.2	10/5/2019	Kate Weller	Edited to new template and minor changes to reporting and performance sections
1.3	07/07/2020	Catherine Marron	Minor changes to reporting and performance sections

Previous versions should be recorded and available for audit.