

Statewide Renal Clinical Network Steering Committee

# Terms of Reference

April 2021

## Statewide Renal Clinical Network, Terms of Reference

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## Vision of the statewide clinical networks

Engage, integrate and empower the clinicians of Queensland to innovate for service improvement, embed evidence-based best practice models and to set and monitor clinical standards.

## Purpose of Statewide Clinical Networks

As the peak body of clinical expertise in Queensland we serve as an independent point of reference, for clinicians, Hospital and Health Services and the Department of Health.

Statewide Clinical Networks provide clinical leadership, expertise and advice to Queensland Health with the aim of improving consumer outcomes and experience. They work collaboratively across Queensland to develop and implement evidence-based practice in a coordinated way to achieve high quality healthcare.

## Statewide Renal Clinical Network

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 renal services; and
- provide advice to Hospital and Health Services and Queensland Health on clinical quality and the safety implications of policy, planning and funding decisions in relation to renal services.

## Guiding principles of the network

- Place patients 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 Hospital and Health Services, through a continual focus on improving health outcomes
- Provide specialised expertise and to effect change by leading the translation of evidence based clinical standards and pathways throughout the broader system
- Collaborate with other clinical networks to provide coordinated response/s
- Espouse and uphold collegiate principles and standards
- Establish strong links between stakeholders across hospital boundaries and healthcare sectors.

## Governance

The Deputy Director-General, Clinical Excellence Queensland is the sponsor of the statewide clinical networks.

The Executive Director, Healthcare Improvement Unit is the senior management link with the Department of Health.

Statewide Clinical Networks governance structure includes a Chair (or Co-Chairs), steering committee, time-limited working groups (established to deliver on network priorities) and the broader network membership. All working 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 roles and responsibilities include:

- Provide clinician input into high-level decision making through participation on key Queensland Health (QH) and HHS strategic committees.
- Ensure that key QH, HHS and other stakeholders remain updated on the work and plans of the networks.
- Advocate for and promote the activities and needs of the networks with key stakeholders.
- Facilitate collaboration and communication between and across the networks including identifying opportunities to partner on projects.
- Provide advice/recommendations to the Department of Health and advocates for resourcing and funding allocations to the networks.
- Provide oversight for network annual workplans and activity reporting and support to new networks and those not meeting agreed key performance indicators/outcome measures.

The QCNE reports to the Director-General through the QCNE Chair, via the Deputy Director-General, Clinical Excellence Queensland (see Figure 1).

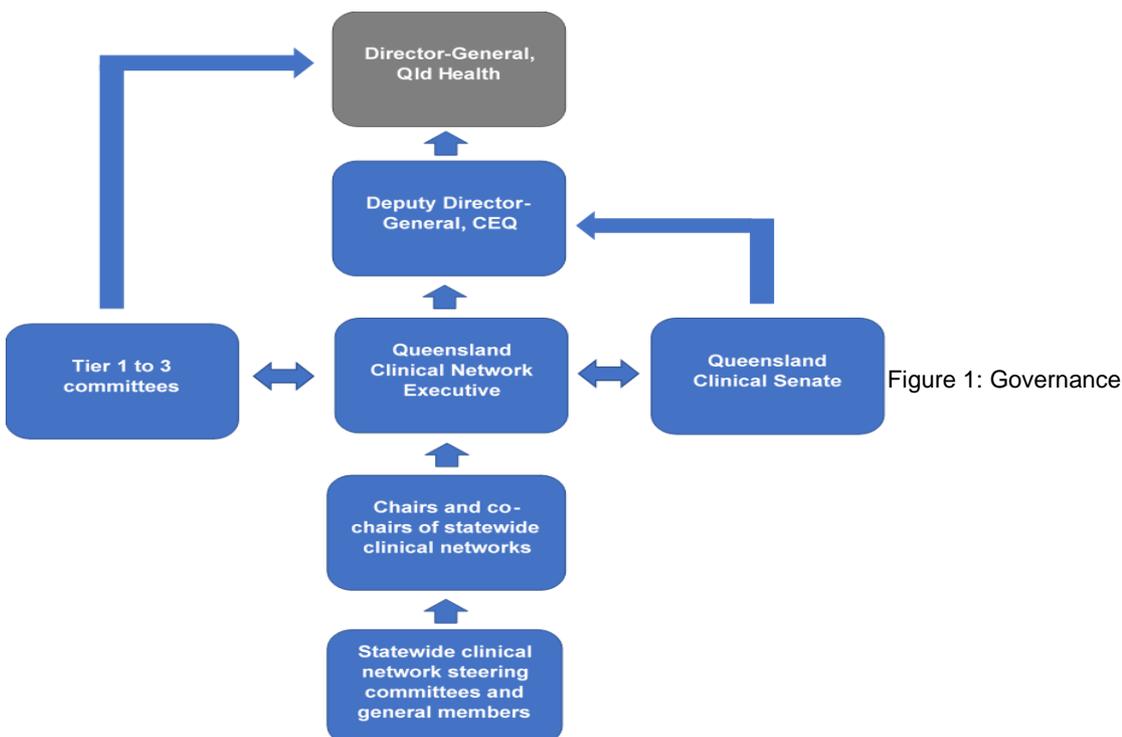


Figure 1: Governance

## Confidentiality

Members of the steering committee may receive information that is regarded as cabinet-in-confidence, commercial-in-confidence, clinically confidential or that may have privacy implications. Members, proxies and observers acknowledge their responsibility to adhere to legal and ethical confidentiality frameworks in respect of all information that is not in the public domain.

## Conflicts of Interest

To meet the ethical obligations under the Public Sector Ethics Act 1994, Committee members and proxies must declare any conflicts of interest and manage those in consultation with the co/chairs. This may relate to a position a member holds (for example, chair of an external organisation) or to the content of a specific item for deliberation.

## Role of Chair / Co-Chairs

Chair/Co-Chairs are appointed through a formal recruitment process open to all clinicians currently employed by Queensland Health in the specialty area of renal services.

The Chair/Co-Chairs 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.

## Role of Steering Committee

The steering committee membership is multidisciplinary and strategic. It assists the Chair/Co-Chairs to administer and lead the network. Communication, collaboration and consensus underpin all decisions made by the steering committee on behalf of the network. A list of members is provided at Appendix 1.

The role of the steering committee is to:

- Identify and drive initiatives to improve the quality, safety and effectiveness of renal services in Queensland
- Provide leadership, expertise and advice to Queensland Health in relation to renal service planning, clinical policy and emerging issues (local, statewide, national)
- Provide leadership, expertise and advice to clinicians within the domain of renal services
- Develop, review and endorse for statewide use, evidence-based care guidelines, pathways and other clinical policy
- Develop, promote and integrate clinical research activities and teaching opportunities throughout renal services in Queensland
- Develop an open and supportive environment for clinicians and consumers in relation renal

services in Queensland

- Foster education, research and best practice in renal services

## Steering Committee terms of appointment

Statewide Renal Clinical Network Chair/Co-Chairs are appointed for a two-year term with an option to serve two consecutive terms (4 years maximum). Appointment to the role of Chair/Co-Chair is not impacted by the time a clinician serves on the steering committee.

Steering committee members are appointed for a period of two years.

Expectation of steering committee members:

- Commit to a two-year term
- Attend a minimum of 75% of meetings and forums
- Participate in the work of the clinical network and working groups as needed
- Declare any conflicts of interest
- Adhere to confidentiality provisions
- Adhere to the Code of Conduct for Queensland Public Service  
<http://www.psc.qld.gov.au/includes/assets/qps-code-conduct.pdf>
- Advocate for and promote the clinical network and its activities.

Recruitment to the steering committee occurs through a bi-annual expression of interest process overseen by the Chair/Co-Chairs. All current steering committee members are required to re-submit their interest in continued steering committee membership through this process, after each two-year term served. Mid-term vacancies can be filled at the discretion of the Chair/Co-Chairs. Steering Committee members can be appointed for a maximum of ten years.

Steering committee membership must be multidisciplinary and should include the following skill mix, experience and expertise:

- Metro, rural and remote
- Consumer
- Primary care
- Aboriginal and Torres Strait Islander health
- Paediatrics

## Steering committee meetings

Steering Committee meetings are held monthly or as required.

Steering Committee attendance can be effected face-to-face or virtually.

If a member is unable to attend a meeting, the member must advise the network coordinator prior to the meeting and nominate a proxy to attend on their behalf.

A quorum is achieved with half the membership plus one additional member at a meeting within twenty minutes of the scheduled commencement time. For the purposes of determining a quorum a nominated

proxy will count as a member in attendance. In exceptional circumstances if the quorum is not achieved, decisions can be made at the discretion of the chair/co-chairs.

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.

## **Broader network members**

Membership of the broader network will be multidisciplinary and include representation from medical, nursing, allied health, community health, primary care, Aboriginal and Torres Strait Islander health, consumers and non-government organisation(s) from across the state.

Membership and communication are also open to other interested groups, including professional colleges/associations/societies, academic and educational bodies. Membership of the network is voluntary and open to all individuals and groups that express interest in joining.

## **Remuneration and expenses**

Clinical Excellence Queensland will provide remuneration for administrative or clinical backfill to allow the Co/Chair(s) to fulfil their commitments: one session per week for chair or half a session per week each for co-chairs) through amendment window transfers to the relevant Hospital and Health Service.

Consumers and members from primary and community care sectors will be remunerated in accordance with Queensland Health guidelines.

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

## **Network Coordination**

A Principal Project Officer from the Healthcare Improvement Unit will act in an advisory and advocacy capacity and support the activities of the network.

## **Evaluation**

The Statewide Renal Clinical Network Steering Committee will:

- Develop and submit an annual workplan and report on its progress (as part of a continuous improvement process)
- participate in an annual self-evaluation and regularly reflect on performance against expected functions/outcomes as defined by the steering committee Terms of Reference.

## **Date of last review**

This document was last reviewed and endorsed by the Statewide Renal Clinical Network Steering Committee and Chair/Co-chairs in May 2021.

## Approving authority

A/Prof Sree Krishna Venuthurupalli  
Co-Chair  
May 2021

Prof Keshwar Baboolal  
Co-Chair  
May 2021

## Appendix 1

Name	Position
Prof Keshwar Baboolal (Co-Chair)	Consultant Nephrologist and Executive Director, Internal Medicine Services, Royal Brisbane and Women's Hospital, Metro North HHS. Clinical lead AKC2026
A/Prof Sree Krishna Venuthurupalli (Co-Chair)	Consultant Nephrologist, West Moreton Nephrology Services, Ipswich Hospital, West Moreton HHS. AKC2026 Collaborative member.
Ms Carla Scuderi	Pharmacist, Royal Brisbane and Women's Hospital, Metro North HHS
Dr Leanne Brown	Nephrology Nurse Practitioner, Weipa, Torres and Cape HHS
Ms Sarah Jensen	A/Director Podiatry - Podiatrist / Project Officer, The Prince Charles Hospital, Metro North HHS
Ms Liz Clark	Senior Aboriginal and Torres Strait Islander Liaison Officer, Cairns Hospital, Cairns and Hinterland HHS
Dr Roy Cherian	Renal Director and Staff Specialist, Mackay Base Hospital, Mackay HHS
Ms Rachel Olivia James	Nurse Unit Manager, Mackay Base Hospital, Mackay HHS
Ms Helen Mees	Consumer Representative
Dr Gary Chang	Primary Care [GPwSI (CKD)] Representative
Ms Catherine McFarlane	A/Advanced Renal Dietitian, Sunshine Coast University Hospital, Sunshine Coast HHS
Ms Sandra Lawrence McCabe	Clinical Nurse, Renal Home Therapies, Southport Health Precinct, Gold Coast HHS
Dr Shahadat Hossain	Staff Nephrologist, Bundaberg Hospital, Wide Bay HHS
Ms Christine Lynn	Social Worker, Townsville Hospital, Townsville HHS
Ms Bronwyn Hayes	Renal Transplant Coordinator, Cairns Hospital, Cairns and Hinterland HHS
Dr Jason Jenkins	Executive Director, Surgery Stream / Director Vascular Surgery, Royal Brisbane and Women's Hospital and The Prince Charles Hospital, Metro North HHS
Dr Vishwas Raghunath	Consultant Nephrologist, Renal Service, Ipswich Hospital, West Moreton HHS
Ms Kim-Leigh Fowler	Nurse Educator, Gold Coast Hospital, Gold Coast HHS
Dr Carolyn Van Eps	Consultant Nephrologist, Department of Nephrology, Princess Alexandra Hospital, Metro South HHS
Vacant	Kidney Health Australia representative