Safer Care Victoria

Victorian Clinical Council
Terms of Reference

VICTORIA State Government

Safer Care Victoria

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Vision and purpose

Vision

Sustained independent leadership and authoritative advice from clinicians and consumers on health care to identify and drive improvements in health care quality and health outcomes for all Victorians.

Purpose

The council provides an important forum for a multi-disciplinary group of clinicians and consumers to provide collective clinical leadership and strategic advice to the Government, the department and health services on how to make the system safer and deliver high quality health care to improve health outcomes for all Victorians.

Council responsibilities

Operating principles

Clinical leadership and advice provided by the council should be guided by the following key principles:

- reflects a person-centred approach to care, with an emphasis on supporting and empowering people to achieve their maximum health potential
- has a key focus on the provision of high quality health care delivery and improving health outcomes through consideration of a 'system-wide' approach
- promotes a culture of continuous improvement through evidence-informed decision making
- is inclusive and collaborative in forming recommendations and respectful of diverse opinions, with all members having an equal voice
- provides timely, independent and constructive advice based on 'on-the-ground' experience that translates into practical recommendations.

Objective and role

The objectives of the council are to provide a forum for a multi-disciplinary group of clinicians and consumers to:

- provide constructive advice, leadership and debate key issues of clinical significance
- better understand the operating context of the Victorian health system from a clinicians perspective
- be recognised for their leadership and trusted as an authoritative source of advice.

The council will provide advice on, but is not limited to:

1. Matters relating to quality improvement

- Opportunities to improve quality of health care and patient or service user health outcomes
- Examples of evidence-based practice, and how this can be promulgated to drive consistent system-wide improvements in service delivery and quality of health care

- Learnings from the clinical networks, for example, relating to their experience in the implementation of clinical guidelines and consistent standards of care
- Innovative approaches to reduce clinical variation and preventable harm to patient or service users during the process of health care.

2. Matters relating to the design of policy and programs, including implementation

- Areas of strategic importance to improving health and healthcare
- Clinician and consumer input into health policies and program design, including proposed new technological approaches, impacting on quality of care and improvement of health outcomes
- Advice and feedback on implementation issues

3. Effective engagement on clinical matters

- Strategies on clinician and consumer engagement to inform policy directions and ensure sustainable change
- Advice on the best ways to foster consensus for change.

The council does not:

- Provide advice on matters involving or advocating for individual clinicians
- Lobby on behalf of professional bodies or member affiliated organisations
- Advise on issues associated with a health service or public hospital's performance.

Membership

The council is comprised of a chair, an executive committee and the broader membership of the council.

Chair and deputy chair

The chair will be appointed by the Minister for Health on the recommendation of the Secretary of the Department of Health and Human Services. The chair will be a well-respected practising clinician who is acknowledged as a leader in their chosen field, and with the capacity to influence across the sector.

The chair of the council will report directly to the Secretary of the Department of Health and Human Services.

The deputy chair will undertake the chair's role in his or her absence and will be appointed by the Minister for Health on the recommendation of the Secretary of the Department of Health and Human Services. The deputy chair will command the respect of their peers and be acknowledged as a leader in their chosen field.

The chair will be appointed for a three year period, with an option of extension. The deputy chair will be appointed initially for a two year period with an option of extension. Appointments to the position of deputy chair will be for a three year term thereafter.

The chair and the deputy chair may serve a maximum of two consecutive terms.

The Minister for Health in making future appointments to the chair and deputy chair will be informed by nominations from the executive committee, based on the advice of the broader council membership.

Executive committee

The executive committee will consist of a small multidisciplinary membership of approximately nine members, the executive committee is responsible for setting the overall agenda and direction of the council.

The membership of the executive committee comprises:

- the chair
- the deputy chair
- the Chief Executive Officer (CEO) of Safer Care Victoria (*ex-officio*)[1]
- members of the clinical network leads (2) *(ex-officio)*
- a healthcare consumer representative
- representatives from medical, nursing and midwifery and allied health professionals (reflecting metropolitan as well as rural and regional settings) (3).

All members of the executive committee will belong to the council and two thirds will also be members of a clinical networks.

Aside from the CEO of Safer Care Victoria, members will be appointed for a period of three years, with no member to serve more than two consecutive terms.

Role

The chair is the initial point of contact for all business of the council, with the chair working closely with the executive committee.

The executive committee is responsible for:

(i) developing the council's annual strategic plan based on feedback from the council members

(ii) planning the council's quarterly meetings including: setting the agenda and the papers for discussion; and providing oversight of related administrative tasks

(iii) representation of the council at external stakeholder meetings, as agreed by the chair.

Interim executive committee

An interim executive committee will be established by the chair, in consultation with the CEO of Safer Care Victoria.

An interim executive committee is necessary to support the chair and the deputy chair during the initial establishment phase of the council including preparing and developing the agenda and papers.

The interim executive committee will comprise members from the council and will be in place for a maximum of nine months. A new executive committee will be elected after the nine month term with the exception of the chair, deputy chair and the CEO of Safer Care Victoria.

[1]The term *ex-officio* refers to membership held, by virtue of a member's position at an organisation or representative body.

Broader Victorian Clinical Council

The council will comprise a multidisciplinary membership of approximately 60 people reflecting the full breadth of clinical and consumer views across the healthcare continuum. All members are appointed in a non-representative capacity and as such should not reflect any organisational, sectional or vested interests. All members will use the breadth and depth of their knowledge, skills and experience to inform the work of the council.

The council will comprise the chair, the executive committee, and the following minimum membership:

- Clinical network leads (*ex-officio* members)
- General practitioners (at least 6 members)
- Nurses and Midwives (at least 6 members)
- Allied health practitioners (at least 6 members)
- Medical specialists (at least 6 members)
- Consumer representation (at least 6 members)
- Paramedic representation (2 members)
- Academic Health Science Centre representation (2 *ex-officio* members)
- Chief Executive Officer representation from the Non-Government Organisation sector (2 *ex-officio* members)
- A Chief Executive Officer of a public health service, public hospital and private hospital (3 *ex-officio* members)
- A nominee from the Council of Board Chairs (1 *ex officio* member)
- Departmental representation comprising *ex-officio* membership:
  - the Chief Medical Officer (1)
  - the Chief Nurse and Midwifery officer (1)
  - the Chief Allied Health Officer (1)
  - the Chief Psychiatrist (1)
  - the Chief Mental Health Nurse (1)
  - the Director and Chief Practitioner, Office of Professional Practice (1)
  - the Chief Paramedic (1).

Approximately two-thirds of this membership will also be members of the clinical networks, including the clinical network leads. The council will aim to have 50 per cent of members represented by women. Emerging clinical leaders will be an important part of the membership as will representation from rural and regional areas of Victoria.

Members will be appointed for a period of three years, with no member to serve more than two consecutive terms.

The Minister for Health will have a standing invitation to attend.

Membership responsibilities

All members are expected to attend at least 75 per cent of meetings in a given year.

Members must familiarise themselves with the issues to be covered for each agenda item, participate constructively in all debates and work together in providing pragmatic advice.

Subcommittee and working groups will be formed on a required basis. Each subcommittee or working group will have clear Terms of Reference, agreed membership and be time-limited in duration. In formation, the existing workload of the council will be taken into consideration.

The advice of members may be sought outside of scheduled meetings.

The Department of Health and Human Services may offer training from time to time to members of the council to assist in the discharge of their role.

Code of conduct

Members are expected to discharge their duties with care and diligence, and must strive in the course of their work to uphold the operating principles of the Victorian Clinical Council, and adhere to the following:

- Members should approach deliberations in an impartial manner and should not reflect any organisational, sectional or vested interests.
- All papers produced by the Victorian Clinical Council are for the exclusive use of its membership.
- Members should not inappropriately use information that is discussed at the Victorian Clinical Council.
- Members should not disclose publicly any information that is identified as confidential.
- All information that is to be made publicly available relating to Victorian Clinical Council matters must be approved by the chair.
- Members should disclose any real or perceived conflicts of interest before each meeting.
- Members should not seek to gain any advantage through their membership of the Victorian Clinical Council.

Operating procedures

Meeting frequency and procedures

Meeting frequency

The executive committee will meet monthly with meetings expected to last two hours in duration.

The council will meet quarterly. Meetings are expected to run for a full day; some meetings may be shorter in duration.

The dates for all meetings will be determined at the beginning of each year.

Proxies and invitees

Members may be able to nominate a proxy should they be unable to attend a meeting. A proxy nomination must be approved by the chair a week in advance of a forthcoming meeting. Where a proxy is nominated, it is a member's responsibility to fully brief the proxy, to ensure the nominated proxy is able to participate in discussion and represent the member at the meeting.

Additional representatives from the Department of Health and Human Services will be invited, as appropriate to meetings, but will not have voting rights.

Other invited guests will be at the discretion of the chair.

Quorum

The quorum for each meeting will be 50 per cent plus one of its members (or associated proxies).

Any decision undertaken should be supported by informed debate drawing on the best available evidence and noting that, where possible, a consensus approach will be adopted in decision-making. Where this is not possible, a majority vote will determine decisions.

Agenda items

Any member of the council may propose a topic for consideration by the executive committee for inclusion on the agenda. The executive committee will take into account whether the proposed topic is captured by the intended role for the council. Issues that are non-clinical in nature can be considered.

The agenda and associated papers should be circulated two weeks in advance, where possible.

Reporting

The council reports to the Secretary of the Department of Health and Human Services.

A communqué outlining the objectives of the meeting and any preliminary advice or recommendations will be circulated to all members within 10 business days of the last meeting and a full meeting report will follow within one month of the meeting. Both reports will be made available on the Safer Care Victoria website.

At each council meeting, the Secretary or her delegate will provide an update on how recommendations are being progressed. A summary report outlining recommendations the council will be completed annually and made available on the Department of Health and Human Service's website.

Conflict of interest

Members are responsible for declaring a conflict of interest in relation to any item discussed at the council that will impact on their ability to provide impartial advice.

Each member will be required to sign a Declaration of Private Interests form at the commencement of their term. At the beginning of each meeting, the chair will ask members to declare any real or potential conflicts of interest.

Confidentiality

In some instances, members may be privy to information that is confidential and not in the public domain. Members will not reveal any confidential of proprietary information entrusted in the course of their duties. Upon cessation of membership, and thereafter, the member shall not reveal any confidential or proprietary information, which they obtained while a member of the council, and may not use, retain or attempt to use or retain, any such information, documents or data.

The chair of the council will advise of confidentiality aspects as they arise. Members are also requested to clearly indicate if any information they bring to the council is confidential. All members acknowledge their responsibility to maintain the confidentiality of associated disclosed material.

All papers produced by the council are for the exclusive use of its membership, and any information that is to be made publicly available relating to council matters must be approved by the chair.

Review and evaluation

The effectiveness of council will be reviewed by the chair, the deputy chair and the CEO of Safer Care Victoria on an annual basis. The review will consider how the council has performed against its strategic plan. It is possible that members will be surveyed to obtain their feedback on performance.

The outcome of this review may lead to possible modifications to the Terms of Reference, governance and the membership of the council to ensure ongoing effectiveness.

Management

Appointment process

All clinical members are expected to be experienced health professionals, involved in clinical practice and held in high regard by their colleagues. Representatives practising in the public and private sectors are sought as are emerging clinical leaders.

Consumer representatives are expected to be experienced in engaging and consulting with the community in areas of health policy and will require an interest in improving quality of health care.

An Expression of Interest (EOI) process will be run for the following appointments to the council: (i) general practitioners; (ii) nurses and midwives; (iii) allied health professionals; (iv) medical specialists; (v) consumers, and (vi) paramedics.

The EOI process will be overseen by a selection panel comprising the chair, the deputy chair and the CEO of Safer Care Victoria.

All other appointments will either be sought through: (i) nominations for members from the Academic Health Science Centres, the Non-Government Organisation sector, and the Council of Board Chairs; or (ii) the direct appointment of *ex-officio* members.

Probity checks

Members will be required to undergo the mandatory probity checks outlined in the Victorian Government Appointment and Remuneration Guidelines.

Vacancies / termination of membership

Membership positions become vacant if a member:

- resigns in writing
- is absent from more than one council meeting in a given year, except for leave granted
- fails to observe without reasonable reason, the Code of Conduct.

The chair, in consultation with the deputy chair and the CEO of Safer Care Victoria, may appoint an appropriate replacement member if a vacancy arises.

Remuneration and expenses

Consumer members and private practitioners such as general practitioners will be eligible for remuneration for attendance to the quarterly Victorian Clinical Council meetings, executive committee meetings and council subcommittee meetings. Other members of the council may apply for remuneration on a case by case basis.

All members, whether remunerated or unremunerated, are eligible to be reimbursed for reasonable out-of-pocket expenses such as travelling, accommodation, meals and other incidental expenses associated with attendance at meetings, overnight absence from home or absence from the normal work location in the course of field duties.

Secretariat support

Safer Care Victoria will provide secretariat support.