
Maternity & Newborn Learning Health Network Data Group

Terms of reference

OFFICIAL

1. Context

Safer Care Victoria (SCV) is the state's healthcare safety and quality improvement agency. SCV works with consumers, families and carers, clinicians, and health services to monitor and improve the safety and quality of care delivered across our health system.

SCV puts patient safety front and centre, supporting health services to provide the safest and best possible care to patients, always.

The Centre of Clinical Excellence (CoCE) is the primary mechanism for SCV to engage clinicians and consumers to drive and promote quality improvement and innovation and address variation in clinical practice. Meaningful engagement with clinicians, healthcare leaders, consumers and the wider health sector will enable sustained improvement in the safety and quality of health care.

The CoCE works collaboratively across SCV drawing on expertise in leadership development, innovation, system improvement, and consumer experience to achieve improvement objectives.

2. Purpose

2.1 Learning Health Networks

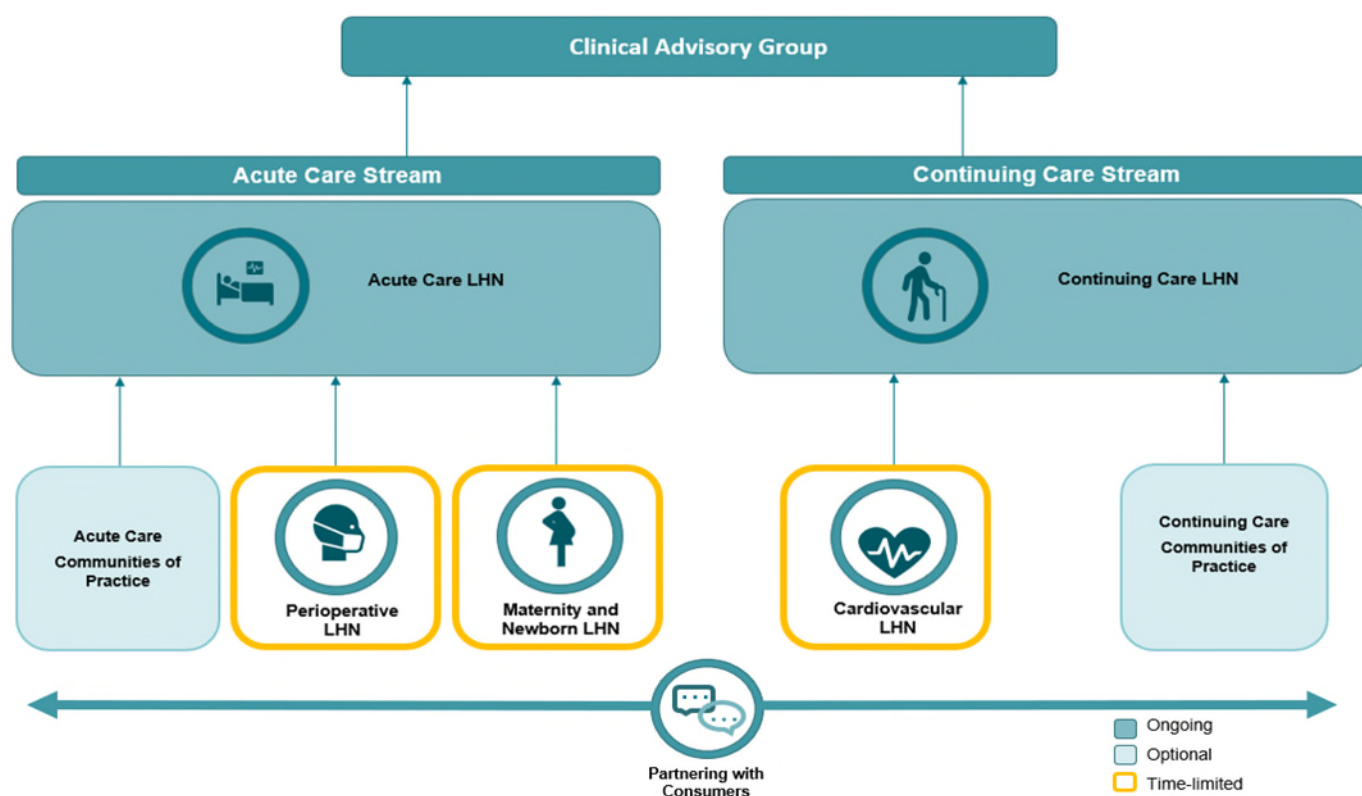
LHNs bring together clinicians, consumers, data experts, researchers, health system leaders and improvement specialists to use data and evidence to improve clinical care and patient outcomes with a system level view. A LHN functions to gather and analyse evidence to implement decisions and monitor the effectiveness of the decision.

Characteristics of a LHN include:

- **Shared vision:** to align multiple stakeholders around a common goal
- **Co-production:** facilitate collaboration, at scale, among multiple stakeholders to co-produce information, knowledge, and resources for creating improvement.
- **Transparent data sharing:** generate a data stream to gain insights and rapidly respond to the gap between current and desired performance
- **Widespread capacity to change systems:** apply a quality improvement method to rapidly test, spread, and scale ideas to achieve new levels of performance
- **Culture of trust:** encourage curiosity, shared learning, contribution, and respect
- **Governance:** operate within a framework for governance and management for the design, implementation, and cycles of evaluation to improve outcomes.

The CoCE LHN structure will include two ongoing and overarching streams: Acute Care and Continuing Care. These streams encompass a dedicated Acute Care LHN and a Continuing Care LHN. Time-limited priority areas and funded programs will be aligned to either the Acute Care or Continuing Care streams and proceed on a time-limited basis.

Figure 1: Learning Health Network Structure



2.2 Learning Health Network Advisory Groups

LHN Advisory Groups will consist of clinicians, consumers, data experts, researchers, health system leaders and improvement specialists to oversee the LHNs. The LHN Advisory Groups will drive and facilitate purposeful consumer and sector engagement. LHN Advisory Groups will provide advice on work of the LHN, with a focus on system level issues, and provide advice and direction to support SCV and the Department of Health (DH), as required.

The LHN Advisory Groups support the identification and escalation of system-level issues relevant to their health network; respond to specific data or safety and quality issues identified including those by the Clinical Advisory Group (CAG).

LHN Advisory Group membership and function may vary based on programs of work and will act in the best interests of consumers, health care workers and the wider Victorian community to provide a mechanism for broader sector consultation.

2.3 Learning Health Network Data Groups

LHNs use data and evidence to improve clinical care and patient outcomes, with a system-level view. LHN Data Groups will be established to support the work of the time limited LHNs, ensuring the work of the LHN is evidence based. The group will review, interpret and provide advice to the LHN and SCV more broadly about data, evidence, and safety and quality measures.

The duration of the time limited LHN Data Group will align with the time length of the associated LHN.

2.4 Core operating principles

LHN Data Groups will:

- act in the best interests of consumers, health care workers and the wider Victorian community
- ensure consumers participate in a meaningful way in all activities of the LHN Data Groups, including decision making
- function in alignment with the CAG, the CoCE and SCV's strategic plan and priorities
- not share confidential information (received in their capacity as members) with the sector as specified in the SCV confidentiality agreement
- regularly review progress against its roles and responsibilities
- be politically neutral as a LHN Data Group, not endorsing politically focused advocacy
- act in accordance with the values and behaviours of the [Code of Conduct for Victorian Sector Employees](#).

2.4 Roles and responsibilities of the LHN Data Groups

The LHN Data Group will provide expertise on data analytics including identification, interpretation, and use of data to support the work of the LHN.

The specific responsibilities of the LHN Data Group include, however not limited to:

- Establish or review existing safety and quality metrics that contribute to informing the safety of Victorian health care
- Evaluate the efficiency and effectiveness of these outcome measures during their lifetime
- Assess new measures to be included and/or identify those no longer relevant
- Review the results of safety and quality outcome measures and assess where applicable, the reasons for system level variation in clinical practice
- Review and provide advice on work in progress, which may include clinical standards and guidelines, practice changes, safety, and improvement, with a focus on system level issues
- Assess evidence from a broad range of data sources including outcome measure results, research, sector relevant reports and anecdotal evidence from clinicians, and provide recommendations based on the evidence
- Provide input into reports on the LHN activity and outcomes as requested by the LHN Advisory Group and CAG
- Provide advice on specific matters referred to the group by the LHN Advisory Group and CAG as required
- Collaborate within LHN and the broader sector, SCV and other organisations, as required
- Support meaningful engagement with consumers in the activities of the group
- Offer advice or guidance on improvement and measures, to support SCV and the DH as required
- Leverage expertise and sector relationships to provide expert advice about emerging safety and quality issues

3. Accountability

Each LHN Data Group will be accountable to the respective LHN Advisory Group. The LHN Advisory Group will in turn report to the CAG, chaired by the CEO of SCV.

The CAG provides multidisciplinary expert clinical and consumer guidance and advice for the Centre of Clinical Excellence, SCV Senior Leadership Group and the broader DH when required. The Chair of a LHN Data Group will also be a member of the respective LHN Advisory Group. All LHNs are accountable to the SCV Executive.

4. Membership

4.1 Members

The LHN Data Groups will be multidisciplinary, and membership and function may vary based on programs of work. The Chair of the LHN Data Group will also be a member of the respective LHN Advisory Group.

The Chair of The LHN Data Group will be nominated by the Chairs of the LHN Advisory Group, and be endorsed by the Director of the CoCE. Each LHN Data Group will comprise of approximately 10 to 15 members. Members are non-representative, that is, they do not represent an entity, organisation, or any vested interests.

Membership includes:

- Chair of the LHN Data Group
- Members with data expertise (including skills in data interpretation, safety science, defining and assessing measures)
- Consumers (including at least one with understanding of data) (two)
- Clinical members including medical, midwifery, nursing, and allied health relevant to LHN
- Metropolitan, regional, and rural health service representatives
- General Practitioner or Primary Health Network representative
- Academics/ researchers
- VAHI representative and or data analyst

4.2 Proxies

Absent members cannot be represented by proxy unless otherwise agreed by the Chair.

4.3 Tenure

The LHN Data Group members will have a tenure of 2-3 years. Should a mid-term vacancy arise, a replacement will be sought.

5. Meetings

5.1 Meeting frequency

The LHN Data Group will:

- meet a **minimum** of 6 times per year
- meetings will be conducted via videoconference using Microsoft Teams, with potential for face-to-face meetings if required.

5.2 Chair

The LHN Data Group Chair will:

- set the agenda for the meeting, with the support of the relevant Senior Project Officer
- lead the meeting
- maintain order at the meeting

- ensure the conventions of the meeting are being followed
- ensure fairness and equity at the meeting
- keep the meeting to time
- approve the formal actions of the meeting
- hold members accountable to the values and behaviours of the [Code of Conduct for Victorian Sector Employees](#)
- act as the conduit between the LHN Data Group and the LHN Advisory Group
- represent the LHN Data Group (this responsibility may be delegated)
- have a good understanding of data interpretation

5.3 Secretariat

A Senior Project Officer will provide the secretariat function for the LHN Data Group. The role of the secretariat is to:

- support the day-to-day running of the group by developing the agenda, preparing, and distributing background papers, and recording and preparing minutes of LHN Data Group meetings
- update, manage or log any potential conflicts of interest
- ensure group decisions or recommendations are accurately documented
- prepare briefing papers or reports on behalf of the group to the SCV executive team, the DH or other groups or agencies.

5.4 Decision making

Decision making in the LHN Data Group will be on a consensus basis. In the event where there is no consensus, a majority will suffice. In the event of a deadlock, the Chair will have the casting vote.

Scope of the work will need approval from SCV Executives.

5.5 Out of session resolutions

When an issue arises that, in the opinion of the Chair, requires resolution before the next scheduled meeting, the Chair may seek an out-of-session resolution. An out-of-session resolution shall be achieved and may be acted on if:

- written information about the issue, together with a proposed resolution, is distributed to all members of the group, and;
- 50 per cent of the group respond (constituting a quorum), and a consensus or simple majority agree with the proposed resolution, or an amended form of the resolution, within a timeframe agreed on by the Chair.

5.6 Attendance

All meetings will be held virtually, with potential for face-to-face meetings only if required.

Members are expected to actively participate in meetings and attend a minimum of 75 per cent of meetings.

5.7 Quorum

To achieve a quorum, attendance is required by 50 per cent of members. In the event a quorum is not achieved, a decision to continue with the meeting will be made by the Chair. Should the meeting proceed, voting will be held over until a quorum is achieved.

5.8 Confidentiality

All LHN Data Group members will:

- be required to sign a confidentiality agreement on commencement of their term of appointment (**Appendix 1**)
- not reveal any confidential or proprietary information that they obtained while a member of the LHN Data Group on cessation of membership, or attempt to use or retain any such information, documents, or data
- not distribute any papers or LHN Data Group material or make available to non-members.

5.9 Conflict of interest

A conflict of interest will arise if a person's personal interest (actual or perceived) conflicts with their duties as a LHN Data Group member, such that the person may not be independent, objective, or impartial in relation to their duties. All conflicts of interest must be declared as part of the membership documentation, and where appropriate for additional circumstances in any given meeting.

Where a potential conflict of interest has been declared and accepted as a conflict by the Chair, the member will remove themselves from voting on matters concerning the declared conflict; and be guided by the Chair on how best to proceed and advise the meeting accordingly. A formal declaration will be completed and signed along with documented action taken by the Chair.

All LHN Data Group members will be required to sign a potential conflict of interest declaration on commencement of their term of appointment (**see Appendix 2**).

5.10 Remuneration

Consumer members and private practitioners (such as General Practitioners) will be eligible for remuneration for attending LHN Data Group meetings. The manager of the relevant centre will review and approve all remuneration requests in line with the Victorian Government [Appointment and remuneration guidelines](#) and SCV's [Guide to consumer remuneration](#).

6. Review

The LHN Data Group will review its progress against its stated role, functions and work plans every 12 months and the Terms of Reference updated accordingly.

Changes to the terms of reference will be subject to approval by the Chair and Director, Centre of Clinical Excellence at SCV.

Appendix 1. Confidential agreement

All members of the Learning Health Network Data Group are requested to complete this agreement prior to commencing duties, as described in the terms of reference.

I, _____ hereby indicate that I understand and agree to abide by the confidentiality provisions set out in Section 42 of the *Public Health and Wellbeing Act 2008*.

I acknowledge that I must not directly or indirectly make a record of, divulge, or communicate to any person any information gained by or conveyed to me by reason of my office, employment, or engagement; or make use of the information for any purpose other than in the performance of the functions of the LHN Data Group.

Upon cessation of membership/attendance at a meeting, and thereafter, the member/guest shall not reveal any confidential or proprietary information that they obtained while a member of the group or in attendance at a meeting, and may not use or retain, or attempt to use or retain, any such information, documents, or data.

Signed: _____

Witness: _____

Date:

Appendix 2. Potential conflict of interest declaration

All members of the Learning Health Network (LHN) Data Group are requested to complete this declaration prior to commencing LHN Data Group duties, as described in the terms of reference.

Conflict of interest

LHN Data Group members must declare any potential personal, professional, or work-related conflict of interest:

- on commencing involvement with LHN Data Group, as applicable
- where a matter giving rise to a potential conflict of interest is to be tabled, prior to the commencement of the LHN Data Group meeting
- where a matter giving rise to a potential conflict of interest is raised within the LHN Data Group as soon as practicable during the LHN Data Group meeting.

A conflict of interest may include, for example, where there may be possible financial or professional gain for the member or their employing organisation through knowledge, decisions or information obtained as a member of the Learning Health Network Data Group.

In the event a LHN Data Group member has declared a potential conflict of interest, and it is accepted as a conflict by the Chair, the LHN Data Group member must comply with the identified method of addressing any the conflict of interest (for example, by removing themselves from the meeting for the duration of any discussion regarding the matter giving rise to the conflict of interest). Any declared conflict of interest will be recorded in the minutes/action log of the meeting.

I _____ agree to disclose any potential conflict/s of interest and comply with the identified methods of addressing the conflict/s of interest as described above.

Signed: _____

Date: