

ACT Clinical Council

TERMS OF REFERENCE

<p>Role</p>	<p>To provide advice and feedback to the Capital Health Network (CHN) Board and management, for consideration, in relation to CHN key projects, commissioning initiatives, and strategic objectives.</p>
<p>Accountability</p>	<p>The Clinical Council is an advisory committee to the Capital Health Network (CHN) Board established in accordance with the CHN Constitution. The Council has no authority to make decisions on behalf of the CHN Board</p> <p>Outcomes of face to face meetings and engagement will include recommendations from the Clinical Council to the Board relating to key Commonwealth deliverables and initiatives relating to CHNs priority areas.</p>
<p>Functions</p>	<p>The functions of the Clinical Council are to provide recommendations/advice to the CHN Board on:</p> <p>a. whole of health system issues (including but not limited to):</p> <ul style="list-style-type: none"> i. health needs of the ACT population and service gaps, particularly for those experiencing chronic and complex conditions and those that are at risk of poor health outcomes. ii. major clinical strategic areas including clinical service planning and reform, models of care, innovation and service delivery. Ensuring alignment with national and territory clinical guidelines. iii. strategies to improve medical and health care services through strategic, cost-effective investment and innovation iv. strategies to improve patient care by improving the integration of services in particular local pathways between the primary health care and sub-acute and acute care systems v. strategies to improve the safety, quality, effectiveness, efficiency and sustainability of clinical services vi. strategies to facilitate and support clinical leadership <p>b. key issues of clinical concern.</p>
<p>Key Interfaces</p>	<p>The Clinical Council will also work collaboratively with CHN’s Community Advisory Council, General Practice Advisory Council and other ACT Health nominated community consultation mechanisms, and equivalent organisations such as the South Eastern NSW Primary Health Network</p>

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	<p>through the HealthPathways Governance Committee when appropriate regarding specific cross border health issues.</p> <p>The Clinical Council will have the ability to co-opt in specific expertise on particular topics and/or to form time-limited working groups to provide advice in specific areas.</p> <p>The Clinical Council may cross-refer issues for discussion to the Community Advisory Council or the General Practice Advisory Council. Outcomes of the meetings will be shared across the 3 Advisory Councils through a formal Communique.</p>
<p>Membership</p>	<p>A minimum of 8 core members will be appointed by the CHN Board. Members may also nominate a proxy/representative for specific meetings based on the theme of the meeting up to a maximum of 15 members. Nominations for proxy representatives are to be approved by the Council Chair prior to the meeting.</p> <p>Membership will consist of clinicians with subject matter expertise in relation to the meeting theme based on PHN priority areas identified prior to the meeting</p> <p>A call for nominations will be conducted via existing CHN communication platforms and other professional bodies. Nominations will be reviewed against the membership types listed below. The aim of the nominations process will be to identify representatives that will bring broad breadth of subject matter expertise and a collegiate and collaborative approach to providing advice that align with CHN strategic plan.</p> <p>Membership</p> <ul style="list-style-type: none"> • ACT Health Chief GP Advisor • ACT Health Directorate Senior Management Representative • Canberra Health Services Senior Management Representative • Multidisciplinary primary care clinical representatives • Consumer representative • NGO service provider representative <p>Members will represent themselves and provide advice based on their clinical and subject matter expertise as it relates to key CHN initiatives. They will also where possible be able to bring input from other professional colleagues.</p>

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	<p>The CEO and a member of the CHN Executive team will attend all council meetings. The Executive team member has primary responsibility for supporting the Council. Board member may attend the meetings of the Council as observers and advisors, but will not be Council members. Only members of the Council holding voting rights may vote at Council meetings. Any conflicts (actual, perceived and potential) will be managed in line with CHN policies and procedures.</p> <p>Formal induction with members will be completed by CHN management, in collaboration with the Chair. This will include a meeting to discuss the role, functions and purpose of the Council and CHN, as well as meeting frequency</p> <p>Non-Indigenous Clinical Advisory Council members must have undertaken or be prepared to undertake cultural competency training.</p>
<p>Term of Appointment</p>	<p>Members of the Council will be appointed by the CHN Board. Members of the Council are appointed to terms that do not exceed two years. Members may be appointed for no more than two consecutive terms (a maximum of four consecutive years).</p> <p>Members who have served two consecutive terms may be a reappointed to the Council after an interval of at least 12 months.</p> <p>The Board may extend the terms of members in exceptional circumstances.</p> <p>All appointments to the Council are subject to review by the CHN Board at any time.</p> <p>Any vacancy that arises outside of the standard term will be filled by the above process.</p> <p>Any conflicts (actual, perceived, and potential) will be managed in line with CHN’s policies and procedures.</p>
<p>Chair</p>	<p>The CHN CEO will be Chair and may nominate a CHN Executive member in their absence</p> <p>Should the Chair be absent from a meeting and no acting Chair has been appointed, the members of the Council present at the meeting have authority to choose one of their number to be Chair of that particular meeting.</p>

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<p>Meeting Attendance and Participation</p>	<p>The requirement for members is that they commit the time necessary to understand the issues, participate respectfully in debate and are genuinely committed to the role and functions of the Clinical Council.</p> <p>Capital Health Network has the following as its key values:</p> <ol style="list-style-type: none"> 1. Diversity 2. Empowerment and 3. Agility <p>The company places a premium on these values being demonstrated by Council Members in their communication with each other and members of staff. In particular, Members are required to:</p> <ol style="list-style-type: none"> 1. Always communicate respectfully; 2. Refrain from criticising or speaking disparagingly about other Members; 3. Demonstrate respect to and trust in the Chief Executive Officer and staff; 4. Provide the opportunity for a diversity of views to be presented and discussed; 5. Agree to a consensus model for decision-making, supporting the approved decision on matters; and 6. Foster an environment where honesty is encouraged and valued.
<p>Meeting Frequency / Duration</p>	<p>Meetings will be held at least three times per year. A fourth meeting be held at the end of each calendar year with all three Advisory Council members. The aim of this meeting is to highlight overall achievements from the previous 12 month and an opportunity to provide input into next 12 months focus area meeting themes.</p> <p>Meetings will be held in order to align with CHN strategic, needs assessment and business planning cycles.</p> <p>Dates will be agreed at the commencement of each year.</p> <p>Meetings will be held in the evenings to account for members' work commitments, and the duration of each meeting will be approximately 2-3 hours.</p> <p>In addition to regular meetings, CHN may seek feedback from members utilising other mechanisms including online engagement, ad hoc meetings, and other consultation methods to gain feedback from members for timebound or other emerging need.</p>

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Quorum	A quorum for meetings will be 50% of appointed members plus one. In order to conduct a meeting at least one of either the CEO or the CHN Executive representative must be present.
Report of Meetings	<p>Draft Council minutes to be provided to the Chair within ten working days of the meeting. Chair to respond to draft minutes within ten working days of receipt.</p> <p>Members are requested to send any suggested changes to the Secretariat with a copy to the Chair within seven (7) days. It is the responsibility of the Chair to approve suggested changes by Members.</p> <p>Recommendations from Council meetings may be provided to the Board prior to the Minutes being approved.</p> <p>The minutes are confirmed by members at the next meeting and signed by the Chair at the next Council meeting.</p> <p>Once the minutes have been adopted by the Council they cannot be amended. The minutes will include an action log which will be monitored by the Secretariat.</p> <p>Where a decision by the Board is required, a recommended resolution will be included in a paper to the Board. Chair has the discretion to circulate the reports of meetings to interested parties where considered appropriate</p>
Performance Review	<p>The performance of the Clinical Council, including the Chair, will be assessed by the CHN Board Chair on an annual basis.</p> <p>Council members will self-assess after each meeting in order to continuously improve meeting processes.</p>
Termination	<p>The CHN Board Chair may end the appointment of a member, if the member is absent from three consecutive meetings of the Council, except on leave granted.</p> <p>According to the CHN Constitution: the board may terminate an Advisory Committee at any time by written notice for any reason including Member behaviour and conduct.</p>

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Secretariat	The CHN CEO will ensure that appropriate secretariat support will be provided to the Council
Remuneration	Sitting fees for Council meetings will be available in accordance with CHN's remuneration policy.
Agenda Papers	The development of agendas and agenda papers for each meeting will occur in a timely manner eg. Papers to be distributed one week prior.
ToR Review	The ToR will be reviewed biennially.