

# Terms of Reference

Clinician Collaborative  
Queensland Child and Youth Clinical Network  
July 2021 - June 2023



Improvement



Transparency



Patient Safety



Clinician Leadership



Innovation



Queensland  
Government

## Queensland Child and Youth Clinical Network Clinician Collaborative, Terms of Reference

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For more information contact:

Clinical Excellence Queensland, Department of Health, GPO Box 48, Brisbane QLD 4001, email [DDGCEQ@health.qld.gov.au](mailto:DDGCEQ@health.qld.gov.au), phone (07) 3234 1538.

An electronic version of this document is available at [Queensland Child and Youth Clinical Network | CHQ \(health.qld.gov.au\)](#)

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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.

## Queensland Child and Youth Clinical Network

The Queensland Child and Youth Clinical Network (QCYCN) was established to champion the wellbeing of Queensland children, infants, young people and families.

The purpose of the QCYCN is to:

- improve the quality, safety, and effectiveness of care for children, infants and young people in Queensland;
- provide expertise, direction and advice to the Queensland Health Executive and Hospital and Health Services and Boards in relation to child, infant and youth health, service planning; and emerging issues locally, statewide and nationally;
- provide expertise, direction and advice and develop an open and supportive environment for clinicians who are involved in caring for patients, and consumers of child, infant and youth health services in Queensland;
- foster best practice clinical care, education and research in child, infant and youth health.

The network brings together clinicians, consumers and stakeholders from across the primary, community, hospital 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 child, infant and youth health; 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 child, infant and youth health.

## Guiding principles of the network

- Place children, infants, young people and their families 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.

## Declaration of Recognition

Building on the progress already made, including through the Queensland Government's Reconciliation Action Plan 2018-2021, the Human Rights Act 2019 and new National Agreement on Closing the Gap, the Committee solemnly proclaims a standard of achievement to be pursued in a manner which will be guided by the purposes and principles from the Queensland Government's Statement of Commitment to reframe the relationship with Aboriginal and Torres Strait Islander peoples and the Queensland Government 2019, including:

- recognition of Aboriginal peoples and Torres Strait Islander peoples as the First Nations Peoples of Queensland
- self-determination
- respect for, and recognition of Aboriginal and Torres Strait Islander cultures and knowledge
- locally led decision-making
- shared commitment, shared responsibility and shared accountability
- empowerment and shared decision-making
- free, prior and informed consent
- a strengths-based approach to working with Aboriginal and Torres Strait Islander peoples to support thriving communities.

**Affirming** that prior to colonisation, the First Nations of this continent were a vast array of independent, yet interconnected, sovereign nations with their own clearly defined: territories, governance, laws (and lores), languages and traditions;

**Recognising** the sovereign First Nations of this continent were and remain highly sophisticated in their operations, organisations, institutions and practices;

**Convinced** that unlike the history of much of the rest of the world, the sovereign First Nations of this continent did not invade to colonise, usurp and/or replace domestic or international nations for ownership or exploitation;

**Recognising** that Aboriginal peoples' and Torres Strait Islander peoples' sovereignty was never ceded;

**Acknowledging** the continuing spiritual, social, cultural and economic relationship Aboriginal peoples and Torres Strait Islander peoples have with their traditional lands, waters, seas and sky;

**Recognising** the past acts of dispossession, settlement and discriminatory policies, and the cumulative acts of colonial and state governments since the commencement of colonisation, have left an enduring legacy of economic and social disadvantage that many Aboriginal peoples and Torres Strait Islander peoples and First Nations have experienced and continue to experience;

**Convinced** that addressing levels of disadvantage and inequity will require a new approach to radically improve and transform the design, delivery and effectiveness of government services by the XX Clinical Network enabling and supporting Aboriginal peoples and Torres Strait Islanders peoples and First Nations' self-determination, self-management and capabilities;

**Asserting** that when Aboriginal peoples and Torres Strait Islander peoples and First Nations have a genuine say in the design and delivery of services that affect them, better life outcomes are achieved;

**Acknowledging** that the United Nations Declaration on the Rights of Indigenous People, and the International Covenant on Economic, Social and Cultural Rights, affirm the fundamental importance of the right to self-determination, by virtue of which Aboriginal peoples and Torres Strait Islander peoples and First Nations freely determine their political status and freely pursue their economic, social and cultural development;

**Underpinning** the principle of self-determination are the actions of truth telling, empowerment, capability enhancement, agreement making and high expectations relationships; pursuant to the social, cultural, intellectual and economic advancement of Aboriginal peoples and Torres Strait Islander peoples and their development agendas;

**Recognising** that fundamental structural change in the way governments work with Aboriginal peoples and Torres Strait Islander peoples and First Nations is needed to address inequities.

## 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), Clinician Collaborative (clinician-led steering committee), Executive Committee (QCYCN-specific), subnetworks, time-limited working groups (established to deliver on network priorities) and the broader network membership. All subnetworks and working groups established will report to the Clinician Collaborative.

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).

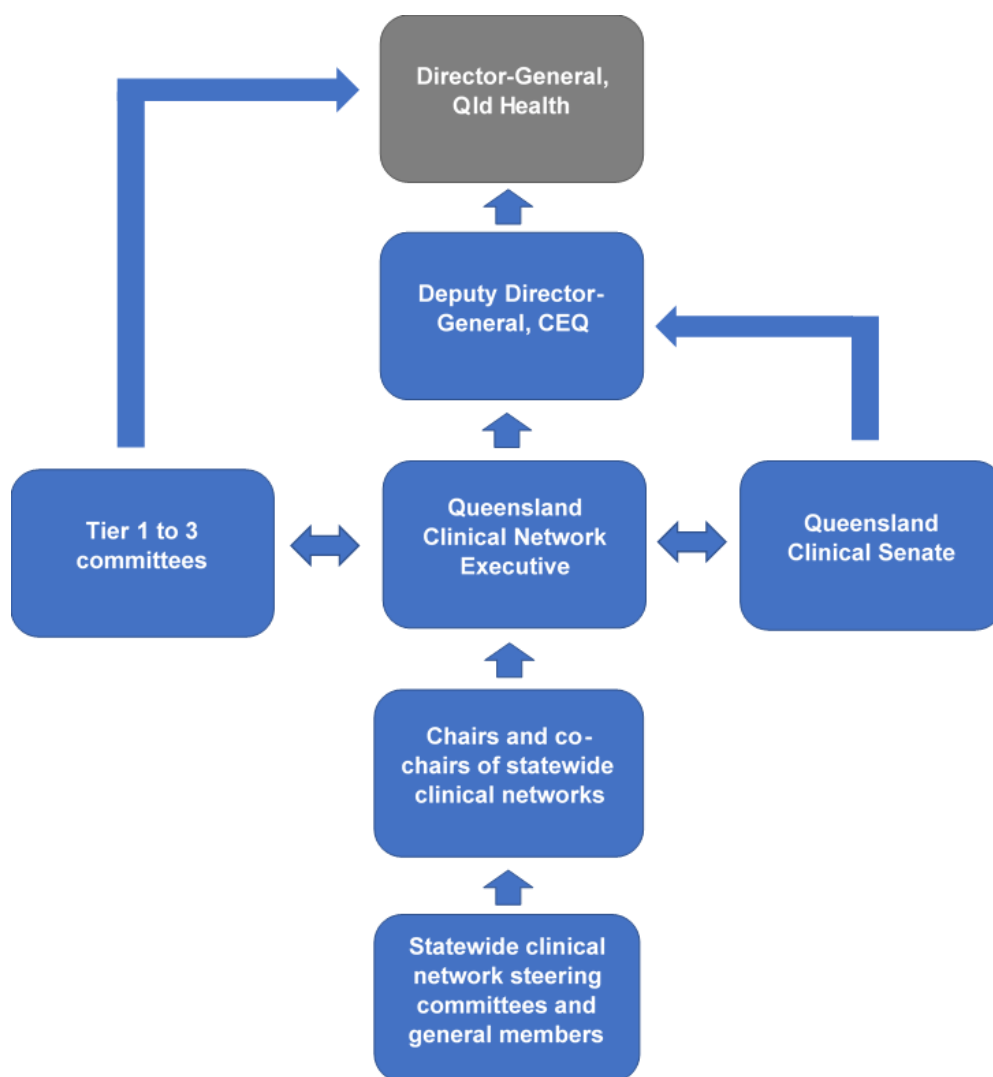


Figure 1: Statewide Clinical Network Governance

## Confidentiality

Members of the Clinician Collaborative 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 at the establishment of a network through a formal recruitment process open to all clinicians currently employed by Queensland Health in the specialty area of child, infant and youth health.

The primary role of the Clinical Chair/Co-Chairs is to provide clinical, strategic and consensus based leadership to the network. A key component of the role is to provide specialist clinical advice to system leaders to inform strategic directions, planning, clinical policy development.

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 Clinician Collaborative

The Clinician Collaborative 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 Clinician Collaborative on behalf of the network. A list of members is provided at Appendix 1.

The role of the Clinician Collaborative is to:

- Identify and drive initiatives to improve the quality, safety and effectiveness of child, infant and youth health in Queensland
- Provide leadership, expertise and advice to Queensland Health in relation to child, infant and youth health service planning, clinical policy and emerging issues (local, statewide, national)
- Provide leadership, expertise and advice to clinicians within the domain of child, infant and youth health
- 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 child, infant and youth health services in Queensland
- Develop an open and supportive environment for clinicians and consumers in relation child, infant and youth health services in Queensland
- Foster education, research and best practice in child, infant and youth health.



## Clinician Collaborative Membership

The Clinician Collaborative will be multidisciplinary and include representation from medical, nursing, allied health, Aboriginal and Torres Strait Islander Health Workers, management, general practice, consumers and relevant government agencies and non-government organisations along with the QCYCN Chair/s, Chair/s of all subnetworks and working groups and QCYCN project officers. The QCYCN clinician collaborative will aim to have at least one representative from each Hospital and Health Service, who will act as a champion and voice for their service at the statewide level. Representatives from other clinical networks with paediatric specific areas are also encouraged to become members.

## Clinician Collaborative terms of appointment

Queensland Child and Youth Clinical Network Chair/Co-Chairs are appointed for a two-year term with an option to serve two consecutive terms (4 years maximum). While it is important to rotate chairs to support new leadership and direction, Clinical Excellence Queensland may decide to retain particular leadership at crucial times in the Network's work. Their appointment as the Chair/Co-Chair is not impacted by the time a clinician serves on the Clinician Collaborative.

Clinician Collaborative members are appointed for a period of two years.

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

## Clinician Collaborative meetings

Clinician Collaborative meetings are held every 2 months or as required, with some out of session feedback requests occurring.

Clinician Collaborative attendance can be affected 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. If the quorum is not achieved or time critical decisions required out of session, 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 Clinician Collaborative 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 capacity and support the activities of the network.

## Evaluation

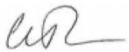
The Queensland Child and Youth Clinical Network Clinician Collaborative will:

- 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.

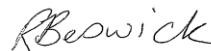
## Date of last review

This document was last reviewed and endorsed by the Queensland Child and Youth Clinical Network Clinician Collaborative and Chair/Co-chairs at the meeting on 3 November 2021.

## Approving authority



Dr Clare Thomas  
Co-Chair  
Queensland Child and Youth Clinical Network  
3 November 2021



Dr Rachael Beswick  
Co-chair  
Queensland Child and Youth Clinical Network  
3 November 2021

## Appendix 1 - Clinician Collaborative Members

Name	Position	HHS/Organisation
Clare Thomas	Co-Chair QCYCN, Co-Chair, Digital Child Health Subnetwork	QCYCN
Rachael Beswick	Co-Chair QCYCN	QCYCN
Anne-Marie Kinsella	Nurse Manager, Health Contact Centre	CHQ
Breanna Medcalfe	Consumer Representative	Consumer
Bruce Maybloom	General Practitioner	GP
Daria Westerman	A/AH Team Leader, Queensland Interdisciplinary Paediatric Persistent Pain Service	CHQ
Darren Hassen	NUM, Children's Inpatient Unit, Logan Hospital	Metro South
Ellie Buchan	Consumer Representative	Consumer
Friederike McCartney	Clinical Nurse Consultant, CQ Youth Connect	Central Qld
Georgie Trickett	Consumer Representative	Consumer
Jillian Scholes	Allied Health Team Leader - Deadly Ears	CHQ
Joanna Munro	Principal Lead – Clinical Prevention	Health & Wellbeing Qld
Karen Eagleson	Clinical Nurse Consultant – Cardiac Maternal Fetal Medicine / CHD LIFE Program.	CHQ
Liesl Pensio	Senior Speech Pathologist	Torres & Cape
Lissa McLoughlin	Nurse Unit Manager Outpatients, Women's and Children's Service	Sunshine Coast
Matthew Wakeley	Director of Paediatrics, Bundaberg Hospital	Wide Bay
Nicole White	General Practitioner	GP
Smrldhi Sarachandran	Staff Specialist Paediatrician	North West
Samantha Horgan	Nurse Navigator Transition. QCYCN AYA Subnetwork	CHQ
Sonya Stacey	Director of Pharmacy	CHQ
Skye Fraser-Ryan	Team Leader, Centre for Children's Health and Wellbeing	CHQ

### QCYCN Subnetwork Chairs, Coordinators, Project officers

Anthony Herbert	Co-Chair, Paediatric Palliative Care Working Group	QCYCN
Jacqueline Duc	Co-Chair, Paediatric Palliative Care Working Group	QCYCN
Catherine Marron	Chair, Child Health Sub Network	QCYCN
Heidi Atkins	A/QCYCN Coordinator	QCYCN
Jacky Hung	Coordinator, Digital Child Health Subnetwork	QCYCN
Jo Thomson	Co-Chair, Child Development Subnetwork	QCYCN
Jordana Rigby	Coordinator, Child Development Subnetwork	QCYCN
Judy Grant	Co-Chair, Digital Child Health Subnetwork	QCYCN
Kerri-Lyn Webb	Immediate Past QCYCN Chair	QCYCN
Mark Saran	Principal Policy Officer, Aboriginal and Torres Strait Islander Health Workers (maternal, child & youth) health	QCYCN
Susan Pagel	Co-Chair, Child Development Subnetwork	QCYCN
Vicki Moore	Chair, School Based Youth Health Nurse Sub Network	QCYCN

Brianna McCoola	AYA Subnetwork PPO	QCYCN
Dana Newcomb	Co-Chair, AYA Subnetwork / Medical Director Integrated Care	QCYCN
Cameron Bennett	Co-Chair, AYA Subnetwork	QCYCN
Raelene Baker	Co-Chair, Aboriginal and Torres Strait Islander Health Workers (maternal, child & youth) health subnetwork	QCYCN
Helen Irving (proxy Jessica Nicholson)	Chair, QPPHON Subnetwork	QCYCN

#### Statewide Partners/Programs

Bethany Hooke	Paediatric Disability Lead	CHQ
Emily Cross	Manager, Strategy, Children & Families Unit	Department of Health
Jan Connors (proxy Renae Majcen)	Chair Statewide Child Protection Partnership	Statewide
Julie McEniery (proxy Di Cruice/Jodie Osborne)	Chair, Queensland Paediatric Quality Council	Statewide
Kate Weller	Manager, Qld Paediatric Sepsis Project	Statewide
Lynette Adams	Manager, Qld Paediatric Critical Care Pathway Project	Statewide
Shona Hubsher	Principal Project Officer, Emergency Care of Children	Statewide

Clinician Collaborative membership as at 29/03/2022  
Membership is subject to change