



Victorian Renal Clinical Network

Insight Subcommittee Terms of reference

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Organisational context

Safer Care Victoria is the peak state authority for leading quality and safety improvement in healthcare. Safer Care Victoria oversees and supports health services to provide safe, high-quality care to patients every time, everywhere.

Created in response to the recommendations within the report *Targeting Zero: the review of hospital safety and quality assurance in Victoria* Safer Care Victoria works to eliminate avoidable harm and strengthen quality of care.

Staffed and led by clinicians and researchers, Safer Care Victoria puts patient safety front and centre, supporting health services to provide the safest and best possible care to patients every time.

Clinical networks

Clinical networks are the primary mechanism for Safer Care Victoria to harness clinical leadership and engage clinicians to inform, drive and promote quality improvement, innovation, research and address variation in clinical practice. Meaningful engagement with clinicians, healthcare managers, consumers and the wider system of healthcare will ensure Victoria enjoys sustained improvement in the safety and quality of care and that Victorian consumers have better health care experiences.

Safer Care Victoria defines clinical networks as groups of health professionals, health organisations and consumers who will work collaboratively and in a coordinated way to achieve a shared goal of high quality health care.

Clinical networks are part of the Clinicians as Partners branch and work collaboratively across Safer Care Victoria drawing on expertise in leadership development, innovation, systems improvement, and consumer experience to achieve their improvement objectives.

The importance of information and evidence

The importance of data in delivering quality health care was expressed in the 'Targeting Zero' report, a report of the Review of Hospital Safety and Quality Assurance in Victoria. The report recommended that the flow of information in the health system must serve as 'flags or alerts' to identify good practice patterns and deficiencies and/or variations in care that can be translated into opportunities to drive innovation and reform. In addition to Safer Care Victoria, the Department of Health and Human Services has established the Victorian Agency for Health

Information as recommended by *Targeting Zero* to help deliver on the *Targeting Zero* recommendations. It is intended that these two agencies will work closely and collaboratively in unlocking the potential of data to improve safety and quality of healthcare. The clinical network information and evidence subcommittees have an important role working across agencies to use data and evidence to improve clinical practice focused on specific clinical areas.

INSIGHT subcommittee purpose

Each clinical network will have its own dedicated INSIGHT subcommittee or group (referred to in this terms of reference as the subcommittee).

The subcommittee will act as an expert advisory group to the Renal Clinical Network governance committee.

The subcommittee plays a pivotal role in defining a set of safety and quality indicators that can be readily used by clinicians, consumers and administrators with the aim of enhancing the availability and use of data that highlights variation in clinical practice.

Core operating principles

The subcommittee will operate in a manner consistent with a set of core operating principles. The subcommittee will:

- act in the best interests of consumers and the wider Victorian community
- ensure consumers participate in a meaningful way (with an emphasis on co-design) in all activities of the clinical network, including decision making
- work with Safer Care Victoria and the broader network membership in a bottom up approach to agree on strategic objectives and network priorities focused on improving patient outcomes
- actively seek opportunities to enhance clinician and consumer engagement, focusing on promoting participation and effective communication
- collaborate with other networks and organisations on relevant improvement initiatives
- provide advice to Safer Care Victoria and the department more broadly on relevant clinical issues, including at short notice, if needed – in formulating its advice the subcommittee should seek expert input from the clinical network's wider membership as appropriate
- support the governance committee to monitor delivery against the annual work plan and regularly review progress in achieving the three-year strategic goals
- through the governance committee, be accountable to the director of Clinicians as Partners branch for delivering against the network's work plan to achieve its strategic improvement goals.

Role and responsibilities

The subcommittee will play a key role in the realisation of the partnership between Safer Care Victoria and the Victorian Agency for Health Information. Through this relationship it will facilitate the identification of, access to, and use of meaningful clinical data.

To be effective, the subcommittee will engage with data and data analytic expertise across three domains:

Domain 1: Information for improvement – where outcome measures are identified and used to drive safety and quality improvement.

Domain 2: Evidence informed best practice – where evidence based best practice clinical policy, standards, guidelines and protocols are identified, developed and implemented.

Domain 3: Evaluation - where best practice evaluation methodology is consistently applied to local network improvement work.

The specific responsibilities of the subcommittee are to:

- a. Develop an original set of clinically relevant safety and quality outcome measures
- b. Evaluate the efficiency and effectiveness of these outcome measures during their lifetime
- c. Regularly and routinely assess new measures to be included and/or identify those no longer relevant
- d. Periodically monitor the results of the safety and quality outcome measures as to further analyse and assess where applicable, the reasons for variation in clinical practice
- e. Identify and provide advice on clinical standards and guidelines
- f. Assess evidence from a broad range of data sources including outcome measure results, research, sector relevant reports and anecdotal evidence from clinicians to provide recommendations on progression of potential network safety and quality projects with a particular emphasis on variation in clinical practice
- g. Where future improvement work is indicated, the subcommittee will document and endorse the logic for further work which will accompany any formal recommendations to Safer Care Victoria
- h. Where information and evidence suggests local improvement work should be undertaken, a time limited project group may be established. In this situation, the subcommittee will identify outcome measures needed to monitor and evaluate project impacts delivered through the project group
- i. Review emerging evidence and provide advice on appropriate use of new and emerging technologies which might influence the delivery of best practice
- j. Provide input into reports on the clinical network activity and outcomes as requested by the clinical network governance committee
- k. Provide advice on specific matters referred to the group by the Clinical Network Governance group as required
- l. All decisions made by the subcommittee will be subject to endorsement by the network's governance committee as a conduit to the director, Clinicians as Partners and/or others within Safer Care Victoria with appropriate delegation.

Deliverables

The subcommittee will:

- Develop and deliver a set of quality and safety measures to routinely monitor the quality and safety of clinical practice (these should include measures relevant to both patient experience and outcomes and system performance)
- Develop and deliver a set of outcome measures needed to monitor network project impacts
- Identify best practice 'evidence based data gaps' where appropriate
- Document logic for future improvement work as indicated by information and evidence.

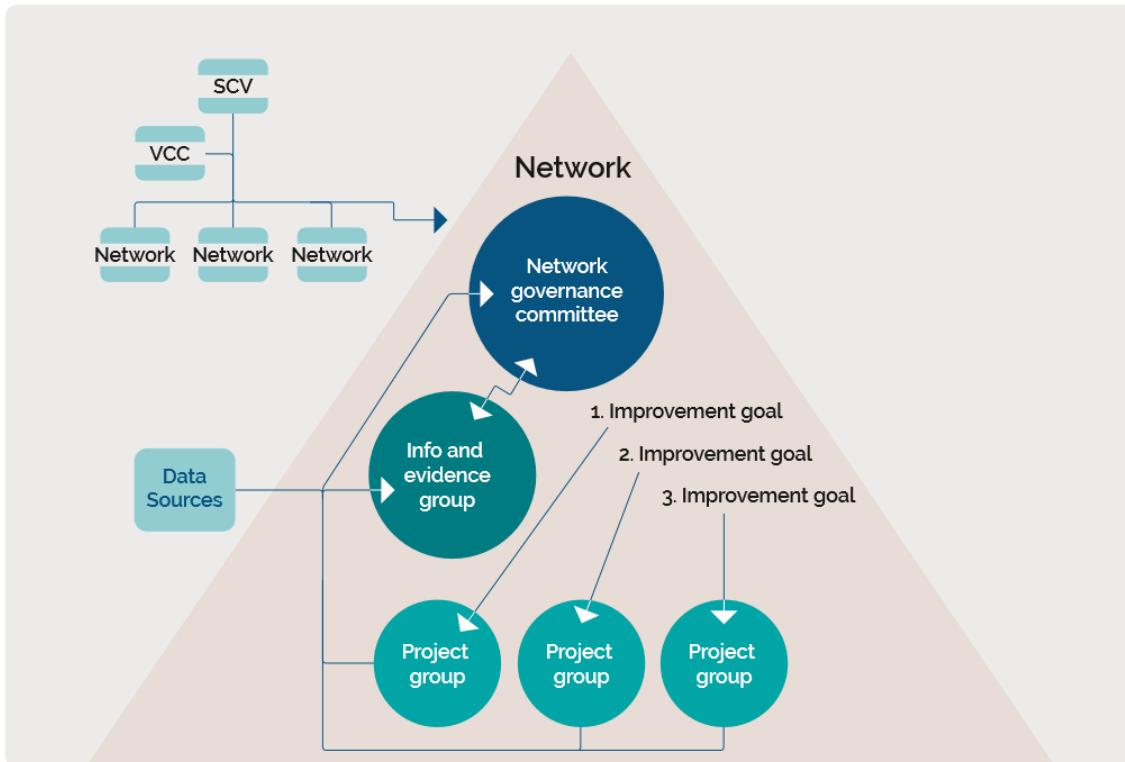
Governance

The subcommittee will work under the direction of the clinical network's governance committee (see Figure 1).

Working groups

The subcommittee may establish time limited working groups to undertake work and report back to the subcommittee on agreed key areas. The subcommittee will consider recommendations arising from these working groups.

There will be an interface between each network's INSIGHT subcommittee and Safer Care Victoria's Clinical Measurement and Reporting Committee and the group responsible for development of Clinical Practice Guidelines.



SCV = Safer Care Victoria; VCC = Victorian Clinical Council

Figure 1. The INSIGHT subcommittee of the network's governance committee

Membership

Members

The subcommittee will include seven to ten interested and skilled members with members contributing the following expertise:

- Clinical expertise from a range of disciplines (medical, nursing, allied health, midwifery) and across the care continuum
- epidemiology or biostatistics, preferably from an appropriate clinical stream
- data analytics
- population health

- consumer and carer advocacy.

Unless appointed specifically on a representative basis, members are non-representative; that is they do not represent an entity, organisation or any vested interests.

Consumer representation on all clinical network committees and working groups is mandatory. There may be a preference for making a distinction between consumer representation and carer representation, if this is considered appropriate.

The clinical network manager will attend all meetings and will contribute to discussions in an impartial manner, although is not a formal member of the group. The clinical network manager will bring to the attention of the group any issues or information so as to inform group deliberations. Clinical network manager attendance may be delegated to another staff member of Safer Care Victoria if required.

The director Clinicians as Partners branch will have a standing invitation to attend all meetings as an impartial participant.

Additional guests may be invited to take part in meetings as appropriate. Guest participants will not have authority to vote and will be required to sign confidentiality statements prior to the meeting.

Appointments

Members will be appointed via an expression of interest process. Appointments will be based on merit while ensuring the necessary mix of diversity, knowledge, experience and expertise. The selection criteria will be published with the expression of interest documentation.

Members who will be attending meetings or participating in other network activities during their usual working hours at a health care organisation will need to provide evidence of support from their employing organisation as part of the appointment process.

Expectation of members

Members are expected to:

- Commit to a three year term
- Attend a minimum of 75% of meetings and forums scheduled by the chair
- Participate in the work of the clinical network including subcommittees and working groups, as needed
- Declare any conflicts of interest
- Adhere to the member confidentiality provisions
- Advocate for and promote the clinical network and its activities
- Adhere to the core operating principles for the committee
- Notify the secretariat if they are unable to attend a scheduled meeting.

Accountability

The INSIGHT sub-committee reports through the chair to the clinical network governance committee. The subcommittee chair will provide a verbal or written update to the clinical network governance committee at each scheduled governance committee meeting.

Proxies

Absent members cannot be represented by proxy.

Co-option of members

If the subcommittee agrees that specific expertise and/or organisational representation is needed to progress work against specific priorities, and that expertise is not present in the subcommittee, the subcommittee may co-opt members for a set period of time for that work. The role of the co-opted member is to contribute constructively to discussions and deliberations in the same way as other members. Co-opted members however, do not have voting rights.

Tenure

Founding members are appointed for a period of 3 years with a review after one year. Thereafter members shall be appointed for two year terms. Members may serve a maximum of two consecutive terms, unless otherwise endorsed by the network's governance committee and approved by the director, Clinicians as Partners branch.

Mid-term vacancies

Mid-term vacancies will be filled via an expression of interest process.

Meetings

Meeting frequency

Meetings are to be held up to five times each year and will be a minimum of 1 ½ hours in duration or as otherwise determined by the chair.

Decision making

Decision making will be on a consensus basis. In the event there is no consensus, a simple majority will suffice.

Chair

The clinical network governance committee will appoint a member of the governance committee as chair of the INSIGHT subcommittee.

The chair will lead the activities of the group. Specific responsibilities are to:

- set the agenda for the meeting
- lead the meeting
- maintain order at the meeting
- ensure the conventions of the meeting are being followed
- ensure fairness and equality at the meeting
- keep the meeting to time

- approve the formal minutes of the meeting
- report to governance committee on group activities.

Secretariat

The Clinicians as Partners branch will provide the secretariat function for the group. This function will be overseen by the clinical network manager. The role of the secretariat is to:

- support the day-to-day running of the subcommittee by developing the agenda, preparing and distributing background papers, and recording and preparing minutes of subcommittee meetings
- update, manage or log any potential conflicts of interest
- ensure group decisions and/or recommendations are accurately documented for endorsement by Director, Clinicians as Partners and/or others within Safer Care Victoria with appropriate delegation.

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 upon if:

- written information about the issue, together with a proposed resolution, is distributed to all members of the group
- sufficient members of the group to constitute a quorum respond and a consensus or simple majority agree with the proposed resolution, or an amended form of the resolution, within a timeframe agreed upon by the Chair.

Attendance

Subcommittee members must attend no less than 75 per cent of meetings per year. At least half of the meetings must be attended in person.

To support participation of people living in regional or rural locations, teleconference or videoconference should be made available by prior arrangement, if requested.

Quorum

Half plus one members meeting together and/or via tele/videoconferencing will constitute a quorum.

In the event a quorum is not achieved, the meeting may proceed with voting held over until such time as a quorum is achieved.

Confidentiality

All members will be required to sign a confidentiality agreement on commencement of their term of appointment.

Members will not reveal any confidential or 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 that they obtained while a member of the subcommittee, and may not use or retain, or attempt to use or retain, any such information, documents or data.

Guests will be required to sign a confidentiality agreement prior to meeting attendance.

The Chair will provide direction to members on outcomes or recommendations that may be disclosed publicly.

Conflict of interest

A conflict of interest will arise if a person's personal interest (actual or perceived) conflict with their duties as a subcommittee member such that the person may not be independent, objective and impartial in relation to their duties. All declarations of conflict of interest will 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 the member will remove themselves from voting on matters concerning the declared conflict and be guided by the chairperson on how to best to proceed and advise the meeting accordingly. A formal declaration will be completed and signed along with documented action taken by the chairperson.

Remuneration

Consumer members and private practitioners such as general practitioners will be eligible for remuneration for attendance to subcommittee meetings. Other members of the committee 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.

Committee members should contact the manager of the clinical network for further information on remuneration and the processes for claiming expenses.

Review

The subcommittee will review its progress against its stated role and responsibilities and work plans every twelve months reporting to the governance group on any proposed changes to the Terms of Reference. Changes to the Terms of Reference will be subject to approval by the clinical network governance committee and the director Clinicians as Partners branch.