ACT Clinical Council

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1. Role	To provide advice and feedback to the CHN Board and management in relation to CHN key projects and commissioning initiatives.
2. Accountability	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. In operational terms, the Council will report to the CHN Chair who will consider and respond formally and transparently to all advice received. Outcomes of face to face meetings and engagement will include endorsement and recommendations from the Clinical Council to the Board relating to key Commonwealth deliverables and initiatives relating to CHNs priority areas.
3. Functions	The functions of the Clinical Council are to provide recommendations/advice to the CHN Board on: **a.** whole of health system issues (including but not limited to): **i.** major clinical strategic areas including clinical service planning and reform, models of care, innovation and service delivery **ii.** strategies to improve medical and health care services through strategic, cost-effective investment and innovation **iii.** strategies to improve patient care by improving the integration of services to patients across all settings of care, and in particular local pathways between the primary health care and sub-acute and acute care systems **iv.** strategies to implement national and territory clinical guidelines and standards **v.** strategies to improve the safety, quality, effectiveness, efficiency and sustainability of clinical services for patients **vi.** strategies to improve the links between the ACT Health Directorate and Canberra Health Services, CHN and teaching, training and research partners **vii.** research opportunities across the ACT region **viii.** strategies to facilitate and support clinical leadership **ix.** strategies to ameliorate the growth in hospital demand within the ACT

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	x. education and local dissemination of emerging best practice **xi.** 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. **b.** key issues of clinical concern.
4. Key Interfaces	The Clinical Council will also work collaboratively with CHN's Community Advisory Council, other ACT Health nominated community consultation mechanisms, and equivalent organisations in the South Eastern NSW Primary Health Network regarding cross border health issues. Where appropriate, the Council will: **a.** draw on input from a range of sources such as the HealthPathways Governance Committee, existing and new topic-specific clinical networks, practice based research networks (PBRNs) **b.** facilitate engagement and networking across the ACT clinical community through various forums and symposia. 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. The Clinical Council may cross-refer issues for discussion to the Community Advisory Council or the General Practice Advisory Council.
5. Membership	Membership will consist of clinicians with subject matter expertise in relation to CHN's key priority areas, as well as consumer and carer representation. Proportionate membership of Aboriginal and Torres Strait Islander Primary Health Professionals and/or community members as the Board recognises, values and respects the voice of First Nations people. A call for nominations will be conducted via existing CHN electronic communication platforms and other professional bodies. Nominations will be reviewed against the membership types listed above. The aim of the nominations process will be to identify representatives that will bring subject matter expertise and a collegiate and collaborative approach to providing advice and input into CHN initiatives. Membership • GP (minimum of two)

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	• Practice Nurse • Carer • Consumer • Pharmacist • Psychiatrist • Geriatrician • Aged Care Nurse • Psychologist • ACT Health Directorate Senior Management Representative • Canberra Health Services Senior Management Representative • Calvary Hospital Senior Management Representative • Allied Health Professional (other than Psychologist and Pharmacist members) 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. A nominated Board Director will attend Clinical Council meetings as an observer. Formal induction with members will be completed by CHN management, in collaboration with the Clinical Council Chair. This will include a meeting to discuss the role, functions and purpose of the Council and CHN, as well as meeting frequency and use of the online platform. Non-Indigenous Clinical Advisory Council members to have undertaken or be prepared to undertake cultural competency training.
6. Term of Appointment	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). All appointments to the Council are subject to review by the CHN Board at any time. Any vacancy that arises outside of the standard term will be filled by the above process. Any conflicts (actual, perceived, and potential) will be managed in line with CHN's policies and procedures.

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7. Joint Chair	The Clinical Council will be GP led, this will include at least one GP chair, through a co-chair arrangement. These positions will be appointed by the CHN Chair for an initial term of two years, with the possibility of extension. A member can only serve a maximum of two consecutive terms as Chair. Should both Chairs 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.
8. Meeting Attendance and Participation	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. Capital Health Network has the following as its key values: 1.Respect 2.Integrity 3.Accountability 4.Collaboration 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: 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.
9. Meeting Frequency / Duration	A minimum of three formal meetings will be held each year. The formal meetings will have the following focus areas: • Needs Assessment – monitoring of and contributions to needs assessment process and prioritisation • Prioritisation of new initiatives under priority areas – contribution to and recommendations around prioritisation of new initiatives

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	• Progress against priority areas – advice and input into the progress of initiatives against each priority, including where initiatives may not be progressing as intended. Meetings will be held in order to align with CHN strategic, needs assessment and business planning cycles. Dates will be agreed at the commencement of each year. 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. In addition to the formal meetings it is anticipated that the Clinical Council, or subsets of the Council, will meet more frequently via ad hoc working groups throughout the year. A forum will be available for CHN management and Clinical Council members to post items for feedback and collaboration. This could be utilised for items requiring rapid turn-around due to short timeframes. Members will be able to poll and provide comments.
10. Quorum	A quorum for meetings will be 50% of appointed members plus one.
11. Report of Meetings	To ensure the efficient functioning of the Council the CHN Board expects that Chairs will work with the Secretariat to clear minutes setting out any recommendations and actions arising from each meeting within ten business days of the meeting. The Secretariat will ensure that Chairs have at least one weekend in which to read and consider the draft minutes. Following the co-Chairs' approval, the draft minutes will be circulated to members for comment and endorsement, before being provided to the CHN Board for consideration of recommendations or noting and actions at its next meeting. Where a decision by the Board is required, a recommended resolution will be included in a paper to the Board.
12. Performance Review	The performance of the Clinical Council, including the co-Chairs, will be assessed by the CHN Board Chair on an annual basis.

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	Council members will self-assess after each meeting in order to continuously improve meeting processes. A formal evaluation will be conducted to review the impact and effectiveness of the Council across the first 12 months of the new Council format. This evaluation will be conducted internally.
13. Termination	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.
14. Secretariat	The CHN CEO will ensure that appropriate secretariat support will be provided to the Council
15. Remuneration	Sitting fees for Council meetings will be available in accordance with CHN's remuneration policy.
16. 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
17. ToR Review	The ToR will be reviewed biennially (i.e. every second November).