

# **Terms of Reference**

## **NT Clinical Senate Committee**

**April 2019**

**Document details**

<b>Document title</b>	Terms of Reference NT Clinical Senate
<b>Contact details</b>	
<b>Approved by</b>	Chair
<b>Date approved</b>	
<b>Document review</b>	Every two years

**Change history**

Version	Date	Author	Changes made
6.0	29 <sup>th</sup> April 2019	Heather Malcolm	Updated to reflect not only establishment phase of committee but also current functions, including extended length of membership term to 3 years.

**Acronyms**

You will find the following acronyms in this document.

Acronyms	Full form
DOH	Department of Health
EOI	Expression of Interest
NT	Northern Territory

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# 1 PREAMBLE

The overall development, management and performance of the public health system is the responsibility of the System Manager, defined as the Chief Executive in the *Health Services Act 2014*. The System Manager is responsible for Territory-wide planning, managing capital works, monitoring and managing the performance of each Health Service and the Public Health System as a whole.

The NT Clinical Senate (the Senate) provides the Chief Executive Department of Health (DOH) with informed advice, based on best practice and available evidence, regarding the improvement of clinical quality and safety of health services across the Northern Territory. The Clinical Senate promotes clinical engagement to underpin healthcare reform.

## 2 ROLE

The Senate provides expert clinical advice, information and/or recommendations to the Chief Executive in consideration of:

- The NT Health's clinical governance strategy, policies and their implementation
- The NT Health's clinical quality and patient safety programs, standards, guidelines and indicators and the implementation of these
- Evidence-based strategies in relation to system integration and public health
- Evidence-based strategies in relation to the management of consumers with complex or chronic conditions
- Clinical quality and patient safety issues regarding the public health system, including access to health services by people living in remote communities.

## 3 PRINCIPLES

Clinical leadership and advice provided by the Senate should be guided by the following principles:

- Focuses on the provision of high quality health care delivery and improving health outcomes through consideration of a 'system' wide' approach
- Reflects a patient-centred approach to care and service provision that meets individual needs with an emphasis on supporting and empowering people to achieve favourable healthcare experiences and outcomes
- Supports local engagement and consultation within the health system to leverage existing work and avoid duplication
- Drives culture and leadership to achieve clinical engagement and foster transformational change in the health system
- Liaison with private sector where relevant
- Advocates for planning and delivery of care that respects the diversity of patients and higher-risk groups
- Promotes a culture of continuous improvement through informed best available evidence
- Provides constructive advice that translates into recommendations that support clinical practice, guides practitioners and patient decisions about appropriate care
- Focus is maintained on the sphere of influence that the Senate actually has to advise the Chief Executive of Department of Health
- The Senate adopts the WHO definition of health in its consideration of issues

- The Senate recognises that that physical, social, spiritual and psychological approach to care requires consideration of a wider perspective
- The Senate is respectful in its engagement with Aboriginal communities and respects the voices of Aboriginal individuals and communities.

The Senate adopts the *Deliberative Decision-Making Model*<sup>1</sup> to reflect the following principles:

- Broad, cross-sectional membership
- Commitment to making decisions in the best interests of the whole community
- Provision and consideration of unbiased information and evidence on the given subject
- Adequate time to deliberate
- Decisions are required; and
- A guarantee that the work will be heard and acted upon.

## 4 CHAIR

The Chair of the Senate:

- Is a well-respected practising clinician
- Is appointed by the Chief Executive, Department of Health; and
- Will be appointed for a three year period with an option of extension of a second three-year term with a maximum of two consecutive terms.

Should the Chair be absent from a meeting, the Deputy Chair will preside over the meeting.

## 5 DEPUTY CHAIR

The Chief Executive, Department of Health may appoint a Deputy Chair, drawn from the membership. The Secretariat must convene a selection panel to select the Deputy Chair for consideration by the Chief Executive.

The term of the Deputy Chair is commensurate with the period of his/her term of membership of the Senate.

The Deputy Chair is a member on the NT Clinical Senate's Executive Committee. As guided by clause 6.4, the Deputy Chair will serve no more than two consecutive terms.

The Deputy Chair undertakes the Chair's role in his/her absence.

## 6 MEMBERSHIP

6.1 The Senate will include up to 45 non-representational multi-disciplinary clinicians, consumers and NT Health professional leads with appropriate skills and experience in clinical quality and patient safety systems and processes from across the broader NT health system to ensure there is both an internal and external perspective in improving quality and safety of health care delivery.

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<sup>1</sup> Quinlivan, J., Basile, T., Gibson, K., Xu, D. and Croker, N., 2016. The Western Australian Clinical Senate as a model for state-wide clinical engagement. *Health Care: Current Reviews*, 4(3).

Clinician membership is reflective of all aspects of clinical care in NT and population health needs. Members are apolitical and non-representational, using a flat-line membership structure, where members have equal power in decision-making and engage freely in discussion

6.2 All Senate appointments are made by the Chief Executive.

6.3 Senate appointments are three years and should allow for a staggered approach to replacement to ensure continuity. Membership renewal can be evaluated with regard to assessment of contribution and attendance.

6.4 No member serves more than two consecutive terms.

6.5 Senate members who have terms due to expire will be asked in writing if they wish to seek reappointment for a second consecutive term. Once the number of vacancies has been established, an Expression of Interest (EOI) process will be run for the appointment of Senate members to fill the vacancies. The EOI process will be overseen by a selection panel established by the Department of Health.

6.6 The Senate comprises a range of clinicians from across the NT, covering acute health, primary care, non-government organisations, aboriginal community controlled health organisations and research/academic institutions, with a focus on emerging clinical leaders. All clinical members are expected to be experienced health professionals, involved in regular clinical practice and held in high regard by their colleagues.

Clinician Members are selected in alignment with a skills and location matrix approved by the Chief Executive.

There are ten (10) NT Health appointments to the Senate. These are:

- Chief Health Officer, DOH
- Chief Psychiatrist, DOH
- Chief Nurse and Midwifery Officer, DOH
- Senior Director Clinical Quality and Patient Safety, DOH
- Principal Allied Health Advisor, DOH
- Principal Aboriginal Health Practitioner Advisor, DOH
- Executive Directors of Medical Services, Top End Health Service and Central Australia Health Service
- Executive Director Medicines Management
- Principal Dental Advisor, DOH

The Chairs, Health Advisory Committees are nominated as the consumer members of the Clinical Senate. They are experienced in engaging and consulting with the community in areas of health policy, and will require an interest in improving quality of health care.

6.7 Vacancies created by pre-term resignations are to be managed by the Department of Health, with advice from the Chair.

6.8 Membership positions become vacant if a member:

- Resigns in writing
- Is absent from more than two meetings in a given year, except for leave granted
- Fails to observe without reasonable reason the Senate's Code of Conduct.

## 7 EXPERTISE

Clinical members of the Senate are expected to have significant relevant understanding in a particular discipline including:

- Opportunities to improve quality of care or health outcomes
- Evidence based practice and how this can be promulgated to drive system-wide improvements in service delivery and quality of health care
- Innovative approaches to reduce unwarranted clinical variation and preventable harm
- Best practice ways to foster consensus for change.

## 8 RESPONSIBILITIES

Members will be asked to respond to specific issues identified by the Department of Health but may also identify issues which are within the scope of the Terms of Reference. An agenda should have no more than 50% of issues identified by members, and is approved by the Chair prior to release.

Members will debate issues and develop recommendations for consideration by the Chief Executive. Recommendations must be formally considered and reviewed by the Chief Executive. Reasons for not implementing a recommendation are provided in writing to the Chair by the Chief Executive.

Members will develop an annual work plan to guide the scheduling of debates.

Members will produce an annual report of their activities and recommendations for the Chief Executive.

## 9 EXECUTIVE COMMITTEE

The Executive Committee is the initial contact for all business of the NT Clinical Senate and is responsible for planning the NT Clinical Senate quarterly meetings and overseeing the administration of the NT Clinical Senate. In addition, the Executive Committee:

- Promotes the core values and markets the outcomes from its activities
- Ensures deliberations and activities are consistent with the values and vision of the NT Clinical Senate
- Identifies potential risk and establishes risk management processes
- Debates, develops and establishes operational policy in relation to its activities
- Represents the Senate at meetings with key stakeholders
- Ensures regular and timely communication with members and other key stakeholders
- Measures the performance and ensures the administration of the NT Clinical Senate, its Executive Committee and Secretariat.

The Executive Committee is made up of the Chair, Deputy Chair and at least 4 other members representative of the diversity of professional disciplines and geographical location of Senate members. Members may be selected in order to develop leadership skills and executive experience.

The Quorum for the Executive Committee shall consist of three Executive Committee members present in addition to the Chair or Deputy Chair.

The term of membership of the Executive is commensurate with the period of the member's term of membership of the Senate, unless agreed otherwise with the Department of Health.

## 10 CODE OF CONDUCT

Senate members are expected to discharge their duties with care and diligence and uphold the operating principles and adhere to its Code of Conduct as follows:

- All papers produced by the Senate are for its members use and confidential.
- Members should not make any inappropriate use of information that is discussed at the Senate.
- Members should not disclose publicly any information that is identified as confidential.
- All information that is to be made publicly available relating to Senate matters must be approved by the Chair.
- Members should disclose any real or perceived conflicts of interest before each meeting.

## 11 SECRETARIAT FUNCTION AND ROLES

This function will be provided by Clinical Quality and Patient Safety Unit, Department of Health.

The role will include:

- Prepare records, including the agenda, minutes, reports or recommendations
- Liaise with the Chair to determine timing and content of the Senate meetings
- Ensure the agenda and papers are issued two weeks before a meeting
- Coordinate with the Chair to ensure minutes are promptly finalised, signed by the Chair and distributed to members for confirmation as soon as practicable after each meeting
- Ensure minutes of previous meeting are tabled at the next Senate meeting for approval
- Maintain a disclosure of interest register
- Make all administration arrangements associated with Senate members' travel, accommodation and remuneration, teleconferencing/video conferencing arrangements
- Coordinate the drafting of annual work plan.

## 12 FREQUENCY OF MEETINGS

The Senate will meet at least three times per year. Additional meetings may be convened by the Chair if necessary, and subject to adequate notice.

Periodically members may be asked to attend workshops, conferences and teleconferences.

## 13 NOTICE OF MEETING

The Chair may call a meeting if required by the Chair or Chief Executive. A notice of each meeting confirming the date, time, venue and agenda will be forwarded to each member of the Senate as soon as practicable prior to the meeting date.

Senate meetings may be permitted to be held other than in person on consent by members.

## 14 INVITEES

Any invitee of the Chair or Senate member (subject to prior agreement by the Chair) may attend and speak at the meeting.

## 15 QUORUM FOR MEETINGS

The minimum quorum for a Senate meeting is 50% of members plus 1.

## 16 PRIVACY AND CONFIDENTIALITY

In some instances, members may be privy to information that is confidential and not in the public domain.

As such members will not reveal any confidential or proprietary information entrusted in the course of their duties. Upon cessation of membership, and thereafter, the member will not reveal any confidential information which they obtained while a member of the Senate, and may not use, retain or attempt to use or retain, any such information, documents or data.

The Chair will advise of confidentiality aspects as they arise. Members are also requested to clearly indicate if any information they bring to the Senate is confidential. In such circumstances, all members acknowledge their responsibility to maintain the confidentiality of associated disclosed material.

All papers produced by the Senate are for the exclusive use of its membership, and any information that is to be made publicly available relating to Senate matters must be approved by the Chair.

## 17 REMUNERATION AND EXPENSES

The Department of Health provides a venue for the meetings and provides teleconferencing or videoconferencing options for members who are unable to attend meetings in person.

In line with the NT Government Travel Policy and Framework and NT Health Staff Travel Policy and guidelines, NT Health will organise and pay travel and accommodation costs, as set out in the [Clinical Senate Travel and Entitlements Policy](#).

Eligible members will be remunerated at a rate equivalent to that of a Class C Level 2 Advisory and Review Body (expert high impact).

## 18 EVALUATION AND REVIEW

To ensure that the Senate is fulfilling its duties, it will undertake an annual assessment of its performance against the Terms of Reference and provide that information to the Chief Executive together with any information the Chief Executive requests to facilitate a review of the Senate and its membership.

Audits of outcomes of recommendations of the Senate and periodic updates on implementation progress should be carried out as required, including reporting by Health Services on implementation progress of endorsed recommendations.

The Senate will review its Terms of Reference every two years and provide a report, including any recommendations to the Chief Executive.

## TERMS OF REFERENCE ADOPTED

Date of review: 01/05/2021

Chair Name: Dr Stephen Gourley

Chair Signature:



Date: 01/05/2019