

# Brisbane North Clinical Council

## Terms of Reference November 2024

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Brisbane North PHN (the PHN) is one of 31 Primary Health Networks across Australia funded by the Australian Government Department of Health and Aged Care. We support clinicians and communities in Brisbane's northern suburbs, Moreton Bay city, parts of Somerset Regional Council and Norfolk Island.

Our region covers approximately 4100 km<sup>2</sup> of urban, regional and rural areas, with a population of over one million.

Our key objectives are to:

- increase the efficiency and effectiveness of medical services for patients - particularly those at risk of poor health outcomes
- improve coordination of care to ensure patients receive the right care, in the right place, at the right time.

It is a funder requirement of each PHN to establish and maintain a Clinical Council. Clinical Councils will assist PHNs to develop local strategies to improve the operation of the health care system for patients in the PHN, facilitating effective primary health care provision to reduce avoidable hospital presentations and admissions.

## Purpose and functions

The Brisbane North Clinical Council (the Council) has been formed by the Brisbane North PHN (the PHN) as a forum to bring together key local clinical stakeholders to assist the PHN with strategic input, planning and communications. Specifically, these functions include:

### Strategic advisory role

- a) report on clinical issues to ensure the PHN Board decisions are cognizant of the unique needs of the community and local providers
- b) provide recommendations to the PHN Board regarding strategic, cost-effective and innovative opportunities to improve medical and health care services in the region
- c) systematically identify acute and primary care services that could be delivered more effectively and efficiently
- d) identify and propose solutions to current system blockages including reviewing opportunities for improvement
- e) work in partnership with Metro North Hospital and Health Service (Metro North Health) in an effort to assist the PHN to develop local strategies to improve the operation of the health care system for patients, including through facilitating effective primary health care provision to reduce avoidable hospital presentations and admissions.



## Planning role

- f) participate actively in collective impact forums run by the PHN
- g) review and provide expert input regarding local population health and health service delivery data gathered by the PHN
- h) provide advice regarding additional sources of relevant data to inform prioritization of local needs.

## Communications

- i) network with colleagues and others to ensure a good understanding of local health care needs
- j) disseminate endorsed information to colleagues and community members.

## Governance and linkages

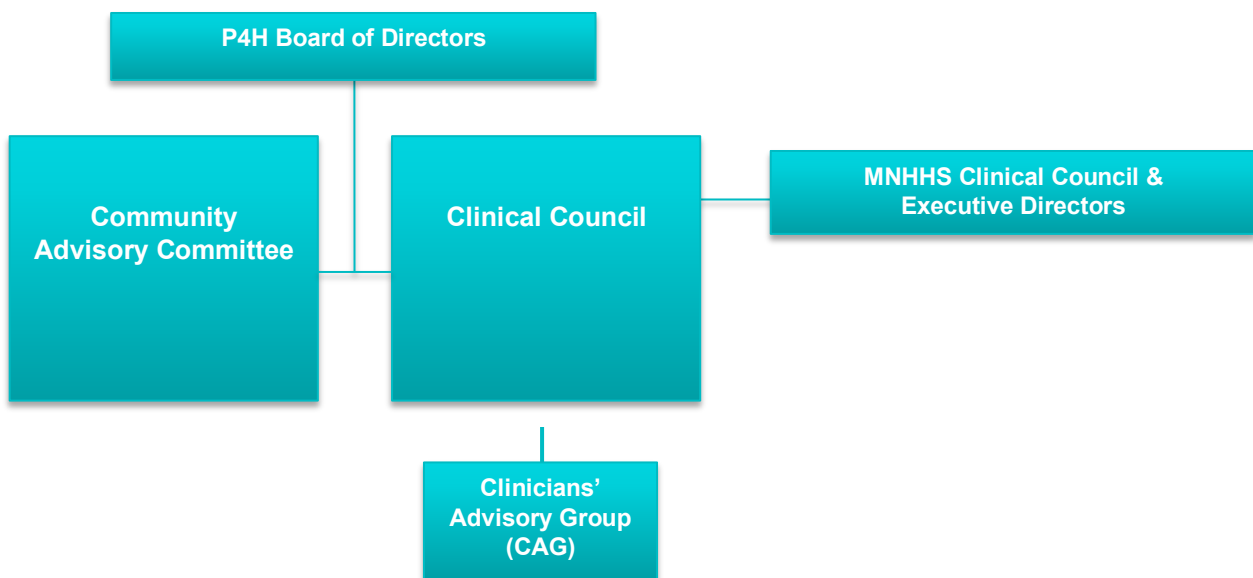
The Council plays an important role in providing recommendations and input to the Partners4Health (P4H), trading as Brisbane North PHN Board of Directors.

The Council is linked to the PHN Board of Directors through the regular attendance of a nominated Board representative, regular reports of meeting outcomes to the PHN Board via the CEO and provision of endorsed meeting minutes to the PHN Board as a standing Board agenda item.

The Council also has links to Metro North Health through the mechanism described in the section on membership.

The relationship of the Council to other groups is illustrated in Figure 1.

Figure 1



## Membership and term

The Council shall consist of between 7-13 members.

Members of the Council shall be individuals working as clinicians in the Brisbane North PHN region, including, but not limited to GPs, nurses, allied and community health professionals, Aboriginal health workers, paramedics, specialists and hospital representatives. Expressions of interest (EOI) for membership

shall be invited by the PHN as members retire or membership terms expire. EOIs will be distributed through key stakeholders.

In addition, a range of ex-officio positions will exist on the Council, including, but not limited to:

- Brisbane North PHN's Clinicians' Advisory Group (CAG) representative
- Brisbane North PHN General Practice Liaison Officer(s)
- Metro North Health representatives, as agreed with the Metro North Health from time-to-time
- Children's Health Queensland representative
- Queensland Ambulance Service representative.

Others may also be invited to attend on a time-limited basis or to progress specific discussions or initiatives.

Membership shall be actively reviewed by the Council and by the PHN Board on a regular basis, with members serving a minimum two-year term and two-year terms thereafter. Members may be reappointed at the conclusion of each term.

## **Selection process and criteria**

Members will be selected by the Council Chair and Executive Manager – Health Systems Improvement following a review of EOIs and an interview with members endorsed by the PHN Board. Applicants must be supported, by way of a reference from a relevant stakeholder organisation through whom EOIs are distributed.

Applicants must demonstrate:

- strong understanding of the needs of the community
- extensive networks across their profession
- ability to engage constructively in a committee environment.

With the exception of ex-officio members, applicants will be selected as individuals, not as representatives of any organisation(s).

The PHN reserves the right to invite and remove members of the Council from time-to-time but will seek advice from Council members before doing so.

## **Sitting fees**

Members will be paid sitting fees by the PHN for meeting preparation and attendance. If members are otherwise salaried/remunerated by other organisations for their time while on the Council and/or preparation time, then no further remuneration from the PHN shall apply. Members are required to declare this to the PHN upon responding to the EOI and/or the commencement of their membership on the Council.

## **Chair, coordination and secretariat**

The Council shall be chaired by the PHN Director, or delegate, with coordination and secretariat support provided by the PHN. Coordination support shall include development of meeting agendas, action item follow up and other correspondence in relation to the Council. Secretariat support shall include management of meeting logistics, distribution of agendas, and minute taking.

All meeting documentation including agendas and minutes shall be considered confidential documents, unless otherwise stated, and shall only be distributed to group members and to the PHN Board of Directors.

## **Decision-making and proxies**

The Council shall endeavour to operate on a consensus decision-making basis, where possible and relevant. Members will hold one vote each.

All recommendations/advice of the Council in regard to proposed initiatives for implementation in the Brisbane North region will be subject to approval from the PHN Board of Directors.

Members may nominate a proxy for times when the member is unable to attend meetings either in person or via electronic means, however, this proxy must be adequately briefed, similarly qualified and able to participate fully in discussions and decision-making on behalf of the member.

## **Quorum and attendance**

A quorum will be considered to exist when fifty percent or more of the members (including ex officio members) are in attendance either in person or via electronic means for at least some portion of the meeting.

If a member is absent, without a proxy, for more than two consecutive meetings, the Chair will refer a decision to the remaining members of the Council as to the absent member's continuing membership.

## **Meetings**

The Council shall meet four times a year. Working groups may be formed from time-to-time to progress specific initiatives in between regular Council meetings.

## **Communication**

Council members shall provide current email contact details to the PHN. These contact details shall be made available to all Council members.

Committee members shall be invited to provide agenda items for future meetings at the end of each meeting.

Meeting materials will be provided and distributed five working days prior to the meeting. Materials will include agenda, supporting pre reading papers, notes and information as required. The minutes will be available five working days after a meeting.

## **Review**

The Council composition, outcomes achieved, and these Terms of Reference shall be reviewed by the Council and the PHN Board of Directors on no less than an annual basis.

## **Code of Conduct**

All members and attendees of the Council meetings shall, prior to attendance, be required to sign and return a statement attesting to the fact that the member or attendee has read and accepts these terms of reference and agrees to abide by this code of conduct.

## **Confidentiality**

To ensure effective consultation between the PHN and Council members, sensitive information which is not in the public domain may sometimes be disclosed at Council meetings on a confidential basis. Members and attendees are asked to be mindful of the confidentiality of this information and should not disclose it to outside parties.

If members or attendees are unsure about the confidentiality status of particular information or data disclosed to them, the Chair should be asked to clarify the position.

## **Other responsibilities**

Council members and other attendees are responsible to advise the Chair of individual approaches by the media or any other person seeking information about matters discussed at Council meetings. Members and attendees are permitted to disclose the general role and function of the Council but are not permitted to disclose matters being discussed unless the Council has given explicit permission for such disclosures to occur.

## **Public comment**

Council members and attendees must avoid making public comments that may appear to be an official comment from the PHN or from the Council. Where public statements are deemed to be advantageous, these shall be distributed by the PHN through usual channels.

## **Other issues**

Council members and attendees are encouraged to openly express concerns about the operation of the Council within the context of the Council meetings. Members and attendees may also bring concerns to the Chair for assistance with resolution.

## **Conflict of interest**

Council members and attendees are responsible to declare any potential, real or perceived conflict of interest at any meeting if it relates specifically to a particular issue under consideration. The secretariat will record this declaration in the minutes and the Chair will manage the conflict of interest in collaboration with non-conflicted Council members. A declaration of interests register will be maintained for standing conflicts.

## **Intellectual property**

Any intellectual property rights of Council members or attendees must be observed and protected. Members or attendees who are deemed by the Council to have breached, or have an intent which would breach, the intellectual property rights of another member or attendee may, among other remedies, be removed from the Council. The Council members and attendees must also be aware that breaching another member or attendee's intellectual property rights may result in legal or other remedial actions.

# Brisbane North Clinical Council

## Terms of Reference, Code of Conduct and Confidentiality Agreement

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I have read and accept the Brisbane North Clinical Council Terms of Reference and agree to abide by the code of conduct.

**Member/Attendee:**

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Printed Name

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Signature

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Date

**Witnessed by:**

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Printed Name

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Signature

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Date

Version	Approval date	Change
4	November 2024	Updates to membership and term, sitting fees, chair, coordination and secretariat sections
3	15 November 2022	Updates to membership and term section, selection process, quorum
2	March 2018	Template & wording in the membership and term section
1	Feb 2015	Template