



**Border / East Hume
& West Hume
Cancer Network Committees
Terms of Reference**

March 2010

Purpose

The purposes of the Hume RICS Network Committees are to:

1. Provide leadership, support for and oversight of the development and ongoing operations of the Integrated Cancer Services (ICS) (including secretariat, stakeholder groups and reference groups).
2. Establish and annually review governance group membership, meeting and decision making processes to effectively support the ICS health services to collaborate to achieve improved cancer outcomes for the populations they serve.
3. Establish and maintain a sustainable model for collaboration and partnerships between health services, clinicians, consumers, stakeholders and Department of Health (DH) to achieve Victoria's Cancer Action Plan (VCAP) targets and ICS Strategic Goals.
4. Work with the DH to implement ICS requirements as outlined in the annual policy and funding guidelines, including VCAP targets and ICS Strategic Goals, priorities and other state-wide initiatives.
5. Lead, endorse, monitor, support and evaluate the development, implementation and monitoring of a strategic plan, and associated communication strategy, for the ICS to achieve the relevant VCAP priorities and the ICS strategic goals within a sustainable approach.
6. Support, provide advice to and oversee the program manager and director in their role of facilitating the implementation of the ICS strategic and operational plans and achievement of the relevant VCAP priorities. Conduct annual review of the program manager and director's performance in conjunction with the host agencies chief executive officer.
7. Promote the work of the ICS by sharing relevant ICS, participating health service and DH data and information with health services, clinicians and other key stakeholders.
8. Provide advice to health services within the ICS about systematic cancer service enhancement, improvement and implementation issues.
9. Ensure allocated funds are appropriately spent on the achievement of the relevant VCAP priorities and ICS strategic goals and provide regular reports to DH.
10. Ensure clear and transparent process for access to and accountability of ICS funds, including appropriate financial delegation to the ICS program manager, monitoring budget against the operational plan and receiving regular budget reports from the host agency.
11. Ensure engagement with other key services from the community, primary and private sectors as required to achieve the VCAP and ICS strategic goals.
12. Develop, implement and monitor a strategy for engaging with consumers and community groups to enable their participation in achieving the VCAP and ICS strategic goals.
13. Establish stakeholder, reference and working groups to support clinical and stakeholder engagement and to progress the work of the ICS, ensuring clarity of purpose, and that specific skills and expertise are sought and utilised. Receive reports from, and give feedback to, these groups on their achievements and progress.
14. Take overall responsibility for strategic collaboration across ICS health services and between ICS.

Due to the geographical and demographical demands of the Hume region, two sub-networks have been developed to facilitate the delivery of integrated cancer services. The West Hume Cancer Network and Border/East Hume Cancer Network reflect the provision of resources and population critical mass that occurs around Shepparton and Wodonga.

This change will produce increased demands on the Hume RICS Executive Group to ensure issues of collaboration in service delivery and equity for cancer services is optimised. It will be important that the various initiatives as outlined and committed under the roles and responsibilities of the ICS within Victoria's Cancer Action Plan 2008 – 2011 are monitored regularly.

Principal Functions

Activities of the Hume RICS Executive will be based on the following principles:

Collaboration: Undertake activities that require collaboration and participation across a range of stakeholders and health service organisations;

Governance: Demonstrate clear accountability and reporting arrangements for all participants in the networks;

Business planning: Utilise business rules to develop work-plans which aim to address key priority areas;

Information sharing: Demonstrate a commitment to implementing clinical best practice and evidence-based research;

Value for money: Focus on initiatives that will maximize efficiency and cost effectiveness of outcomes;

Equity: Implement activities that will be of maximum value to the majority of consumers and create equity across the Hume RICS;

Sustainability: Focus on activities that will achieve sustainable change within and between health services;

Quality: Undertake regular performance monitoring and quality improvement activities with the networks to improve the efficiency and effectiveness of network operations;

Consumer focused: Implement activities designed to enhance patient centred care and promote seamless provision of services across the care continuum.

Financial Responsibility: The funding will be used equitably across the region in an agreed manner and not by service provider preference.

Reporting: Reports will be completed as required and by their due dates.

Organisational Arrangements

The Hume RICS Executive has established two clinical network steering groups, the Border / East Hume Cancer Network and the West Hume Cancer Network. These networks will include representation from public and private Hume Region health services providers, consumer representatives, and co-opted members as required.

The chairs of the Clinical Cancer Network Steering Groups will be accountable to the Hume RICS Executive and communicate through attendance at Executive meetings. The clinical cancer network groups will report to the Hume RICS Executive on their performance and achievements.

Membership Arrangements

The Hume RICS Executive will endorse the membership of the clinical cancer network steering groups. Members, along with invited individuals who possess specific expertise may be co-opted to join specific project groups as needs arise.

Membership of the clinical cancer network steering groups will include individuals with clinical and/or management experience with specific knowledge, skills and experience required for the clinical cancer networks to achieve their outcomes.

Steering Groups Composition

The steering groups will comprise of members representing regional and rural health services:

Border / East Hume Cancer Network Steering Group	West Hume Cancer Network Steering Group
<ul style="list-style-type: none">• 2 Consumer Representatives• New South Wales Representative - Greater Southern Area Health Service• Albury Wodonga Health Representative• Albury Wodonga Private Representative• Northeast Health Wangaratta Representative• 1 Small Rural Agency Representative• 1 General Practitioner Representative• Hume RICS Program Manager• Hume RICS Network Coordinator• Clinical Director• Radiation Oncology Victoria Representative• (Co-opt a Palliative Care Representative as required)	<ul style="list-style-type: none">• 2 Consumer Representatives• 1 General Practitioner Representative• Goulburn Valley Health Chief Nursing Officer• Goulburn Valley Health Chief Medical Officer• Numurkah District Health Service Representative• Kilmore and District Hospital Representative• Seymour District Memorial Hospital Representative• Goulburn Valley Hospice Care Service Representative• Clinical Director• Hume RICS Program Manager• Hume RICS Network Coordinator• (Co-opt a Shepparton Private Hospital Representative as required)

Membership must recognise small rural and larger regional representation and equality of representation from both networks.

Membership Appointment

Health services and organizations will be requested to nominate candidates who are considered experts in their field and who have the support of their employer to attend meetings (where applicable). Members are required to attend at least

75 per cent of meetings during each year and make a significant contribution to the steering groups. Proxies on behalf of an absent member are not permitted.

Chairperson

The Chairpersons will be appointed by the Hume RICS Executive.

The chair roles of the clinical cancer network groups will be nominated from within the membership of the groups. The Chairperson will initially be appointed for a term of office of two years.

Length of membership

The chair and members are appointed for an initial period of two years. Nominations will be sought for new member appointments to fill vacant steering group positions.

Quorum

Seven or more members meeting together or via teleconferencing facilities shall constitute a quorum.

Meeting Procedures

Committee Chairs will be requested to submit agenda items two weeks prior to the scheduled meeting date. The final agenda will be circulated to the committee members no later than one week prior to the meeting date.

Draft Minutes will be circulated to the Chair prior to distribution to the remaining committee members.

Frequency of Meetings

Meetings will be held a minimum of six times a year. Mechanisms will be established to facilitate ongoing communication between meetings.

Administrative Support

Hume RICS employees will provide administrative support to the Network Committees

Evaluation

The Border / East Hume and West Hume Cancer Networks will be reviewed in accordance with the Strategic Plan.

Deliverables

The key deliverables in the next twelve months will be the implementation of the Hume RICS Strategic and Action plans

Review of Terms of Reference

The Terms of Reference will remain in operation for a twelve-month period and then be subject to review.