



# **Executive Committee**

## **Terms of Reference**

**January 2013**  
**Reviewed February 2014**

## **Purpose**

The purposes of the Hume RICS Executive Committee 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) Cancer Strategy and Development (CS&D) to address the state-wide priorities and ICS strategic goals.
4. Work with the CS&D to implement the ICS requirements as outlined in the annual policy and funding guidelines, including the ICS strategic goals, state-wide priorities and other state-wide initiatives.
5. Lead, endorse, monitor, support and evaluate the development, implementation and monitoring of the strategic plan, and associated communication strategies, for the ICS to implement projects relevant to the state-wide priorities and the ICS strategic goals within a sustainable approach.
6. Support, provide advice to and oversee the program manager and the clinical directors in their role of facilitating the implementation of the ICS strategic and operational plans and implement strategies relevant to the state-wide priorities. Conduct an 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 and monitor the allocation of funds as being appropriately spent on the implementation of the relevant statewide priorities, ICS strategic goals and improving patient outcomes. Ensure clear and transparent processes 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.
10. Ensure engagement with other key services from the community, primary and private sectors as required to achieve the state-wide priorities and ICS strategic goals.
11. Develop, implement and monitor a strategy for engaging with consumers and community groups to enable their participation in improving patient outcomes/5 year survival rates, implementing statewide priorities and ICS strategic goals.
12. 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.
13. 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 to address the statewide priorities and improve patient outcomes 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**

The Hume RICS Executive is required to endorse all memberships of the clinical cancer network steering groups.

### Committee Composition

The Hume RICS Executive Committee will comprise of the following members:

- Goulburn Valley Health (Host Agency) CEO, Executive Chair
- Albury Wodonga Health CEO
- North East Health Wangaratta CEO
- Kilmore & District Hospital CEO
- Border / East Hume Cancer Network Committee Chair
- West Hume Cancer Network Committee Chair
- Regional Department of Health Representatives
- Border/ East and West Hume Cancer Network Clinical Directors
- Hume RICS Strategic Manager
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A Consumer Network representative is to be invited to the Executive committee to participate on the committee and report on the work of consumers annually.

### Membership Appointment

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 Chairperson will be nominated by the Executive committee for a 2 year rotation.

### Quorum

50% plus one members meeting together or via teleconferencing facilities shall constitute a quorum.

### Meeting Procedures

Hume RICS Executive Committee members 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 Executive Chair prior to distribution to the remaining committee members.

### **Frequency of Meetings**

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

### **Administrative Support**

Hume RICS employees will provide administrative support to the Hume RICS Executive.

### **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 to:

- Oversee the implementation of the Hume RICS Strategic and operational 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.