



# Grampians Integrated Cancer Service (GICS) GOVERNANCE GROUP Terms of Reference

## **GICS Vision**

Improving patient experiences and outcomes by connecting cancer care and driving best practice

## **GICS Mission**

GICS will achieve the vision by:

- understanding the needs of people affected by cancer;
- building and supporting collaboration between health professionals, health services and consumers;
- driving quality improvement in cancer care; supporting the development of cancer workforce;
- facilitating system-wide engagement in cancer research.

The Victorian Government funds the Integrated Cancer Services (ICS) who are responsible for promoting system integration across structural boundaries and encouraging collaborative approaches for evidence-based cancer service development and improvement.

The purpose of an ICS's governance arrangements is to provide clear guidance for the way in which health services, health care providers, researchers and consumers within each ICS work together in the planning and provision of cancer services throughout the whole care pathway. This includes the areas of quality and performance monitoring, and relationships with other key service providers and funders, and where appropriate, relationships with other ICSs.

## **Role of the Committee**

The role of the GICS Governance Group is to provide leadership, vision and overall accountability for GICS, ensuring an integrated and collaborative approach to consistent high quality cancer care in Victoria.

The role and function of the Governance Group is to drive progress towards the GICS vision of improving patient experience, and outcomes, by connecting cancer care and driving best practice. As such it will:

- (a) provide leadership, support for and oversight of, the development and ongoing operations of GICS (including the GICS Program Office, stakeholder groups, reference groups and committees)
- (b) ensure resources allocated to GICS are used to pursue the achievement of the relevant Departmental cancer policies (including the Victorian Cancer Plan)
- (c) implement clear and transparent processes for planning, review and approval of expenditure to achieve GICS outcomes. This includes establishing appropriate financial delegation for the GICS program manager
- (d) lead, endorse, monitor, support and evaluate the development, implementation and monitoring of a local operational plan, and associated communication strategy, that aligns with the GICS vision and outcomes for GICS to sustainably achieve the relevant priorities
- (e) make decisions and develop strategies to best achieve GICS outcomes for the population it serves

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- (f) identify and manage risks to the achievement of the GICS operational plan and outcomes
- (g) monitor the progress, and ensure the completion, of the activities of GICS and the achievement of GICS outcomes
- (h) develop, implement and monitor a strategy for engaging with consumers and community groups to enable their participation in achieving GICS outcomes
- (i) establish stakeholder reference and/ or working groups to support clinical engagement and to progress the work of GICS, ensuring clarity of purpose, and that specific skills and expertise are sought and utilised
- (j) assess whether a project or activity has delivered value for money
- (k) provide regular reports to the Department and as requested by the Department
- (l) inform itself of, and support through its actions, all relevant State-wide cancer initiatives
- (m) provide advice to DHHS and to member health services within the Grampians region about systematic cancer services enhancement, improvement and implementation issues
- (n) support strategic collaboration across GICS members and between partner Integrated Cancer Services
- (o) promote the work of GICS by sharing relevant member health service and DHHS data and information with other ICSs, health services, clinicians and other key stakeholders, subject to all applicable privacy and data protection legislation, regulations and policies.
- (p) establish and annually review governance group membership, meeting and decision-making processes to effectively support the GICS members to collaborate to achieve improved cancer outcomes for the populations they serve.

### **Authority of the Governance Committee**

The Governance Committee has the authority to direct the resources of GICS to fulfill the requirements of the Memorandum of Understanding Integrated Cancer Services, the schedules to the MoU and to meet the associated terms concerning ICS funding, host-agency responsibilities and reporting requirements in-line with the current Victorian Cancer Plan and cancer policy.

### **Roles and Responsibilities of Governance Group Members**

In the spirit of cooperation and collaboration, each member will be respectful of the philosophy, priorities, knowledge and experience of other members and stakeholder groups.

#### **Chair**

The Chair provides a strong cultural and strategic leadership role with specific responsibilities to ensure the effectiveness of the proceedings of the governing entity and ensure members have access to appropriate levels of information. The Chair also has a significant role in representation and advocacy for GICS.

The Chair is elected from the members representing the signatories to the MoU and must have the requisite leadership, authority and skill for the role.

A deputy Chair will be appointed to fill-in when the Chair is unable to attend or is unable to participate due to a conflict of interest.

The election of the Chair and Deputy Chair is by nomination, seconders and show of hands within the meeting.

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The term of the Chair is for two years with the option for re-appointment for one year.

The host agency CEO and executive staff are exempt from the Chair role, to support separation of host-agency accountabilities and policies from strategic accountabilities of GICS.

The Chair is also responsible for:

- Liaising directly with the Department on behalf of GICS, including attendance at the Departmental governance committee meetings, as requested.
- Relaying information from the Department on behalf of GICS to its members in a timely manner and fulfilling reporting requirements to the Department.
- Liaising directly with members to encourage and facilitate their participation in the GICS program
- Considering the interests of all members.

### **Health sector members**

Health sector members are drawn from senior executive and clinical leadership of participating organisations and stakeholders.

Membership of the Committee is non-representational; rather members are committed to work together to improve the quality of care and quality of life outcomes for people who are affected by cancer, through service system collaboration and reform.

Members are expected to be active ambassadors for the role and work of GICS.

Members are expected to communicate the direction and work of GICS within their organisations and other networks.

### **Consumer members**

Consumer members will have developed knowledge from their experience and are able to represent the views of others. This experience does not have to be as a patient. The diagnosis of cancer affects more than the individual: it affects the family, carers, loved ones, neighbours and the community. However, out of that comes a desire to better the experience of others who are affected by cancer or may be affected in the future.

Members are participants in their own right, not constrained in their view or representing other organisations to which they may belong

### **Membership**

The membership of this Governance Group reflects the range of key stakeholders involved in cancer services and care within the region.

### **Governance Group composition:**

The Governance Committee comprises at a minimum:

- A representative from senior management of each member. The member's representative may be one of the following:
  - (i) the chief executive, or their nominee;
  - (ii) another senior employee of that member; or
  - (iii) a clinical leader from key clinical areas of surgical, medical and radiation oncology, oncology nursing, or allied health, as appropriate.
- At least two consumer representatives

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- Primary care representation.

Representatives with specific skills will be co-opted as required and time limited sub-committees will be formed to address key issues as required.

As part of the membership, the Governance Group may resolve to include up to two representatives (in total) taken from other rural/metropolitan ICS and/ or other health services or organisations that provide significant cancer or related services in the Grampians.

#### **In attendance**

- Representative from the Department of Health and Human Services Regional Office
- The Strategic Director and Clinical Director

#### **Secretariat**

To be provided by the GICS Program Office

#### **Governance Group member Nomination and Selection Process:**

- The Strategic Director will call for nominations from signatories from the Memorandum of Understanding. Nomination forms, selection criteria, return date and the position description will be sent to prospective nominees.
- Once nominations close, if there are sufficient numbers of nominations to fill all positions a Letter of Appointment will be sent to each member along with an information orientation pack. The letter of appointment will cover the term of appointment, and reiterate member roles and responsibilities and what is expected of them as a Governance Group member.
- If there are a number of nominations for a position, a sub-committee will be formed to undertake an interview process to objectively fill the positions.
- This sub-committee will include the Chair, Strategic Director, and DHHS representative.
- Nominations are presented to the Governance Group for formal approval.

#### **Term of Office**

Members are appointed to the Governance Group for a term of 3 years with the option to re nominate for one further term.

#### **Governance Group procedures**

Governance Group representatives may nominate one person from their organisation of suitable seniority to attend a meeting in their place if they are unable to do so. The relevant GICS member will ensure that the person nominated to attend the meeting in the place of its usual Governance Committee representative will be conferred with the appropriate delegated authority to act in the same capacity as the absent representative.

- A meeting attendance register will be maintained by the GICS Strategic Director and regularly reviewed by the Governance Group chairperson.
- If a Governance Group representative fails to attend 3 consecutive meetings or greater than 75% of meetings in any 12-month period without taking leave of the group (whether or not the representative's nominee attended), the chairperson of the Governance Committee will request the member to nominate a replacement representative.
- The Assistant Director of the Cancer Strategy & Development unit, Department of Health and Human Services, or their nominee, will be invited by GICS to attend at least one Governance Committee meeting annually. The Assistant Director of the Cancer Strategy & Development unit has the right to request an invitation to any governance meeting.

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- The Governance Committee must promptly notify the Department of the details of, and any changes to, the chairperson, the deputy chairperson and any other representatives that form the Governance Committee.
- The Governance Committee structure, terms of reference, reporting processes and membership will be made publicly available on the GICS website and circulated widely to all GICS members.

### **Quorum**

Meeting quorum is half the voting membership plus one.

### **Frequency of Meetings**

The Governance Group will meet quarterly, more regularly if required, and ensure meetings are appropriately timed and located to facilitate attendance. The schedule of meetings will be approved annually for the calendar year ahead. Telecommunication and/or online meeting technology will be used to enable full attendance and participation at Governance Group meetings. Members will also be required to attend an annual planning forum.

### **Communication**

- Members will receive meeting papers at least one week in advance of the scheduled meeting.
- Minutes of the meeting and any other relevant documentation will be distributed to members within two weeks of the meeting.

### **Sub-committees**

The Committee may establish sub-committees as required. Sub-committee meeting papers will be circulated to the Committee membership

### **Reporting**

The Governance Group is accountable to DHHS, Cancer Strategy & Development and copies of all meeting minutes are provided to them, in addition to the reporting requirements of the Integrated Cancer Service.

### **Review**

Annually review

- Governance Group Terms of Reference
- Governance Group effectiveness and performance

### **Out of session decision-making**

Out of session decision-making is permitted when a decision is required between scheduled meetings. Decisions are to be undertaken by circular resolution, and endorsed at the next scheduled meeting. All information required for a decision to be made must be provided in conjunction with the proposed resolution. A decision may be referred to a meeting on request of any member.

### **Interests**

All members will declare their interests, and identify any conflicts for themselves or other members at the start of each meeting.

The final decision on the existence of the conflict and any associated action rests with the group, not the individual concerned.

### **Grievance Policy & procedure**

Should any member within the Governance Group have a grievance they wish to raise, they should speak with the Chair in the first instance. If the grievance is unable to be resolved through initial discussion, the complainant will need to:

- set out their grievance in writing;
- include full details of the grievance such as names, dates, reasons for the grievance; and
- detail the desired result of raising the grievance.

To ensure that the issues are addressed in a fair and equitable manner, a sub-committee will be created comprising, the Chair, DHHS representative, and the Strategic Director. The sub-committee will meet with the complainant to explore the issues with the purpose of reaching a resolution.

**Revised:** 22 August 2019 by Governance Committee membership

**Endorsed:** 22 August 2019 by the Governance Committee

**Next review:** 22 August 2020 or as required by DHHS