

COMMITTEE DEVELOPMENT AND ADMINISTRATION POLICY®

DOCUMENT SUMMARY/KEY POINTS

- The committee governance structure will align with the organisational structure of the Sydney Children's Hospitals Network to allow identification of important issues for appropriate decision making.
- This policy:
 - describes the approval processes for the development of new committees and information on the administration duties of all committees within the Network.
 - provides staff with links to templates to be used for all committee proposals, terms of reference, agenda and minutes.
 - provides information about documentation requirements and committee responsibilities.
- Each Committee must be authorised to make appropriate decisions according to their level of authority which will be defined in their Terms of Reference.

Additional information

- Refer to the **SCHN Committee** Intranet page:
<http://intranet.schn.health.nsw.gov.au/network-structure>

CHANGE SUMMARY

- This policy has been amended to reflect the 2nd edition NSQHS Standards and the requirements under Standard 1.
- Processes have been simplified (e.g. forming a new Committee; committee evaluation)

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st July 2019	Review Period: 3 years
Team Leader:	Manager Executive Service	Area/Dept: Executive

READ ACKNOWLEDGEMENT

- All staff involved in requesting, approving or attending committees within The Sydney Children's Hospitals Network should read and acknowledge this policy.
- Managers should be aware of this policy.

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TABLE OF CONTENTS

1	Definitions	4
2	Policy Statement.....	4
3	Development of a New Committee	4
3.1	Committee Proposal	4
	<i>Exceptions – The SCHN Board or Chief Executive Committees</i>	<i>5</i>
3.2	Approval to proceed with the Committee	5
3.3	Post approval processing.....	6
3.4	Documentation requirements for committees.....	6
4	Review of Committees and Committee Structure	6
5	Conduct of Committee Meetings	7
5.1	Code of Conduct.....	7
5.2	Conflicts of interest and received gifts and benefits	7
5.3	Confidentiality agreement	7
5.4	Respectful communication at committee meetings	7
5.5	Initial meeting	8
5.6	Subsequent meetings	8
6	Committees No Longer Required	9
	Appendix 1: Information to be included in Agenda and Minutes.....	10

1 Definitions

For the purposes of this document:

- **Committee** - a group of people officially delegated to perform a function, such as investigating, considering, reporting, or acting on matter(s) as outlined in the terms of reference.
- **Sub-Committee** – sub-committees report to a Committee and have been delegated to perform a function by a Committee as outlined in the sub-committee's terms of reference. Sub-committees will comply with all of the requirements for the development and administration of a Committee.
- **Working Group** – a group tasked with the responsibility for progressing a piece of work with a defined time line, operating under the direction of a Committee or a Network Director.
- **Project Group** – a group tasked with the responsibility for progressing a piece of work with a defined time line, operating under the direction of a Committee or a Network Director.

Groups (working or project) reporting to a Committee will be subject to that governing committee Terms of Reference.

2 Policy Statement

This policy sets out the overall governance of Sydney Children's Hospitals Network committees, including their development and operation. All new proposed committees must follow the procedures outlined within this document. This does not apply to any new Committees that may arise from a change to the model by-laws from time to time,

This policy applies to the development of Network and campus-specific committees.

Sub-committees, working parties and project groups that operate within a defined time line are exempt from submitting a committee proposal form.

3 Development of a New Committee

Note: there are resources available on the intranet for Committees:

<http://intranet.schn.health.nsw.gov.au/network-organisation-committee-structure/comm-resources>

3.1 Committee Proposal

A proposal to develop a new committee must be completed and approved prior to the establishment of the committee. Working groups, sub-committees and project groups do not complete a committee proposal. The following must be completed:

- [SCHN Committee Proposal](#)
- Draft [Terms of Reference](#)

- Chief Executive approval is required for the development of Network committees.
- All other committees require Network Director approval.

The new committee proposal should include the following:

- Background and justification for the creation of the committee including reference to opportunities, risks, improvements and planning aligned with the strategic plan for the Sydney Children's Hospitals Network.
- Details of whether formation of the Committee is to ensure compliance with NSW Health directives, Policy Directives, legislative requirements or Sydney Children's Hospitals Network By-Laws or to service the needs of a NSQHS Standard.
- The resources required to support the committee and the source of these resources.
- Identification of where the proposed committee would fit in to the Network's committee structure. Refer to the [Sydney Children's Hospitals Network's Committee Structure](#).
- A plan for intranet presence where at a minimum, a copy of the Terms of Reference and information about the committee can be found.
- Nominated contact person for the committee.

Note: Where consumer representation is necessary, the principles and requirements outlined in the [SCHN Consumer Engagement Policy](#) regarding recruitment, orientation and training should be followed.

Exceptions – The SCHN Board or Chief Executive Committees

The SCHN Board or Chief Executive may establish committees to provide advice or other assistance to enable the Board or Chief Executive to perform their duties under the Health Services Act 1997 (NSW) and SCHN By-laws

3.2 Approval to proceed with the Committee

1. The completed proposal (consisting of the completed Committee Proposal and Draft Terms of Reference) must be sent to the relevant Network Director for preliminary approval. If the committee does not impact on other directorates, the Network Director may authorise the preliminary approval. If the committee impacts on another directorate, the Network Director must seek preliminary approval from the relevant Executive Directors.
2. Following approval, the Network Director is responsible for submitting the proposal to the Manager Executive Services who ensures there are no existing committees or entities that duplicate or significantly cross over the role of the proposed committee and that the terms of reference and membership comply with requirements specified in this document.
3. For Network Committees, the proposal will then be submitted to the Chief Executive for final approval.

3.3 Post approval processing

The nominated contact person shall:

- Send invitations to nominated members prior to the inaugural meeting.
- Request for an intranet committee page to be developed if this is required.
- Disseminate committee documentation, including draft terms of reference and membership to members or ensure this information is available as deemed appropriate by the Chair of the Committee.

3.4 Documentation requirements for committees

Documentation relating to the development, administration or activities of a committee, is to be recorded as per the State Records Authority of NSW. Depending on the function of the committee, records may need to be kept as State archives. Further information on retention of committee records can be found at the State Records Authority of NSW.

SCHN requires that the agendas, minutes and supporting documents of Network Committees are recorded in the organisations record management system (currently TRIM). If the Secretariat does not have access to the records management system, the uploading of documents will occur via the Executive Assistant of the relevant Directorate.

Committee Chairs may additionally determine to have committee documentation placed on the intranet for information sharing purposes. This does not replace the recording of this information in the records management system.

Ad-hoc audits will occur, facilitated by the Manager, Executive Services to ensure that adequate records are maintained.

4 Review of Committees and Committee Structure

Under the requirements of NSQHS Standard 1, SCHN are to periodically review the SCHN Committee structure. This is the responsibility of the SCHN Executive.

Individual Committees are required to review and evaluate their performance annually by completing a questionnaire via SurveyMonkey. Contact the Clinical Governance Unit for access to the questionnaire. Each committee is responsible to review the responses and evaluate the effectiveness of the committee. An action table should be developed to improve the functions of the committee, or if a committee is no longer required, it needs to be formally closed off and all relevant parties notified including the Manager Executive Services (to remove the committee from the Committee Structure and finalise TRIM). A copy of the annual performance review is to be stored in TRIM.

5 Conduct of Committee Meetings

5.1 Code of Conduct

The committee may consist of internal members (a definition of NSW Health is provided in the NSW Health Code of Conduct) and external members (non NSW Health staff).

All internal members are required to abide by the NSW Health Code of Conduct whilst performing duties as part of a committee. All external members are required to abide by either the NSW Health Code of Conduct or a code of conduct developed specifically for the committee. All committees should have processes in place to ensure that external members understand the relevant Code of Conduct.

5.2 Conflicts of interest and received gifts and benefits

All Sydney Children's Hospitals Network staff members are required to abide by the Sydney Children's Hospitals Network Policy on [Reporting Conflicts of Interest and Received Gifts and Benefits](#).

Committee members not employed by the Sydney Children's Hospitals Network are required to abide by the NSW Health Policy Directive PD2010_010 [Conflicts of Interest and Gifts and Benefits](#), and register items with the organisation's Internal Audit Manager.

5.3 Confidentiality agreement

A confidentiality agreement may be required for anyone not covered by the NSW Health Code of Conduct. These agreements need to be completed prior to attending the meeting. Refer to the [Network A-Z Committee resources intranet page](#), *Templates and Resources* section.

5.4 Respectful communication at committee meetings

It is important to have respectful communication at all times at Sydney Children's Hospitals Network Committee meetings. The following are the basic principles of respectful communication which all committee members will abide by:

- All committee members and their opinions are equal.
- Committee members will speak freely and in turn; and everyone will have an opportunity to speak.
- Committee members will listen attentively to each other and no one person will be allowed to dominate the meeting.
- Committee members will respect the confidentiality of the discussions and decisions made at the meeting.

The values of the Sydney Children's Hospitals Network and NSW Ministry of Health guide the behaviour expected of all staff:

- **Collaboration** - The Network recognises that each staff member and profession contributes to the provision of excellent patient care. This is enhanced by working in partnership with families and co-workers to provide patient-centred care.
- **Openness** - The Network is committed to open communication and transparency in decision making for patients, families and staff.
- **Respect** - The Network respects all staff, patients and families in our care. We are committed to being kind, respectful and compassionate in everything we do.
- **Empowerment** - The Network is committed to the provision of patient-centred care and working in partnership with families to provide the very best for the state's children. We will continue to empower patients and their carers to participate in decision-making and create a culture for staff that is safe and supportive at all levels.

5.5 Initial meeting

The agenda of the initial meeting will include, but is not limited to:

- Election of Officers (Chair, Secretary and Minute Secretary if appropriate).
- Election of representative/s to upload information on to the intranet, risk register, improvement databases etc.
- Information needs of members – this may include an orientation package, training and other information.
- Schedule of meetings.
- Development of key performance indicators.
- Review and confirmation of Terms of Reference. If significant changes are made to the Terms of Reference, these revised Terms of Reference should be attached to the original proposal as an addendum and obtain endorsement as per the initial approval process.
- Review and confirmation of committee membership.

Minutes from the initial meeting shall be recorded by the contact person.

If a committee has been established under Sydney Children's Hospitals Network By-laws, then these By-laws will supersede the above requirements. Confirmed minutes from Committees must be signed-off by the Chair.

5.6 Subsequent meetings

The minimum information that should appear on the agenda and recorded in the minutes of subsequent meetings shall contain items outlined in Information to be included in Agenda and Minutes. ([A-Z Committee Resources](#))

Committees mandated by the By-Laws shall also refer to the requirements of the By-laws for matters for inclusion. It is at the discretion of the Chair to include other agenda items as necessary.

6 Committees No Longer Required

Should a committee no longer be required for any reason, a formal process must be undertaken to wind it up.

The following must be completed:

- A brief from the Chair to the Tier 2 to which the Committee is responsible, setting out why the committee is not required and detailing the transfer of any remain functions. The brief also needs to confirm that all records are entered in the document management system for appropriate archiving.
- If approved, the signed brief is to be emailed to the Manager of Executive Service to enable updating of the SCHN Committee structures.

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Appendix 1: Information to be included in Agenda and Minutes

Date: Insert date of meeting

Time: Insert time of meeting

Venue: Insert venue of meeting

Attendance: List attendees, including proxies/representatives acting on behalf of Committee members.

Apologies

- List Committee members that have informed either the secretary or the chairperson prior to the meeting that they are unable to attend.

Declaration of Conflicts of Interest and Received Gifts and Benefits

- Include a statement declaring whether there are any conflicts of interest. For example, it was declared that there were no conflicts of interest

Confirmation of the previous meeting minutes

- Include a statement regarding the acceptance and/or modification of the minutes.

For example: Minutes of the meeting held on _____ have been distributed to Committee members and these minutes have been confirmed and accepted as a true record. The Chair is to determine if confirmed minutes must be signed off on each page by the Chair of the Committee.

Business arising

- Describe the business such as correspondence, activities or issues that are still active from the last meeting, are new or have arisen since the previous meeting. Discussion should include information regarding outstanding issues, the status of these issues, descriptions of required actions, persons responsible for implementing these actions and document any actions that have been completed. If there are any future actions that are required, these must be documented on the Action Sheet/Log, and include the following details: the actions to be taken, persons responsible, action status noting the completion date for activities. Refer to the Action Sheet description below for further information.

New Business (Refer to Action Sheet).

- As above except that these issues have not been previously raised. Note in the minutes if new business is with notice or has been raised at the actual committee meeting (business without notice).

Risk Management

- Organisational risks are issues which could impact on quality, access or efficiency in clinical operations, service delivery, corporate support and work health and safety.

Next meeting

- Include details of the date, time and venue of the next meeting.

Closure of meeting

- Record the time that the meeting is closed.

Disclaimer/Important Notice

- The following disclaimer must be included in the meeting agenda:

Sydney Children's Hospitals Network (SCHN) [name of the Committee] Committee agenda and supporting papers (papers) have been prepared solely for the use of the SCHN, and should not be quoted in whole or in part without the prior written consent from the Chief Executive of SCHN.

No responsibility to any third party is accepted as the papers have not been prepared, and are not intended, for any other purposes. If papers are no longer required, papers must be destroyed by shredding or handed to [name or position of delegated SCHN staff].

Action Sheet

The Action Sheet includes information such as: statement of the issue; related comments; required actions including anticipated completion date; persons responsible for implementing actions; and the status. Items or issues listed on the Action Sheet are related to 'business arising, and 'new business'.