

# COMMITTEE DEVELOPMENT AND ADMINISTRATION POLICY®

## DOCUMENT SUMMARY/KEY POINTS

- The committee governance structure aligns with the Sydney Children's Hospitals Network organisational structure to allow identification of important issues for appropriate decision making and escalation.
- This policy:
  - describes the approval processes for the development of new committees
  - provides information on the administration duties of SCHN committees
  - links to committee templates (i.e. terms of reference, agenda and minutes)
- Each Committee must be authorised to make appropriate decisions according to their level of authority which will be defined in their Terms of Reference.
- Each Committee should have an intranet presence

### **Additional information**

- Refer to the **SCHN Committee** structure Intranet page:  
<http://intranet.schn.health.nsw.gov.au/network-structure>
- Committee Resources available under the Network templates:  
<https://intranet.schn.health.nsw.gov.au/governance/6-network-resources>

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	1 <sup>st</sup> May 2023	<b>Review Period:</b> 3 years
<b>Team Leader:</b>	Director, Office of the Chief Executive	<b>Area/Dept:</b> Executive

# CHANGE SUMMARY

- Due for mandatory review, changes include:
  - Change of focus from CE to approve committees: Directors are responsible to authorise their committees.
  - Directors responsible to ensure audit process in place for committee papers in Content Manager.

# 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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## 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. A Committee may form a **sub-committee** with delegated duties. Sub-committees will comply with the requirements for the development and administration of a Committee.
- **Working Party/Group or Project Group** – a group tasked with the responsibility for progressing a piece of work with a defined timeline, operating under the direction of a committee or Executive (Tier 2) Director.  
Groups reporting to a committee will be subject to that governing committee Terms of Reference and must provide regular reports to the governing committee or Director.

## 2 Policy Statement

This policy applies to Network and facility-based committees and sets out the overall governance of Sydney Children's Hospitals Network (SCHN) committees.

In summary:

- New committees must be approved by a Tier 2 Director.
- All committees must:
  - Have and maintain a current Terms of Reference
  - Maintain an agenda and minutes using Network templates
  - Maintain an accurate log of action items arising from previous minutes
  - Provide regular reports to a governing committee
  - Store meeting papers appropriately in Content Manager.
  - Orientate new members to the Committee
  - Perform an annual Committee performance evaluation (See Appendix)
  - Optional: maintain an intranet page and/or MS Teams profile
- A Tier 2 Director must approve the **deactivation** of a committee.

**Exemption:** The above does not apply to any new Committee that may arise from a change to the Model By-Laws from time to time.

## 3 SCHN Committees

### 3.1 New Committee

A proposal to develop a new Committee must be approved by the reporting to Tier 2 Director prior to the establishment of the Committee. This is conducted via the Briefing process and should be accompanied by a draft Terms of Reference. [Click here](#) for a Brief template and Terms of Reference template.

**Note:** Unless indicated, Working and Project Groups do not require Tier 2 Director approval.

A Brief for a new Committee 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, legislative requirements or Sydney Children's Hospitals Network By-Laws or to service the needs of a National Safety and Quality Health Service (NSQHS) Standard or other such need.
- The resources required to support the Committee and the source of these resources.
- Identification of where the proposed new Committee would fit in to the Network's committee structure and the reporting to governing Committee.
- Nominated contact person for the Committee.

**Note:** Where consumer representation is necessary, the principles and requirements outlined in the [SCHN Patient and Family Engagement – Governance Policy](#) regarding recruitment, orientation and training must 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.

#### **3.1.1 Post approval processing**

The nominated contact person shall:

- Send invitations to nominated members prior to the inaugural meeting.
- Establish an MS Teams profile for the Committee and if required, request for an intranet Committee page to be developed via the Public Relations Department.
- Disseminate Committee documentation, including draft terms of reference and a membership list to members or ensure this information is available as deemed appropriate by the Chair of the Committee.

## 3.2 Recordkeeping requirements for committees

Records relating to the development, administration or activities of a Committee are to be captured as per the State Archives and Records Authority of NSW. SCHN requires that the agendas, minutes, supporting documents, Terms of Reference and annual Committee evaluation results are recorded in Content Manager.

Committee Chairs may additionally determine to have Committee documentation placed on the intranet for information sharing purposes. This does not replace capturing the information in Content Manager.

**Ad-hoc audits** will occur in Content Manager to ensure adequate records are maintained. The respective Director is to ensure a delegate is assigned to conduct the audit and provide a report back to the Director for appropriate action.

Retention and disposal of Committee records are as per the *State Records Act 1998*. Further information can be found at the [State Archives and Records Authority of NSW](#), via [SCHN's Corporate Record Management Policy](#) and the [Corporate Records intranet page](#).

## 3.3 Orienting new members to a committee

New Committee members are to be provided orientation and shall include access to a current Terms of Reference, minutes of the previous three meetings and anything else related to the workings of the Committee. The Chair or secretariat is responsible to provide orientation.

## 3.4 Committee evaluation

Individual Committees are required to review and evaluate their performance annually. A standard questionnaire which is accessed via the NSW Health QARS platform is to be distributed to the Committee members to meet these requirements. Contact the Clinical Governance Unit for QARS support and training if required. A copy of the questions is in the Appendix.

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 deactivated as per the procedure noted in of this policy.

## 3.5 Terms of Reference Review

Individual Committees are required to review their Terms of Reference (TOR) at a minimum every 2 years or at the time of Committee evaluation (annually.) The reviewed TOR are to be updated with the new approval date, saved into Content Manager and made available in the Committees' MS Teams profile and/or uploaded to the respective Committee intranet page.

## 3.6 Deactivating a Committee

When a committee is no longer required, approval to deactivate it must be sought from the respective Tier 2 Director. A Brief should be prepared outlining the reasons to deactivate a Committee. The approved Brief should be stored in the Committee container in Content Manager to record the deactivation and why.

### 3.7 New working party or project group

Working parties and project groups shall operate for a defined period of time, with a defined end date. The formation of such groups shall be sponsored by an established Committee and shall operate under the Terms of Reference of the established Committee. Regular reports must be provided to the established Committee for inclusion into minutes.

## 4 Review of Committee Structure

It is the responsibility of the SCHN Executive to have oversight of committees under their remit and they are responsible to ensure appropriate delegated authority.

## 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 Policy 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.

### 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 dominate the meeting.
- Committee members will respect the confidentiality of the discussions and decisions made at the meeting.

The CORE values should guide the expected behaviour 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 care for children and young people. 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.

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## 6 Appendix: Committee Evaluation questionnaire

Note: Contact Clinical Governance Unit for access to this questionnaire in QARS

### 1. Committee CORE values

On a scale of agreement (*strongly agree, agree, neutral, disagree or strongly disagree*):

I am satisfied with how this Committee operates

I understand my role & responsibilities as a member of this Committee

I familiarise myself with meeting papers and content pertaining to the meeting and the issues to be discussed

I feel I can actively contribute to discussions during committee meetings

I respect the opinions of members of this Committee

I forward information from meetings to my respective colleagues/programs/departments

### 2. Committee Performance

On a scale of 0 to 5 (0-extremely poor, 5=excellent), how would you rate the performance of this Committee in the last 12 months

### 3. What does this Committee do well?

### 4. What can this Committee do better?

### 5. Is there anything else you would like to say?