



Antenatal Shared Care (ANSC) Program Advisory Committee

Terms of Reference

Central and Eastern Sydney PHN acknowledge the traditional custodians of the land on which we work: the Gadigal, Wangal and Bediagal people of the Eora Nation and strongly support practices that provide culturally appropriate services to Aboriginal patients.

CESPHN gratefully acknowledge the financial and other support from the Australian Government Department of Health.

AUTHORS

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VERSION HISTORY

| Date | Document Version | Document Revision History | Document Author/Reviser |
|------------------|------------------|----------------------------------|-------------------------|
| 12 December 2016 | V1 | For Approval at Meeting 1/6/2017 | Karen Wheeler |
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APPROVALS

| Date | Document Version | Approver Name and Title | Approver Signature |
|------|------------------|----------------------------------|--------------------|
| | V1 | For Approval at Meeting 1/6/2017 | |
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1. BACKGROUND

The Antenatal Shared Care Program is a joint initiative of the Sydney Local Health District (SLHD) and the Central and Eastern Sydney PHN (CESPHN) to work collaboratively to offer a model of care which provides a comprehensive, high quality standard of care to pregnant women residing within the SLHD boundaries.

The program provides:

- low risk pregnant women with flexibility, choice and continuity of their antenatal and postnatal care
- caters for the preference and needs of women from a diverse range of cultural and diverse backgrounds
- enhances the skill set of GPs caring for women during and after pregnancy
- promotes communication and exchange between GPs and the participating hospitals

2. ROLE AND FUNCTION OF THE ANSC COMMITTEE

The Antenatal Shared Care Committee will:

- Provide a clinical governance framework to enhance and maintain the quality of the ANSC program and associated patient care.
- Offer advice, support and assistance in the implementation of the program
- Provide opportunities to share ideas and provide feedback on relevant initiatives
- Monitor identified and emerging risks and provide advice on managing GPs who may have breached ANSC protocols and/or program standards
- Support the program in developing educational priorities
- Provide on-going evaluation of ANSC activities

3. ROLE OF INDIVIDUAL COMMITTEE MEMBERS

The role of individual members of the Antenatal Shared Care Committee include :

- attending regular meetings as required (4 per year) and actively participating in the meetings through open discussion
- representing the interests of relevant stakeholders involved in the ANSC program, as appropriate
- being committed to, and working collaboratively to achieve program goals, objectives, and desired outcomes
- a genuine interest in the initiatives and the outcomes being pursued in the program
- act on opportunities to communicate positively about the program
- guide program development regarding antenatal CPD events with support from the CESPHN program officer

- prepare for each meeting by considering agenda items, circulated papers and other relevant documents
- Rotation of Chairing role at RPA Women and Babies/Canterbury Hospital ANSC CPD events (if attending)

4. GENERAL

4.1 MEMBERSHIP

The ANSC Committee will consist of local experts and representatives involved in antenatal shared care. Members will be selected based on their specialist knowledge, ability to represent the interests of stakeholders, and skill in resolving issues the project may encounter.

The Committee will include:

- Director, SLHD Director Obstetrician/Gynaecologist and Neonatology
- Midwifery representative from RPA Women and Babies/Canterbury Hospital or nominated representatives
- GP Shared-Care Liaison Midwife, SLHD (RPA, Canterbury Hospitals) or representative
- Up to 4 General Practitioners practising within the SLHD boundaries all of whom must have been an ANSC Recognised GP for at least 12 months
- Representatives from CESP HN Population Health stream (project stream for ANSC) including Population Health Manager and Maternal Health Project Officer
- Other members with particular expertise may be included in the Committee

Contributions made by the ANSC Committee members will be duly acknowledged in the annual reports produced by CESP HN and its member companies.

4.2 CHAIR/CONVENOR

The Committee will be chaired by a nominated ANSC Committee member. Meetings will be convened by the Chair and supported by the Committee Secretary (CESPHN Maternal Health Project Officer)

The role of the Chair is to :

- Clarify and summarise what is happening throughout each meeting.
- Keep the meeting moving by putting time limits on each agenda items and keeping the meetings to two hours or less.
- Encourage broad participation from members in discussion by calling on different Committee members

If the designated Chair is not available, then a nomination will be sought from a committee member who will be responsible for convening and conducting that meeting.

Election of ANSC Committee Chair will be sought at first meeting of calendar year with tenure of for two years.

4.3 AGENDA ITEMS

All agenda items will be forwarded to the committee Secretary by COB seven days prior to next scheduled meeting. The agenda, with attached meeting papers, will be distributed at least 5 working days prior to the next scheduled meeting.

4.4 MINUTES AND MEETING PAPERS

The minutes of each ANSC Committee meeting will be prepared by Committee secretary. Full copies of the minutes, including attachments, will be provided to all members no later than ten working days following each meeting.

4.5 FREQUENCY OF MEETINGS

The ANSC COMMITTEE will meet up to four times in a calendar year. The schedule of meetings will be set out at the first meeting of each calendar year so that members can plan ahead and arrange their attendance.

4.6 PROXIES TO MEETINGS

Members of the ANSC Committee may nominate a proxy to attend a meeting if the member is unable to attend. The nominated proxy will provide relevant comments/feedback from the member they are representing.

It is a requirement that members of the ANSC Committee attend at least 50% of the scheduled meetings in a calendar year. Membership of those who do not or not able to attend two consecutive meetings will be reviewed by CESP HN.

4.7 QUORUM REQUIREMENTS

A quorum will be half the regular membership plus one

4.8 APPOINTMENT, REMUNERATION AND REVIEW PROCESS

Guidance to appointment, review, reporting and remuneration is outlined in the EIS Health Representation Policy, determined by the EIS Health Board.

GP representatives will be sought through an expression of interest process and appointment determined following consultation with CESP HN, SLHD and Central Sydney GP Network.

GP representatives will have a maximum three year term, with a 12 month review. The three year terms will be staggered for continuity of program knowledge. Election of ANSC Committee Chair will be sought at first meeting of calendar year with tenure of for two years.

ToR will be reviewed annually at the last meeting of each calendar year. | Proposed changes will be reviewed and agreed upon by the ANSC Committee.