



## **TERMS OF REFERENCE**

### **ACI NSW State Spinal Cord Injury Service (SSCIS) Steering Committee**

<b>REPORTS TO</b>	Chief Executive, Agency for Clinical Innovation		
<b>CHAIRPERSON(S)</b>	The Chair will be shared between the Directors of Operations of the host Local Health Districts - Northern Sydney Local Health District (NSLHD) and South Eastern Sydney Local Health District (SESLHD)		
<b>TERM OF OFFICE:</b>	TBA		
<b>SECRETARIAT</b>	ACI SSCIS Network Manager		
<b>ENDORSED BY /</b>		<b>DATE</b>	Version – 3 December 2013
<b>NEXT REVIEW</b>	December 2014		

#### **2. BACKGROUND**

The **NSW State Spinal Cord Injury Service (SSCIS)**, a network of the Agency for Clinical Innovation (ACI), was established in 2002 to work with the relevant Area Health Services (now Local Health Districts) and the Department of Health in NSW to coordinate, network, enhance and review spinal cord injury (SCI) services to best meet stakeholder needs. The SSCIS is committed to ensuring that people with spinal cord injury (SCI) residing in NSW receive the highest quality services, coordinated in collaboration with other stakeholders to facilitate individual independence and achievement of personal goals.

The scope of the SSCIS encompasses both traumatic and non-traumatic injuries, which are acquired and non-progressive, requiring specialised SCI services. It is acknowledged that individual practitioners within the SSCIS also contribute their expertise and clinical services outside this scope of service, such as spina bifida services and the surgical management of spinal column injuries not resulting in neural loss.

The establishment of SSCIS was seen as an effective method of service delivery, recognising super specialty service provision, a unique mode and continuum of care, and complex consumer needs. Since its inception, the SSCIS Directorate has worked closely with clinicians, managers and executive across Local Health Districts (LHD, previously Area Health Services) in NSW, to develop and implement services, clinical resources and guidelines. (Refer to attached document for further information and background on the State Spinal Cord Injury Service)

#### **3. PURPOSE**

The NSW State Spinal Cord Injury Services Steering Committee will provide leadership and advice on matters relating to the planning, enhancement, and delivery of statewide spinal cord injury (SCI) services in the NSW health care services.

#### **4. RESPONSIBILITIES / FUNCTIONS**

The Committee will:

- Provide leadership to the planning, coordination, enhancement, implementation and delivery of statewide SCI services in NSW, within the framework provided by the

*Selected Specialty and Statewide Services Plan for Spinal Cord Injury* (eg the '*Spinal Plan*').

- Provide a governance structure for spinal cord injury services across Local Health Districts (LHDs).
- Review the recommendations of the *Statewide Services Selected Specialty and Statewide Service Plan (Number 8): Spinal Cord Injury ('Spinal Plan')* to identify priorities for action/implementation.
- Provide leadership and support to the implementation of identified recommendations as outlined in the '*Spinal Plan*' and other models of care or guidelines developed from time to time in response to key issues impacting on spinal services or patient outcomes.
- Develop an annual work plan outlining the key activities to be undertaken by the Committee and highlighting where advice and or input will be required by others, including the NSW Ministry of Health.
- Collaborate with other services and consumer organisations that provide care and support services to people with a SCI.
- Receive and review reports from SSCIS on activity and quality and safety indicators.
- Monitor client outcomes and the effective use of SCI services in meeting demand.
- Provide advice to LHDs to inform priorities and policies of NSW Ministry of Health.
- Provide advice on issues raised during planning processes including trends in models of care and service delivery; trend in activity; costs; workforce; quality and safety issues; new technology; and consumer related matters, as required.
- Provide advice to the SSCIS about strategic direction and alignment of activities with those of the host LHDs and the broader strategies of the NSW Ministry of Health.

## **5. FREQUENCY OF MEETINGS**

Meetings are to be held quarterly during the implementation of the recommendations of the *Spinal Plan*' and then six monthly for 3 years and then to be reviewed.

## **6. MEMBERSHIP**

Membership will include:

- Senior Executive of the host Local Health Districts (Northern Sydney LHD (NSLHD) & South Eastern Sydney LHD (SESLHD) and of the Royal Rehabilitation Centre Sydney (RRCS) (x3).
- Heads of the Spinal Cord Injury Services in each of the host hospitals (Prince of Wales Hospital (POWH), Royal North Shore Hospital (RNSH) & RRCS) (x3).
- Representative of a rural Local Health District (x1).
- Representatives from two non-spinal / independent Local Health Districts (x2)
- Representative from Hunter New England Local Health District (x1).
- Senior Executive representative from the Sydney Children's Hospitals Network representing paediatric spinal cord injury services (x1).
- Director, State Spinal Cord Injury Service Network Directorate (x1).
- Manager, Spinal Outreach Service (x1)
- Manager, Rural Spinal Cord Injury Service (x1)
- Executive representatives from spinal consumer organisations (x2).

### **Alternate members:**

- Each member to identify an alternate representative to attend in their absence.

**Ex officio members:**

- Director Primary Care and Community Services Directorate, Agency for Clinical Innovation (x1).
- Director, Health System Planning & Investment Branch, Ministry of Health (x1)
- Network Manager, State Spinal Cord Injury Service Network Directorate (x1)

**Co-opted members** – As required the Committee will co-opt representative(s) from:

- The relevant Division or Branch of the NSW Ministry of Health ie Health System Planning and Investment and or System Purchasing and Performance Division when advice or input to specific activities outlined in the Committee's work plan.
- Local Health Districts.

**7. CHAIR**

The Chair will be rotated on a yearly basis between the host LHDs (NSLHD & SESLHD).

**8. REPORTING COMMITTEES**

- SSCIS Clinical Development Committee
- Others TBA

**9. QUORUM**

At least one member from each host LHD, spinal cord injury service and the SSCIS Directorate must be in attendance. A decision that will impact upon a service will not be made unless that group or service has representation, or has made comment to the Chair about the issue.

**10. MINUTES**

Minutes and action points of each meeting will be provided to members within a month of each meeting. Action arising will be coordinated by the Agency for Clinical Innovation State Spinal Cord Injury Service Directorate.

The minutes will be circulated to:

- All members within a month of the meeting
- Chief Executive, ACI

**COMMUNICATION**

A number of avenues will be used to communicate the activity and achievements of the Committee. These include but not limited to:

- Senior Executive Forum – by the Chief Executive, ACI
- Directors Operation & General Managers Meeting – by the Co-Chairs
- Non-participating LHDs - to be identified

**11. METHOD OF EVALUATION**

- Annual review of Terms of Reference.
- Annual review of membership.

**12. SECRETARIAT**

SSCIS Directorate, Agency for Clinical Innovation.

**13. ACCOUNTABILITY**

The Committee advises the CEs of participating LHDs.

#### **14. CONFLICT OF INTEREST**

All forms of conflict of interest (potential, actual or perceived) are to be managed in accordance with NSW Health Policy (PD2010\_010).