

TERMS OF REFERENCE

STATE SPINAL CORD INJURY SERVICE (SSCIS)

CLINICAL DEVELOPMENT COMMITTEE

REPORTS TO	SSCIS Steering Committee		
REPORTER	SSCIS Director		
CHAIRPERSON(S)	Either the SSCIS Director / Chairperson or the SSCIS Network Deputy Co-Chairperson with the other as the alternate Chairperson		
TERM OF OFFICE:	As outlined under Section 7 below		
SECRETARIAT	SSCIS Network Manager		
ENDORSED BY	SSCIS Steering Committee	DATE	12 March 2015
NEXT REVIEW	March 2016		

1. BACKGROUND

The Agency for Clinical Innovation (ACI) is the primary agency in New South Wales (NSW) for promoting innovation, engaging clinicians and consumers and designing and implementing new models of care. Our purpose is to work with clinicians, consumers and partners to design and drive innovation to ensure appropriate, effective and sustainable patient centred health care.

The NSW State Spinal Cord Injury Service (SSCIS), a network of the ACI, is committed to ensuring that people with spinal cord injuries in NSW receive the highest quality services, working in collaboration with other stakeholders to facilitate individual independence and achievement of personal goals.

The SSCIS was established in 2002 to work with the relevant Area Health Services (now Local Health Districts) and Department of Health (now Ministry) in NSW, to bring together the necessary clinical expertise and leadership:

- To develop and coordinate clinical services
- Establish uniform clinical practice and standards of care
- Utilise clinical information systems
- To form community and clinical networks
- To coordinate professional development, quality improvement and research efforts.

The SSCIS is responsible for coordinating the management of people who have sustained a SCI, with evidence of damage to the neural tissues as a result of trauma, or from a non-progressive disease process (e.g. Transverse myelitis, compression by infective process, canal stenosis, haemorrhage or vascular occlusion). Progressive conditions such as demyelinating, genetic disorders and degenerative conditions of the spinal cord as well as compression by metastatic lesions are not the province of the SSCIS.

The SSCIS organization structure (**Appendix 1**) is designed to facilitate clinician driven decision making processes and to create opportunities for all SSCIS stakeholders to

contribute to spinal cord injury services coordination and development. The SSCIS acknowledges the existing governance structures within NSW Health and works within the existing Local Health District framework to improve service delivery.

2. PURPOSE

The SSCIS Clinical Development Committee (CDC) aims to bring together clinicians, consumers and stakeholders to provide clinical leadership and support development and implementation of best practice care and service delivery to people with spinal cord injury in NSW.

3. FUNCTIONS

The SSCIS Clinical Development Committee has the following responsibilities:

- 3.1. Function as a clinical reference committee to provide expert advice, recommendations and guidance to SSCIS Steering Committee, ACI, other government agencies and non-government organisations regarding best practice spinal cord injury management.
- 3.2. Provide clinical leadership in planning, development and delivery of best practice spinal cord injury care within NSW.
- 3.3. Promote evidence based clinical practice and standards in the delivery of SCI services to achieve optimal person centred outcomes.
- 3.4. Oversee, support and evaluate the timely implementation of the activities and recommendations of sub-committees and working parties to achieve optimal person centred outcomes.
- 3.5. Promote effective engagement, communication and collaboration across the network of spinal cord injury services, consumers and other stakeholders.
- 3.6. Provide a forum to raise and discuss issues and concerns impacting on efficiency and effectiveness of clinical service provision and patient-centred outcomes.
- 3.7. Ensure the goals, activities and achievements of the SSCIS are effectively communicated to internal and external stakeholders.
- 3.8. Identify and prioritise areas requiring further research and innovation at a state wide level to improve the service quality and outcomes.
- 3.9. Develop and support professional development and educational activities to improve practice and outcomes.
- 3.10. Develop and support education, information and resources for non-specialist providers, consumers, families and carers.
- 3.11. Advise and facilitate the implementation and management of the SSCIS clinical information system.
- 3.12. Oversee and facilitate the use and reporting of clinical information, indicators and outcome measures for evaluation of clinical service delivery.

4. ROLE AND RESPONSIBILITIES OF MEMBERS

- 4.1. To attend 75% of the meetings in person or by teleconference.
- 4.2. To complete actions as per noted responsibility within the nominated timeframe.
- 4.3. To share and communicate information to and from the group, service, committee or working group they represent.
- 4.4. To seek the advice of their colleagues and facility / service managers as required to ensure the deliberations and determinations of the Committee reflect stakeholders' needs and opinions.

- 4.5. To communicate opportunities for strategic partnerships within and external to the Network.
- 4.6. To support and promote achievement of the work plan initiatives.
- 4.7. To participate in working group activities as expertise and time allow.
- 4.8. To represent the ACI and its functions as able.
- 4.9. Members are expected to maintain confidential any issues discussed during the meeting which are of a sensitive or controversial nature.

5. FREQUENCY OF MEETINGS

Meetings will be held quarterly or as required by the chair to achieve the objectives of the committee.

6. MEMBERSHIP

- ACI SSCIS Network Chairperson
- ACI SSCIS Network Deputy – Chairperson
- ACI SSCIS Network Manager
- Chairperson - Data, Evidence and Outcomes Sub-Committee
- Chairperson - Clinical Practice Improvement Sub-Committee
- Chairperson - Education Sub-Committee
- Representative – Medical Professional Network
- Representative – Nursing Professional Network
- Representative – Dietitian Professional Network
- Representative – Occupational Therapy Professional Network
- Representative – Physiotherapy Professional Network
- Representative – Social Work Professional Network
- Representative – Psychology Professional Network
- Representative – Seating Professional Network
- Representative – Paediatric SCI services
- Representative – Hunter SCI Service
- Consumer representative
- Representative – Spinal Cord Injuries Australia (SCIA)
- Representative – ParaQuadNSW
- Additional representatives from services or groups as deemed by those services / groups that they are not adequately represented by those listed above.

Alternate members:

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

Co-opted members – As required the Committee will co-opt expertise from:

- NSW Ambulance Service.
- Representative from organization(s) funding SSCIS network research into spinal cord injury.
- Other relevant organisations.

7. TERM OF OFFICE

- **Chair-person & Co-Chairperson** – Tenure of the Chairs should be staggered with terms of two years. There will be an option to renew up to a maximum of 3 terms. At the end of the first and second term, Chairs will be invited to re-nominate.
- **Committee members** - Tenure of the committee members will be two years with the change in membership to be staggered to ensure that the full membership does not change at the same time. There will be an option to renew up to a maximum of 3 terms.

8. REPORTING SUB-COMMITTEES & WORKING GROUPS

The SSCIS CDC may establish sub-committees/ working groups of a standing or ad hoc nature as it deems appropriate. The terms of reference of each sub-committee/working group shall be approved by the Committee and shall be structured to ensure consistency and coordination between the functions of all sub-committee/working groups. The CDC will receive progress reports as requested from each sub-committee / working group and will have responsibility to monitor and evaluate activities in respect of each sub-committee's and working group's functional responsibilities.

9. QUORUM

- A quorum comprises 50% of membership +1 including at least one Co-Chair.
- Motions and proposals will be raised, moved and seconded. Voting shall follow a majority vote protocol. In the event of a tied vote, the Co-Chairpersons will have the deciding vote. In the event of a tied vote after this process, the Chief Executive or ACI Director (or representative) / Chairperson of the SSCIS Steering Committee will have the deciding vote.
- At least one member from each facility and the SSCIS Directorate must be in attendance.
- A decision that will impact upon a facility/service/group will not be made unless that facility/service/group has representation, or has made comment to the Chair about the issue.

10. AGENDA & MINUTES

The minutes will be distributed to:

- All members within a month of the meeting
- SSCIS Steering Committee

Agenda will be distributed to members no later than a week prior to the meeting.

11. REPORTING

- The SSCIS CDC Co-Chairs will report to the SSCIS Steering Committee
- Sub-committees and working groups will provide a brief summary report on progress of their activities to be tabled at the SSCIS CDC meeting twice a year or more frequently as required.
- Refer to **APPENDIX 2 – SSCIS Committee structure**

12. COMMUNICATION

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

- Committee members will seek the advice of their colleagues and facility / service managers as required to ensure that the deliberations and determinations of the Committee reflect stakeholder needs and opinions.
- Each member will be responsible to communicate to and from the facility/service/group, committee or working group they represent.
- The SSCIS Directorate will report the Committee's decisions and deliberations to the SSCIS Steering Committee.

13. METHOD OF EVALUATION

- Second yearly review of terms of reference
- Annual review of progress against work plan.
- Second yearly review of membership.

14. SECRETARIAT

Manager, State Spinal Cord Injury Service (SSCIS).

15. ACCOUNTABILITY

The Committee reports to the SSCIS Steering Committee

16. CONFLICT OF INTEREST

Committee members are required to bring to the attention of the Co-Chairs any conflict of interest or potential conflict they may have with any item on the Committee's agenda. If a committee member is deemed to have a real or perceived conflict of interest in a matter that is being considered at a meeting, he/she will be excused from discussions and deliberations on the issue.

APPENDIX 1 – SSCIS Committee structure

