



**TERMS OF REFERENCE
STATE SPINAL CORD INJURY SERVICE (SSCIS)
DATA, EVIDENCE AND OUTCOMES SUB-COMMITTEE**

REPORTS TO	SSCIS Clinical Development Committee		
REPORTER	Chairperson of the sub-committee		
CHAIRPERSON(S)	To be nominated		
TERM OF OFFICE:	2 years		
SECRETARIAT	To be shared by committee members		
ENDORSED BY	Data, Evidence & Outcomes Sub-Committee	DATE	4 June 2015
NEXT REVIEW	June 2016		

1. BACKGROUND

At the SSCIS Forum 2014 a review of the committee structure was proposed to reflect, firstly, the reestablishment of the SSCIS steering committee in December 2013 and secondly, the changing direction and focus of SSCIS as a clinical network of the Agency for Clinical Innovation. The proposed new committee structure would include the establishment of new sub-committees and the review of the terms of reference of current committees, with the aim that all committees and sub-committees contribute to a shared aim and together work to achieve identified priorities and goals. The Data, Evidence and Outcomes Sub-Committee is one of the new sub-committees.

2. PURPOSE

The SSCIS Data, Evidence and Outcomes Sub-Committee has been established to provide expert advice on spinal cord injury data and clinical outcomes and make recommendations in relation to the findings from the data.

3. RESPONSIBILITIES / FUNCTIONS

The SSCIS Data, Evidence and Outcomes Sub-Committee has the following responsibilities:

- 3.1** Support high quality data collection and reporting through development, implementation and maintenance of clinical information systems and relevant local/international datasets/outcome measures.
- 3.2** Utilise a range of data sources to monitor service delivery and evaluate patient outcomes.
- 3.3** Review, analyze and report on the sourced data which will include but not be limited to:
 - Data from SCI Service Databases
 - Clinical indicators and outcome measures
 - Patient flow and delays along the patient journey

- Adverse events and clinical practice variation
- 3.4** Working with the NSW SCI Services to monitor, review, and develop recommendations to address adverse events and unacceptable clinical variation.
- 3.5** Work closely with the Clinical Practice Improvement Sub-Committee identifying areas for clinical practice improvement highlighted by the data.
- 3.6** Assist in monitoring and evaluating implementation and outcomes of clinical practice improvement strategies.

4. MEMBERSHIP

Membership of the SSCIS Data, Evidence and Outcomes Sub-Committee will include the following:

- **Chairperson** – an interim chairperson may be appointed to establish the sub-committee and allow time for the identification of an inaugural chairperson.
- **General membership** - At least six members of the SSCIS network with a keen interest in the sourcing, analysis, reporting and utilisation of data related to people with a SCI. Members will reflect the multidisciplinary nature of SCI services and include a broad representation from clinical disciplines.
- SSCIS Data Manager
- Consumer advice is welcome and should be sought for any aspect of work having a direct impact on the patient/carer journey.
- Secretariat support to record minutes and distribute meeting documentation will be identified from within the sub-committee membership and may be undertaken on a rotational basis.
- Current membership list is included in **Appendix 1**

5. TERM OF OFFICE

- **Chair** – The position of Chair will be held for a term of two years. The Chair may then remain on the committee for a further two years. The Chair can re-nominate at any time.
- **General membership** – General members will be appointed for a term of two years. General members may re-nominate at any time.

6. RESPONSIBILITIES OF MEMBERS

- To attend 75% of the meetings in person or by teleconference.
- To complete actions as per noted responsibility within the nominated timeframe.
- To share and communicate information to and from the group and/or service they represent.
- To seek advice from their colleagues, group and/or service they represent as required to ensure the deliberations and determinations of the Sub-Committee reflect stakeholders' needs and opinions.
- To communicate opportunities for strategic partnerships within and external to the Network.
- To support and promote achievement of the work plan initiatives.

7. FREQUENCY OF MEETINGS

To be determined by the sub-committee with meetings occurring no less than 4 times per year.

8. METHOD OF EVALUATION

- Progress against the Sub-Committee's work plan which will be negotiated with and agreed to by the SSCIS CDC.
- Second-yearly review by the SSCIS CDC of the Sub-Committee's Terms of Reference.

- Second-yearly review of the membership.

9. QUORUM

- Half membership plus one.

10. CONFLICT OF INTEREST

If a 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.

11. MINUTES

- Minutes and agreed actions will be recorded by a member of the sub-committee.
- Minutes will be distributed to all members of the sub-committee within a month of the meeting.
- Agenda will be distributed to all members no later than one week before the next meeting.

12. ACCOUNTABILITY

The Sub-Committee reports through the SSCIS Clinical Development Committee (CDC) to the **SSCIS** Steering Committee.

Appendix 1 - Members of SSCIS Data, Evidence and Outcomes Sub-Committee

Correct as at: Date

First Name	Surname	Role	Hospital/AHS (and/or organisation)
James	Middleton	Director	SSCIS
Gerard	Weber	Medical Director	Spinal Injury Unit Royal Rehab
Bonne	Lee	Staff Specialist	Spinal Cord Injury Unit Prince of Wales Hospital
Selina	Rowe	Manager	Spinal Outreach Service Royal Rehab
Obayd	Marial	Data Manager, SCI Database	SSCIS (employed by POWH)
Melissa	Russell	Head, Customer Experience	SCIA
TBC			Spinal Cord Injury Unit, Royal North Shore Hospital
TBC			ParaQuad NSW
TBC			Hunter SCIS