

Terms of Reference

Statewide Adolescent Transition Care Clinical Network Steering Committee

The Statewide Adolescent Transition Care Clinical Network aims to partner with young people to ensure health care is designed to suit young people and doesn't impact on their normal healthy adolescent development. The vision of the network is to provide access to care for young people that meets their needs, is easily accessible and continuously improving, empowers and is seamless across all providers of health care.

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Background

The Commission on Excellence and Innovation in Health (CEIH)

The CEIH provides leadership and advice on excellence and innovation in healthcare. We partner with clinicians, consumers, carers and other collaborators to maximise health outcomes for patients, improve care and safety, monitor performance, and champion evidence-based practice to improve health outcomes.

Our vision is, “Together, let’s create better healthcare for South Australians”.

In doing this we will:

- bring together expertise from clinicians, consumers, health partners and other stakeholders to maximise health outcomes and experience,
- be a Centre for excellence, a strong partner for clinical improvement and innovation and have expertise which can influence design,
- and drive safer, more innovative, and efficient healthcare by empowering clinicians and consumers.

Statewide Clinical Networks

Statewide Clinical Networks are groups of health professionals, health service organisations, and consumers, carers and/or community members who work collaboratively with the goal of high-quality care in a specialist area. Statewide Clinical Networks operate across the entire continuum of care, including private, public and primary health sectors within all Local Health Networks — both country and metropolitan.

Statewide Clinical Networks are an important statewide engagement structure to connect clinical experts, consumers, and other collaborators on agreed priorities to improve the South Australian health system.

Statewide Clinical Networks leadership resembles either a single clinical lead or a clinical and consumer co-leadership.

The Statewide Clinical Networks include a steering committee and may also consist of other sub-committees or work groups that are identified as being required to undertake network priority projects.

Statewide Adolescent Transition Care Clinical Network

The Statewide Adolescent Transition Care Clinical Network (SATCCN) is a team of health professionals, health service organisers, people with lived experience and carers who are working to shape our health system to provide excellent care for young people.

Clinical networks work across all parts of the health system including services in hospitals (public and private), outpatient clinics, community health services, general practice and community mental health services. We work across the whole state including people living in the city, country and in remote parts of SA.

The SATCCN is one of a number of clinical care networks which are part of the CEIH (Commission on Excellence and Innovation in Health). The CEIH is an independent government office which was formed to create an environment for different people who have experience, dedication and interest in health to come together and collaborate to provide leadership and advice on the best way to provide health care in South Australia.

The SATCCN has a clinical lead and a steering committee and may form working parties or sub-committees if needed.

Statewide Clinical Network Steering Committee

The Statewide Clinical Network Steering Committee comprises a group of about 18 to 20 people with expertise in the area of specialty. The Steering Committee represents the wider specialty's Clinical Network.

Statewide Adolescent Transition Care Clinical Network Steering Committee

Purpose

The overarching purpose of the Steering Committee is to:

- provide advocacy to ensure high quality care that is evidence based,
- collaborate with the broader Statewide Clinical Network to identify and address key system priorities related to the Clinical Network,
- seek innovative perspective and solutions to challenges identified to turn ideas into better health care,
- act as a conduit for information sharing and decision making between the Clinical Network and the CEIH,
- build capability to transition from a statewide clinical network into a statewide community of practice.
- prioritise the voice of those with a lived experience of adolescent health services and transition of care.
- identify and address priorities for the optimal transition of care of adolescents in SA.
- share information between the clinical network and the CEIH.

Responsibilities

The Steering Committee will

- be champions for excellent adolescent transition within their organization.
- work with the rest of the committee and the clinical lead to define issues in adolescent transition care and work on solutions.
- develop the networks annual work plan.
- partner with other organisations who care for adolescents.
- work towards improving health outcomes and experience for young people in health.
- canvas views and provide feedback to their colleagues and appropriate others except for confidential matters.

Lead/Co-Leads

- The Lead/Co-Leads will chair Statewide Clinical Network Steering Committee meetings or appoint a substitute chair.
- Ensure the effective conduct of each meeting.
- Encourage broad participation from all members including consumer and carer advocates in discussion.
- Keep the meeting moving by putting time limits on each agenda items and ensure meetings run on time.
- End each meeting with a summary of decisions and actions.
- Follow up with absent members to determine if they wish to continue membership as per the terms of reference.
- Review and approve meeting papers, communications and correspondence
- Indicate which meeting discussions or decisions are to remain confidential.
- In consultation determine whether meetings are face to face or via an electronic/digital platform.
- Read and edit draft Minutes of Meeting prior to distribution to Network for approval.
- Require a commitment to the delivery of statewide services and thinking 'whole of system'.
- Demonstrate a commitment to service performance, evidence-based practice, improving health outcomes for consumers and ensuring the health system provides best value to the community.
- Demonstrate a commitment to strategic planning outside their own individual service.
- Demonstrate an ability to lead a complex team and to engage with consumers and clinicians.
- Be respected by their clinical peers and demonstrate ability to influence change and improve service delivery.
- Work collaboratively with the CEIH team.

Network Advisor

The CEIH will appoint a Network Advisor for the Statewide Clinical Network. The Advisor will attend meetings as an impartial participant.

The role supports the clinical networks by:

- Working in partnership with the Lead/Co-Leads and the Steering Committee to achieve and deliver on the priorities of the Statewide Clinical Network.
- Proactively facilitating and building effective relationships, interactions and collaborations with Clinical Network Consumer/Carer/Clinician stakeholders.
- Linking the Clinical Network with CEIH/Departmental resources as required or appropriate.
- Facilitating the work of the network through the CEIH or Department for Health and Wellbeing endorsement processes if required.
- Being the initial point of contact for the Clinical Network inquiries within the CEIH.
- Using the project management skills of communication, facilitation, risk management, report writing, project planning, and stakeholder consultation and negotiation.
- Monitoring the performance/progress of the Clinical Network in achieving its agreed goals/projects.

Principles and conduct

The Steering Committee will adhere to the following:

- Appointment to the Steering Committee assumes a position of trust and members are expected to act ethically, and in the best interests of the Clinical Network at all times,
- Members will conduct themselves in a manner which promotes confidence in the integrity of the work being undertaken as part of the Clinical Network Steering Committee,
- Members of the Steering Committee are appointed for their personal skills, knowledge, experience, and passion and are required to exercise these for the benefit of the Clinical Network as a whole,
- The Steering Committee will ensure work activities being conducted under the auspice of the Clinical Network, including sub-committee and work groups, are in line with the Clinical Network's overall aim and identified priority areas,
- Members are expected to complete agreed action items from each meeting in the agreed timeframe,

- Feedback and/or review of documentation responses are to be provided within requested timeframes,
- Decisions made by the Steering Committee (see [Voting](#)) are binding. Members of the Steering Committee will comply with the decisions of the Steering Committee and will not participate in dissent outside of the Steering Committee meetings,
- The Lead/Co-Leads reserves the right to review the membership of any member who acts contrary to the above,
- When speaking on behalf of the Statewide Clinical Network (e.g., at conferences, gatherings, workshops etc.) approval must be obtained from the Lead/Co-Leads prior to speaking. Re-imbursements of time invested will be agreed upon with the Executive Director of the CEIH prior to the event.

Conflict of Interest

- Members will declare any conflict of interest prior to commencing on the Steering Committee which will be documented in a Conflict of Interest Register.
- Members will also declare any new conflict of interest related to Steering Committee duties as soon as practical after such conflict arises.
- If there is a declaration of conflict of interest the member will, on advice of the Chair, either refrain from voting or participating in discussions or absent themselves from the room at that point.
- Conflict of Interest forms are to be completed and signed each year or at a time where a new item may have come up and declaration is required.

Confidentiality

- Where particular discussions are deemed to be confidential, members will not disclose such information to any persons outside of the Steering Committee without the support of the Steering Committee.
- If confidential information is shared within the Steering Committee, this will be identified as such by the

Lead/Co-Leads and members may need to sign a confidentiality agreement.

Accountability

The Steering Committee reports through the Lead/Co-Leads to the Executive Director, Clinical Partnerships, who is accountable to the Commissioner of the CEIH.

The Lead/Co-Leads will be required to report quarterly and on an ad hoc basis as required to the Commissioner regarding the activities and progress of the Steering Committee and Clinical Network.

Membership

Chair

The chair will be the SCN Lead. The SCN Lead can delegate chairing duties to another member of the Steering Committee on a temporary basis.

Members

Membership of the Steering Committee will be determined by the Lead/Co-Leads in conjunction with the Executive Director, Consumer and Clinical Partnerships.

Membership can be either individual or organisational in nature and will be constructed to reflect the necessary mix of knowledge, experience, and skills to support the Statewide Clinical Network to fulfil its responsibilities. A balance of experience across metropolitan and rural settings and from within and out of hospital sectors will be sought.

Members who resign mid-tenure will be replaced through an expression of interest process, or direct appointment.

The Steering Committee will consist of approximately 18 to 20 people with a core membership comprising of:

- The SCN Lead (incorporating chair function),
- Medical, Nursing and Allied Health representatives from the children / adolescent health sector (including the private sector) who can lead change,

- Medical, Nursing and Allied Health representatives from the adult services (including the private sector) who can lead change,
- Country Health services representative,
- Consumers and/or Carers as appropriate,
- NDIS representative,
- Representative from appropriate professional body if applicable. (e.g., Novita),
- Other relevant technical, scientific, epidemiology or research staff as required.

We will ensure that culture and diversity is represented within the membership.

The Steering Committee through or at the direction of the Lead/Co-Leads can add additional members to Steering Committee to achieve the purpose of the Steering Committee.

The Steering Committee, through or at the direction of the Lead/Co-Leads, is able to seek expert advice or input on an as-needed, time limited basis to progress work against specific priorities.

Ex-officio members

- CEIH Data/ Informatics person.
- CEIH Executive Director, Consumer and Clinical Partnerships.
- CEIH Project Manager.

The Steering Committee through or at the direction of the Chair can add additional members to the committee to achieve the purpose of the committee.

The Steering Committee, through or at the direction of the Chair, is able to co-opt/seek expert advice or input on an as-needed, time limited basis to progress work against specific priorities.

The Executive Director, Consumer and Clinical Partnerships, will have a standing invitation to attend all meetings as an impartial participant.

If a Steering Committee wants to have more than 20 members, then this needs to be negotiated with the Executive Director, Consumer and Clinical Partnerships.

Tenure

Membership tenure will be for a period of 2-3 years at the discretion of the Lead/Co-Leads. Subsequently extension of membership beyond this time is at the discretion of the Lead/Co-Leads in conjunction with the Networks Program Director, Clinical Partnerships.

Sub-committees and Workgroups

The Steering Committee may convene sub-committees or working groups.

A sub-committee or working group can be established to achieve multiple objectives. A working group can be convened by the Steering Committee to undertake a specific, time limited project or other activity to assist the Statewide Clinical Network and Steering Committee to fulfil its responsibilities.

Preferably, the chair of a sub-committee or working group will be a member of the Steering Committee (or the group will have representation from the Steering Committee) and is responsible for reporting on the progress of agreed objectives at Steering Committee meetings.

Not all members of the Steering Committee will be required to sit on a sub-committee or workgroup but may contribute to an advisory capacity.

The CEIH will provide secretarial support to assist in establishment of working groups and sub-committees. CEIH-branded templates and CEIH Terms of Reference (ToR) for sub-committee or working group will be supplied as a part of establishment.

Operating procedures

Meeting frequency

Meeting frequency is at the discretion of the Lead/Co-Leads, but initially monthly. It is expected that at least four meetings are held each year.

Attendance

Meetings will be held face-to-face where possible with online teleconference or digital platform option available to support participation of members living in regional and rural areas. It is the responsibility of members using these facilities to ensure they are in a private location where information/discussions can remain confidential.

Members who are frequently absent will be followed up by the Lead/Co-Lead and asked to assess their capacity to be able to continue.

Apologies must be provided prior to each meeting. The Steering Committee will vote on the replacement of members who have not attended three consecutive meetings without providing apologies.

A leave of absence must be sought from the Lead/Co-Leads when a member is unable to attend two or more consecutive meetings.

Proxies

Members may not substitute a proxy for their attendance.

Quorum

The quorum necessary for decision making will be greater than 50% of members.

A meeting may proceed if a quorum is not present. In this instance, voting will either be held over until the next meeting when a quorum is present, or via an out-of-session vote (at the Chair's discretion).

Voting

Decisions will be sought on a consensus basis. If a vote is necessary, a majority vote is sufficient. If an equality of votes applies, then the matter will remain undecided and either considered at the next meeting and/or escalated to the Executive Director Clinical Partnerships.

A quorum must be present to enable voting. Votes by proxy will not be accepted.

SECRETARIAT



The secretariat function for the Steering Committee will be provided by the CEIH. The secretariat will:

- prepare and circulate agendas and supporting material for meetings at least three working days in advance,
- prepare accurate minutes and action log from each meeting and circulate within three working days,
- ensure all files are stored in accordance with the SA Health Care Act,
- arrange teleconference/video conference and/or book facilities for meetings,
- ensure conflict of interest forms have been completed every 12 months by each member and prior to the new member's initial meeting,
- send an annual reminder for CEIH's reimbursement policy.

Approvals and review

These Terms of Reference shall be reviewed annually by the Steering Committee. Any changes to the Terms of Reference are subject to the endorsement of the Executive Director, Consumer and Clinical Partnerships.

ENDORSEMENT

Chair	Damon Fenech
Signature	
Date	20/5/2023
Director	Madeleine Baillie
Directorate	Clinical Networks
Signature	
Date	18/5/2023

REVISION DATES:

No.	Date	Nature of change(s)
0.1	12/2022	Formatting updated to CEIH Branding
0.2	12/2022	ToR updated to reflect Lead/Co Lead leadership across Statewide Clinical Networks
0.3	12/2022	Information included in regard to Confidentiality and Role of Network Advisor
0.4	12/2022	Definitions and background of CEIH, Statewide Clinical Networks and Steering Committees updated to reflect consistency across CEIH documentation.



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