

# Statewide Chronic Pain Clinical Network Steering Committee

## Terms of Reference

### Background

The Commission on Excellence and Innovation in Health (the Commission) has been created to provide leadership and advice within SA Health and the Government on clinical excellence and innovation. The Commission provides leadership and advice on clinical best practice with a focus on maximising health outcomes for patients, improving care and safety, championing evidence-based practice and clinical innovation, and supporting clinical collaboration.

### Statewide Clinical Networks

Statewide Clinical Networks (SCNs) are all the health professionals, health service organisations, consumers and carers who work collaboratively with the goal of high quality care in a particular area.

SCNs operate across the continuum of care, across private and public sectors and across all Local Health Networks — both country and metropolitan. Statewide Clinical Networks are an important statewide engagement structure to connect together clinicians, consumers and other stakeholders on agreed priorities to improve the South Australian health system.

SCNs are supported by a SCN Lead, steering committee and other subcommittees or work groups that are identified as being required to undertake network priority projects.

### Statewide Chronic Pain Clinical Network

For the purpose of the Terms of Reference Chronic Pain is defined as: pain that lasts beyond normal healing time after injury or illness—generally 3 to 6 months. It is a common and complex condition, and the pain experienced can be anything from mild to severe. The defining characteristic of chronic pain is that it is ongoing and experienced on most days of the week.

The Statewide Chronic Pain Clinical Network acknowledges and endorses the Equity of Access to Health Care Policy Directive of SA Health.

### Statewide Chronic Pain Clinical Network Steering Committee.

#### Purpose

The overarching purpose of the Steering Committee is to:

- Provide oversight to, and support of, the Clinical Network in both identifying and addressing key system priorities related to Chronic Pain.
- Act as a conduit for information sharing and decision making between the Clinical Network and the CEIH.

Let's put  
imagination to work

Level 7, Citi Centre Building  
11 Hindmarsh Square  
Adelaide SA 5000  
DX243  
T +61 (08) 8226 5791  
sahealth.sa.gov.au/ceih

## Responsibilities

### Steering Committee

- Develop the Clinical Network's annual work plan.
- Provide leadership within the health system both clinically and organisationally within their LHNs.
- Provide advice to the SCN Lead on service issues and priorities.
- Assist in the analysis of current and projected service demand across all aspects of service delivery.
- Assist in defining future service profile, service distribution and methods of clinical practice in both metropolitan and country areas.
- Assist in addressing clinical variation and improving service performance and consumer health outcomes across the continuum of care.
- Establish partnerships with key departments and agencies to promote a lifelong holistic view of health.
- Assist in defining workforce models inclusive of workforce redesign.

### Chair

- Ensures the effective conduct of each meeting.
- Encourages broad participation from all members including consumer and carer advocates in discussion.
- Keeps the meeting moving by putting time limits on each agenda items and ensure meetings run on time.
- Ends each meeting with a summary of decisions and actions.
- Follows up with absent members to determine if they wish to continue membership as per the terms of reference.
- Approves the agenda and other meeting papers for each meeting.
- Indicates which meeting discussions or decisions are to remain confidential.

## 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 that promotes confidence in the integrity of the work being undertaken in the Clinical Network.
- Members of the Steering Committee are appointed for their personal skills and knowledge 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 subcommittee and work groups, are in line with the Clinical Network's overall aim, identified priority areas and will monitor progress against agreed timeframes.
- Where particular discussions are deemed confidential, members will not disclose such information to any persons outside of the Steering Committee without the support of the Steering Committee.
- It is each member's responsibility to canvas views and provide feedback to their colleagues and appropriate others except for confidential matters as described above.
- 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 will comply with the decisions of the Steering Committee and will not participate in dissent outside of the Steering Committee meetings.
- The Steering Committee reserves the right to review the membership of any member who acts contrary to the above.

## Conflict of Interest

- Members will declare any conflict of interest prior to commencing on the Steering Committee.
- 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, refrain either from voting or from participating in discussions or absent themselves from the room at that point.

## Accountability.

The Steering Committee reports through the Chair to the Executive Director, Consumer and Clinical Partnerships, who is accountable to the Commissioner.

The Chair will be required to report quarterly and on an ad hoc basis as required to the Commissioner regarding the activities and progress of the network.

## Membership

### Members

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

- The SCN Lead (incorporating chair function).
- Medical, Nursing and Allied Health representatives (including the private sector) who can lead change.
- Country Health services representative.
- Consumers and/or Carers / and or Advocate as appropriate.
- Representative from appropriate professional body if applicable
- Other relevant technical, scientific, epidemiology or research staff as required.

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 Commission will appoint a Project Manager to support the Clinical Network. The Project Manager will attend meetings as an impartial participant.

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 12 – 18 members, then this needs to be negotiated with the Executive Director, Consumer and Clinical Partnerships.

### Appointments

Membership of the Steering Committee will be determined by the SCN Lead in conjunction with the Executive Director, Consumer and Clinical Partnerships. Selection will be informed by a merit-based expression of interest process.

Membership is individual and not organisational. Membership 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.

### 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.

### Tenure

Membership tenure will in the first instance be for a period of two or three years at the discretion of the SCN Lead in order for membership turnover to be staggered. Subsequently membership is for a two year period with extension for one two year period beyond this time possible at the discretion of the SCN Lead in conjunction with the Executive Director, Consumer and Clinical Partnerships.

## Subcommittee and workgroups

Subcommittees or work groups can be convened by the Steering Committee to undertake a specific, time limited project or other activity to assist the Clinical Network and Steering Committee fulfil its responsibilities.

Preferably, the chair of a subcommittee or work 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 subcommittee or work group but may contribute in an advisory capacity.

Terms of reference for any subcommittee or work group will need to be developed by the Steering Committee, and endorsed by the Executive Director, Consumer and Clinical Partnerships.

## Operating procedures

### Meeting frequency

Meeting frequency is at the discretion of the Steering Committee, but initially monthly. It is expected that at least four meetings be held each year.

### Attendance

Members are expected to attend at least 75% of meetings.

Meeting format – will be a combination of teleconference, videoconference and face to face to support participation of members living in regional and rural areas and to comply with COVID-19 social distancing recommendations. It is the responsibility of members using these arrangements to ensure they are in a private location where information/ discussions can remain confidential.

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 Steering Committee 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 be held over either 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 the vote is tied, then the matter will remain undecided and either considered at the next meeting and/or escalated to the Executive Director, Consumer and 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 facilities for meetings.
- Ensure confidentiality and conflict of interest forms have been completed by each member prior to the member's initial meeting.

**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.

Date endorsed:

Signed by Chair:

Revision dates:

No.	Date	Nature of change(s)
0.1	06/07/2020	First draft
0.2	1/4/2021	Revised draft
0.3	15/04/2021	Endorsed by Chronic Pain Network Steering Committee