Statewide Cancer Clinical Network Steering Committee

Terms of reference

May 2019
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Preamble
The Statewide Cancer Clinical Network is comprised of all Cancer service providers across South Australia. These terms of reference are specifically for the Steering Committee that will support the effective functioning of the Statewide Cancer Clinical Network.

Name of group
The group shall be known as the Statewide Cancer Clinical Network Steering Committee.

Aim
The principal goals of the Steering Committee are to:

- Improve cancer services to the South Australian community.
- To provide strategic advice to SA Department of Health and Wellbeing on matters relevant to cancer services.
- To champion and facilitate implementation of the Enterprise-wide Chemotherapy Prescribing System
- To champion and facilitate implementation of Proton Beam Therapy
- To monitor implementation of services through an agreed reporting framework.
- To develop a South Australian Cancer Control Plan.

Consideration will be given to a range of approaches to ensure services are equitable for rural and remote consumers, Aboriginal and Torres Strait Islander and special population groups.

Expected outcomes
The Statewide Cancer Clinical Network will bring to the South Australian health system:

- Improved value, quality and safety of service and reduced clinical variation from best practice by placing the consumer at the centre of care.
- Effective clinical governance, by the sharing of good practice, and systematic application of clinical standards, guidelines and protocols.
- Improved access to health care and improved health outcomes for the consumer.
- Improved understanding of the behaviours and attitudes of the population relevant to cancer services.
- An increased level of clinical empowerment, leadership and involvement in the development and planning of health services across the continuum.
- A more flexible workforce with opportunities to work within a broader team-based environment and an ability to implement evidence-based practice changes more quickly.
- A reduction in professional isolation and competition through a partnership approach to service delivery.
- Focus on the continuum of care across the life span from prevention and primary health care through to ‘in hospital care’, to ‘out of hospital care’, chronic disease management and community-based care.
- More rapid response to changing service demands based on population needs and consumer involvement.
> Reduced duplication of services and facilities and a greater flexibility of facility and infrastructure usage.
> More sustainable services through the sharing of workforce and resources and through a more proactive response to the implementation of new technology.

**Accountability**

The Statewide Cancer Clinical Network Clinical Lead will be accountable to the Commissioner, Commission on Excellence and Innovation in Health (the Commission) and liaise closely with the Commission to ensure its effective functioning.

The Clinical Lead will be a member of a Statewide Clinical Network Executive comprising of all Statewide Clinical Network Clinical Leads.

The Clinical Lead may also be required to participate in other committees which are formed as part of the Commission’s operations. (These are yet to be determined).

**Responsibilities**

The Statewide Cancer Clinical Network will deliver high quality consumer focused health services through:

> Providing leadership within the health system in South Australia, particularly public health, both clinically and organisationally within their LHNs.
> Championing and facilitating implementation of the Enterprise-wide Chemotherapy Prescribing System and Proton Beam Therapy
> Providing advice on service issues and priorities.
> Assisting in the analysis of current and projected service demand across all aspects of service delivery.
> Assisting in defining future service profile, service distribution and methods of clinical practice in both metropolitan and country areas.
> Assisting in addressing clinical variation and improving service performance and consumer health outcomes across the continuum of care.
> Establishing partnerships with key departments and agencies to promote a lifelong holistic view of health.
> Assisting in defining workforce models inclusive of workforce redesign.

**Clinical lead**

The Clinical Lead will be appointed by the Commissioner of the Commission for a period of two years with one further 2 year extension beyond this time at the discretion of the Commissioner. The primary role of the Chair is to lead the direction of the Statewide Cancer Clinical Network.

The Clinical Lead will be required to report quarterly, and as appropriate to the Commission on Excellence and Innovation in Health regarding the activities and progress of the network.

**Steering Committee membership**

Membership of the Steering Committee will be determined by the Clinical Lead in conjunction with the Commissioner of the Commission following a call for expressions of interest.
The Steering Committee will have a core membership comprising of the following:

> Medical, nursing and midwifery, allied and scientific health representatives from across the care spectrum (including the private sector) who can lead change.
> Consumers and carers
> Relevant non-government organisations e.g Cancer Council
> Relevant population group representatives.
> Local Health Network representative
> Other relevant technical, scientific, epidemiology or research staff as required.

The Steering Committee, through the Clinical Lead, may invite persons who are not members to any meetings who will not be entitled to vote and are considered ‘in attendance’.

**Tenure**

Membership tenure will in the first instance be for a period of 2 or 3 years at the discretion of the Clinical Lead in order for membership turnover to be staggered. Subsequently membership is for a two year period with extension for one 2 year period beyond this time possible at the discretion of the Clinical Lead in conjunction with the Commissioner, Commission on Excellence and Innovation in Health.

**Representation**

Membership is individual and not organisational and will be constructed to reflect a balance of experience across metropolitan and country, from within and out of hospital sectors. Members may not substitute a proxy for their attendance.

The only exception is Cancer Council membership which will be representative.

**Absence**

Members are requested to provide apologies prior to the 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.

**Subcommittees and Work Groups**

**Definition:** Within the Steering Committee a Subcommittee will be known as a group that has been established for a certain purpose to achieve multiple objectives. A Work Group can be convened under the auspice of the Network, or a Subcommittee, to work on a specific, time limited objective or activity.

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 within monthly 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. A range of individuals and organisation will be invited to nominate representatives to contribute in Subcommittee or Work Group activities.
Operating procedures

Meetings
Meeting frequency is at the discretion of the Steering Committee, but initially monthly.

Quorum
The quorum necessary for decision making will be half the members or more.

Agenda
Standing agenda items will include:

- Minutes of last meeting
- Apologies
- Actions arising
- Business arising
- Any other business
- Date and location of next meeting

Voting
Decisions will be achieved through consensus in most instances. Where a vote is necessary, a quorum must be present to enable voting. Votes by proxy will not be accepted. If an equality of votes applies then the matter will remain undecided and considered at an alternative occasion.

Conduct
Members of the Steering Committee are appointed for their personal skills and knowledge and are required to exercise these for the benefit of the Network as a whole.

Appointment to the Steering Committee assumes a position of trust and members are expected to act ethically and in the best interests of the Network at all times. Members will conduct themselves respectfully and in a manner which promotes confidence in the integrity of the work being undertaken in the Network.

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. 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.

The Steering Committee reserves the right to review the membership of any member who acts contrary to the above.

Principles
The Statewide Cancer Clinical Network will adhere to the following:

- Feedback and/or review of documentation responses are to be provided within requested timeframes.
- If a declaration of conflict of interest is required (competing professional or personal interest such as services that can only be provided by a member), the member will, on advice of the Chair either
refrain from voting/participation in consensus decision making or absent themselves from the room at that point.

> Discussion and issues remain confidential to 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.
> The Steering Committee, through or at the direction of the Clinical Lead, is able to co-opt.seek expert advice on a needs basis.
> It is the responsibility of members linking into meetings via teleconference, to ensure they are in a private location where information/discussions can remain confidential.
> The Steering Committee will ensure work activities being conducted under the auspice of the Network, including Subcommittee and Work groups, are in line with the Network’s overall aim, and identified priority areas, and monitor progress against agreed timeframes.

**Records**

The Secretariat will issue agendas and supporting material at least three working days in advance and prepare minutes from each meeting.

> The Secretariat will keep separate files of at least the following:
> Agendas, minutes and papers circulated with them.
> Correspondence, papers tabled at meetings and papers circulated other than with agendas.

These files are the property of the Department for Health and Wellbeing, South Australia and must be preserved in accordance with the SA Health Care Act.

**Adoption and amendments to the terms of reference**

These Terms of Reference shall be reviewed annually by the Steering Committee and Commissioner for the Commission and any changes will be approved as described above. Membership will be reviewed annually in accordance with the Terms of Reference.

Date endorsed:____________________ Signed by Clinical Lead:____________________
For more information

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