

Ministerial Clinical Advisory Group

Terms of Reference

Version 5.9 February 2017

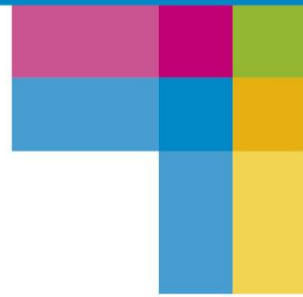


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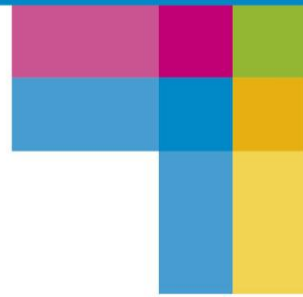
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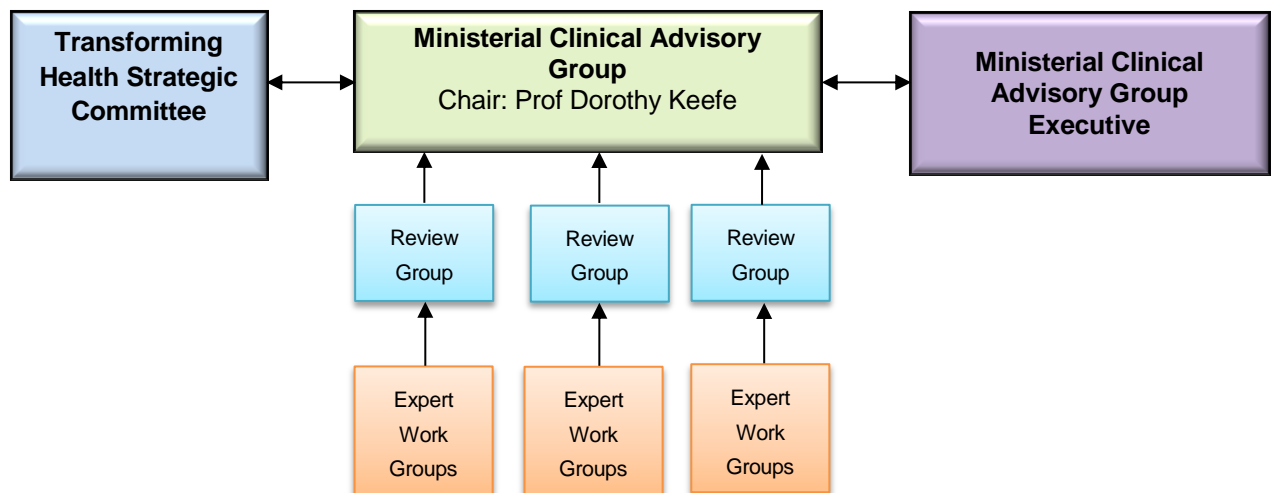
1. Introduction

1.1 Purpose

This document describes the terms of reference for the Ministerial Clinical Advisory Group (MCAG) and the MCAG Executive Group which comprise an important element of the governance structure for the planning and implementation phase of Transforming Health. The MCAG and the MCAG Executive Group advises the Transforming Health Implementation Committee and members are appointed by the Minister for Health.

The terms of reference reflects the key role and function of the MCAG and the MCAG Executive Group as set out in the Transforming Health Governance Structure.

The diagram below depicts the MCAG within the context of Transforming Health Governance Structure:



Please refer to Appendix A for the TH Governance Structure Diagram.

1.2 Scope

The role of the MCAG and the MCAG Executive Group is to provide clinical advice and leadership into the planning and implementation activities associated with the Transforming Health program from a whole of system perspective, taking into account the strategic directions of SA Health and the key elements of the Transforming Health Implementation Plan.

2. Role and Function

MCAG

The principal role and function of the MCAG is to provide clinical advice and leadership for statewide services, establishment of fully networked services and the implementation of consistent clinical guidelines and standards of care; by providing input into and/or leadership of:

- ✚ Service delivery changes required for the new metropolitan wide configuration.
- ✚ New models of care and new hospital models.
- ✚ Capital redesign.
- ✚ Quality principles, standards of care and productivity improvements identified in Transforming Health.

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- ✦ Support stakeholder engagement – inclusive of SA Health staff, primary care, consumers, carers and the community.

As part of fulfilling these duties, time limited Expert Working Group will be convened within clinical areas.

These work groups may be chaired by members of the MCAG or a non-member chair may be selected through advice to the Chair of MCAG. In addition chairs may be selected from outside the clinical area being worked on if it is deemed appropriate by the MCAG, the MCAG Executive Group and the chair.

Expert Work Groups will operate under separate and agreed terms of reference which will be specifically developed for each working group. It is envisaged that membership of the working groups will include management staff from LHN's who will be responsible for implementation, primary care as required, as well as consumer/carer representation.

MCAG Executive

The MCAG will be supported by the MCAG Executive whose role and function is to provide strategic guidance on the role of the MCAG, advising on the future agenda for the MCAG meetings and provide advice on the general format and functioning of the MCAG meetings.

Discretion of Chair matters within the remit of MCAG may be brought to the MCAG Executive for advice and decision. The MCAG members will be briefed on this and decision made at the next meeting.

MCAG Review Groups:

Expert Working Groups for MCAG projects will be supported by time limited MCAG Review Groups. These groups will have a function to review MCAG projects prior to their clinical endorsement by MCAG. As part of this the review groups will consider the following:

- ✦ Whether the project aim and deliverables have been met
- ✦ Will clinical standards be met – i.e. Transforming Health, college, national
- ✦ Have stakeholders been mapped and appropriately engaged
- ✦ Have interdependences and statewide service implications been addressed
- ✦ Have risks been mapped and mitigation strategies determined.

The MCAG Executive will advise on the MCAG Review Group nominations.

3. Membership

The MCAG and the MCAG Executive Group must comprise members who possess a comprehensive understanding of the relevant clinical areas.

Membership of the MCAG and the MCAG Executive Group will adapt and change as planning and implementation activities associated with the Transforming Health program focus on different clinical areas.

Members must be change agents for their respective clinical areas with authority to endorse decisions for consideration by the Transforming Health Program Board and proactively drive change. It is acknowledged that implementation requires effective partnerships with Local Health Network executive and management staff who will be held accountable for the required changes as well as the clinicians.

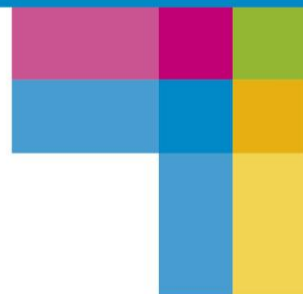
It will be crucial that at all times, the Expert Working Groups (when convened) focus not only upon their particular clinical areas, but that all decisions made take into account and are informed by whole-of-system considerations and the need for the Transforming Health program to be a fully integrated, system-wide success.

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Members are expected to discharge their responsibilities with due care and diligence.

The MCAG and the MCAG Executive Group shall be supported by an Executive Officer.

The MCAG and the MCAG Executive Group shall comprise the following members

3.1 Chair

The Chair of the MCAG and the MCAG Executive Group will be Professor Dorothy Keefe. In the event that the Chair is unable to attend a scheduled meeting, the Chair shall nominate a Member to act as Chair.

3.2 MCAG Members

CLINICAL SPECIALTY/AREA	MEMBER	TITLE
ALLIED AND SCIENTIFIC HEALTH	Heather Baron	Regional Director Allied Health, W&CHN
ALLIED AND SCIENTIFIC HEALTH	Vicki Hume	Allied Health Director Reform, CALHN
ALLIED AND SCIENTIFIC HEALTH	Catherine Turnbull	Chief Allied & Scientific Health Advisor
AMBULANCE	Anthony Pryzibilla	Operations Manager, SA Ambulance Service
ANAESTHETICS	Dr Simon Jenkins	Deputy Clinical Ambassador, NALHN
CARDIOLOGY	Prof Derek Chew	Regional Director, Cardiology, SALHN
CLINICAL	Prof Paddy Phillips	Chief Medical Officer, SA Health
CLINICAL LEAD – Repatriation General Hospital	A/Prof Craig Whitehead	Deputy Clinical Ambassador, Repatriation General Hospital
CONSUMER REPRESENTATION	Michael Cousins	Chief Executive, Health Consumers’ Alliance
COUNTRY HEALTH	Dr Matthew McConnell	Public Health Physician, Country Health SA
EMERGENCY MEDICINE	Dr Tom Soulsby	Emergency Physician, Royal Adelaide Hospital, CALHN
GENERAL MEDICINE	Dr Patrick Russell	Consultant, General Medicine
GERIATRICS	Dr John Maddison	Director (Medical) Aged Care, Rehabilitation & Palliative Care, NALHN
INTENSIVE CARE MEDICINE	Dr Gerry O’Callaghan	Director Intensive Care Services, Central Adelaide Local Health Network

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MEDICAL	A/Prof Chris Zeitz	Clinical Director – Medical Services, CALHN
MENTAL HEALTH	Dr Tarun Bastiampillai	Director, Mental Health Strategy
MENTAL HEALTH	Dr Aaron Groves	Chief Psychiatrist
NURSING & MIDWIFERY	Assoc Prof Vanessa Owen	Exec Director Nursing & Midwifery/Clinical Governance Services/OPD; NALHN
NURSING AND MIDWIFERY	Jackie Wood	Director of Nursing, The Queen Elizabeth Hospital, CALHN
NURSING AND MIDWIFERY	Adj Assoc Prof Lydia Dennett	Chief Nursing and Midwifery Officer
NURSING AND MIDWIFERY	Stuart Smith	Deputy Nurse Ambassador, NALHN
NURSING AND MIDWIFERY	Gabby Vigar	Deputy Nurse Ambassador, CALHN
NURSING AND MIDWIFERY	Helen Walker	Deputy Nurse Ambassador, SALHN
PAEDIATRICS & PAEDIATRIC SURGERY	Dr Cindy Molloy	Divisional Medical Director (Surgical Services) W&CHN
PALLIATIVE CARE	Kate Swetenham	Service Director, Southern Adelaide Palliative Services; SALHN
PATHOLOGY, MEDICAL IMAGING, & PHARMACY	Steve Morris	Group Executive Director, Statewide Clinical Support Services
REHABILITATION	Prof Maria Crotty	Director of Rehabilitation
SURGERY	Prof Guy Maddern	Clinical Director, Surgical Services, CALHN
SURGERY	Dr Mark Inglis	Director of Arthroplasty, SALHN
SURGERY	Dr Jon Shenfine	Consultant Surgeon, Royal Adelaide Hospital, CALHN
TRAUMA SERVICES	Assoc Prof Dan Ellis	Deputy Director of Trauma and Consultant in Emergency Medicine, Royal Adelaide Hospital; Retrieval Consultant at SA Ambulance Service MedSTAR
EX-OFFICIO	Lyn Dean	Executive Director, Operational Service Improvement and Demand Management
EX-OFFICIO	Shelley Horne	Director, System Redesign and Clinical Engagement
EX-OFFICIO	Jon Logie	Director, Media and Communications
EX-OFFICIO	Penny Thyer	Executive Officer, MCAG

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MCAG Executive Group Members

CLINICAL SPECIALTY/AREA	MEMBER	TITLE
ANAESTHETICS	Simon Jenkins	Deputy Clinical Ambassador, NALHN
INTENSIVE CARE MEDICINE	Gerry O'Callaghan	Director Intensive Care Services, Central Adelaide Local Health Network
NURSING & MIDWIFERY	Stuart Smith	Deputy Nurse Ambassador, NALHN
NURSING & MIDWIFERY	Gabby Vigar	Deputy Nurse Ambassador, CALHN
NURSING & MIDWIFERY	Helen Walker	Deputy Nurse Ambassador, SALHN
CLINICAL LEAD – Repatriation General Hospital	Craig Whitehead	Deputy Clinical Ambassador, Repatriation General Hospital
EX-OFFICIO	Penny Thyer	Executive Officer, MCAG & MCAG Executive

3.3 Other Members

Other Members are to be nominated by the Chair of the relevant Expert Working Groups in consultation with the MCAG and the MCAG Executive Group.

A person is not eligible for appointment to the Expert Working Groups unless the Chair of the MCAG is satisfied that the person has substantial experience or knowledge relevant to the work of the particular Expert Working Group and appropriate standing in SA Health / the South Australian health care sector.

Membership will reflect the mix of skill and experience necessary to ensure each Expert Working Group is able to discharge its key role and function effectively and efficiently.

3.4 Proxies

The MCAG and the MCAG Executive Group members are to nominate proxies (if required) to the Chair for approval. Only the members or their nominated proxies can attend the MCAG Meetings unless otherwise approved by the Chair of the MCAG in advance.

3.5 Term of Appointment

Members are appointed for 12 months initially whereupon their continuing membership will be reviewed in light of Transforming Health clinical improvement priorities. The governance arrangements, nature of structures and membership will need to be reviewed periodically as the Transforming Health program progresses.

Members may resign in writing to the Chair of the MCAG upon which the Chair of the MCAG will liaise with the Minister for Health and the Chair of the Transforming Health Program Board and appoint an appropriate replacement member.

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4. Meeting Frequency

The MCAG and the MCAG Executive Group will each meet monthly (alternating on a fortnightly basis) on Wednesday from 3-5pm in the Citi Centre Building. Additional meetings may be called as required by the Chair; at the request of the Transforming Health Program Board or otherwise.

5. Meeting Procedures

The quorum for each the MCAG and the MCAG Executive Group is half plus one of its Members or their nominated proxies. (For example if the total number of members is 12, the quorum will be 7). If a quorum is not present at the commencement of the meeting, the meeting is to be abandoned and re-scheduled, if appropriate.

Any decision or recommendation made by the MCAG and the MCAG Executive Group is to be supported by informed debate.

In the event of a decision, recommendation or course of action that is not supported unanimously by the Members, the Chair of the MCAG is to put the issue to a majority rules vote with the outcome of the vote to be binding.

All decisions are to be recorded in the meeting minutes, including any relevant background information.

Notice of any meeting of the MCAG and the MCAG Executive Group shall be given in writing not fewer than 3 working days before the day of the meeting.

The agenda and any supporting papers for the MCAG and the MCAG Executive Group meeting are to be prepared by the Executive Officer and distributed not fewer than 3 working days before the day of the meeting. Members or their proxies are obliged to have reviewed all supporting material prior to the day of the meeting.

Meeting papers for the MCAG and the MCAG Executive Group meetings are required by the Executive Officer at least 5 working days prior to the meeting.

The minutes of the MCAG and the MCAG Executive Group Meetings are to be prepared by the Executive Officer and distributed to the Members for review and endorsement within 5 working days of the meeting.

From time-to-time, matters may be referred to the MCAG and the MCAG Executive Group for an immediate response. In such case, the Chair of the MCAG is to determine the relative urgency of the request and may either:

- ✚ call a special meeting of the MCAG and the MCAG Executive Group; or
- ✚ put the matter to vote by the MCAG or the MCAG Executive Group using email, with the vote of the majority of members representing the decision of the MCAG; or
- ✚ draft a response on behalf of the MCAG or the MCAG Executive Group, which response is to be tabled at the next MCAG or the MCAG Executive Group meeting.

It should be noted that for matters where a vote is requested by email, non-response is interpreted as support.

Members may advise that they abstain from voting when workload precludes full consideration of the matter. If this is advised, it will not be interpreted as support from that member.

All email correspondence for the MCAG and the MCAG Executive Group meeting will only be sent to SA Health issued email address.

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6. Authority

The MCAG and the MCAG Executive Group will have **authority to endorse** relevant matters relating to the Transforming Health program, consistent with the Transforming Health Governance Framework approval pathway.

7. Operational Effectiveness

The nature and structure of the MCAG, the MCAG Executive Group and Expert Working Group will be reviewed on an annual basis to ensure fit for purpose. Some modifications to governance and membership may be required in order to best support ongoing implementation.

8. Reporting

The MCAG and the MCAG Executive Group will be required to report to the Transforming Health Strategic Committee in such format and manner as will be determined in advance by the Transforming Health Strategic Committee.

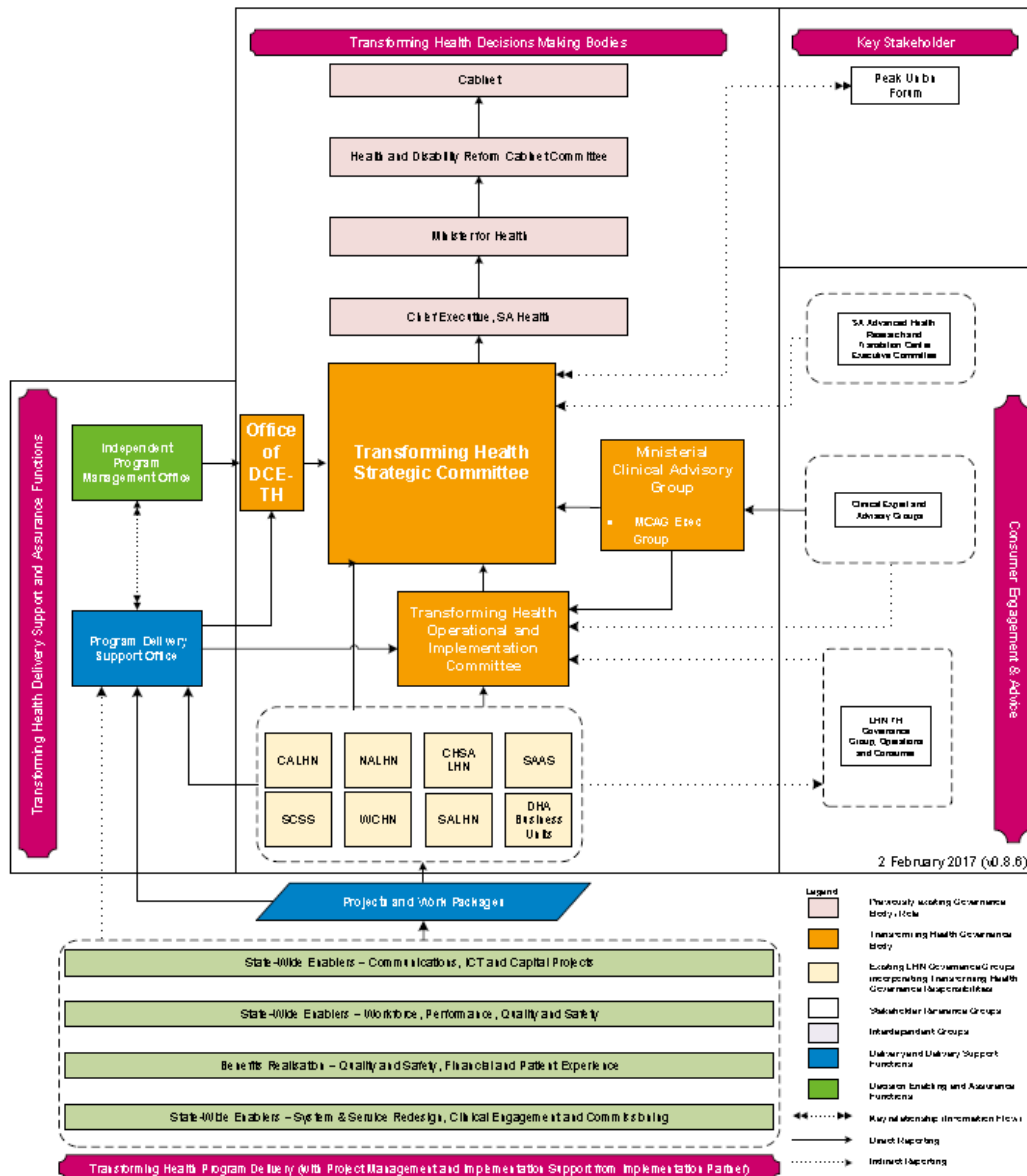
Expert Working Groups may also be required to provide ad hoc briefings on issues of relevance to the Transforming Health program to the Transforming Health Strategic Committee or otherwise as appropriate.

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Appendix A: TH Governance Structure Diagram



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