

National Sepsis Clinical Reference Group

Terms of Reference

September 2021

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About the Commission

The Australian Commission on Safety and Quality in Health Care (the Commission) was initially established in 2006 by the Australian, state and territory governments to lead and coordinate national improvements in safety and quality in health care. The Commission's permanent status was confirmed with the assent of the *National Health Reform Act 2011* (NHR Act). The Commission is a corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013*; funded jointly by the Australian, state and territory governments.

National Sepsis Clinical Reference Group

Purpose

The National Sepsis Clinical Reference Group (NSCRG) is responsible for providing technical advice and guidance to the Commission on the projects that comprise the National Sepsis Program. The Commission was engaged by the Australian Government Department of Health to lead and coordinate the National Sepsis Program, which aims to improve outcomes for Australians with sepsis.

Role and Function

The role and functions of the NSCRG are to:

- Provide technical and expert advice to the Commission on the development and implementation of projects that support the National Sepsis Program
- Present potential strategies to the Commission that support clinicians and health services with the implementation of projects within the National Sepsis Program including the Sepsis Clinical Care Standard
- Provide ongoing guidance on the impact of the projects on key stakeholders
- Consider advice, as required, from the Sepsis Program Oversight Group
- Actively support consultation on new resources developed
- Provide advice on communication strategies to support new resources
- Actively disseminate program progress reports to their nominating organisations.

The Commission may at its discretion form speciality sub-groups from this membership group to support the development of the Sepsis Clinical Care Standard or the Medical Record Review project. Information on these sub-groups are below.

Role and function of the Sepsis Clinical Care Standard (CCS) sub-group:

The role of this sub-group will be to provide expert advice on the development of the Sepsis Clinical Care Standard and related guidance materials.

The main roles of the group are to:

- Advise the Commission on the scope and key components of care to be the focus of the Sepsis CCS
- Advise the Commission on the key sources of evidence to inform the development of the Sepsis CCS. This might include clinical practice guidelines, clinical standards, systematic reviews and meta-analyses
- Advise on the formulation of quality statements and supporting indicators
- Present potential strategies to the Commission that support the implementation of the Sepsis CCS

- Actively support raising awareness of the Sepsis CCS, and
- Advise the Commission on a review plan for the Sepsis CCS, and support any associated revision as required.

For those who are consumers, a key role is to advise the Commission on matters relating to their experience - whether as a patient or carer - and provide this perspective during the development of the Sepsis CCS.

Members are expected to provide advice that will assist to refine development of a clinical care standard that includes:

- A number of quality statements that describe the clinical care that a patient should be offered
- Indicators that act as markers of high quality, appropriate, patient-centred care
- A recommended implementation approach and practical assistance to help people, clinicians and health services make decisions together about appropriate care choices, and
- A review plan.

Role and function of the Medical Record Review sub-group

The role of this sub-group will be to provide expert advice on the medical record review project to identify key aspects of sepsis recognition, treatment and coding.

The main roles of the group are to:

- Advise the Commission on the scope, key components and elements to inform the development of the audit tool
- Present potential strategies to the Commission that support the implementation of the medical chart audit including training resources for the audit team
- Advise on any associated resources as required.

Role and function of the Sepsis Program Implementation Support sub-group

The role of this sub-group will be to provide expert advice on the development of implementation support materials to help health service organisations improve early recognition, treatment and outcomes for people at risk of or diagnosed with sepsis.

The main roles of the group are to:

- Present potential strategies to the Commission to assist health service organisations and clinicians in implementing the Sepsis Clinical Care Standard
- Provide technical advice toward the development of a public awareness campaign
- Advise the Commission on the implementation of any findings that arise from the National Retrospective Medical Record Review and sepsis survivorship projects.

Role and function of the Aboriginal and Torres Strait Islander Sepsis sub-group

The role of this sub-group will be to support the National Sepsis Program team to promote sepsis awareness among Aboriginal and Torres Strait Islander peoples.

The main roles of the group are to:

- Advise the Commission on suitable approaches to communicate health information within Aboriginal and Torres Strait Islander communities
- Guide the Commission in relation to effective style and format of sepsis awareness resources and materials
- Inform the development of a suite of dedicated resources for Aboriginal and Torres Strait Islander peoples to promote greater awareness of sepsis among the community.

Composition

The NSCRG will comprise of membership invited from a range of key stakeholders. In the table below, are the members or the organisations that will be approach for nomination.

Salutation	Member	Nominating Organisation / Jurisdiction	Expertise / SM area	Organisation / Workplace	State / Territory
Individual Representatives					
Ms	Amanda Harley	Paediatric Sepsis CNC and researcher	Paediatrics	Children's Health Queensland, University of Queensland	QLD
Professor	Benedict Devereaux	Gastroenterological Society of Australia	Gastroenterology	Gastroenterological Society of Australia	QLD
Dr	Bhavi Ravindran	Resident Medical Officer	General Medicine; Clinical Governance	Hunter New England Health	NSW
Dr	Brett Abbenbroek	The George Institute	Project stakeholder; Sepsis expert	The George Institute	NSW
Professor	Jason Roberts	NHMRC Practitioner Fellow, Consultant Clinical Pharmacist	Pharmacy; Independent expert	University of Queensland Royal Brisbane Women's Hospital	QLD
Dr	Jonathan Barrett	Cabrini Hospital	Intensive Care; Medical expert	Cabrini Hospital	VIC
Dr	Kelly Shaw	KP Health - Consumer representative	GP, Public Health, Pt. experience; Independent expert	KP Health	TAS
Dr	Naomi Spotswood	Royal Hobart Hospital	Neonatology; Medical expert	Royal Hobart Hospital	TAS
A Professor	Paula Lister	Consultant Paediatric Intensivist	Paediatric Intensive Care Medicine	Queensland Children's Hospital	QLD
Professor	Simon Finfer	The George Institute	Project stakeholder; Sepsis expert	The George Institute	NSW
Dr	Simon Lockwood	Roxby Downs Doctors Surgery	General Practice / Rural generalist	Roxby Downs Doctors Surgery	SA
Professor	Karin Thursky	Peter McCallum Cancer Centre	Infectious diseases expert and Pediatrics	Peter McCallum Cancer Centre	VIC
State Representatives					
Dr	Brownyn Avar	Australian Capital Territory - IJC	State expert	The Canberra Hospital	ACT
Professor	Imogen Mitchell	Australian Capital Territory - IJC	Intensive Care	The Canberra Hospital	ACT
Dr	Kathryn Daveson	Australian Capital Territory Health	Infectious diseases; Independent expert	ACT Health	ACT
Dr	Amith Shetty	New South Wales - IJC	Informatics, Emergency Medicine; Medical Expert	NSW Health	NSW

Mr	Malcolm Green	New South Wales CEC - IJC	National representative	Clinical Excellence Commission	NSW
Ms	Mary Fullick	New South Wales CEC - IJC	State expert	Clinical Excellence Commission	NSW
Dr	Sandra Brownlea	Northern Territory - IJC	State expert	Royal Darwin Hospital	NT
Professor	Bala Venkatesh	Queensland - IJC	State expert	Princess Alexandra Hospital	QLD
Mr	Michael Rice	Queensland - IJC	Patient Safety and Quality improvement services; State nominee	QLD Health	QLD
Dr	Alpesh Patel	South Australia - IJC	Intensive Care; State nominee	Flinders Medical Centre	SA
Dr	Sanchia Warren	Tasmania - IJC	State expert	Royal Hobart Hospital	TAS
Adj A/Professor	Alan Eade	Victoria - IJC	Paramedicine	Safer Care Victoria	VIC
Dr	Eu-Hua Chua	Victoria - IJC	Infectious Diseases	Safer Care Victoria	VIC
Professor	Kirsty Buising	Victoria - IJC	Antimicrobial Stewardship; State nominee	Melbourne Hospital	VIC
Dr	Chantal Ferguson	Western Australia - IJC	State expert	WA Department of Health	WA
Consumer Representatives					
Ms	Fiona Gray	Consumer Representative			SA
Ms	Mary Steele	Consumer Representative			QLD
Mr	Matthew Ames	Consumer Representative			QLD
College and Society Representatives					
Dr	Dale Pugh	Australian College of Nursing	Clinical Governance	Australian College of Nursing	WA
A/Professor	Diane Chamberlain	Australian College of Critical Care Nurses	Clinical Governance	Australian College of Critical Care Nurses	SA
A/Professor	Jeremy Cohen	College of Intensive Care Medicine of Australia and New Zealand	Emergency Medicine	College of Intensive Care Medicine of Australia and New Zealand	QLD
Professor	Josh Davis	Australasian Society for Infectious Diseases	Infectious Diseases	Australasian Society for Infectious Diseases	NSW
Dr	Kate Armstrong	National Aboriginal Community Controlled Health Organization	Aboriginal and Torres Strait Islander Health	National Aboriginal Community Controlled Health Organization	ACT
Dr	Lorraine Anderson	Kimberley Aboriginal Medical Services Ltd	Aboriginal and Torres Strait Islander Health	Kimberley Aboriginal Medical Services Ltd	WA
Dr	Michelle Atkinson	The Royal Australasian College of Surgeons	Orthopedics	The Royal Australasian College of Surgeons	NSW
Mr	Wayne Varndell	College of Emergency Nursing Australasia	Emergency Nursing	College of Emergency Nursing Australasia	NSW
Dr	Marjoree Sehu	The Royal Australasian College of Phvsicians	Infectious Diseases	The Royal Australasian College of Phvsicians	QLD

Terms of Appointment

Each member is appointed on the basis of their nomination / individual skills, knowledge and expertise and holds their appointment at the discretion of the Commission.

Members may resign from the NSCRG at any time by providing a letter stating the intention to resign is presented to the Commission (copied to the Chair and Secretariat) at least four weeks prior to the date of resignation.

The Commission will consider appointments to vacancies, as appropriate.

The Commission retains the discretion to terminate a member's appointment to the NSCRG at any time and for whatever reason.

Confidentiality

NSCRG members may, on occasion, be provided with confidential material. Members are not to disclose this material to anyone outside the NSCRG and are to treat this material with the utmost care and discretion and in accordance with terms of their confidentiality agreement.

Conflict of Interest

Conflict of interest is defined as any instance where a member, partner or close family friend has a direct financial or other interest in matters under consideration or proposed matters for consideration by the NSCRG.

A member must disclose to the Chair any situation that may give rise to a conflict of interest or a potential conflict of interest, and seek the Commission's agreement to retain the position giving rise to the conflict of interest. Where a member gains agreement to retain their position on the NSCRG, the member must not be involved in any related discussion or decision making process.

The Chair will review material ahead of it being provided to the NSCRG and assess whether there is a potential for a conflict of interest. Members with potential conflicts can be directed to be excluded from those discussions.

A member is not to participate in NSCRG business until the Deed of Confidentiality and Conflict of Interest form has been completed.

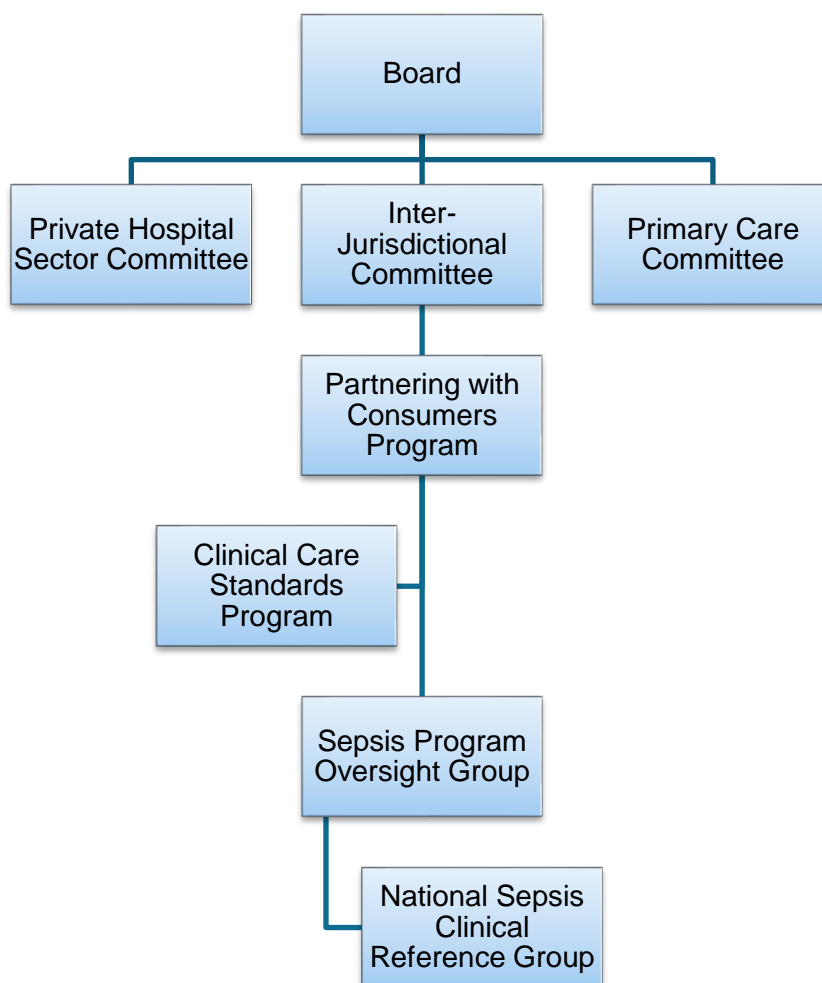
Timeframes

The NSCRG is established until 1 June 2023.

The Terms of Reference including the composition of the members will be reviewed at 1 June 2023 or earlier upon request of the Chair.

Reporting

The NSCRG will report to the Commission staff that manage the National Sepsis Program. Progress updates will be provided to the Commission Board, Inter Jurisdictional Committee, Private Hospital Sector Committee and Primary Care Committee. Feedback from these committees will be reported back to the NSCRG where relevant matters are discussed.



Support for Committee

The work of the NSCRG is supported by the Partnering with Consumers program of the Commission.

The Secretariat will:

- Provide support and policy advice to the Committee
- Develop agendas, papers and/or briefs for Committee meetings
- Arrange meetings for Committee to discuss issues
- Distribute relevant information in a timely manner to promote robust discussion and feedback
- Ensure all members are kept informed of issues and information relevant to the work of the Committee
- Incorporate Committee recommendations into the development of materials, where possible
- Provide feedback to the Committee on outcomes of discussions and progression of work
- Arrange venues and catering for meetings
- Arrange appropriate travel and accommodation, and
- Verify reimbursement of eligible expenses.

Secretariat staff are listed in [Appendix 1](#).

Operations

The Chair

The Chair is ultimately responsible to the Commission for the operations of the Committee. The Chair will preside at all meetings at which they are present. If the Chair is absent from a meeting, a Deputy Chair will preside.

Members obligations and expectations

1. Members are appointed for the term specified in the instrument of appointment.
2. Members will initially be appointed until 1 June 2023.
3. Members are nominated for their expertise as individual experts, consumer representatives, organisational representatives or jurisdictional representatives.
4. The details of attendees and basis of membership (e.g. as an individual expert) will be published by the Commission.
5. Members have joint responsibility to support the role and function of the NSCRG. Members are to actively participate in all meetings and share information, noting that individual members may advise their organisations where appropriate.
6. Members are expected to accept group decisions and not return to 'closed agenda items' unless new, relevant subject matter emerges.
7. As the NSCRG established by the Commission as a Government reference group, members are expected to observe and practice the Australian Public Service (APS) Code of Conduct and Values <http://www.apsc.gov.au/publications-and-media/current-publications/values-and-conduct>.
8. Individuals on the NSCRG will declare any potential competing interests with the Commission.
9. Where members have missed two consecutive meetings, it will be at the discretion of the Chair to declare the seat vacant and seek a replacement member.
10. Members will sign a deed of confidentiality.
11. Members will not be eligible to be remunerated under any Remuneration Tribunal determination if they hold an office or are a full-time employee of the Commonwealth, a state or a territory or a state or territory authority or instrumentality.

Meetings

It is intended that NSCRG members will meet three to four times over the duration of their appointment, via videoconference or face-to-face in Sydney at the Australian Commission on Safety and Quality in Health Care office. The proposed meetings will be scheduled according to member availability. A draft agenda for the NSCRG is at Appendix 2 and provides an example of the standing agenda items for discussion.

Proxies

Due to the expert nature of the group, proxies for meeting attendance cannot be accepted.

Travel and accommodation

Travel, accommodation and related expenses for non-Government members will be met by the Commission.

Quorum

A quorum for a meeting is half the committee membership plus 1. Any vacancy on the Committee will not affect its power to function.

Agenda and minutes

The agenda and related papers are normally circulated to members one week prior to the meeting.

The minutes of the meeting will be prepared by the Secretariat. They will provide a concise and focused report of decisions and actions taken. Minutes will be made available to members in a timely manner.

Out-of-session papers may be circulated occasionally for members' attention.

Personal Information

The personal information a committee member provides to the Commission will be kept in compliance with relevant privacy legislation.

Appendix 1: Committee Secretariat staff

Ms Anna Flynn
Director
Partnering with Consumers
Anna.Flynn@safetyandquality.gov.au

Ms Marghie Murgio
Senior Nursing Advisor
Partnering with Consumers
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SYDNEY NSW 2000

Appendix 2: Example Meeting Agenda

National Sepsis Program Clinical Reference Group Agenda

30 June 2020, 10:00am – 11:30pm

Videoconference

Item	Title	Presenter
1	Welcome and introductions	Chair
2	Disclosure of interests	Chair
3	Business arising	Chair
4	Program manager's report	Program Manager
5	Reference group chair's report	Chair
6	Discussion on project progress	Project Lead
7	Risk management	Chair
8	Action items	Chair
9	Close	