

Terms of Reference

Cardiac Care Statewide Clinical Network

Effective Date	18 February 2026
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<p>Statewide Clinical Networks</p>	<p>Statewide Clinical Networks (SCNs) are central to advancing clinical excellence and collaboration across South Australia’s health system.</p> <p>The Cardiac Care SCN, hosted by the Commission on Excellence and Innovation in Health (CEIH), brings together health professionals, consumers, and subject matter experts to provide clinical leadership, strategic direction, and drive innovation.</p> <p>SCNs build partnerships and engagement across institutional and professional boundaries, allowing for improved working relationships and open sharing of information to solve system level problems, create excellence in care delivery and improve health outcomes.</p>
<p>Cardiac Care Statewide Clinical Network Objectives</p>	<p>The Cardiac Care Statewide Clinical Network works to make cardiovascular care accessible, equitable, and responsive for every South Australian.</p> <p>We bring together clinicians, health services, and partners across the state to deliver care that is coordinated, sustainable, and focused on what matters most to patients.</p> <p>The objectives are:</p> <ul style="list-style-type: none"> • Collaborate to exchange experiences, challenges and ideas and identify innovative solutions to address key system priorities related to Cardiac Care.

	<ul style="list-style-type: none"> • Advise the HCEC Clinical Council on issues and priorities • Address unwarranted clinical variation and improve service performance and consumer health outcomes across the continuum of care • Define best practice models of care • Collaborate with Priority Focus Area projects and initiatives as appropriate • Act as a central point for information sharing and decision-making between the SCN, CEIH, Local Health Network (LHN) and broader system.
<p>Membership and Responsibilities</p>	<p>Membership Membership appointments within the SCN are for two years, with annual review from commencement.</p> <p>Membership includes:</p> <ul style="list-style-type: none"> - Clinical Lead - Sub-committee chairs - Diverse representation sourced from: <ul style="list-style-type: none"> o metropolitan and regional LHNs o private and public o relevant health or sector disciplines o community and acute care sectors o Aboriginal and Torres Strait Islander health o culturally and linguistically diverse communities o academia - Consumers/lived experience - Members are appointed for their skills, knowledge, experience, and commitment to system-wide service delivery <p>Role and Responsibilities of Members</p> <ul style="list-style-type: none"> - Focus on performance, evidence-based practice, improved consumer outcomes and a sustainable, efficient health system - Collaborate across the sector on improvement opportunities - Actively participate in planning, design, implementation, and evaluation of work undertaken by the SCN - Provide feedback and engage in consultation with colleagues and clinical leaders - Attend meetings and undertake tasks/actions between meetings to ensure completion in the agreed timeframes

	<ul style="list-style-type: none">- Act in the best interests of the SCN and broader health system <p>Role and Responsibilities of Clinical Lead</p> <ul style="list-style-type: none">- Develop SCN objectives in collaboration with SCN members- Demonstrate leadership by building collaboration, sharing expertise, promoting improvement and innovation and ensuring effective communication across stakeholders.- Chair SCN meetings. Responsibilities include:<ul style="list-style-type: none">o effective and timely conduct of meetingso broad participation from all members including consumerso summarising decisions and actionso reviewing and approving meeting papers, communications and correspondenceo Indicate which meeting discussions or decisions are to remain confidentialo Nominating a Deputy Chair- Supported by a CEIH Clinical Network Advisor and Network Support Officer <p>Responsibilities of CEIH support team (Network Adviser and Support Officer)</p> <ul style="list-style-type: none">- Facilitate connections and collaborations across the health system.- Facilitate access to system level data and analytics as required.- Monitor progress of objectives and support communications across the broad health system.- Support SCN response to urgent concerns, such as Ministerial and CEO briefings.- Coordinate and guide the SCN through approval processes within CEIH or DHW.- Provide secretariat support (agendas, minutes, action logs, file management). <p>Working Groups/Subcommittees</p> <ul style="list-style-type: none">- The SCN may convene subcommittees or working groups for specific, time-limited objectives.- Chairs of subcommittees are responsible for reporting on progress at SCN meetings.- Secretarial support for subcommittees is to be discussed with the Network Advisor.
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	<p>Co-Lead Arrangements</p> <ul style="list-style-type: none"> - The SCN may appoint two Clinical Leads as Co-Leads. - Co-Leads share responsibility for leading the SCN, chairing meetings, approving papers, engaging stakeholders and ensuring effective communication. - Co-Leads operate collaboratively and may alternate or jointly fulfil chairing duties as agreed. - Appointment and continuation of a Co-Lead arrangement is at the discretion of CEIH in consultation with the SCN.
<p>Governance and Reporting</p>	<ul style="list-style-type: none"> - The SCN is accountable via the Clinical Lead to the Executive Director, Clinical and Consumer Partnerships CEIH - The Clinical Lead and members (if SA Health employees) have LHN support to participate in the SCN and maintain active participation in respective LHN governance committees - SCNs are sponsored by an LHN CEO or senior clinical leader - The Clinical Lead will become a member of the HCEC Clinical Council once appointed as lead - Status reports are provided to the HCEC Clinical Council by the Clinical Lead as required - Annual workplan and quarterly status reports are required
<p>Communication and Collaboration</p>	<p>SCNs communicate and collaborate via:</p> <ul style="list-style-type: none"> - Group email correspondence - MS Team Channel - SCN meetings and individual member discussions - Webpage, LinkedIn - Other methods as determined
<p>Meetings</p>	<p>Frequency</p> <ul style="list-style-type: none"> - Bi-monthly (minimum four per year), or at the Clinical Lead’s discretion. <p>Proxies</p> <ul style="list-style-type: none"> - Proxies are appropriately briefed. The Network Advisor and Clinical Lead will be notified in advance of the scheduled meeting. <p>Decision Making</p> <ul style="list-style-type: none"> - Consensus is preferred with a majority vote if needed

	<ul style="list-style-type: none"> - Tied votes are considered at the next meeting and/or escalated to the CEIH Executive Director, Clinical and Consumer Partnerships. <p>Quorum</p> <ul style="list-style-type: none"> - 50% of members plus one. - Meetings may proceed if a quorum is not present. In-principle decisions are confirmed out-of-session if quorum not met. <p>Attendance/Apologies</p> <ul style="list-style-type: none"> - Attendance is expected at 75% of meetings and events per year. - Repeated absences may require a member to step down at the discretion of the Clinical Lead. <p>Recording</p> <ul style="list-style-type: none"> - At each meeting, automatic recording will be turned on, which includes video and audio. Microsoft’s AI platform(s) may be used to help generate the meeting’s minutes.
<p>Conduct, Confidentiality and Conflict of Interest</p>	<ul style="list-style-type: none"> - Members act ethically, maintain confidentiality and declare any conflict of interest prior to joining the SCN and as needed. - If there is a declaration of conflict of interest, members will refrain either from voting/ participating in discussions. - Conflict of Interest forms are completed annually or as needed. - Decisions made by the SCN are binding. Members will comply with the decisions and not participate in dissent outside SCN meetings. - When speaking on behalf of the SCN (e.g. at conferences, workshops etc.) approval must be obtained from the Clinical Lead and in some cases CEIH Executive prior to speaking. - The Chair reserves the right to review the membership of any member who acts contrary to expectations. - Where discussions are deemed confidential, members will not disclose such information to any person outside of the SCN without the approval of the Clinical Lead.
<p>Remuneration</p>	<ul style="list-style-type: none"> - Sitting fees for consumers and private practitioners are paid per SA Health guidelines.

Review of Terms of Reference	<ul style="list-style-type: none">- Terms of Reference are reviewed annually or as otherwise determined by the Chair.- Changes require endorsement by the Executive Director, Consumer and Clinical Partnerships.
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