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# Terms of Reference

## Cardiac Care Statewide Clinical Network - Steering Committee

The Statewide Cardiac Care Clinical Network spans all areas of cardiology. The Network will focus on equity of access to cardiac care services for all South Australian's and embracing both therapeutic and device innovations.

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LET'S PUT IMAGINATION TO WORK

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## Background

### *The Commission on Excellence and Innovation in Health (CEIH)*

The CEIH is the lead agency for innovation in healthcare in South Australia. We bring consumers, clinicians and other collaborators together to turn ideas into better healthcare. We partner with clinicians, consumers, carers and other collaborators to maximise health outcomes for patients, improve care and safety, monitor performance, and champion evidence-based practice.

Our vision is, “Together, creating health and prosperity for all.”

In doing this we will:

- bring together expertise from clinicians, consumers, health partners and other stakeholders to maximize health outcomes and experience;
- be a centre for excellence, a strong partner for clinical improvement and innovation and have expertise which can influence design;
- drive safer, more innovative, and efficient healthcare by empowering clinicians and consumers.

## Statewide Clinical Networks

Statewide Clinical Networks are groups of health professionals, health service organisations, and consumers, carers and/or community members who work collaboratively with the goal of high-quality care in a specialist area. Statewide Clinical Networks operate across the entire continuum of care, including private, public and primary health sectors within all Local Health Networks — both country and metropolitan.

Statewide Clinical Networks are an important statewide engagement structure to connect clinical experts, consumers, and other collaborators on agreed priorities to improve the South Australian health system.

Statewide Clinical Networks leadership resembles either a single clinical lead or a clinical and consumer co-leadership. The Statewide Clinical Networks include a steering committee and may also consist of other

subcommittees or work groups that are identified as being required to undertake network priority projects.

## Statewide Clinical Network Steering Committee

The Statewide Clinical Network Steering Committee comprises a group of about 18 to 20 people with expertise in the area of specialty. The Steering Committee represents the wider specialty's Clinical Network.

## Purpose

The overarching purpose of the Steering Committee is to:

- provide advocacy to ensure high quality care that is evidence based
- collaborate with the broader Statewide Clinical Network to identify and address key system priorities related to the Clinical Network
- seek innovative perspective and solutions to challenges identified to turn ideas into better healthcare
- act as a conduit for information sharing and decision making between the Clinical Network and the CEIH
- build capability to transition from a statewide clinical network into a statewide community of practice

## Responsibilities

### Steering Committee

- Develop the Steering Committee's annual work plan.
- Provide leadership within the health system both clinically, organisationally and consumer focused across all sectors.
- Provide advice to the Statewide Clinical Network Lead/Co-Leads 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.
- The Steering Committee will monitor progress of work against agreed timeframes.

### Lead/Co-Leads

- The Lead/Co-Leads will chair Statewide Clinical Network Steering Committee meetings or appoint a substitute 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.
- Reviews and approves meeting papers, communications and correspondence.
- Indicates which meeting discussions or decisions are to remain confidential.
- In consultation determine whether meetings are face to face or via an electronic/digital platform
- Read and edit draft Minutes of Meeting prior to distribution to Network for approval.
- Require a commitment to the delivery of statewide services and thinking 'whole of system'.
- Demonstrate a commitment to service performance, evidence-based practice, improving health outcomes for consumers and ensuring the health system provides best value to the community.

- Demonstrate a commitment to strategic planning outside their own individual service.
- Demonstrate an ability to lead a complex team and to engage with consumers and clinicians
- Be respected by their clinical peers and demonstrate ability to influence change and improve service delivery.
- Work collaboratively with the CEIH team.

### Network Advisor

The CEIH will appoint a Network Advisor for the Statewide Clinical Network. The Advisor will attend meetings as an impartial participant.

The role supports the clinical networks by:

- Working in partnership with the Lead/Co-Leads and the Steering Committee to achieve and deliver on the priorities of the Statewide Clinical Network.
- Proactively facilitate and build effective relationships, interactions and collaborations with Clinical Network Consumer/Carer/Clinician stakeholders.
- Linking the Clinical Network with CEIH / Departmental resources as required or appropriate
- Facilitating the work of the network through the CEIH or Department for Health and Wellbeing endorsement processes if required.
- Be the initial point of contact for the Clinical Network inquiries within the CEIH.
- Using the project management skills of communication, facilitation, risk management, report writing, project planning, and stakeholder consultation and negotiation.
- Monitoring the performance / progress of the Clinical Network in achieving its agreed goals/projects.

### 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 which promotes confidence in the integrity of the work being undertaken as part of the Clinical Network Steering Committee.
- Members of the Steering Committee are appointed for their personal skills, knowledge, experience, and passion 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 and identified priority areas.
- 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 of the Steering Committee will comply with the decisions of the Steering Committee and will not participate in dissent outside of the Steering Committee meetings.
- The Lead/Co-Leads reserves the right to review the membership of any member who acts contrary to the above.
- When speaking on behalf of the Statewide Clinical Network (e.g., at conferences, gatherings, workshops etc.) approval must be obtained from the Lead/Co-Leads prior to speaking. Re-imbursements of time invested will be agreed upon with the Executive Director of the CEIH prior to the event.

## Conflict of Interest

- Members will declare any conflict of interest prior to commencing on the Steering Committee which will be documented in a Conflict-of-Interest Register.
- 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, either refrain from voting or participating in discussions or absent themselves from the room at that point.
- Conflict of Interest forms are to be completed and signed each year or at a time where a new item may have come up and declaration is required.

## Confidentiality

- 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
- If confidential information is shared within the steering committee, this will be identified as such by the Lead/Co-Leads.
- If approval from Lead/Co-Lead is required when information is wished to be shared without it being specifically identified as confidential.
- Containing information whose unauthorised disclosure could be detrimental to the program of work of the steering committee.

## Accountability

The Steering Committee reports through the Lead/Co-Leads to the Executive Director, Clinical Partnerships, who is accountable to the Commissioner of the CEIH.

The Lead/Co-Leads will be required to report quarterly and on an ad hoc basis as required to the Commissioner regarding the activities and progress of the Steering Committee and Clinical Network.

## Membership

### Members

Membership of the Steering Committee will be determined by the Lead/Co-Leads in conjunction

with the Executive Director, Clinical Partnerships.

Membership can be either individual or organisational in nature and 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, or direct appointment. The Steering Committee will consist of approximately 18 to 20 people. The membership can consist of, but not limited to:

- Statewide Clinical Network Lead/Co-Leads
- Medical, nursing and midwifery, allied and scientific health representatives from across the care spectrum (including the private sector) who can lead change
- Consumers (and/or carers as appropriate)
- Relevant non-government organisations and/or population group representatives
- Local Health Networks from metropolitan and rural regions
- Primary Health Networks from metropolitan and rural regions
- We will ensure that culture and diversity is represented within the membership
- Other relevant technical, scientific, epidemiology or research staff as required.

The Steering Committee through or at the direction of the Lead/Co-Leads can add additional members to Steering Committee to achieve the purpose of the Steering Committee.

The Steering Committee, through or at the direction of the Lead/Co-Leads, is able to seek expert advice or input on an as-needed, time limited basis to progress work against specific priorities.

## Tenure

Membership tenure will be for a period of one-two years at the discretion of the Lead/Co-Leads. Subsequently extension of membership beyond this time is at the

discretion of the Lead/Co-Leads in conjunction with the Networks Program Director, Clinical Partnerships.

## Subcommittees and Workgroups

The Steering Committee may convene subcommittees or working groups.

A subcommittee or working group can be established to achieve multiple objectives. A working group can be convened by the Steering Committee to undertake a specific, time limited project or other activity to assist the Statewide Clinical Network and Steering Committee to fulfil its responsibilities.

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

The CEIH will provide secretarial support to assist in establishment of working groups and subcommittees. CEIH branded templates and CEIH Terms of Reference (ToR) for subcommittee or working group will be supplied as a part of establishment.

## Operating procedures

### Meeting frequency

Meeting frequency is at the discretion of the Lead/Co-Leads, but initially monthly. It is expected that at least four meetings are held each year.

### Attendance

Meetings will be held in hybrid format to support participation of members living in regional and rural areas.

Members who are frequently absent will be followed up by the Lead/Co-Lead and asked to assess their capacity to be able to continue involvement with the committee.

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 Lead/Co-Leads when a member is unable to attend two or more consecutive meetings.

Proxies

Members must nominate and appropriately brief a proxy if unable to participate in a meeting on exceptional circumstances. The Network Advisor will be informed of the substitution at least two working days prior to the scheduled nominated meeting.

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 either be held over until the next meeting when a quorum is present, or via an out-of-session vote (at the Chairs discretion).

Voting

Decisions will be sought on a consensus basis. If a vote is necessary, a majority vote is sufficient. If an equality of votes applies, then the matter will remain undecided and either considered at the next meeting and/or escalated to the Executive Director 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 and/or book facilities for meetings.
- Ensure conflict of interest forms have been completed every 12 months by each member and prior to the new 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.

ENDORSEMENT

Chair	Professor Jayme Bennets
Signature	
Date	21/09/2022
Director	
Directorate	
Signature	
Date	

#### REVISION DATES:

No.	Date	Nature of change(s)
0.1	12/2022	Formatting updated to CEIH Branding
0.2	12/2022	ToR updated to reflect Lead/Co Lead leadership across Statewide Clinical Networks
0.3	12/2022	Information included in regard to Confidentiality and Role of Network Advisor
0.4	12/2022	Definitions and background of CEIH, Statewide Clinical Networks and Steering Committees updated to reflect consistency across CEIH documentation.
0.5	03/2024	Update CEIH information; formatting.



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