

# CLINICAL ADVISORY COUNCIL TERMS OF REFERENCE

## Background

The Commission on Excellence and Innovation (CEIH) is a key pillar of the work being undertaken by the SA Government to deliver the best possible health care to South Australians.

The CEIH will empower clinicians and consumers to work together to help build a continuously evolving, improving and learning health system that is recognised for its excellence and which will improve the health of South Australians.

## Objectives and scope

The Clinical Advisory Council is the peak advisory body to the CEIH. Its role in improving the health of South Australians is to support the development of the CEIH's vision and purpose in alignment with state-wide health priorities and community expectations and provide advice, insight and support to the CEIH on its current and future programs of work.

To achieve this it will consist of a group of suitably experienced people to provide considered advice, recommendations, and counsel to the CEIH which will focus on 4 key outcome areas:

### Consumers and community

- > Better health outcomes
- > Improved consumer experience
- > Increased community confidence in the healthcare system
- > Increased consumer and community input into care, strategic policy planning and evolution of health services

### Clinicians

- > Better access to evidence, data and tools to provide improved care
- > Support to innovate and translate research into practice
- > Capacity and capability building to help clinicians build a learning health system
- > Better collaboration through clinical networks and other mechanisms
- > Increased clinician confidence and engagement

### The health system

- > Developing a learning health system to continuously improve health care
- > Addressing inappropriate variation in care and outcomes by pursuing best practice
- > Increased confidence in the system by consumers and the community
- > Reduction in adverse events

### The CEIH

- > Recognised as a centre for excellence
- > Recognised as a strong partner for clinical improvement and innovation

- > Expertise recognised and sought to influence health services design and delivery

The Advisory Council members will have responsibilities to:

- > Champion, facilitate and support excellence and innovation in healthcare
- > Contribute ideas to improve the effectiveness of the CEIH in its vision, purpose and outcomes and so improve the health of South Australians
- > Provide wise counsel on issues raised by the Consumer and Clinical Partnerships, Clinical Improvement Innovation, Human Centred Design and Clinical Informatics streams for progression
- > Constructively review and challenge the robustness of the CEIH's ideas, goals and projects
- > Advise on the CEIH's priorities
- > Act as a resource for the CEIH and the Commissioner.

## Relationship

The Clinical Advisory Council is the peak advisory body to the CEIH via the Commissioner.

## Leadership and commitment

Members of the Advisory Council are expected to provide visible leadership and commitment to the success of the CEIH and the improvement of the health of South Australians. The members will draw on their experience, skills and knowledge to increase consumer and clinician confidence. There is an expectation from the members they will give fresh insights and thinking on emerging or unfamiliar issues and respond to ideas from consumers, the community and clinicians. Members will:

- > Work to improve the health of South Australians
- > Work within the best interests of the CEIH
- > Be proactive
- > Disclose any conflict of interest
- > Agree to work collaboratively and constructively
- > Be independent
- > Seek to provide the CEIH with the support and resources that will make a difference

Members are expected to abide by the Code of Ethics for the South Australian Public Sector and behave in a manner consistent with the values of the SA Health Strategic Plan.

## Membership

Expert members and the Chair of the Clinical Advisory Council will be appointed for a 3 year term from a variety of disciplines and professions by the Commissioner of the CEIH.

Members will have the following expertise:

- > Chair with expertise relevant to the objectives and scope of the CEIH
- > Expert in Clinical Care - four members
- > Expert in Consumer Representation
- > Expert in Community Group Representation
- > Expert in Health Economics
- > Expert Futurist / Innovation
- > Expert in Clinical Research
- > Expert in Clinical Research Translation
- > Expert in Healthcare Administration and Management
- > Expert in Rural Health Care
- > Expert in Aboriginal Health and Torres Strait Islander Health Care

The Chairs of the Advisory Committees to the CEIH will be members of Clinical Advisory Council. These Advisory Committees are currently:

- > Consumer and Community Advisory Committee
- > Clinical Networks Executive
- > Clinical Improvement and Innovation Advisory Committee
- > Clinical Informatics Advisory Committee

The Chief Executive Officer, Wellbeing SA and the Chief Digital Health Officer, Digital Health SA will be voting *ex officio* members.

The Executive staff of the CEIH will be non-voting *ex officio* members:

- > Commissioner
- > Executive Director Consumer and Clinical Partnerships
- > Executive Director Human Centred Design
- > Executive Director Clinical Improvement and Innovation
- > Executive Director Clinical Informatics

If an Advisory Council member is unable to attend a scheduled meeting they are able to nominate an appropriate proxy to attend in their place which will be approved by the Chair. Non-attendance at 3 or more consecutive meetings by a member will lead to review of his/her membership by the Chair and may lead to a recommendation to the Commissioner that the member be replaced.

Members who are not government employees will be entitled to claim remuneration at standard government rates.

## Quorum

A quorum of the Clinical Advisory Council is defined as more than half the voting members. The Chair or nominee must be present to chair the meeting. If a quorum is not reached, the meeting may still be held and proceedings confirmed and if necessary voted upon at the next meeting where there is a quorum.

## Advice and out of session work

All members present at a meeting will be given the opportunity to comment and state their position on issues. Agreed positions will, in general, be by consensus, and the chair will make the final decision about whether a vote is necessary where there is a difference of opinions. An agreed position will be considered affirmed if a majority of voting members vote in support of the proposed position. Provided there is a quorum at the meeting, the decision made will be final.

Advice may be sought out of session. For out of session items, information will be circulated with a date by which comments and endorsement, noting or other positions should be provided. If no response is received by the due date it will be assumed no comment is to be made, and that the proposed items are endorsed, noted or otherwise supported.

The Clinical Advisory Council function is to support the development of the CEIH's vision and purpose in alignment with state-wide health priorities and community expectations and provide advice, insight and support to the CEIH on its current and future programs of work. Its recommendations and advice will be considered seriously by the Commissioner and staff of the CEIH and where appropriate actioned by the CEIH, but will not be binding on the Commissioner and staff of the CEIH.

## Confidentiality

Clinical Advisory Council members are expected to adhere to the SA Health *Guide to Maintaining Confidentiality in the Public Health System*. This guide applies to all SA Health Service employees, visiting clinicians, contractors, volunteers, trainees and students.

## Secretariat

The secretariat function will be provided by the CEIH and its staff.

The secretariat function includes necessary administrative support, provision/management of meeting facilities, record keeping and the preparation and distribution of papers. All documentation is to be placed on an auditable project record.

## Meetings

The Clinical Advisory Council will meet every third month with other interim meetings deemed appropriate by the Chair in consultation with the Commissioner. The regular frequency of meetings will be reviewed as required.

Meetings will be conducted with a formal agenda.

Where possible, agendas and meeting papers shall be emailed to the members at least five days prior to each scheduled meeting. The minutes of each preceding meeting will accompany the papers distributed for each forthcoming meeting.

The minutes are to be taken in such a way as to provide adequate detail on the decisions taken on each item, as well as decisions and/or actions arising. The minutes will also record attendance and apologies.

If a member is unable to attend they must provide an apology and may nominate an appropriate proxy to attend in their place which will be approved by the Chair.

## Conflict of Interest

Members will declare any real or perceived conflict of interest in writing to the Chair prior to a meeting or verbally at the meeting. For any matters being discussed where there is a conflict of interest the member will excuse themselves.

## Review

The functioning of the Clinical Advisory Council will be reviewed every twelve months, or as deemed appropriate by the Chair and the Commissioner.

Version 0.6 DRAFT Terms of Reference 18 October 2019.

---

## For more information

**Commission on Excellence and Innovation in Health**  
11 Hindmarsh Square  
Adelaide SA 5000  
Telephone: 8226 2081  
[Health.Excellence-Innovation@sa.gov.au](mailto:Health.Excellence-Innovation@sa.gov.au)  
[www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)



**Commission  
on Excellence  
and Innovation  
in Health**