

Commission  
on Excellence  
and Innovation  
in Health.

# Clinical Network Executive Group Terms of Reference

LET'S PUT IMAGINATION TO WORK

AUGUST 2022



Government  
of South Australia

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## Document Revisions

No.	Date	Description	Person
1.0	March 2022	Document developed	Katie Billing
2.0	August 2021	Edit	Katie Billing
3.0	August 2022	New branding re-design / link review	Katie Maiolo

## Terms

Term	Description

## Background

### Statewide Clinical Networks

Statewide Clinical Networks (SCNs) are an important engagement structure to connect clinicians, consumers, and other stakeholders on agreed priorities to improve the South Australian health system.

SCNs are all the health professionals, health service organisations, consumers and carers who work collaboratively with the goal of high-quality care in a particular area. Statewide Clinical Networks operate across the continuum of care, across private and public sectors and across all South Australia (i.e., metropolitan, rural, and remote South Australia).

Each of the SCNs will have an appointed:

- Lead or Co-Leads
- Steering Committee - with representation from the broader network
- Clinical Network Advisor - works in partnership with the Clinical Network Lead and the Steering Committee to deliver on the priorities of the Network (see role description in attachment 1).

### Clinical Communities of Practice

State-wide Clinical Communities of Practice (CoP) bring together people from a range of health services and care providers to address common issues to improve the quality and efficiencies of care. They are a sustainable, informed, valued and largely self-sufficient network of clinicians, consumers and the community.

## Network Leads and Community of Practice Chairs

SCN Leads and CoP chairs will commit to:

- The delivery of statewide services and 'whole of system' thinking;
- Analysing patient activity trends, service performance, evidence-based practice, improving health outcomes for consumers and ensuring the health system provides best value to the community;
- Improving health outcomes for Aboriginal and Torres Strait Islander people;
- Strategic leadership outside their own individual service;
- Engaging with consumers and clinicians across a range of professions and genders.
- Considering new, innovative, and contemporary practice models, e.g., new ways of working that consider health promotion, prevention etc.

They will:

- Be respected by their peers and demonstrate ability to influence change and improve service delivery.
- Support the work of the Health and Analytics Research Collaborative (HARC) Data Fellows working on the Network projects.

## Clinical Network Executive Group

### Purpose and aim

The principal purpose / aim of the Clinical Network Executive Group is to support the SCNs, CoP and their leaders to achieve their aims and develop capability.

This will be achieved by:

- Enabling Leads/Chairs to raise questions and ask for strategic direction in relation to their respective networks e.g.: How do we achieve our goal? Who do we talk to? Who are the key stakeholders?
- Optimizing synergies between clinical networks. Considering system-wide issues. share best practice, and learn and support each other;
- Promoting collaboration between CEIH, Department of Health and Wellbeing (DHW) and Wellbeing SA;
- Moving towards more integrated care and fewer silos;
- Collaboration and improved communication across and between SCN, CoP, DHW and Wellbeing SA;
- Regular presentation of updates to CNEG from all members.

### Expected outcomes

The CEIH will provide Leads/Chairs with a conduit to key Department for Health Directorates and Wellbeing SA (attached office) and vice versa by holding regular Clinical Network Executive Group meetings (a minimum of 4 per year) to improve communication.

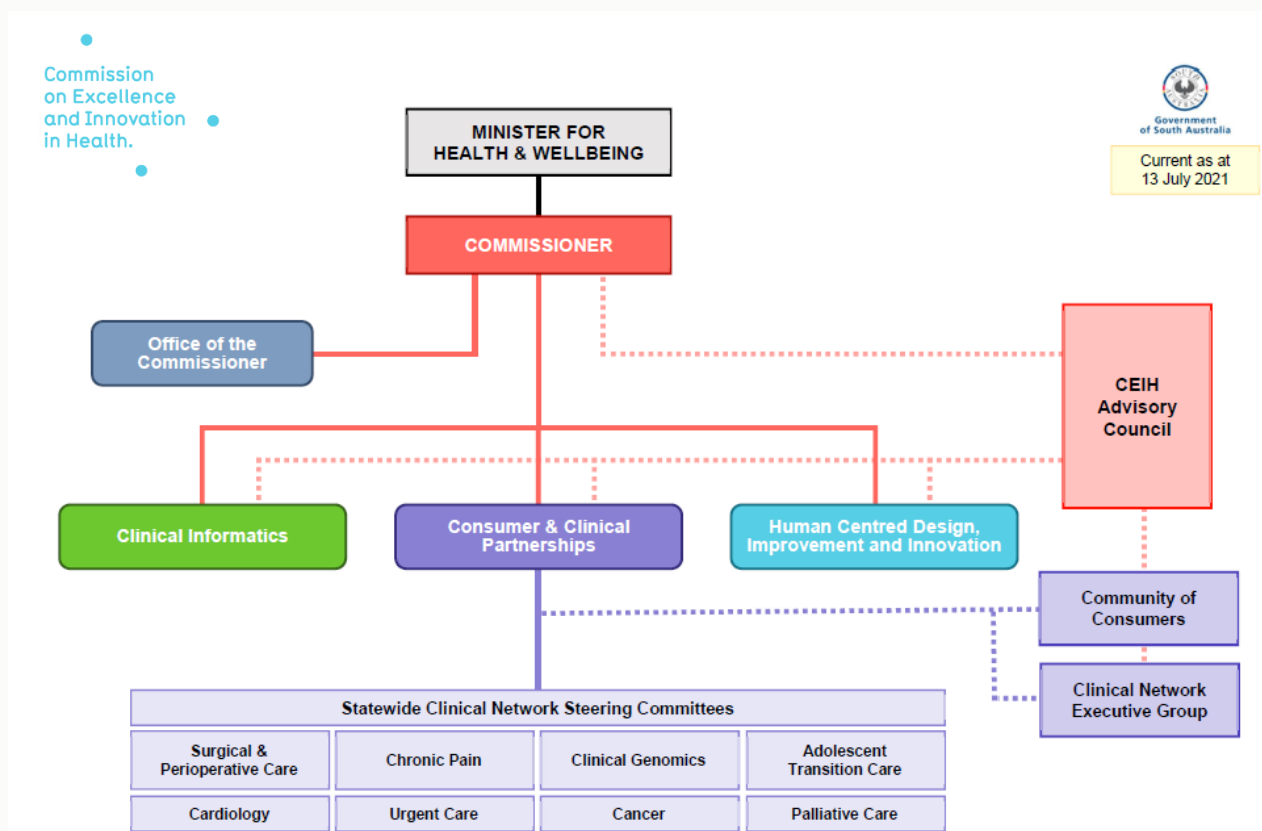
Leads/Chairs will have:

- Answers or escalation points are provided to the leads when department/system level questions are raised.
- A greater understanding and knowledge of the functions of Department for Health Directorates and Wellbeing SA (an attached office) and different ways of engaging.
- An increased level of clinical empowerment, leadership and involvement in the development and planning of health services across the continuum of care throughout South Australia through discussing, reviewing their projects and initiatives with the Clinical Network Executive Group members.

## Accountability and Reporting

The Statewide Clinical Network Executive Group will provide advice to the CEIH Commissioner and its Executive Directors.

The Chair will be an Ex-officio member on the CEIH Clinical Advisory Council (the peak advisory body to the CEIH and the Commissioner).



## Membership

- Executive Director Consumer and Clinical Partnerships
- Statewide Clinical Network Clinical Leads
- SA Clinical Communities of Practice Leads
- Two Consumer Representatives

All SA Health Chief Professional Officers i.e.:

- Chief Allied and Scientific Health Officer
- Chief Medical Officer
- Chief Medical Information Officer
- Chief Nursing and Midwifery Officer
- Chief Pharmacist
- Chief Psychiatrist.

One representative nominated by each of the:

- Director, Aboriginal Health, DHW
- Executive Director Integrated Care Systems, Wellbeing SA
- Executive Director, System Design & Planning, DHW
- Executive Director, Health Services Programs & Funding, DHW
- Director, Clinical Governance, DHW
- Director, Commissioning, DHW

Invitations can be issued for others to be present at one or more meetings as agreed by the State-wide Clinical Network Executive Group.

Private healthcare provider representation will be invited for specific discussions.

## Chair

The position of Chair and Deputy Chair will be nominated and elected from within the Network Executive Group membership for a term for one year.

## Confidentiality

The State-wide Clinical Network Executive Group are expected to adhere to the SA Public Service Code of Ethics and the [Privacy Policy Directive](#). The [Privacy Policy Directive](#) applies to all SA Health employees, visiting clinicians, contractors, volunteers, trainees and students.

## 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 decisions relating to a conflict of interest the Clinical Network Executive Group member will excuse themselves as necessary.

# Operating procedures

## Meeting frequency

Meeting frequency will be bi-monthly at this stage and as decided by the Clinical Network Executive Group all Clinical Leads will attend the meeting. The Clinical Leads will submit a simple brief or video to seek advice and this brief will be part of the agenda. All members are encouraged to attend face to face for each meeting, phone or videoconferencing will be available if required.

## Proxies

Members may substitute a proxy for their attendance. If a member is unable to attend 2 meetings in a row, the chair will schedule a meeting with the member to facilitate attendance or discuss alternate membership.

## Quorum

A quorum is defined as half the membership plus one.

If the Chair is absent, he/she may nominate another member to be chair for that meeting.

If a quorum is not reached, the meeting may still be held and proceedings confirmed at the next meeting where there is a quorum.

## Secretariat

The secretariat function will be provided by the CEIH.

## Review

These Terms of Reference shall be reviewed annually by the Statewide Clinical Network Executive Group and any proposed revisions forwarded to the CEIH Commissioner for consideration.

## Attachments

CEIH Network Advisor Role and Responsibilities

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Commission on Excellence and Innovation in Health  
11 Hindmarsh Square  
Adelaide SA 5000  
Telephone: +61 (08) 8226 0883  
Email: [ceih@sa.gov.au](mailto:ceih@sa.gov.au)  
Website: <https://ceih.sa.gov.au/>



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