

HCEC CLINICAL COUNCIL TERMS OF REFERENCE

Effective Date	04/11/2024
Document Prepared	June 2024
Review Date	November 2025

Background

The Health Chief Executives' Council (HCEC) Clinical Council is a team of clinical leaders, consumer representatives and senior administrators that enable clinical improvement, based on the pursuit of excellence through innovation. The Clinical Council will provide recommendations and independent and impartial strategic advice and advocacy to the Health Chief Executives' Council and to the Statewide Clinical Networks regarding health system-wide clinical improvement and innovation focusing on system-wide issues that affect quality, affordability, efficiency and sustainability of patient care.

Health Chief Executives' Council

The HCEC is a leadership team of Health Networks and statewide services in collaboration with the Department for Health and Wellbeing, Chief Executive and Deputy Chief Executives. It provides strategic advice regarding health system-wide topics.

Statewide Clinical Networks and Statewide Clinical Communities of Practice

Statewide Clinical Networks (SCNs) and Statewide Clinical Communities of Practice (SCCoPs) are comprised of health professionals, health service organisations, consumers and carers who work collaboratively with the goal of high-quality care in a particular area.

SCNs are an important statewide engagement structure to connect clinicians, consumers and

other stakeholders on agreed priorities to improve the South Australian health system.

SCNs and SCCoPs operate across the continuum of care, across private and public sectors and across all Local Health Networks — both country and metropolitan.

SCNs are supported by a SCN Lead, steering committee and other subcommittees or work groups that are identified as being required to undertake network priority projects.

SCCoPs are generally more mature/established than SCNs and are supported by a host LHN, a steering committee and subcommittees or work groups as required.

Purpose

The overarching purpose of the HCEC Clinical Council is to:

- provide recommendations and independent and impartial strategic advice about system-wide issues that affect quality, affordability, efficiency, access, equity and sustainability of patient care
- review and provide advice on the system-wide clinical impacts of proposed changes to patient care (e.g. models of care, planning and delivery of health services etc.)
- provide a forum for LHNs, SCNs, SCCoPs and other clinical groups to work together on complex system-wide issues, share best practice, and learn and support each other
- provide opportunities for broader system-wide clinical collaboration on complex system-wide issues (e.g. sector wide sessions or forums on priority issues)
- foster a culture of excellence and innovation within the health system.

Role and Function

The HCEC Clinical Council is a sub-committee of the HCEC Main Strategic committee and is the peak clinical body responsible for providing clinical engagement and input into statewide and strategic decisions that affect clinical care in South Australia.

Reporting

The HCEC Clinical Council reports to the HCEC Main Strategic committee and has a reporting relationship with SCNs and SCCOPs as shown in Appendix 1 – Reporting Structure.

HCEC Main Strategic committee may direct the HCEC Clinical Council to consider or focus on specific strategic clinical issues.

SCNs, SCCoPs and other clinical groups may refer their priority work through the HCEC Clinical Council to HCEC Main Strategic committee for advice, direction, and implementation support.

Membership

Chair

The HCEC Clinical Council will be chaired by the Commissioner, Commission on Excellence and Innovation in Health (CEIH) who has a standing invitation to HCEC meetings.

Members

- All Statewide Clinical Network and Statewide Clinical Community of Practice Leads
- Two - three HCEC members (Inc, DHW and LHN)
- Two Consumer Representatives
- Executive Director, Consumer & Clinical Partnerships, CEIH
- Representative of SA Health Chief Professional Officers
- An Aboriginal and Torres Strait Islander Health Representative

The Chair may invite other clinical leads of clinical engagement groups with a statewide remit to join the HCEC Clinical Council.

Standing Invitees/Observers

- Other HCEC members may attend meetings
- Networks Program Director, CEIH

- SCN Network Advisors, CEIH

Other Members

Additional representatives may be co-opted, as required, with the approval of the Chair.

In addition to the membership, subject matter experts may be invited to present and discuss relevant agenda items.

Sub-Committees/Working Groups

The HCEC Clinical Council may create sub-committees and working groups to progress work and provide advice on priority areas. The sub-committee or working group will be chaired by an identified member of the Council who will be responsible for ensuring the line of communication with the Council.

Each sub-committee or working group will be responsible for developing its own Terms of Reference and meeting structure.

Principles and Conduct

Principles underpinning the HCEC Clinical Council:

- Always focus on the people we serve (expressed as “value”)
- Transparency
- Members act/think for the system, not just their clinical area of interest
- Only statewide and strategic challenges are brought to HCEC Clinical Council
- Respect that members have multiple accountabilities
- Don't lose sight of what's great
- Get the balance right between future and current challenges
- Influence the perception of our system
- Create a new narrative
- Focus on clarifying the problem; and
- View challenges as providing opportunities.

Chair

If the Chair is unable to attend a meeting, the Chair shall nominate a member to act as Chair.

Proxies

All members should attend meetings as a priority.

Members may nominate proxies in the event they are unable to attend a meeting.

Proxies should have relevant knowledge and experience, and be able to provide advice, information and updates in their respective areas.

The Secretariat is to be notified at least two business days prior to the next scheduled meeting.

Only the members or their nominated proxies and standing invitees can attend meetings unless otherwise approved in advance by the Chair.

General absences on the day of the meeting will be noted as an apology.

Term of Appointment

Members are appointed for the life of the HCEC Clinical Council while they hold a relevant position (e.g., Clinical Lead of an SCN). The membership will be reviewed periodically. Members may resign in writing to the Chair upon which the Chair will appoint an appropriate replacement member.

Meeting Frequency

The Clinical Council shall meet quarterly. Additional meetings may be called by the Chair, as required.

Meeting Procedure

Meeting Quorum

The quorum is half plus one of all members or their nominated proxies.

Agenda Items

The Chair will agree the formal agenda.

Agenda items and accompanying briefing papers should be forwarded to the Executive Officer a minimum of eight working days prior to the next scheduled Council meeting.

Matters requiring an urgent decision before the next scheduled Clinical Council meeting can be discussed with the relevant responsible member.

Members are responsible for their own action items.

From time-to-time, matters may be referred to the HCEC Clinical Council for an immediate response. In such case, the Chair is to determine the relative urgency of the request and may either:

- Call a special meeting; or
- Put the matter to a majority vote using email; or

- Draft a response on behalf of the HCEC Clinical Council, which is to be tabled at the next meeting.

Voting

Decisions will be sought on a consensus basis. If a vote is necessary, a majority vote is sufficient. If the vote is tied, then the matter may be deferred to a subsequent meeting, or the Chair may exercise a casting vote.

A quorum must be present to enable voting. Votes by proxy will not be accepted.

Secretariat

Secretariat support is provided by the Consumer and Clinical Partnerships team, CEIH.

The Secretariat is responsible for preparing and circulating the agenda, related papers and out of session briefing notes, recording the minutes and actions of the meeting, and circulating to members.

The Secretariat will assist members in relation to all matters including queries in relation to the follow up of action items.

Except for urgent out of session meetings, meeting papers will be distributed up to five, and no later than three, working days prior to the meeting.

Administrative Matters and Other Business

- Follow up action items will be updated and endorsed by the HCEC Clinical Council.
- Any other business may be raised as applicable.

Confidentiality & Conflict of Interest

Members are expected to adhere to the SA Health Guide to maintaining confidentiality in the Public Health System. For non-SA Health employees, the same guidance applies.

Members must declare any potential, actual or perceived conflicts of interest at the commencement of each meeting and seek the Chair's direction for appropriate management both to the immediate situation and any ongoing management of conflicts.

For decisions relating to a conflict of interest the Clinical Council member will excuse themselves.


Record Keeping

Documentation and files are the property of the CEIH and must be preserved in accordance with the *State Records Act 1997* and the *Freedom of Information Act 1991*.

Approvals and review

These Terms of Reference shall be reviewed annually by the Clinical Council. Any changes to the Terms of Reference are subject to the endorsement of the HCEC Main Strategic committee.

ENDORSEMENT

Chair	Prof Keith McNeil
Signature	
Date	04/11/2024

REVISION DATES:

No.	Date	Nature of change(s)
0.1	10/6/2024	1 st draft for HCEC Clinical Council member review
0.2	24/7/2024	2 nd draft incorporating suggested changes from HCEC Clinical Council members & HCEC members
1.0	12/8/2024	Terms of Reference agreed by HCEC Clinical Council
1.1	4/11/2024	Minor amendments to better reflect membership agreed by HCEC Clinical Council