

Terms of Reference

HCEC CLINICAL COUNCIL

Effective Date	02/03/2026
Document Prepared	February 2026
Review Date	March 2026

Background	The Health Chief Executives’ Council (HCEC) Clinical Council is a team of clinical leaders, consumer representatives and senior administrators that promotes clinical improvement, based on the pursuit of excellence through innovation. The Clinical Council provides recommendations and independent and impartial strategic advice and advocacy to the HCEC and to the Statewide Clinical Networks regarding health system-wide clinical improvement and innovation focusing on issues that affect quality, affordability, efficiency and sustainability of patient care. <i>Health Chief Executives’ Council</i> The HCEC is a leadership team of Local Health Network (LHN), Statewide Service and Department for Health and Wellbeing, Chief Executive Officers and Deputy Chief Executives. It provides strategic leadership of health system-wide issues. <i>Priority Focus Areas and Statewide Clinical Networks</i> Statewide Clinical Networks (SCNs) and Priority Focus Area (PFA) Expert Advisory Groups 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
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	other stakeholders on agreed priorities to improve the South Australian health system. SCNs operate across the continuum of care, across private and public sectors and across all regional and metropolitan LHN. PFAs deliver high impact initiatives over 1-2 years, aligned with system priorities. PFAs work closely with SCNs to ensure visibility of projects and enable cross-collaboration on overarching themes.
Role and Function	The HCEC Clinical Council is the peak clinical body responsible for providing clinical engagement and input into statewide and strategic decisions that affect clinical care in South Australia.
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, 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 forums on priority issues) • foster a culture of excellence and innovation within the health system.
Reporting	The HCEC Clinical Council is a sub-committee of the HCEC Main Strategic committee and has a reporting relationship with SCNs 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 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 Priority Focus Area and Statewide Clinical Network 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 • A senior Aboriginal and Torrens Strait Islander Health Representative • Representatives of LHN ED Medical Services, Nursing/Midwifery and Allied Health/Community 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 • Network Portfolio Managers and 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 • Bring only statewide and strategic challenges to HCEC Clinical Council • Respect that members have multiple accountabilities • Don’t lose sight of what is 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 Clinical 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 all matters including queries related 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.

APPENDIX 1- REPORTING STRUCTURE

