Health New Zealand
Te Whatu Ora
South Canterbury

Clinical Council Terms of Reference

Contents

Purpose:

1. Health New Zealand (NZ)Te Whatu Ora South Canterbury (SC) has established a Clinical Governance Framework which is the foundation for these Terms of Reference (TOR). The framework outlines the approach, the themes, and the Clinical Council (CC)structure.

2. The CC is a clinical oversight and monitoring group, not a business governance, operational governance, or line management group. The CC is responsible for the system through which healthcare services are accountable.

3. The CC is a committee of Health NZ Te Whatu Ora SC Hospital and Specialist Services (H&SS). It is the principal inter-professional, clinical, H&SS oversight group. It promotes a strong safety culture through effective clinical oversight, this includes; patient safety, equity, consumer engagement and quality of care within HSS across South Canterbury.

4. The CC will base all its recommendations and advice on the fundamental principles embodied in the Te Tāhū Hauora Health Quality Safety Commission (HQSC) Clinical Governance and Quality Framework. Te Tiriti o Waitangi underpins the framework as articulated in the Waitangi Tribunal's Hauora Report, which is interwoven with the quality domains and system drivers.

5. An active CC provides confidence to the community and everyone who works in a health service organisation that systems are in place to support the delivery of safe, high-quality health care. All staff who work for Health NZ Te Whatu Ora SC are accountable for their contribution to the safety and quality of the health care provided. The CC will nurture an open, transparent, team-based approach to clinical oversight.

6. The CC will work to enact Te Pae Tata and fulfil our obligation set out in the Pae Ora Act. This includes working towards meeting the following six strategies Link to Strategies;
    - The New Zealand Health Strategy
    - Pae Tū Hauora Māori Strategy
    - Te Mana Ola: The Pacific Health Strategy
    - The Woman's Health Strategy
    - The Health of Disabled People Strategy
    - The Rural Health Strategy

Scope:

Te Whatu Ora South Canterbury District Hospital and Specialist Services (H&SS).

Responsibilities:

As a clinical governance group, the members will undertake a leadership role in a manner consistent with the following principles:

- the Te Tiriti Principle of Equity will be followed by creating and ensuring equitable outcomes for Māori are prioritised and consistently being reviewed.
- we will conduct ourselves with honesty and integrity and develop a high degree of trust.
- we will promote an environment of high quality, performance, accountability, and low bureaucracy.
- we will adopt a patient/whānau-centred, whole-of-system approach and make decisions on a Best for System basis.
- we will adopt and foster an open and transparent approach to sharing information.
- we will actively monitor and report on our achievements, including staff and public reporting.
- we will uphold and 'live' the Te Whatu Ora Charter (Te Mauri O Rongo NZ Health Charter)

Commitment:

The CC will work together in an innovative and open manner, to produce outstanding results. To achieve this, it will make the following commitments:

- Health NZ Te Whatu Ora will work in partnership with Iwi Partnership Board & localities (when established) to place whānau at the heart of the health system to improve equity and outcomes. We recognise our obligations for Māori sovereignty. Together we recognise Māori as tangata whenua and value the voices of consumers and whānau in all aspects of clinical governance.

  This means Health NZ /Te Whatu Ora partners with Iwi Partnership Board & localities (when established), Iwi, hapū, whānau and Māori communities to improve our responsiveness to Māori. We recognise our role within Health NZ Te Whatu Ora and support our national leaders.

We will apply the five following Te Tiriti o Waitangi principles to our services:

- **Tino rangatiratanga:** Providing for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.
- **Equity:** Being committed to achieving equitable health outcomes for Māori.
- **Active protection:** Acting to the fullest practicable to achieve equitable health outcomes for Māori. This includes ensuring that the Crown, its agents, and its Treaty partner under Te Tiriti are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.
- **Options:** Providing for and properly resourcing Kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.
- **Partnership:** Working in partnership with Māori in the governance, design, delivery and monitoring of health and disability services – Māori must be co-designers, with the Crown, of the primary health system for Māori.

Under Pae ora – healthy futures, we will work to achieve the three holistic interconnected elements in our services:

- Whānau Ora – healthy families
- Mauri Ora – healthy individuals
- Wai Ora – healthy environments.

Equity, Diversity, and Inclusion

Clinical governance is about ensuring Health NZ Te Whatu Ora services work for all people. This means understanding and eliminating inequities in outcomes for different groups. The CC will work to ensure:

- consumers have equitable health outcomes, irrespective of the consumer's ethnicity, disability, geographic location, socio-economic status, sex, gender, and/or sexual orientation.
- consumers have the best possible health outcomes for their age, health condition(s), and/or disability status.

Health NZ Te Whatu Ora supports consumers to participate, to the fullest extent, in their care and to lead their health journey. This includes deciding their own health and care goals. Health NZ Te Whatu Ora supports consumers to involve whānau in their care and health journey. Consumers are encouraged to provide feedback and to use their voice to

improve the quality of our services and care.

Level of Authority / Delegations

The council has the authority to make recommendations to the H&SS District Leadership Group, through the H&SS Group Director Operations.

To assist it in this function the council will:

- oversee the work of the sub-committees, projects, and improvement activity
- establish sub-groups to investigate and report back on particular matters
- commission audits or investigations on particular issues
- request reports and presentations from groups
- co-opt people from time to time as required for a specific purpose
- conduct an annual self-assessment on the function and delivery of the CC.

Where considered necessary the CC shall resolve to request a report or presentation or to commission a specific piece of work. The Chair of CC shall convene an appropriate group to oversee the request or the drafting of terms of reference for any commission. The required resources to undertake commissioned work shall be agreed by discussion with the H&SS Group Director Operations (GDO) SC, who shall be responsible for their provision.

Referral to Clinical Council

Any service or team operating within Health NZ Te Whatu Ora SC may propose items or matters for consideration by the CC where these matters properly fall within the remit of the group. The Chair (or delegate for triage) and CC Executive has discretion to accept or reject such items – but will communicate the reasons why to the service, team and CC if rejected.

The CC will have standing agenda items that relate to patient safety, clinical risk, equity and quality improvement across the health system.

Any business coming before the CC should include the recommendation, endorsement or decision required. For matters not requiring those, they can be referred to CC to be presented as routine matters at the CC (a standardised referral and reporting template).

The CC will receive and consider reports on clinical quality and safety matters to care delivered to people in Health NZ Te Whatu Ora SC H&SS.

Key Performance Indicators:

- **Reports** - 90% of standing agenda item reports will be provided at the planned CC meeting as per the reporting schedule
- **Group KPI Reports** – 100% of service level KPI's that do not meet requirements have action plans with named responsibilities and timeframes
- **Meetings** - each member shall attend at least 80% of the meetings held in any one calendar year.
- **Self-Assessment of CC** – conducted on an annual basis.

Membership

The CC appoints the Chair for a term of two years.

The Chair will initially be appointed through an open Expressions of Interest process, with final recommendations being endorsed by the H&SS Group Director Operations (or equivalent position).

There shall be a Deputy Chair position(s). The purpose of this position is to assist the Chair of the CC in managing the business of the CC and to deputise should the need arise. The Chair will appoint the Deputy.

The CC will be set up to ensure that it, as a whole, has skills, knowledge, and ability to fulfil its purpose and properly discharge its roles and responsibilities.

When making appointments, consideration must follow Health NZ Te Whatu Ora's Diversity and Inclusion Policy (due for release in March 2024). When making appointments, consideration must be given to maintaining a wide range of perspectives and interests within the total membership, ensuring in particular that Māori, Pacific health, people with Disabilities and rural health interests and expertise are reflected.

The CC's Chair will appoint members from the following areas ,with a maximum of appointed and ex-officio of twenty members. The terms in which members are to be appointed for two + one years.

Members
Chair Clinical Council
Deputy Chair Clinical Council
Senior Medical Officers x 2
Senior Nursing / Midwifery x 2
Senior Allied Health x 2

People and Communications
Consumer
Appointed - Representation
Māori
Pacific People
Rural Clinician
Gender Diverse
People with Disability
Ex Officio
Director Nursing & Midwifery
Director of Allied Health & Primary Health Partnerships
Chief Medical Officer
Primary Chief Medical Officer
In attendance
H&SS Group Director Operations South Canterbury
Quality & Risk
Health, Wellbeing & Safety
Rising Star (yearly appointment)

CC Chairperson

- work with members to ensure that conflicts of interest are managed
- work with the CC's Secretariat to coordinate the Group or Group's 's business and administration, including scheduling meetings, writing, and authorising agendas, approving meeting packs for release, distributing papers and meeting minutes
- work with the Regional Chair of Te Waipounamu Regional Integration Clinical Governance Committee (RICGC) to ensure the CC achieves its purpose and properly discharges its roles and responsibilities
- report to RICGC as directed.
- ensure annual self-assessment is completed and report shared with Chair RICGC.

CC Deputy Chairperson(s):

a. act as alternate to the Chairperson to run CC meetings in their absence
b. in the event of a prolonged absence, with the Chairperson agree to which additional roles will be assumed.

Clinical Council Executive

The CC Executive provides the high-level guidance and strategic planning for the CC, including the development of the CC Workplan. The CC Executive is made up of:

- Chair
- Consumer
- Director Nursing & Midwifery
- Chief Medical Officer
- Director Allied Health and Primary Partnerships
- Quality & Risk representative

The CC Executive will consider correspondence into the CC and will plan the agendas for CC Meetings. The schedule for CC Meetings is to be decided in January each year for the next 12 months and is distributed to all CC members.

Members Responsibilities

a. attend all meetings or delegate attendance ensuring the delegate is well briefed. If a member is unable to attend for any reason, they must notify the Chair. A delegate can be sent in their place.
b. if a decision requires a key member who is missing and the area would be greatly impacted, it will be deferred.
c. when a member does not attend for two consecutive meetings, the chair will approach the member and raise the issue. The Chairperson can decide to revoke membership following due consideration of the circumstances.
d. perform their functions in good faith, honesty, and impartiality to avoid situations that might compromise their integrity or otherwise lead to conflicts of interest.
e. declare any areas where they believe there is a potential conflict of interest to the Chair.
f. champion best practice.
g. complete allocated work outside meetings.
h. promote clinical governance and partnership at all levels.
i. feed in and feedback to the group and professional groups, highlighting constituencies views, needs, concerns related to maintaining and improving practice.
j. feedback to represented groups, bodies, or communities the decisions, outcomes or guidance provided by the CC.
k. improve equity and outcomes by ensuring people and family/whānau are at the heart of the system.

l. support action decided upon by the group and have robust communication systems in place across the system.
m. take an active role alongside the Chairperson in producing reporting to RICGC as directed.
n. escalate local concerns that highlight wider system problems to regional / national clinical governance groups to ensure transparency, learning and effective resolution.

Meetings:

a. held monthly, 10-times a year for two hours at a regularly recurring day, time, and place with at least 14 days' notice for each. This does not prevent a specific meeting being rescheduled by the Chairperson on reasonable grounds, and does not prevent rescheduling of the usual day, time, or place.
b. the CC will make use of IT platforms to enable virtual meetings and reduce unnecessary travel (i.e. Microsoft Teams).
c. the meetings will be scheduled to enable the provision of timely advice to the H&SS District Leadership Group.
d. The CC may meet more frequently or to consider urgent business if called upon to do so or at the discretion of the Chairperson.
e. meetings will be public-excluded and shall be conducted in accordance with Health NZ Te Whatu Ora SC Meeting and Minute Taking Policy.
f. matters may be dealt with between meetings through discussion with the Chairperson/Co- chairs and other relevant members of the CC Executive and noted at the next CC meeting.

Administration:

The CC will be coordinated via CC Secretariat Support. The CC Secretariat will:

a. with the Chairperson, coordinate all the CC business and administration, including scheduling meetings and forming and distributing agendas.
b. coordinate the Expressions of Interest Process on behalf of the Chairperson and the H&SS GDOSC.
c. maintain correspondence for all CC matters.
d. ensure all received matters or reports have included consultation with key stakeholders prior to submission.
e. with the Office of the CMO, maintain an action list of received items including triaging all received matters to ensure priority matters are identified and where appropriate due to their clinical priority, present to the Chairperson out of session.

f. ensure all routine reports are submitted in the correct format and in a timely manner.
g. ensure all other matters submitted for CC review contain an outcome or decision required.
h. coordinate with all attendees for virtual access to any meeting.
i. record and distribute meeting minutes and an actions list to members for comment within seven days of the meeting taking place.
j. circulate a meeting pack containing the agenda and any matters arising at least five business days before the next meeting.
k. the Chairperson shall be responsible for ensuring a final copy of the terms of reference, agendas and minutes are kept. They will be kept on a shared site by the secretariat.
l. keep the members register up to date.

Decision Making

A quorum will be half the standing membership, plus the chair. If there is not a quorum, decisions will be deferred to a virtual meeting process, or to the next meeting, and the meeting will still go ahead.

Any decision undertaken should be supported by informed debate drawing on the best available evidence – noting that where possible, a consensus approach will be adopted in decision-making. Where this is not possible, the item will be referred to the H&SS GDO SC.

Decision making is by consensus, any matter not decided by this will result in the matter being referred to the Regional Clinical Governance Committee.

The CC has delegated authority to make decisions and issue directives on quality clinical practice and patient safety issues that:

- relate directly to the function and aims of the CC as set out in the terms of reference
- relate directly to the provision of, or access to, local health services; and
- are clinically and financially sustainable.

Standing Reports.

There are five quality domains for achieving a responsive and equitable health system which provide a whole of system approach they include:

- consumers and whānau as active partners of the health team
- engaged, effective, culturally safe health workforce
- effective health services
- efficient health services

- system safety and learning.

The following table indicates the minimum requirement of standing written reports or an invitation to attend the CC by quarter. The CC will update the table annually .

Report / Discussion	Responsibility	Q1	Q2	Q3	Q4
Efficient health services					
Clinical Council	Chairperson	Jul	Oct	Feb	Apr
Ngā Paerewa Health & Disability Services Standards – Certification	Quality & Risk		Nov		May
Director of Nursing Report	DON	Aug		Feb	
Allied Health & Technical Report	Director Allied Health, Scientific & Technical		Dec		Jun
Chief Medical Officer Report (includes credentialing)	CMO	Aug		Feb	
Business Performance (Planning & Monitoring (including KPIs Government Policy Statement on Health 2024-2027)	H&SS Lead	Jul	Oct	Feb	Apr
Quality Planning (includes policy harmonisation)	Quality & Risk		Oct		
Risk Management	H&SS Risk Facilitator	Every second month			
Issue Management	H&SS Risk Facilitator	Every second month			
Commissioning	Regional Portfolio Manager		Oct		Apr
Data and Digital	Regional Portfolio Manager		Oct		Apr
Systems Innovation & Improvement	Regional Portfolio Manager		Oct		Apr
Assurance Audit and Risk	Regional Portfolio Manager		Oct		Apr

Public Health Service – Primary Alliance	Regional Portfolio Manager		Oct		Apr
Clinical Research	Regional Portfolio Manager		Oct		Apr
Consumers and Whānau as active partners of the health team					
Improved Patient Experience – (including KPIs Government Policy Statement on Health 2024-27)	Quality & Risk	Sep	Dec	Mar	Jun
Co-design projects / improvement projects	Team Leads				
Systems Safety and Learning					
Complaints Management / Consumer Feedback / HDC	Quality & Risk	Sep	Dec	Mar	Jun
Clinical Audit	Quality & Risk		Nov		Mar
Incident Management (including KPIs Government Policy Statements on Health 2024-27)	Quality & Risk	Aug	Nov	Feb	May
Infection Prevention & Control	CNS IPC	Sep			Mar
Medicines & Therapeutics	Committee Chair			Feb	
Transfusion Committee	Committee Chair				Apr
Intravenous Related Therapy Group	Committee Chair	Jul			
Restraint Elimination Committee	Committee Chair		Oct		
Falls Prevention Committee	Committee Chair			Feb	
Pressure Injury Prevention Committee	Committee Chair				May
Recognition & Response	Committee Chair	Aug			
Trauma Committee	Committee Chair		Nov		
Family Violence Intervention Programme Committee	Committee Chair			Mar	

Maternity Quality & Safety Programme	MQSP Coordinator	Sep			
Efficiency of Care					
Performance Indicators against Te Pae Tata	H&SS Lead	Jul	Oct	Feb	Apr
Improvement Projects	Team Leads				
Engaged, effective, culturally safe health workforce					
Health, Safety and Wellbeing Committee	Committee Chair	Jul	Oct	Feb	Apr
Workforce Development & Staff Training Report	Learning Hub	Jul		Feb	
People & Capability	People and Capability	Jul		Feb	
Improvement Projects	Team Leads				
Effective health services					
Unplanned Readmissions	H&SS Lead	Jul	Oct	Feb	Apr
Hospital Acquired Infections	CNS IPC	Sep			Mar
Morality (Health Round Table Data)	H&SS Lead	Jul	Oct	Feb	Apr
Health NZ /Te Whatu Ora data / metrics					