

MidCentral DHB Clinical Council

Terms of Reference

1. BACKGROUND

The Clinical Council can provide an independent strategic clinical perspective and commentary on all matters regarding implementation of MidCentral DHB's Strategy.

The Clinical Council will provide input on planning priorities, clinical leadership, systems and quality; on factors influencing both the health and wellbeing of the people of our district; of the local community (health outcomes); the health and wellbeing (effectiveness and robustness) of the local health sector. The Council may encourage informed debate on these matters, and will provide counsel on all issues referred to it for consideration.

2. PURPOSE AND EXPECTATION

The Clinical Council's focus is across three broad areas, being:

Health Inequities

Quality and safety; the health outcomes and patient/client experience drive decision-making, and the patient/client is seen and treated as a partner in their healthcare.

Workforce; developing a district clinical workforce which is engaged and committed to service improvement and to better patient care, and where, clinical leadership is fostered and supported.

Systems; for organising and delivering care across the sector, with an aim of involving health professionals (clinicians) in leading and improving this, and working in partnership with those receiving care.

- The Clinical Council may provide advice to the Board and Organisational Leadership Team of MidCentral District Health Board.
- It is expected that the Clinical Council will provide appropriate clinical advice and be used by the Directorates at an early stage of the following:
- Matters put forward by the DHB on which it is seeking an independent clinical perspective All MDHB strategies/plans and frameworks
- Significant service changes or transformational work at DHB level and Directorates
- Clinical priorities included in the development of the annual plan
- New initiatives or concepts at work up stage e.g. new technologies in health, new workforce models or significant new clinical techniques
- Influence and add direction/input to Sustainability plans e.g. finance, workforce or staff wellbeing.

3. FUNCTIONS/EXPECTED OUTCOMES

The Clinical Council will provide clinical knowledge or expert advice when requested, or when the Council sees fit, regarding:

- Patient safety and clinical quality
- The impacts of a proposed system or service changes
- Related or interdependent services

- The health status of the population, and
- The strength and effectiveness of clinical engagement, and clinical leadership
- The most effective use of resources and prioritising that use.

The Clinical Council will seek to include the clinical community at large by encouraging strategic input and initiatives that the DHB could consider and also, inform the clinical community at large as to the activity of the Council.

The Clinical Council can initiate, influence and monitor key initiatives to achieve good health outcomes.

The Clinical Council will work in partnership with the DHB's Consumer Council to ensure local health and disability services are organised around the needs of the people. In addition, that health literacy and consumer empowerment are promoted, as well as a co-design philosophy and approach.

4. MEMBERSHIP/REPRESENTATION

Membership of the Council will reflect that richness in diversity, i.e. a range of health professions, people from all parts of the health sector and with different levels of experience

The MDHB Board is responsible for the appointment of the Clinical Council's Chair, and on the recommendation of its CEO and the CEO of THINK Hauora. The Chair is appointed for a three year term.

The Clinical Council will consist of ten to twelve members for a three year term. The Chair of the Clinical Council may choose to make co-opting arrangements to access people who have specific skills or abilities needed by the Council. This is to ensure there is a balance of perspectives and recommendations for co-option will be submitted to the Chief Executive of MidCentral DHB and THINK Hauora. Co-opted members shall be voting members.

Members may be re-appointed and a staggered approach will be taken to ensure the Clinical Council continues to benefit from members with experience as well as new perspectives.

5. OFFICERS AND THEIR RESPONSIBILITIES

Organisational Leadership Team

The General Manager, Quality and Innovation, MidCentral DHB will have responsibility for the Clinical Council. The Clinical Council will have access to funding to advance its work programme via the lead OLT member. The Clinical Council Chair will liaise with the Executive Lead with regard to appropriate resources to support the functionality of the Council.

Administrative Support

The Clinical Council Administrative Support will:

- Organise, type and distribute agenda to members seven days before meetings
- Record, type and distribute minutes to members within seven days of meetings
- Keep accurate records of Council proceedings
- Undertake other administrative duties as required by Council Chair

Council Members will

- On appointment to the Clinical Council members are expected to prioritise attendance at the monthly Council meetings. An attendance record will be kept and monitored. Apologies are accepted for illness or other extenuating circumstances. If regular attendance is not achievable due to personal or work commitments the Chair will discuss this the member
- Consider assisting as members of high level Clinical Governance committees.
- Consider assisting work groups to deliver on specific initiatives



6. MEETING STRUCTURE

The schedule for the Clinical Council meetings will be decided annually.

It is anticipated that ten meetings will be held per annum.

The Chair may call additional meetings outside of those scheduled to deal with matters that arise that are of interest to the Clinical Council.

A quorum relies on the attendance of sixty percent of committee members being present. Meetings will continue as scheduled even if a quorum is not present but any decision making will be deferred until a quorum is reached (this may be done via email communication outside of regular meetings).

7. REPORTING

The Clinical Council will provide the Board with a report on a six monthly basis. The Council will have access to funding to advance its work programme via the lead Organisational Leadership Team (OLT) member. Recommendations will be submitted to OLT via the reporting template.

8. REVIEW/AMENDMENTS

Variations to the terms of reference require approval by the MDHB Board. The Clinical Council will evaluate its terms of reference, performance, membership and need for continuation annually.