#### To the General Practitioners of the Hutt Valley Health System...

#### Are you a big picture health system thinker?

The Clinical Council is seeking expressions of interest for a General Practitioner to fill one of the appointed membership components. We are looking for a General Practitioner who will be dedicated to working towards an integrated, high quality health system.

We want to improve the health of the people of the Hutt Valley and if you consider yourself to have expertise to provide well considered advice to the Board and Executive Leadership Team on issues affecting primary, secondary and preventive care.

The full Terms of Reference are available, meetings are held monthly and the expected term for membership will be initially one year. The appointed member will work alongside the Director of Nursing, Chief Medical Officer, Clinical Director of Te Awakairangi Health Network, Director Allied Health Scientific & Technical, and Director of Midwifery.

#### Members will:

- Hold occupational group registration and have a current practising certificate (where appropriate)
- Understand and be committed to clinical governance
- Have recognised credibility as a clinician in your own field
- Demonstrate commitment to organisational goals and strategic development, and
- Are prepared to devote time to participate in the work of the Clinical Council.

Expressions of interest are due by **Friday 8 March 2019** – see the attached Terms of Reference (currently under review) and EOI form for further details.

A selection process will be undertaken and successful applicants notified mid-late March 2019. The date for the next meeting is 4 April 2019.

If you have any questions regarding the Clinical Council, please contact:

Dr Sisira Jayathissa Co-Chair, Chief Medical Officer Sisira Jayathissa@huttvalleydhb.org.nz

Dr Hans Snoek Co-Chair, GP & Clinical Director, Te Awakairangi Health Network Hans.S@teahn.org.nz

Chris Kerr
Co-Chair, Director of Nursing
Chris.Kerr@huttvalleydhb.org.nz

Saira Dayal Clinical Leader Quality, Service Improvement and Innovation Saira.dayal@huttvalleydhb.org.nz

#### **Clinical Council of Hutt Valley Health System**

#### **Expressions of Interest**

## Expressions of interest are sought from General Practitioners for membership of the Clinical Council of the Hutt Valley Health System

#### **Background**

Strong clinical governance and clinical engagement are essential for a highly successful, integrated Hutt Valley Health System. In 2016 the inaugural Clinical Council was formed and work progressed to provide clinical advice on key service changes and organisational decisions, and provide clinical oversight of quality and patient safety.

At the end of 2016 a workplan was developed and members are working to achieve the strategies and objectives. While most current Clinical Council members are continuing, there is a vacancy for one general practitioner in 2019.

#### Purpose and Function of the Clinical Council

The purpose of the Clinical Council is to provide advice to the Executive Leadership Team (ELT) and Board on issues in relation to:

- Improved quality, safety and experience of care
- Improved health and equity for all populations
- Best value for public health system resources.

The functions of the Clinical Council are to:

- Provide advice on key proposed service changes and measures to use resources more effectively
- Provide system-wide oversight of clinical quality and patient safety
- Provide a forum for formal clinical engagement in organisational decision-making, and
- To communicate these decisions openly to clinicians.

See the terms of reference for the full purpose, function and level of authority. Meetings are held on the first Thursday of each month, from late afternoon.

#### Membership

Membership of the Clinical Council should consist of a collection of experienced and knowledgeable senior clinicians working towards an integrated, quality health system for the Hutt Valley population. Members are not expected to advocate for their particular professional group, service or department but are representatives of the wider Hutt Valley Health System.

Members by position are the Chief Medical Officer (Co-Chair), Clinical Director of Te Awakairangi Health Network (Co-Chair), Director of Nursing (Co-Chair), Midwifery Director and the Director Allied Health, Scientific and Technical.

#### **Clinical Members** will:

 Hold their occupational group registration and have a current practising certificate (where appropriate)

- Understand and be committed to clinical governance
- Have recognised credibility as a clinician in their own field
- Demonstrate commitment to organisational goals and strategic development
- Are prepared to devote time to participate in the work of the Clinical Council.

The selection process for the Clinical Council should ensure:

- Clinicians from a variety of professional groups and settings
- Primary care clinicians, including at least two General Practitioners
- A minimum of two nurses
- No more than three senior medical officers, one of whom is a Clinical Director
- A minimum of one clinician who is Māori
- One clinician with population health expertise
- One clinician early in career/developing leadership.

#### **Process for Expressions of Interest**

Expressions of interest are now sought from general practitioners as. The Members by Position will select members and if required by interview. The Acting Chief Executive will give final approval of those recommended.

Interested individuals are invited to complete the form below. A selection process will be undertaken and successful applicants notified in late March. The date for the next meeting is 4 April 2019.

If you have any questions regarding the Clinical Council, please contact:

Dr Sisira Jayathissa Co-Chair, Chief Medical Officer Sisira.jayathissa@huttvalleydhb.org.nz

Dr Hans Snoek Co-Chair, GP & Clinical Director, Te Awakairangi Health Network Hans.S@teahn.org.nz

Chris Kerr
Co-Chair, Director of Nursing
Chris.Kerr@huttvalleydhb.org.nz

Saira Dayal
Clinical Leader Quality, Service Improvement and Innovation
Saira.dayal@huttvalleydhb.org.nz

### **Clinical Council of Hutt Valley Health System**

#### **Expression of Interest Form**

#### **Closing Date 8 March 2019**

Yes, I would like to put forward my expression of interest for membership of the HVDHB Clinical Council. I have read the terms of reference and understand that all clinical members will:

- Hold their occupational group registration and have a current practising certificate (where appropriate)
- Understand and be committed to clinical governance
- Have recognised credibility as a clinician in their own field
- Demonstrate commitment to organisational goals and strategic development
- Are prepared to devote time to participate in the work of the Clinical Council

I understand that as part of the selection process the co-Chairs may contact my professional leader and/or senior colleagues.

Name:	
Role:	
Organisation:	
Email address:	
Phone number:	
•	

#### Please provide

- A concise CV, and
- A brief personal statement indicating your relevant experience, and interest in clinical governance. Include any relevant attributes or skills (e.g. involvement in the wider health sector, population health expertise, clinician who is Māori, leadership development)

Return Expressions of Interest to Maranda Seiuli by 5pm 8 March 2018

Email: Maranda.Seiuli@huttvalleydhb.org.nz

Maranda Seiuli

EA to the Chief Medical Officer

Ground Floor, Pilmuir House, High Street, Lower Hutt

Private Bag 31907, Lower Hutt 5040



## Terms of Reference (under review) Clinical Council of Hutt Valley Health **System**

#### **Background**

There is a strong desire among both management and clinicians to strengthen clinical governance and clinical engagement at Hutt Valley Health System. 'In Good Hands' (February 2009), which was produced by a Ministerial Working Group, defines clinical governance as:

'the system through which health and disability services are accountable and responsible for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish' (Scally, Donaldson 1998 adapted)

In short, clinical governance refers to the organisational systems and processes for monitoring, continuously improving and ensuring shared accountability for clinical quality and safety.

Clinical engagement refers to the formal and informal mechanisms whereby clinicians are involved in organisational decision-making at all levels. Such engagement is essential for effective service improvement, clinical governance and financial stewardship.

The Clinical Council of Hutt Valley DHB seeks to improve both clinical governance and clinical engagement. It will take a 'Hutt Valley Health System' view, building on the work of the Alliance Leadership Team (Hutt INC), promoting the integration of services across service boundaries so that they are organised and delivered based on the needs of people.

The Clinical Council will work towards achieving the New Zealand Triple Aim: improved quality, safety and experience of care, improved health and equity for all populations, and best value for public health system resources alongside Hutt Valley DHB's key focus of creating a healthy and thriving health system. A healthy system will have strong clinical engagement, a focus on innovation and improvement and a culture where we treat people with respect.

The Clinical Council is the peak clinical governance group across the HVHS. The Council will provide advice to the Executive Leadership Team (ELT) and Board on issues that span the Hutt Valley Health System in relation to:

- Improved quality, safety and experience of care
- Improved health and equity for all populations
- Best value for public health system resources

The Council will be responsible for advising the Hutt Valley Health System on the design of the local clinical governance framework across primary, secondary and preventive care to take account of a range of factors including:

#### **Purpose**

1. Clinical involvement at all levels of the organisation and wider Hutt Valley health system 2. Development of decision making and responsibility to the most appropriate clinical unit or team **3.** The development of clinical leadership at all levels 4. More systematic use of information about clinical outcomes **5.** Ensuring that information from different sources is brought together so that a fuller picture about professionals' practice is properly considered **6.** Ensuring local organisations adopt best practice in investigating critical incidents and acting on concerns. The functions of the Clinical Council are to **Functions** provide advice on key proposed service changes and measures to use resources more effectively and equitably; provide system-wide oversight of clinical quality and patient safety; provide a forum for formal clinical engagement in organisational decision-making, and To communicate these decisions openly to clinicians. The Clinical Council's advice must be to ensure: 1. Service changes are introduced primary, secondary and preventive care to address both clinical and cost effectiveness 2. Effective clinical risk management and quality improvement processes are in place 3. Effective clinical accountability at an individual, team and service level is in place **4.** New clinical investments are a high priority within available resources, **5.** Excellence and innovation in education, training and research **Level of Authority** The Council has the authority to give advice, and make recommendations/endorsements to the Board and Executive Leadership Team. To assist it in this function the Clinical Council may: Request reports and presentations from particular groups Establish sub-groups to investigate and report back on particular matters Commission audits or investigations on particular issues Co-opt people from time to time as required for a specific purpose. The Clinical Council's role is primarily one of clinical governance aiming at service improvements, not operational or line management. Membership Members of the Clinical Council will be initially appointed for a one year and may be re-appointed for a further two year term. The Clinical Council will consist of knowledgeable, well-informed clinicians

working towards an integrated, quality health system for Hutt Valley population. They will be expected to consider the whole health system when forming views and advising on decisions rather than representing or advocating for their particular profession, service or department.

#### **Members by Position:**

- Chief Medical Officer (Co-Chair)
- Clinical Director of Te Awakairangi Health Network (Co-Chair)
- Director of Nursing (Co-Chair)
- Director Midwifery
- Director of Allied Health, Scientific and Technical

#### **Members by Appointment:**

 Nine clinicians who meet the requirements specified below (Requirements for appointed members)

#### **Ex-Officio** (without voting rights):

- Chief Executive (CE)
- Executive Director, Quality and Risk

The selection process for the Clinical Council should ensure:

- Clinicians from a variety of professional groups and settings
- Primary care clinicians, including at least two General Practitioners
- At least two nurses
- No more than three senior medical officers, one of whom is a clinical director
- At least one clinician who is Māori
- One clinician with population health expertise
- One clinician early in career/developing leadership

# Requirements for appointed members

#### All appointed members will:

- Hold their occupational group registration and have a current practising certificate (where appropriate).
- Understand and be committed to clinical governance.
- Have recognised credibility as a clinician in their own field.
- Demonstrate commitment to organisational goals and strategic development.
- Are prepared to devote time to participate in the work of the Clinical Council.

## Chairperson

The Clinical Council will be co-chaired by the Chief Medical Officer, Director of Nursing and the Clinical Director Te Awakairangi Health Network – by rotation.

#### Quorum Meetings

A quorum will be 8 and must include at least two primary care clinicians Meetings will be held monthly, or more frequently at the request of the Co-Chairs. Workshops will be held from time to time.

Matters may be dealt with between meetings through discussion with the Co-Chairs and other relevant members of the Clinical Council.

The Standing Orders adopted by the Board apply to Clinical Council meetings.

Reporting	The Clinical Council will report through the CE to the Board, and also provide its reports to the Executive Leadership Team. Clinical Council also may provide reports to the stakeholders of the Hutt Valley Health System to ensure transparency and free flow of information.
	Co-Chair(s) are to attend Board meetings to provide updates and reference for Clinical Council reports.
Minutes	Minutes will be circulated to all members of the Clinical Council, within one week of the meeting taking place.
	General minutes (excluding the confidential section) to be made available to the public via the HVDHB website.
Support	The Clinical Council will be supported with secretarial, analytical and project management support.