Southern District Health Board
Piki Te Ora

Clinical Council

Terms of Reference

Purpose

1. The *Clinical Council* is a Committee of the Southern District Health Board (SDHB). It is the principal interprofessional clinical governance and leadership advisory group for the DHB. It puts patient safety and quality of care at the centre of all decision making on every level of Southern DHB Hospital Services.

2. The *Board & the CEO* established the *Council in 2016* to give balanced, clinically informed advice to the Board and the Executive Leadership Team (ELT) around clinical and patient risk. As part of these requirements the council is asked to:

   (a) Ensure the Clinical Council produces a report to *the Southern DHB Board on a quarterly basis.*
   (b) Send out key messages to the business following each meeting.
   (c) Escalate to CEO/ELT as required

3. The *Clinical Council* will be active for three years, effective from 1 July 2020. The CEO may extend the council's duration by amending these Terms of Reference and recording the extension with the Executive Director Quality & Clinical Governance Solutions.

Responsibilities

4. The Council provides key clinical oversight for the Board and Executive Leadership Team with regard to patient harm and patient flow within the Southern DHB.

5. The Clinical Council will receive and consider reports on clinical quality and safety matters relating to care delivered to any patients in the Southern District or to SDHB patients treated elsewhere, including:

   - Patient Safety and Clinical Risk
   - Patient Outcome and experience measures.
     - Health Roundtable Data
     - Patient Surveys
   - External Audits
     - HDSS Certification corrective actions.
     - Accreditation, HDC, Credentials, Coroner

6. The Council will have links with Clinical Leadership Group and Alliance Leadership Team to ensure strategic alignment of vision for the Southern Health System.

7. The Council will produce a set of Clinical Accounts to describe and measure clinical quality and performance across the DHB.

8. The Council will oversee an annual workplan.

9. The Council's role is one of clinical governance, not operational or line management.

Governance

10. The Clinical Council will base all of its recommendations and advice on the fundamental principles embodied in the Quality Framework and make best endeavours to balance these in all of its decision-making in a way that minimises harm and improves patient flow through the health care system.
11. Clinical leadership and advice provided by the Clinical Council should be guided by the following key principles as outlined in our Service Level Accountability.
    - Consumer engagement & participation
    - Engaged, effective workforce
    - Clinical effectiveness
    - Quality improvement/Patient & staff safety
12. The Clinical Council will provide timely, independent and constructive advice that translates into practical recommendations.

Level of Authority/ Delegations

13. The Council has the authority to make recommendations to Southern DHB, through the CEO.

14. To assist it in this function the Council will:
    - Oversea the work of the sub committees – see APPENDIX 2 – committee structure
    - APPENDIX 3 – 6 Dimensions of Quality in Healthcare
    - 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

15. Where considered necessary Council shall resolve to request a report or presentation or to commission a specific piece of work. The Chair of Council 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 Chief Executive Officer of the Southern DHB, who shall be responsible for their provision.

Referral to the Council

16. Any service or team operating within the Southern DHB may propose items or matters for consideration by the Clinical Council where these matters properly fall within the remit of the Council.

17. The Chair has discretion to accept or reject such items – but will communicate the reasons why to the service, team and Council if rejected.

18. The Chair will consult with the bodies to which the Council relates and produce a draft annual workplan aligned with health sector planning timetables for ratification by the Council.

19. The council will have standing agenda items that relate to clinical safety and quality across the health system.

Membership

20. The *Clinical Council* appoints the Chair for a term of two years.

21. The Chair will initially be appointed through an open Expressions of Interest process, with final recommendations being endorsed by the DHB CEO.

22. There shall be two Deputy Chair positions. The purpose of these positions is to assist the Chair of the Council in managing the business of Council and to deputise should the need arise. The Chair will appoint the Deputies.

23. The *Clinical Council* 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.

24. 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 health and rural health interests and expertise are reflected.

25. The *Clinical Council's* Chair will appoint members from the following areas, with a maximum of appointed and ex-officio 16 members:

Members are appointed based on their role

Appointed
Clinical Council Chair
Director/s of Nursing
Clinical Director/s
Medical Director/s
Director/s of Allied Health – Scientific and Technical
Rural Hospital clinician
General Manager Human Resources
Consumer Representative
IWI Representative

Rising Star- Intern (Yearly appointment)
Ex Officio
Chief Nursing & Midwifery Officer
Chief Medical Officer
Chief of Allied Health, Scientific and Technical
Chief Mãori, Health & Improvement
Chair Community Health Council
In attendance • Executive Director Quality & Clinical Governance • Chief Executive Officer

26. Half of the elected/nominated members of the Council will be appointed for a two year term and the remaining half for three years. Thereafter terms will be of two years duration. Members may be reappointed but for no more than three terms.

27. **A quorum** will be half of all members plus one member.

28. Members of *all DHB sub-committee's* may attend meetings by invitation.

Chair's responsibilities

29. The *Clinical Council's* Chair will:

(d) review the Corporate Delegations Framework

(e) work with members to ensure that conflicts of interest are managed

(f) work with the *Clinical Council's* Secretary to coordinate the Committee or Group's 's business and administration, including scheduling meetings, writing agendas and distributing papers and meeting minutes

(g) work with the Executive Director Quality & Clinical Governance to ensure the council achieves its purpose & properly discharges its roles and responsibilities

(h) Ensure the Clinical Council produces a report to *the Southern DHB Board on a quarterly basis.*

Members' responsibilities

30. Members will attend all meetings. If a member is unable to attend for any reason, they must notify the Chair. A delegate cannot be sent in their place.

31. Non-attendance at 2 or more meetings will result in revocation of membership.

If a decision requires a key member who is missing and the area would be greatly impacted, it will be deferred

32. Members may also be required to perform tasks or accept responsibilities as required by the *Clinical Council's* purpose and/or the Chair.

33. Take an active role, along with the Chair, in producing quarterly reports to the board.

Meetings

34. The *Clinical Council* will meet monthly ten-times per year. Council will make use of IT platforms to enable virtual meetings and reduce unnecessary travel.

35. The meetings will be scheduled to enable the provision of timely advice to the Board.

36. The Council may meet more frequently or to consider urgent business if called upon to do so or at the discretion of the Chair.

37. Meetings will be monthly for 4 hours.

38. Meetings will be public-excluded and shall be conducted in accordance with Southern DHB Board Standing Orders as if the Council was a Board Committee.

39. Matters may be dealt with between meetings through discussion with the Chair/Co-chairs and other relevant members of the Council and noted at the next Council.

Administration

40. Secretariat support will be provided by the Directorate of Quality and Clinical Governance Solutions

41. The Secretariat will:

    (i) with the Chair, coordinate all the *Clinical Council* business and administration, including scheduling meetings and forming and distributing agendas

    (j) record and distribute meeting minutes and an actions list to members for comment within seven days of the meeting taking place.

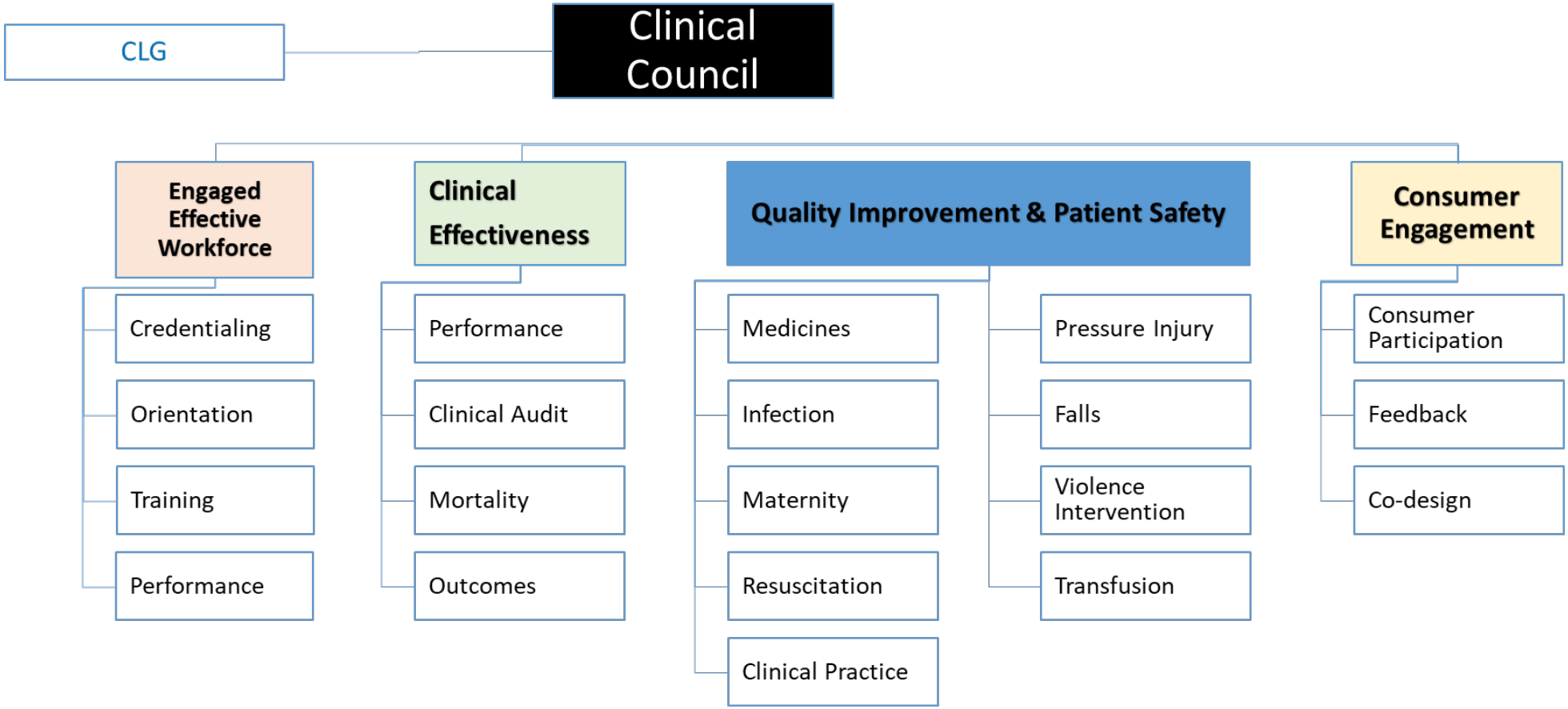
    (k) circulate a meeting pack containing the agenda and any discussion papers at least five business days before the next meeting

    (l) keep the members register up to date.

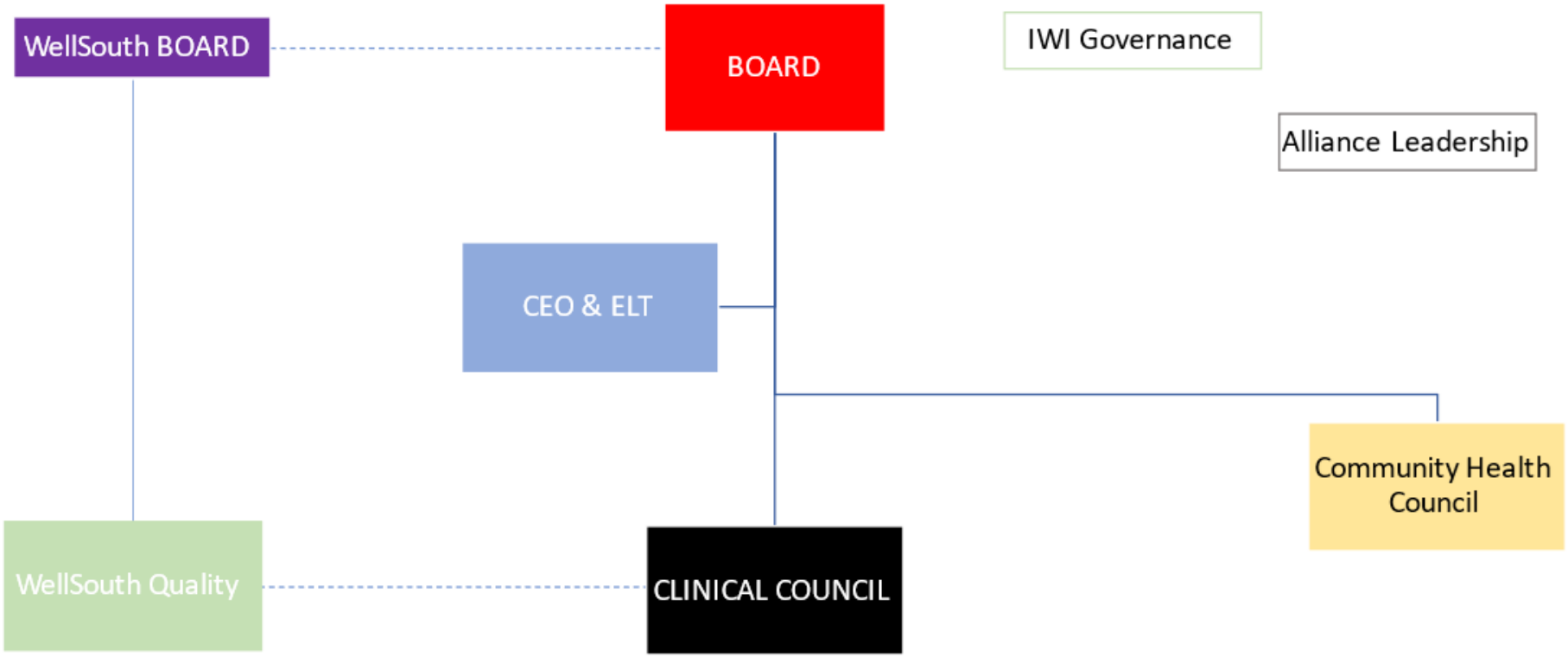
Appendix 1: Membership

Name	Business Area, SDHB Role	[Advisory Group] Role
Tim Mackay	*Deputy Medical Director*	*Chair*
Gail Thomson	*Executive Director Quality & Clinical Governance Solutions*	*Member*
Jane Wilson	*Chief Nursing & Midwifery Officer*	*Member*
Kaye Cheetham	*Chief Allied Health, Scientific & Technical Officer*	*Member*
Nigel Millar	*Chief Medical Officer*	*Member*
Gilbert Taurua	*Chief Maori Health Improvement Officer*	*Member*
TBC	*IWI representative*	*Member*
Caroline Collins	*Medicines, Women's & Children's Medical Director*	*Member*
Hywel Lloyd	*Strategy Primary & Community Medical Director*	*Member*
Evan Mason	*Mental Health, Addictions & Intellectual Disability Medical Director*	*Member*
Nicholas Johnstone	*Ophthalmology Southland Clinical Director*	*Member*
Joanne McLeod	*Director of Nursing Southland*	*Member*
Sally O'Connor	*Director of Nursing, Strategy, Primary & Community*	*Member*
Tracy Hogarty	*Director of Allied Health*	*Member*
Tanya Basel	*General Manager Human Resources*	*Member*
Karen Browne	*Community Health Council Chair, Consumer Representative*	*Member*
Susan Weggary	*Rural Representation*	*Member*
Jess Dixon (Lakes)	*Shining Star*	*Member*
Samantha Graham	*Shining Star*	*Member*

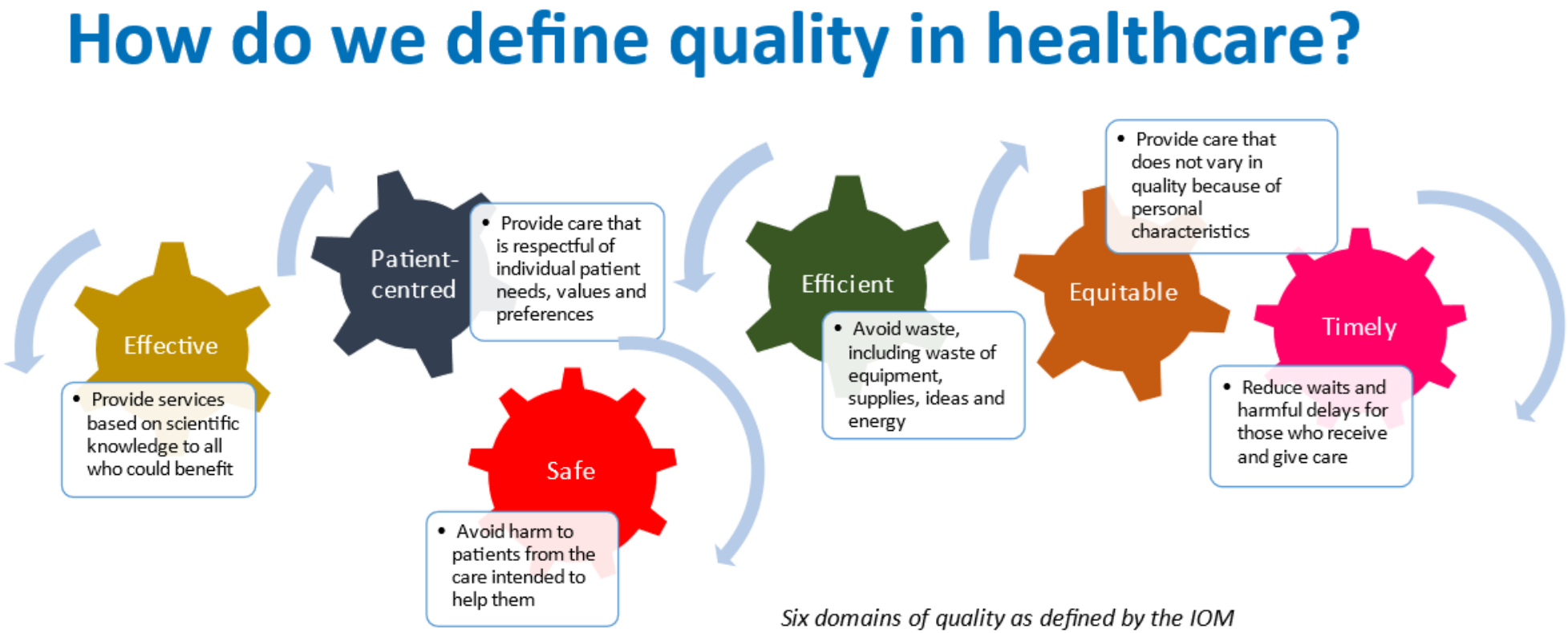
Appendix 2: Sub Committee Structure



Clinical Councils relationship with other governance committees:



Appendix 3: 6 dimensions of Quality in Healthcare



Six domains of quality as defined by the IOM