Te Whatu Ora
Health New Zealand
Northern Region

HQSC – EOI
Northern Region Clinical Governance Committees

HQSC Expression of Interest – Northern Region Clinical Governance Committees

To strengthen our newly formed clinical governance committees, we require an individual with significant, credible healthcare consumer experience and proven governance capabilities.

You should possess a strong understanding of the Pae Ora (Health Futures) Act and be committed to actively participating in monthly two-hour meetings, preparing by reviewing materials, and championing high-quality clinical governance. With an estimated four-hour monthly workload, this is a rewarding opportunity to make a tangible impact.

Members will be compensated with $60 per hour for meeting attendance and preparation. If you are ready to contribute your valuable insights and help build a healthcare system that truly serves our community, we encourage you to submit your expression of interest.

Below you will find the terms of reference for our committees:

Applications close: 14 March 2025

To apply, email: ni.clinicalgov@tewhatuora.govt.nz

Join us and help shape a healthcare system that works for our community!

Northern Primary & Community Clinical Governance Committee (NPCCGC)

Chair:	Dr Christine McIntosh, Regional Clinical Director, Primary and Community Services, Commissioning - Northern Region.
Secretariat support:	Office of the Regional Commissioner
Members:	TBC
Reporting to:	Northern Region Integrated Clinical Governance Group & the Commissioning Senior Leadership Team (SLT)
Date:	11 December 2024
Version:	Draft The NPCCGC will review and validate this Draft document at their first official meeting around mid-February 2025.

1.0 Introduction and purpose

The Northern Primary & Community Clinical Governance Committee (NPCCGC, the Committee) is the central clinical body, which oversees, coordinates and supports cohesive, coordinated and harmonised (where able) clinical governance and quality management activities across primary and community care in the Northern Region. The aim of the Committee is to foster an environment in which excellence in healthcare delivery flourishes and continuously improves to achieve the best possible health outcomes and experiences for people in the Northern Region.

The Committee will serve as a key partner to the Regional Commissioner, Northern Region. It will support the provision of quality services through effective integration, monitoring, and reporting, ensuring issues are resolved or escalated to appropriate clinical or organisational governance bodies.

The committee will be aligned with the formation of the Northern Region Integrated Clinical Governance Committee (NRICGC) as a contributory sub-governance group responding to the clinical governance needs of the commissioned Primary and Community Care.

Issues requiring regional or national escalation will be escalated to the NRICGC. The Committee will keep Commissioning and NRICGC informed of decisions and endorsements by sharing meeting notes and the strategic action plan. The Committee will also ensure that all relevant stakeholders are proactively engaged and understand how decisions and endorsements will impact Commissioning and commissioned services.

The committee will also collaborate with local and district clinical governance committees to ensure regional priorities are addressed effectively and align with national goals.

1.1 Commitment to Te Tiriti o Waitangi

The Committee will embed the framework and the principles of Te Tiriti o Waitangi, ensuring that commissioning of and commissioned health services are delivered in a way that supports tino rangatiratanga, equity, active protection, partnership, and options for Māori.

1.2 Commitment to equitable access and outcomes

Active participation of Māori, Pacific, Whaikaha, and other priority population as committee representatives to ensure the consideration and promotion of culturally safe and equitable healthcare access and outcomes.

2.0 Responsibilities

This Committee has a leadership role in guiding the development of strong clinical governance at all levels of Primary and Community Care across the region. This Committee will draw on the He mahi ngātahi kia kounga: He anga hei whakahaere whare haumanu | Collaborating for Quality: A framework for clinical governance from Te Tāhū Hauora Health Quality and Safety Commission 2024 which provides a framework and guidance for clinical governance.

The Committee is responsible for developing a version of the framework specifically for the Committee and enacting the framework in its conduct, and will actively engage with, and foster, an expectation that Te Whatu Ora Health NZ Commissioning and commissioned primary care and community services are implementing the clinical governance framework within their own context.

Quality domains	System drivers
Outline the activities for achieving a learning, responsive and equitable health system.	System drivers span all domains to support the effectiveness of quality activities.
Consumers and whānau are active partners	**Inclusive leadership**
System safety and learning	**Using health technologies and data**
Engaged, effective and culturally safe health workforce	**Monitoring and evaluation**
Clinically effective health care	**Collaborative and coordinated care**

3.0 Reporting

The Committee minutes are provided to the NRICGG and Commissioning SLT.

The minutes will include record of attendance, summary of action points (including outcomes/resolution) and any recommendations for which will be formally presented back to the above-mentioned groups for discussion.

The minutes and progress on the action points will be confirmed/discussed at the subsequent meeting ahead of provision to the Sponsors.

The Committee will provide a quarterly status update to the commissioning SLT, RIT and any other relevant stakeholder on progress.

Based on severity, risks and issues may be escalated to NRICGG, Commissioning SLT or any other forum ahead of the quarterly status update.

4.0 Committee procedures

4.1 Frequency of meetings

The Governance Committee will meet monthly. Out of cycle or workshop meetings will be convened if required.

4.2 Quorum and decision-making

A quorum comprises the Chair (or their delegate) and representatives from each of the following:

- Commissioning (4 to 6 representatives)
- Quality and Risk (1 representative)
- Primary and Community sector: 1 Provider Community Rep, 1 PHO rep for P&C, 2 reps from the provider network. (4 representatives)
- Consumers (1 Northern Region Consumer Council + 1 Community Consumer) (2 representatives)
- Hauora Māori Services (1 to 2 representatives)
- Pacific Health (1 to 2 representatives)
- Whaikaha (1 representative)
- Population Health (1 representative)

The total number of participants to the governance group will vary between 12 and 18 members plus the chair.

While consumer members will be appointed through expression of interest, the remaining members will be identified through an internal process where the most suitable candidates will be proposed by senior management.

The Committee will provide advice and/or recommendations to the Commissioning SLT through the NRICGG. As the NRICGG holds ultimate accountability for clinical governance, they retain the authority to amend any decisions made by the Committee.

Any advice or recommendations will be agreed during their meetings and made by consensus where possible with the Chair having decision making ability when consensus cannot be achieved.

If unable to attend a meeting, the appointed member should appoint a delegate. Agreed quorum for approval process is at least 50% of the membership plus the Chair or Deputy Chair. If the quorum requirement is not met, then the agenda will be deferred to the following meeting.

4.3 Chairing Arrangements

As part of the mandate to establish this Clinical committee it was established that the Regional Clinical Director, Primary and Community Services, Commissioning - Northern Region will be appointed as Chair. The Committee will elect a deputy chair at its first meeting. The deputy Chair will be in position for 24 months.

4.4 Attendance by others

This is a closed meeting with attendance by non-members by invitation only.

With the approval of the Chair (or Deputy Chair when in the chairing role), authors of papers or advisors required to speak to items on the agenda may be invited to attend the Committee meetings.

If unable to attend a meeting, an appointed member may send a delegate notified in advance via the Chair.

4.5 Distribution of papers

Papers will be distributed five working days prior to the meeting. Any late papers for tabling at the meeting will be considered at the discretion of the Chair prior to the meeting.

4.6 Minutes

The minutes will include:

- Record of attendance.
- Conflicts of interest register (including mitigations where applicable).
- Clinical Risk register.
- Summary of action points (including outcomes/resolution).

- Recommendations for NRICGC.

The minutes and progress on the action points will be confirmed/discussed at the subsequent meeting ahead of provision to the NRICGC and Commissioning SLT.

4.7 Conflicts of interest

Where any member has a potential or actual conflict of interest pertaining to an agenda item, that member shall bring notice of the possible conflict of interest to the attention of the Chair for consideration.

The Chair shall decide whether any actual or perceived conflict of interest exists. If so, the Chair will decide how to manage the conflict, such as whether to exclude a member from discussion and/or decision-making in relation to the item.

4.8 Review of Terms of Reference

The Terms of Reference will be reviewed annually, with the process led by the NICGC Chair and Regional Commissioner in conjunction with the Chair. The next review will commence no later than January 2026.

Terms of Reference Northern Integrated Clinical Governance Committee (NICGC)

1.0 Purpose

The Northern Integrated Clinical Governance Committee (NICGC, the Committee) aims to provide oversight, assurance, and leadership for clinical quality and safety across the region. It is focused on embedding Te Tiriti o Waitangi principles into governance, striving for equity, assuring and improving patient safety, and fostering clinical excellence across the health system. The committee will operate to support system-wide integration, elevating issues from local levels and enabling collaborative problem-solving.

2.0 Objectives:

1. **Te Tiriti o Waitangi**: Embed the principles of Tino Rangatiratanga, Equity, Active Protection, Options, and Partnership in all clinical governance decisions and frameworks.
2. **Clinical Quality and Safety Oversight**: Provide leadership and oversight on clinical quality and safety across the region, encompassing both assurance and improvement functions.
3. **Equity and Whānau-Centred Care**: Support services to strive for equity in health outcomes and support culturally safe care systems for Māori, Pacific peoples, and priority populations.
4. **Collaboration and Integrated Care**: Enable clinical collaboration across the health system, breaking down silos to promote shared strategies, solutions, and learnings.
5. **Continuous Improvement**: Establish a learning health system driven by evidence-based practice, commitment to a restorative culture and a hohou te rongo, and continual quality improvement.
6. **Accountability**: Use levers the Committee must hold relevant operational and clinical teams accountable for upholding quality standards and driving system improvement.

3.0 Scope:

The scope of the NICGC includes all publicly funded health services in the Northern Region, both provided and commissioned by Health NZ including hospitals, primary health care, NGOs, Kaupapa Māori services, Pacific services, and community services (e.g., Aged Care Services, laboratories and pharmacies). The focus is on fostering and overseeing the integration interfaces and transitions between services, both clinical service quality and broader system improvements that address access, equity, and system integration.

4.0 Functions:

1. **Monitoring**: Review and monitor clinical performance, quality data, and safety metrics, particularly as these relate to integration interfaces and transitions between services, escalating significant issues to the Regional Integration Team (RIT) and national bodies.
2. **Advisory Role**: Advise the RIT and other stakeholders on clinical and quality governance matters, particularly related to safety, equity, and patient outcomes.

3. **Risk Mitigation and Issue Escalation**: Highlight areas of clinical risk or operational concerns, working to mitigate risks, provide guidance on corrective actions and escalate issues as needed.
4. **Coordination**: Facilitate collaboration between health providers, PHOs, and other entities to ensure cohesive delivery of care across the health system.
5. **Engagement**: Ensure the participation of consumers, whānau, and priority population representatives in governance processes and decisions (HSQC Code of Expectations).

5.0 Accountabilities:

1. **Committee Accountability:** Accountable to the Regional Deputy Chief Executive via the Regional Integration Team (RIT) and a reporting responsibility to the National Clinical Governance Group.
2. **Clinical Excellence:** Assure clinical standards are maintained across the region in alignment with the national frameworks, working with National Clinical Networks, Te Whiri Kaha (HMSD's Clinical Senate), and Fatu Fono Pacific Senate.
3. **Transparency and Reporting**: Regular reporting of outcomes, risks and issues, and progress to the RIT and national bodies.
4. **System-Wide Approach**: Take a holistic approach to clinical governance that includes services both provided and commissioned by Health NZ through hospital services, primary health care, and community providers.

The **NICGC will interface with other governance bodies,** such as the **National Clinical Governance Group,** Te Whiri Kaha (HMSD's Clinical Senate), Fatu Fono Pacific Senate and local clinical governance groups at the district and community levels. This ensures that clinical quality oversight is aligned across all system levels, from regional governance to the point of care, enabling a cohesive approach to system improvement. The committee will also coordinate with Health NZ **commissioning groups**, especially in clinical governance functions for services funded and contracted by Health NZ, such as aged care Services facilities, primary health care, and NGOs.

6.0 Functional relationships with other committees

- Deputy Chief Executive and team
- National Clinical Governance Group.
- Regional Clinical Governance Groups, committees, councils and boards at all levels and across the Health NZ System.
- Clinical Governance groups of third parties contracted by Health NZ.
- National Clinical Networks.
- Te Whiri Kaha (HMSD's Clinical Senate)
- Fatu Fono Pacific Senate
- Sub-committees of this committee are formed as required.

7.0 Membership and Roles

Membership selection will be based on broad clinical, operational or consumer experience, commitment to Te Tiriti o Waitangi and equity, and experience in clinical governance. Health NZ members will be nominated by their directorate and members from primary and community providers will be sought via an Expression of Interest (EOI) process. Where possible, a spread of representation from communities of need (Māori, Pacific, LGBTIQA+, Rural and Disabilities) as well as districts across the region will be considered in appointing members

Chair: Appointed by the governance committee and endorsed the DCE.

Standing Members:

- Health NZ Co-Chair of the Regional Consumer Council
- One Iwi-Māori Partnership Board representative from each board (2 reps in total)
- Commissioning, Clinical advisor and Regional Clinical Director
- Clinical Lead, Primary & Integrated Care HSS representative
- 2 x Primary and Community Care representatives (1 nominated by PHO, 1 sought via the EOI process)
- 2 x RIT Clinical Leaders
- Regional Māori Clinical Lead (Hauora Māori Services Directorate)
- Regional Pacific Clinical Lead (Pacific Directorate)
- HSS Clinical Leadership representation (up to 4) from Professional Leads (Chief Medical Officer, Chief Nursing Officer, Chief Midwife and Chief Allied Professions Officer)
- Group Director Operations representative
- Planning, Funding and Outcomes representatives (2 reps, Data and Analytics, Population Health)
- Mental Health, Addiction and Intellectual Disability Service representative
- Regional Child and Youth Health clinical representative
- Regional National Public Health Service representative
- 2 x Consumer representatives

The term of appointment for members will be an establishment term of 6 months in the first instance, with the expectation of an annual review of membership thereafter. The members will:

- understand and be committed to clinical governance
- demonstrate commitment to organisational and RIT's goals and strategic development
- have dedicated time to participate in the work of the committee.

Advisory Members: Senior Quality and Safety Advisors, data governance experts, and other experts as requested.

The NICGC may also request reports, commission audits or reviews, and/or co-opt people as required for specific purposes.

Meetings and Support:

- **Frequency**: Monthly virtual meetings and bi-annual in-person meetings to foster collaboration, with a minimum of 8 meetings per year.
- **Quorum**: At least 50% of members present, including the Chair.
- **Secretariat**: Meeting support will be provided by the Office of the Regional Commissioner.
- **Clinical governance support:** Senior Regional Quality and Safety Advisor

Roles and Responsibilities

Chair:

- Lead meetings and ensure the committee operates within its Terms of Reference.
- Facilitate decision-making and ensure follow-up on action items.
- Keep order and provide opportunities for all viewpoints.
- Be the voice of the committee to the Regional DCE and RIT team.

Members:

- Actively participate in discussions and decision-making processes.
- Review documentation and proposals before meetings.
- Provide expertise and insights from their respective experience.

NICGC membership is expected to take about eight hours per month in meeting time and preparation. There will be at least 10 meetings per year.

Secretariat:

- Prepare and distribute meeting agendas, no less than five days before the meeting. All items must be approved by the Chair.
- Ensures the meeting runs to task and required decisions are made.
- Record and distribute meeting minutes within five days of the meeting taking place, to be formally approved at the next meeting.
- Ensure all documentation is filed and accessible.

Governance Support:

- Support the chair in developing and embedding clinical governance.
- Prepare and collate information with the Secretariat.
- Liaise with other governance, clinical and operational groups and people as required for presentations.
- Follow up on actions and accountabilities on behalf of the chair.

Decision-Making:

Decisions will be made by consensus where possible. In the absence of consensus, a majority vote will be used, with the Chair holding the deciding vote if necessary.

Any significant matter where there is no consensus will be referred to the National Clinical Governance Group. The range of views expressed will be recorded in the Minutes.

The NICGC has no financial delegated authority and is advisory to RIT.

8.0 Confidentiality

All members are required to maintain confidentiality regarding discussions and decisions made by the Committee.

9.0 Fees Framework for members

- Fees are not paid to employees of Health NZ and members representing the sector, where participation would be considered part of their normal FTE.
- Consumer Council members will be paid per the Health NZ Regional Consumer Councils' Terms of Reference.
- Any other external members will be paid per Health NZ's policy/guidance on reimbursement or the Cabinet Fees Framework.

10.0 Conflict of Interest

Members must declare any conflict of interest at the beginning of each meeting. If a conflict of interest is declared, the member may be asked to abstain from discussions and voting on the related issue. An interest register will be maintained.

11.0 Reviews

The committee's performance and the effectiveness of its Terms of Reference will be reviewed quarterly.

The Terms of Reference shall be reviewed and adjusted accordingly based on feedback and evolving system needs, and/or whenever there is a change in membership of the Committee, after the establishment of six months and annually thereafter. Changes will be made with the approval of the Regional DCE via RIT.