


Present: Belinda Walker, Eseta Nonu-Reid (HealthShare), Deirdre Mulligan (Consultant), Joleen Turnbull, Dr Graham Mellsop (Chair), Dr Luis Villa, Michael O'Connell, Marita Ranclaud & Maureen Emery

Guests: Fred McRae, Governance Workshop Facilitator

Apologies: Dr Rees Tapsell, Akatu Marsters, Te Pare Meihana, Dr Sue Mackersey, Dr Graeme Judson, Jeff Bennett,

No.	Topic	Discussion Points	Planned Action	By
1.0	Whakatau / Welcome	<ul style="list-style-type: none"> ▪ Graham welcomed everyone and opened with words of wisdom ▪ It was expressed that better participation in attendance will be needed for the future to ensure that this group is effective 		
1.1	▪ Previous Minutes	<ul style="list-style-type: none"> ▪ Feedback provided from Jeff was read ▪ Feedback provided by Graham Judson was read ▪ Minutes accepted as true and correct 		
2.0	AGENDA ITEMS			
2.1	Setting the Scene – Deirdre	<p>Background</p> <ul style="list-style-type: none"> ▪ Came into essence following the review of the Midland Clinical Leadership Group ▪ To the new Midland Clinical Governance Network composition is based on perspective, skills sets and mix. It is not representative of role. <p>Introductions</p> <ul style="list-style-type: none"> ▪ To facilitate a better knowledge and understanding of the different members, we broke into pairs off and asked to introduce the other person to the group using three sets of criteria <ul style="list-style-type: none"> ▪ Background / Experience ▪ Networks / Relationships ▪ Identify 3 things that other may not know (one being not true) <p>Issues / Concerns</p> <ul style="list-style-type: none"> ▪ Luis raised that there were no consumers sitting at the Midland Clinical Governance Group when the voice of the customer is the leading direction 		

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		<ul style="list-style-type: none"> ▪ Eseta advised that the EOI was widely distributed and that no one took the opportunity to apply. Additional mechanisms will be put into place to ensure consumer and family whanau feedback into any work generated by this group. 		
2.2	Role of Governance – Fred McRae	<p>What is Clinical Governance?</p> <ul style="list-style-type: none"> ▪ An integrated approach – clinical, patient, corporate ▪ Need to make sure the environment is put in place that allows a concentration and focus to come through experience in a positive way ▪ Swimlanes <ul style="list-style-type: none"> ○ you cannot cross lanes ○ policies and procedures have to have processes ▪ Corporate accountability <p>Baldrige Framework Example</p> <ul style="list-style-type: none"> ▪ Key slide id the first one ▪ Midland Clinical Governance Network is the large arrow between the two sides ▪ Must get points 1-3 right and underpinned by point 4. ▪ Points 1-3 are our focus ▪ the voice of the customer links to all of these ▪ Must work out how we are going to get the voice of the customer ▪ Is what we are currently doing effective? <p>Fred's Waka Strategy</p> <ul style="list-style-type: none"> ▪ The vision leads the way ▪ However always steered from the back ▪ the outrigger is the collaboration and relationships we have with other and it is important to see that the the points of contact are at the planning and anchoring points <p>Strategic Planning Discussion</p> <ul style="list-style-type: none"> ▪ Our internal customers are the DHBs ▪ What are they asking of the networks ▪ What mechanisms are you using to determine the priorities? – GMs have agreed common objective and targets, and Planners & Funders have been tasked with setting measures ▪ Based on points 1-3 of the Baldrige Framework (Leadership/Strategic Planning and Voice of the Customer), what are we going to be doing and 		

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		<p>what are we NOT going to be doing?</p> <ul style="list-style-type: none"> ▪ What are we going to do next? ▪ Relationship between using measurement, analysis and knowledge management (Point 4 of Baldrifge) to meet Leadership (Point 1) ▪ Planning <ul style="list-style-type: none"> ○ take one sep and stand on the same paepae ○ next meeting take next step ○ develop the political will ○ show confidence as leaders 		
2.3	<p>Building Block Discussion – Fred McRae</p>	<ul style="list-style-type: none"> ▪ Split into 2 groups to discuss <ul style="list-style-type: none"> ▪ What are we going to be doing? ▪ What are we Not going to be doing? ▪ What are we going to do next? <p>Feedback from groups</p>  <p>S:\LDHB Planning & Funding\Midland Regi</p> <p><i>Building Blocks Discussion</i></p>		
2.4	<p>Wrap Up, Where to Next – Fred McRae</p>	<ul style="list-style-type: none"> ▪ Focus on our customers and markets is our major area, taking for granted that we are already in a leadership position ▪ discreet work needs to be done with the voice of the service user ▪ The current landscape is dominated by P&F and corporate – we need to change this ▪ collection and correlation of data is essential ▪ discard data that which is not relevant to our process ▪ develop a political will foe ways of advancing the regional perspective ▪ get representation on the HealthShare Clinical Governance Group ▪ identify bits of information and data that will be useful on a regional level anf fund ▪ Ask the HealthShare Board and all our customers “what is the service you want this group to provide?” 	<ul style="list-style-type: none"> ▪ Draft paper re CGG representation from this group – send out to group for feedback and then submit 	Eseta
2.5	<p>Terms of Reference - Deirdre</p>	<ul style="list-style-type: none"> ▪ Amendments made and changes agreed 	<ul style="list-style-type: none"> ▪ Deirdre to send out final TOR to group 	Deirdre
3.0	<p>Meeting Concluded</p>	<ul style="list-style-type: none"> ▪ Members thanked for their participation ▪ 1.38pm 		

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3.1	Next Meeting	<ul style="list-style-type: none"> ▪ 12 April 2012 – Face to Face at Hamilton Airport Conference Centre Agenda Items <ul style="list-style-type: none"> ▪ Leadership ▪ Ian Goulton – Regional Services Plan ▪ Data – overview - Belinda ▪ Permission to post EOI Profiles on website - Eseta 		