

Midland Mental Health and Addiction Clinical Governance Network

Draft Terms of Reference

Title of Policy Manual:	Midland Mental Health and Addiction Clinical Governance Network
Date Issued:	February 2012
Review By Date:	TBA
Responsibility:	Project Manager – Deirdre Mulligan or TBA
Authorised By:	Project Sponsor – Mary Smith

Purpose & Objectives

The Midland Mental Health and Addiction Clinical Governance Network (MMHACGN) will be accountable for ensuring key regional decisions have sound clinical leadership and endorsement in a timely manner.

Role

The Midland Clinical Governance Network Group will:

1. Provide a transparent and cooperative mechanism for meeting the objectives of the Midland MH&A Clinical Governance Network.
2. Facilitate the resolution of issues related to clinical and non clinical risk, performance monitoring, quality improvement and the implementation of a strategic plan.
3. Provide direction, advice, leadership and support to the Midland Regional Director, Mental Health and Addictions to ensure the recommendations for Clinical Governance in the Midland region:
 - Ensure clinical outcomes are driven by best practice models of modern mental health and addictions care and support methodologies
 - Provide a holistic approach to cultural and clinical care across the region
 - Recognise the responsibility of shared duty of care and an opportunity for sharing risk arrangements
 - Acknowledge improvement in Maori health as a top priority of the Midland DHBs, while supporting strategies that increase Maori capacity in the delivery of services to high needs Maori populations
 - Provide recommendations to reduce barriers of access by Maori to culturally appropriate, high quality services.
4. Provide input into the planning of robust consultation and engagement processes with all key stakeholders in the sector.

5. Proactively monitor and encourage innovation to manage risks across the sector in such domains as:
 - Risk management
 - Clinical effectiveness
 - Clinical audit & research
 - Service user, carer and community involvement
 - Culture
 - Staff & staff management
 - Education, training and ongoing professional development
 - Use of information to support quality & governance (Finance, information, services, infrastructure).

6. Based on the principles of partnership and collaboration, agree a Clinical Governance Model that has clear lines of accountability and responsibility, is culturally and clinically safe, consistent, and aligned to best practice quality services, where service users', tangata whaiora and their families/whanau are at the centre.

The Clinical Network will also:

- Be informed by evidence based methodologies and practical clinical experience
- Engage all members meaningfully
- Focus on longer term outcomes that reduce barriers to access and effectively partner with service users', tangata whaiora and their family and whanau to achieve sustainable mental health outcomes for the service users', tangata whaiora.

Guiding Principles

- Clear lines of responsibility & accountability
- A comprehensive programme of quality improvement systems (including clinical audits, supporting and applying evidence based practice, implementing clinical standards and guidelines, WF planning and development)
- Education and training plans
- Clear policies aimed at patient safety and managing risk
- Integrated procedures for all professional groups to identify and remedy poor performance.

Comment [DM1]: To discuss and confirm at first SCG Network meeting

AND/OR¹:

A process for the New Zealand healthcare system to transform towards clinical governance needs to be based on the following six principles.

- Quality and safety will be the goal of every clinical and administrative initiative.
- The most effective use of resources occurs when clinical leadership is embedded at every level of the system.
- Clinical decisions at the closest point of contact will be encouraged.
- Clinical review of administrative decisions will be enabled.
- Clinical governance will build on successful initiatives.
- Clinical governance will embed a transformative new partnership which will be an enabler for better outcomes for patients.

¹ In Good Hands

Accountability

- Project Sponsor – Cathy Cooney (CEO HealthShare) via – Eseta Nonu-Reid, Regional Director, Midland Regional Network (MRN)
- Administrative support to be provided by the MRN.
- To service users', tangata whaiora and families and whanau

Membership

The Clinical Network members have been appointed for their particular expertise, range of perspectives and credibility in representing stakeholders, via a robust Expression of Interest (EOI) process. Refer to Appendix One for detailed membership and representations.

Co-opting Ability

Comment [DM2]: Do we want to include the potential to co-opt members if deemed appropriate and required?

Decision making process

Where a decision needs to be made by the Clinical Network, all efforts will be made to reach a consensus. When this is not achieved, and the decision is considered material to the project, the issue will be elevated to the Project Sponsor(s).

Meeting Frequency & attendance

It is anticipated **monthly** meetings/ tele/video conferences will be held. They will focus on:

Comment [DM3]: Group to confirm this

- Preliminary agreement on the TOR
- Confirmation of membership and expectations
- Governance arrangements
- Endorsement of proposed and preliminary Implementation Plan (**refer Appendix Two**)
- Development and monitoring of a Midland Regional MH&A workplan that is agreed and informed by:
 - A shared Vision – what the ideal future looks like
 - Mission – what role the Network will plan in achieving the vision
 - Guiding principles
 - Values
 - Strategic Plan to achieve the above.

Meetings will alternate between face:face and tele/video conference, with meeting dates to be scheduled one year in advance. Group member's time is precious, so to ensure meetings are focussed and productive, it is expected that:

- The meeting is held primarily for decision making
- Where practicable, all papers will be prepared and sent to the Reference Group at least five working days before the meeting to allow sufficient time for each member to read the papers and seek advice from their own networks
- Members may at times be required to read papers and send their recommendations in before a meeting so the Chair can determine the issue and time needed to address this in the meeting

- When the Regional Director may require advice from a specific member with expertise in that area, they may meet/communicate separately.
- The expectation is that members will be committed attend all meetings. Should a member not attend 3 consecutive meetings without tendering their apologies or providing written feedback/responses in advance of the meeting, their membership will be reviewed by the group.

Declaration of Interest

The membership of the Regional Clinical Network is necessarily broad, involving a variety of stakeholders. Each member of the group is present for their knowledge of the mental health and addictions sector, and/or Maori health imperatives. Members have been agreed via an EOI process and do not represent individual organisations. However, where a potential conflict exists within an agenda item, this is to be declared, including the exact nature of the potential conflict. The Regional Clinical Network will determine the appropriate response.

Confidentiality

All information obtained by the Midland Regional Clinical Network as part of this role must be treated as confidential and must not be more broadly disseminated unless confirmed by the Chair as agreed in writing. The requirement for confidentiality does not apply to any information that has become part of the public domain.

When representing the Regional Clinical Network, members shall take care to reflect the views of the Group accurately. Members shall respect decisions made in due process, even if they do not agree with the decision.

Reporting Relationship

The Midland Regional MH&A Clinical Network will be accountable to the Project Sponsor, Cathy Cooney (CEO HealthShare) via Eseta Nonu-Reid, Regional Director, Midland Regional Network.

Minute Circulation

- Midland Regional MH&A Clinical Governance Network
- Project Sponsor
- ?Via MRN website??

Changes to these Terms of Reference

Any revisions to these Terms of Reference require agreement and acceptance by the regional Clinical Network and must be made through a formal change control process.

APPENDIX 1:

Midland Regional Clinical Governance Network membership (to be finalised)

- Maureen Emery: Service Manager, Lakes DHB
- Sue Mackersey: Clinical Director, Mental Health & Addiction Services, BOP DHB
- Graham Mellsop: Professor of Psychiatry, Waikato Clinical School
- Michael O'Connell: Clinical Nurse Director/Professional Advisor
- Marita Ranclaud: Portfolio Manager, Mental Health and Addictions, Lakes DHB
- Rees Tapsell: Executive Clinical Director/Forensic Consultant Psychiatrist, WDHB
- Luis Villa: Public Health Advisor Midlands Health Network
- Graeme Judson: Medical Officer/Clinical Lead, Taranaki DHB
- Joleen Turnbull: Manager, Te Kupenga Trust

Appendix Two – Proposed Implementation Plan

Phase	Activity	Key Dates ²
Phase I – Establishment	<ul style="list-style-type: none"> • Sign off recommendations • Meetings with Project Sponsor • Draft Implementation Plan • Draft EOI process • Draft TOR for Clinical Governance Network • Arrange T/C with MRN CG Reference Group • Arrange T/C or meeting with Portfolio Managers • Sign off draft TOR 	<p>25th Nov 2011</p> <p>6th Dec 2011 10th Dec 2011</p>
Phase II – Preparation	<ul style="list-style-type: none"> • Commence EOI process • Closing date for applications • Evaluate applications based on agreed criteria • Members selected & notified • First meeting date agreed and scheduled 	<p>1st Dec 2011 20th Jan 2012 30th Jan - 3rd Feb 2012 6th Feb 2012 29th Feb 2012</p>
Phase III - Delivery	<p>Meeting One : Setting the Context</p> <ul style="list-style-type: none"> • Cathy – National Directions and HealthShare approach • Ian – Regional Clinical Services Plan and Regional Clinical Steering Group • Agree Terms of Reference, including: <ul style="list-style-type: none"> ○ Meeting frequency & confirm dates ○ Commitment ○ Attendance requirements ○ Expectations of the group. <p>Meeting Two: Governance Workshop</p> <p>Meeting Three: Strategic Focus</p> <ul style="list-style-type: none"> • Develop a Midland Regional Mental Health and Addictions Workplan that is informed by: <ul style="list-style-type: none"> ○ Vision – what the ideal future looks like ○ Mission – what role will the network play in achieving the vision ○ Guiding principles ○ Values ○ Strategic plan to achieve the above • Reporting against milestones. <p>Meeting Four: Moving to Business as usual</p> <ul style="list-style-type: none"> • Sector Activity • Reporting processes • Confirmed meeting dates 	<p>29th Feb, 9.30 -2.30pm, Hamilton</p> <p>22nd March, 9.30 – 2.30pm</p> <p>12th April, 9.30 – 2.30pm Cathy Taylor and Ian Goulton to be invited</p> <p>2nd May, 9.30 – 2.30pm</p>
Phase IV – Completion	<ul style="list-style-type: none"> • Final report to Sponsor 	<p>June 2012</p>

² Actual meeting dates to be confirmed once 2012 schedule is agreed