Te Whatu Ora
Health New Zealand

Te Aka Whai Ora
Māori Health Authority

Te Waipounamu R.I.T Meeting Agenda

Date & time	**Tuesday 19th December 2023, 11:00am – 12:45pm**
Members	**Mata Cherrington** Regional Director Te Aka Whai Ora (Co-Chair) **Chiquita Hansen** Regional Wayfinder (Co-chair) **Daniel Pallister-Coward** Regional Director Hospital and Specialist Services **Vince Barry** Regional Director National Public Health Service **Erolia Eteuati-Rooney** Regional Director Pacific (Interim) **Nick Baker** Regional Clinical Lead Te Whatu Ora **Richard Hamilton** Regional Service Improvement and Innovation (Interim) **Christopher Pennington** Secretariat Te Waipounamu R.I.T **Greg Hamilton** Group Manager, Office of the Regional Wayfinder
Apologies	Daniel Pallister-Coward, Erolia Eteuati-Rooney

	Te Take (Item)	**Time**	**Papers**	**Te Kaikōrero (Lead)**	**Kaupapa (Purpose)**
Most recent minutes (No papers included for file size)			23.11.09_Minutes RIT - No Papers.doc		
1.	Karakia – **11:00am**	3 Mins			
2.	• Apologies • Declaration of potential conflicts	2 Mins		Mata	To Note
Governance / Administration					
3.	Approval of previous minutes	3 Mins		Mata	To Approve
4.	Update of Actions (in table below)	2 Mins		Mata	To Discuss
5.	Cadence • Start date for 2024 • Tentative F2F hui Dates, Locations and length • RIT Engagement schedule (Iwi / Runaka / Marae)	20 Mins	Proposed RIT Cadence 2024.docx	Chiquita	To Confirm
6.	Confirming Christmas leave	5 Mins		Chiquita	To Discuss
Standing Agenda Items					

7.	Regional Risks & Issues
	• Approve amended Issues Register
	• New items:
	  ○ Health & Safety
	  ○ Emergency Planning
	  ○ Critical Service Risks
		10 Mins		Chiquita	To Approve
					
					To Discuss

Te Waipounamu R.I.T Meeting Agenda

	Te Take (Item)	Time	Papers	Te Kaikōrero (Lead)	Kaupapa (Purpose)
8.	Immunisation Update	10 Mins		Vince	To Inform
Items of Importance					
9.	Clinical Governance update	20 Mins	2023-12-07 Region Clinical Governance NOV 2023 CQAC Clinical Goverancan	Nick	To Inform
10.	Regional Health and Wellbeing Plan Update • Review latest draft and feedback • Discuss process for final draft sign-off (21st December)	10 Mins		Chiquita, Mata	To Inform & Discuss
11.	Closing Karakia – **12:45pm**				

Previous Actions

#	Action	Responsible	Completed
231101	Chris to send latest version of the BIM to RIT team members	Chris	
231102	Imms Declines investigation FTE – Vince to come back to the RIT with a more detailed request	Vince	
231103	Regional Health and Wellbeing Plan: Script to be generated for people leaders when talking to the slidedeck to assist with consistent messaging	Chiquita	
231104 **231105**	Reporting: RIT members to pass on to Melissa all regular reporting, along with recent completed reports Mata to connect with Melissa offline on getting the Te Aka Whai Ora weekly reporting content through	All Mata	
231106	RIT F2F: Add Reporting to the Agenda, to be led by Melissa and Greg **Update: F2F Cancelled – shifted to 2024 F2F**	Chris	Completed

Proposed RIT Cadence 2024

Suggest that Cadence change to a monthly hui, alternating between:

- Month 1 – 3 hour Virtual Hui, Thursday am.
- Month 2 – 1.5 day F2F (thur/Fri) from different sub-regions each time.

RIT members suggested to locate themselves at this sub-region for that week.

Proposed dates / details for 2024:

Month	Date	Meeting Type	Location	Comments
January	18th Jan	Virtual	N/A	Putting in to comply with TOR – very close to F2F so up for discussion
February	01st – 02nd Feb	F2F	**Christchurch**	Need to decide if F2F are full day thur, half day Fri or viceversa.
March	07th Mar	Virtual	N/A	
April	11th – 12th Apr	F2F	**Dunedin**	Avoiding easter week and school holidays
May	09th May	Virtual	N/A	
June	13th – 14th June	F2F	**Nelson**	
July	11th July	Virtual	N/A	
August	15 – 16th Aug	F2F	**South Canterbury**	
September	12th Sept	Virtual	N/A	
October	17th – 18th Oct	F2F	**West Coast**	
November	14th Nov	Virtual	N/A	
December	12th (one day)	F2F	**Christchurch**	Suggested a final F2F for the year – just one day, reduced hours with a 'Christmas' lunch to allow for flying in/out.

Clinical Quality and Assurance Committee

National Quality Report on a Page

Date:	28 November 2023	**Author:** Dr Richard Sullivan	
For your:	Information	**Approved by:** Dr Dale Bramley	
Seeking funding:	No	**Funding implications:** No	
To:	Clinical Quality Assurance		

Purpose

1. The purpose of this paper is to provide the Committee with an update on the implementation of a system-wide approach to clinical governance and quality for Te Whatu Ora.

Recommendation

2. **The Committee** is asked to:

   a) **note** this paper has been reviewed by the Executive Leadership Team and the team's feedback has been incorporated in this paper

   b) **note this paper** and provide feedback on the content.

Contribution to strategic outcomes

Te Pae Tata Contribution

Link to health sector principles (s7, Pae Ora Act)

3. The paper contributes to:

   a) equity through access to services, levels of service, health outcomes for Māori and other population groups by ensuring quality and safety systems are focused on equitable access and health outcomes for Māori and other population groups.

   b) engagement with Māori and other population groups to develop and deliver services and programmes that reflect needs and aspirations by incorporating Te Tāhū Hauora's Te Ao Māori Framework in Te Whatu Ora's clinical governance framework.

   c) opportunities for Māori to exercise decision-making authority on matters of importance to Māori by incorporating Te Tāhū Hauora's Te Ao Māori Framework in Te Whatu Ora's clinical governance framework.

d) choice of quality services to Māori and other population groups by ensuring whānau voice informs strategic decisions and there is a focus on partnerships and working collaboratively with Māori to support more equitable outcomes.

e) promoting people's health and wellbeing by ensuring health services are holistic and designed based on whānau needs.

Te Tiriti relationship and achieving equity

4. The paper contributes to achieving equity outcomes in the health system reinforces Te Tiriti principles by embedding Te Tiriti o Waitangi obligations and principles in clinical governance.

Te Pae Tata contribution

5. The paper contributes to:

a) placing whānau at the heart of the system to improve equity and outcomes by ensuring whānau voice informs strategic decisions and focusing on partnerships and working collaboratively with Māori to support more equitable outcomes.

b) embedding Te Tiriti o Waitangi across the health sector by incorporating Te Tāhū Hauora's Te Ao Māori framework in clinical governance.

c) developing an inclusive health workforce by ensuring Māori cultural concepts are explicitly understood and embedded into the system and acknowledging and addressing unconscious bias.

d) keeping people well in their communities by ensuring health services are holistic and designed based on whānau needs.

Executive summary

6. We continue to progress the development of a clinical governance framework for Te Whatu Ora. The diagram in **Appendix 1** depicts our new system and structures. The structures include:

a) Local and district governance groups. We are maintaining these groups and they will continue to support safe care. These groups are already working in networks regionally.

b) Four regional clinical governance committees (RCGCs). These groups are establishing, with two groups (in Central and Te Waiponamu) formed and meeting. A standard terms of reference for these groups has been agreed (copy **attached**). Each RCGC will have strong links locally and nationally:

- Te Aka Whai Ora will be a partner in all RCGCs, and consumers and whānau will be critical to the groups' success
- A national clinical lead will be assigned to each RCGC and RIT

- RCGC members will include representatives from Hospital and Specialist Services, National Public Health Services clinical leads, and regional leaders from Commissioning representing community and primary care
- Regular reporting will occur from and to districts and localities and nationally

c) A National Clinical Governance Group, which is established and meeting regularly.

d) A national clinical leadership team, with interim national leaders in place and recruitment to permanent roles in progress. A national clinical leaders forum is being established, which will report to the ELT and Chief Executive.

7. There is further work to do to develop PHO, community and primary care links and membership, and a clinical leadership model across the motu. This work will include reviewing the RCGC's terms of reference and membership to ensure there are strong links with clear escalation and reporting lines for primary and community services to each regional committee.

8. Te Tāhū Hauora has recently sought feedback on a draft clinical governance framework from people working in the health sector and consumers and their whānau. We will continue to work closely with Te Tāhū Hauora and ensure alignment with its national framework.

Next steps

9. Further development and implementation of the clinical governance operating model is planned. This includes:

a) Working with the regions to establish regional clinical governance groups

b) Working with districts to augment clinical governance structures that align with regional and national clinical governance

c) Further consultation with senior clinical leaders, staff, union partners and other stakeholders to refine the model

d) Development of formal and strong connections with the National Clinical Networks, at a national, regional and district/local level

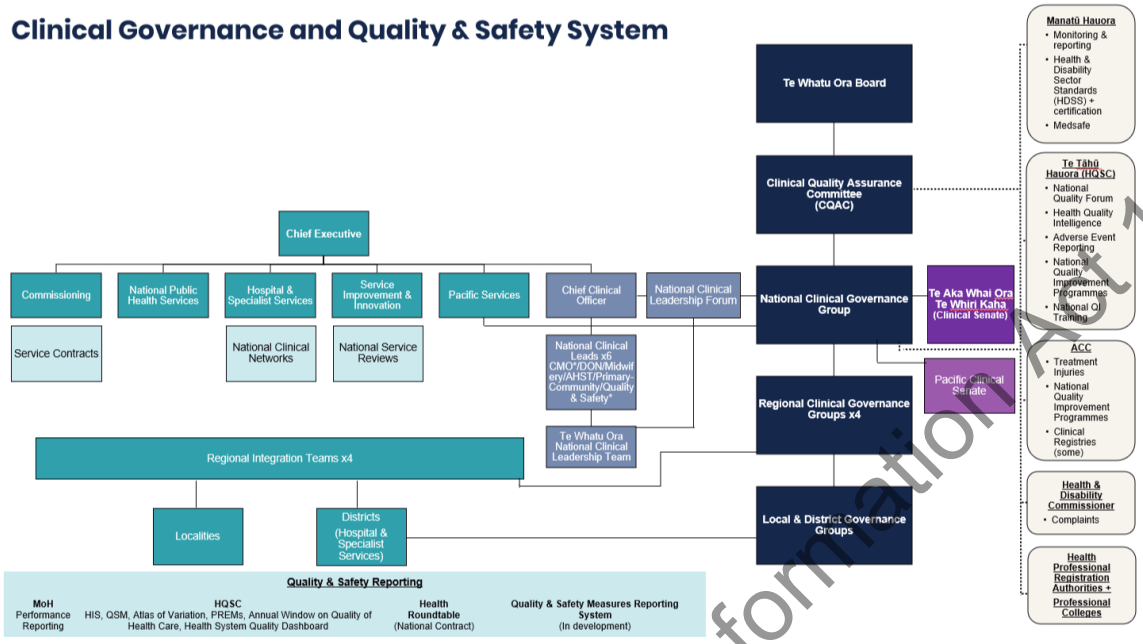
e) Further development of a distributed clinical leadership model particularly at the local/district level.

10. As the clinical governance model develops, issues that present opportunities for improvement are being identified. These issues will be addressed as part of the ongoing development of the model and include the need for:

- A national approach to the establishment and management of clinical registries
- Clear processes for the development and publication of clinical policies, guidelines and protocols

- Clarification of the status of clinical improvement programmes and leadership groups led/supported by Manatū Hauora, ACC, Te Aho te Kahu, and Te Tāhū Hauora, for example the Maternity Quality Improvement Programme; the Neonatal Encephalopathy Taskforce; and regional clinical networks.

Appendix 1



Te Whatu Ora
Health New Zealand

Governance & Transformation

- *taking our people with us*

Nick Baker December 2023

Te Pae Tata
Five Key Shifts

- The health system will reinforce Te Tiriti principles and obligations:
- All people will be able to access a comprehensive range of support in their local communities to help them stay well:
- Everyone will have equitable access to high quality emergency and specialist care when they need it, wherever they live:
- Digital services will provide more people with the care they need in their homes and communities:
- Health and care workers will be valued and well-trained for the future health system:

Clinical Governance as an Umbrella Term

Must have common understanding! (Everyone's job and special roles)

- *"patient two"*

- **Creating an Environment where clinical excellence will flourish**
  - Equity, safe, skilled, compassionate - core duty of all staff
  - Relationships, responsibilities, systems and processes
- **Leadership and Management for Safety and Quality**
  - Balancing - access, quality, sustainability – part of all leadership & management
  - Collaboration & Integration - care not constrained by organisational boundaries
- **Professional leadership**
  - Employment, person performance, work with regulators, pipelines, training
- **Clinical Governance (with capital letters)**
  - Formal committees, groups, leadership and operational roles
  - Audit, adverse event management, risk mitigation……

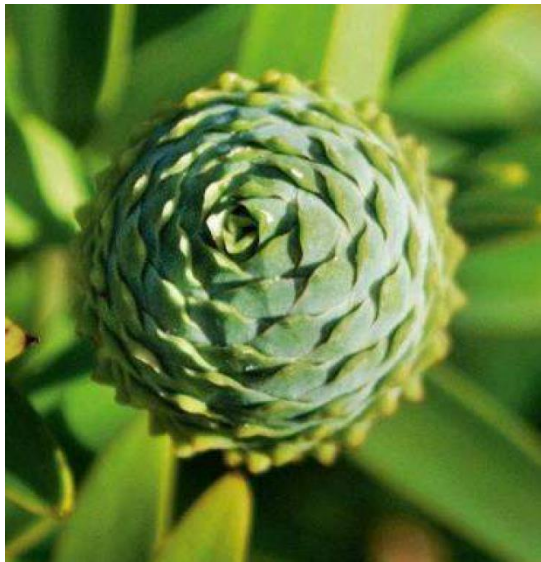
Clinical governance framework:

collaborating for quality

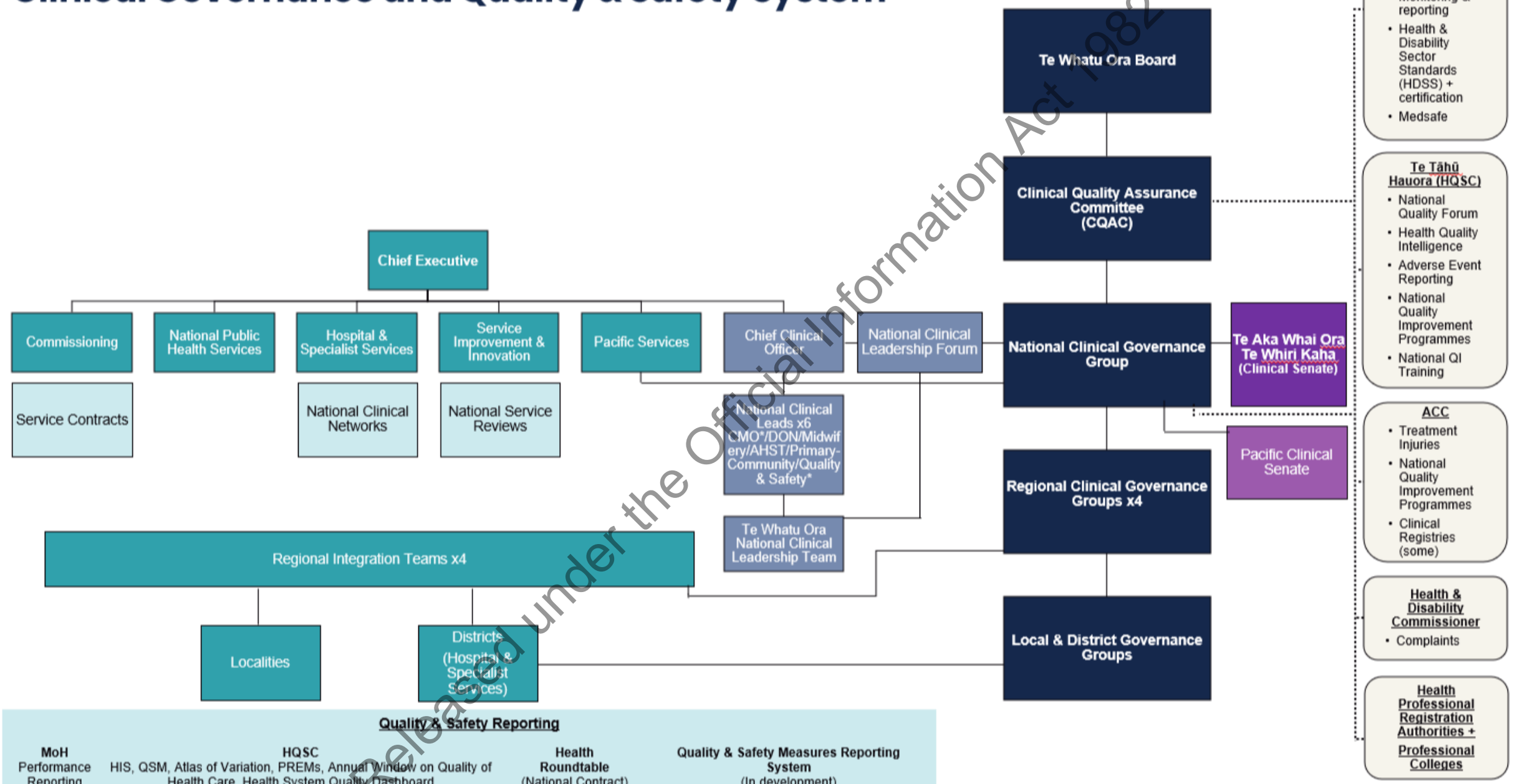
DRAFT Nov 2023

Te Tāhū Hauora
Health Quality & Safety Commission

Figure 1: The clinical governance framework



Clinical Governance and Quality & Safety System



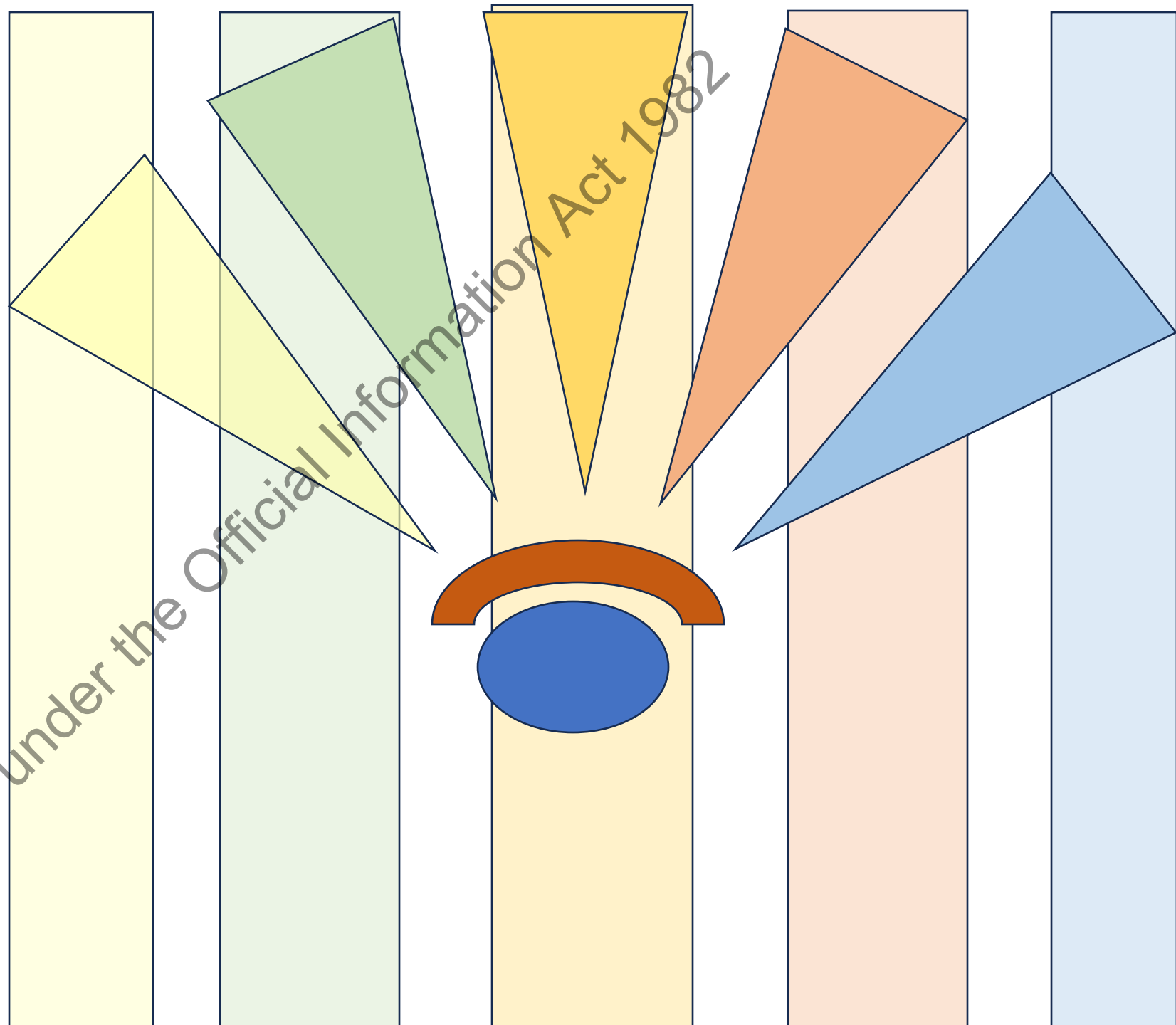
System is Joined Up

- "Swim Lanes" opportunities/benefits exploited

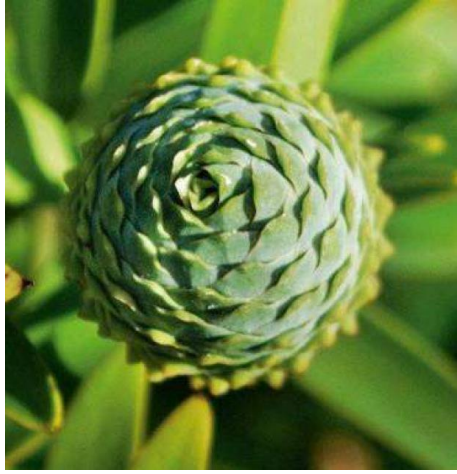
AND

- "Place Based" focus - avoids spatial blindness

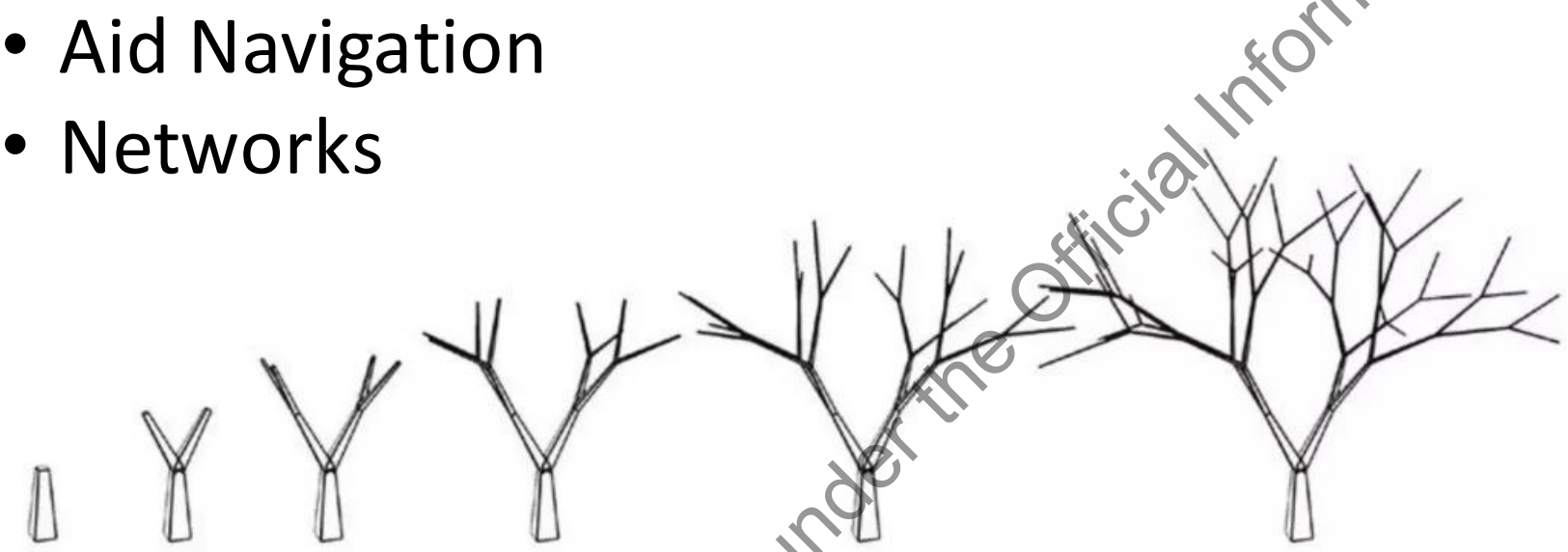
  - Horizontal links
  - Support for Place, Person, Whanau Focused Care

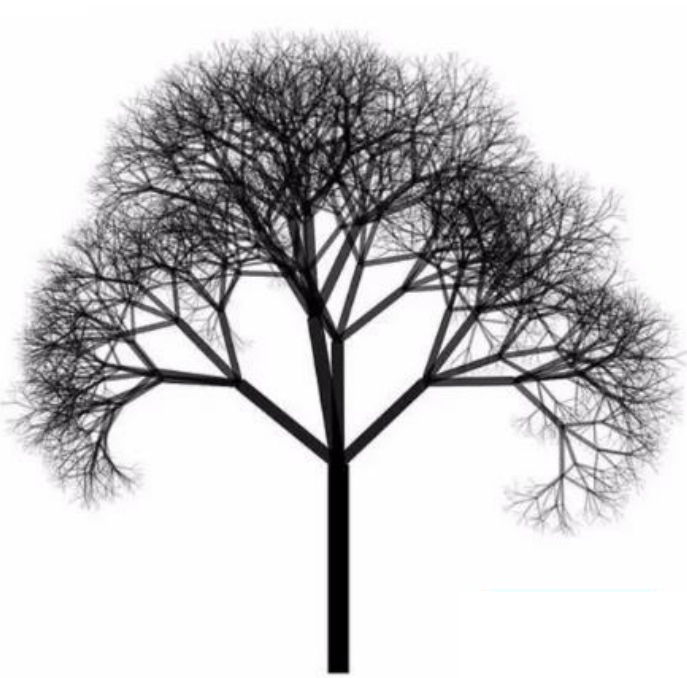


Repeating Patterns



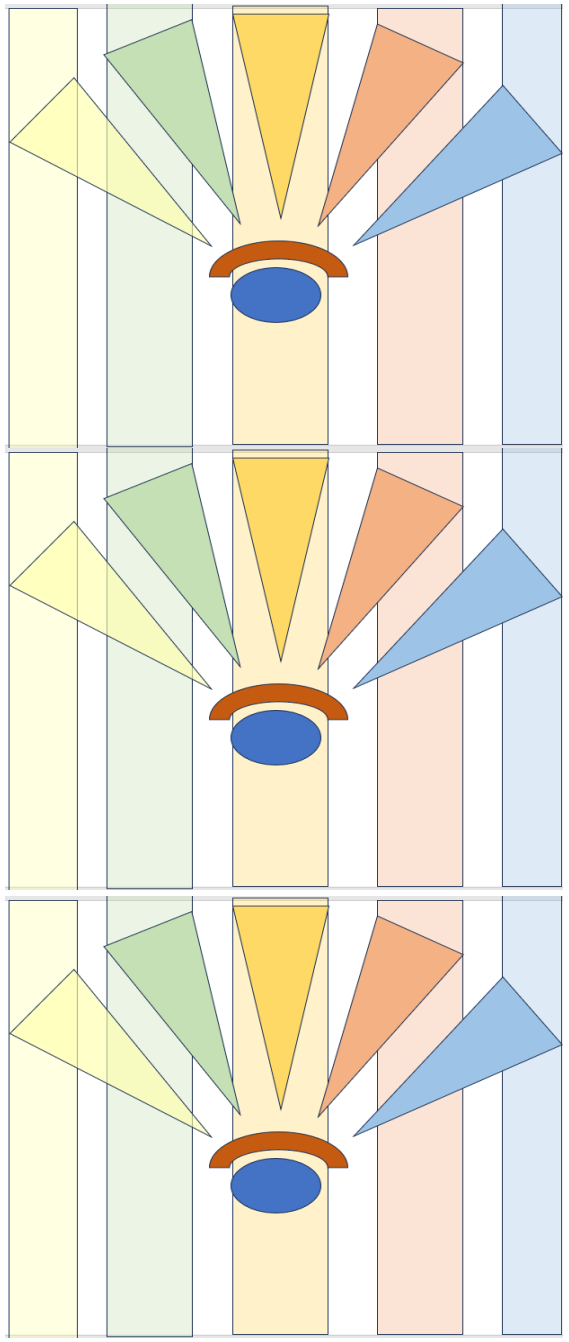
- Help Understanding
- Support Consistency
- Aid Navigation
- Networks





“if you know the part you know the whole”

Functioning of Clinical Governance Framework



Local

Place Based

Integrated Care Delivery

MH

HSS

CC

PHS

PH

Directorate Regional

Whole of System Regional

RCGC

3

RIT

1

Nationally

NCGC

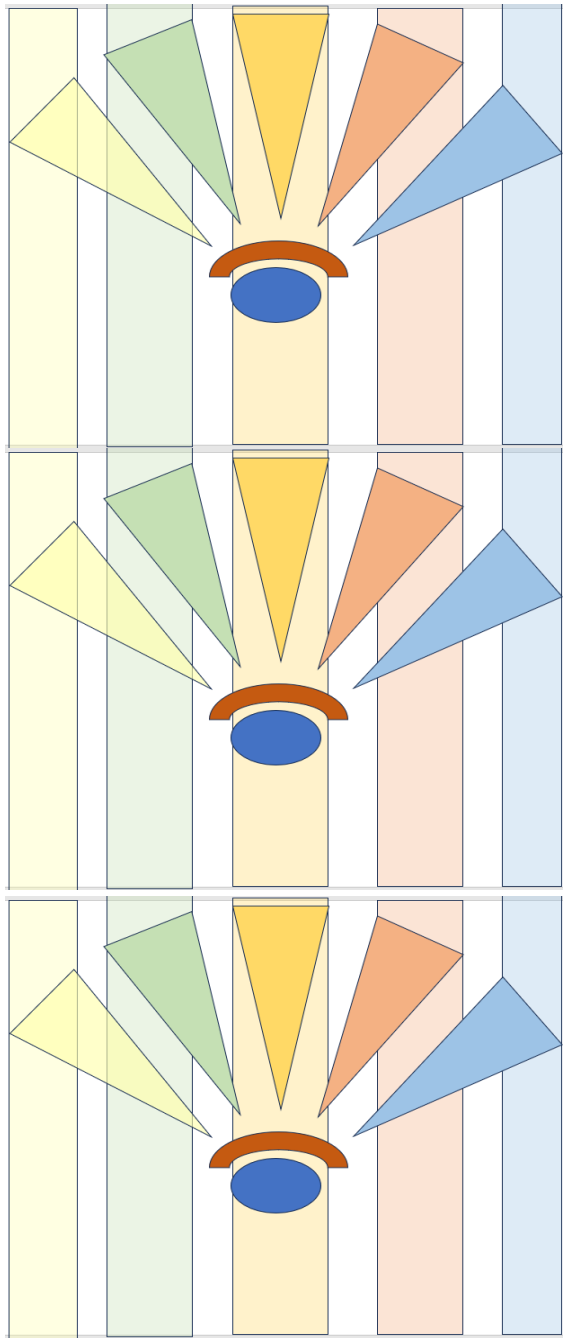
CQAC

6

2

ELT

Functioning of Clinical Governance Framework



Local

Place Based

Directorate Place Based

Directorate Regional

Whole of System Regional

Nationally

Integrated Care Delivery

MH

HSS

CC

PHS

PH

RCGC

3

RIT

1

NCGC

CQAC

6

2

ELT

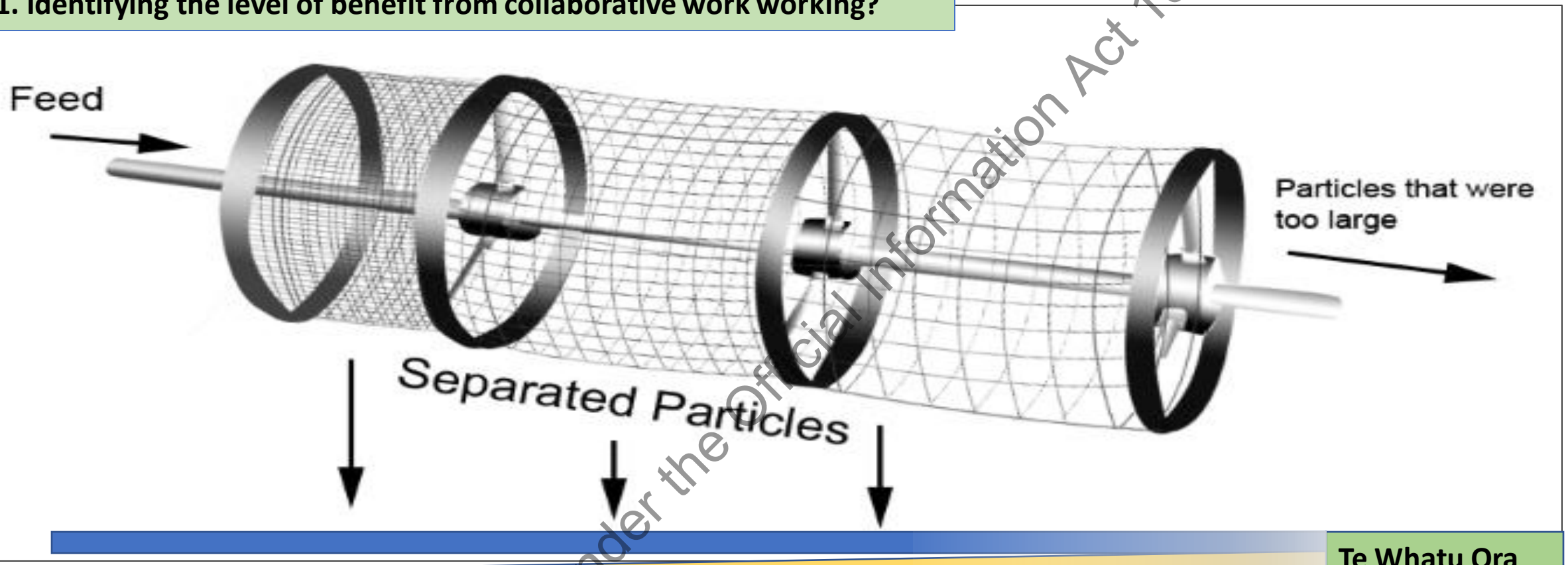
Appendix Two – Potential Membership of Regional Clinical Governance Group -

1. Member	Connections and Representation	Comment
1. Māori Clinician	• Te Akai Whai Ora	• Same person as on RIT?
2. Pacific Health	• Links regional Pacific Health and local teams	•
3. Consumer 1	•	• Links to local and national
4. Consumer 2	•	• Links to local and national
5. National Clinical Lead	• Office of Chief Clinical Officer	• Links to NCGC, CQAC
6. HSS 1	• Link and overlap with the Clinical Governance structure of HSS and Directors office	• Need to consider balance of representation from sites across the whole region
7. HSS 2		
8. HSS 3		
9. HSS 4		
10. Community 1	• Link and overlap with the Clinical Governance structure of commissioning and way-finders office	
11. Community 2		
12. Community 3 (Mental Health)		
13. Public Health Service	• Overlap with PHS Clinical Governance Team	• Represents the PHS Clinical leaders
14. Service Improvement and Innovation	• Links to regional governance of I&I and local service delivery	• Same person as on RIT?
15. Data and Digital	• Represents regional team	• Local and national links

Membership shall be comprised to gain appropriate representation based on geography and professional skills. Membership shall include kaimahi at different career stages.

Addressing Issues at the Right Level

1. Identifying the level of benefit from collaborative work working?



Te Whatu Ora
Te Aka Whai Ora

Local Solutions	Regional Working & Collaboration	National Approach

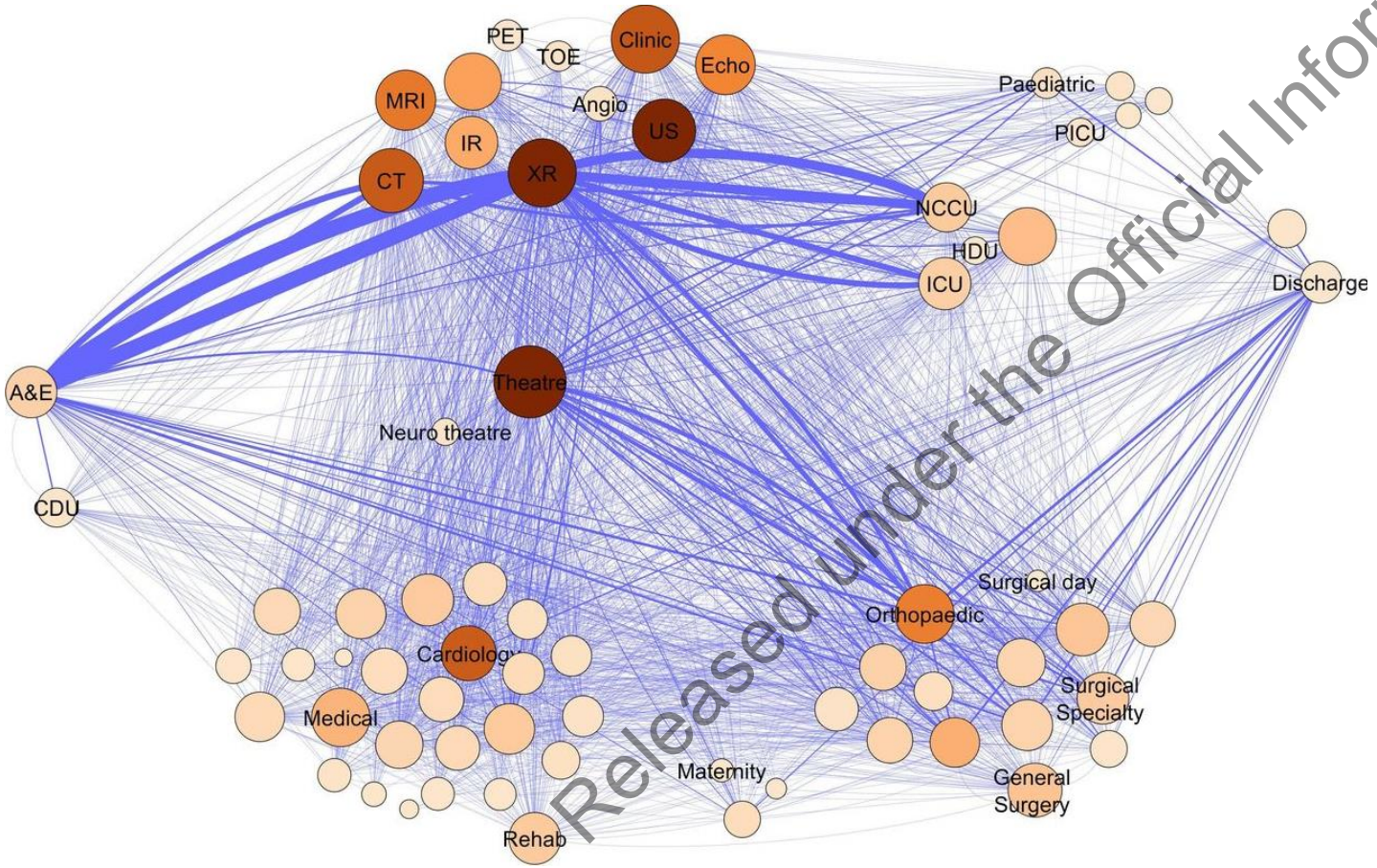
2. What style of collaborative working is best suited for the issue/enabler or service being considered?

Issues

- Balance of size and staffing between local, regional and national
  - Where do the staff come from?
- Getting from where are now to future state
  - Clear vision – do not follow paths that do not lead there
  - Regional "convergence" process – "circuit board" connecting to other similar groups –
    - locally, regionally, nationally
    - Regionalising and nationalising current roles
- Maintaining a network not a command structure - tight loose tight
  - empowered execution
  - disseminated leadership and decision making
- Holistic awareness
  - consider needs of other parts of the complex adaptive system
- How does Innovation and Improvement link in to be a catalyst for change?

Complex Adaptive System

- many interconnected agents free to move in unpredictable ways
- fuzzy boundaries, complex influences, internal autonomy
- needs collaborative leadership & robust systems



Cognitive dissonance if focus on structures