

# CLINICAL ADVISORY GROUP

Alliance Health Plus Trust

## **Terms of Reference**

---

**AH+ Vision:** *Strong families, Strong communities, Living well longer.*

**AH+ Mission:** *To transform the health and wellbeing of Pacific and high-needs communities.*

---

### **1. PURPOSE**

The Clinical Advisory Group (CAG) will assist Alliance Health Plus Trust (AH+) and its' member network to improve the health and wellbeing of its enrolled population with a focus on equity for Pacific and 'high needs' communities.

### **2. INTENT**

The CAG will provide objective clinical, system and practice management advice to drive improvements in quality care and patient experience across the AH+ network.

### **3. GUIDING PRINCIPLES**

The CAG principles will be underpinned by the NZ Triple Aim Framework, as described by the Health Quality and Safety Commission - improving the quality, safety and experience of care; improving health and equity for all populations and ensuring best value from the public health system resources.

The CAG:

- Recognises the Te Tiriti o Waitangi obligations of the Crown and will also be guided by the He Korowai Oranga Framework, the findings of the Waitangi Tribunal in regards to the Wai 2575 claim and any developments of the Maori Health Strategy.
- Utilises the Ala Moui Framework, Pacific Health Action Plan and any developments of the Pacific Health Strategy.
- Be guided by the New Zealand Health Strategy (2016), the strategy's guiding principles - people powered, closer to home, value and high performance, one team, smart system.
- Be guided by the MOH dimensions of quality – people-centred, access and equity, safety, effectiveness, efficiency.

### **4. VALUES**

The interactions of the CAG will be underpinned by the AH+ values to support meaningful and purposeful discussions, debate, decision-making and actions. The CAG will be supported by applying the following values:

- **Compassion**  
To be moved by the suffering and inequities of others and having determination to alleviate and prevent these through patience, wisdom, kindness and perseverance.

- **Courage**  
To have conviction to act in accordance to one's beliefs, to challenge obstacles in pursuit of improving systems and care for our communities.
- **Honesty**  
To be open in discussions and interactions through integrity, truthfulness, transparency and fairness.
- **Respect**  
Acknowledging the mana of each other and guests by being present in interactions and discussions, having alofa/ofa/aroha, humility and hospitality.
- **Service**  
To utilise knowledge, skills and influence to help others as individuals, as families, as communities and as a healthcare system.

## 5. OBJECTIVES

To achieve the stated purpose, the CAG will:

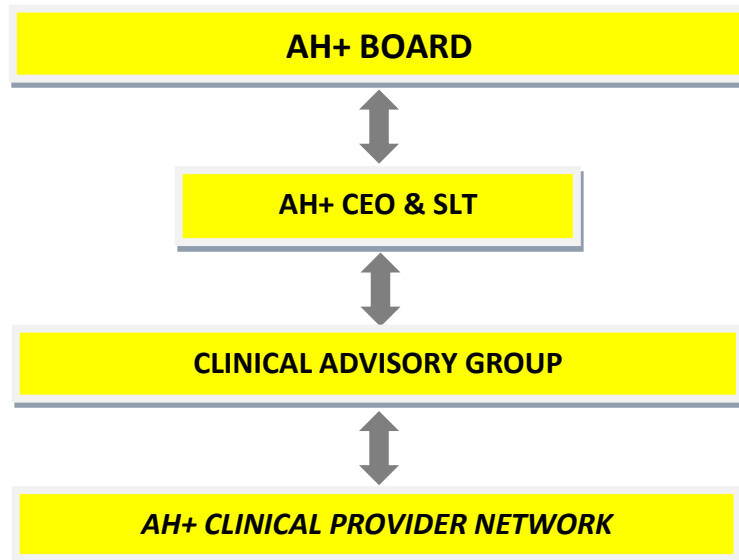
- Provide clinical and sector leadership through a reciprocal relationship with AH+;
- Provide advice based on clinical evidence, quality improvement and practice experience;
- Provide insight into integration issues and opportunities e.g. workflow, information technology, access to specialist services;
- To be cognisant of institutional racism and identify these incidents with the intention to purposefully influence system change;
- Support continued understanding of implicit bias, the impact this has on people accessing services and addressing issues as they arise;
- Actively engage in understanding current research programmes and participate where appropriate;
- Identify workforce needs including recruitment and educational development;
- Be open to sharing and exploring different ways of working including effective workforce utilisation and configurations, sustainable models of care and use of technology;
- Support education that is relevant, current and delivered in a way that considers effective modes of learning and other sources of information;

## 6. ACTIVITIES

To achieve the stated objectives, the CAG will participate in the following activities:

- Provide advice on the development of the AH+ Clinical Framework Outcomes;
- Review the performance data of the network i.e. health targets, Metro Auckland Clinical Governance Diabetes and CVD Indicators, System Level Measures, with the focus on sharing successful strategies and advising opportunities for improvement;
- Proactively support addressing institutional racism and implicit bias that negatively affects access and quality care for people through purposeful action e.g. critical self-reflection, clinical audit and advocacy with senior leadership level at both the PHO and DHB levels;
- Provide feedback on the organisational strategy development;
- Provide a monthly summary report to the AH+ Board and update to the network through the Health Hub.

## 7. ORGANISATIONAL STRUCTURE



## 8. MEMBERSHIP

Members are appointed to provide perspectives from their role and experiences from working in Primary Healthcare not as representatives of their organisations. CAG members will consider the interests of AH+ at the forefront of all discussions.

CAG will be cognisant of the need for Pacific and Maori representation and perspectives.

Members are appointed to assist the CAG to successfully achieve the stated purpose, intent and objectives.

Membership will be from all across the three DHB districts where possible:

- Network team members including nurses, clinical assistants, consumers/patients, practice managers and general practitioners;
- PHO Management: Chief Executive, Clinical Director, Nursing Director.

In addition, expert advice will be sourced to support the CAG to achieve its objectives as required and appropriate.

### **Appointment/Term**

Members are appointed by the AH+ Senior Leadership Team (SLT) from members of the AH+ network. If practices change PHO, members will lose their eligibility for membership. Members will be appointed for a term of 24 months and shall be eligible for reappointment. Members may resign from the CAG by providing one month's written notice.

### **Remuneration**

Member attendance will be remunerated according to the AH+ Remuneration Policy. The Chair will discuss regular non-attendance with any member with a view for a solution to enhance overall objectives of the CAG.

### **Size and Quorum**

The size of the CAG will range from 10 to 14 members and the quorum will be 6 with a minimum of at least 1 AH+ SLT member present.

Decisions shall be by majority decision where a quorum is present. Where a majority decision is not possible, the Chair shall have casting vote

### **Confidentiality**

Members may discuss topics with their colleagues relating to the work of the CAG in order to provide advice to the CAG, ensuring individual names and/or clinics remain confidential.

Business carried out by CAG is confidential unless stated otherwise.

Members will not communicate with the media about the business of CAG or AH+ and any formal communication will be managed by the Chair.

## **9. ROLES AND RESPONSIBILITIES**

### **Chair**

There will be an annual appointment of the CAG Chair and review of the leadership structure. This will provide an opportunity to explore alternative structures and provide leadership development. This will be discussed by CAG members and support provided as necessary.

### **Individual Members**

There is an expectation that members will:

- Have an understanding of the NZ Health system including the NZ Health Strategy 2016, Primary Health Care Strategy 2001, Maori and Pacific Health Strategies and understand the importance of clinical leadership and governance;
- Understand the vision, mission and strategic goals of AH+;
- Have knowledge of DHB and AH+ services, programmes, initiatives and systems;
- Ensure any new initiatives, research and services will support and align with the organisational strategy;
- Prepare to actively participate in meetings by being present, papers will be taken as read and to engage in open discussion and debate;
- Provide critical analysis and interpretation on data provided;
- Have understanding and experience in teamwork, the inter-dependent roles of the team, inter-disciplinary working including midwifery and maternity services, the wider allied healthcare roles, to deliver effective and efficient Primary Healthcare services;
- Have understanding and experience in improvement science and quality improvement ;
- Take a genuine interest in engaging, developing and supporting innovative approaches to healthcare that support the vision, mission and strategic goals of AH+.

## 10. MEETINGS

- The agenda will start with a story about a patients' experience and related to one of the topics where possible. This is to orientate the group to always have the patient and community at the centre of discussions to support improvements in health service delivery and experience.
- Meetings will be held monthly for up to two and a half hours except January or as decided by the Chair and Deputy Chair
- The agenda will be circulated at least 4 days in advance of meetings which will include the minutes of the previous meeting.
- A register of interest will be maintained and members shall declare potential conflicts at the start of each meeting.
- An outline of the meetings will be included in the Clinical Directorate Board report.
- A monthly update to the network in the Health Hub newsletter.

## 11. REVIEW

The CAG Terms of Reference will be reviewed annually and will include feedback from the AH+ Board.

The performance of the CAG will be reviewed as part of this process which will consider feedback from:

- Self-evaluation by CAG members on their individual and group effectiveness.
- The AH+ Senior Leadership Team
- The AH+ Board

Any changes to the CAG membership, focus or function as a result of this evaluation will require consultation with AH+ Senior Leadership Team.

**Last review date:** February, 2020