

## **DUNEDIN HOSPITAL REDEVELOPMENT – SOUTHERN DHB CLINICAL LEADERSHIP GROUP**

### Terms of Reference

#### **Purpose**

The Dunedin Hospital Redevelopment Clinical Leadership Group is the key clinical and service advisory group for the facility redevelopment project.

The purpose of the Clinical Leadership Group is to provide the clinical oversight and service inputs, and make recommendations to the Southern Partnership Group to ensure Dunedin Hospital redevelopments are aligned to clinical and service needs and enable the transformation to enhanced patient-focused healthcare delivery in the Southern district.

Although the CLG's focus will relate to the redevelopment of Dunedin Hospital, the CLG will also consider implications of redevelopment planning for the wider Southern health system.

#### **Functions and responsibilities**

- To provide clinical advice and act as a reference group for business case writers and health service planners
- To provide advice on future-focused models of care to support enhanced patient service, and the facilities to support this
- To facilitate the required high level clinical discussions and consultations to provide the support and direction for working groups and work streams
- To receive and review submissions from working groups for decision making or recommendation to the SDHB Facilities Redevelopment Executive
- To identify any issues/gaps in the process and decide or recommend the required investigations
- To consider implications of redevelopment planning from a whole of health system perspective.

#### **Accountability**

The CLG will be accountable for the functions listed above to the SDHB Facilities Redevelopment Executive.

#### **Membership**

##### *Voting Attendees*

- Chair of the Clinical Leadership Group<sup>1</sup>
- Chair of Clinical Council
- Medical Director of Patient Services
- Chair, Patient Safety Group *or nominee*
- Primary Care Advisor *or nominee*

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<sup>1</sup> This is the overall Clinical Leader for the Project

- 15-18 clinical representatives from across SDHB's five directorates, ensuring a balance across medical, nursing and allied health staff. One dual SDHB/University of Otago appointment to be included in this group.
- One nominee of University of Otago Pro Vice Chancellor, Division of Health Sciences

*Non-voting attendees – receive invitations to all meetings, minutes and papers*

- Chief Executive
- Chief Operating Officer
- Executive Director, Nursing and Midwifery
- Executive Director, Allied Health, Scientific & Technical
- Executive Director of Maori Health
- Chief Medical Officer
- Project Director of Dunedin Hospital Redevelopment Project
- Members of the Dunedin Hospital Redevelopment Project team (as required)
- Facilities and Site Development Manager
- Operations Manager

Consultants working on the project may also attend meetings as required.

*Non-voting attendees – receive minutes only*

- Directorate General Managers
- Chair of Southern DHB Consumer Council (under development at time of writing)
- Chair of Alliance South

### **Executive**

As the CLG is a large group, a smaller Executive sub-group of approximately six members will be formed. This Executive will have the authority to meet with other parties and stakeholders (for example, the Southern Partnership Group, Commissioner Team or Clinical Council) as required, and act on behalf of the Clinical Leadership Group in these settings. The Chair will oversee the formation of the Executive (which will include the Chair and have appropriately balanced workforce representation).

### **Meeting Chair, attendance and quorum**

The appointed Clinical Leader will chair the CLG. In the absence of the appointed Clinical Leader the meeting will be chaired by an appointed deputy Clinical Leader.

Meeting quorum is 50% of CLG voting members plus one. Members may attend meetings by video or tele conference where practical.

Attendance by members is required to ensure outputs are achieved. Members may give their proxy to another member of the Group if absent, but may not send a substitute attendee in their place. A record of cumulated attendance will be kept and circulated with the meeting papers.

## **Decision Making**

As noted above, the role of the CLG is to provide clinical advice, to act as a reference group and to make recommendations to the Southern Partnership Group. This section of the Terms of Reference refers to internal CLG decisions to reach those recommendations.

Decision making will be by consensus in the first instance and will be formally recorded as group agreement.

Where there are decisions that cannot be agreed by consensus then the following applies:-

Decisions will be voted upon and require at least 80% support of those in attendance to be ratified. If this is not achievable in the first instance, further information will be sought to inform the process. It will then be re-tabled for consideration one further time. If no decision is forthcoming at this point the issue will be escalated to the SDHB Facilities Redevelopment Executive.

CLG may escalate its recommendations or views to the SDHB Commissioner, via the Chair and the SDHB Chief Executive.

## **Conflicts of interest**

There may be situations where a CLG member has a conflict of interest between their role as a CLG member and the issue or service being discussed. Members are responsible for advising the Chair of such conflicts when they arise. The Chair of the CLG will rule whether the potentially conflicted member takes part in discussions or is excluded from the relevant part of the meeting.

Members will be responsible for declaring any potential financial conflicts of interest that may arise. The Chair of the CLG will determine the materiality of the conflict, which may be real or perceived, and decide the appropriateness, or otherwise, of the conflicted member participating in the discussion of the related matter.

## **Meetings and papers**

The CLG will meet on a regular basis. The frequency of the meetings will be aligned to the various stages of the development, but will be initially set fortnightly.

Agenda and supporting papers for meetings will be distributed to members five working days prior to each meeting. All CLG meetings will be recorded with a particular focus on monitoring of action lists, and recording of recommendations and decisions. Minutes will be circulated to members within one week following each meeting.

Meeting papers will be received by Clinical Leadership Group members in confidence.

A bulletin of the CLG outputs will be circulated widely to inform interested parties of the decisions and progress to date.

## **Resourcing**

### *Chair*

The Chair of the CLG, being the overall Clinical Lead for the project, will be formally appointed into a substantive post – up to 0.5 FTE for a fixed period appropriate to this project.

### *Administrative support*

Administrative support and secretariat services are to be provided by the Hospital Redevelopments Project Management Office.

### *Membership commitment*

Members, once appointed by the Chief Executive, will be expected to attend 80% of meetings and agree a proxy from within the group to act for them if planned to be absent. This will mean a substantive commitment of one half day meeting fortnightly and one half day fortnightly to read papers and/or attend additional meetings or workshops – FTE equivalent is therefore 0.1 per member.

Members will be appointed for an initial period of two years, with opportunity to renew.

### **Communications**

The Chair of the CLG will act as the group's spokesperson. Other CLG members (voting or non-voting) may not comment on the business of the CLG, to external individuals or organisations, including the media, without prior agreement of the Chair.

The Chair will ensure the Commissioner of Southern DHB, the Southern Partnership Group and the Ministry of Health are kept informed of any public or media communications on a no surprises basis.

Communications support will be provided by the Hospital Redevelopments Project Management Office.

### **Review**

These Terms of Reference are to be reviewed annually by the CLG, Southern DHB Facilities Redevelopment Executive, Chief Executive and Commissioner. An initial review will also be undertaken within the first six months of the group's establishment.