



# Clinical Council

*Summary of July 25, 2016 Meeting*

## **Southern Critical Care Service Clinical Governance Proposal**

Paper prepared by Dr David Perez, presented by Dr Keith Reid.

It was noted that the proposal for a district-wide clinical governance approach for critically ill patients is necessarily complex; as the care of these patients involves stakeholders across many services. Despite this complexity, clinical governance of the care provided to critically unwell patients district-wide is essential of a number of reasons including:

- To oversee the provision of standardised operational policies and protocols for the Southern DHB district;
- To oversee protocols to define operational links between Southern DHB units caring for critically ill patients;
- To oversee consistent processes for quality assurance and improvement for the Southern DHB district;
- To oversee the education and training needs across the District in relation to critically unwell patients;
- To contribute to strategic planning for Southern DHB critical care services;
- To provide advice to Southern DHB Clinical Council and Executive;
- To provide a Southern DHB-wide perspective on critical care services;
- To give a voice to critical care stakeholder services;
- To monitor and carry out audits on agreed KPIs;
- To review incident reports.

There was discussion regarding the rationale behind clinical governance in developing and maintaining standards, monitoring against standards and in supporting learning across the district. It was noted that the reporting line of the group would be to Clinical Council and that the proposal asks that a working group be set up to define how such a governance function might be exercised.

There was discussion about clinical governance (as in a defined schema) vs. the existing clinical management partnership model. A view was expressed that clinical governance currently operated through clinical reporting upwards within the Provider Arm Directorates.

Despite the view that current reporting did capture clinical governance concerns within the Provider Arm, it was noted that there is no District-wide clinical governance model and the question was posed as to how well the current model is working and the implications of its limited scope - the current structure does not cover the Rural Trust Hospitals.

Council agreed with the proposal that the working group be formed to scope out the model. It was proposed that representation from Alliance South was required - Mr Mike Hunter was proposed (subject to his agreement); representation from the Urgent Care Network was also proposed. It was noted that the group requires high level clinical directorate membership.

## **Clinical Leadership Group for Facilities Development**

Paper prepared by Dr Nigel Millar, presented by Carole Heatly.

Carole noted that the undertaking a major facilities redevelopment in a working tertiary hospital is a complex process. It is essential that there is continuous and active participation of a key group of health professionals on an ongoing basis – The Facilities Development Project Clinical Leadership Group (CLG).

The CLG is the key clinical and service advisory and decision making group for the facility development project. The CLG will provide the clinical oversight and service inputs and make decisions or recommendations to ensure the facility developments are aligned to the clinical and service needs and enable the transformation of the total health system.

FTE for the Chair will be 0.5 and there will be other resources. In Canterbury DHB this type of group was a critical voice in the rebuild. The CLG will have to make difficult decisions and it is seen to serve a very important function.

It was noted that missing from this group is a teaching representative (University).

It was suggested that the group needs to be empowered and that it meet regularly and make decisions quickly. There was support from the Council for this group.

#### **Consideration whether or not the Clinical Council wishes to comment publicly on the Strategic Services Plan**

After discussion the decision was that the DHB and the University would jointly respond directly to the Southern Partnership Group rather than Council making a public statement regarding the Strategic Services Plan.

***Dr Keith Reid, Chair***