



Clinical Council

Summary of September 26, 2016 Meeting

Introduction of Interim Chief Executive Officer

Chris Fleming was welcomed by the Council as the interim Chief Executive Officer for Southern DHB.

Chris stated that he sees the Clinical Council function as driving clinical standards across the whole of health service:

- *Establishing a clinical leadership group with cross-over.*
- *Overarching driver of clinical standards across the district.*
- *Prioritisation seen as understanding the fiscal position of the DHB and identify new opportunities to invest in – perpetual investment cycle.*

Chris noted that the challenge to the Clinical Council is to provide advice on how to prioritise. Chris also posed the question as to how the Quality Team and other resources support this group and ensure success in to the programme.

Chris was asked about leadership and replied that it seems to him that there had been a reasonable investment in leadership training and development in Southern DHB, but that some of the leadership development is required in the *integration space*.

It was suggested that clinical networks and the skills needed to move things on and work in a more collaborative were required. Chris responded that it is about how we get there and that there are three critical groups: (1) Executive Leadership Team; (2) Alliance Leadership Team; and (3) Clinical Governance.

The Clinical Council also needs to support in driving waste and inefficiency out of the system.

Consideration of Initial Council response to “A Values Based approach to service development”.

The Chair, Dr Keith Reid, presented this item referring to his paper entitled “Service and Job Sizing within the SDHB”. The Chair summarised the discussion that followed as:

- Workload data/level of demand or need;
- Benchmarking;
- Whole of system impact;
- Co-design principles;
- Patient Pathway approach;
- Template for proposals;
- Principles – other organisations and how they do this;
- Further work required.

The Development of Whole of Health Systems Models of Care within Southern DHB.

Dr Keith Reid presented this item referring to his paper entitled “The Development of Whole of Health Systems Models of Care Within Southern DHB”. Dr Reid referred to his paper and

a NEJM opinion paper that had been circulated: Bohmer R, The Hard Work of Health Care Transformation NEJM 2016;375(8): 709-1.

Dr Reid noted the seven essential organisational elements identified in the article. Organisations that are successful in transformation exhibit the following characteristics:

1. Successful healthcare systems have many redesigns underway at the same time.
2. Typically redesign is clinician-led and management supported. Clinicians typically feel disempowered and ill-prepared to deal with issues such as the allocation of resources. Successful organisations invest in leadership development and free-up clinical leaders to create time for this service transformation work.
3. A systematic and accepted process for change across the organisation is important. Consistency helps develop commonality of language, concepts and develops familiarity of approach within teams over time, which assists in teams self-directing their work.
4. Internal support to service redesign is critical. This needs to be accessible and responsive and is unlikely to be achieved through a process of 'buying-in'.
5. Measurement and data capture systems are vital to sustained service re-design. While many teams will recognise the need for change and begin with imperfect data, the building of measurement systems is essential for sustained progress. Iterative redesign informs data capture and analysis.
6. There is a need for a strategic oversight group to facilitate the work of service redesign and to align teams' work with organisational priorities, to resource teams to be effective and to mediate between competing or conflicting demands.
7. Transformers invest in a set of unifying values and norms to align staff behaviours across professional groups and with organisational priorities. This supports the devolution of authority away from the Executive team to the frontline.

It was suggested that we need:

- Consistency of approach;
- Leadership;
- Professional groups;
- Change that is 'whole of system'.

Dr Keith Reid, Chair