

## ALLIANCE LEADERSHIP TEAM

The following Alliance Leadership Team (ALT) Agreed Operating Procedures (AOPs) should be read in conjunction with the Canterbury Clinical Network (CCN) District Alliance Agreement and the CCN Charter. The intent of these AOPs is to document the additional ALT process points not covered in the CCN District Alliance Agreement and the CCN Charter.

### 1. MEMBERSHIP

1.1. The ALT will comprise of predominantly clinical leaders from across the Canterbury Health System, led by an independent chair and include a consumer perspective.

1.2. The membership of ALT as at April 2017 is:

ALT Member	Perspective/Clinical and/or Health System leadership
Sir John Hansen (Chair)	Independent Chairmanship
Carolyn Gullery	Canterbury DHB Planning & Funding
Trish Adams	Consumer
Dr Ramon Pink	Manawhenua ki Waitaha; Public Health
Garth Munro	Secondary/ Tertiary Care
Dr Andrea Judd	Rural Primary Care; General Practice
Dr Les Toop	Primary Health Organisation Leadership; General Practice
Michael McIlhone	Practice Nursing
Kate Gibb	Community Nursing
Ken Stewart (Deputy Chair)	Allied Health e.g. Pharmacy, Physiotherapy
Dr Sue Nightingale	Secondary/ Tertiary Care/CMO
Simon Church	Allied Health e.g. Pharmacy, Physiotherapy
Dr. Lorna Martin	Primary Health Organisation Leadership (rural); General Practice
Dr. Angus Chambers	Primary Health Organisation Leadership (urban);General Practice

1.3. The independent chair will be appointed as defined in the CCN ALT Membership Recruitment Procedure;

1.4. The term of the independent chair will initially be for three years and then reviewed annually thereafter;

1.5. The appointment of a deputy chair will be led by the chair and candidates will be derived from within the ALT membership via expressions of interest. When there is more than one candidate, a consensus agreement will be reached;

1.6. The term of the deputy chair will be the same defined for the chair;

1.7. Remuneration for the chair, deputy chair and ALT members will be as defined in the CCN Remuneration Policy;

1.8. Recruitment of new or replacement members will be as defined in the CCN ALT Membership Recruitment Procedure (Appendix 1);

- 1.9. While there is no fixed term for ALT membership, a two stage assessment process ensures that membership remains appropriate and relevant:
- 1.9.1. Annually in September, members will be facilitated through a 'self-review' of their contribution, performance, willingness and availability to continue as a member of ALT;
- 1.9.2. Annually in September, the chair and deputy chair will conduct an assessment of three to four ALT members against the required ALT competencies and perspectives. This assessment may include a 360 degree feedback process;
- 1.9.3. In addition to this, there is an expectation that ALT Membership will not exceed five years except in exceptional circumstances i.e. the ALT member who brings the executive perspective of CDHB Planning and Funding.
- 1.10. The chair has the discretion to approach any member displaying non-performance and/or behaviours that are not consistent with the CCN Charter. This may result in the member being asked to stand down from ALT;
- 1.11. Alternates are encouraged when members cannot attend;
- 1.12. Other advisors/presenters may be invited to attend ALT meetings as required on invitation from the Chair via the CCN Programme Office;
- 1.13. Each year in September, ALT members will review the required competencies and perspectives to coincide with the annual strategic planning process. This will ensure the competencies and perspectives remain relevant to the strategic direction of ALT.
- 1.14. ALT required competencies

- Demonstrated ability to reflect and consider the needs of the patient and Canterbury population;
- Ability to take a whole system view;
- Clinical leadership;
- Community leadership;
- Strategic thinker, visionary;
- Connected to the system – in a position to communicate, receive feedback, influence and lead change with sector networks.
- Politically aware;
- Business acumen/commercial leadership;
- Negotiation and disputes resolution;
- Governance expertise or exposure;
- Brings knowledge and experience of the sector, credible;
- Respected, trusted and viewed as fair and just;
- Planning experience;
- Data and information analysis;
- Ability to actively contribute and challenge in a group environment;
- Linkage with local strategic direction and with regional and national changes and systems;
- Strive for equitable health outcomes across our population/focus area through accessible, culturally appropriate services.

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## 1. ACCOUNTABILITY AND REPORTING

- 1.1. ALT is accountable to the Chief Executive of the Canterbury District Health Board as the Statutory Funder of Health Services for the public of Canterbury.
- 1.2. ALT will report to and engage with the signatories of the District Alliance Agreement and CCN stakeholders at least annually on our Alliance's performance against public accountability indicators as set by the ALT.

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## 2. FREQUENCY OF MEETINGS

- 2.1. ALT meetings will be held monthly.

2.2. For matters of urgency, and changes in SLA and Workstream membership, an email decision process can be facilitated by the CCN Programme Office.

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### 3. SECRETARIAT

3.1. The CCN Programme Office will provide the secretariat functions for both ALT and AST.

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### 4. QUORUM

4.1. The quorum for meetings is half plus one ALT member from the total number of members.

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### 5. CONFLICT OF INTERESTS

5.1. **Honesty and Integrity is Paramount:** It is important that all members are open and honest with each other and advance the interests of our Alliance.

5.2. **Full Disclosure:** Each member is expected to fully disclose any conflict of interest that they are aware of or may have in respect of any matter touching or concerning the Alliance.

5.3. **Declaration:** The Interests Register will document member's interests and the review of the interest register will remain on the agenda for all CCN ALT meetings.

5.4. **Managing Conflicts:** Members will proactively manage all real or potential conflicts of interest. The ALT must consider the disclosure of any conflict of interest reported to it and collectively decide how the conflict of interest is to be handled by our Alliance via the chair.

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### 6. REVIEW

6.1. These AOPs will be reviewed annually and may be altered intermittently to meet the needs of its members.

## ENDORSEMENT

Date of initial agreement and finalisation by ALT members: 14/4/14

Reviewed 18/05/15; 20/4/2016; 13/04/2017

Next Review Date: April 2018



## CCN ALT Membership Recruitment Procedure

The process for recruitment involves engagement with appropriate groups throughout the Canterbury health system, depending on the membership grouping/perspective sought.

The following procedure should be followed when recruiting for members onto the ALT:

1. The CCN Programme Office coordinates the development of a briefing paper that outlines the competencies and perspective being sought.
2. Endorsement of this brief is provided by a subgroup of three ALT members, including the Chair, Deputy Chair and another member (as agreed by ALT).
3. AST and ALT provides direction as to which group(s) should be engaged with to seek membership proposals.
4. The membership brief is distributed to relevant and identified groups/or group via the CCN Programme Office who will coordinate the proposal responses.
5. The ALT subgroup considers the membership proposal/s and if required will interview proposed member(s) to ascertain whether the proposed member brings the required skills, competencies and balance to the ALT membership.
6. Upon completion of the recruitment process, the ALT subgroup will put forward either a single or multiple nominations to the ALT for their consideration and endorsement.

The table below provides examples of the groups who may be approached to provide a membership proposal. It should be noted that these are examples only and it is expected the ALT will provide direction as to which groups should be approached to provide a membership proposal.

<b>Perspective</b>	<b>Proposed examples of selection processes</b>
Primary Health Organisation Leadership	<i>The three Canterbury PHOs (Rural, Pegasus and Christchurch PHOs) each provide a clinical membership proposal/nomination.</i>
Secondary/ Tertiary Care	<i>A process is run by specialist secondary management with the oversight of the various clinical chiefs.</i>
Community Nursing	<i>The Directors of Nursing and other groups as appropriate.</i>
Practice Nursing	
Pharmacy/Allied health	<i>The CCPG Board/ Allied Health Forum.</i>
Manawhenua ki Waitaha	<i>Manawhenua ki Waitaha.</i>
Consumer	<i>CDHB Consumer Council.</i>

Please note: In order for ALT to maintain the required competencies and perspectives, the ALT reserves the right to retain and/or recruit additional members to satisfy this requirement.

