

LEADERSHIP TEAM

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

1. MEMBERSHIP

1.1. The LT will comprise of clinical leaders from across the Waitaha / Canterbury Health System, mana whenua, community and consumer perspectives, commissioning expertise, led by an independent chair.

1.2. The membership of the LT as at February 2023 is:

ALT Member	Perspective/Clinical and/or Health System leadership
Dr Don Elder (Chair)	Independent Chair
Melissa Macfarlane	Te Whatu Ora Waitaha Commissioning
Emma Jeffery	Consumer & whānau
Wendy Dallas-Katoa	Mana whenua
Sandy Clemett	Secondary Care Clinical leadership; Allied Health
Mr Kiki Maoate	Secondary / Tertiary Care Clinical leadership
Professor Les Toop	Primary Health Organisation Leadership; General Practice
Michael McIlhone	Primary Care Nursing
Renee Noble	Community Nursing
Karaitiana Tickell	NGO/Community Leadership; Kaupapa Māori NGO; Mental health
Simon Church (Deputy Chair)	Allied Health; Community Pharmacy
Dr. Lorna Martin	Primary Health Organisation Leadership (rural); General Practice
Dr. Angus Chambers	Primary Health Organisation Leadership (urban); General Practice
Violet Clapham	Midwifery
Chelsea Skinner	Youth / Consumer
Mahlon Saumalu	Youth
Becky Hickmott	Clinical Executive Te Whatu Ora Waitaha

1.3. The independent Chair will be appointed as defined in the CCN LT 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 LT Chair and mana whenua. Candidates will be derived from within the LT membership via expressions of interest. If there is more than one candidate, a consensus agreement will be reached by the LT.
- 1.6. The term of the deputy Chair will be the same as for the Chair (see 1.4).
- 1.7. Remuneration for the Chair, deputy Chair and LT 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 LT Membership Recruitment Procedure (*Appendix 1*).
- 1.9. While there is no fixed term for LT membership, an annual self-assessment process will ensure the LT is meeting objectives, the membership is relevant, and the required perspectives and skillset are included in the composition of the LT.
- 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 LT.
- 1.11. Alternate attendees are encouraged when LT members cannot attend a meeting.
- 1.12. LT members are expected and encouraged to take an oversight / sponsorship role across CCN groups. The LT sponsor is a group member and provides connection with and champions proposals to the LT.
- 1.13. Other advisors/presenters may be invited to attend LT meetings, as required, on invitation from the Chair via the CCN Programme Office.
- 1.14. Collective LT member competencies:

- Demonstrated ability to reflect and consider the needs of the person, their whānau and communities across the Waitaha/Canterbury population.
- Ability to take a whole-of-system view.
- Demonstrated understanding and commitment to enacting Te Tiriti o Waitangi and to work in partnership with Iwi, hapu and whānau Māori.
- Demonstrated understanding of Māori tikanga/customary practices and whanonga pono/values.
- Commitment to achieving equitable health outcomes for Māori and populations that experience inequities through accessible, culturally appropriate services and addressing discrimination.
- 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 and/or exposure.
- Brings knowledge and experience of the sector, credible.
- Respected, trusted, and viewed as fair and just.
- Planning experience.
- Ability to analyse data and information.
- Ability to actively contribute and challenge in a group environment.
- Linkage with local strategic direction and with regional and national changes and systems.

2. ACCOUNTABILITY AND REPORTING

- 2.1. The LT is accountable for the performance of CCN to the people of Waitaha/Canterbury and accountable for the use of funds to relevant funders (including in-kind contribution).
- 2.2. The LT will report to and engage with the signatories of the District Alliance Agreement and CCN stakeholders at least annually on our Collaborative's performance.

3. FREQUENCY OF MEETINGS

- 3.1. LT meetings will be held monthly, either face-to-face or via video-technology.
- 3.2. For matters of urgency, and changes in alliance group membership, an email decision process can be facilitated by the CCN Programme Office.

4. SECRETARIAT

- 4.1. The CCN Programme Office will provide the secretariat functions for both the LT and CCN Support Team (ST).

5. QUORUM

- 5.1. The quorum for meetings is half plus one LT member from the total number of members.

6. CONFLICT OF INTERESTS

- 6.1. **Honesty and integrity is paramount:** It is important that all LT members are open and honest with each other and advance the interests of our collaborative.
- 6.2. **Full Disclosure:** Each LT 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 CCN.
- 6.3. **Declaration:** The Interests Register will document LT member's interests and the review of this Register will remain on the agenda for all LT meetings.
- 6.4. **Managing Conflicts:** LT members will proactively manage all real or potential conflicts of interest. The LT 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 CCN via the Chair.

7. REVIEW

- 7.1. 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 LT members: 14/4/14

Reviewed 18/05/15; 20/4/2016; 13/04/2017, 1/08/18, 10/10/19, 26/10/2021, 20/02/23

Next Review Date: 20 February 2024

Appendix 1: CCN Membership Recruitment Procedure



CCN LT Membership Recruitment Procedure

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

The following procedure should be followed when recruiting for members onto the Leadership Team (LT):

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 at least three LT members, including the Chair, deputy Chair and at least one other member (as agreed by the LT).
3. The Support Team (ST) and LT 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 LT subgroup considers the membership proposal/s and if required, will interview proposed member(s) to ascertain what skills, competencies, and balance they can bring to the LT membership.
6. Upon completion of the recruitment process, the LT subgroup will put forward either a single or multiple nominations to the LT for their consideration and endorsement.
7. For LT to maintain the required competencies and perspectives, the LT reserves the right to retain and/or recruit additional members.

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 LT and ST will provide direction as to which groups should be approached to provide a membership proposal.

Perspective	Proposed examples of membership proposal/nomination processes
Manawhenua ki Waitaha	<i>Manawhenua ki Waitaha provide a nomination.</i>
Consumers	<i>Te Whatu Ora Waitaha Consumer Council, CCN Consumer Caucus, Consumer forums across Canterbury health system, CCN Partners are requested to distribute the briefing documents to relevant networks and/or provide nominations.</i>
Primary Health Organisation Leadership	<i>The three Waitaha/Canterbury PHOs (Waitaha, Pegasus and Christchurch PHOs) each provide a clinical membership proposal/nomination.</i>
Secondary/ Tertiary Care Clinical Leadership	<i>The briefing document is distributed via the Te Whatu Ora Waitaha Clinical Executive to clinical directors and leaders across secondary and tertiary care with a request for nominations.</i>
Community Nursing	<i>The Directors of Nursing and other groups as appropriate provides a nomination.</i>
Practice Nursing	
Pharmacy/Allied health	<i>The CCPG Board and Allied Health Forum provides a nomination.</i>