TERMS OF REFERENCE
Laboratory Service Level Alliance
08 Dec 2020

BACKGROUND

The foundation of the SLA Charter is a commitment to act in good faith to reach consensus decisions on the basis of 'best for patient, best for system.' Each SLA member will sign the SLA Charter and agree to the principles contained within it.

The Canterbury Clinical Network (CCN) was established to provide clinical leadership and demonstrate alliance principles across a multi-disciplinary team. The CCN leads the development of services across the sector where innovation and transformational change is required. The CCN consists of:

1. Alliance Leadership Team (ALT);
2. Alliance Support Team (AST)
3. Programme Office;
4. Workstreams (WS);
5. Service Level Alliances (SLAs)
6. Service Development Groups (SDG)
7. Maori, Pacific and Consumer forums

GUIDING PRINCIPLES OF CANTERBURY CLINICAL NETWORK (CCN)

- Taking a 'whole of system' approach to make health and social services integrated and sustainable;
- Focussing on people, their families and communities, keeping them at the centre of everything we do;
- Enabling clinically-led service development; whilst
- Living within our means.

The Laboratory Service Level Alliance (SLA) will acknowledge and support the principles of the Treaty of Waitangi and the provisions of Te Tiriti o Waitangi. We will strive for equitable health outcomes across our population/focus area through accessible, culturally appropriate services.

LABORATORY SERVICES VISION

Laboratory tests are a vital component of health care and the hospital and community-based professionals who deliver laboratory service are an integral part of the patient care team and our high performing health system.

Laboratory services, in conjunction with the Canterbury health system, need to ensure:

a. Referrers select tests for clinical outcomes, the optimal use of finite resources, and health system impact. The result of the chosen test(s) should be able to be acted on. Unwarranted duplication or variation will be avoided by all referrers and providers.
b. All test results ordered by any recognised health provider are visible to all referrers and other providers via HealthOne (unless the patient activates the opt-out provision].
c. Sample collection locations are geographically accessible to patients and to laboratory test requestors including GPs, midwives and specialists, and provide a quality service and experience.
d. The transport system for samples is designed to ensure the viability of samples while addressing the capacity needs of the laboratory providers, has systems that allow the tracking of samples and results by referrers and patients;
e. Samples are analysed to the highest quality and accredited standards by staff of world class medical laboratory scientists and technicians, pathologists and support staff.
f. Capacity exists to respond to unplanned changes in demand and crisis management and the system has contingency capacity in service and data management in the event of an emergency.
g. Easy interaction of the referrer and provider IT system reduces manual entry, improves sample flow and removes after-hours communication issues. Results and interpretation are timely, accurate and available

when and where the patient's/person's encounter with their health professional occurs. Results and their interpretation are readily available to appropriate members of the patient's/ person's shared care team.

h. Timely feedback on ordering patterns is provided to referring clinicians, within a multidisciplinary governance framework and is supported by education.

i. Patients have all results, both normal and abnormal shared with them on a timely basis. In time, patients will be able to access interpretation of their results through a patient shared electronic record.

LABORATORY SERVICE LEVEL ALLIANCE

1. PURPOSE

The Laboratory SLA was established in 2011, with an agreed service vision which was reconfirmed in March 2020. Its purpose is to strategically plan, design, and prioritise achievement of an accessible fully integrated laboratory service for the Canterbury population across hospital and community settings. The Laboratory Service Level Alliance will ensure:

1.1. The demands on the system for patient care and wellbeing are balanced with sustainable clinical services and business practices;

1.2. Laboratory service providers work in concert with the SLA to achieve a common interface and quality, audit, education systems and processes;

1.3. Promote appropriate testing and reduce unhealthy variation in utilisation; and

1.4. Value for money in the delivery of laboratory services and appropriate testing across the system.

2. FUNCTIONS

The Laboratory SLA functions are to:

2.1. Provide clinical leadership to the future development of Canterbury laboratory services that support quality, efficiency and the reduction of costs and errors within their own service and across the health system.

2.2. Develop, define and continually improve service models to provide integrated laboratory services for Canterbury and ensure the Canterbury population get the right service at the right time in the right place with easy sharing of clinical information.

2.3. Monitor signals in change in volumes and results of tests and provide timely feedback on emerging issues and improvement opportunities.

2.4. Ensure laboratory services have a focus on equity, access and quality of investigations and patients/persons experience.

2.5. Provide leadership and strategic direction to allow test ordering to be done electronically, with relevant accompanying clinical information and patient/person and referrer contact information, removal of data entry errors and easier communication.

2.6. Make recommendations about the development of efficient and aligned information systems and infrastructure investments that will support the delivery of laboratory services and appropriate sharing of clinical information.

2.7. Ensure both clinician and laboratory provider will be able to see when a test is ordered and when it is actioned by the patient/person with patient-friendly recalls in place.

2.8. Provide strategic leadership for work groups established by the Laboratory SLA to assist it to achieve its purpose. This will include standing work groups such as the Collections Working Group and groups put in place for specific purposes.

2.9. Develop service planning expectations for the laboratory service providers with regard to current and future service opportunities.

2.10. Develop and monitor performance against the Laboratory SLA's annual work plan, feed this into the CCN Work Programme and Canterbury DHB Annual Plan and report progress to ALT.

2.11. Identify and support existing and new education programmes that improve the overall utilisation and effectiveness of laboratory services for our population.

3. MANDATE

3.1. The Laboratory SLA has the mandate to make recommendations to ALT on the design, development, and the ongoing provision of laboratory services as an integral part of our health system.

4. SCOPE

4.1. In Scope: The Laboratory SLA can make recommendations to the ALT on:

- Opportunities for enhancing equitable access to laboratory services that are an integrated part of primary/community/secondary care
- Measurement, monitoring, reporting and evaluating access and delivery of laboratory services
- Opportunities to realise equitable health outcomes and culturally appropriate services

4.2. Out of Scope: The Laboratory SLA will not:

- Employ staff
- Contract for services.

5. MEMBERSHIP

5.1 The membership of the Laboratory SLA will include professionals who participate (e.g. referrers or providers) in laboratory services across urban and rural settings, those who work in key related services, management from relevant health organisations and others who bring important perspective e.g. consumer, Māori, Pacific, migrant and/or rural voices

5.2 Members are selected for the perspective they bring rather than as representatives of specific organisations or communities of interest. Collectively members will provide the range of competencies and perspectives required for the SLA to achieve success

5.3 The SLA will review membership annually to ensure it remains appropriate

5.4 Remuneration for meeting attendance will be as defined in the CCN Remuneration Policy. Attendance lists will be collected and forwarded to the Programme Office for payment

5.5 It is the expectation that a member will be able to attend two-thirds of scheduled meetings annually, unless discussed and agreed with the chair. When a member is absent for more than two consecutive group meetings without prior apology, or if the member is not able to contribute to the good of the group, the chair will consider their membership status for revocation, following discussion with the member or reasonable attempts to contact the member.

The SLA will be supplied with project management and analytical support, as required.

6. SELECTION OF MEMBERS, CHAIRPERSON AND DEPUTY CHAIRPERSON

6.1 New or replacement members will be identified by the Laboratory SLA for their required skills/expertise. A nomination process will be used. The appointment will require endorsement from the ALT on recommendation from the Laboratory SLA

6.2 An independent Chair will be appointed by ALT.

7. MEMBERS

The composition of the Laboratory SLA is as follows.

Name(s)	Perspective/Expertise
Janice Donaldson	Independent Chairperson
Dr Anja Werno	Chief of Pathology, CHL
Rob Allan	Medical Laboratory Scientist (Haematology) or substitute
Vacant	Community Pathologist
Andrea Guillemot	Canterbury SCL Manager or alternate
Kirsten Beynon	Canterbury Health Labs Manager or alternate
Dr Andrew Rawstron	Rural GP / Primary Care Referrer,
Dr Jason Pryke	Urban GP / Primary Care Referrer,
Melissa Hanses	Nurse Practitioner
Vacant	Secondary Care Referrer (surgical)
Prof Richard Gearry	Medical Specialist [public, private]
Rose Barker	Lead Maternity Carer
Hector Matthews	Māori perspective
Gill Mendonca	Consumer
Prof Les Toop	ALT Sponsor
Andrea Davidson	Planning & Funding
In attendance: Facilitator: Jackie Carroll CCN Programme Office: Kim Sinclair-Morris	

8. ACCOUNTABILITY

8.1 The SLA is accountable to the ALT who will establish direction; provide guidance; receive and approve recommendations.

9. WORK PLANS

9.1 The SLA will agree their annual work plan and submit it to the ALT for approval via the CCN Programme Office. The work plan will be influenced by the CCN Strategic Plan 2019-2024, Ministry of Health Targets, the Canterbury District Annual Plan, legislative and other requirements.

9.2 The SLA will actively link with other CCN alliance groups and work programmes and the South Island Alliance where there is common activity.

10. FREQUENCY OF MEETINGS

10.1 Meeting dates and times will be decided with members on an annual basis and held quarterly schedule as agreed

11. REPORTING

The SLA will report to the ALT on an agreed schedule via the CCN Programme Office;

11.1 Reports will be provided by the SLA in a template provided by the CCN Programme Office.

11.2 Where there is a risk, exception or variance to the work plan, or an issue that requires escalation, a paper should be prepared in a template provided by the CCN Programme Office;

11.3 Where there is an innovation or service recommendation, a paper should be prepared in a template provided by the CCN Programme Office; and

11.4 Where applicable, reporting will include progress against or contribution to Ministry of Health System Level Measure reporting, and Health Targets.

12. MINUTES AND AGENDAS

12.1 Agendas and minutes will be coordinated between the SLA chair and facilitator;

12.2 Agendas will be circulated no less than five days prior to the meeting, as will any material relevant to the agenda;

12.3 Minutes will be circulated to all group members within 7 days of the meeting and minutes remain confidential whilst 'draft' and until agreed; and

12.4 Copies of the approved minutes will be provided to the CCN Programme Office for inclusion on the CCN website. Any confidential or sensitive material should be excluded.

13. QUORUM

13.1 The quorum for meetings is half plus one.

14. CONFLICTS OF INTEREST

14.1 Conflicts of interest will be stated by all members and recorded on an Interest Register;

14.2 Where a conflict of interests exists, the member will advise the chair and withdraw from all discussion and decision making; and

14.3 The Interests Register will be a standing item on SLA agenda's and be available to the Programme Office on request.

15. REVIEW

15.1 These Terms of Reference will be reviewed annually and may be altered intermittently to meet the needs of its members and the health system.

16. RESPONSIBLITIES

16.1 Apply any delegated funding available to lead the required service/service change;

16.2 Establish new work groups to guide service design; and

16.3 Design evaluation criteria to evaluate and monitor on-going effectiveness of service delivery. Any evaluation will comply with the evaluation framework outlined by CCN and/or the ALT or funder.

ROLES

17. CHAIR

17.1 Lead the team to identify opportunities for service improvement and redesign;

17.2 Lead the development of the service vision and work plan;

17.3 Develop the team to respond to a service need; engaging with key stakeholders and interested parties best suited for the purpose of service innovation;

17.4 Work with the project manager/facilitator and/or analyst to produce work plans and other reports as required;

17.5 Provide leadership when implementing the group's outputs;

17.6 Work with the facilitator to facilitate meetings to achieve outcomes in an economical and efficient manner;

17.7 Be well prepared for meetings and ready to guide discussion towards action and/or decision;

17.8 Meet with the other CCN leaders to identify opportunities that link or overlap, share information and agree on approaches.

18. ALT MEMBER

18.1 Act as a communication interface between ALT and the SLA;

18.2 Participate in the development and writing of papers that are submitted to ALT;

18.3 Act as Sponsor of papers to ALT so papers are best represented at the ALT table

19. CLINICAL LEADER

19.1 Provide strong clinical leadership across all SLA work activity;

19.2 Serve as mentor and provide clinical guidance to SLA members (where relevant).

20. SLA MEMBERS

20.1 Bring perspective and/or expertise to the SLA table;

20.2 Understand and utilise best practice and alliance principles;

20.3 Analyse services and participate in service design;

20.4 Analyse proposals using current evidence bases;

20.5 Work as part of the team and share decision making;

20.6 Actively participate in service design and the work planning process;

20.7 Be well prepared for each meeting.

21. PROJECT MANAGER/FACILITATOR

21.1 Support chairs and/or clinical leaders to develop work programmes that will transform services;

21.2 Provide or arrange administrative support;

21.3 Document and maintain work plans and reports to support the group's accountability to the ALT;

21.4 Develop project plans and implement within scope following direction from the group, CCN programme office and/or ALT as appropriate;

21.5 Work with the chair to drive the work plan by providing oversight and coordination, managing the resources and facilitating effective teamwork;

21.6 Keep key stakeholders well informed;

21.7 Proactively meet reporting and planning dates;

21.8 Activity work with other CCN groups to identify opportunities that link or overlap, share information and agree on approaches;

21.9 Identify report and manage risks associated with the SLA work activity.

22. PLANNING & FUNDING REPRESENTATIVE

22.1 Provide knowledge of the Canterbury Health System;

22.2 Support the group to navigate the legislative and funding pathways relevant to the SLA;

22.3 Facilitate access to analytical support for the purpose of evaluation, reporting and monitoring.

TERMINOLOGY

- SLA Charter – outlines the purpose, principles, commitments and mandate of SLA leadership teams; provides a basis for individuals on the leadership teams to commit to the approach.
- Alliance Leadership Team (ALT) – the CCN alliance leadership team responsible for the governance of clinically-led service development.
- Canterbury Clinical Network (CCN) – an alliance of health care leaders, including rural and urban general practitioners and practice nurses, community nurses, pharmacists, physiotherapists, hospital specialists, Manawhenua ki Waitaha, CDHB planning and funding management, and PHO and IPA representatives.
- Service Level SLA – a group of clinical and non-clinical professionals drawn together to lead the transformational redesign, delivery of services or group of services in a specific area of the Canterbury health system

- Workstream – a group of clinical and non-clinical professionals drawn together to lead the transformation of a sector or service. Not a contracting entity, they guide the decision making of the ALT through initiative design.
- Alliance Support Team – the small operational arm of the ALT who supports the workstreams and service SLA groups with prioritisation of design and delivery of health services. They support the ALT and assist with delivery of its goals. Part of the Programme Office.
- Programme Office – includes, the Programme Leader, Programme Coordinator as well as a flexible resource pool of administration, project management and analysis for workstream and SLA groups.
- Service Level Provision Agreements – agreements between the DHB and a service provider that are signed in

ENDORSEMENT OF MINUTES

Agreement and endorsement of these TOR should be dated and recorded in the minutes.

Date of endorsement by SLA: 08/1/2020

Date of endorsement from ALT: 22/02/2021

Due Date of New Review: 22/02/2022