

## 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.

This Steering Group will acknowledge and support the principles of the Treaty of Waitangi and will work towards equitable health outcomes across our population through accessible, culturally appropriate services.

## SYSTEM OUTCOMES STEERING GROUP

### 1. BACKGROUND

The System Outcomes Steering Group was established to provide clinical governance and a coordinated system-wide response to emerging initiatives focused on improvements in quality and integration through developing key outcomes and a combined set of indicators. The key initiative the group oversees is the:

- The System Level Measures Framework implemented by the Ministry of Health 1 July 2016

In addition to progressing the System Level Measures Framework, it is proposed there is value in a steering group that looks to reduce duplication of effort in measuring performance, and reinforces the aligning of priorities through shared indicator and outcome measures, where appropriate. For example; the inclusion of measures of improved access, and Maori health outcomes into the System Level Measures Framework.

#### 1.1. System Level Measures Framework Context

The System Level Measures Framework requires each district's alliances to identify, prioritise and coordinate actions across many parts of the system to influence a change in the high-level measures. In this way the Framework advances the Ministry's expectations of further integration of health services. By focusing on performance, the Framework is also a tool for the Ministry to monitor improvement against key outcomes. These dual functions (driving transformation of our health system, and reporting on performance) raise questions on the Steering Group's role and where the group is best positioned within the CCN's organisational structure. It is acknowledged that as a new initiative oversight of the System Level Measures may need to evolve alongside the emerging implementation of the framework and system need.

## RELATIONSHIPS ACROSS THE SYSTEM

The role detailed below, and positioning of this Steering Group under the CCN reflects current thinking of the best fit, while acknowledging that visibility of the System Level Measures, regular engagement and/or reporting of progress and clarification of the role of various system groups is important; including the DHB and PHO Clinical Governance Groups, Consumer Groups, the Provider based Realign, CCN Services Level Alliances and Workstreams, and Maori, Pacific, CALD and other Reference groups.

### 2. PURPOSE

The role of the System Outcomes Steering Group is to:

- Lead / guide the development of any frameworks and tools that measure activity around a set of shared outcomes;
- Champion, and advocate the embedding of outcomes frameworks / tools across the health system and as necessary within a specific expert group;
- Identify, seek to understand and analyse data that supports the identification of contributory measures;
- Provide clinical input to the identification and selection of contributory measures for the System Level Measures Improvement Plan;
- Facilitate system-wide visibility of metrics that track progress against the measures;
- Monitor performance and provide summative reports on the outcome frameworks / tools;
- Ensure any frameworks / tools developed align with:
  - The Ministry of Health's expectations including the Value and Performance theme of the New Zealand Health Strategy;
  - Canterbury's overarching vision and health system Outcome Framework; and
  - Canterbury's local priorities.
- Ensure any proposed framework / tool that develops aligns with the following high level principles:
  - Aligns activity across the system around shared outcomes;
  - Reflect Canterbury's underlying principle of 'Best for Patient Best for System'
  - Adopt a continuous improvement lens;
  - Avoid duplication of effort; and
  - Protect privacy and align with HealthSafe principles.

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### 3. MANDATE AND SCOPE

The System Outcomes Steering Group has the mandate to:

- 4.1 Make recommendations on the adoption and ongoing development of frameworks and tools that align system-wide activity around a set of shared outcomes;
- 4.2 Make recommendations for and oversee changes to the measures within the Outcomes Framework.
- 4.3 Analyse and monitor performance against indicators and key outcomes; and
- 4.4 Make recommendations on visibility of the measures and performance across the system.
- 4.5 Endorse the quarterly System Level Measures reporting required by Ministry of Health.

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### 4. MEMBERSHIP

- The membership of the Steering Group will include professionals who bring the skills, experience and expertise to support the role and purpose of the group.
- Members are selected not as representatives of specific organisations or communities of interest, but because collectively they provide the range of competencies required for the Steering Group to achieve success;
- The Steering Group will review membership annually to ensure it remains appropriate;
- Remuneration for meeting attendance will be as defined in the CCN Remuneration Policy. Attendance lists should be collected and forwarded to the Programme Office for payment;
- It is the expectation that a member will be able to attend two-thirds of scheduled meetings annually, unless discussed and agreed with 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;
- Each Steering Group will be supplied with project management and analytical support as required.

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### 5. SELECTION OF MEMBERS, CHAIRPERSON AND DEPUTY CHAIRPERSON

- New or replacement members will be identified by the Steering Group for their required skills/expertise. The appointment will require endorsement from the ALT on recommendation from the Steering Group;
- The chair and deputy chair will, in most cases, be nominated by members of the Steering Group. Where there is more than one nominee for either one or both positions, the election will be put to a vote. In some cases, the role of chair will be appointed by ALT (i.e. an independent chair).

## 6. MEMBERS

6.1 The identification and delivery on actions to improve the System Level Measures performance will occur within various SLAs/Workstreams, specialist groups and Reference Groups. This will enable substantial input from a broad range of perspectives, including importantly those of consumers, Maori, Pacific and CALD populations. The Steering Group size, membership and purpose reflects this approach of distributed contribution from expert groups, and has been configured accordingly as non-representative.

6.2 The composition of the System Outcomes Steering Group is tabled below.

Name(s)	Perspective/Expertise
Lynley Cook	Chairperson
Les Toop	Deputy Chair & Primary Care Clinical Leadership
Renee Noble	Maori perspective
Angus Chambers & Martin Gardner (temporary)	Primary Care Clinical Leadership (urban and rural)
Sarah Hurring , Saxon Conner	Secondary Care Clinical Leadership
Greg Hamilton	Planning & Funding – system outcomes focus
Matthew Reid	Population Health
Susan Wood	Quality Improvement
Annabel Begg	Community & Public Health
Linda Wensley	CCN Programme Office
Vacant	Facilitator / Support from Planning & Funding
Ella McClure (attendee)	Youth

6.1 Analytical and technical expertise will be provided by Planning & Funding Intelligence and Transformation team, and other analyst resource as required.

## 7. ACCOUNTABILITY

- The Steering Group is accountable to ALT who will establish direction; provide guidance; receive and approve recommendations.

## 8. FREQUENCY OF MEETINGS

- Meetings will be held quarterly. Working groups may be held as and when required.
- Meeting dates will be arranged annually, taking into consideration ALT meetings; to ensure reporting is current and up to date.

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## 9. REPORTING

- The Steering Group will provide a summary report to the ALT on an agreed schedule via the CCN Programme Office;
- Quarterly reporting requirements and visibility of progress against the System Level Measures Framework completed for the Ministry of Health.
- Where there is a risk, or an issue that requires escalation, a paper should be submitted to ALT.

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## 10. MINUTES AND AGENDAS

- Agendas and minutes will be coordinated between the Steering Group chair and facilitator;
- Agendas will be circulated no less than three days prior to the meeting, as will any material relevant to the agenda;
- Minutes will be circulated to all group members within seven days of the meeting and minutes remain confidential whilst 'draft' and until agreed.

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## 11. QUORUM

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

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## 12. CONFLICT OF INTERESTS

- Conflict of interests will be stated and recorded on an Interests Register as a standing agenda item
- Where a conflict of interest exists, the member will advise the chair and the chair will decide how the conflict will be managed;

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## 13. REVIEW

- These terms of reference will be reviewed annually and may be altered intermittently to meet the needs of its members and the health system.

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# ROLES

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## 14. CHAIR

- Lead the team to identify priority areas for improvement;
- Lead the development of the annual System Level Measures Improvement Plan ;
- Engage with key governance and specialist groups for the purpose of the Systems Outcomes innovation;
- Work with the project manager/facilitator and/or analyst to produce reports as required;
- Provide leadership when implementing the group's outputs;
- Work with the facilitator to facilitate meetings to achieve outcomes in an economical and efficient manner;
- Be well prepared for meetings and ready to guide discussion towards action and/or decision;
- Meet with the other CCN leaders to identify opportunities that link or overlap, share information and agree on approaches.

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## 15. STEERING GROUP MEMBERS

- Bring perspective and/or expertise to the Steering Group table;
- Understand and utilise best practice and alliance principles;
- Work as part of the team and share decision making;
- Be well prepared for each meeting.

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## 16. PROJECT MANAGER/FACILITATOR

- Support chairs and/or clinical leaders to progress activities to establish and embed the outcome measures framework and tools and transform services;
- Provide or arrange administrative support;

- Document reports to support the group's accountability to the ALT;
- Develop project plans and implement within scope following direction from the group, CCN programme office and/or ALT as appropriate;
- Work with the chair to drive the improvement plan by providing oversight and coordination, managing the resources and facilitating effective teamwork;
- Keep key stakeholders well informed;
- Proactively meet reporting and planning dates;
- Activity work with other CCN groups to identify opportunities that link or overlap, share information and agree on approaches;
- Identify, report and manage risks associated with the Steering Group work activity.

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## 17. PLANNING & FUNDING REPRESENTATIVE

- Provide knowledge of the Canterbury Health System;
- Support the group to navigate the legislative and funding pathways relevant to the Steering Group;
- Facilitate access to analytical support for the purpose of evaluation, reporting and monitoring.

## ENDORSEMENT OF MINUTES

Date of agreement and finalisation by Steering Group members:        /        /2019

Date of endorsement from ALT:        dd / mm /2019

Next Review Date: