



Alliance Clinical Network

Terms of Reference

Ver 270911

Aims

Deliver on GAIHN's objectives and commitments outlined in the GAIHN work programme

Proactive clinical leadership in order to:

- Improve patient care and outcomes resulting in equitable improvement in health status, better patient experience and better use of money
- Refine our health system to support sustainable models of care based on integrated clinical pathways and a whole of system approach
- Support and promote clinical/service alliances between the GAIHN partners and wider health sector organisations.

High level deliverables

- Provide clinical oversight to the work streams and implementation plans for GAIHN
- Lead and advise on clinical pathways and acute and long term care processes developed by sub-groups
- Advise on prioritisation of resources and effort to the GAIHN partners
- Support informed stakeholder participation – particularly clinicians on implementation of the agreed GAIHN clinical/service alliances
- Provide advice on safety, quality and models of care.

Constituency

- The GAIHN Alliance Clinical Network (ACN) shall be made up of senior clinicians drawn from a wide range of disciplines and geographic coverage in Greater Auckland
- The group is not representative and people will be chosen because of their skills, competencies and abilities to contribute to the broader aims of the network, however there is a clear expectation that members will act as conduits of information and recommendations to their organisations clinical leadership groups.
- Chairs of the Local Health Networks (LHNs), the work stream subgroups and the BSMC business partners [Alliance Health plus and National Hauora Coalition] will also be invited to sit on the ACN
- The work of the clinical alliances of GAIHN will be supported and promoted by clinicians in the GAIHN network.

Permissions

- The ACN is a decision making body to the extent that the delegated authority from the GAIHN Alliance Leadership Team (ALT) allows. It shall have complete clinical freedom to advise on the design and resource allocation decisions in order for GAIHN to achieve its objectives.
- The Chair has the power to co-opt additional members to the group for a set term, up to 12 months, when needed to provide additional expertise to the group.
- The ACN can commission work within its delegated authority in consultation with the GAIHN Programme Director
- The ACN may delegate issues to other groups or set up sub-groups to assist in deliberations over technically complex issues
- The Chair shall be the spokesperson for the group and all communications concerning the network will be directed through the Chair in the first instance, or as otherwise endorsed by the GAIHN partners.

Chair

The Chair shall be appointed by the GAIHN ALT for two years.

Size and Quorum

The number on the ACN that is considered optimal is 24 and the quorum is 12. Monthly meetings will be held.

Meeting attendance

- Members shall be able to appoint a named individual as their alternate [to be able to attend meetings in case of their absence. It is recognised that this is particularly important for the allied health and pharmacy and to a lesser extent Nursing roles because of their fewer number on the group.
- Members will ensure that alternates are appropriately briefed and up to date prior to attending meetings.
- In the event that a member is absent for three or more consecutive meetings without agreement of the chair, that member shall be deemed to have resigned and lose his/her place on the network.

Competencies

- A chair with good facilitation and conflict resolution skills
- Clinicians required who are able to see the bigger picture, take a whole of system view, and understand the role of clinical governance, people who model team work, and interdisciplinary working.
- Maori and Pacific clinicians and others who can contribute to the groups understanding of equity and implementation for cultural minorities
- Support from technical people (preferably clinicians) in improvement science re change management and improving quality
- Analytical support to provide the right information to the group, including:
Epidemiological/public health physician support re process of needs analysis and understanding population health interventions.
- A range of doctors nurses and allied health sector clinicians selected from the following disciplines: general practice palliative care; paediatrics; mental health (psychiatrist or nurse or psychologist) pharmacist nurses, midwifery
- Representative from the GAIHN Executive including Programme Director and Senior Clinician
- Consumer representatives
- Auckland based members of the National Hauora Coalition and Alliance Health Plus.

There will be cross representation between the ACN and the ALT.

Decision Making

- Decisions shall be made by consensus.

Key deliverables for the Alliance Clinical Network

- i. Stocktake of all networks in the region at present and assist in the development and establishment of local health networks
- ii. Support the adoption of Integrated Clinical Pathways for agreed priority conditions (where possible regionally consistent) being considered by the Clinical Pathways work stream
- iii. Consider the need for workforce development to implement the GAIHN programme including identification and better management of individuals at high risk of an acute event and
- iv. Clinical Governance and quality improvement across the sector including information management and building capability with a focus on community options for acute care
- v. Reconfiguration of community services to best meet patient need with a deliverable of a plan for community nursing services, 'e'-practice enablers and population prevention programmes.
- vi. Support the GAIHN equality and equity process in the child health improvement programme.

Document control

Version	Who	Note
21 September	Alliance Clinical Network	Reviewed & new name accepted. TOR to ALT for agreement.
28 September	Alliance Leadership Team	The terms of reference were ratified by ALT with no changes.