MEETING DETAILS	
Meeting Title	**Metro Auckland COVID-19 Clinical Governance Group**
Date and Time	Thursday, 25th November 2021
Venue	Zoom: Bledisloe House, 24 Wellesley St West, Level 9, Onetangi Meeting Room
MEMBERSHIP	
Invitees	Jonathan Christiansen, Rawiri McKree Jansen; Christine McIntosh; Hinamaha Lutui; Owen Sinclair; Allan Moffitt;Gabrielle Lord; Tim Cutfield; Willem Landman; Sally Roberts; Maria Poynter; Ruth Large; Lara Hopley; Kara Okesene-Gafa; Teuila Percival; Anthony Jordan; Gary McAuliffe; Gary Jackson; Kate Dowson; Carmel Ellis; Kim Arcus
Apologies	

Agenda			
No.	**Item**	**Who**	**Page No.**
1.	Welcome, introductions and karakia	Jonathan/Rawiri	
2.	Terms of Reference and Membership	Jonathan/Rawiri	002
3.	CIQ processes currently and in the future	Christine/Kate/Kim	
4.	Framework and Priorities for CIQ Clinical Governance - HQSC Clinical Governance structures and approaches	Jonathan/Rawiri	006
5.	Clinical Handover between Services	Ruth	
6.	Specific Policies or other documents for consideration a) Protocol for non-contactable people b) Guidance Documents Development Discussions	Christine	Presentation To be tabled
7.	Any other business	Group	
Next Meeting: Thursday, 2 December 2021			

Terms of Reference

Whānau Home Quarantine Clinical Governance Group (WHQCGG)

1. Purpose

Whānau Home Quarantine Clinical Governance Group (WHQCGG) is responsible for the professional clinical oversight of the Home Quarantine Covid-19 activity in Metro Auckland. It reports to the lead Chief Executive for the COVID outbreak in Auckland.

Given the high proportion of COVID-19 amongst Māori and Pacific a strong equity and Te Tiriti focus will be taken.

This Terms of Reference sets out the role, responsibilities and structure of the WHQCGG and provides guidance for the effective oversight of clinical matters.

2. Responsibilities of the WHQCGG

The primary role of the WHQCGG is to effectively promote, practice and represent professional clinical governance, in the context of the strategic direction as determined by the Executive lead for the Outbreak and CIQ. The initial focus of the WHQCGG will be on the safety and quality of the emerging Care of COVID in the Community (CIQ) programme and related issues. As those are progressed it may be possible for WHQCGG's to take a broader focus.

The WHQCGG has the following general functions:

- To be the focus of clinical leadership for COVID-19;
- To champion equity and use an equity lens when making decisions;
- Reinforce the value and necessity of clinical governance for quality patient care;
- Oversee all quality programmes with an initial focus on CIQ;
- Provide clinical advice to the lead Chief Executive for the COVID outbreak;
- Monitor the quality of care;
- Minimise the risk and identify deficiencies in quality of care;
- Encourage innovation;
- Remove bureaucracy where possible; and
- Engage clinicians so they are aware of changes and improvements in processes, protocols and procedures.

and specific responsibility for:

- Taking a pro-equity approach in deliberations and decisions;
- clinical quality and audit;
- approving and overseeing research;
- clinical risk management;
- review of adverse events and serious clinical complaints;

- review of health and safety compliance;
- review of clinical processes and protocols;
- conducting regular peer review and subsequent actions;
- data collection and assessment to inform clinical decision making;
- education – specialists, technical staff and others; and
- investigating new clinical modalities and techniques.

3. Clinical Governance Committee Composition

The members on the WHQCGG shall be appointed by the lead Executive on the recommendation of the NRHCC.

The membership will include a core group as well as a broader membership that can be called upon depending on the topic or issue being considered. The number of members of the WHQCGG is expected not to exceed 20. Membership of the WHQCGG is expected to include in the first instance:

Core Group	Members to call on as needed
• Lead CMO and Co-Chair – Jonathan Christensen • Rawiri McKree Jansen (GP) Co-Chair – M • Lead equity TBC • Hina Lutui (GP) - P • Allan Moffitt (GP) • Gabrielle Lord (Primary care nursing) • Tim Cutfield (ID) • Owen Sinclair (Paeds) - M • Willem Landman (ED) • Sally Roberts (CTAG) • Ruth Large (Whakarongorau) • Maria Poynter (ARPHS) • Consumer representative (TBC Māori or Pacific) • Christine McIntosh (NRHCC) • Daniel Tsai (Pharmacy) • Harriet Pauga (Nursing)-P	• Lara Hopley (Clinical Informatician) • Kara Okesene-Gafa (Obst) - P • Teuila Percival (Paeds) - P • Anthony Jordan (Immunology) • Gary Mc Auliffe (Labs) • Gary Jackson (data) • Ambulance clinical lead (?) • Greg Williams

A Chief Medical Officer and Maori or Pasifika clinical leader shall co-chair the WHQCGG.

4. Chairs and Committee Members' Roles and Responsibilities

The Chairs are responsible for both ensuring the WHQCGG focuses on professional clinical oversight of the COVID response, and promoting best clinical practice and equity, in the context of the NRHCC strategic direction.

The Chairs also have a specific responsibility to facilitate the effective contribution of all clinical governance committee members and to promote constructive and respectful relations between WHQCGG members, and the NRHCC.

All WHQCGG members must promote a culture of excellence, support equity and are expected to observe the highest standards of ethical behaviour.

WHQCGG members are required to take all reasonable steps to avoid actual, potential or perceived conflicts of interests. WHQCGG members are required to disclose any conflicts of interest, and in certain circumstances, to abstain from participating in any discussion or voting on matters in which they have a material personal interest.

WHQCGG members will have access to confidential and sensitive information relating to the service. It is imperative that all information be kept confidential unless the group has specifically authorised the release of information.

5. Chairs and WHQCGG Members' Tenure

The WHQCGG members' appointments are for one year, but members may be re-appointed at the end of their respective term at the sole discretion of the lead Executive.

Notwithstanding the above, a WHQCGG member may be removed from the Committee at any time by notice in writing to said member, and the Chairs, signed by the lead Executive.

6. Clinical Governance Committee Meetings and Proceedings

The WHQCGG shall meet every week, either in person or via audio-visual technology.

The Chairs shall prepare an agenda for each meeting which will be circulated with any applicable WHQCGG papers to all WHQCGG members at least three working days prior to each meeting.

WHQCGG members are required to be fully prepared for and make every reasonable effort to attend each meeting of the WHQCGG.

In the absence of the Chair at a meeting, the WHQCGG members present will elect one of their number as Chair of the meeting.

Proceedings of all WHQCGG meetings are to be minuted. Minutes are to be shared with REF.

All discussions at WHQCGG meetings and the meeting minutes remain confidential unless there is a specific direction from the Chairs.

Resources are available from HQSC to support also:
https://www.hqsc.govt.nz/publications-and-resources/publication/2851/
https://www.hqsc.govt.nz/assets/General-PR-files-images/Accountability_documents/StatementOfIntent2020-24.pdf

7. Other Agencies

CTAG; NRHCC; ARPHS research group; HQSC; MoH

8. Ministry of Health Key Dimensions of Quality

1. People-centred
2. Access and equity
3. Safety
4. Effectiveness

5. Efficiency

9. Sub-Committees

The WHQCGG may from time to time establish appropriate sub-committees to assist it by focussing on specific responsibilities in greater detail than is possible for the WHQCGG as a whole, reporting to the WHQCGG and making any necessary recommendations.

10. Te Tiriti

The articles of Te Tiriti o Waitangi and Wai2575 principles will underpin this work.

11. Secretariat

NRHCC to provide secretariat support.

12. Indicator Set

The WHQCGG will determine with approval from REF an indicator set.
See Appendix A.

Version Control	**Details**
Owner and Approver	Executive Lead and REF
Version	1.1
Effective date	16 December 2021
Review cycle	Two-yearly

Appendix A
Clinical Indicators
TBD