

# CHARTER FOR THE CLINICAL QUALITY COMMITTEE – PROCARE HEALTH LIMITED

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## 1. PURPOSE OF THE CHARTER

The Clinical Quality Committee is an advisory Committee to the Board of ProCare Health Limited and the Board of ProCare Networks Limited. The Clinical Quality Committee is also available to provide clinical guidance to the Board of ProCare Psychological Services Ltd and any other ProCare subsidiaries or joint-ventures.

## 2. DEFINITIONS

- **ProCare** refers to **ProCare Health Limited (PHL) and/or ProCare Networks Ltd (PNL)** as the context implies and includes any associated companies.
- **The Board** is the Board of Directors of ProCare Health Limited
- **CQC** is the **Clinical Quality Committee**, also referred to as ‘the Committee’

## 3. ROLE AND FUNCTIONS OF THE CQC COMMITTEE

**CQC will assist the Board in the clinical governance of ProCare by providing advice when required, to:**

- The Board and any associated entities;
- PNL;
- The Clinical Directorate;
- ProCare Management

**The role of CQC is to:**

- a) promote a culture of high quality clinical practice within ProCare and its practice network;
- b) provide advice to the management and Clinical Directorate of ProCare to operationalise the ProCare's Strategy and annual work plan;
- c) advise any specific issues and risks pertaining to the implementation and performance of ProCare from a clinical perspective;
- d) provide advice and oversee ProCare's education programme, including development of resources to facilitate the professional development of practitioners and to enable providers to:
  - deliver on ProCare's strategic objectives;
  - maximise their utilisation of clinical programs; and
  - achieve qualifying credits towards maintenance of their vocational qualifications; and
- e) provide advice on relevant workforce development from a clinical perspective.
- f) Govern ProCare's Data Use and Management Framework and provide support to the Privacy Officer in ensuring safe use and management of data within ProCare. This includes make decisions regarding requests for use of the data and any publication of data under ProCare's Data Use and Management Framework.
- g) Consider and advise on relevant research proposals or requests received by ProCare (as per the Research Study Approval algorithm).

#### **4. MEMBERSHIP**

**a. Membership of CQC will consist of the following:**

- A GP Director of PHL;

- Up to four General Practitioners who are contracted to ProCare (preferably one per district (North, West, Central, South),
- Up to three nurses currently working as a registered nurse or nurse practitioner in a ProCare Practice (preferably one per DHB);
- One representative of ProMA (ProCare’s Maori advisory committee);
- One representative of ProPA (ProCare’s Pacific advisory committee);
- Two external members taking into account the following roles when selecting these:
  - Public Health Physician, epidemiology and population health expertise;
  - Senior Medical Officer with a role that interfaces with primary care e.g. FACEM or other physician.

The following will attend the meeting in an ex-officio capacity the Clinical Director, The Nursing Director (or nominee), the Quality Manager, the CEO, the Clinical Services Manager for ProCare Patient Services, and a representative of the General Manager Practice Services. Associate Clinical Directors and Associate Nursing Director to attend as appropriate.

b. **Membership Mix**

Consideration should be given when appointing new members to the existing membership in order to achieve a good mix and desired competencies within the Committee. E.g. the four network GPs may not all need appointing if the GP Director from the Board and/or ProMA/ProPA representatives can also function to represent a GP within the relevant locality. Diversity is to be encouraged in terms of sex, ethnicity and geographic distribution when making appointments to the Committee.

- c. Any Director of ProCare is entitled to attend any meeting of CQC.
- d. The Board of PHL may, at its discretion, choose to appoint any additional individuals to CQC where particular skills, expertise, knowledge or resources are required.

- e. The Committee member's tenure and conduct will be in accordance with PHL Appointments Policy. Appointed members of CQC will be appointed for a period of three years. Where possible a third of membership will come up for review annually. For GP and Nurse members there will be a process to request interest from the network and CQC will make a recommendation to the Board for appointment. Other members are appointed/re-appointed by the Board of PHL.
- h) The Board may at any time, at its complete discretion, require the resignation of any member(s) of CQC.
- i) Members are required to act in the best-interests of ProCare and not undertake any action considered to be prejudicial to the reputation or effective working of the Committee or ProCare.

## 5. CQC DUTIES AND RESPONSIBILITIES

### **Specifically, the Committee should:**

- a. Provide a population health perspective in relation to the clinical performance of ProCare and its provider network;
- b. Recommend clinical goals to PHL and PNL, and oversee performance towards these goals;
- c. Champion a culture of clinical excellence within ProCare, and the wider ProCare provider network;
- d. Recommend evidenced based health care provision;
- e. Endeavour to achieve alignment between clinical governance and ProCare management activities;
- f. provide support and oversight to the Clinical Directorate to ensure that ProCare's clinical providers adhering to best practice;
- g. Recommend clinical policy;
- h. Set and oversee the clinical direction and performance of ProCare and, in conjunction with the Board, ensure that the services delivered by the ProCare provider network are clinically safe, effective, patient centred, equitable and timely;
- i. Develop an annual work plan based on the defined Purpose and Role of CQC as set out in this Charter;

- j. Report to the Board on a regular basis as to progress towards attaining clinical goals as per b) above;
- k. Review concerns raised by the Clinical Directorate regarding any providers whose performance is concerning. When appropriate, CQC to escalate any performance issues, with recommendations, to the Board and/or Membership Committee.
- l. Advise on professional development and education requirements of general practice staff

## 6. CQC AUTHORITY

- a. CQC does not have the authority to make a decision in the Boards name or on its behalf;
- b. The Board authorises CQC, within its scope of responsibilities, to request any relevant information and advice from ProCare and its employees, subsidiary companies or ProCare providers necessary to fulfil its responsibilities under this Charter;
- c. CQC must adhere to established ProCare policies and procedures, including but not limited to, ProCare's Media Policy.

## 7. PROCEDURE

- a. The Chairman of CQC will be appointed by the PHL Board.
- b. The CQC will hold no less than four meetings per annum but generally will meet monthly (to a maximum of ten times per year) to review progress towards attaining the goals described in the annual work plan.
- c. A **quorum** of no fewer than six members of the CQC is required. If the Chairman is not present, the members will appoint an Acting Chairman for the meeting. No business may be transacted at a meeting if a quorum is not present;
- d. Wherever possible, recommendations of CQC will be made on a consensus basis. Where a consensus cannot be reached, the recommendation and reasons consensus could not be achieved, will be reported to Board;

- e. The Clinical Directorate will provide administration support and distribute an agenda, (agreed with the Chairman) and supporting documentation to all members of the CQC at least five calendar days before the meeting;
- f. Minutes of the meeting will be taken by a nominated individual and after approval by the Chair will be circulated to CQC within one week of the meeting;
- g. CQC will ensure that minutes of its meetings are provided to PHL and PNL boards in a timely manner. The Chairman will report back on the key points of discussion, the decisions taken, and the recommendations of the Committee, to the next scheduled meeting of the Board.
- h. The Chairman of PHL will meet at least annually with the Chair of CQC to ensure an effective working relationship between CQC and the Board;
- i. The Board, at its sole discretion, may from time to time review the activities and effectiveness of CQC and may, as a result of this review, amend, alter, or rescind any part or whole of the CQC Charter;
- j. This Charter shall be reviewed every two years or at such other time as directed by the ProCare Health Limited Board;
- k. The Committee will perform a self-assessment on an annual basis and the Chair shall report the outcome to the Board via the Chairman of PHL.

## **8. REMUNERATION**

- a) Members of the Committee will be paid a meeting rate as determined by the ProCare Meeting Policy;
- b) In recognition of the additional responsibilities and work associated with the role, the Chairman of CQC will receive an additional payment made in honorarium, as determined by the Board;

<b>Title:</b> CQC Charter	Date Updated: June 2018	Date Approved: July 2018
Approved by ProCare Health Limited Board	Review Date: April 2019	