HB Clinical Council Meeting

Date: Wednesday 6 April 2022

Time: 3.00pm – 5.30pm

Venue: **ZOOM only**
https://zoom.us/j/92025918653?pwd=WDM1RnVFdVp6a01xM1NySHhydm9sQT09
Meeting ID: 920 2591 8653
Passcode: 073687

Members:
Dr Robin Whyman (Chair)
Brendan Duck (Deputy Chair)
Dr Andy Phillips
Dr Nicholas Jones
Dr Mike Park
Dr Russell Wills
Peta Rowden
Dr Jessica Keepa
JB Heperi-Smith
Dr Umang Patel
Dr Kevin Choy
Karyn Bousfield
Catherine Overfield
Ani Tomoana
Sarah Shanahan

Apologies:

In Attendance:
Keriana Brooking, Chief Executive Officer
Chris Ash, Chief Operating Officer
Susan Barnes, Patient Safety & Quality Manager

Minute Taker: Gemma Newland, EA Chief Allied Health Professions Officer

Public Agenda

Item	Section 1: Routine	Time (pm)
1.	Karakia, Welcome and Apologies	3.00
2.	Interests Register	
3.	Minutes of Previous Meeting	
4.	Matters Arising – Review of Actions (public)	
5.	Annual Workplan – copy for information	
6.	HB Clinical Council Board Report – February (public) – copy for information	
	Section 2: Standing Management and Committee Reports	
7.	Chief Executive Officer's Report	3.10
8.	COVID19 Status Report	3.20
9.	Clinical Council Representatives and Committee Reports: Patient Safety and Risk Management Committee Minutes Professional Standards and Performance Committee Report	3.35
	Section 3: Presentations / Discussions	
10.	Equity Action Plan update – Nicholas Jones, JB Heperi-Smith	3.45
11.	Pager Replacement Project – Ben Duffus	4.00
12.	**Section 4: Recommendation to Exclude the Public** Under Clause 33, New Zealand Public Health & Disability Act 2000	

Public Excluded Agenda

Item	Section 5: Routine	Time
13.	Minutes of Previous Meeting (public excluded)	4.15
14.	Matters Arising – Review of Actions (public excluded)	
15.	HB Clinical Council Board Report – No February Report (public excluded)	
16.	Chief Operating Officer Report – Chris Ash	4.20
17.	Q2 Patient Safety and Quality Report	4.30
	Section 6: Presentations / Discussion	
18.	End of Life Choice Act Implementation – Sally Houliston	4.40
19.	HSCGC – Workshop Feedback	5.00
20.	Topics of Interest – Member Issues / Updates	5.15
21.	Meeting concludes	5.30

The next Clinical Council Meeting will be held on
Wednesday 1 June 2022 commencing at 3.00pm (last one)

Our shared values and behaviours

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGA TE TIRA PARTNERSHIP
TAUWHIRO CARE

HE KAUANUANU RESPECT

*Showing **respect** for each other, our staff, patients and consumers*

	✔	✘
Welcoming	Is polite, welcoming, friendly, smiles, introduce self Acknowledges people, makes eye contact, smiles	Is closed, cold, makes people feel a nuisance Ignore people, doesn't look up, rolls their eyes
Respectful	Values people as individuals; is culturally aware / safe Respects and protects privacy and dignity	Lacks respect or discriminates against people Lacks privacy, gossips, talks behind other people's backs
Kind	Shows kindness, empathy and compassion for others Enhances peoples mana	Is rude, aggressive, shouts, snaps, intimidates, bullies Is abrupt, belittling, or creates stress and anxiety
Helpful	Attentive to people's needs, will go the extra mile Reliable, keeps their promises; advocates for others	Unhelpful, begrudging, lazy, 'not my job' attitude Doesn't keep promises, unresponsive

ĀKINA IMPROVEMENT

*Continuous **improvement** in everything we do*

	✔	✘
Positive	Has a positive attitude, optimistic, happy Encourages and enables others; looks for solutions	Grumpy, moaning, moody, has a negative attitude Complains but doesn't act to change things
Learning	Always learning and developing themselves or others Seeks out training and development; 'growth mindset'	Not interested in learning or development; apathy "Fixed mindset, 'that's just how I am', OK with just OK
Innovating	Always looking for better ways to do things Is curious and courageous, embracing change	Resistant to change, new ideas; 'we've always done it this way'; looks for reasons why things can't be done
Appreciative	Shares and celebrates success and achievements Says 'thank you', recognises people's contributions	Nit picks, criticises, undermines or passes blame Makes people feel undervalued or inadequate

RARANGA TE TIRA PARTNERSHIP

*Working together in **partnership** across the community*

	✔	✘
Listens	Listens to people, hears and values their views Takes time to answer questions and to clarify	'Tells', dictates to others and dismisses their views Judgmental, assumes, ignores people's views
Communicates	Explains clearly in ways people can understand Shares information, is open, honest and transparent	Uses language / jargon people don't understand Leaves people in the dark
Involves	Involves colleagues, partners, patients and whanau Trusts people; helps people play an active part	Excludes people, withholds info, micromanages Makes people feel excluded or isolated
Connects	Pro-actively joins up services, teams, communities Builds understanding and teamwork	Promotes or maintains silo-working 'Us and them' attitude, shows favouritism

TAUWHIRO CARE

*Delivering high quality **care** to patients and consumers*

	✔	✘
Professional	Calm, patient, reassuring, makes people feel safe Has high standards, takes responsibility, is accountable	Rushes, 'too busy', looks / sounds unprofessional Unrealistic expectations, takes on too much
Safe	Consistently follows agreed safe practice Knows the safest care is supporting people to stay well	Inconsistent practice, slow to follow latest evidence Not thinking about health of our whole community
Efficient	Makes best use of resources and time Respects the value of other people's time, prompt	Not interested in effective user of resources Keeps people waiting unnecessarily, often late
Speaks up	Seeks out, welcomes and give feedback to others Speaks up whenever they have a concern	Rejects feedback from others, give a 'telling off' 'Walks past' safety concerns or poor behaviour

Karakia

Hei Aratākina te Hui (to start)

E Io i runga i te Rangi Whakarongo mai titiro iho mai E Io i runga i te Waitai, i te Wai Moana, i te Wai Maori Whakapiri mai whakatata mai E Io i runga i a Papatuānuku Nau mai haere mai Nōu e Io te aō nei Whakatakina te mauri ki runga ki tēna taura ki tēna tauira Kia eke tārewa tu ki te Rangi Haumie Hui E tāiki e.	The waters of life connect us to all nations of this world. Sharing skills of one another and an understanding that throughout the hui we are courageous in our decisions that set and implement decisions.

Karakia whakamutunga (to finish) Unuhia

Unuhia, unuhia te uru tapu nui o Tāne Kia wātea, kia māmā te ngākau, te wairua, Te tinana, te hinengaro i te ara takatū. Koia rā e rongo, whakairia ki runga Kia wātea, kia wātea, āe rā, kua wātea!	Release, release the sacred knowledge of Tāne To clear and to relieve the heart, the spirit, The body and the mind of the bustling path. Tis Rongo that suspends it up above To be cleared of obstructions, yes, tis cleared.

Interests Register
Dec-21

Hawke's Bay Clinical Council

Name Clinical Council Member	Interest e.g. Organisation / Close Family Member	Nature of Interest e.g. Role / Relationship	Core Business Key Activity of Interest	Conflict of Interest Yes / No	If Yes, Nature of Conflict: - Real, potential, perceived - Pecuniary / Personal - Describe relationship of Interest to
Dr Andy Phillips (Chief Allied Health Professions Officer)	Health Systems Performance Insights Programme	Chair	Improving Health System Performance	No	
	The Health Foundation (UK)	Member of College of Assessors	Improving Health System Performance	No	
	Hastings Environment Centre	Board member	Sustainable Living	No	
	Ora Taiao	Executive Board Member	Health and Climate	No	
Dr Robin Whyman (Clinical Director Oral Health)	NZ Institute of Directors	Member	Continuing professional development for company directors	No	
	Australian - NZ Society of Paediatric Dentists	Member	Continuing professional development for dentists providing care to children and advocacy for child oral health.	No	
Dr Russell Wills (Community Paediatrition)	HBDHB Community, Women and Children and Quality Improvement & Patient Safety Directorates	Employee	Employee	Yes	Potential, pecuniary
	Wife, Mary Wills employed as General Manager of Presbyterian Support East Coast	Employee	Presbyterian Support East Coast provide services within the HB and are a contractor to HBDHB	Yes	Potential, pecuniary
	Paediatric Society of New Zealand	Member	Professional network	No	
	Association of Salaried Medical Specialists	Member	Trade Union	Yes	Potential, pecuniary
	New Zealand Medical Association	Member	Professional network	No	
	Royal Australasian College of Physicians	Fellow	Continuing Medical Education	No	
	Neurodevelopmental and Behavioural Society of Australia and New Zealand	Member	Professional network	No	
	NZ Institute of Directors	Member	Professional network	No	
Dr Nicholas Jones (Clinical Director - Population Health)	NZ College of Public Health Medicine	Fellow	Professional network	No	
	Association of Salaried Medical Specialists	Member	Professional network	No	
	HBDHB Strategy & Health Improvement Directorate	Employee	Employee	No	
Karyn Bousfield	Jonathan Black Farsight Global	Partner is Director	Organisational Psychologist/ Contractor	No	Potenital percieved - no connection on a professional level
Mike Park	College of Intensive Care Medicine (CICM)	Fellow	CPO and accreditation	No	
	ASMS	Member	Trade Union	No	
	ANZICS	Member	Professional society	No	
	Central region IHT DHB Committee	Chair	DHB network for IHT	No	
	HBDHB Medical Diirector Acute & Medical	Medical Director		Yes	Potential Pecunirary - Low level
Dr Kevin Choy	The Doctors, Hastings	GP & Director	GP	Yes	Provision of Primary Care - business
Dr Umang Patel	City Medical Ltd, Napier	GP & Medical Director	GP	Yes	Provision of Primary Care - business
	HBDHB	ED SMO/Consultant Locum	Consultant	No	
	PHO	Wife is Nursing Director		Yes	Low
Peta Rowden	Hawke's Bay DHB – Shanelle Rowden-Read	Daughter	Health Care Assistant	Yes	Low - family member
	National Directors of Mental Health Nursing (DOMHNs)	Member	Collective strategic group to positively influence nursing priorities for mental health and addiction nurses in New Zealand.	No	
	Hawke's Bay DHB Mental Health & Addictions Services – Nurse Director	Employee	Employee	No	
	Te Ao Maramatanga - College of Mental Health Nursing	Member	Professional body for practising mental health nurses in New Zealand	No	
Dr Jessica Keepa	Te Taiwhenua o Heretaunga	GP	GP	Yes	Provision of Primary Care - employee
	NZ Royal College of GPs	Member	Professional society/body	No	
	Te Ohu Rata o Aotearoa (Māori medical practitioners)	Member	Professional society		
	PHARMAC COVID-19 treatments advisory group	Member	Advisory Group	No	
	Ministry of Health COVID-19 Therapeutics TAG	Member	Advisory Group	No	
	Hawke's Bay Faculty of GPs	Member	Professional society		
Brendon Duck	HBDHB - Systems Lead for Medicine	Employee	Health Services	Yes	Potential
	Totara Health	Director	General Practice	Yes	Delivery of funded primary care services via back to back agreement with Health HB
	Totara Health - Pharmacist Prescriber	Employee	General Practice	No	
	Pharmaceutical Society of New Zealand	Advisor	Crown Agency	No	
	HQSC	Advisor	Crown Agency	No	
Catherine Overfield	Member of NZ College of Midwives	Professional Member	Professional guidance and indemnity cover	No	
JB Heperi-Smith					

MINUTES OF THE MONTHLY HAWKE'S BAY CLINICAL COUNCIL MEETING
HELD VIA ZOOM
ON WEDNESDAY, 2 FEBRUARY 2022 at 3.00 pm

PUBLIC

Present:	Dr Robin Whyman (Chair) Brendan Duck (Deputy Chair) Dr Mike Park Dr Russell Wills Peta Rowden (leaving at 4.30pm) Dr Jessica Keepa Dr Kevin Choy Karyn Bousfield (leaving at 4.50pm) Catherine Overfield Ani Tomoana
Apologies:	Sarah Shanahan, Dr Nicholas Jones, Dr Andy Phillips
In Attendance:	Gemma Newland, EA to Chief Allied Health Professions Officer (minutes) Donna Armstrong

SECTION 1: ROUTINE

1. WELCOME AND APOLOGIES

Dr Robin Whyman welcomed the group. Apologies from Sarah Shanahan, Dr Nick Jones and Dr Andy Phillips were noted. Peta Rowden would need to leave the meeting at 4.30pm and so would Karyn Bousfield, at 4.50pm.

Dr Umang Patel has left his previous position at City Medical and Dr Whyman has been unable to make contact to discuss his position with Clinical Council.

Dr Jessica Keepa opened the meeting by leading the group in a karakia.

2. INTEREST REGISTER

Members to update the interests register to by email to Gemma Newland.
No conflicts of interest were noted for the meeting.

3. MINUTES OF PREVIOUS MEETING

The minutes of the Hawke's Bay Clinical Council public meeting held on 1 December 2021 were confirmed as a correct record of the meeting. Peta Rowden sought clarification of her attendance record at the meeting which was subsequently confirmed as an apology, on review of the minutes.

4. MATTERS ARISING, ACTIONS AND PROGRESS

Item 1: Quality Framework
Progress to date is to be reported by Susan Barnes in April 2022 and is to remain as a quarterly report to Council.

Item 2: EMedicine Management Strategy – progress update
Verbal report from Brendan Duck on agenda.

Item 3: HealthPathways – progress update
A report from Donna Armstrong is on the agenda.

Item 4: HBDHB Equity Action Plan
With an apology from Dr Nick Jones today, this item will be moved to the April agenda.

Item 5: Board Reporting
Completed and closed.

5. ANNUAL WORK PLAN

Taken as read.

6. HB CLINICAL COUNCIL BOARD REPORT – DECEMBER (Public)

Dr Robin Whyman noted that the Board was happy to receive Council's annual workplan and supported the areas of work focus for 2022. Board also endorsed Clinical Council moving the meeting schedule to every second month.

At the December Board meeting, Dr Whyman spoke on the issues of recruitment challenges and workforce pressure and these were some of the reasons for changing the meetings to every second month. Though this subject was not noted in the tabled report, it was discussed and confirmed that Board was aware of this.

This topic created discussion on strategies for recruitment, the availability of MIQ spots for healthcare workers and Visa support for those skilled people to enter the country. Karyn Bousfield is aware of the considerable time the recruitment processes currently take and steps are in place for this to be streamlined. Utilising an "over recruitment" approach, particularly for nursing, would allow for qualified staff being offered roles – if they had not been successful in the role they originally applied for. Resume sharing between departments for vacant roles and with the resources of the Nurse Recruitment Coordinator Anna Walter, staffing levels are strategies that are aiming to achieve support recruitment.

The resignation by a number of members of the Recruitment team in late 2021 was noted by Dr Russell Wills and he asked if external recruitment staff could be contracted to cover the shortfall. Martin Price is considering this and is aware of the barriers affecting the recruitment process. The staffing for the recruitment team was actively being addressed with very recent appointments having been made.

SECTION 2: STANDING MANAGEMENT COMMITTEE REPORTS

7. CHIEF EXECUTIVE OFFICER VERBAL UPDATE

Keriana was an apology.

8. COVID-19 VACCINE AND IMMUNISATION PROGRAMME ROLLOUT PROGRESS REPORT

Dr Nick Jones was an apology so no update was provided.

9. EQUITY ACTION PLAN UPDATE

This item was rescheduled for the April meeting.

10. eMEDICINE MANAGEMENT STRATEGY UPDATE

Brendan Duck presented on the progress to date of the eMedicine Management Strategy.

The focus of this piece of work remains on equitable access to medicines and equity of prescribing. Dr Jerome Ng (Independent Contractor, Health System Consultant) is currently meeting with staff and key stakeholders as a contractor to complete a Hospital Pharmacy review.

Short, medium and long term projects across the three areas of healthcare services were shown. Driving efficiency and safety was a focus, with policy creation and training some strategies by which these goals will be achieved. A policy to allow for fridge temperature monitoring remotely with mobile alerts by Clinical Nurse Managers and the Hospital Pharmacy Manager is one way that Pharmacists' time has been freed up to be used more efficiently within the hospital setting. The new Clinical Portal Medicines module has improved discharge medicine safety, however further development work is needed to integrate the NZePS medicines database into the medicines module to make it more usable by clinicians.

Data for Primary Care was demonstrated in the prescribing of Asthma treatments for 6 to 45-year-olds and the corresponding recording of a patient's ethnicity. Dr Russell Wills was interested in going deeper into the data and having the results presented in a ratio format.

Dr Kevin Choy expressed there was not enough communication between General Practitioner care and Hospital prescriptions. Discharge summaries are a vital link between these services.

ePrescribing, eMedicineChart and eReconciling of medicines are the end goals of this strategy for secondary services.

Council recommends movement on eMedicines Management Strategy, to prioritise the remediation work on the NZePS clinical tool or investigation of Orion Health medicines platform to allow for more efficient and safer medicine reconciliation and medicine management.

11. HEALTH PATHWAYS UPDATE

Donna Armstrong presented to Council. Good progress on localising Health Pathways continues to be made since reporting to Council in July 2021.

Top pages utilised for Hawke's Bay were listed with the COVID-19 Case Management in Adults being the most accessed pathway. The majority of the pathways most frequently being accessed relate to COVID-19 and this is also evident in the data of access across New Zealand. User engagement is increasing and the last reporting quarter shows 9,300 views in the last six months, which is very positive.

Reviewing the programme of work's productivity and progress, pages have been localised, reviewed or partially updated. Each condition has approximately three pages which is a significant amount of work... At the time this information was prepared to present to Council there were 91 pages live, and at today's date that had increased to 96 pages, and continuing. The rapidly evolving information with COVID-19 requires regular reviews and page updates.

With an improving awareness of equity within healthcare, adding different languages to the non-insulin diabetes page is a work in progress. Midland Region is working on a diabetes page and the Hawke's Bay team will utilise this and localise it. Nationally, within Pharmacy, the pathways team are also looking at microbial resistance. Mental health pages remain an important focus. Investigations are integral to many of the pathways. Tranche three pathways will begin in July 2022.

Utilisation data would be included in papers to each Council meeting as it becomes available.

Dr Kevin Choy said the community pathways are widely used and are the "go to" resource for GPs. They are a useful tool for those practitioners who come from overseas too. Ani Tomoana brought up that Community Nurse Prescribing needs a tool to have an endorsed and governed pathway. Donna has recently presented to the Community Nurse Prescriber Student Cohort on this topic. Dr Jessica Keepa said they use pathways a lot at Te Taiwhenua O Heretaunga.

The question of when hospital health pathways should be made available was put to Council.
Dr Russell Wills believes it is important that hospital pathways are not rushed and that it is better to focus first on primary care. Dr Mike Park agreed that pockets of areas in the hospital could benefit from pathways. Brendan Duck confirmed that an antimicrobial management pathway would be valuable in the Emergency Department as a way to support Nurse Prescribers and Clinicians.

Brendan asked Donna if support from secondary care providers was readily available during the review / formation of these pathways. Donna confirmed that she was able to obtain the information from those groups but the difficulties came more from an issue of capacity, rather than unwillingness to support the process. Knowing who to make contact with as a starting point can be difficult. Clinical information most often comes from the Subject Matter Experts (SMEs).

It was unclear amongst Council members if they had access (logins and passwords) to hospital pathways. Ani Tomoana mentioned that Prescribing Nurses were being directed towards Auckland pathways rather than local ones, as evident at a local educational institute. It is important local forums and training locations promote utilisation of localised pathways.

Council supports the ongoing development and localisation of Health Pathways and agreed to receive regular feedback on progress and issues with the programme of work.

12. CLINICAL COUNCIL REPRESENTATIVES AND COMMITTEE REPORTS

No reports tabled.

SECTION 3: RECOMMENDATION TO EXCLUDE THE PUBLIC

13. The Chair moved that the public be excluded from the following parts of the meeting:

14. Minutes of Previous Meeting (public excluded)
15. Matters Arising – Review Actions (public excluded)
16. HB Clinical Council Board Report – No December report (public excluded)
17. Chief Operating Officer Report (public excluded)
18. Staff Wellbeing Report (public excluded)
19. Adverse Event Management Policy (public excluded)
20. System Performance Measures (public excluded)
21. Topics of Interest (public excluded)

The meeting closed at 4.20pm

Confirmed: _____
Chair Deputy Chair

Date: _____

HAWKE'S BAY CLINICAL COUNCIL
MATTERS ARISING / ACTIONS

(Public)
As at February 2022

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1.	Dec-20	***Quality Framework*** Introduce framework to DLTs Launch framework	Susan Barnes	April 2022	Moving item to HSCGC
4.	Aug-21	***HBDHB Equity Action Plan*** • Report back for information on progress with the Plan	Nick Jones and JB Heperi-Smith	April 2022 (from February)	
	Feb 22	***Health Pathways*** Ongoing update of progress with the programme of work	Donna Armstrong	June 2022	

Clinical Council Annual Workplan 2022

COVID

System Level Measures

Consumer Engagement

- Work with new Consumer Council on localities structure of future clinical governance
- End of Life Choice Act implementation

Clinical Effectiveness

- Clinical outcome—HRT, HQSC data DASHBOARD
- Health Pathways
- HSCGG—Monitor development of Clinical Governance Board Provider Services

Engaged and Effective Workforce

- Credentialing
- Staff experience surveys
- Quarterly invitation to People and Culture (Dashboard)
- Education and training
- Integrated Community Services

OURHEALTH HAWKE'S BAY Whakawateatia

Quality Improvement and Patient Safety

- Adverse Event Policy

Equity

OURHEALTH HAWKE'S BAY Whakawateatia	**REPORT FROM HB CLINICAL COUNCIL (Public) FEBRUARY 2022** For the attention of: **HBDHB Board**
Document Author Document Owner(s)	Gemma Newland (Executive Assistant to Chief Allied Health Professions Officer) Dr Robin Whyman (Chair) and Brendan Duck (Deputy Chair)
Date	February 2022
Purpose/Summary of the Aim of the Paper	Provide Board with an overview of matters discussed at HB Clinical Council meeting 2 February 2022.
Health Equity Framework	Hawke's Bay Clinical Council works in partnership with a whole of system approach to ensure Hawke's Bay health services are achieving equity in health outcomes through the provision of services that are culturally safe, appropriate in addressing inequities and accessible to Tangata Whenua.
Principles of the Treaty of Waitangi that this report addresses:	Hawke's Bay Clinical Council is the principal clinical governance, leadership and advisory group for the Hawke's Bay health system; committed to Te Tiriti o Waitangi and achieving equity for Tangata Whenua and other populations, in the provision of health care in the Hawkes' Bay District.
Risk Assessment	Risks associated with the issues considered by the Clinical Council include the effect that COVID-19 is having on system performance measures.
Financial/Legal Impact	
Stakeholder Consultation and Impact	Stakeholder engagement is the basis of discussion of issues at the Clinical Council.
Strategic Impact	None identified
Previous Consideration / Interdependent Papers	None identified
RECOMMENDATION: It is recommended that the Board: *1.* **Note** the contents of this report	

1. EMedicine Management Strategy

Brendan Duck, Systems Lead for Medicine presented on the progress to date of the EMedicine Management Strategy.

The focus of this piece of work remains on equitable, efficient and safe access to medicines and equity on prescribing. An independent Contractor, Health System Consultant with expertise in health informatics, medicine safety and healthcare management, has recently interviewed Senior Leaders as part of a complete Hospital Pharmacy review.

EPrescribing, ECharting and EReconciling of medicines are part of the end goals of this strategy. Implementation of the NZePS medicine module into clinical portal is a step towards EMedicines Reconciliation. The product requires remediation work to be utilised efficiently and safely by clinicians.

Council recommends movement on EMedicines Management Strategy, to prioritise the remediation work on the NZePS clinical tool or investigation of Orion Health medicines platform to allow for more efficient and safe medicine reconciliation and medicine management.

2. Health Pathways

Donna Armstrong (Health Pathways Coordinator, PHO) presented to Council. Good progress on localising Health Pathways continues since reporting to Council in July 2021.

Top pages utilised for Hawke's Bay were listed with the COVID-19 Case Management in Adults being the most accessed pathway. The pathways most frequently being accessed relate to COVID-19 and this is also evident in the data across New Zealand. User engagement is increasing and the last reporting quarter shows 9,300 views to pages in Hawke's Bay in the last six months. At the time of reporting to Council, 96 pages had gone live and been localised.

The introduction of the hospital health pathways and when these could be made available was discussed. Council agreed that the priority remains localisation of the community pathways, but discussed particular use for the hospital pathways including for international graduates and for Nurse Practitioners and Nurse Prescribers as a tool to have an endorsed and governed clinical pathways.

3. Staff Wellbeing Survey

Kirsty Robben, Organisational Manager presented to Council on the recent staff wellbeing survey, Kia Puāwai – Thrive, undertaken during November / December 2021.

Cultural safety and clinical competence are core aspects of clinical governance. Council were supportive of the ongoing work to address the issues identified in the survey including cultural safety, psychological wellbeing, living our values and addressing poor performance. Council was pleased to note the survey identified that overall staff felt competent and had clarity of their roles. There is a strong sense of team (on a day-to-day level).

Council discussed the next steps and plans to feed the results back to each unit and team through managers and their team leads.

4. Adverse Event Management Policy

Council received an update regarding the update of the adverse event policy to consider reporting requirements and sharing of information when adverse events cross organisational boundaries. In particular advising other organisations with similar facilities of events or when people are working in more than one place when the issues cross organisational boundaries.

Patient safety is the primary area of concern.

5. System Performance Measures

Lisa Jones (System Lead – Performance & Insights) presented the most recent quarter of System Performance Measures. Council noted and discussed the effect COVID-19 is having on system performance. Screening for childhood immunisation levels and over 65 'flu vaccinations have decreased since the last report and Council were concerned about low new-born enrolments with healthcare providers. Capacity issues in general practice and lengthening waiting times for diagnostics were noted.

Council discussed the positive cross system successes that had been harnessed for the COVID-19 vaccination programme, including the involvement of non-registered workforces. Council had previously discussed the most important system level indicators for cross system intervention with the Planning, Funding and Performance team and emphasised the overarching importance of indicators related to the first 1000 days of a child's life, HbA1c and Cardiovascular Risk management as key areas. Council wished to emphasise these areas remain of greatest importance to long term health improvement and continue to need attention despite the resource and attention demanded by COVID issues.

Council thanked Lisa for the very informative and clear report and the work undertaken by Planning, Funding and Performance.

CHIEF EXECUTIVE OFFICER REPORT

KERIANA BROOKING

COVID-19 STATUS REPORT

NICK JONES

HAWKE'S BAY
District Health Board
Whakawāteatia

MINUTES OF MEETING

Meeting: **Patient Safety & Risk Management Committee**

Date: Tuesday 15th February 2022

Time: **3.00 – 4.00 pm**

Venue: Zoom

Present: Russell Wills, (Chair)
Karyn Bousfield-Black, Chief Nursing Officer (Co-Chair)
Julie Crawley, Maternity Governance
Sarah Shanahan, Falls Minimisation
Jill Lowrey, Pressure Injury & Wound
Neerod Hapi, Violence Intervention
Ross Freebairn, Patient at Risk
Sue Sowerby (minute taker)

Apologies: Andrew Burns, Infection Prevention & Control
Peta Rowden, Restraint
Catherine Overfield, Maternity Governance
Susan Barnes, Patient Safety & Quality Manager
Robin Whyman, Clinical Risk & Events

Item	Discussion & Outcome	Who	When
1. Welcome & Apologies	Russell Wills chaired the meeting.		
2. Confirmation of Minutes	Minutes were confirmed. Jill Lowrey/Julie Crawley		
3. Progress on Actions	Russell reported that he had raised two issues from the November meeting: Staff home visiting: • Which mask, screening: Addressed in Whanau and Communities. Current advice is: Staff advised to wear N95 masks and fit checking with a friend or in the mirror. Fit testing is still recommended, but logistically has to be prioritised to staff at greatest risk. Good processes in place for screening, can't always account for visitors in the home. Remains an area of risk and staff anxiety but mitigated as much as possible.		

Item	Discussion & Outcome	Who	When
	• Individual staff risk assessments: last completed 2020, based on existing health conditions. Sarah S discussed with Jane O'Kane at Occ Health, who advises: Staff whose health has changed since 2020 can resubmit a Covid risk assessment form. New staff complete form with Occ Health assessment on commencing employment. Risk level 1 only currently to go into houses where Covid is a risk. This is likely to change as we get further into the pandemic. Equipment tracking, planned maintenance and replacement: • Issue from Falls AG. Russell raised with Chris Ash, who chairs the Clinical Equipment Committee. Chris raised with Sym Gardiner, who has begun looking at equipment tracking and will discuss with Jill Lowrey.	Jill Lowrey/ Sym Gardiner	This week.
4. Restraint	39 restraint events 1 Oct-31 Dec (25 MH, 14 ICU). Increasing presentations with violence/ aggression -> increasing use of restrictive practices including restraint and seclusion. Unable to review restraints for 12 months due to workload of Restraint Review Group (RRG). High demand for de-escalation/ breakaway training HCS and other organisations, SPEC training in MHAS. Kaitakawaenga and Consumer Advisor support RAG to ensure least restrictive practice and equity.		
5. Clinical Risk & Events	14 adverse events discussed in October and November. Radiology reporting errors highlighted, difficult to avoid distractions. Safety 1st live 1/12/21. Will improve data quality on adverse events and complaints but requires clinical leadership commitment to prioritise inputting events accurately. Communication to SMOs being reviewed. Implementing clinical governance within Health Services remains challenging. 1st meeting of HSCGG 2/3/22.		
3. Falls Minimisation	Chair for the Hospital Falls Working Group: decision to co-chair allied health and nursing. EOI -> Falls WG. Should then regain lost traction, improve attendance, review Falls Policy, audit, data to guide actions. Work continues on post falls assessment, reporting on completion of falls training, prioritising wards to benefit from corridor rails, FTE for physios for strength and balance for patients on hip & knee pathway. New geriatrician and CNS gerontology will broaden skills, currently all allied health. Risks: Omicron impact on allied health may need to scale back falls prevention and S&B, capacity of hospital falls		

Item	Discussion & Outcome	Who	When
	WG. Previous experience is that falls decrease during lockdown but increase after, due to de-conditioning.		
5. Maternity Governance	Staffing remains a major risk, 15.1 FTE vacancies despite recruitment. More RNs has helped but unable to staff RMs up when busy, has affected some outcomes. Audits on hold. Omicron a risk to care delivery. Early engagement for Māori women improved 44% -> 52%, remains stubborn red. Maraenui midwifery drop-in centre trial stopped after 2 months due to non-engagement. Julie Crawley to d/w Shannon Bradshaw, now returned from maternity leave. Maternal Wellbeing and Child Protection Group (MWCPG) facilitator role not filled (see Haumaru Whanau report below). Direction unclear, not Tiriti-compliant -> impacted on trust of referrers and safety of most vulnerable hapū mama and pepi. Not small numbers. Neerod Hapi to d/w Farley Keenan and then arrange hui w midwifery leaders.	Julie/ Shannon Neerod/ Harley/ Julie Crawley	This week This month
8. Family Violence/ Violence Intervention Programme	Key role filled: FVI programme coordinator Sarah Ngawati appointed. Child protection coordinator remains. Recruiting for MWCPG and team leader roles not yet successful. See above. Continued incidents where patient care has been compromised by non-adherence to policy. ED continues to be a hotspot in terms of practice and engagement, plan to be developed. VIP training under review with a cultural lens.		
6. IPC	Work continues to better define and populate IPC dashboard including antimicrobial resistance indicators. Health Cert action plan progressing well. Focus on adjusting IPC protocols and ongoing staff training at various points in the organisation-espec front of house (ED/radiology), residential care facilities and vaccination centres. This past week supporting staff moving into N95 across a wide range of front-facing locations. Refitting of B2 has required oversight-trying to ensure the ward can function as both a BAU general medical/stroke ward service as well as maintaining preparedness for the location of any early COVID infected patients. Hospital has been at full capacity for a lot of the past quarter with little respite in the usual IPC matters such as bed-placement of MDRO patients. Resignation of one of our IPC practitioners leaves a post unfilled at present, but IPC nurse consultant from UK arriving next month will boost capability and capacity.		

Item	Discussion & Outcome	Who	When
7. Pressure Injury & Wound	PI QSM audit Oct-Dec sample size ½ usual (staff shortage, leave, no backfill) but using iPad app. Data: 100% PI axmt, 96% individualised care plan (best ever, caution due to sample size). 4 hospital-acquired PIs: 2x stage 2 (1x transfer in), 1x stage 3 (sacrum, AAUA). 8% non-hospital-acquired PI incl 2x stage 2. Small numbers, but increase. Delay in delivery of specialised wound care products, working with procurement. New specialist FTE in place -> incr PI prevention & Rx, target high-risk areas and patients., incl ARC.		
8. Patient at risk	Concern that paging system is failing, creating clinical risk in emergencies. Replacement with iPhones causing confusion. Also progress with tasking app CORTEX. Karyn to d/w Ben Duffus. Concern that JMOs unable to find HBDHB clinical protocols on Our Hub (search engine poor) so using other protocols as a work-around. Karyn, Ross to d/w Anne Speden, opportunity to make all HBDHB clinical protocols and manuals accessible. Concern that PAR rapid response may be denied to patients due to Covid infection risk. Memo to all PAR and ICU staff, duty managers, clinical resource nurses and HAG that all patients should receive this care irrespective of Covid status. Covid surge risk to staffing of PAR, flight and other teams. Finding clinical protocols on Hub is proving challenging for JMOs, who have instead used the Canterbury protocols, which are easier to find. Clinically OK, just no tours. Ross F to contact Charlie Cork in Geelong – "Prompt" search tool allows layered search to identify own protocols/ regional/ national and warn if original source protocol changing.	Karyn/ Ben. Karyn/ Ross/ Anne.	This week This month.
9. Report for Clinical Council	Chair to raise the following issues to Clinical Council: • Failing pager system creating clinical risks esp in emergencies. • Staff shortages have impacted several advisory and working groups, including leadership (Falls, Haumaru Whanau), ability to complete reviews (Restraint), audits (Maternity) and collect data (Pressure Injury) • Omicron surge likely to affect staffing in many areas, increasing clinical risk. Clinical governance, review, audit and data collection for risk assessment and quality improvement also all at risk. • Despite challenges, all Advisory Groups continue to do good work and can evidence improved patient outcomes, e.g., reducing falls. pressure injuries and in-hospital infections, mortality and restraints, and		

Item	Discussion & Outcome	Who	When
	improved maternity outcomes and care and protection of children. • Safety 1st went live on 1/12/21. Will improve data quality to better understand current risks and form improvement, but requires clinical leadership to prioritise inputting events accurately. • Implementing clinical governance within Health Services remains challenging. 1st meeting of HSCGG 2/3/22.		

Meeting Closed: 4.05pm

Next Meeting: 17th May 2022

ACTIONS:

Item	Action Point	Who	By When	Status
1.	Raise to Clinical Council the issues above	Russell Wills	6/4/22 CC mtg.	
2.	Equipment tracking, planned maintenance and replacement	Jill Lowrey/ Sym Gardiner		
3.	Early engagement strategies to encourage Māori wāhine to seek midwifery care earlier	Julie Crawley/Shannon Bradshaw	ASAP	
4,	Maternal Wellbeing and Child Protection Group: Neerod Hapi to d/w Farley Keenan and then arrange hui w midwifery leaders.	Neerod Hapi/Julie Crawley	ASAP	
5.	Paging system risk/ tasking app CORTEX. Karyn to d/w Ben Duffus	Karen Bousfield	ASAP	
6.	Make more accessible all HBDHB clinical protocols and manuals on OurHub (improve search engine). D/w with Anne Speden	Karen Bousfield/Ross Freebairn	By 31 March	

HAWKE'S BAY District Health Board Whakawāteatia	**Professional Standards and Performance Committee**
	For the attention of: **Hawke's Bay Clinical Council**
Document Author(s) Document Owner	Karyn Bousfield and Andy Phillips (Co-Chair)
Date	29 March 2022
Purpose/Summary of the Aim of the Paper	Points of note to raise to Clinical Council from the Professional Standards and Performance Committee meeting held on 16 March 2022.
Health Equity Framework	Nil specific
Principles of the Treaty of Waitangi that this report addresses:	Nil specific
Risk Assessment	A robust system of credentialing of medical staff is required. Access to clinical guidelines needs to be improved.
Financial/Legal Impact	Nil specific
Stakeholder Consultation and Impact	Consultation on individual and service credentialing of medical staff is required
Strategic Impact	None identified
Previous Consideration / Interdependent Papers	None identified

RECOMMENDATION:
It is recommended that the (Clinical Council):
1. **Note** the contents of this report

Points of note to Clinical Council:

A small meeting of the Advisory group was held on 16 March. Only a subset of committee chairs was present at the meeting.

Nursing and Allied credentialing – The group needs to be reformed as following the Health Services restructure, group members dropped off – process underway to remediate.

Medical Credentialing – There have been some HR process errors identified within recruitment that has meant clinicians have commenced without appropriate and complete credentialing – has been escalated and a plan to be put in place to mitigate future risk.

Research – Risk identified with an outdated policy. New policy drafted – awaiting review by PF&P contracts lead.

RMO Training – Risk identified related to difficulty in accessing clinical pathways and guidelines. Our Hub is not designed for ease of use with clear pathways to policies and guidelines. Guidelines are being accessed from other hospitals – this is a risk that has been identified by other professional groups and needs escalation for a mitigation plan to be developed or new solution.

Nursing and Midwifery – This group has been in abeyance for a couple of years and needs reforming

Allied Health – Currently reviewing the AHPAG terms of reference. The purpose of the group is for Team leaders or Professional Leaders to be given the opportunity to raise any issues and for the CAHPO and DAH's to share information. Based on the Allied Health strategic plan, many agenda items link in with those priorities.

Equity Action Plan Status Report

Report Period - Quarter	3 2022	**Project Manager:**	Hayley Turner
Project Name:	Equity Action Plan	**Project Sponsor:**	Patrick Le Geyt
Project Start Date:	July 2021	**Clinical Lead:**	Dr Nick Jones
Planned Finish Date:	June 2024	**Cultural Advisor:**	JB Heperi-Smith
Stage	Year 1		

Project Description

In the response to the health inequities outlined in the 2018 Health Equity Report, the Equity Framework was adopted. Based on the Institute for Health Improvement Health Equity Framework for Health Organisation; the five core change principles have been used to develop The Equity Action Plan. This plan was agreed by ELT June 2021 to develop internal processes and systems to improve health equity over the next 1-3 years. These actions have been informed by the voices of HBDHB staff and align with the Whānau Ora, Hāpori Ora 10-year strategy 2019, Health Equity Framework and Health Equity Process.

	Current period	Next period Forecast	Commentary (mandatory)
Overall	RED	Amber	Progress has been greatly impacted by COVID resurgence in August 2021 to present day, notwithstanding most objectives are underway, some are complete. As a result, there is a shortage of skills/resource required to complete this plan within the planned timeframe, meaning timelines will need to be adjusted into 2022/2023
Scope	Green	Green	Scope remains unchanged from what was agreed by ELT June 2021
Time	RED	Green	This has been significantly impacted due to COVID
Financial	N/A	N/A	No budget allocation
People Resources	RED	RED	Resource has been impacted due to COVID, people movements, sick, leaving the organisation and re-assignment for BAU roles. This is unlikely to change in the current environment
Risks	RED	Amber	Priority can be re-focused and timelines adjusted to re-set progress expectations, however we are unable to avoid the risks associated with COVID that still pose the greatest threat in terms of delivery. This is highlighted throughout reporting.

*Report by exception – commentary above except overall narrative.

Status Key

On Track (G)	Project is on track to be completed within the agreed scope, quality, timeframes, financials and benefits.
Target Under Threat (A)	There are indicators in some areas that the overall project has the potential to slip, cost more, and deliver reduced scope, impact on benefits or compromise quality. There is still time to rectify this and a plan has been put in place to mitigate.
Needs Attention (R)	Governance action is required to address a problem.

Equity Goals Progress Summary

Equity Goals	RAG	Comments
Make health equity a strategic priority	Amber	All actions underway. Other actions need to be re-assessed and re-planned.

	Red	All actions are underway with good progress, but most at this stage are tracking behind-plan due to COVID. Some timelines are being adjusted to align with Audit NZ. This Goal is expecetd to get back on track once timelines have adjusted.
	Amber	Most actions have been completed. Two actions have not yet started due to COVID and lack of available resource. A few actions are Year-2 and will be planned for next year.
	Amber	Good progress has been made on a number of actions with three already complete. Once again COVID has impacted delivery with a number of actions paused until resources are released and able to commence this work. Safety First – incident reporting system has been deployed and includes capability for cultural safety.
	Amber	Treaty plan has been developed and will be executed by the Māori Health Authority and Network plan for Tier 1 services is underway with work in in Wairoa let by Health HB.

Key Achievements This Period

- Background documents
- Audio presentation for training
- Scoping documents – received for some areas
- Completed two actions
- Most actions are underway in progress

Key Activities Next Period

Remediation plan to get back on track for 2021/2022:

1. Review resource allocation – leads
2. Issue all leads with background doc and audio presentation for training
3. kick off reporting against progress for all leads - Quarterly
4. Monitor capacity and progress
5. Year-end review and rest for 2022/23

Re-plan for 2022/2023

1. Re-set new timeframes in alignment with feedback
2. Set 2022/23 actions

Top Issues

- Insufficient overall capacity to progress key tasks due to significant resourcing required for the COVID response
- Dropped organisational Priority – in the context of overall business priorities
- Increasing inequities due to COVID placing more importance and urgent need for this plan
- Māori and Pacific workforce – PLG update
- Unable to make paradigm shift in attitudes and behaviour without all the fundamentals in place
- Key resource / skillsets necessary to complete activity unavailable for this work due to COVID requirements

Top Risks

1. IF Omicron does not peak and reduce as expected THEN key resource (capacity and capability) will continue to be unavailable to progress key tasks RESULTING in timelines being extended and a delay in benefits.
2. IF operational managers do not adopt the new frameworks and processes as designed THEN behaviours will not change in line with expectations RESULTING in a delay in optimal prioritisation and the achievement of desired changes for the community.
3. IF champions cannot be identified THEN adoption of the equity assessment and planning tools will be significantly slower RESULTING in a delay in optimal prioritisation and the achievement of desired changes for the community.
4. IF this work (Equity Actions) cannot be progressed with the appropriate partners and stakeholders involved THEN the outputs will not be fit for purpose RESULTING in a failure to achieve the objective and associated benefits.
5. IF the work (Equity Action Plan) is not prioritised THEN it will struggle to be resourced RESULTING in slower progress or failure to deliver and reduced or no benefits.

Pager Replacement Project

Background:
The RMO Training and Advisory Group (RTAG) identified that using pagers for emergency responses was causing significant risk, underlined by:

- Obsolete end-of-life technology for critical messaging leads to reliability issues
- Unclear if messages delivered to clinicians and if they are responding – e.g. "fire and forget"
- Lengthy and complicated process for call centre operations to follow – ED Trauma activation has 18 manual steps to follow
- Reliance on 'on-call' lists that are manually compiled and often out of date
- Small character limit means text is cut-off in pages

We were asked to find a modern solution to emergency messaging using a mobile platform.

Solution:
We identified Cortex as the best provider for our needs. Chosen because:

- Chance to partner and be innovative, creating a cutting-edge solution
- NZ-based company founded and run by clinicians
- Opportunity to expand further and use it for task management and mobile clinical documentation (Currently no tool in DHB does either)
- In-use in NZ in Canterbury as a task management and clinical documentation tool

Approach:

- Three-way partnership between vendor, Digital Enablement and clinicians to develop the solution
- Agile Squad set up in DE to deliver the solution quickly and reliably
- Install mobile app on relevant users phone
- Set up users in Cortex system
- Integrate Cortex with our network so log-in is the same.
- Seamless change-management process – calls will be made the same way, but delivered through Cortex instead of pagers

Approximate timelines*:

- March: Development and testing of solution
- April: Test of Rapid Response in Cortex
- May-June: Migration of all other emergency codes to Cortex

* Note potential impact of COVID on staff availability and a potential to re-focus on other priorities.

Ben Duffus | Innovation and Strategic Partnerships
Digital Enablement|Hawke's Bay District Health Board

Reliable & Modern Critical Messaging

OUR HEALTH YOUR TEAM
Tō Oranga Tou Kapa

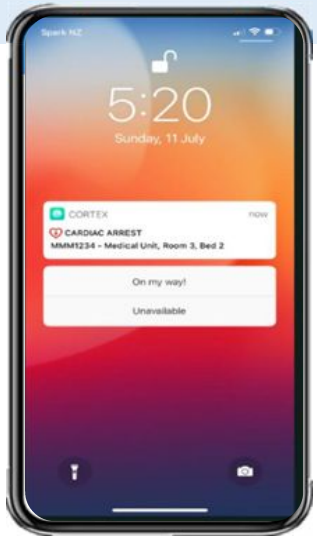
'Modern communication for our front-line responders'

Why

- Use of obsolete end-of-life technology for critical messaging
- Unclear if messages delivered and response being organised
- Lengthy and complicated process for call centre operators to follow. E.g. ED Trauma activation has 18 different steps to follow
- Reliance on 'on call' lists manually compiled from 15+depts to determine which clinicians should receive notifications
- Inadequate information on page messages constrained by character limit
- Major clinical risk with delays in notification and potential for error due to manual and obsolete system

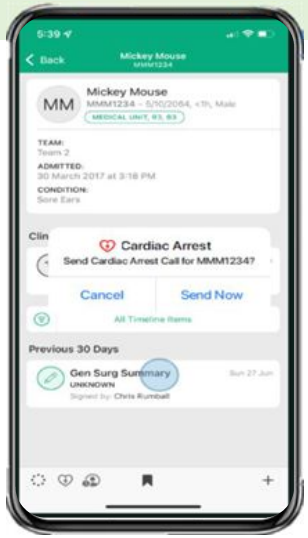
Our Approach

- Partner to Cortex to delver an Emergency Tasking solution through a mobile app.
- Pagers replaced with mobile app on DHB managed iPhone
- Instant messaging to all relevant clinical personnel with a click of the button.
- Seamless change-management process: Emergency codes still called in same way through call centre.



Key Benefits

- Instant notification of critical alerts
- Ability to break-through silent notifications
- Ability to respond with "I'm on my way"
- Dashboard overview of which messages have been sent and who has responded
- View of which clinicians are doing what critical roles in the hospital.
- Ability to use Cortex for non-urgent Task Management in future. (Phase 2)
- Cortex can be used clinical documentation and care coordination to support clinicians on acute wards (Phase 3)



Cortex
Mobile-first Task Management, Clinical Documentation & Care Coordination

Recommendation to Exclude the Public

Clause 32, New Zealand Public Health and Disability Act 2000

That the public now be excluded from the following parts of the meeting, namely:

13. Confirmation of Previous Minutes (Public Excluded)
14. Matters Arising – Review of Actions (Public Excluded)
15. Clinical Council Board Report (was no Report in February for Public Excluded)
16. Chief Operating Officers Report (Public Excluded)
17. Q2 Patient Safety and Quality Report (Public Excluded)
18. End of Life Choice Act Implementation (Public Excluded)
19. HSCGC – Workshop Feedback (Public Excluded)
20. Topics of Interest (Public Excluded)

The general subject of the matter to be considered while the public is excluded, the reason for passing this resolution in relation to the matter and the specific grounds under Clause 32(a) of the New Zealand Public Health and Disability Act 2000 for the passing of this resolution are as follows:

- Official Information Act 1982 9(2)(ba) to protect information which is subject to an obligation of confidence.
- Official Information Act 1982 9(g)(i) to maintain the effective conduct of public affairs through the free and frank expression of opinions between the organisation, board and officers of the Minister of the Crown.
- NZPHD Act 2000, schedule 3, clause 32(a), that the public conduct of the whole or relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i) of the Official Information Act 1982).