



## HB Clinical Council Meeting

- Date:** Wednesday 2 February 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	
6.	HB Clinical Council Board Report – December (Public) – copy for information	
	<b>Section 2: Standing Management and Committee Reports</b>	
7.	Chief Executive Officer's Report	3.10
8.	COVID19 Vaccine and Immunisation Programme Rollout Progress Report	3.25
9.	Equity Action Plan update – Nick Jones and JB Heperi-Smith	3.35
10.	EMedicine Management Strategy update – Brendan Duck	3.45
11.	Health Pathways update – Donna Armstrong	3.55
12.	Clinical Council Representatives and Committee Reports	4.05
13.	<b>Section 3: Recommendation to Exclude the Public</b> Under Clause 33, New Zealand Public Health & Disability Act 2000	

**Public Excluded Agenda**

Item	Section 4: Routine	Time
14.	Minutes of Previous Meeting (public excluded)	4.15
15.	Matters Arising – Review of Actions (public excluded)	
16.	HB Clinical Council Board Report – December (public excluded) – no report	
	<b>Section: Presentations / Discussion</b>	
17.	Chief Operating Officer Report – Chris Ash	4.20
18.	Staff Wellbeing Survey Report – Martin Price and Kirsty Robben	4.35
19.	Adverse Event Management Policy – Robin Whyman and Karyn Bousfield	4.50
20.	System Performance Measures – Penny Rongotoa and Lisa Jones	5.10
21.	Topics of Interest – Member Issues / Updates	5.25
22.	Meeting concludes	5.30

**The next Clinical Council Meeting will be held on  
Wednesday 6 April 2022 commencing at 3.00pm**

# Our shared values and behaviours



## 1 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 people's 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

## 1 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

## 1 RARANGATE 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

## 1 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

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## Karakia

### Hei Aratākina te Hui (to start)

<p>E lo i runga i te Rangi  Whakarongo mai titiro iho mai  E lo i runga i te Waitai, i te Wai Moana,  i te Wai Maori  Whakapiri mai whakatata mai  E lo i runga i a Papatuānuku  Nau mai haere mai  Nōu e lo 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.</p>	<p>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.</p>
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### Karakia whakamutunga (to finish) Unuhia

<p>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!</p>	<p>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.</p>
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**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 Paediatrician)	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	
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	Potential perceived - 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 Director Acute & Medical	Medical Director		Yes	Potential Pecuniary - 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	
Brendon Duck	Hawke's Bay Faculty of GPs	Member	Professional society		
	HBDHB - Systems Lead for Medicine	Employee	Health Services	Yes	Potential
	Totara Health	Director	General Practice		
	Totara Health - Pharmacist Prescriber	Employee	General Practice	Yes	Delivery of funded primary care services via back to back agreement with Health HB
Catherine Overfield	Pharmaceutical Society of New Zealand	Advisor	Crown Agency	No	
	HQSC	Advisor	Crown Agency	No	
	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 IN THE TE WAIORA MEETING ROOM, CORPORATE OFFICE (and ZOOM)  
ON WEDNESDAY, 1 DECEMBER 2021 at 3.00 pm**

**PUBLIC**

- Present:** Dr Robin Whyman (Chair)  
Brendan Duck (Deputy Chair)  
Dr Andy Phillips (via zoom)  
Dr Mike Park  
Dr Russell Wills  
Dr Jessica Keepa  
Dr Kevin Choy  
Karyn Bousfield  
Ani Tomoana  
Sarah Shanahan
- Apologies:** Dr Nicholas Jones  
Peta Rowden  
Chris Ash, Chief Operating Officer
- In Attendance:** Susan Barnes, Patient Safety & Quality Manager  
Gemma Newland, EA to Chief Allied Health Professions Officer (minutes)

**SECTION 1: ROUTINE**

**1. WELCOME AND APOLOGIES**

Dr Robin Whyman welcomed the group. Dr Nick Jones, Chris Ash and Peta Rowden's apologies were noted.

Dr Whyman 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 6 October 2021 were confirmed as a correct record of the meeting.

The minutes of the Hawke's Bay Clinical Council Annual General meeting held on 3 November 2021 were noted as a correct record of the meeting. These will be formally approved at the 2022 AGM.

Moved: Dr Kevin Choy

Seconded: Dr Jessica Keepa

**Carried.**

**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**

Activity happening in this area and will report to Council in February 2022.

**Item 3: HealthPathways – progress update**

February 2022 confirmed.

**Item 4: HBDHB Equity Action Plan**

Update due February 2022.

**Item 5: Board Reporting**

Provide Board with information regarding Clinical Council's workplan 2022 – will action by noting progress in the Board report produced from this meeting.

## 5. CLINICAL COUNCIL ANNUAL PLAN AND WORK PLAN 2021/2022

Council discussed the draft Annual Workplan for 2022 and consideration of changing the frequency of Clinical Council meetings to bimonthly.

Karyn Bousfield explained that the draft annual workplan is based on keeping a focus on the four domains of quality with equity, system level measures and COVID as overarching topics. With the change from District Health Boards to Health NZ in July 2022, the framework for clinical governance after this date remains uncertain.

Dr Andy Phillips is working with the Health Transition Unit and explained the local / regional level of clinical governance plan is still in development. It is expected that there will be clinical networks across localities. Dr Russell Wills expressed concern that cross sector work wasn't lost as there had been significant work on strategies such as Health Pathways and linking secondary care primary support... Karyn also noted the need to foster the hospital and community system's clinical governance. It was agreed by members clinical governance in the health system was crucial to keeping a new health system integrated. Elevating these conversations at a national and local level were important

Dr Wills noted a quorum at meetings was becoming more difficult due to current high staff workloads. A revision of functions was important to aid the council's ability to clinically govern, noting any new additional improvement programmes through national channels i.e. HQSC, would increase requirements further.

Susan Barnes discussed the use of the term governance and the ability for work/actions from meetings to be followed through.. Karyn believed the structure review would help, with a review focus on what groups can be replaced by dashboards and how reporting is best done. Priorities would need to be set and reviewed so that meetings were only called when necessary.

Council discussed the proposed idea of a localities structure for Consumer Council and the form or approach this could take such as workforce, community workplans, education and training as well as the importance of nurse practitioners/prescribers within the primary care space.

Dr Whyman asked Council to consider goals it wanted to achieve within the next six months. It was agreed by Council to add Community Services to the workforce section as well as education, training and cultural safety. Different models of care to improve outcomes for both patients and the workforce was also part of the wider picture .

Council agreed to move meetings to bi-monthly going forward, with the first meeting for 2022 to be held in February. An additional meeting would be held out-of-sequence on 1 July to discuss any transition requirements as a result of the health reforms.

A draft annual workplan was accepted by Council with the additional areas discussed.

## **6. HB CLINICAL COUNCIL BOARD REPORT – OCTOBER (Public)**

No significant discussion.

## **SECTION 2: STANDING MANAGEMENT COMMITTEE REPORTS**

### **7. CHIEF EXECUTIVE OFFICER Verbal Update**

Apologies received for this meeting date.

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

Apologies received for this meeting by Dr Nick Jones.

Karyn attended a recent clinical governance meeting on the vaccine rollout for COVID. A framework was being drafted to define the relationship between the Clinical Advisory Group and Clinical Council.

### **9. CLINICAL COUNCIL REPRESENTATIVES AND COMMITTEE REPORTS**

No reports noted.

### **10. END OF LIFE CHOICE ACT**

Group discussion took place on the DHB policies and documents which are consistent with other DHBs. External advisory information is readily available for this recently implemented legislation. . Staff have been provided with education on this legislation and all health practitioners are encouraged to use the Ministry of Health information guides and online learning tools.

An information brochure is being developed by kaumātua for Ngāti Kahungunu.

Logistics regarding access agreements with accredited practitioners was discussed.

The Council acknowledged Sally Houliston's work in preparing the policy and procedures with limited time. This policy will be reviewed next year and Robin, with a suggestion Council review the policy in mid 2022.

## **SECTION 3: RECOMMENDATION TO EXCLUDE THE PUBLIC**

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

- 12. Minutes of Previous Meeting (public excluded)
- 13. Matters Arising – Review Actions (public excluded)
- 14. HB Clinical Council Board Report – No October report (public excluded)
- 15. Chief Operating Officer Report (public excluded)
- 16. Topics of Interest – Member Issues/Updates (public excluded)
- 17. Covid in the Community – Preparedness (public excluded)
- 18. Patient Safety and Risk Management Committee Report (public excluded)
- 19. Patient Safety Quarterly Report (public excluded)

The meeting closed at 4.19



Confirmed: \_\_\_\_\_  
Chair Deputy Chair

Date: \_\_\_\_\_

## HAWKE'S BAY CLINICAL COUNCIL MATTERS ARISING / ACTIONS

(Public)

As at December 2021

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1.	Dec-20	<b>Quality Framework</b> Introduce framework to DLTs Launch framework	Susan Barnes	April 2022	
2.	July-21	<b>EMedicine Management Strategy</b> Progress review	Di Vicary / Brendan Duck	February 2022	
3.	July-21	<b>HealthPathways</b> Update from Team Leads	Tania Page and Donna Armstrong	February 2022	
4.	Aug-21	<b>HBDHB Equity Action Plan</b> <ul style="list-style-type: none"> <li>Report back for information on progress with the Plan</li> </ul>	Nick Jones and JB Heperi-Smith	February 2022	
5.	Sept-21	<b>Board Reporting</b> Provide Board with information regarding Clinical Council's workplan 21/22 following AGM	Robin Whyman	December 2021	Completed Closed

# 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

### Quality Improvement and Patient Safety

- Adverse Event Policy



## Equity

	<b>REPORT FROM HB CLINICAL COUNCIL (Public) DECEMBER 2021</b>
	For the attention of: <b>HBDHB Board</b>
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	December 2021
Purpose/Summary of the Aim of the Paper	Provide Board with an overview of matters discussed at HB Clinical Council meeting on 1 December 2021.
Health Equity Framework	The 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:	The 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 lack of direction for clinical governance frameworks when the district health boards cease to exist in July 2022.
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
<b>RECOMMENDATION:</b> It is recommended that the Board: 1. <b>Note</b> the contents of this report	

## 1. Clinical Council Annual Work Plan for 2022

Council discussed and confirmed the annual workplan for 2022 which is attached to this report. They agreed to change the frequency of Clinical Council meetings to bimonthly from February, to enable member attendance and improved alignment for Board and FRAC reporting.

The annual workplan is based on maintaining a focus on the four domains of quality (consumer engagement, clinical effectiveness, engaged and effective workforce and quality improvement and patient safety) with equity, system level measures and Covid as overarching topics and themes to the work.

The group expressed concern that the move from District Health Boards to Health NZ in July 2022 leaves a current lack of clarity for the framework of clinical governance after this date. Members agreed that with this in mind development of a Clinical Governance Board for Provider Services is a priority for early 2022.

## **2. End of Life Choice Act**

Council discussed the policies and documents currently available on this issue for the recently implemented Act. It was noted the DHB's involvement focus is limited as the Act is largely administered by the Ministry of Health to independent providers. Most packages of care are expected to occur in the community.

The Ministry has stated an expectation that DHB facilities will be available as a location of last resort when implementing this Act. The intent is that DHB's must be available but staff wouldn't be the provider of the service (just provide the facility). The access agreement is to allow for those people coming onsite to provide the services. The DHB has therefore developed a policy and drafted procedures with this requirement and approach intended. A DHB staff information brochure is being developed by kaumātua.

Communications to local GP's and DHB staff has been to use the e-learning tools to upskill on how to provide information to patients. The feedback on acknowledging this service is that it is about being supportive of a patient's choice. A DHB staff education session with Buddle Finlay, Patient Safety and Quality Lead and the Chief Medical and Dental officer was held on 12 November.

## **3. Clinical Governance Committees**

The Patient Safety and Risk Management Committee had met and noted that where areas of concern have been focused on, the areas of focus have made improvements and that this progress must be maintained. These areas were particularly falls, and clinical event review group and patient at risk teams. The committee did note that common to the pressures on health for staffing recruitment delays do impact quality improvement programmes and ability to attend associated meetings. However, active leadership and action plans are behind the areas of sustained improvement.

The Professional Standards and Performance Committee co-chairs had followed up meetings with the RMO Training and Advisory group. They were pleased to note that the plan to replace pagers with iPhones was continuing to progress. A trial with a new software solution, currently used in Canterbury DHB, will be undertaken before Christmas with the intent of replacing emergency pagers with the iPhone and software solution. An ongoing concern remains with RMO inductions and availability of staff at the changeover date for RMOs, especially house officers at the end January. Full staffing levels of RMO's for next year is ongoing.

## **4. Patient Safety Quarterly Report**

The Patient Safety Report was discussed and will be discussed at the Finance Risk and Audit meeting.

## **5. Member Issues / Updates**

Health system and hospital busyness was discussed by the group including its impact on attendance by some Council members. It was noted that at the time of the meeting the hospital was at capacity with a number of members involved in actively managing the situation. The drivers of the hospital's busyness were discussed by the Council.

Council were pleased to note that Child Development Service and Child and Family Services teams will be locating offsite and together in Avenue Road East. This is a significant opportunity for two services with a common patient group to co-locate and jointly develop their service delivery.



## **CHIEF EXECUTIVE OFFICER REPORT**

KERIANA BROOKING



## **COVID-19 VACCINE AND IMMUNISATION PROGRAMME ROLLOUT**

NICK JONES





## **EQUITY ACTION PLAN UPDATE**

NICK JONES / JB HEPERI-SMITH



## **EMEDICINE MANAGEMENT STRATEGY UPDATE**

BRENDAN DUCK



## HealthPathways Update

Donna Armstrong HealthPathways Coordinator

[hawkesbayclassic.communityhealthpathways.org](http://hawkesbayclassic.communityhealthpathways.org)



## Top pages for site

Hawke's Bay

1 Dec 2021 - 31 Dec 2021

Rank	Page name (regional)	Pageviews
1	COVID-19 Case Management in Adults	267
2	Myocarditis and Pericarditis After mRNA COVID-19 Vaccines	25
3	Pregnancy and Postnatal Care in a COVID-19 Patient	22
4	COVID-19 Vaccination	20
5	Acute COVID-19 Assessment	17
5	COVID-19 Resources	17
7	COVID-19 Advice	16
8	Abdominal Pain in Adults	14
8	Hypothyroidism	14
10	COVID-19 Practice Management	13
11	COVID-19 Child Assessment and Management	12
11	Dyspepsia and Heartburn / GORD	12
13	Deep Vein Thrombosis (DVT)	11
13	Gout	11
13	Osteoporosis	11
13	Post-COVID-19 Conditions (Long COVID)	11
17	Irritable Bowel Syndrome (IBS)	10
18	Atrial Fibrillation (AF)	9
18	Chronic Kidney Disease (CKD) in Adults	9
18	Recurrent UTIs in Women	9

### Data interpretation

This report displays the **most viewed pages** on the live site of the single region selected, within the selected date range.

The page names displayed are current region-specific page names from Dot. Pages include those currently on the site along with those now removed from the site. The Current page status filter in the right pane can be used to view pages that have selected current statuses.

Any page on the site that is not represented in Dot will be excluded, even when selecting 'All' top pages. However, the most important top pages will be in Dot.

By default the list will exclude Section and HP Platform pages. These can be included by adjusting the filter in the right pane. In addition, pages will only be included if they match any Page types and Categories selected on the Filters page at the start of this report.

11



Rank	Generic page name	Pageviews
1	Preparing for COVID-19 Vaccination	6,967
2	COVID-19 Ongoing Assessment and Management	6,611
3	COVID-19 Information	3,417
4	COVID-19 Vaccination Information	2,438
5	Deep Vein Thrombosis (DVT)	2,324
6	Myocarditis and Pericarditis Following mRNA COVID-19 Vaccination	2,228
7	Tonsillitis	2,209
8	Headaches in Adults	2,146
9	Hypertension	2,018
10	COVID-19 Testing	1,818
11	Abnormal Uterine Bleeding	1,682
12	UTI in Adults	1,621
13	COVID-19 Practice Management	1,589
14	Cellulitis in Adults	1,575
15	Gout	1,507
16	IV Iron Infusion Procedure	1,425
17	Abnormal Liver Function Tests	1,303
18	Dyspepsia and Reflux	1,203
19	Menopause Hormone Therapy (MHT)	1,191
20	Cognitive Impairment - Assessment and Management	1,164
21	Abnormal Vaginal Discharge	1,117
22	Atrial Fibrillation	1,094
23	Haematuria	1,083
24	Hyperlipidaemia	1,054
25	Cardiovascular Risk Assessment (CVRA)	1,046

#### Data interpretation

This report displays the **most viewed pages** of any status on all lives sites in the selected group (combined), and within the selected date range.

The generic page names used are from Dot. These names may differ from regional page names.

Any page on the site that is not represented in Dot will be excluded, even when selecting 'All' top pages. However, the most important top pages will be in Dot.

By default the list will exclude Section and HP Platform pages. These can be included by adjusting the filter in the right pane. In addition, pages will only be included if they match any Page types selected on the Filters page at the start of this report.

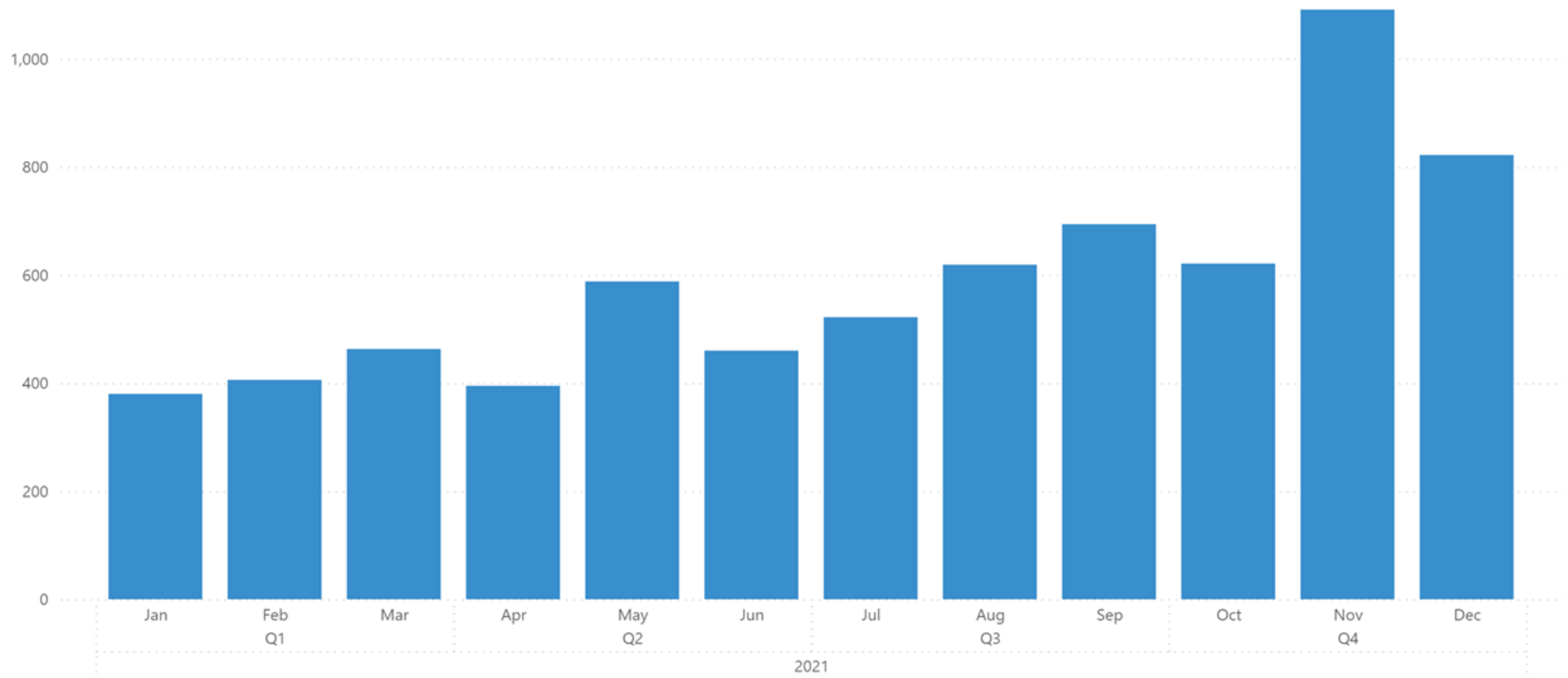
The region-specific Categories filter on the Filters pages does not filter the group data on this page, but if needed the Default category filter in the right pane can be used to filter by category.



## User engagement trend

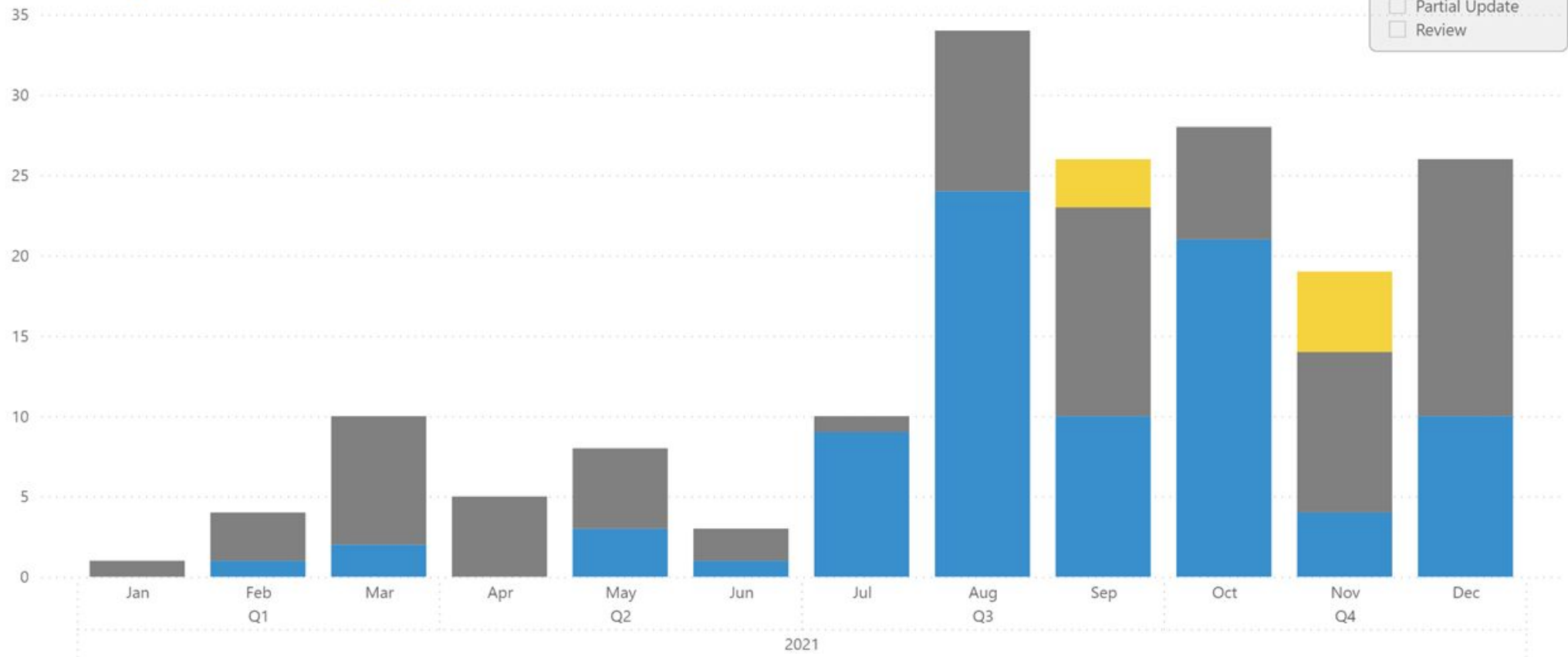
Hawke's Bay

### Total user sessions



## Activities completed

**Activity type** ● Localisation ● Partial Update ● Review







## Localisation progress

Hawke's Bay

### Page type

- ☐ Select all
- ☒ Clinical
- ☒ Medicati...
- ☒ Pathway
- ☒ Procedure
- ☒ Standing ...
- ☒ Other
- ☒ Request

### Rec. priority

- ☐ Select all
- ☐ Base - Draft Site...
- ☐ Base - Localisati...
- ☐ Base - Optional
- ☐ Base Core - Hig...
- ☐ Base Core - Low...
- ☐ Not Base
- ☐ Not yet specified

### Implem. goal

- ☐ Select all
- ☐ Goal not specifi...
- ☐ Non-aligned
- ☐ None
- ☐ Style-aligned

Total localised pages

91

Total core pages localised

67

Localisation/New activities  
completed in selected date range

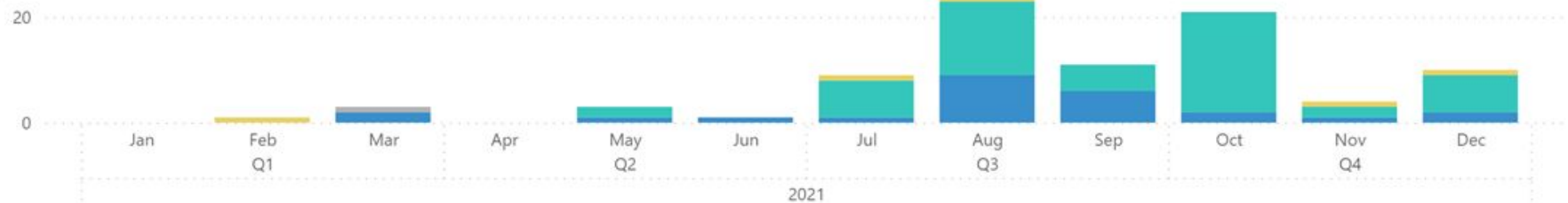
87

Localisation/New activities in  
progress

58

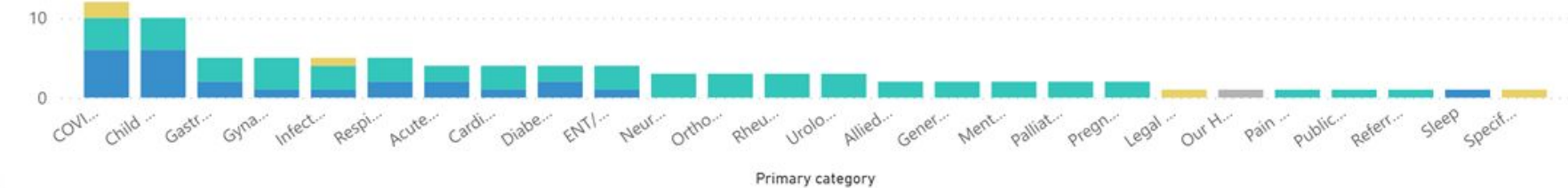
### Pages localised per time period

Page type ● Clinical ● Other ● Request ● Resource



### Localisations completed during the selected date range by category

Page type ● Clinical ● Other ● Request ● Resource







## Review progress

Hawke's Bay

### Page type

- ☐ Select all
- ☒ Clinical
- ☒ Other
- ☒ Request
- ☒ Resource

### Total reviews completed to date

9

Pages due for review and not started

(Blank)

### Reviews completed in selected date range

8

Pages &gt; 3 years since localised or reviewed, and review not started

(Blank)

### Reviews currently in progress

5

Pages due for review in next 12 months

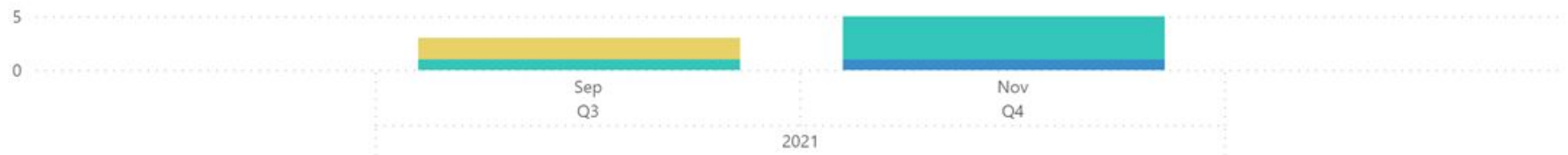
(Blank)

### Implem. goal

- ☐ Select all
- ☐ (Blank)
- ☐ Base-aligned
- ☐ Goal not specifi...
- ☐ Non-aligned
- ☐ None
- ☐ Style-aligned

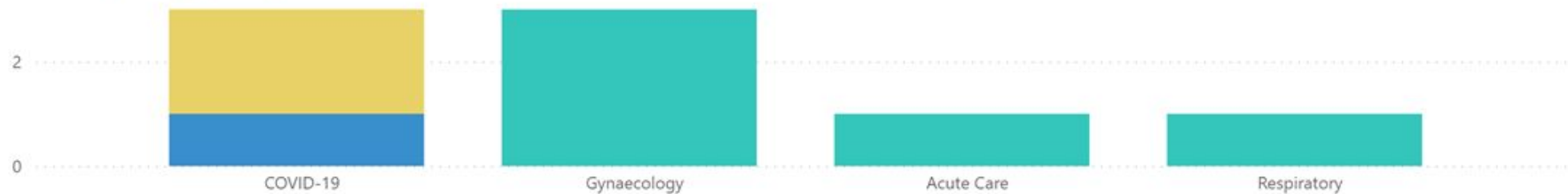
### Reviews completed during the seleted date range

Page type ● Clinical ● Request ● Resource



### Reviews completed during the selected date range by category

Page type ● Clinical ● Request ● Resource





## Partial updates

Hawke's Bay

### Page type

- ☐ Select all
- ☒ Clinical
- ☒ Other
- ☒ Request
- ☒ Resource

Total partial updates completed to date

117

Partial updates completed in selected date range

81

Partial updates started in selected date range

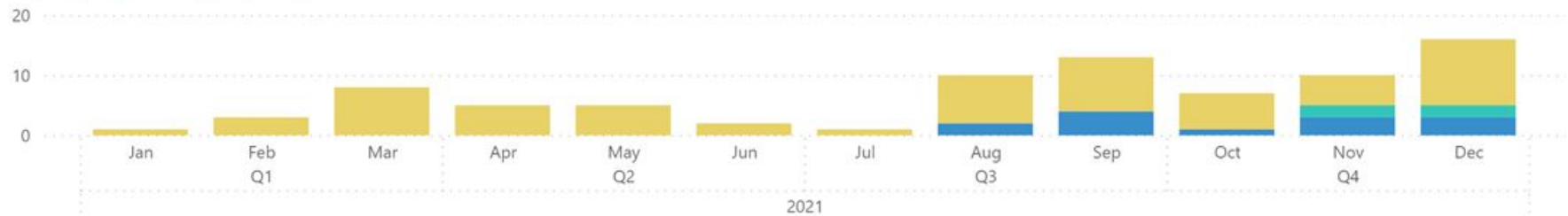
86

Partial updates currently in progress

6

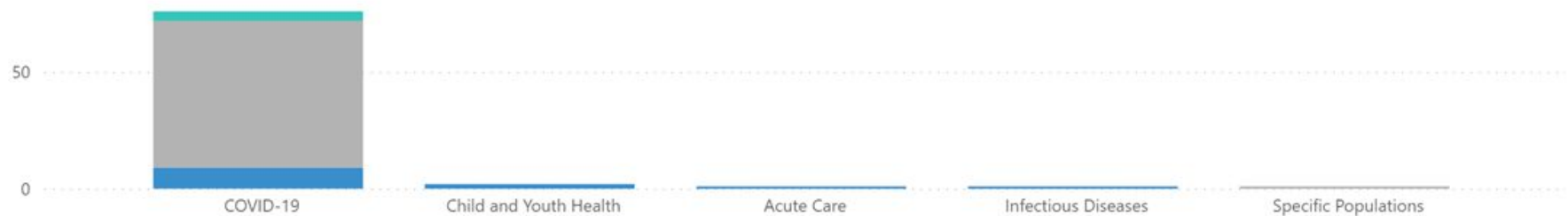
### Partial updates completed during the selected date range

Page type ● Clinical ● Request ● Resource



### Partial updates completed during the selected date range by category

Page type (extra short list) ● Clinical ● Other ● Request



Pathways Completed to 31 December 2021	Category
Emergency Advice	Acute Care
Emergency Assessment	Acute Care
Acute Chest pain*	Acute Care
Acute Coronary Syndrome*	Acute Care
Adult Speech Language Therapy	Allied Health & Nursing
Child Speech Language Therapy	Allied Health & Nursing
Audiology Assessment	Audiology
Hypertension in Adults	Cardiology
Acute Cardiology Assessment	Cardiology
Angina*	Cardiology
Cardiology Advice	Cardiology
Non-acute Cardiology Assessment	Cardiology
Acute Asthma in Children*	Child and Youth Health
Eczema in Children*	Child and Youth Health
Croup*	Child and Youth Health
Bronchiolitis*	Child and Youth Health
Persistent Cough in Children*	Child and Youth Health
Acute Paediatric Assessment	Child and Youth Health
Non-acute Paediatric Assessment	Child and Youth Health
Paediatric Advice	Child and Youth Health
Non-acute Asthma in Children*	Child and Youth Health
Myocarditis & Pericarditis after mRNS COVID-19 Vaccines*	COVID-19
COVID-19 Advice	COVID-19
COVID-19 Impact on Clinical Care*	COVID-19
COVID-19 Vaccination Information*	COVID-19
COVID-19 Post COVID 19 conditions*	COVID-19
COVID-19 Child Assessment and Management*	COVID-19
COVID-19 Impact on Local Services*	COVID-19
COVID-19 Resources* (formerly COVID-19 Information)	COVID-19
COVID-19 Practice Management*	COVID-19
COVID-19 Requests	COVID-19
COVID-19 Recent Changes*	COVID-19
COVID-19 Palliative Care*	COVID-19
COVID-19 Vaccination *	COVID-19
COVID-19 Vaccination Resources *	COVID-19
COVID-19 Testing* (previously Assessment and Management)	COVID-19
Diabetes Advice	Diabetes
Non-acute Diabetes Assessment	Diabetes
Non-insulin Diabetes Medicines*	Diabetes
Insulin for type 2 Diabetes*	Diabetes
ENT Advice	ENT/Otolaryngology, Head, and Neck
Non-acute ENT Assessment	ENT/Otolaryngology, Head, and Neck
Gastroenterology Advice	Gastroenterology / Hepatology
Non-acute Gastroenterology Assessment	Gastroenterology / Hepatology
Acute Gastroenterology Assessment	Gastroenterology / Hepatology
Hepatitis C*	Gastroenterology / Hepatology
General Medicine Advice	General Medicine
Acute General Medicine Assessment	General Medicine

Cervical Screening*	Gynaecology
Non-acute Obstetric Assessment	Gynaecology
Acute Obstetric Assessment	Gynaecology
Obstetric Advice	Gynaecology
Acute Gynaecology Assessment	Gynaecology
Non-acute Gynaecology Assessment	Gynaecology
Gynaecology Advice	Gynaecology
Non-acute Obstetric Assessment	Gynaecology
Hawkes Bay Health Pathways Team	HealthPathways
Notifiable Diseases	Infectious Diseases
Rheumatic Fever*	Infectious Diseases
Infectious Diseases Advice	Infectious Diseases
Chronic Hepatitis B*	Infectious Diseases
Non-acute Infectious Diseases Assessment	Infectious Diseases
Acute Infectious Diseases Assessment	Infectious Diseases
End of Life Choice Act	Legal
Acute Mental Health Assessment	Mental Health
Non-acute Mental Health Assessment	Mental Health
Neurology Advice	Neurology
Acute Neurology Assessment	Neurology
Non-acute Neurology Assessment	Neurology
Acute Orthopaedic Assessment	Orthopaedic
Non-acute Orthopaedic Assessment	Orthopaedic
Orthopaedic Advice	Orthopaedic
Chronic Pain Specialised Assessment	Pain
Palliative Care Advice	Palliative Care
Palliative Care Requests	Palliative Care
Palliative Care Specialised Assessment	Palliative Care
Public Health Unit	Public Health
Non-Acute Dietitian Assessment	Referral information
Acute Respiratory Advice	Respiratory
Respiratory Advice	Respiratory
Community Acquired Pneumonia (CAP)*	Respiratory
Nicotine Replacement Therapy (NRT)*	Respiratory
Non-acute Rheumatology Assessment	Rheumatology-Immunology
Rheumatology Advice	Rheumatology-Immunology
Acute Rheumatology Assessment	Rheumatology-Immunology
Obstructive Sleep Apnoea (OSA) in Adults	Sleep
Hauora Māori (Māori Health) Services	Specific Populations
Acute Urology Assessment	Urology
Non-acute Urology Assessment	Urology
Urology Advice	Urology

<b>Planned for Tranche III Pathway/page name</b>	<b>Category</b>
Diabetes - Continuing Care	Diabetes
Type 2 Diabetes - Newly Diagnosed	Diabetes
Diabetes Medications	Diabetes
Diagnosis of Diabetes	Diabetes
Prediabetes	Diabetes
Non-Acute Diabetes Assessment	Diabetes
Diabetes Advice	Diabetes
Acute Diabetes Assessment	Diabetes
Diabetes Referrals	Diabetes
Acne	Dermatology
Eczema-Dermatitis	Dermatology
Psoriasis	Dermatology
Pigmented Skin Lesions	Dermatology
Topical Steroids	Dermatology
Skin Lesion Excision	Dermatology
Non-acute Dermatology Assessment	Dermatology
Skin Cancer Non-melanoma	Dermatology
Dermatology Advice	Dermatology
Punch Biopsy	Dermatology
Benign and Pre-malignant Skin Lesions	Dermatology
Acute Dermatology Assessment	Dermatology
Dermatology Assessment	Dermatology
Non-acute Paediatric Dermatology Assessment	Dermatology - Child
Acute Paediatric Dermatology Assessment	Dermatology - Child
Anxiety in Adults	Mental Health
Depression in Adults	Mental Health
Acute Adult Mental Health Assessment	Mental Health
Anxiety in Children	Mental Health - Child and Youth
Adult Mental Health Advice	Mental Health
Medications for Depression and Anxiety (in Pregnancy and Breastfeeding)	Mental Health
Medications for Depression in Adults	Mental Health and Addiction
Mental Health Referrals	Mental Health
Breast Imaging – Screening	Investigations
Ultrasound Pelvis	Investigations
Bone Density Scan (DXA)	Investigations
Ultrasound Abdomen	Investigations
CT Head	Investigations
Ultrasound Renal Tract	Investigations
Ultrasound DVT	Investigations
Breast Imaging – Diagnostic	Investigations
CT-KUB (Kidneys, ureters, and bladder)	Investigations
Haematuria	Urology
Renal Colic and Urinary Tract Stones	Urology
PSA Testing	Urology
Renal Colic	Urology

Pathways/pages to complete if capacity allows	
Rhinosinitus	ENT
Zoledronate Acid Infusion	Osteoporosis
Polymyalgia Rheumatica (PMR)	Urology
Sub Fertility	Gynaecology
Osteoporosis	Endocrinology
Mental Capacity	Mental Health
Suicide Prevention in Adults	Mental Health
Genitourinary System in SCI	Urology
Penis and Foreskin Problems in Adults	Urology
Postoperative Urologic Complications	Urology
Acute Urinary Retention	Urology
Catheter Management	Urology
Urology Assessment (single page option)	Urology
Bladder Cancer	Urology
Male Urethral Catheterisation	Urology
Prostate Cancer Follow Up - Post Treatment	Urology
Renal Colic Flow Chart	Urology
Urology Specialised Nursing	Urology



## **CLINICAL COUNCIL REPRESENTATIVES AND COMMITTEE REPORTS**



## **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:

14. Confirmation of Previous Minutes (Public Excluded)
15. Matters Arising – Review of Actions (Public Excluded)
16. Clinical Council Board Report (was no Report in December for Public Excluded)
17. Chief Operating Officers Report (Public Excluded)
18. Staff Wellbeing Survey Report (Public Excluded)
19. Adverse Event Management Policy (Public Excluded)
20. Systems Performance Measures (Public Excluded)
21. 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).