HB Clinical Council
Monthly Meeting

Date: **Wednesday, 11 December 2019**

Meeting: **3.00 pm to 5:30 pm**

Venue: **Te Waiora Meeting Room (Boardroom), District Health Board Corporate Office, Cnr Omahu Road & McLeod Street, Hastings**

Council Members:

Jules Arthur (Co-Chair)
Dr Andy Phillips
Chris McKenna
Dr Mark Peterson
Karyn Bousfield
Peta Rowden
Di Vicary
Dr Mike Park
Debs Higgins
Dr Robin Whyman (Co-Chair)
Dr Kevin Choy
Dr Russell Wills
Debs Higgins
Dr Peter Culham
Dr Nicholas Jones
Dr Umang Patel

Apology:

In Attendance:

Kate Coley, ED People and Quality
Susan Barnes, Patient Safety & Quality Manager
Ken Foote, Company Secretary
Ana Apatu, Māori Relationship Board Representative
Les Cunningham, Consumer Council Representative

MONTHLY MEETING

Public

Item	Section 1 – Routine	Time (pm)
1.	Welcome and apologies	3.00
2.	Interests Register	
3.	Minutes of Previous Meeting	
4.	Matters Arising – Review Actions 4.1 Clinical Council Terms of Reference 2019-20	
5.	Clinical Council Workplan / Annual Plan 5.1 Draft Patient Safety / Clinical Council and FRAC Workplan 2019-20	
6.	HB Clinical Council Board Report (Nov)	
7.	Co-Chairs Report	
	Section 2 – For Decision	
8.	Nil	
	Section 3 – For Discussion	
9.	IS Update – Anne Speden	3.20
	Section 4 - Committee Reports	
10.	Clinical Advisory & Governance Group meeting update – Dr Mark Peterson & Dr Kevin Choy	3.35
11.	Clinical Council Committee Reports 11.1 Te Pitau Health Alliance Governance Groups report – Peter Culham 11.2 Consumer Experience Committee – Debs Higgins 11.3 Clinical Governance Committees Structure *(updated – copy for information)*	3.40
12.	**Recommendation to Exclude the Public**	

Public Excluded

Item	Section 5 – Routine	
13.	Minutes of Previous Meeting	4.00
14.	Matters Arising - Review Actions	
15.	HB Clinical Council Board Report (Nov) – public excluded	
16.	Health Round Table – Investigation of Indicators - Aaron Turpin 16.1 Patient Safety & Quality Dashboard	4.10
17.	HDC Medications Issues Report – Robin Whyman	4.40
18.	FRAC Risk Report - Operational Risk – Robin Whyman/Kate Coley	4.45

Next Meeting: **Wednesday,12 February 2020 at 3.00 pm**
Boardroom, HBDHB Corporate Office

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RĀRANGATE TIRA PARTNERSHIP
TAUWHIRO CARE

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

Interests Register

Nov-19

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
Chris McKenna (Director of Nursing)	Hawke's Bay DHB - Susan Brown	Sister	Registered Nurse	Yes	Low - Personal - family member
	Hawke's Bay DHB - Lauren McKenna	Daughter	Registered Nurse	Yes	Low - Personal - family member
	Health Hawke's Bay (PHO)	Board member	HHB ensures the provision of essential primary health care services, mostly through general practices, to the population of HB.	Yes	Low
Dr Mark Peterson (Chief Medical Officer - Primary Care)	Taradale Medical Centre	Shareholder and Director	General Practice	Yes	Low
	City Medical Napier	Shareholder	Accident and Medical Clinic	Yes	Contract with HBDHB
	PHO Services Agreement Amendment Protocol (PSAAP)	"Contracted Provider" representative	The PHO services Agreement is the contract between the DHB and PHO. PSAAP is the negotiating group that agrees the contract.	Yes	Representative on the negotiating group
	Health Hawke's Bay Limited (PHO)	Board member	HHB ensures the provision of essential primary health care services, mostly through general practices, to the population of HB.	Yes	Low
	Primary Health Alliance	Executive Member	Primary Care advocacy organisation	Yes	Low
	Council of Medical Colleges	Royal New Zealand College of General Practitioners representative and Council of Medical Colleges Executive	May impact on some discussions around medical training and workforce, at such times interest would be declared.	Yes	Low
	General Practice New Zealand	Executive Member			
	General Practice Leaders Forum	Member			
Jules Arthur (Midwifery Director)	National Midwifery Leaders Group	Chair	Forum for national midwifery and maternity issues	No	
	Central Region Midwifery Leaders report to TAS	Member	Regional approach to services	No	
	National Maternal Wellbeing and Child Protection group	Co Chair	To strengthen families by facilitating a seamless transition between primary and secondary providers of support and care; working collaboratively to engage support agencies to work with the mother and her whanau in a culturally safe manner.	No	
	NZ College of Midwives	Member	A professional body for the midwifery workforce	No	
	Central Region Quality and Safety Alliance	Member	A network of professionals overseeing clinical governance of the central region for patient quality and safety.	No	
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	
Debs Higgins (Senior Nurse)	The NZ Nurses Society	Member of the Society	Provision of indemnity insurance and professional support.	No	
	Health HB	Employee	Role: Clinical Performance Support Lead	Yes	Low
Anne McLeod (Senior Allied Health Professional)	Aeotearoa NZ Association of Social Workers	Member		Yes	Low
	HB DHB Employee Heather Charteris	Sister-in-law	Registered Nurse Diabetic Educator	Yes	Low
	Directions Coaching	Coach and Trainer	Private Business	Yes	Low: Contracts in the past with HBDHB and Hauora Tairawhiti.
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	

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**
	HBDHB Strategy & Health Improvement Directorate	Employee	Employee	No	
Dr Peter Culham (GP)	Havelock North Properties Limited	Shareholder	Medical Centre owner	Yes	Low, pecuniary, hold leases with healthcare providers
	Te Mata Peak Practice	GP and Director	General Practice	Yes	Low, pecuniary, provides primary care services
	C&G Healthcare	Director	Private business	No	No further exposure beyond mentioned above
	Royal NZ College of General Practitioners	Fellow		No	
Di Vicary	Vicary Pharmacy Services Ltd	Director	Pharmacy Contracts	No	
	Pharmaceutical Society of New Zealand	Committee Member HB brnach	Supporting pharmacists in HB	Yes	Perceived personal
	HPDT	Pharmacist member	Discplinary tribunals for pharmacists	Yes	Will not sit in hearings for HB pharmacists
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	
	TAS	Wife works for TAS	Services to HBDHB & MoH	Yes	Perceived personal

MINUTES OF THE QUARTERLY HAWKE'S BAY CLINICAL COUNCIL MEETING HELD IN THE TE WAIORA MEETING ROOM, CORPORATE OFFICE ON WEDNESDAY, 13 NOVEMBER 2019 at 3pm

PUBLIC

Present: Jules Arthur (Co-Chair)
Dr Robin Whyman (Co-Chair)
Chris McKenna
Dr Russell Wills
Peta Rowden
Karyn Bousfield
Di Vicary
Dr Peter Culham
Dr Mark Peterson
Dr Mike Park
Dr Andy Phillips
Dr Umang Patel

Apologies: Anne McLeod

In Attendance: Ken Foote (Company Secretary)
Kate Coley (Executive Director of People & Quality)
Les Cunningham (HB Health Consumer Council)

1.0 WELCOME AND APOLOGIES

Welcome to new member Dr Umang Patel.

Noted that Anne McLeod had resigned from Clinical Council.

ACTION: Andy Phillips to work with Co-Chairs to undertake a process for a new Allied Health representative.

2.0 INTEREST REGISTER

No changes noted.

ACTION - Dr Patel & Peta Rowden to advise Ken of any interests that need to be registered

3.0 CONFIRMATION OF PREVIOUS MINUTES

The minutes of the quarterly meeting held on 9 October 2019 were confirmed as a correct record of the meeting.

Moved: Dr Russell Wills

Seconded: Karyn Bousfield

Carried

4.0 MATTERS ARISING, ACTIONS AND PROGRESS

Item 1: **New Clinical Governance Structure/Terms of Reference–** remains ongoing action

Item 2: **Screening for Harms** – this piece of work sits with the Health Improvement & Equity team and should cover wider issues than just VIP focus– **Kate Coley will take forward as an ACTION.**

Item 4: **HR/ Workforce Risk -** Added to Workplan for six monthly updates. Complete

Item 5: **Bios for Clinical Council website –**ongoing

Item 6: **Steriliser Report –** agenda item – complete.

5.0 WORKPLAN/ANNUAL PLAN

Previously agreed annual workplan was tabled, with names of members responsible for delivering on those objectives and providing reporting on a regular basis.

ACTION: Updates to start in February 2020.

Members responsible agreed as follows:

Objective 1	Dr Andy Phillips & Dr Nicholas Jones
Objective 2	Debs Higgins & Dr Russell Wills
Objective 3	Dr Robin Whyman & Jules Arthur
Objective 4	Dr Robin Whyman, Kate Coley & Russell Wills
Objective 5	Chris McKenna & Kate Coley

There was some discussion around the annual workplan calendar noting that Primary Care and Medical Directorates were both timetabled together and Health Improvement & Equity and Planning & Funding were missing. These matters were noted and the calendar would evolve over time and be updated with additional governance requirements for Board.

6.0 HB CLINICAL COUNCIL BOARD REPORT

Agreed with no further comment noted.

7.0 CO-CHAIR REPORT

All matters were covered within the agenda

SECTION 2: FOR DECISION

8.0 CLINICAL GOVERNANCE STRUCTURE - APPOINTMENTS

Further to the conversation and agreement at the last Clinical Council meeting the following appointments to the key clinical council committees were advised:

- IS Governance Group – Dr Nicholas Jones
- Clinical Effectiveness & Audit Committee - Peta Rowden
- Professional Standards & Performance Committee – Karyn Bousfield

With the resignation of Anne McLeod, we will need to consider a further Clinical Council representative for Consumer Experience Committee

ACTION: Council to replace Anne McLeod on the Consumer Experience Committee

Structure chart to be updated with an additional group to be appointed 'Nurse Prescribing Governing Group, which would be a sub group of the Pharmacy & Therapeutics Advisory Group. **ACTION:** Addition of the Nurse Prescribing Governing Group to the Clinical Governance Structure

SECTION 3: FOR DISCUSSION

9.0 COMMUNITY NURSE PRESCRIBING – ToR

Karyn Bousfield tabled a draft ToR for a new governing group relating to nurse prescribing. This group was not at this stage just a governance group as there was a clearly defined mandate for this work to be undertaken in the first instance. Thereafter the group would become far more of an oversight & governance group. There was much discussion around the issue of this just being nurse prescribing as midwives, pharmacy were also prescribers and how does this group link to these other professional groups. Agreed that at this stage we needed to endorse the set-up of this group to enable nurse prescribing to continue to advance and that a further conversation and discussion would be needed to link other professional groups.

Clinical Council expressed some concern as to the numbers within the group, which was acknowledged. However at the start-up of the process there was a need due to the breadth and scope of the responsibilities. Recommendation was to increase the number of senior doctors on the group and agreed that Dr Umang Patel be appointed and that Dr Phil Moore identify a further SMO to be part of the group.

Clinical Council endorsed the ToR, noting the need for further conversations with regards to other prescribing professionals.

ACTION: Dr Phil Moore to be approached by Karyn Bousfield for a senior doctor to join the Nurse Prescribing Governing Group.

10.0 COLLABORATIVE PATHWAYS verbal update

Karyn Bousfield and Dr Mark Petersen provided an update as to progress with collaborative pathways following the discontinuation of the Map of Medicine tool. At present we are the only DHB without pathways in place and there are a number of conversations underway to consider an effective system to replace the Map of Medicine . Currently pulling together information from other DHBs and building a business case for a replacement.

This business case would be taken through the relevant governance groups for approval in 2020, with an expectation that it would come back to Clinical Council for consideration in March 2020.

Noted that Consumers should be involved in the development of pathways.

11.0 STERILISER EVENT REPORT

Dr Robin Whyman provided an update on progress following the steriliser event earlier in the year. Good progress was being made and all action items for Surgical Services/Sterile Services were noted as being completed.

All patients potentially affected at the time of the incident have subsequently been tested and no individual was harmed as a result of the incident. Patients have been notified.

One of the recommendations from the external report was the need to ensure that we have a tracking system in place to track all instruments outside of the theatre environment. This was currently being scoped by the Service Improvement team, and it will be a significant piece of work.

SECTION 4: COMMITTEE REPORTS

12.0 CLINICAL ADVISORY & GOVERNANCE GROUP MEETING UPDATE

Dr Mark Petersen provided an update on the key matters discussed at the CAG meeting. Key component related to mis-directed laboratory results which has been taken up with Anne Speden. It was positive to see the collaborative work that was undertaken with regards to the Primary Mental Health RFP between the PHO, DHB and NGOs. At the next meeting the CAG were looking at the workplan which would include the development of a clinical dashboard which would most likely be presented on a quarterly basis. This would be shared with Clinical Council as part of the ongoing reporting and updates. Due to some changes it was also advised that the membership of the CAG would need to be refreshed at the beginning of 2020.

13.0 CLINICAL COUNCIL COMMITTEE REPORTS

Patient Safety & Risk Management Committee – key matters discussed included the concern re ongoing funding from ACC around the work of the Falls Committee; all ToR for advisory groups have been completed; pressure injuries programme making positive progress; restraints being well managed within Mental Health area but documentation and understanding of the requirements in the wider hospital services is still variable. MCGG - Work to address Maternity vacancies ongoing; out of hours clinical risk remains, case for 24/7 clinical midwifery co-ordination remains. PAG - Wairoa transport issues to Hastings flagged and have been identified as contributory factor in recent adverse event reviews.
Family Violence – Internal Review of recent baby Uplift Case has not led to any changes to internal processes.

Clinical Effectiveness and Audit Committee – last meeting held Feb 2018, membership under review.

Clinical Advisory and Governance Group – workplan and dashboard to be developed early next year. Will need membership refresh to reflect PHO Board changes.

Consumer Experience Committee – meeting shortly.

14.0 TE PITAU HEALTH ALLIANCE GOVERNANCE GROUP REPORT

A meeting was held earlier today regarding future of the group. Good representation from DHB and PHO members. CEO's of the DHB and PHO to come back to the Te Pitau Health Alliance Group with a plan for way forward. Dr Peter Culham will provide a further update /report at next meeting.

4

15.0 RECOMMENDATION TO EXCLUDE

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:

16. **Minutes of Previous Meeting (Public Excluded)**

17. **Matters Arising – Review Actions (Public Excluded)**

18. **HB Clinical Council report to Board (Public Excluded)**

19. **Clinical Council Workplan- Community, Women & Children Directorate report**

20. **Patient Safety & Clinical Quality report**

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

There being no further business, the meeting closed at 1745pm

Confirmed: _____

Chair

Date: _____

HB CLINICAL COUNCIL - MATTERS ARISING
(Public)

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	12/09/18	***New Clinical Governance Structure / Terms of References***			
		• CAG TOR to be provided	Mark Peterson	TBC	Pending approval
		• Committee Chairs to provide Advisory Group (AG) TOR to Company Secretary for consistency/format review	Committee Co-Chairs	Ongoing	Ongoing
		• Committee Chairs to approve TOR for respective AGs	"	Ongoing	Ongoing
		• Clinical Council to endorse AG TOR	All	Aug AGM	
2		***Clinical Governance Structure***			
		Chart to be updated with new chairs/Co-chairs and new Nurse Prescribing overnance group - circulate for information in December.	Kate Coley		
		New presentative to be identified as 3rd Clinical Council member for Consumer Council Experience Committee	Co-Chairs		
3		***Clinical Council Appointment***			
		Acknowledge constributiona nd participation of Anne McLeod following resignation	Co-Chairs	Nov	
		Agree and run process for appointment of a replacement Senior allied health professional.	Co-Chairs & Andy Phillips	Dec/Jan	
		Consider review of TOR due to Chief Pharmacist position being disestablished.	Co-Chairs	Feb	
4	09/10/19	***Screening for Harms***			
		Small working group to prepare starter for 10 paper for discussion.	Kate Coley (Bernard Te Paa)	2020	Paper being drafted and to be shared with CEO before year end.
		Update December			
5	09/10/19	**Bios for Clinical Council webpage**	All	December	
		Short (no more than 150 words) document on your role, relationship with HBDHB and			

Action	Date Entered	Action to be Taken	By Whom	Month	Status
		role within Clinical Council to be sent Co-Chair, Julie Arthur			
6	20/11/19	***Clinical Council Objectives – Progress reports*** Ensure that monthly progress reports are scheduled in the work plan and provided by clinical council leads on a monthly basis	Kate Coley	Dec	

OURHEALTH HAWKE'S BAY
Whakawateatia

TERMS OF REFERENCE

Hawke's Bay Clinical Council

September 2019

Purpose	The Hawke's Bay Clinical Council is the principal clinical governance, leadership and advisory group for the Hawke's Bay health system.
Functions	The Hawke's Bay Clinical Council (Council) • Provides clinical advice and assurance to the Hawke's Bay health system management and governance structures. • Works in partnership with the Hawke's Bay Health Consumer Council to ensure Hawke's Bay health services are organised around the needs of people. • Provides oversight of clinical quality and patient safety. • Provides clinical leadership to the Hawke's Bay health system workforce. • Ensures decisions and recommendations are consistent with the healthcare quadruple aim (the simultaneous pursuit of improved quality, safety and experience of care for individuals; improved health and equity for all populations; best value for public health system; and improved experience of providing care).
Level of Authority	The Council is appointed by, and is accountable to, the CEO of HBDHB. The Council has the authority to provide advice and make recommendations, to the CEOs and Boards of HBDHB and Health Hawke's Bay Limited (as appropriate). To assist it in this function the Council may: • Request reports and presentations from particular groups • Establish sub-groups to investigate and report back on particular matters • Commission audits or investigations on particular issues • Co-opt people from time to time as required for a specific purpose. The Council's role is one of governance, not operational or line management. **Delegated Authority** The Council has delegated authority from the CEOs and Boards to: • Make decisions and issue directives on quality clinical practice and patient safety issues that: ▪ Relate directly to the function and aims of the Council as set out in the Terms of Reference; and ▪ Relate directly to the provision of, or access to, HBDHB publicly funded health services; and ▪ Are clinically and financially sustainable All such decisions and/or directives will be binding on all clinicians who provide and/or refer to public health services funded (in whole or part) by the HBDHB.
Membership	Members appointed by tenure shall normally be appointed for three years, whilst ensuring that approximately one third of such members 'retire by rotation' each

	year. Such members may be reappointed but for no more than three terms. Members appointed by role/position do not have a finite term. *By role/position:* • Chief Medical Officer Primary Health Care • Chief Medical & Dental Officer Hospital • Chief Nursing & Midwifery Officer • Chief Allied Health Professions Officer • Midwifery Director • Chief Pharmacist • Clinical Director Health Improvement & Equity • Clinical Lead PHO Clinical Advisory and Governance Committee *By Appointment (tenure):* • General Practitioner x 2 • Senior Medical / Dental Officer x 2 • Senior Nurse x 3 • Senior Allied Health Professional When making appointments, consideration must be given to maintaining a wide range of perspectives and interests within the total membership, ensuring in particular that Māori health and rural health interests and expertise are reflected.
Chair	The Council will annually elect a chair and deputy, or co-chairs.
Quorum	A quorum will be a majority of the members appointed at the time
Meetings	Meetings will be held monthly at least ten times per year, or more frequently at the request of the chair/co-chairs. Meetings will generally be open to the public, but may move into "public excluded" where appropriate and shall be conducted in accordance with HBDHB Board Standing Orders as if the Council was a Board Committee. A standing reciprocal invitation has been extended to the Hawke's Bay Health Consumer Council for a representative to be in attendance at all meetings. Matters may be dealt with between meetings through discussion with the chair/co-chairs and other relevant members of the Council.
Reporting	The Council will report through HBDHB and Health Hawke's Bay Limited Chief Executives (as appropriate) to the respective Boards. A monthly report of Council activities/decisions will be placed on the DHB website when approved.
Minutes	Minutes will be circulated to all members of the council within one week of the meeting taking place.

2

GOVERNANCE WORKPLAN PAPERS

Updated: 26 November 2019

CLINICAL & CONSUMER MEETING 11/12 December 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				11-Dec-19			
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct **Dec**		Anne Speden				11-Dec-19			
Person & Whanau Centred Care - committee reports to Board		Kate Coley			11-Dec-19		12-Dec-19		18-Dec-19
Patient Safety & Clinical Quality Report	**E**	Kate Coley				11-Dec-19		18-Dec-19	

CLINICAL & CONSUMER MEETING 12/13 February 2020	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Alcohol Harm Reduction Strategy (6 monthly update) **Feb -** Aug		Bernard TePaa	Rachel Eyre	28-Jan-20	12-Feb-20	12-Feb-20	13-Feb-20		26-Feb-20
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				12-Feb-20			
IS updates/presentations 30 mins - Bi-monthly **Feb** Apr Jun Aug Oct Dec		Anne Speden				12-Feb-20			
Electives and the Consumer - CMDO back to Consumer Council		Robin Whyman					13-Feb-20		

CLINICAL & CONSUMER MEETING 11/12 March 2020	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Matariki update to Consumer council (verbal)		Bernard Te paa	Shari Tidswell				12-Mar-20		
HB Pasifika Youth Project - final reporting and recommendations		Bernard Te Paa			11-Mar-20		12-Mar-20		25-Mar-20

Patient Safety – Clinical Council and FRAC Workplan

Meeting	Clinical Council	Current Clinical Council Workplan	FRAC	BOARD
October	HRT Dashboard Workshop – HRT	Clinical Committees Update	Dashboard (Sept) + Short report (including narrative from CC & HRT Workshop)	Summary of conversations/key topics discussed
November	Communities, Women & Children Directorate (4)	Clinical Committees Updates Collaborative pathways After Hours Urgent Care update IS Update		Summary of conversations/key topics discussed
December	HRT Dashboard (Sept data)	Clinical Committees Updates	Report plus summary of Clinical Council dashboard	Summary of conversations/key topics discussed
January	**NO MEETINGS**			
February	Surgical Directorate	Clinical Committees Updates	Report Adverse Event 6 monthly update	Summary of conversations/key topics discussed
March	HRT Dashboard (December Data)	Clinical Committees Updates		Summary of conversations/key topics discussed
April	Medical Directorate Primary Care	Clinical Committees Updates	Report	Summary of conversations/key topics discussed
May	Mental Health Directorate	Clinical Committees Updates Clinical Workforce Development Governance		Summary of conversations/key topics discussed
June	HRT Dashboard (March data)	Clinical Committees Updates		Summary of conversations/key topics discussed

Meeting	Clinical Council	Current Clinical Council Workplan	FRAC	BOARD
July	Older Persons Directorate Operations Directorate	Clinical Committees Updates	Report	Summary of conversations/key topics discussed
August	AGM	Clinical Council – Objectives & Workplan 2020-21		Summary of conversations/key topics discussed
September	HRT Dashboard (June data)		Adverse Event report	
October			Report	
November				
December	HRT Dashboard (September data)			

(1) Report – update on adverse events, themes and trends from patient events, update on certification, general updates, patient experience statistics, complaints, national survey etc.

(2) HQSM – to come as an when reported

(3) **Brief to Directorates** – Describe the service components, describe what is the data / indicators that you use to monitor patient safety and quality, share your top clinical risks and the actions and activities that you are implementing and monitoring to mitigate the risks. Need to ensure that the directorate team is present (SD, ND, AH and MD). Provided with 45 minutes for presentation, questions and discussion.

OURHEALTH HAWKE'S BAY Whakawateatia	**Hawke's Bay Clinical Council (Public)**
	For the attention of: **HBDHB Board**
Document Owner:	Jules Arthur (Co-Chair) Dr Robin Whyman (Co-Chair)
Month:	November 2019
Consideration:	For Information

RECOMMENDATION

That the HBDHB Board:

- **Note** the contents of this report

Council met on 13 November 2019. An overview of matters discussed is provided below:

1. Membership

Dr Umang Patel joined the Council and Council noted the resignation of Anne McLeod.
Dr Andy Phillips will undertake a process for a new Allied Health representative to replace Anne McLeod.

2. Workplan and Annual Plan

Council's previously agreed annual workplan was tabled, with names of members responsible for delivering on those objectives and providing reporting on a regular basis.

3. Clinical Governance Structure appointments

The following appointments to the key clinical council committees were agreed:

- IS Governance Group – Dr Nicholas Jones
- Clinical Effectiveness & Audit Committee - Peta Rowden
- Professional Standards & Performance Committee – Karyn Bousfield

With the resignation of Anne McLeod, we will need to consider a further Clinical Council representative for Consumer Experience Committee

4. Clinical Governance Structure appointments

Karyn Bousfield tabled Terms of Reference for a new governing group relating to nurse prescribing. Clinical Council endorsed the Terms of Reference.

5. Collaborative Pathways

An update regarding progress with collaborative pathways following the discontinuation of the Map of Medicine too was provided by Karyn Bousfield and Dr Mark Petersen.

It was noted by Clinical Council that the DHB is unusual to not have a collaborative (clinical) pathways system in place and there are a number of conversations underway to consider an effective system to replace the Map of Medicine. A business case, led in the primary care environment, for a replacement is

planned to be taken through the relevant governance groups for approval in 2020, with an expectation that it would come back to Clinical Council for consideration in March 2020.

6. Committee reports

Verbal reports to Council were provided by members on the PHO Clinical Advisory Group, Patients Safety and Risk Management Committee, Clinical Advisory Governance Group and Te Pitau Alliance governance group

7. Next meeting

The next meeting of the Clinical Council is on 11 December 2019

CO- CHAIR'S REPORT

Verbal

IS UPDATE
Anne Speden

Verbal

CLINICAL ADVISORY & GOVERNANCE GROUP

Verbal update

11

CLINICAL COUNCIL COMMITTEE REPORTS

Verbal & Written Updates

Te Pitau Governance Group Representative Report

29 November 2019

The MOH mandates alliancing between DHB and PHOs. As Craig Climo has indicated, the original intent was directed at areas where there were several PHO's per DHB. It has been noted high functioning alliances are generally at an operational and clinical level, reaching maturity can take years.

The initial HBDHB and PHO alliance attempt lasted one meeting. This is the second attempt and took several years of relationship building. Te Pitau was established in 12/2018 as a governance partnership.

The current membership is relevant, 3 DHB Board Members (Heather Skipworth, Hine Flood, Ana Apatu), 3 PHO Board Reps (Chair Bayden Barber, Jason Ward, Jeremy Harker), MRB rep (Beverley Te Huia), Consumer Council Rep (Rachel Ritchie) Clinical Council rep (PC).

The Te Pitau Governance group has a management group which reports directly to it, the actual work is shared between the Primary Care Directorate (now dis-established) and the Maori Health Directorate.

Relevant background as I see it:

1. Historically there has been a significant lack of trust between DHB and primary care.
2. Historically there has been a significant lack of trust between DHB and Iwi groups.
3. Extensive exposure to The SCF and Nuka model under the previous CEO has heightened expectation around change and service provision.
4. Increased focus on equity and Kaupapa Maori is integral in the CSP and strategic plan.

Current Issues:

1. Te Pitau has an ambitious work schedule and the current members have an open Kaupapa Maori focus.
2. The CEO wrote a report to DHB board 30/10/19 recommending Te Pitau be disestablished. He has valid reasons and these can read in his report.
3. There was significant push back at the November 13 meeting regarding disestablishment. A lot of concern was expressed around replacing the governance with an operational management group.
4. I expressed my personal opinion, not endorsed by The Clinical Council, that Te Pitau is a unique governance group that is very close to the actual consumers, it has direct management interaction, and could potentially drive a lot of changes. I supported the current structure.
5. CEO of DHB and PHO were tasked to look at future of Te Pitau and report back.
6. From a Clinical Council perspective review of clinical input at governance and operational level of Te Pitau might be prudent.
7. As an aside the SLM dashboard is worth viewing, attached.

Peter Culham

SYSTEM LEVEL MEASURES – 2019/2020 Q3 DASHBOARD – EXAMPLE ONLY (results made up)

PERFORMANCE TO TARGETS

SLM Milestones

Keeping children out of hospital	Ambulatory Sensitive Hospitalisation (ASH) rates per 100,000 for 0-4 year olds	Maori ASH rates ≤8313 (5% decrease). Baseline: 8750 (March 2019)	Q1	8305
			Q2	8500
			Q3	8450
			Q4	
Using health resources effectively	Acute hospital bed days per capita	Reduce standardised acute hospital bed days to ≤390 per 1000	Q1	388
			Q2	402
			Q3	396
			Q4	
Person centred care	Patient experience of care	Decrease the number of patients that answer "no" to the inpatient experience survey questions 'Did a member of staff tell you about medication side effects to watch for what you went home'. Baseline: 22% Goal:≤17%	Q1	17%
			Q2	19%
			Q3	18%
			Q4	
Prevention and early detection	Amenable mortality rates	Relative Rate between Maori and NMNP ≤2.15, ≤1.8 by 2023, ≤1 by 2029 Baseline: Maori 208.8, NMNP 85.1, Relative Rate between Maori and NMNP 2.45	Q1	2.14
			Q2	2.3
			Q3	2.25
			Q4	
Healthy start	Proportion of babies who live in a smokefree household at six weeks postnatal	Increase smokefree home rates for Maori babies. Baseline: 20.9% Jan-June 2018 Target > 21.9%	Q1	22.1%
			Q2	21.2%
			Q3	21.5%
			Q4	
Youth are healthy, safe and supported	Youth access to and utilisation of youth appropriate health services	Reduced Alcohol related ED presentations for 10-24 year olds Baseline: Maori 15% Target: Maori ≤14.3% Reduced Self harm hospitalisations and short stay ED presentations for <24 year olds	Q1	14.2%
			Q2	14.9%
			Q3	14.5%
			Q4	

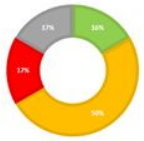
SLM Contributory Measures

CM1: Hospitalisations due to dental conditions for Maori and Pasifika 0-4 (rate per 100,000)	CM2: Hospitalisations due to respiratory for Maori and Pasifika 0-4 (rate per 100,000)	CM3: Hospitalisations due to cellulitis for Maori and Pasifika 0-4 (rate per 100,000)	
CM1: Decreased acute readmission rate (28 days)	CM2: Decreased Inpatient Average Acute Length of Stay (ALOS)	CM3: Decreased Ambulatory Sensitive Hospitalisations (ASH) rates per 100,000 for 45-65 year olds Maori	
CM1: HQSC primary care - proportion of Maori invited to complete survey, who respond	CM2: HQSC Inpatient survey - proportion of Maori responses	CM3: Proportion of staff having completed Health Literacy training	CM4: Proportion of staff carrying out relationship centred practice training
CM1: Increase the number of Maori males 35-44 years who have had a CVDRA in the past 5 years	CM2: Better help for smokers to quit	CM3: Decreased ASH rate for angina and chest pain for Maori per 100,000	
CM1: Increased % of Maori women booked with an LMC by week 12 of their pregnancy	CM2: % of women who become smokefree over their pregnancy	CM3: % of infants exclusively or fully breastfed at 3 months	
CM1: Increase % of responses given to alcohol related presentation questions in ED	CM2: % of schools with an alcohol policy	CM3: Increased utilisation rate of youth services by 13-17 year olds	

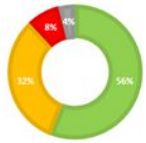
Green = Met or exceeded target *Amber = Not met target, but getting better* *Red = Getting worse*

PROGRESS TO PLAN

SLM Activities

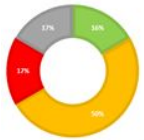


1	Progress recommendations from the audit	Due: Q4
1 2 3 NCE	Establish whole of sector working group – first 1000 days	Due: Q2
1 2 3 NCE	Create first 1000 days outcomes framework	Due: Q3
1 2 3 NCE	Monitor and adjust maternity workforce plan	Due: Q2
2	Initiate paediatric respiratory programme	Due: Q4
3 NCE	Interview pacific families presented to ED for ASH 0-4	Due: Q1

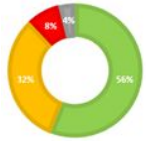


1 NCE	Readmission group develop clinical pathway for congestive heart failure & COPD	Due: Q4
2 NCE	Develop working group for older and frail people	Due: Q2
2	Develop process to reduce frailty admissions & implement processes to identify frailty	Due: Q3
1 2	Initiate, develop & monitor Hoki Te Kainga	Due: Q2
3	Redesign primary care after hours	Due: Q4

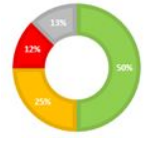
3 4 NCE	Develop, roll out & monitor Leading with Heart	Due: Q4
M 3 4	Develop & implement further tools to support patient to ask about medication	Due: Q2
M	Improve hospital pharmacist access to patient records	Due: Q3
1 2	Raise consumer awareness of surveys to increase participation	Due: Q2
M	Encourage consumers to ask clinicians about their medication and care	Due: Q4



M	Complete delivery of action priorities within tobacco strategy	Due: Q4
1 2 3 NCE	Implement first phase of Health Care Home	Due: Q2
2	Improve integration of immunisation, screening and smoking cessation systems	Due: Q3
3 NCE	Develop clinical pathway for congestive heart failure	Due: Q2



1 3	Set up CHB maternity resource centre	Due: Q4
1 2	Engage with Wairoa WHanake Te Kura antenatal programme	Due: Q2
2	Investigate opt off option for all wahine hapu identified as smokers	Due: Q3
2	Equip midwives with carbon monoxide monitor	Due: Q2



1	Investigate & implement processes to improve the quality of ED data collection	Due: Q4
2 NCE	Increase number of schools with an alcohol policy	Due: Q2
2 NCE	Recirculate healthy fundraising guide to all schools	Due: Q3
3 NCE	Implement phase one of youth strategy	Due: Q2
3 NCE	Complete youth workforce SWOT analysis & strategy development	Due: Q4
3 NCE	Develop new model of care across mental wellbeing	Due: Q1

Activity not started *Activity completed* *Activity on track* *Activity off track*

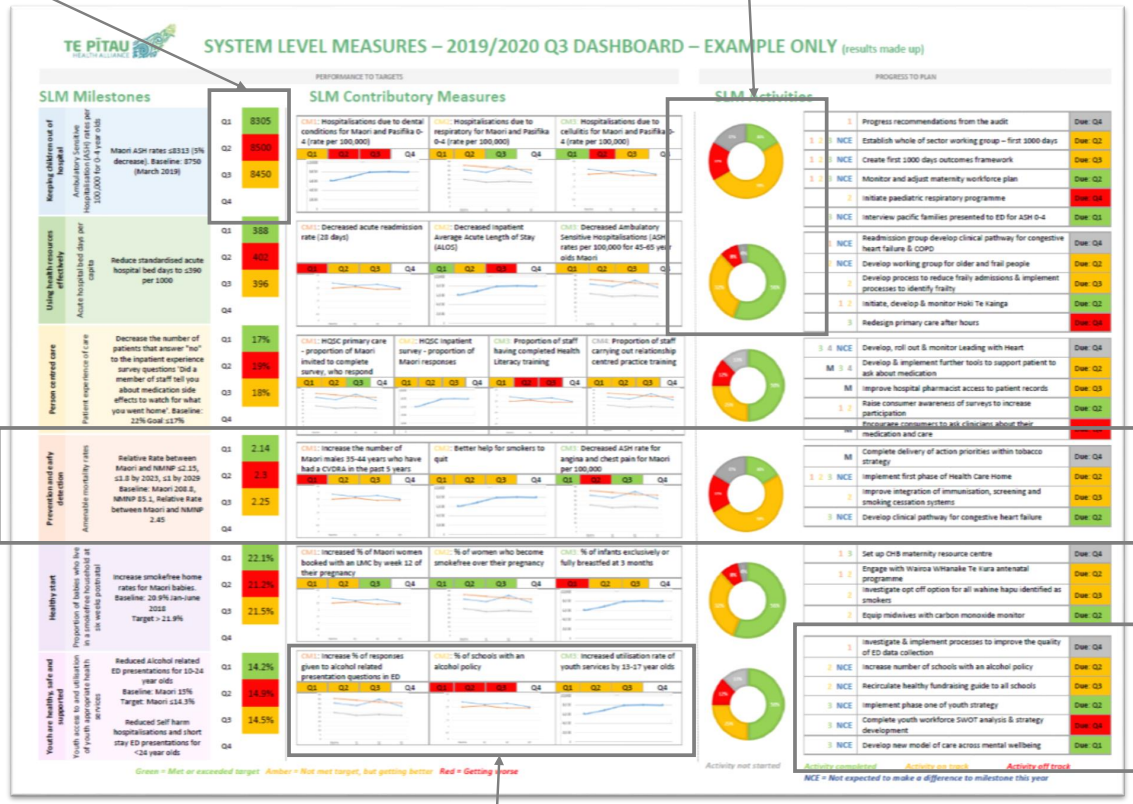
NCE = Not expected to make a difference to milestone this year

11.1

UNDERSTANDING THE SYSTEM LEVEL MEASURES DASHBOARD

Shows how the data for this milestone has tracked for each quarter.
Red = getting worse
Amber = not meeting target, but getting better
Green = target met

Graph showing how the activities within this SLM are tracking
Red = off track
Amber = on track
Green = completed
Grey = not started



Each of our SLMs and the milestones we agreed on

To focus on an individual SLM, read across through each section.

Each activity within the SLM, showing:

1. Which contributory measure it relates to
2. Which activities we expect to make no difference to the milestone within this year
3. The due date
4. How the activity is tracking:
   Red = off track
   Amber = on track
   Green = completed
   Grey = not started

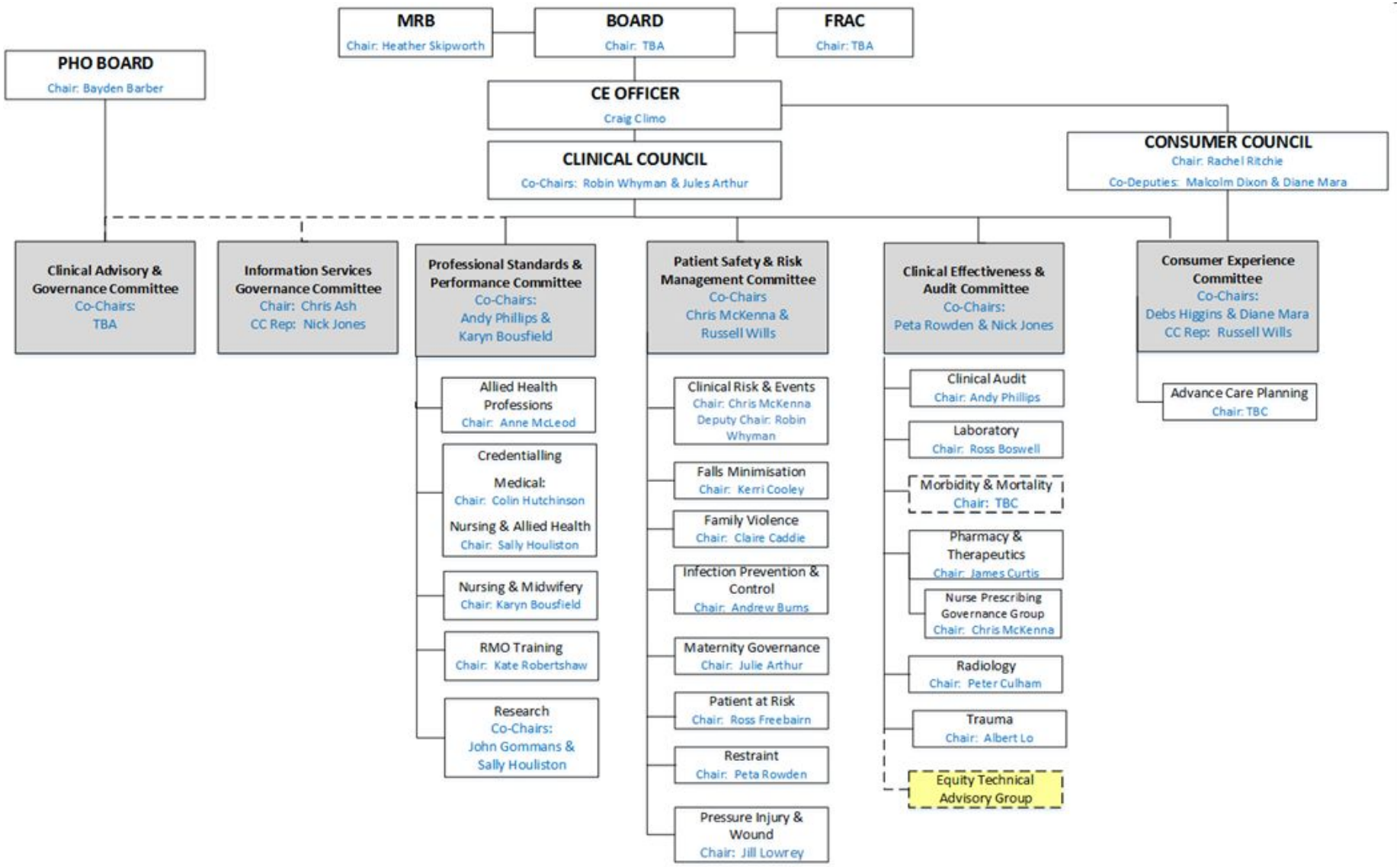
Contributory measures and how they are tracking by quarter.
Red = getting worse
Amber = not meeting target, but getting better
Green = target met

Graphs include baseline data if known.

11.2

CONSUMER EXPERIENCE COMMITTEE

Verbal update



Version 20 (Dec-19)

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12

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. **Minutes of Previous Meeting (Public Excluded)**

14. **Matters Arising – Review Actions (Public Excluded)**

15. **HB Clinical Council Report to Board (Public Excluded)**

16. **Health Round Table – Investigation of Indicators and Dashboard**

17. **HDC Medications Issues Report**

18. **FRAC Risk Report - Operational Risk**

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).