HB Clinical Council
Monthly Meeting

Date: **Wednesday, 7 April 2021**

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:

Dr Robin Whyman (Co-Chair)
Jules Arthur (Co-Chair)
Dr Umang Patel
Dr Kevin Choy
Chris McKenna
Karyn Bousfield
Dr Andy Phillips
Dr Russell Wills
Dr Nicholas Jones
Dr Mike Park
Peta Rowden
Dr Jessica Keepa

Apologies:

In Attendance:

Keriana Brooking, Chief Executive Officer
Chris Ash, Chief Operating Officer
Susan Barnes, Patient Safety & Quality Manager
TBC, Consumer Council Representative
Sue Sowerby, Patient Safety & Quality Administrator (minutes)

MONTHLY MEETING

Public

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 Actions	
5.	HB Clinical Council Board Report – March (public) – *copy for information*	
6.	CEO Update	3.10
7.	Clinical Council Annual Plan and Workplan 2020/21 7.1 Draft Annual Plan by 6 Dimensions Chart 7.2 HQSC Clinical Governance Framework 7.3 Clinical Councl Workplan 2020/21	3.25
8.	COVID19 Vaccine and Immunisation Programme Rollout Progress Report) - *copy for information*	3.35
	Section 2 – Reporting Committees to Council	
9.	Clinical Council Representatives and Committee Reports - Patient Safety & Risk Management Committee (met 16/2 no quorum)	3.40
10.	**Section 3 - Recommendation to Exclude the Public**	

Public Excluded

Item	Section 4 – Routine	
11.	Minutes of Previous Meeting (public excluded)	3.45
12.	Matters Arising - Review Actions (public excluded)	
13.	HB Clinical Council Board Report – March (public excluded) - *copy for information*	
	Section 5 – Presentations / Discussion	
14.	Topics of Interest – Member Issues / Updates	3.55
15.	Risk Management Report – *Carriann Hall*	4.10
16.	Antimicrobial Resistance Action Plan – *Di Vicary*	4.25
17.	Chief Operating Officer Report – *Chris Ash*	4.40

Item	Section 4 – Routine	
18.	Loss of ICU and ED training accreditation – *Mike Park*	4.55
19.	Integrated Workforce / Safe Staffing Presentation – *Chris, Robin, Andy*	5.05
20.	Adverse Events Policy 20.1 Event Management Policy – OPM002	5.20
21.	DAA – Corrective Actions Report – *Susan Barnes*	5.35
22.	Meeting Close	5.40

Next Meeting:

Wednesday, 5 May 2021, 3.00-5.30 pm
Te Waiora Meeting Room (Boardroom), HBDHB Corporate Office
Cnr Omahu Road & McLeod Street, Hastings

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

Hawke's Bay Clinical Council

Feb-21

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
Jules Arthur (Midwifery Director)	National Midwifery Leaders Group	Chair	Forum for national midwifery and maternity issues	No	
	Current part secondment to TAS SSHW team Programme Consultant for CCDM	Team member	Implementation of CCDM programme	No	
	NZ College of Midwives	Member	A professional body for the midwifery workforce	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	
	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	

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**
	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		
	Hawke's Bay Faculty of GPs	Member	Professional society		

2/03/2021

MINUTES OF THE MONTHLY HAWKE'S BAY CLINICAL COUNCIL MEETING
HELD IN THE TE WAIORA MEETING ROOM, CORPORATE OFFICE
ON WEDNESDAY, 3 MARCH 2021 at 3.00 pm

PUBLIC

Present:	Jules Arthur (Co-Chair) Dr Andy Phillips Dr Nicholas Jones Dr Jessica Keepa Dr Kevin Choy Peta Rowden Karyn Bousfield Dr Mike Park
Apologies:	Dr Robin Whyman (Co-Chair) Dr Russell Wills Dr Umang Patel Chris McKenna
In Attendance:	Susan Barnes, Patient Safety & Quality Manager Sue Sowerby, Patient Safety & Quality Administrator (Minutes)

SECTION 1: ROUTINE

1. WELCOME AND APOLOGIES

Jules Arthur welcomed everyone with a karakia.

2. INTEREST REGISTER

No conflicts of interest were noted for the meeting.

3. MINUTES OF PREVIOUS MEETING

Jules advised that Russell Wills had emailed asking for an amendment to the minutes, item 7 Clinical Council Annual Plan and Work Plan. Jules read the suggested replacement sentences and members agreed to the amendment. The minutes of the Hawke's Bay Clinical Council meeting held on 3 February 2021, with the amendment, were confirmed as a correct record of the meeting.

Moved: Dr Nicholas Jones
Seconded: Dr Mike Park
Carried.

4. MATTERS ARISING, ACTIONS AND PROGRESS

Item 1: Clinical Council Appointments
Senior Allied Health Professional position – imminent
Representative to HB Consumer Council – on hold while Consumer Council review is undertaken.

Item 2: Letter of Thanks to Debs Higgins
Completed

Item 3: Clinical Council newsletter
On agenda

Item 4: Review Terms of Reference and Membership
On agenda

Item 5: Develop 2020/21 Annual Plan
On agenda

Item 6: System Performance Measures
Mike Park advised he has not yet met with Emma Foster

Item 7: Quality Framework
On hold until after the Health Services Leadership Structure review is complete.

Item 8: Radiology Advisory Group
Letter to Clinical Pathways steering group to be written following request from Radiology Advisory group regarding prioritization of radiology care pathways – in progress

5. HB CLINICAL COUNCIL BOARD REPORT - FEBRUARY

Members noted the report which was tabled at the Board meeting the previous day. Jules advised there was no discussion.

6. CHIEF EXECUTIVE OFFICER REPORT

The Chief Executive was on annual leave, there was no report.

7. CLINICAL COUNCIL ANNUAL PLAN AND WORK PLAN 2020/21

Work Plan
Work plan content was agreed at the meeting noting that this was a 'living document' responsive to urgent matters or needs as they arose. Co-chairs would manage and amend the workplan accordingly in discussion with clinical council members.
Items added are: Monthly COVID vaccination programme updates, DAA high risks and progress, medication safety incident learning for May and the loss of ICU training accreditation and imminent loss of ED training accreditation be discussed at the next meeting.

There was a discussion about the timing of the cultural safety discussion with Clinical Council. Karyn Bousfield noted Council needs to be clear on its definitions for cultural safety and cultural competence. Andy noted the Board agreed on the DHB statement on institutional racism at its meeting the day before and asked that it be tabled at the next meeting. Jules noted April would be JB Heperi-Smith's first meeting on Council. Nick Jones supported deferring the cultural safety discussion to the May meeting. It was suggested it may be better to have a workshop on cultural safety. The Co-Chairs and Andy Phillips will discuss with JB and advise members.

Andy noted no Directorate presentations were scheduled in the work plan. Jules advised she and Robin were planning to ask Directorate Leadership Teams whether they got value from the experience, noting Council has an accountability to feed back to directorates. Andy questioned whether risk is sufficiently covered in the work plan. Susan Barnes considered that a report on the clinical risks identified in the corporate Risk Register should be presented to Clinical Council each month. Andy added that Clinical Council also needed to receive reports on the risks in primary care. He considered input from Clinical Council would be useful for Carriann Hall and asked that she be invited to the April meeting. Susan advised that Carriann has recently established a Risk Management Committee.

Nick asked that a session on equity work plan be added to the June meeting and that Patrick le Geyt be invited for that discussion.

Annual Plan

Jules noted that following the discussion at the February meeting and to incorporate the CEO's suggestions, a new visual diagram incorporating the six domains of quality has been drafted for members to consider. Andy asked if it captured all the activities in the previous version and Karyn asked how it relates to the Clinical Governance Framework adopted at the December meeting. She suggested asking the Australasian Institute of Clinical Governance for guidance to bring the two together.

Agreed action for Karyn Bousfield and Susan Barnes to amalgamate CG diagram and draft design of annual plan. To be completed within a week for Co-chairs to consider and circulate to clinical council members. The intent to sign off at April CC meeting.

8. TERMS OF REFERENCE

Jules noted that the purpose of discussion was to confirm membership, noting that the updated document included the Medical and Nurse Directors of the PHO, the Senior Advisor, Cultural Competence and the Planning, Funding & Performance Clinical Lead. Andy noted that the pharmacy position had been re-branded to System Lead for Medicines.

Peta Rowden was concerned that the document did not positively ensure equitable representation of cultures in its membership. It was agreed to move the current paragraph noting intentional representation for position above the list of positions i.e.

> 'When making appointments, consideration must be given to maintaining a wide range of perspectives and interests within the total membership, ensuring in particular that Maori health, Pacifica health and rural health interests and expertise are reflected'

The Terms of Reference for Hawke's Bay Clinical Council were endorsed by members.
Moved: Dr Mike Park
Seconded: Dr Andy Phillips
Carried.

Jules advised she would present the updated Terms of Reference to the CEOs for DHB and PHO for approval.

9. CLINICAL COUNCIL NEWSLETTER

Jules asked members for their views on the questions posed by the Communications Team. It was agreed there was value in a newsletter, our target audience initially being clinicians across the whole health sector. The initial communications would outline the purpose of Clinical Council, who is on Clinical Council, our annual plan and work plan and what Council is doing about issues brought to it. It was also suggested to include how clinicians could raise relevant issues to Clinical Council. Jules suggested to start with a monthly

newsletter advising clinicians on the issues it has considered at its meeting. Andy agreed it would be useful to summarise any presentations as well.

Jules commented that she didn't expect the job of writing the newsletter to fall to the Co-Chairs but that she would work with the Communications Team to draft the first one.

10. COVID-19 VACCINATION PROGRAMME

Members received the Covid-19 Vaccine and Immunisation Programme Roll-out Progress Report. Nick reported that 200 port workers were being vaccinated over the next two weeks after which their household contacts will receive vaccinations. They will be receiving their second dose three weeks after the first dose. Airport workers and health protection officers will also be receiving vaccinations under Tier 1a.

Nick added that 50,000 doses of the Pfizer vaccine were arriving into New Zealand weekly until the end of March. Once certainty of supply after March has been confirmed, Tier 2 roll-out to frontline health care workers will commence.

The work of the current COVID-19 vaccination team was noted and the importance of clearly identifying the impact of this work and what this meant for the health sector. Monthly progress reports will be tabled at Clinical Council.

SECTION 2: REPORTING COMMITTEES TO COUNCIL

11. No reports due.

SECTION 3: RECOMMENDATION TO EXCLUDE

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

13. Minutes of Previous Meeting (public excluded)
14. Matters Arising – Review Actions (public excluded)
15. HB Clinical Council Board Report – February (public excluded)
16. Falls Minimisation presentation
17. Chief Operating Officer – Report
18. Topics of Interest - Member Issues/Updates
19. Adverse Events Policy
20. Patient Safety – Quarterly Report
21. HBDHB Certification – report on 2 high risk areas

The meeting closed at 4.30 pm

Confirmed: _____
Co-Chairs

Date: _____

HAWKE'S BAY CLINICAL COUNCIL
MATTERS ARISING / ACTIONS

(Public)
As at March 2021

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1.	Jun-20	***Clinical Council Appointments*** Appointment of a Senior Allied Health Professional on Council to be confirmed	Co-Chairs/ Andy Phillips	ASAP	In progress
2.	Oct-20	***Clinical Council newsletter to wider health sector*** Co-Chairs to work with Comms Team to finalise draft for confirmation by members	Co-Chairs	Apr 2021	In progress
3.	Nov-20	***Develop 2020/21 Annual Plan/Work Plan*** **Cultural Safety** - Discuss with JB preference to hold workshop or discuss at monthly meeting and advise members	Co-Chairs	May 2021	
4.	Dec-20	***Quality Framework*** Introduce framework to DLTs Launch framework	Susan Barnes Susan Barnes	Mid 2021	On hold (viz Health Services Leadership Structure review)
5.	Feb-21	***Radiology Advisory Group*** Write to the Clinical Pathways Steering Group to ask that the issue of pathways for CT be prioritised Inform Radiology Advisory Group of above	Co-chairs Co-chairs	Mar 21	Completed
6.	Mar-21	***Annual Plan*** Develop pictorial document and align with Clinical Governance Framework Co-chairs to circulated updated document to CC members for final version at next CC meeting	Karyn Bousfield/ Susan Barnes	Apr 2021	

HAWKE'S BAY District Health Board Whakawāteatia	**REPORT FROM HB CLINICAL COUNCIL (Public) MARCH 2021** For the attention of: **HBDHB Board**
Document Author(s) Document Owner	Sue Sowerby (Patient Safety & Quality Administrator) Jules Arthur (Co-Chair)
Date	March 2021
Purpose/Summary of the Aim of the Paper	Provide Board with an overview of matters discussed at HB Clinical Council meeting on 3 March 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	Risk associated with the issues considered by the Clinical Council. Particular risk associated with complexity and scale was noted with the COVID 19 vaccination roll out
Financial/Legal Impact	Nil specific
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 Clinical Council Annual Plan and Work Plan for 2020/21

Annual Plan – members have agreed the following areas of focus for the 2020/21 annual plan of work for the Clinical Council.

AREA OF FOCUS	ACTIVITIES
Clinical Effectiveness	1 HRT Quarterly Report 2 System Performance Measures 3 Te Ara Whakawaiora
Patient Safety & Quality	1 Implementation of the clinical governance framework 2 Implementation of Safety1st 3 Development of the framework for consideration of proposals and business cases at Clinical Council
Engaged & Effective Workforce	1 Safe Staffing / CCDM 2 Clinical Council Newsletter development 3 Meeting with newly appointed ED People and Quality
Equity	1 Review of Terms of Reference 2 Revision of the HRT dashboard for ethnicity data in the indicators 3 Membership of other committees and groups
Consumer Engagement	1 Potaka Korero 2 Consumer engagement framework 3 Inpatient survey

Members considered a new visual diagram incorporating the six domains of quality. It was agreed to amalgamate the document with the Clinical Governance Framework with the intention of approving it at the April Clinical Council meeting.

Work Plan – Work plan content was agreed at the meeting noting that this was a 'living document' responsive to urgent matters or needs as they arose. The Co-chairs will manage and amend the workplan accordingly in discussion with clinical council members.

2 Clinical Council Terms of Reference

Members agreed the updated Terms of Reference and additions to the membership, the Medical and Nurse Directors of the PHO, the Senior Advisor, Cultural Competence and the Planning, Funding & Performance Clinical Lead.

The Terms of Reference have been presented to the CEOs for the DHB and PHO for approval.

3 Clinical Council Newsletter

Members agreed there was value in commencing a Clinical Council newsletter to clinicians across the whole health sector. The initial edition will outline the purpose of Clinical Council, who is on Clinical Council, our annual plan and work plan and what Council is doing about issues brought to it. It will also invite clinicians to raise relevant issues to Clinical Council.

4 COVID-19 Vaccination Programme

Members received the Covid-19 Vaccine and Immunisation Programme Roll-out Progress Report. The work of the current COVID-19 vaccination team was noted and the importance of clearly identifying the impact of this work and what this meant for the health sector. Monthly progress reports will be tabled at Clinical Council.

CHIEF EXECUTIVE OFFICER REPORT

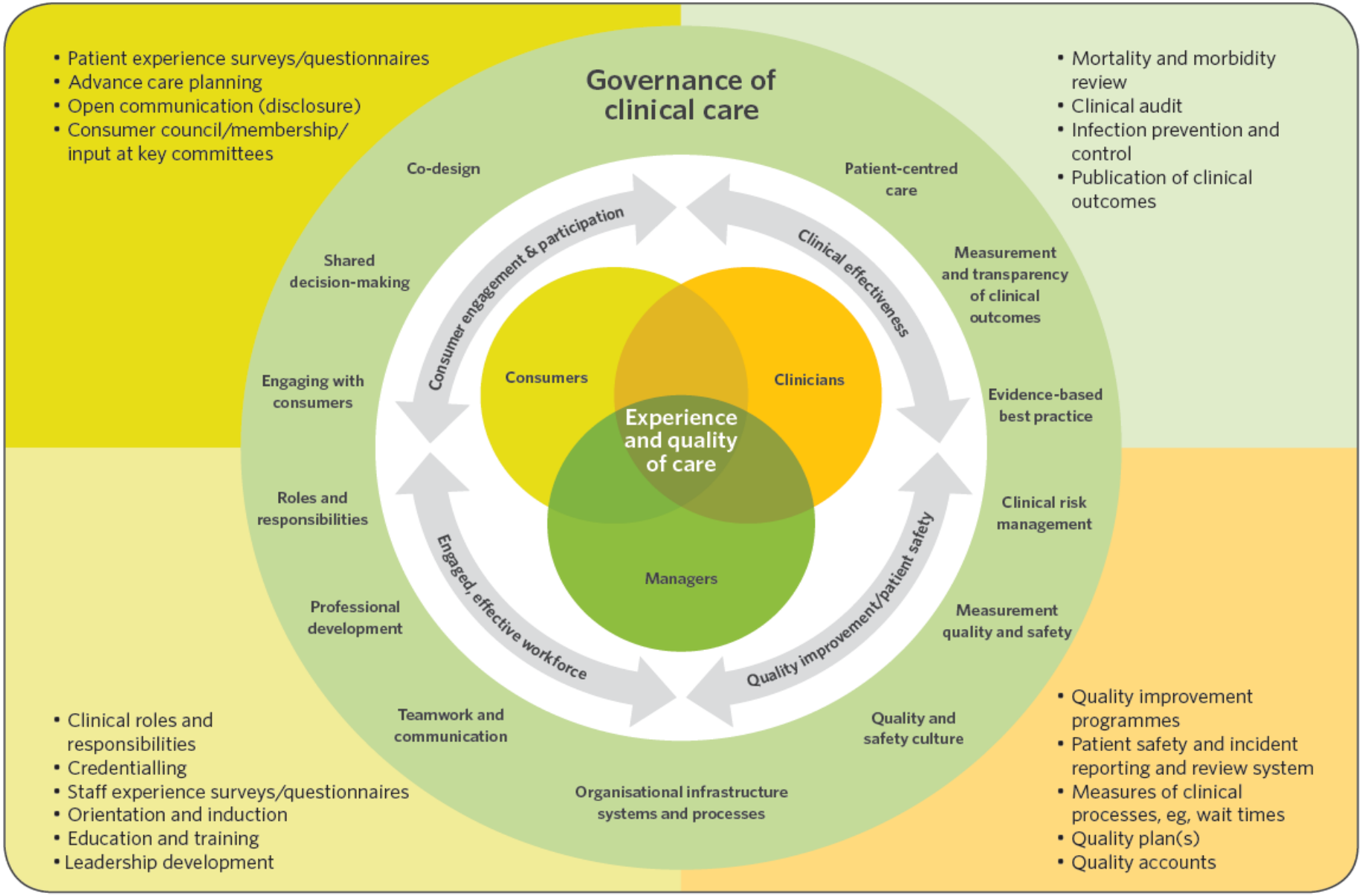
KERIANA BROOKING

HAWKE'S BAY CLINICAL COUNCIL
ANNUAL PLAN 2020/21

AREA OF FOCUS	ACTIVITIES	TIMEFRAME	PROGRESS
Clinical Effectiveness	1 HRT Quarterly Report 2 System Performance Measures 3 Te Ara Whakawaiora		
Patient Safety & Quality	1 Implementation of the clinical governance framework 2 Implementation of Safety1st 3 Development of the framework for consideration of proposals and business cases at Clinical Council		
Engaged & Effective Workforce	1 Safe Staffing / CCDM 2 Clinical Council Newsletter development 3 Meeting with newly appointed ED People and Quality		
Equity	1 Review of Terms of Reference 2 Revision of the HRT dashboard for ethnicity data in the indicators 3 Membership of other committees and groups		
Consumer Engagement	1 Potaka Korero 2 Consumer engagement framework 3 Inpatient survey		

Hawke's Bay Clinical Council Annual Plan 2020/21

Figure 1: The key components of the clinical governance framework



Clinical Council Workplan 2020/21

As at March 2021

Meeting	Clinical Council	Area of Focus from CC Annual Plan	FRAC	BOARD
December 2020	Terms of Reference review Risk Management Framework System Performance Measures National Antimicrobial Plan Quality framework	Equity Patient Safety and Quality Clinical Effectiveness Clinical Effectiveness Patient Safety and Quality Patient Safety and Quality	Dashboard (Sept) + Short report (including narrative from CC & HRT Workshop)	Summary of conversations/key topics discussed
January	**NO MEETINGS**			
February 2021	Terms of Reference review Annual Plan and workplan HRT dashboard – Q3 2020 data Patient Safety quarterly report Clinical Committee updates	Equity Clinical Effectiveness Patient Safety and Quality	Dashboard (from February CC) + Short Report (including narrative from CC) forms part of Patient Safety Report	Summary of conversations/key topics discussed
March	Terms of Reference - finalise System Performance Measures Patient Safety Report Adverse Event policy discussion Clinical Council Newsletter COVID vaccination update Consumer council update Presentation – Falls Minimisation Advisory Group Clinical Committee updates	 Clinical Effectiveness Patient Safety and Quality Engaged Effective Workforce Engaged Effective Workforce Clinical Effectiveness Patient Safety and Quality		Summary of conversations/key topics discussed

Meeting	Clinical Council	Area of Focus from CC Annual Plan	FRAC	BOARD
April	Antimicrobial Resistance Action Plan stocktake Clinical Resource Paper Loss of ICU and ED training accreditation Risk Management Governance report DAA corrective actions update Presentation - CCDM COVID vaccination update Clinical Committee updates	Clinical Effectiveness Patient Safety and Quality		Summary of conversations/key topics discussed
May	Cultural Safety discussion Medication Safety Incident learning Governance structure review HRT dashboard – Q4 2020 data System Performance Measures Patient Safety quarterly report Presentation LINAC? Safety1st – progress report Presentation – Inpatient survey? DAA corrective actions update	Clinical Effectiveness Patient Safety and Quality Clinical Effectiveness Patient Safety and Quality	Dashboard (May) + Short Report (including narrative from CC)) forms part of Patient Safety Report	Summary of conversations/key topics discussed

Meeting	Clinical Council	Area of Focus from CC Annual Plan	FRAC	BOARD
	COVID vaccination update Clinical Committees Updates			
June	Equity workplan DAA corrective actions update COVID vaccination update Clinical Committees Updates	 Clinical Effectiveness Patient Safety and Quality		Summary of conversations/key topics discussed
July	DAA corrective actions update COVID vaccination update Clinical Committees Updates	 Clinical Effectiveness Patient Safety and Quality		Summary of conversations/key topics discussed
August	HRT dashboard – Q1 2021 data System Performance Measures Patient Safety quarterly report DAA corrective actions update COVID vaccination update Clinical Committees Updates	Clinical Effectiveness Patient Safety and Quality Clinical Effectiveness Patient Safety and Quality	Report (2) Dashboard (August) + Short Report (including narrative from CC)) forms part of Patient Safety Report	Summary of conversations/key topics discussed
September	DAA corrective actions update COVID vaccination update Clinical Committees Updates	 Clinical Effectiveness Patient Safety and Quality		Summary of conversations/key topics discussed
October	DAA corrective actions update COVID vaccination update Clinical Committees Updates	 Clinical Effectiveness Patient Safety and Quality		Summary of conversations/key topics discussed

Meeting	Clinical Council	Area of Focus from CC Annual Plan	FRAC	BOARD
November	HRT dashboard – Q2 2021 data System Performance Measures Patient Safety quarterly report COVID vaccination update Clinical Committees Updates	Clinical Effectiveness Patient Safety and Quality Clinical Effectiveness Patient Safety and Quality	Dashboard (November) + Short Report (including narrative from CC)) forms part of Patient Safety Report	Summary of conversations/key topics discussed
December	COVID vaccination update Clinical Committees Updates	 Clinical Effectiveness Patient Safety and Quality		Summary of conversations/key topics discussed

HAWKE'S BAY District Health Board Whakawāteatia	**COVID-19 VACCINE AND IMMUNISATION PROGRAMME ROLL-OUT PROGRESS REPORT MARCH 2021**
	For the attention of: **Board**
Document Owner	Chris McKenna - Chief Nursing and Midwifery Officer (Lead Sponsor) Patrick Le Geyt – Acting Executive Director, Health Improvement & Equity (Co-Sponsor)
Document Author(s)	Ngaira Harker – COVID-19 Operational Lead
Date	March 2021
Purpose/Summary of the Aim of the Paper	Monthly update COVID-19 Vaccine roll-out Hawkes Bay District Health Board.
Health Equity Framework • Make health equity a strategic priority • Develop structure and processes to support health equity work • Address the multiple determinants of health • Eliminate institutional racism • Partner with community organisations	A health equity framework supports the COVID-19 vaccination roll-out plan. It ensures we measure and address factors which address inequity in development of COVID -19 vaccination.
Principles of the Treaty of Waitangi that this report addresses:	The COVID-19 roll-out plan is guided by the TOW. We recognise the need to consult with Iwi, Māori Relationship Boards, Māori providers and communities to develop, design, implement and monitor the vaccination programme. Specific factors relevant to the COVID-19 roll-out include data sovereignty principles and protection, inclusion of Māori models of care, and equity of resources to meet Māori providers and community need.
Risk Assessment	As per the MOH COVID-19 vaccination guidelines As per the identified risk register within the COVID-19 roll-out plans.
Financial/Legal Impact	A funding model is currently being developed by MOH.
Stakeholder Consultation and Impact	Potential impact stakeholder - Will drive the models of delivery and approaches for COVID-19 Vaccine roll-out.

Strategic Impact	The Tier 2 and Tier 3 roll-out of the COVID-19 vaccination will potentially impact BAU through increased workforce and resource requirements to meet timeframes set by the MOH.
Previous Consideration / Interdependent Papers	• Tier 1 MOH Operational Guidelines • Tier 1 Action Plan – HBDHB • Letters Roll – Out Tier 2
RECOMMENDATION: *It is recommended that the Board:* *1.* **Note** the COVID-19 Vaccination and Immunisation progress report.	

EXECUTIVE SUMMARY

This report outlines the monthly progress to date for the COVID-19 Vaccination Immunisation programme.

BACKGROUND

A COVID vaccination project structure for Tier 1 has been completed and sits under the CIMS structure. The Tier 1 project structure mirrors the programme structure outlined by the Ministry of Health. Chris McKenna, Chief Nursing Officer is Senior Responsible Owner for the programme with support from Patrick Le Geyt, Acting Executive Director Health Improvement & Equity. There is oversight from a governance group with responsibility for the overall delivery of the programme. Programme management is provided by Nurse Director Ngaira Harker and Andrea Jopling was onboarded as Project Lead in early February.

The COVID-19 Vaccination roll-out for Tier 1 of the national programme commenced on 20 February 2021. This is in line with the scheduled range of the Tier 1 MOH 15-day national roll-out plan. We have commenced Phase One of the Tier 1 Vaccinations with the first vaccination delivery near completion. The second vaccinations will commence from 23 March 2021 with completion of Tier 1 scheduled for end of April.

The COVID-19 Vaccination roll-out for Tier 2 is scheduled to overlap the Tier 1 schedule, with the aim to commence Tier 2a at the end of March (see Appendix 1 MOH tier roll-out schedule).

HAWKE'S BAY TIER 1 COVID-19 VACCINATION SCHEDULE

Border Workers (Port)

The planning and collaboration with the Port has enabled a successful roll-out and commencement of the COVID-19 vaccination. Round one of vaccinations commenced 2 March and completed 9 March with a -total of 267 vaccinations completed.

We have had a strong and collaborative relationship with the Port in establishing the site and working to support optimal opportunities to access. Feedback from the Port leaders and staff has reflected this relationship.

> *"On behalf of Napier Port we would like to thank you, the DHB team and the team from the Drs Napier for making the process streamlined and work well. I have heard many horror stories of what has been happening at other ports so we really appreciate the communication and relationships that have been built which has assisted in making this a great success."*
>
> *Adam Harvey - General Manager Marine and Cargo*

The second and final phase of the Tier 1 vaccination roll-out at the Port site on 23 March.

Border Workers (Airport) and Whānau

Additional clinics commenced on 13 March and are continuing at The Doctors Napier and the Hastings Health Centre. These clinics are delivering vaccinations to border worker from the Airport (Skyline Aviation) and whānau of border workers. Table 1 provides an overview of the delivery groups and sites of Tier 1.

Table 1: Vaccination Delivery March – April Tier 1

Site	Target Group	Site Lead	Estimated number to vaccinate	Vaccination 1 27th Feb	Vaccination 2 23rd March
Napier Port	For eligible port staff, customs staff and port contractor employees	Andrea Halpin, The Doctors Napier	250- 270	267	Commence 23rd March
The Doctors Napier	Skyline Aviation staff, border worker household contacts, Health Protection Officers (HPO's)	Andrea Halpin, The Doctors Napier	50, plus household contacts to be confirmed	HPO's /whanau complete Other groups ongoing	Commence March / end of April completion
Hastings Health Centre	Small number of airline staff, some border worker household contacts	Lisa Cotter, HHC		Ongoing (in partnership with Drs Napier)	Commence March /end of April completion

Cultural Response

Ngati Kahungunu Iwi leadership, together with the guidance from the HBDHB's Māori and Pacific Health teams, strengthened our responsiveness within the vaccination roll-out. The delivery model for the Port included specific planning for Māori and Pacific workers with a particular focus on consultation, support and education. A team from the HBDHB delivered information sessions to port workers to encourage uptake and address concerns. Ensuring whanaungatanga prior to our delivery to whānau at the Port sessions empowered connection and trust. The evidence-based information on the COVID-19 Pfizer vaccination provided a counter to the information shared on social media. These sessions were delivered in safe spaces prior to vaccination clinics and were well received. The importance of manaakitanga and ongoing positive messages and experiences from port workers will enhance delivery to whānau, hapū and iwi as we move to Tier 2.

HAWKE'S BAY TIER 2 COVID-19 VACCINATION SCHEDULE

Tier 2(a) includes front-line health care workers at most risk of exposure to COVID-19 through their everyday work. This group includes; all primary care and first level services staff, community pharmacies, emergency department staff, emergency diagnostics staff, ambulance services as well as COVID vaccinators and Community Based Assessment Centre (CBAC) workers.

A major focus during Tier 2(a) will not only be vaccinating the workforce but developing the skill and capacity amongst those required to become providers of the vaccination service. The earliest focus of Tier 2(a) will be vaccinating and training the following groups:

Tier 2(a)

Tier 2(a) delivery will occur through a range of models. 2 General Practices were established as COVID Vaccination practices as at 17 March 2021. Aim to have Occupational Health (supported by PHN) operational by end March 2021 and 2 to 3 further General Practices operational by 5 April.

Cohort	Location	Estimated numbers	Start Date
ED staff	Hospital Vaccination Clinic	100	From March
Emergency diagnostics and support staff	Hospital Vaccination Clinic	112	From March
COVID Swabbing Staff (primary care)	Hospital Vaccination Clinic	125	From April
Ambulance Services	Hospital Vaccination Clinic	150	From April
COVID Vaccination Administering	Primary Care	300	From April
COVID-19 testing lab team	Hospital Vaccination Clinic	10	From April
Rural 2a workforce Wairoa	Hospital Vaccination Clinic	86	From April
Rural 2a workforce CHB	Hospital Vaccination Clinic	51	From April
General Practice front line staff incl. A&M	Primary Care & Community Mass Vaccination Centres	614	From April
Pharmacy Staff	Primary Care & Community Mass Vaccination Centres	288	From April
Community Laboratory front line staff (swabbers/phlebotomists)	Primary Care & Community Mass Vaccination Centres	50	From April
Community Midwives/WCTO	Hospital Vaccination Clinic, Primary Care & Community Mass Vaccination Centres	94	From April
		1980	From April

Tier 2(b)

Tier 2(b) delivery will be via a range of approaches that will comprise of additional general practice providers, Māori providers and possibly pharmacy providers to build on the capacity to deliver Tiers 2 and 3. The DHB will establish community vaccination centres to provide opportunities for the health care workforce to be vaccinated. Ongoing discussions are continuing nationally around large providers vaccinating their own staff and residents within aged care. It is noted that the HBDHB will be responsible for coordinating vaccinations for aged residential care residents in smaller independent facilities.

Cohort	Location	Estimated numbers	Start Date
Community Public Health	Hospital Vaccination Clinic	53	From May
Outreach Imms	Hospital Vaccination Clinic	10	From May
COVID Incident Mgmt Teams	Hospital Vaccination Clinic	42	From May
Inpatient, outpatient & ambulatory care & diagnostics	Hospital Vaccination Clinic	2539	From May
Home Care Support	Primary Care & Community Mass Vaccination Centres	819	From May
Community Diagnostics – radiology/l	Primary Care & Community Mass Vaccination Centres	83	From May
Mental Health & Addictions front line staff	Primary Care & Community Mass Vaccination Centres	40	From May
NGO & Community Based services including iwi-based services incl mental health and addictions	Primary Care & Community Mass Vaccination Centres	700	From May
ARC workers and residents	Mobile Team	3000	From May
Hospice Staff	Mobile Team	80	From May
		7366	

WORKFORCE PLANNING & DEVELOPMENT

A large vaccinator workforce will be required to deliver Tiers 2, 3 and 4 of the COVID-19 Vaccination campaign. There are approximately 350 authorised vaccinators in Hawke's Bay. Most of these vaccinators are largely or fully utilised within their current roles. It is important to note that "business as usual" continues due to the COVID Vaccination programme coinciding with the Measles, Mumps and Rubella catch-up programme underway. The Influenza Vaccination season will commence mid-April and already places a significant burden on primary care, occupational health and pharmacist vaccinators. Given the accelerated vaccination requirements, the ability to grow capacity within timeframes presents a risk.

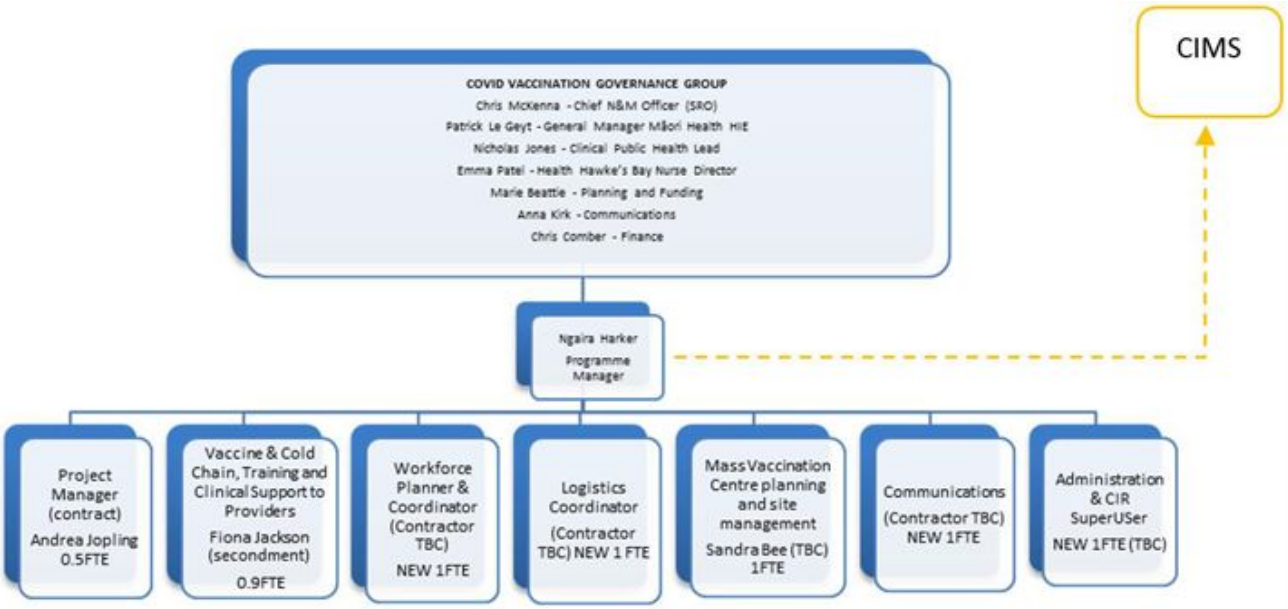
The MOH has identified some surge workforce to support the additional workforce required. We are engaged with community providers to identify strategies, increase capability and capacity of vaccinators locally that will be required to support both Tiers 2 and 3 forecasted vaccination requirements.

The Vaccination Project team will engage with providers who have the capacity, workforce and infrastructure to deliver their own clinics. Other providers and vaccinators will have the opportunity to be involved with the provision of mass vaccination centres and will form a vital part of the workforce.

Approximately 40,000 courses of the vaccine have been allocated to Māori and Pacific providers to reach older people (and their households and carers) living within a whānau environment in hard to reach places (this is approximately equivalent to the number of Māori and Pacific people over 70 years of age, and the allocation for aged residential care). We will be working with TTOH, Te Kupenga Hauora, Kahungunu executive Wairoa to support training and requirements to enable them to deliver.

To support planning and management of the ongoing roll-out we will increase our COVID-19 operational team size to support the scale and specific requirements to provide a safe and effective COVID-19 vaccination roll-out.

COVID-19 Vaccination roll-out organisational structure



CHALLENGES

The nature of the Pfizer vaccine, and its specific cold chain and logistical requirements are such that many of the usual vaccination providers will not have the workforce capacity or organisational infrastructure to be independent vaccination sites. The complexities of this vaccine include the rapid expiry date (5 days) after being taken from the Ultra-Low Temperature storage facility in Auckland, the fragile nature of the vaccine, the multi-dose vials which are unfamiliar to many primary care vaccinators and the workforce and space required to run a clinic. These challenges will put the delivery beyond the scope of many providers. The vaccine is provided in 30 dose packs that must be delivered on the same site. This means that the vaccinations cannot be woven into business as usual for providers and unlike the influenza campaign, must be booked at discrete clinics. This will be difficult for many community pharmacies and general practices, which do not have the space required to run a separate clinic and post-vaccination observation area, or the workforce to release from usual business.

Some systems are not yet in place to support the rollout in Tier 2 such as the national booking system. This has made the scheduling of appointments and follow-up administratively cumbersome.

The Ministry of Health has been slow to start the public awareness COVID-19 vaccination campaign. This has created space for anti-vaccination and conspiracy theorist messages to become well established, especially on social media.

There is significant pressure from the Government and Ministry of Health to speed up delivery extremely quickly. The ability of the DHB to do this is being hampered by difficulties experienced in attaining vaccinators through the online training modules and authorised to deliver the vaccine. A further limiting factor is that (at writing), the Ministry of Health is yet to release their funding model for third party providers and this lack of certainty may impact primary care providers to commit as vaccinating practices..

There is risk in attempting to increase our delivery too quickly. The roll-out needs to be managed in a controlled, safe and appropriate way which takes time to develop. People who receive the vaccine in these early stages will either become champions who will influence others to get vaccinated, or they will become detractors. It is vital that a positive vaccination experience is achieved in settings that are; well-organised, have highly skilled and confident staff who feel supported and safe in their practice.

NEXT STEPS

We will update the Board on any risks and/or delays that may impact on the DHB's ability to deliver and support the COVID-19 vaccination roll-out in Hawke's Bay.

RECOMMENDATION

That the Board note the COVID-19 Vaccination and Immunisation roll-out progress report.

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:

11. Minutes of Previous Meeting (public excluded)
12. Matters Arising – Review Actions (public excluded)
13. HB Clinical Council Board Report – March (public excluded)
14. Topics of Interest - Member Issues/Updates
15. Antimicrobial Resistance Action Plan
16. Risk Management Report
17. Chief Operating Officer – Report
18. Loss of ICU and ED training accreditation
19. Integrated Workforce Report / Safe Staffing Presentation
20. Adverse Events Policy
21. DAA Certification – corrective actions 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 sections 6, 7 or 9 (except section 9(2)(g)(i) of the Official Information Act 1982).