HB Clinical Council
Monthly Meeting

Date: **Wednesday, 3 February 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 (Debs Higgins resignation)	3.00
2.	Interests Register	
3.	Minutes of Previous Meeting	
4.	Matters Arising – Review Actions	
5.	HB Clinical Council Board Report – December (public) – *copy for information*	
6.	Chief Executive Officer Report – Keriana Brooking	3.10
7.	Clinical Council Annual Plan and Work Plan Dec 2020-Dec 2021 – review draft	3.25
8.	Clinical Council Terms of Reference – *tracked and untracked versions (for ease of reading)*	3.40
	Section 2 – Reporting Committees to Council	
9.	Clinical Council Representatives and Committee Reports: - Patient Safety and Risk Management Committee (November) - Radiology Advisory Group quarterly report Radiology Advisory Group updated Terms of Reference – *for approval*	3.55
10.	**Section 3 - Recommendation to Exclude the Public**	

Public Excluded

Item	Section 3 – Routine	
11.	Minutes of Previous Meeting (public excluded)	4.00
12.	Matters Arising - Review Actions (public excluded)	
13.	HB Clinical Council Board Report – December (public excluded) - *copy for information*	
	Section 4 – Presentations / Discussion	
14.	Health Roundtable Dashboard – Q3 2020 - Health Roundtable Executive Briefing - 2021 Patient Safety Data Dashboard – HRT Data	4.10
15.	Adverse Events Policy	4.25
16.	Patient Safety – Quarterly Report – Susan Barnes	4.40
17.	Chief Operating Officer Report – Chris Ash	4.55
18.	HBDHB Certification Mid-Point Surveillance Audit – report back (verbal)	5.10

19.	Topics of Interest - Member Issues / Updates	5.20
20.	Meeting Close	5.30
ENDS		

Next Meeting:

Wednesday, 3 March 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

Interests Register

Feb-21

Hawke's Bay Clinical Council

Name **Clinical Council Member**	**Interest** **e.g. Organisation / Close Family Member**	Nature of Interest **e.g. Role / Relationship**	Core Business **Key Activity of Interest**	**Conflict of Interest** **Yes / No**	**If Yes, Nature of Conflict:** **- Real, potential, perceived** **- Pecuniary / Personal** **- Describe relationship of Interest to**
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		

**MINUTES OF THE MONTHLY HAWKE'S BAY CLINICAL COUNCIL MEETING
HELD IN THE TE WAIORA MEETING ROOM, CORPORATE OFFICE
ON WEDNESDAY, 2 DECEMBER 2020 at 3.00 pm**

PUBLIC

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

SECTION 1: ROUTINE

1. WELCOME AND APOLOGIES

Jules Arthur (Co-Chair) welcomed everyone to the meeting with a karakia.

She formally welcomed Dr Jessica Keepa to Clinical Council and everyone introduced themselves.

2. INTEREST REGISTER

No conflicts of interest were noted for the meeting. Dr Patel had provided an update and Dr Keepa was given a draft for confirmation.

3. MINUTES OF PREVIOUS MEETING

With the addition of Peta Rowden as an apology for the meeting, the minutes of the Hawke's Bay Clinical Council meeting held on 4 November 2020 were confirmed as a correct record of the meeting.

Moved: Dr Umang Patel
Seconded: Karyn Bousfield
Carried.

4. MATTERS ARISING, ACTIONS AND PROGRESS

Item 1: Clinical Council Appointments
Senior Allied Health Professional position – in progress.

Item 2: Clinical Council newsletter
Due in March 2021

Item 3: Review Terms of Reference and Membership
Item 4: Develop 2020/21 Annual Plan
On agenda.

5. HB CLINICAL COUNCIL BOARD REPORT

Robin Whyman noted the Board had acknowledged the Council's achievements.

6. CLINICAL COUNCIL ANNUAL PLAN 2020/21

The draft annual plan collating the goals and themes discussed at the November meeting into areas of focus based on the IHI domains was reviewed. Discussion centred on ensuring the activities set can be achievable and tangible, how Clinical Council is measuring cultural safety in clinical safety and demonstrating compliance with the Treaty.

An updated plan will be presented at the February meeting.

7. TERMS OF REFERENCE - REVIEW

Jules Arthur distributed a draft re-write of the functions which were discussed. Council's authority to issue directives and the current reporting structure were questioned. It was agreed the Co-Chairs would discuss with the DHB's CEO.

Robin Whyman reported that he had met with Patrick Le Geyt, Acting Executive Director Health Improvement and Equity to assist Clinical Council with ensuring an equity lens and compliance to the Treaty of Waitangi is achieved in the updated Terms of Reference, including updating the membership of the Council. Members discussed the value of having cultural advisor positions added to Clinical Council's membership.

8. SYSTEM PERFORMANCE MEASURES

Emma Foster, Acting Executive Director of Planning and Funding, and Alex Trathen, Senior Project Manager, joined the meeting to share the refreshed Corporate Performance Dashboard that was presented to the Board at its previous meeting.

There was a discussion around where the data was collected and it was noted that while the Dashboard was useful from a governance perspective, there needs to be the ability to drill down to the detail for it to be useful from a clinical perspective. A meeting is to be held with Dr Michael Park to explore this further.

Dr Nicholas Jones enquired when and how work is scheduled to improve the stubborn red trends.

Jules Arthur thanked Emma and Alex and noted Council will look forward to receiving the dashboard quarterly.

9. QUALITY FRAMEWORK

Clinical Council endorsed version 2 of the framework. Susan Barnes, Patient Safety and Quality Manager, advised the framework would be introduced to Directorate Leadership Teams in early 2021. It is planned the Framework will be launched across the organisation on 1 April. Susan Barnes agreed to keep Clinical Council updated on progress.

SECTION 2: REPORTING COMMITTEES TO COUNCIL

10. CLINICAL COUNCIL REPRESENTATIVES AND COMMITTEE REPORTS

Patient Safety and Risk Management Committee report had been distributed but there was no time to discuss.

SECTION 3: RECOMMENDATION TO EXCLUDE

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

12. Minutes of Previous Meeting (public excluded)
13. Matters Arising – Review Actions (public excluded)
14. HB Clinical Council Board Report – July (public excluded)
15. Risk Management Report
16. National Antimicrobial Resistance Action Plan – Implementation Process
17. Health Roundtable – Review of April-June results
18. Topics of Interest - Member Issues/Updates

The meeting closed at 4.40 pm

Confirmed: _____
Co-Chairs

Date: _____

HAWKE'S BAY CLINICAL COUNCIL
MATTERS ARISING / ACTIONS

(Public)
As at December 2020

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1.	03/06/20	***Clinical Council Appointments*** Appointment of a Senior Allied Health Professional on Council to be confirmed.	Co-Chairs/ Andy Phillips		**In progress**
2.	Oct-20	***Clinical Council newsletter to wider health sector*** (from 2019 AGM) • Develop a regular (monthly?) newsletter with key messages for distribution across the sector	Co-Chairs	Mar 2021	
3.	Oct-20	***Review Terms of Reference and Membership*** Update for further discussion	Co-Chairs	Feb 2021	
4.	Nov-20	***Develop 2020/21 Annual Plan/Work Plan*** Develop documents for Februarymeeting	Co-Chairs	Feb 2021	
5.	Dec-20	***System Performance Measures*** Meet to discuss useability of dashboard from a clinical perspective.	Emma Foster/ Dr Michael Park	ASAP	
6.	Dec-20	***Quality Framework*** Introduce framework to DLTs Launch framework	Susan Barnes Susan Barnes	Early 2021 1 April 21	

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:	December 2020
Consideration:	For Information

RECOMMENDATION

That the HBDHB Board:

- **Note** the contents of this report

Council met on 2 December 2020. An overview of matters discussed is provided below:

1. Clinical Council Annual Plan for 2020/21

The draft annual plan collating the goals and themes discussed at the November meeting into areas of focus based on the IHI domains of quality was reviewed. Discussion centred on ensuring the activities set can be achievable and tangible, how Clinical Council is measuring cultural safety in clinical safety and demonstrating compliance with the Treaty.

An updated plan will be presented at the February Clinical Council meeting collating the discussion.

2. Terms of Reference

Jules Arthur distributed a draft re-write of the functions which were discussed. Council's authority to issue directives and the current reporting structure were questioned. It was agreed the Co-Chairs would discuss with the DHB's CEO. Robin Whyman reported that he had met with Patrick Le Geyt, Acting Executive Director Health Improvement and Equity to assist Clinical Council with ensuring an equity lens and compliance to the Treaty of Waitangi is achieved in updated Terms of Reference, including updating to the membership of the Council.

3. System Performance Measures

Emma Foster, Acting Executive Director of Planning and Funding, and Alex Trathen, Senior Project Manager, joined the meeting to share the refreshed Corporate Performance Dashboard that was presented to the Board at its previous meeting. Emma noted that the data will be broken down by ethnic group from the second quarter.

There was a discussion around how the data was collected and it was noted that while the Health System Performance Dashboard was useful from a governance perspective, there needs to be the ability to drill down to the detail for it to be useful from a clinical perspective. A meeting is to be held with Dr Michael Park to explore this further.

It was agreed the challenge is how to improve the stubborn red trends.

4. Quality Framework

Clinical Council endorsed version 2 of the framework. Susan Barnes, Patient Safety and Quality Manager, advised the framework would be introduced to Directorate Leadership Teams in early 2021.

5. Next meeting

The next meeting of the Hawke's Bay Clinical Council is on 3 February 2021.

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		

8

TERMS OF REFERENCE

Hawke's Bay Clinical Council

~~**September 2019**~~**February 2021**

Purpose	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.
Functions/Priorities	The Hawke's Bay Clinical Council ~~(Council)~~ supports the Hawke's Bay health system to achieve its strategic objectives: • Pūnaha ārahi hāpori / Community-led system • He paearu teitei me ōna toitūtanga / High performing and sustainable system • He rauora hōhou tangata, hōhou whānau / Embed person and whanau centred care • Māori mana taurite / Equity for Māori as a priority; also equity for Pasifika and those with unmet need • Ngā kaimahi āhei tōtika / Fit-for-purpose workforce • Pūnaha tōrire / Digitally enabled health system 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 • 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) • Will identify, investigate, monitor and provide advice to the CE and the Board on clinical and patient risk, equity, safety and quality issues ~~•~~ 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).~~

1

Level of Authority	The Council is appointed by, and is accountable to, the CEO of Hawke's Bay ~~B~~DHB. 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.

2

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 • Senior Advisor, Cultural Competence • Clinical Lead, Planning and Funding • 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. Questions for Clinical Council discussion • Highlighted positions are changes • How do we ensure Maori practitioner membership is a core • Do we bring Medical Director PHO • Do we bring Nurse Director PHO • Do we substitute roles for appointments to maintain size • Do we move the Consumer Council from rep in attendance to membership?
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.

Commented [RW1]: See above comment

3

	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.

4

TERMS OF REFERENCE

Hawke's Bay Clinical Council

February 2021

Purpose	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.
Functions/Priorities	The Hawke's Bay Clinical Council supports the Hawke's Bay health system to achieve its strategic objectives: • Pūnaha ārahi hāpori / Community-led system • He paearu teitei me ōna toitūtanga / High performing and sustainable system • He rauora hōhou tangata, hōhou whānau / Embed person and whanau centred care • Māori mana taurite / Equity for Māori as a priority; also equity for Pasifika and those with unmet need • Ngā kaimahi āhei tōtika / Fit-for-purpose workforce • Pūnaha tōrire / Digitally enabled health system 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 • 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) • Will identify, investigate, monitor and provide advice to the CE and the Board on clinical and patient risk, equity, safety and quality issues • Provides clinical advice and assurance to the Hawke's Bay health system management and governance structures • Provides clinical leadership to the Hawke's Bay health system workforce.
Level of Authority	The Council is appointed by, and is accountable to, the CEO of Hawke's Bay DHB. 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 & Dental Officer Hospital • Chief Nursing & Midwifery Officer • Chief Allied Health Professions Officer • Midwifery Director • Chief Pharmacist • Clinical Director Health Improvement & Equity • Senior Advisor, Cultural Competence • Clinical Lead, Planning and Funding • 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. Questions for Clinical Council discussion • Highlighted positions are changes • How do we ensure Maori practitioner membership is a core • Do we bring Medical Director PHO • Do we bring Nurse Director PHO • Do we substitute roles for appointments to maintain size • Do we move the Consumer Council from rep in attendance to membership?
Chair	The Council will annually elect a chair and deputy, or co-chairs.

2

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.

Clinical Council Governance Sub Committee Report

Committee Name	**Patient Safety and Risk Management Committee report for Clinical Council**
Chair/Vice Chair	Chris McKenna/Russell Wills
Date	25/11/2020 – covering September – November 2020
Report author	Susan Barnes, Patient Safety and Quality Manager
Committee Purpose	To provide assurance to the Hawkes Bay Clinical Council that all matters relating to patient safety and clinical risk within the Hawkes Bay health system enhanced
Functions	• Lead and promote a culture of continuous quality improvement, patient safety, cultural competence and clinical risk management • Initiate improvement projects and/or training programmes as appropriate • Ensure all patient safety, cultural competence and clinical risk compliance requirements, standards and processes are met, and any corrective actions are appropriately addressed • Ensure effective systems, strategies, policies, resources and procedures are in place to support quality patient safety, cultural competence and clinical risk management • Ensure all relevant information, lessons learned and improvement actions are well communicated throughout the sector • Oversee, monitor and govern the activities and delegated responsibilities of Committee Advisory Groups • Ensure 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
Overview of Advisory Group activities	**Clinical Risk and Events** Safety1st Event Reporting System being scoped and implementation plan under development. Backfill and Administrator resource no longer available (originally in 2016 business case); discussions in place to resolve. Inability to undertake AE reviews in timely way due to staff redeployment to Safety1st project. Resource proposal developed and escalated. ToR and membership of CREAG under review.
	Falls Minimisation Close monitoring of falls where harm has occurred continues. Intervention ongoing (risk assessments, hand rails). Need to compare data accuracy between event reporting and HRT data.
	Family Violence No report received. Lead back from Maternity leave and fresh focus evident.
	Infection Protection and Control First stages of implementation of ICNet Hand hygiene training /auditing re-ignited post COVID. Case for ongoing IPC resource escalated. AMR action plan shared with group.
	Maternity Governance Ongoing implementation of national patient safety and quality initiatives MEWS, NEWS, Antenatal anti D prophylaxis pathway, Assisted Birth and Premature Birth Information pack for women, Early Engagement with a midwife initiative, Sepsis and GAP bundles. CCDM implementation progressing.

	Patient at Risk Verbal. Group continues to meet regularly. Need identified to ensure training records are shared at meeting. Business case completed for resource to fund ACT training.
	Restraint Reconfigured post COVID. For the period July-Sept 48 restraint events were recorded. Mental Health continues to facilitate SPEC training; refreshers have commenced. De-escalation/ Breakaway training is available to all staff. MHAS Directorate are awaiting MOH funding / contract for 0.5 FTE Nurse Educator for ED / urgent care. Aggressive presentations to DHB services remains a risk.
	Pressure Injury Data discrepancy review continues. Combined risk assessment now available on Trendcare.
Risks Key risks that require escalation to clinical council. Wherever possible include mitigations.	• Cardiology Cluster – progression of action plan/ recommendations; open disclosure of adverse events. • Uncertainty of continuation of In Home Strength and Balance Programme. Business case pending. • Family Violence – need to re-establish advisory group to give oversight to Family Harm, Child Protection and Suicide. • Current IPC Resource does not allow for effective surge response in outbreaks within DHB or community - escalated. • Maternity Governance – Full implementation of CCDM will not be achieved by June 2021 – ongoing workplan to support core data requirements for FTE calculations. Inability to provide 24/7 co-ordinator within current funding (pilot underway). Lack of US capacity, increasing surcharges by community providers – increasing inequity of access – on going discussions underway. • Theatre capacity for caesarean sections – discussions underway • Patient at Risk – ACT training not resourced. Business case developed. • Restraint - Increase in aggressive presentations. Increased use of restrictive practice, possibly driven by current status of ward (MH); increase in seclusion hours and also in restraint use.
Equity assessment Ensure ethnicity is included in data collection, analysis and interventions. Highlight areas for improvement to address inequity based on findings.	Progressively ethnicity is becoming a key part of data collection. Advisory groups are all encouraged to explore this going forward and take time to consider how the work that the group is undertaking is impacting on any inequity.
Alliance with Patient and Whanau Centred Care Principles "Working **with** consumers and families/whanau, rather than **doing to** or **for** them."	Consumer representation exists on many of the governance sub-committee groups/Advisory groups. Within the reporting framework there are examples where consumer input has contributed very positively to the shaping of services using co-design methodology. There are many opportunities for consumer involvement going forward as we establish clinical governance frameworks across our clinical directorates.

Clinical Council Governance Sub Committee Report

Committee Name	**Radiology Advisory Group**
Chair **Vice Chair**	Peter Culham
Date	15/9/20
Report author	Peter Culham
Committee Purpose	The Radiology Services Advisory Group provides strategic and operational advice through the Clinical Effectiveness and Audit Sub-Committee to the Clinical Council on how best to meet stakeholder requirements for efficient and effective medical radiology services in Hawke's Bay. It seeks to ensure good clinical practice and consistency across primary, community and hospital services and the timely availability of electronic, integrated and accurate diagnostic results.
Committee Objectives (Functions in ToR)	The functions of the Radiology Services Advisory Group are to give advice on: • Strategic direction for radiology services. • Policies, procedures and processes relating to the evaluation, selection, funding and reporting of particular radiology services, including implementation of regional Community Referred Access Criteria (CRAC) and management of their impact on access and service demand. • Educational programmes designed to meet the needs of clinical staff for complete current knowledge on matters related to radiology diagnostic requesting and the appropriate use of results. The aims of the Radiology Services Advisory Group advice must ensure: • Patients have a 'good experience' (ie location of imaging equipment, hours of operation, patient comfort and approach to customer service) when images are taken for diagnostic purposes. • Requesting clinicians are provided with all the information, training and education necessary to ensure they request only those appropriate tests deemed necessary to provide relevant information for decision making, and in accordance with approved CRAC • Radiology service providers take images and 'deliver' quality results in a responsive, consistent, timely, effective and efficient way. • 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). Liaison and coordination with other related advisory groups/ committees/organisations is maintained.
Overview of activities	Group met 15/9/20
	Noted Radiology business case now approved, moving to detail design phase. New fluoroscopy equipment being installed in Jan/21. Note angiography software out of maintenance contract 12/20.
	Staffing. Increased staffing with COVID funding has allowed catch up sessions. However, further funding for this is not approved and will expire in 3w at end of this roster. Staffing to meet Radiographer Fatigue matrix was agreed in the APEX MECA signed by the DHB. For the attention of HSLT. 3 new radiologists, MIT and sonographer staffing stable.
	New TOR to send to Clinical Council for approval, reduced membership, focussed goals.
	CT/MRI/US waiting times are improving.
	Increased demand for CTVCs discussed due to lack of endoscopy in gastroenterology service. Current gastro triage is poor. Radiology propose referrasl are triaged by Dr Clarke. Need to ensure referrals are of sufficient quality to be triaged.
	Regional imaging system going live next week. A significant step forward regarding image sharing. Some image storage issues remain.
	Education. The group has a role in education, Health pathways will contribute to this. Further work on addressing education needs for referrers and using appropriate agencies (eg PHO) as provider.
	TRG are supporting the public system with waiting times less than 2 weeks and no closure planned over Christmas/New Year. TRG expecting new 3T MRI scanner and second-hand CT scanner. Good capacity in private services for ultrasound. No staffing issues in private services.
Risks	Continually increasing demand beyond service capacity remains major risk. Radiology services are continuously running at maximum capacity. Demand on radiology services is a flow on from lack of capacity in other services where imaging is requested due to lack of SMO capacity. Eg Gastroenterology, high demand for CTVC. The current system for this (locum virtual gastroenterologist sends letter to GPs to refer to radiology) is a risk, see above. Orthopaedics, demand for MRI spine. ENT, increased demand for CT sinuses. The Advisory Group recommends that increasing primary care access to imaging is considered as this is a cheaper solution than increased FSAs. Radiology department clear that staffing and funding will need to increase to meet that requirement.

	Angiography software out of maintenance contract (runs on windows NT). MRI scanner beyond end of life and replacement linked to Radiology department redevelopment which may take some time CT scanner approaching end of life and need for second CT scanner to match demand is not currently planned
Equity assessment	See below, increased local access to interventional radiology and U/S guided cortisone injections.
Alliance with Patient and Whanau Centred Care Principles "Working **with** consumers and families/whanau, rather than **doing to** or **for** them." Putting people, families and communities at the heart of health care and wellbeing. Working in partnership to plan, design and deliver services, systems, care and support that are designed around the needs of consumers and their whanau. Transformational change is supported by a system, process and structure to ensure it becomes business as usual (sustainability).	Consumer co-design must be considered in radiology detail design phase New interventional radiologist performing stents in house, great result for Hawkes Bay residents and money saved reducing IDFs, note increased spend on stents. U/S guided cortisone service also improved with new radiologist providing these procedures. New x-ray machine in Wairoa, state of art digital x-rays, including for overweight patients.

HAWKE'S BAY District Health Board

TERMS OF REFERENCE

Radiology Services Advisory Group~~Committee~~
Hawke's Bay Clinical Council

May 2014

Purpose	The Radiology Services Advisory Group~~Committee~~ of the Hawke's Bay Clinical Council provides governance oversight of Radiology Services. This includes reporting strategic and operational issues~~advice~~ to the Clinical Council on ~~how best to meet stakeholder requirements for~~ delivery of efficient and effective medical radiology services in Hawke's Bay. It is responsible for ensuring~~seeks to ensure~~ good clinical practice ~~and consistency~~ across primary, community and hospital services and the timely availability of electronic, integrated and accurate diagnostic results.
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Level of Authority	The Advisory Group~~Committee~~ has the authority to advise~~give advice~~ and make recommendations to the Clinical Effectiveness and Audit Committee of Hawke's Bay Clinical Council.

	The Clinical Council advises the CEO and ~~in turn,~~ may give advice and make recommendations to the HBDHB Board, or exercise any powers delegated to it by the Board.

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Membership	The Clinical Council will appoint the chair of the Advisory Group~~members to the Committee~~ on an annual basis. Other than specific appointment holders (who will remain members whilst holding that appointment) all other members may be reappointed but for no more than a total of five years. Membership shall consist of ▪ One Clinical Council member ▪ One ~~Two~~ hospital consultant~~s~~/specialist~~s~~ ▪ One~~Two~~ hospital radiologist~~s~~ ▪ One 'community' radiologist ▪ One~~Two~~ general practitioners ~~▪ One experienced RMO~~ ~~▪ One experienced nurse/nurse practitioner~~ ~~▪ One midwife~~ ▪ Chief Allied Health Professions Officer ▪ Hospital Radiology Manager ▪ 'Community' Radiology Manager An additional member may be co-opted from time to time ~~(with the approval of the Clinical Council)~~ where particular expertise is required to assist the Advisory Group~~Committee~~ achieve its purpose. The hospital radiology manager will ~~HBDHB shall~~ appoint an appropriate person to be the secretary for the committee. For the avoidance of doubt, this person shall not be a member of the Committee.
Chairperson	The Clinical Council shall appoint the Chair on an annual basis. Should the appointed Chair not be present at any meeting of the Advisory Group~~Committee,~~ the members present will elect a chair for the purpose of that meeting only.
Quorum	The quorum will be a majority of members ~~(seven)~~
Meetings	Meetings will be held as required by the Chair, but as a minimum at least four times per year. Meeting attendance will be restricted to the Advisory Group~~Committee~~ members only ~~(and appropriate support staff)~~ with other persons attending only by invitation/approval of the Chair. Matters may be dealt with between meetings through email exchange with all members, with the chair's and a majority of members' approval required for any decision made through this means.
Reporting	The Advisory Group~~Committee~~ will report through the Chair to the Clinical Council. The Clinical Council will include a summary of the activities/ recommendations/decisions (as appropriate) of the Committee in its monthly reports, which will be placed on the DHB website once received/approved by the Board. The Committee will submit a full report on its activities (in the appropriate form) to the Clinical Council on a six monthly basis.
Minutes	Minutes (with action points highlighted) will be circulated to all members of the Committee within one week of the meeting taking place.

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TERMS OF REFERENCE

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Hawke's Bay Clinical Council

September 2020

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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 – December (public excluded)
14. Health Roundtable Dashboard – Quarter 3 2020 data and report
15. Adverse Events Policy
16. Patient Safety – Quarterly Report
17. Chief Operating Officer - Report
18. HBDHB Certification Mid-Point Surveillance Audit – report back (verbal)
19. Topics of Interest - Member Issues/Updates

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).