HB Clinical Council
Monthly Meeting

Date: **Wednesday, 7 July 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)	Dr Andy Phillips
Jules Arthur (Co-Chair)	Dr Russell Wills
Dr Umang Patel	Dr Nicholas Jones
Dr Kevin Choy	Dr Mike Park
Chris McKenna	Peta Rowden
Karyn Bousfield	Dr Jessica Keepa
Emma Patel	JB Heperi-Smith
Brendan Duck	
Apologies: Keriana Brooking, Chief Executive Officer	
In Attendance: Chris Ash, Chief Operating Officer Susan Barnes, Patient Safety & Quality Manager Gemma Newland, EA Chief Allied Health Professions Officer (minutes) TBC, Consumer Council Representative	

MONTHLY MEETING

Public

Item	Section 1 – Routine	Time (pm)
1.	Karakia, Welcome and Apologies	3.00
2.	Interests Register	
3.	Minutes of Previous Meeting (May and June note)	
4.	4.0 Matters Arising – Review Actions (Public) 4.1 Covid Clinical Advisory Group ToR	
5.	HB Clinical Council Board Report – May (Public) – *copy for information*	
6.	Clinical Council Annual Plan and Workplan 2020/21 – *copy for information* 6.0 Annual Plan 6.1 Clinical Council Workplan	
7.	COVID19 Vaccine and Immunisation Programme Rollout Progress Report	3.15
8.	Executive Director People and Culture – *Martin Price*	3.20
9.	eMedicine Management Strategy Presentation – *Brendan Duck* 9.0 HBDHB draft eMedicine Management Strategy 9.1 Presentation	3.30
10.	Inpatient Survey Presentation – *Nancy Barlow* 10.0 Survey Results 10.1 Presentation Summary	3.40
11.	Equity Action Plan Presentation	3.50
12.	DAA – Corrective Actions Report – *Susan Barnes*	4.00
13.	HealthPathways Presentation – *Donna Armstrong and Tania Page*	4.05
14.	Presentation and discussion on Community / Consumer Council & Localities / Community Networks – *Emma Foster*	4.15
	Section 2 – Reporting Committees to Council	
15.	Clinical Council Representatives and Committee Reports - Patient Safety & Risk Management Committee Report – *Russell Wills*	4.35
16.	**Section 3 - Recommendation to Exclude the Public**	

Public Excluded

Item	Section 4 – Routine	
17.	Minutes of Previous Meeting (May) (Public excluded)	4.40
18.	Matters Arising - Review Actions (Public excluded)	
19.	HB Clinical Council Board Report – May (public excluded) *- copy for information*	
	Section 5 – Presentations / Discussion	
20.	Topics of Interest – Member Issues / Updates	4.50
21.	Chief Operating Officer Report – *Chris Ash*	5.00
22.	System Performance Measures – Stubborn Reds Discussion (Action #3 PubEx)	5.10
23.	Meeting Close	5.30

Next Meeting:

Wednesday, 4 August 2021, 3.00pm – 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

Jun-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	
	Neurodevelopmental and Behavioural Society of Australia and New Zealand	Member	Professional network	No	

Name **Clinical Council Member**	**Interest** **e.g. Organisation / Close Family Member**	Nature of Interest **e.g. Role / Relationship**	Core Business **Key Activity of Interest**	**Conflict of Interest** **Yes / No**	**If Yes, Nature of Conflict:** **- Real, potential, perceived** **- Pecuniary / Personal** **- Describe relationship of Interest to**
	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		
Emma Patel	Health Hawke's Bay (PHO)	Primary Care Nurse Director	Nurse Director	No	Perceived
	Dr Umang Patel - City Medical Ltd	Husband	GP & Medical Director	No	Perceived

MINUTES OF THE MONTHLY HAWKE'S BAY CLINICAL COUNCIL MEETING
HELD IN THE TE WAIORA MEETING ROOM, CORPORATE OFFICE
ON WEDNESDAY, 5 May 2021 at 3.00 pm

PUBLIC

Present:	Dr Robin Whyman (Co Chair) Jules Arthur (Co-Chair) Dr Umang Patel Dr Jessica Keepa Dr Kevin Choy Karyn Bousfield Dr Mike Park Dr Russell Wills Dr Andy Phillips Dr Nicholas Jones
Apologies:	Peta Rowden Chris McKenna
In Attendance:	Chris Ash, Chief Operating Officer Keriana Brooking, Chief Executive Officer Susan Barnes, Patient Safety & Quality Manager Gemma Newland, EA to Chief Allied Health Professions Officer (minutes) Sue Sowerby, Patient Safety & Quality Administrator (minutes)

SECTION 1: ROUTINE

1. WELCOME AND APOLOGIES

Jules Arthur opened the meeting with a karakia. Some members will be late because of a previous meeting but we still have a quorum. It was recognised that today is International Midwives Day.

2. INTEREST REGISTER

No conflicts of interest were noted for the meeting.

3. MINUTES OF PREVIOUS MEETING

Taken as read.

Moved: Mike Park
Seconded: Kevin Choy
Carried.

4. MATTERS ARISING, ACTIONS AND PROGRESS

Item 1: Clinical Council Appointments

Andy Phillips confirmed that a Systems Lead for Medicine has been appointed – almost ready to invite to Council. Senior Allied Health Professional is still to be appointed.

Item 2: Clinical Council newsletter to wider health sector

Still waiting for formal confirmation of terms of reference and then to invite the new appointments. Robin Whyman to follow this up.

Item 3: Quality Framework

On hold pending outcome of leadership review.

5. HB CLINICAL COUNCIL BOARD REPORT - APRIL

Board members noted that Clinical Council does not report that it is discussing matters of equity. The Chairs reflected that this appears more of an issue of the report content than the actual discussions that took place and Robin noted that this needs to be considered for future Board reports.

With no discussion, Board accepted the report.

6. CHIEF EXECUTIVE OFFICER REPORT

Keriana Brooking noted she had to leave at 4.00pm to attend the National Bipartite meeting.

She reported that the government has decided to put in place significant guidance against salary increases for staff in public service for the next three years. Wages and salaries are expected to be held at current levels with exceptions only for those earning less than $60,000, including those on the living wage. Within the salary bracket of $60,000 – $100,000k increases may be considered. For those already earning over $100,000 wages and salaries are expected to remain at the same levels. This could be an issue for our workforce particularly for those staff with skills that could be transferrable both within and outside of the health sector.

On the National Health and Disability System Review at this stage we only know the broad outlines of the review. Keriana emphasised that as a DHB it is important to be clear about what is required to be done before July 2022, after which the entity that is HBDHB ceases to exist. Particular focus will remain in the areas of investment, growing population needs, health inequities and service improvements.

Umang Patel asked if Hawke's Bay had submitted to the review panel, as he understood the Far North DHB did. Keriana noted that Patrick Le Geyt and Emma Foster are looking at the locality planning and noted that health services for disabled people may be arranged in a non-locality based system. Hawke's Bay could seek to be one of the first areas to negotiate as localities.

Keriana advised the Council that HBDHB had submitted a first draft $31M deficit plan to the MoH against the annual plan. Planning remains underway and may alter in further discussion with the MoH. The Board

is concerned to ensure that the actual cost of delivering care in this region is appropriately captured in the annual planning.

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

Jules Arthur reviewed the upcoming areas of focus on the workplan.

Council discussed the importance of CCDM noting several factors:

- Andy Phillips expressed interest to ensure that midwifery group planning is reported in future discussion of CCDM. Jules advised that planning is well advanced and Jules noted that the core data set helps identify quality initiatives and is a key focus.

- The CCDM evaluation process by the MoH, being operationalised by the Safe Staffing Healthy workplace (SSHW) unit is set for May / June. Andy pointed out this is relevant to MECA negotiations.

- The importance of CCDM planning in allied health including its importance to quality and safety and workflow was noted.

- Russell noted that we admit 24/7 hours but predominantly discharge 9-5 hours and access to allied health staff is an important factor in ensuring safe discharge planning. CCDM provides the data and using that to create FTE calculations – and that we need to be sure we have robust information before decisions can be made.

- It was noted that collecting the data to support decision making on resources is vital but has to be balanced with not compromising patient care in order to collect the data required.

- CCDM group is planned to return to Clinical Council in August following the MoH implementation evaluation.

Jules noted that the workplan is a living document – and the council is using this to cover the topics within the annual plan. Council members are welcome to bring items to the agenda.

Jules confirmed that consumer engagement has moved to Emma Foster – a future direction will be presented to council. Keriana described the different groups that are going to be provided the document after it has been tabled at Consumer Council.

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

Nick Jones noted HBDHB has delivered more vaccines than planned at this time, but is still slightly behind where we hoped to be. The booking system continues as a focus for improvement. A part time Medical Lead is being appointed to provide clinical advice particularly around more complex cases. The establishment of a clinical governance group has been recommended and is expected to include representatives from Pharmacy and Primary care. This group will provide local clinical assurance of the safety of the programme. Nick has offered to Chair this group.

Keriana noted that the booking system that had been demonstrated to Keriana appears functional and is becoming available to DHBs. In the next eight weeks, the country needs to ramp up to 50,000 – 60,000 immunisations a day, rather than per week. It was noted that we shouldn't let it be numbers first and equity last. Andy noted the programme needs to be intentional on equity. Keriana used the term "Pace with equity grace". Nick noted contacting people will be via all forms of social media, texting, etc, noting that TPK has a good mapping system.

Nick mentioned there is a current clinical risk associated with cold chain accreditation as there are only two people qualified in this area in the province. There is a need for a regional IMAC (Immunisation Advisory Centre) coordinator.

Nick will draft terms of reference for the clinical governance group for the vaccine roll out so that clinical council members can provide comment.

SECTION 2: REPORTING COMMITTEES TO COUNCIL

9. CLINICAL COUNCIL REPRESENTATIVES AND COMMITTEE REPORTS

Karyn Bousfield spoke to the Professional Standards and Performance Advisory Group report where only a small number of members were present at the April meeting.

Research - The HBDHB CEO, has notified the DHB Executive Clinical Leaders of her interest in supporting high quality clinical research across the sector. A meeting was held on 28 April to discuss a Hawke's Bay Research Symposium to be held in the 2021/22 financial year.

Strong processes are in place for Allied Health and Nursing credentialing. Strengthening the process for re-credentialing of individual medical staff has been implemented by the Medical Credentialing Committee. Service credentialing will be raised with the Health Services Leadership Group (HSLT) noting the recent Health Reforms announcement includes a centralised hospital management structure and it could be anticipated that such processes will be nationally consistent going forward.

Russell Wills advised that the next Patient Safety & Risk Management Committee meeting is on 18 May and will report to Clinical Council's next meeting.

SECTION 3: RECOMMENDATION TO EXCLUDE

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

11. Minutes of Previous Meeting (public excluded)
12. Matters Arising – Review Actions (public excluded)
13. HB Clinical Council Board Report – April (public excluded)
14. System Performance Measures
15. Topics of Interest - Member Issues/Updates
16. Adverse Events Policy
17. HRT Dashboard – Q4 2020

18. Chief Operating Officer Report
19. Patient Safety quarterly report
20. DAA Certification – corrective actions report

The meeting closed at 3.50 pm.

Confirmed: _____
Co-Chairs

Date: _____

NOTES OF THE MONTHLY HAWKE'S BAY CLINICAL COUNCIL MEETING
HELD IN THE TE WAIORA MEETING ROOM, CORPORATE OFFICE
ON WEDNESDAY, 2 June 2021 at 3.00 pm

Present:	Dr Robin Whyman (Co Chair) Dr Jessica Keepa Dr Kevin Choy Dr Andy Phillips Dr Nicholas Jones Chris McKenna Emma Patel
Apologies:	Jules Arthur (Co-Chair) Chris Ash Dr Russell Wills Karyn Bousfield Dr Umang Patel JB Heperi- Smith Dr Mike Park Peta Rowden Louise Haywood
In Attendance:	Susan Barnes, Patient Safety & Quality Manager Gemma Newland, EA to Chief Allied Health Professions Officer (minutes)

A decision was made by Co-Chair Robin Whyman for the 2nd June Clinical Council Meeting to be deferred because of a lack of quorum.

Members were unable to attend for a variety of reasons including ill health, COVID work and contingency planning for industrial action.

Those members in attendance requested that the following points be noted:

- The CCDM paper discussed by Chris McKenna previously has now been submitted to the Ministry of Health.
- That the action Nick Jones was assigned has been completed – and the Terms of Reference for the new Covid-19 Clinical Governance Group have been provided to Clinical Council.
- The minutes for the May meeting were not approved because of the lack of quorum.
- No Board report will be produced because the full meeting was not held.

HAWKE'S BAY CLINICAL COUNCIL
MATTERS ARISING / ACTIONS

(Public)
As at June 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*** Awaiting approval of Terms of Reference and new appointments from PHO Board Co-Chairs to work with Comms Team to finalise draft for confirmation by members	Co-Chairs	Sept 2021	In progress
3.	Dec-20	***Quality Framework*** Introduce framework to DLTs Launch framework	Susan Barnes Susan Barnes	Mid 2021	On hold (viz Health Services Leadership Structure review)
4.	May-21	***CCDM – next presentation*** Ensure presentation includes core data sets	Barb Ryan	August 2021	
5.	May-21	***Covid-19 Programme*** Draft terms of reference for the new clinical governance group, to be emailed to Council members for comment	Nick Jones	By 7 May	Completed

TERMS OF REFERENCE – 25 MAY 2021

HBDHB Covid-19 Vaccination Clinical Advisory Group

Background	The Ministry of Health has established a National Programme, the COVID – 19 Vaccine and Immunisation programme. This vaccine programme will be the most significant immunisation event in New Zealand history. The Ministry of Health is driving the programme strategy and design and implementation planning centrally. District Health Boards will provide the local system coordination and operationalise the programme. This HBDHB COVID-19 Vaccination Clinical Advisory group has been established to support HBDHB's planning and delivery of the COVID-19 vaccine in line with clinical quality and safety standards.
Purpose	The purpose of the Clinical Advisory Group (CAG) is to provide clinical governance, advice and support to the COVID-19 Vaccination programme
Responsibilities	The CAG will: • Liaise as necessary with the Ministry of Health on the development and implementation of appropriate clinical governance/quality and safety frameworks and clinical protocols relating to the COVID-19 vaccines and vaccination processes • Ensure agreed frameworks and protocols are implemented and consistently applied within the Hawkes Bay vaccination programme • Develop/approve appropriate local clinical policies, processes and procedures for the vaccination programme where national guidance is insufficient and/or a local variation is required • Review any significant 'failures' or serious adverse events relating to the vaccine and/or vaccination programme • Monitor any trends in 'minor' adverse events reported and advise on 'corrective' actions as necessary • Review all quality 'audits' undertaken within the programme
Membership	The CAG membership is as follows: • Nicholas Jones (Chair) – Clinical Public Health Lead • Rachel Eyre – Immunisation Medical Officer of Health • Fiona Jackson – Immunisation Coordinator • Andrew Burns – Senior Hospital (ID) Physician • Louise Haywood – General Practice Advisor • Emma Patel – General Practice Nurse Representative • Jane O'Kane – Clinical Nurse Specialist • Brendan Duck – Systems Lead for Medicines (or community pharmacist) • Melanie Miller – Regional IMAC Advisor • Sue Barnes – Patient Safety and Quality Manager • Immunologist (as required) - TBC • Robin Whyman – CMDO

	Additional members may be coopted from time to time where particular expertise is required. Clinical Advisory Group members may nominate a delegate to attend in their absence. The Chair may request the attendance at CAG meetings, of any relevant member of the Programme Management Team
Meetings	Meetings will be scheduled fortnightly initially, but may then be monthly and/or as required at the discretion of the Chair Any member may request a special CAG meeting as necessary, to discuss a significant or urgent issue. Meetings may be held in person or virtually via Zoom (or other similar technology)
Quorum	Quorum will be a minimum of 6 members. Where possible, the views of any 'absent' members should be sought before confirmation of any significant decision.
Support	The CAG Chair may request any relevant information/reports from the Vaccination Programme Lead to enable CAG to fulfil its responsibilities The CAG will be provided with administrative Support from the Vaccination Programme Office

HAWKE'S BAY District Health Board Whakawāteatia	**REPORT FROM HB CLINICAL COUNCIL (Public) MAY 2021** For the attention of: **HBDHB Board**
Document Author(s) Document Owner	Gemma Newland (EA to Chief Allied Health Professions Officer) Jules Arthur (Director of Midwifery and Co-Chair) Dr Robin Whyman (Chief Medical and Dental Officer and Co-Chair)
Date	May 2021
Purpose/Summary of the Aim of the Paper	Provide Board with an overview of matters discussed in the Public Section of the HB Clinical Council meeting on 5 May 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. Discussion was held with regards to the Vaccination roll-out with specific attention to ensuring an ongoing equity approach is adopted as the roll out continues.
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 each of the issues was considered by the Clinical Council but no risks are elevated for Board attention in this report.
Financial/Legal Impact	Clinical Council noted that financial implications are associated with industrial relations guidance for public sector wages and salaries and a deficit DHB.
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. CHIEF EXECUTIVE OFFICER REPORT

Keriana Brooking reported on recent government announcements to put in place significant guidance with regard to salary movements for staff in the public service over the next three years. Clinical Council noted their concern that this could create an issue for our health workforce, particularly for those staff with skills that could be transferrable both within and outside of the health sector.

Keriana also discussed the National Health and Disability System Review emphasising that at this stage greater detail of the implementation stages and design is to develop. She emphasised that as a DHB it is important to be clear about what is required to be done before July 2022, after which the entity that is HBDHB ceases to exist. Particular focus will remain in the areas of investment, growing population needs, health inequities and service improvements.

Keriana advised the Council that HBDHB had submitted a first draft $31M deficit plan to the MoH against the 21/22 annual plan. Planning remains underway including further discussion with the MoH. Clinical Council noted the Board's concern to ensure that the actual cost of delivering care in this region is appropriately captured in the annual planning.

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

Clinical Council agreed with a recommendation from Medical Officer of Health that a clinical governance group to support vaccination implementation locally should be established. It is envisaged this would include representatives from Pharmacy and Primary care. The aim of the group would be to provide clinical assurance of the safety of the implementation of the Covid-19 vaccination programme locally. Nicholas Jones (Clinical Director) has offered to Chair this group and will draft terms of reference for Clinical Council members to provide comment on.

3. CLINICAL COUNCIL REPRESENTATIVES AND COMMITTEE REPORTS

Karyn Bousfield spoke to the Professional Standards and Performance Advisory Group report from their 29 April meeting.

The meeting focussed on

- Research – Noting that the HBDHB CEO, has indicated to the DHB Executive Clinical Leaders her interest in supporting high-quality, cross-sector research that improves Hawke's Bay health outcomes and improves equity. A meeting has recently discussed a Hawke's Bay Health Research Symposium to be held in the 2021/22 financial year.
- Credentialing of health staff – Strong processes were noted to be in place for Allied Health and Nursing credentialing. A recent change to the process for re-credentialing of individual medical staff has been implemented by the Medical Credentialing Committee with the aim for greater input from departmental heads of department at each re credentialing.
- Service credentialing was discussed noting that the recent Health Reforms announcement includes a centralised health system management structure and it could be anticipated that such processes will be nationally consistent going forward.

4. SYSTEM PERFORMANCE MEASURES

Emma Foster, Executive Director Planning, Funding & Performance, and Lisa Jones, System Lead, Planning & Performance, spoke to the data that had previously been presented to the HBDHB Board – the 2nd quarter Health System Performance Dashboard.

Clinical Council noted that additional narratives and dashboards had been added to track performance for Māori and Pacific populations. Council considered the equity issues identified were across system priorities and considered when the DHB systems and process had direct influence or indirect influences on effectiveness.

Council noted that while attention would be focused on the stubborn red indicators, it also discussed learning from the ongoing green areas and considering factors or lessons that could be translated to areas requiring ongoing attention.

It was noted that there are 12 performance measures with identified red outcomes at present. Clinical Council agreed to identify two or three key indicators that they considered would benefit from particular focus by Clinical Council. Further work will be undertaken at the next meeting to identify areas for particular clinical governance focus.

5. TOPICS OF INTEREST – MEMBER ISSUES / UPDATES

Chris McKenna informed Council that she was pleased to confirm that community nurse prescribing has been approved, following a robust Nursing Council audit. The areas they can prescribe in are skin conditions, sexual health, some respiratory conditions and ears. It was noted that these are areas of high health need and with particular equity considerations. Clinical Council were strongly supportive of the move to community nurse prescribing.

6. ADVERSE EVENTS POLICY

Clinical Council explored a policy-based discussion of the issues associated with the sharing of learning across organisations when an adverse event occurs within the DHB, and how the issues and learning from the event are shared with other health care providers in the region. The discussion also considered the issues associated with patients presenting to the DHB with complications following care in another organisation and our responsibilities to share that information with the treating organisation.

Clinical Council agreed that cross organisation sharing of information should be the underlying principle, but that policy does need to consider issues of privacy, timing of sharing of information particularly when events are under still under review, and effect on practitioners' practice against the wellbeing of patients.

The Patient Safety and Quality Team will review and update the current DHB Adverse Event Policy to reflect the concerns raised and to improve cross organisation sharing of event information.

7. DAA CORRECTIVE ACTIONS REPORT

Susan Barnes confirmed that weekly reporting against the DAA Corrective Actions continues and that the Ministry of Health is indicating that progress to date is satisfactory.

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	Quarterly Quarterly	
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	April 2021 August 2021 ?	On hold post structure review
Engaged & Effective Workforce	1 Safe Staffing / CCDM 2 Clinical Council Newsletter development 3 Meeting with newly appointed ED People and Culture	April 2021 Mid-year July 2021	Presentation had In progress
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	April 2021 ? ?	Completed
Consumer Engagement	1 Pātaka Kōrero 2 Consumer engagement framework 3 Inpatient survey	? ? July 2021	

@BCL@7011F69721

Clinical Council Workplan 2020/21

As at June 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

Clinical Council Workplan 2020/21

As at June 2021

Meeting	Clinical Council	Area of Focus from CC Annual Plan	FRAC	BOARD
April	Antimicrobial Resistance Action Plan stocktake Clinical Resource Paper Presentation - CCDM Loss of ICU and ED training accreditation Risk Management Governance report DAA corrective actions update COVID vaccination update Clinical Committee updates	Clinical Effectiveness Patient Safety and Quality Engaged & Effective Workforce Patient Safety & Quality Clinical Effectiveness Patient Safety & Quality Clinical Effectiveness Patient Safety & Quality		Summary of conversations/key topics discussed
May	HRT dashboard – Q4 2020 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	Dashboard (May) + Short Report (including narrative from CC)) forms part of Patient Safety Report	Summary of conversations/key topics discussed

Clinical Council Workplan 2020/21

As at June 2021

Meeting	Clinical Council	Area of Focus from CC Annual Plan	FRAC	BOARD
June	DAA corrective actions update COVID vaccination update Clinical Committees Updates	Equity Consumer Engagement Clinical Effectiveness Patient Safety and Quality		**No meeting held due to lack of quorum**
July	Equity action plan Presentation – Inpatient survey Martin Price, ED People & Culture eMedicine Management Strategy DAA corrective actions update COVID vaccination update Clinical Committees Updates Community/Consumer Council & Localities/Community Networks	Equity Consumer Engagement Engaged & Effective Workforce Clinical Effectiveness Patient Safety and Quality Clinical Effectiveness Consumer Engagement		Summary of conversations/key topics discussed
August	HRT dashboard – Q1 2021 data System Performance Measures CCDM Safe Staffing (core data set) Patient Safety quarterly report DAA corrective actions update	Clinical Effectiveness Equity Patient Safety and Quality Clinical Effectiveness Engaged & Effective Workforce	Report (2) Dashboard (August) + Short Report (including narrative from CC)) forms part of Patient Safety Report	Summary of conversations/key topics discussed

Clinical Council Workplan 2020/21

As at June 2021

Meeting	Clinical Council	Area of Focus from CC Annual Plan	FRAC	BOARD
	Governance structure review COVID vaccination update Clinical Committees Updates Presentation LINAC? ED expansion case? *Safety1st – progress report *Medication Safety Incident learning *Risk Management Governance report *Cultural Safety discussion			
September	DAA corrective actions update COVID vaccination update Clinical Committees Updates	Clinical Effectiveness Patient Safety and Quality Equity Engaged & Effective Workforce Consumer Engagement		Summary of conversations/key topics discussed
October	DAA corrective actions update Risk Management Governance report (next Jan 2022) COVID vaccination update Clinical Committees Updates	Clinical Effectiveness Equity Patient Safety and Quality Clinical Effectiveness Engaged & Effective Workforce		Summary of conversations/key topics discussed

Clinical Council Workplan 2020/21

As at June 2021

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 Equity Patient Safety and Quality Clinical Effectiveness Engaged & Effective Workforce	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 Equity Patient Safety and Quality Clinical Effectiveness Engaged & Effective Workforce		Summary of conversations/key topics discussed

COVID-19 VACCINE AND IMMUNISATION PROGRAMME ROLLOUT

CHRIS MCKENNA

EXECUTIVE DIRECTOR PEOPLE & CULTURE

MARTIN PRICE

	HBDHB draft eMedicine Management Strategy
	For the attention of: **Hawke's Bay Clinical Council** **Health Hawke's Bay Health Clinical Advisory and Governance Group**
Document Author(s) Document Owner	Di Vicary, Portfolio Manager, Planning, Funding & Performance Claire Fraser, Hospital Pharmacy Manager Brendan Duck, System Led for Medicines Jos Buurmans, Head of Architecture, Digital Enablement Andy Phillips, Chief Allied Health Professional Officer
Date	June 2021
Purpose/Summary of the Aim of the Paper	Outline the proposed draft strategic direction for supporting system wide health services via digital enablement.
Health Equity Framework	Digitally enabled medicine management ability across the Hawke's Bay health system will ensure active protection, and enable identification and correction of institutional racism.
Principles of the Treaty of Waitangi that this report addresses:	This strategy will support Active Protection enabling identification and correction of inequitable access to medicines. The strategy implementation will correct gaps within our application of the Antimicrobial Resistance Action Plan; Māori and Pacific peoples are between two and four times more likely to be admitted to hospital for treatment of an infection than other New Zealanders. This means that Māori and Pacific peoples will be disproportionately impacted by worse health outcomes due to antibiotic resistance. Tino Rangatiratanga will be supported and enhanced with a single shared health record enabling consumers and providers to access and contribute to an individual's health care plan.
Risk Assessment	The following significant risk register items will be supported by this strategy: • National Priorities • Equity of Outcomes
Financial/Legal Impact	Investment will be required
Stakeholder Consultation and Impact	This draft strategy has been developed with input from Health Hawke's Bay, Hospital Pharmacy Manager, Clinical Pharmacist Facilitator Team Leader and Digital Enablement. Wider sector consultation will occur on the draft strategy.
Strategic Impact	Implementation of this strategic direction will support the following national strategies • Health Strategy – Smart system, One team, Value and high performance. • Antimicrobial Resistance Action Plan • Medicines New Zealand – Making the most of every point of care, Enabling shared care through an integrated health care team, Optimal use of antimicrobials, Empowering individuals and families / whānau to manage their own medicines and health, Optimal medicines use in older

	people and those with long term conditions, Competent and responsive prescribers, and Remove barriers to access. Local strategies impacted will be • 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 Tōtika Highly skill and capable workforce • Pūnaha Tōrire Digitally enabled health system
Previous Consideration / Interdependent Papers	Clinical Council May 2021 paper: HBDHB Implementation of the New Zealand Antimicrobial Resistance (AMR) Action Plan
RECOMMENDATION: *It is recommended that the Hawke's Bay District Health Board Clinical Council and Health Hawke's Bay Clinical Advisory and Governance Group:* *1. Note and acknowledge the paper* *2. Discuss and provide direction on areas within the draft that are missing or need strengthening* 3. *Note and acknowledge support of wider discussion within the DE Governance process.* *4. Endorse the draft eMedicine Management Strategy for wider consultation*	

EXCUTIVE SUMMARY

In 2017 Hawke's Bay District Health Board (HBDHB) developed a roadmap for strengthening medicine management across the system by digital enablement. During this time key pieces of work have occurred within Health Services based on directorate prioritisation and nationally with DHB investment. To complete the roadmap sizable pieces of work are required which need a wider prioritisation process and strong clinical leadership.

Mindful of a national system change with the health reforms the proposed focus for the next 14 months is on areas that HBDHB can influence and will support the community and clinicians as we transition into the new system.

BACKGROUND

In 2017 the Chief Pharmacist and Executive Director Digital Enablement generate the HBDHB Pharmacy Service roadmap (Appendix A) to represent the desired direction of travel for medicine and pharmacy services within the DHB hospital and wider. Work is currently part way through the 'short-medium term' section.

MAIN BODY

The next steps in implementing the Pharmacy Services Roadmap require system-wide engagement, strategic prioritisation, investment and change management. The impact is wider than the pharmacy service and for this reason the decision has been made to reframe this work as the eMedicine Management Strategy as it impacts all who take, prescribe, and dispense medicines; wider than pharmacy and pharmacists.

The next steps also are wider than Health Services, impacting and requiring the support and input of private businesses and primary health care providers. Digital enablement also impacts processes as seen with the changes imposed by COVID as primary health care services rapidly moved to ePrescriptions. This level of change requires significant change management and clinical leadership.

OUTCOMES EXPECTED

The outcome this strategy is seeking is a digitally-enabled health system that integrates people, information and processes to deliver better medicine and health outcomes. It has its focus firmly on people and

outcomes, implementing smarter 'ways of doing things' that create the greatest value and enable us to achieve our strategic goals. The draft eMedicine Management Strategy describes the key outcomes are

- Anyone, anytime, anywhere access to the medicine information important to them
- Consolidated, accurate, shared & comprehensive views of health, care, and patient medicine information
- Integrated processes and applications across our health ecosystem

SOLUTIONS

The draft eMedicine Management Strategy outlines solutions to achieve the above three goals summarised on slide 8. All initiative will support enhanced patient care and reduced patient harm. Slide 9 outlines those that will specifically support the outcome of an integrated single view of patient medicines.

RECOMMENDATIONS

The health sector provides input into the eMedicine Management Strategy, and once finalised, work is undertaken to prioritise and implement key pieces within a structured and planned manner.

Implementation will require investment and resources; this will require strategic direction within DE Governance as prioritisation is system-wide rather than sitting within Health Services Directorates or Corporate Office priorities.

Guidance from the Health Hawke's Bay clinical team regarding prioritisation for the Community Services short term activities are:

- Priority 1: 2-way communication for safer clinical decision making between prescribers and community pharmacy
- Priority 2: NZePS full utilisation
- Priority 3: Improve access to clinical portal for primary health care clinicians

Guidance from the hospital pharmacy clinical team regarding prioritisation for the Hospital Services activities are:

- Priority 1: NZePS data integration with Clinical Portal (CP) (inflight) – current solution needs work as introduces clinical risk rather than reducing risk
- Priority 2: Establish electronic medicine reconciliation, linked with discharge summaries
- Priority 3: Integrated electronic in-hospital prescribing (integration between; ePharmacy, eMedicine Reconciliation, Automated Dispensing Cabinets, ePrescribing platform e.g. Medchart, Clinical Portal)

A number of the short-medium term initiatives are already inflight and items such as version updates of ePharmacy (the Hospital Pharmacy stock management and dispensing system) and intended replacement of the current automated dispensing cabinets in ED and AAU, are done with a view of placing the hospital in a better position to meet this third and wide reaching priority.

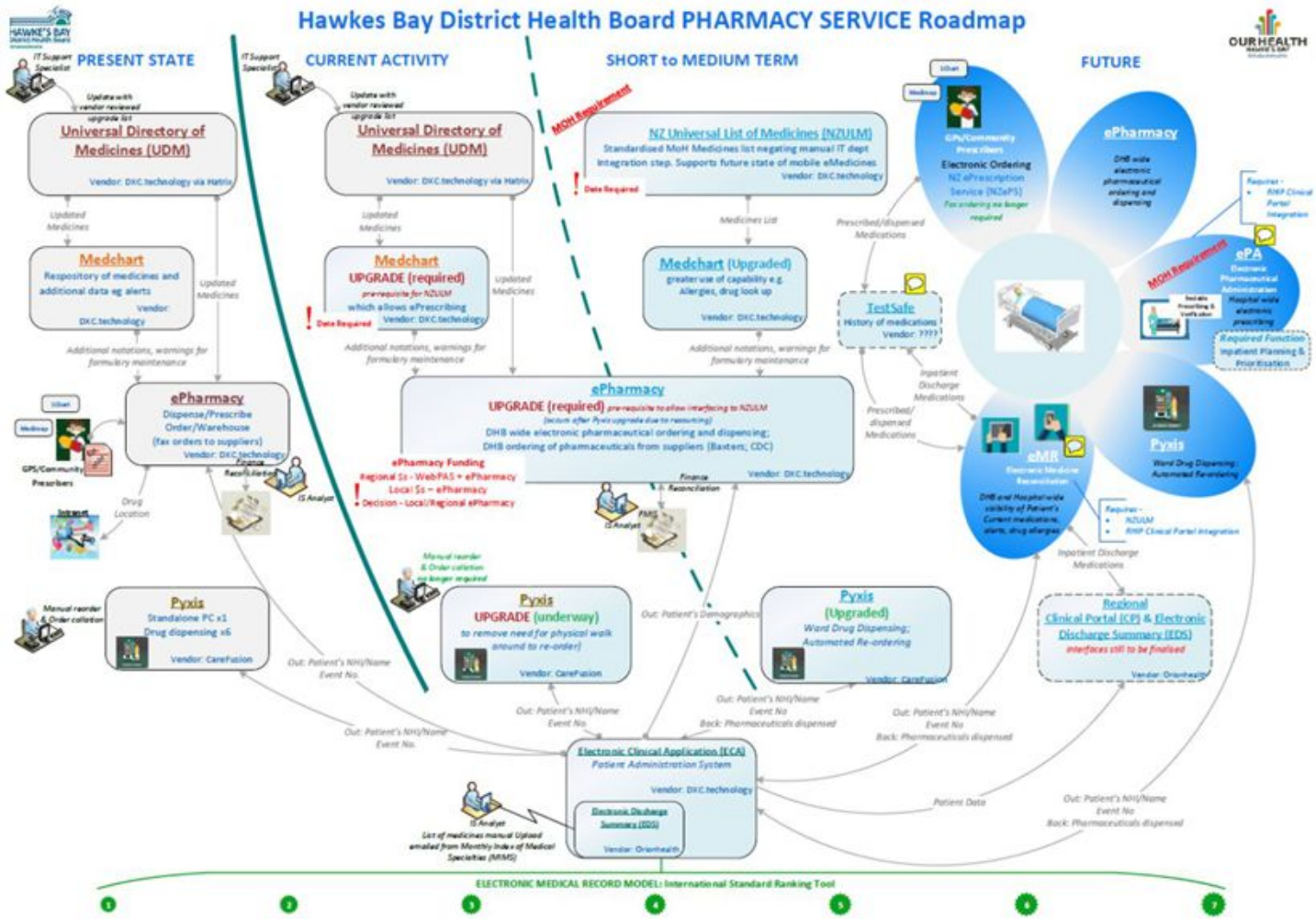
NEXT STEPS

The following are proposed next steps:

- Clinical leadership input (HBDHB Clinical Council & Health Hawke's Bay Clinical and Advisory Group)
- Sector consultation across community, primary, and secondary care
- Community engagement
- Finalisation of strategy
- Prioritisation and implementation via Digital Enablement and DE Governance group.

Initial assessment of an approximate representation of the work involved (resource, time, financial) to deliver each of these activities is provided in Appendix C.

APPENDIX A: HBDHB Pharmacy Service Roadmap 2017



APPENDIX B: HBDHB draft eMedicine Management Strategy (attached power point)

APPENDIX C: Initial high-level assessment of work involved in programme of work

	Assessment	Short Term	Medium Term	Long Term
Wellness	Not made	• Conceive and define wellness services	• Co-Design services • Design digital enablement architecture • Define service blueprint • Define operational service plan	• Introduce 'consumer wellness centres' • Introduce consumer wellness & knowledge self-service solutions Introduce remote home monitoring
Community	Small	• Enhanced discharge summaries • Replace faxing health information with secure email	•	•
	Medium	• Develop timely 2-way pharmacy and GP clinical communication • NZePS prescribing integration • Improved primary health care access to clinical portal information	• NZePS prescribing integration (Hospital) • Patient-centric prescriptions • Establish single view of patient medication	• Shared care plans
	Large	• Data governance & stewardship • Co-design pharmacy & General Practice integration	• Prescriptions service/process design • Introduce common consumer relationship & care coordination capability	• Enhanced single view of patient medication • Enhanced patient-centric prescriptions (e.g. mobile app, kiosk)
Hospital	Small	• Community INR results integrated into CP (completed) • Fridge Alarm Monitoring Replacement • Clinical Portal Medications module • NZePS data integration with Clinical Portal (CP)	• Upgrade ePharmacy • Online access to resources within medication rooms	•
	Medium	• Replace faxing of prescriptions with secure email (inflight)	• Establish electronic medicine reconciliation In-hospital prescribing service/process design • Replace current dispensing cabinets • Electronic ordering of pharmacy stock • Mobility for Pharmacists	• Integrated electronic in-hospital prescribing (e.g. Medchart) • Enhanced medicine reconciliation
	Large	• Upgrade Patient Event Management system (inflight) (Safety1st)	• Task management	• Patient medication harm detection and prevention system • Pharmacist Patient prioritization tool • Expand dispensing cabinets across the hospital

eMedicine Management Strategy

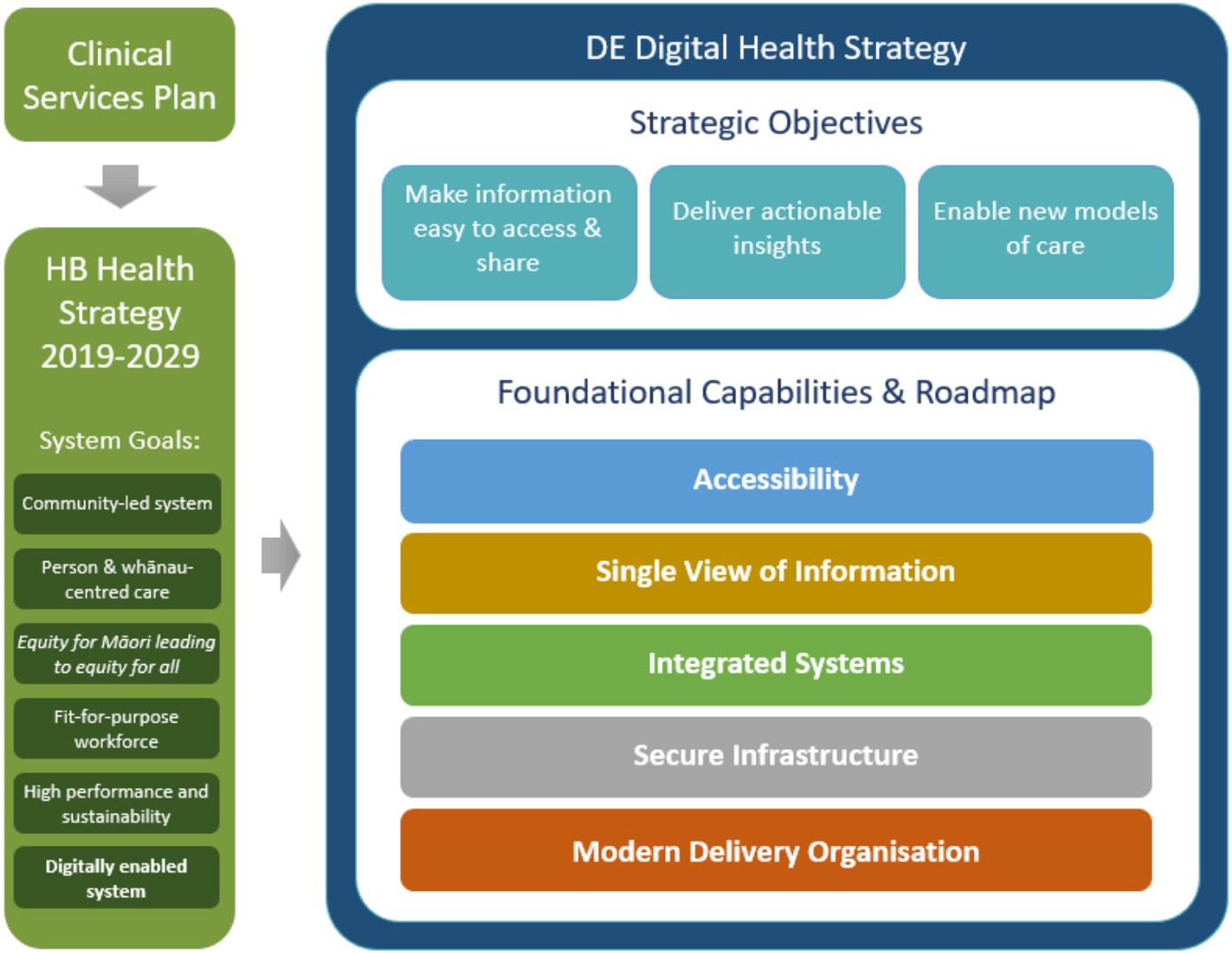
HAWKE'S BAY
District Health Board
Whakawāteatia

May 2021

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Enabling our Health Ecosystem

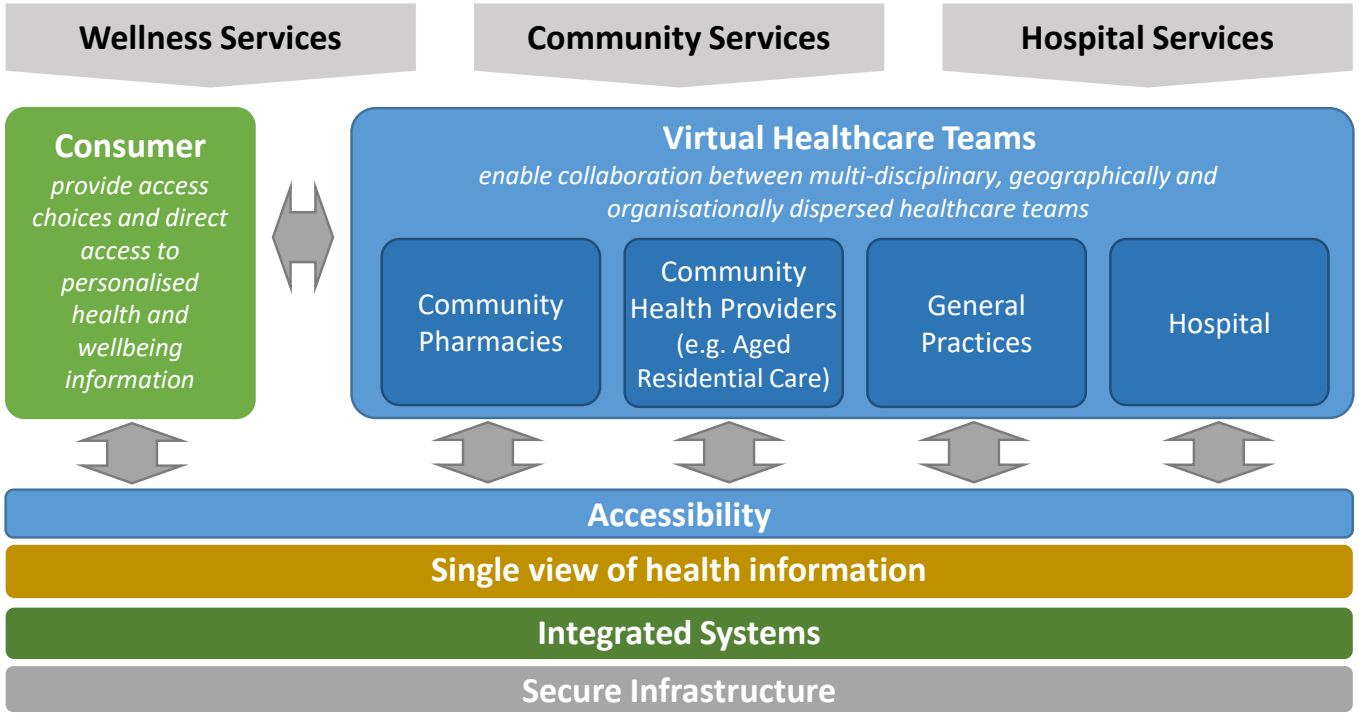
HAWKE'S BAY District Health Board Whakawāteatia



Developing a eMedicine Management Strategy

HAWKE'S BAY District Health Board Whakawāteatia

- Understanding the current state
- Challenges and opportunities
- Defining the target state
- Defining a realisation roadmap



Zooming in on Pharmacy & Medication Services: Improving accessibility

HAWKE'S BAY District Health Board Whakawāteatia

Accessibility

Current State

Limited access to information through static access points with minimal consumer self-service

Target State

Anyone, anytime, anywhere access to the medicine information important to them.

Challenges:

- Lack of access to complete health information by healthcare providers
  - Lack of access to a complete view of patient medications complicating medicine reconciliation and increasing risk of medication errors and patient harm
  - Cumbersome access to hospital information beyond the hospital environment
  - Lack of visibility of pharmacy and medicines information within the hospital environment
- Difficulties for virtual, multi-disciplinary teams (e.g. prescribers and pharmacies) to communicate and collaborate effectively
- Lack of convenient information and service access options for consumers

Enablers:

Clinical Mobility	• Use mobile solutions to provide access to information anywhere • Use smart devices and mobility solutions to improve notifications (e.g. fridge alarm monitoring)
Unified communications & collaboration	• Expand secure communication mechanisms between healthcare providers, enabling a virtual (geographically and organisationally dispersed) healthcare team • Introduce mobile care coordination solutions supporting collaboration and sharing of tasks and notes
System & Information Access	• Improve access to patient medication information such as community pharmacy dispenses within the hospital environment (e.g. through NZePS, Conporto and Clinical Portal) • Improve access to hospital information and systems across the health eco-system (e.g. Clinical Portal)
Consumer Self-Service and Access Options	• Consumer self-service applications (e.g. digital prescriptions, kiosks, health navigator, self monitoring) • Expand telehealth solutions to enable choice and improve access to healthcare providers by consumers (e.g. medication monitoring of people with long-term conditions) • Enable 'community wellness centres' to improve consumer choice and access

Zooming in on Pharmacy & Medication Services: Obtaining a single view of information

HAWKE'S BAY District Health Board Whakawāteatia

Single View of Information

Current State

Poor & disconnected data

Target State

Consolidated, accurate, shared & comprehensive views of health, care, and patient medicine information

Single view of health information (patient medications)

Data Governance | Consolidated Health Record & Patient Medications List | Discharge Summaries | Care Plans

Challenges:

- Lack of a complete view of patient medications that complicates medicine reconciliation and increases the risk of medication errors and patient harm
- Insufficient quality of medication information at hospital discharge increasing the risk of unsafe transitions of care
- Lack of a collaborative and 'living' care plan
- Lack of data governance and data standards across the health eco-system.

Enablers:

Data Governance	• Data governance and stewardship (e.g. data sharing agreements, data quality and interoperability standards) across the health ecosystem. • A common medicine dictionary across the health ecosystem (e.g. NZULM)
Consolidated Health Records & Patient Medications List	• National Health Information Platform (nHIP – long term) based on interoperability as opposed to centralisation. • An integrated view of prescribed and dispensed medication that enables electronic medicine reconciliation and reduces medication risks (e.g. NZePS, Conporto through Clinical Portal) • Shared medical and health records (e.g. clinical progress notes through Clinical Portal)
Care Plans	• Shareable individual care plans to improve coordination, consistency and transitions of care
Hospital Discharge Information	• Improve Discharge Summaries and Prescriptions in the hospital environment (e.g. Medicines module in Clinical Portal & NZePS integration)

Zooming in on Pharmacy & Medication Services: Integrated Models of Care

HAWKE'S BAY District Health Board Whakawāteatia

Integrated Systems

Current State

Many isolated, single-purpose applications and processes

Target State

Integrated processes and applications across our health ecosystem

Integrated, Digitally Enabled & People-centric Models of Care

Prescribing Services | Medicine Reconciliation | Care Coordination | Hospital Pharmacy Services

Challenges:

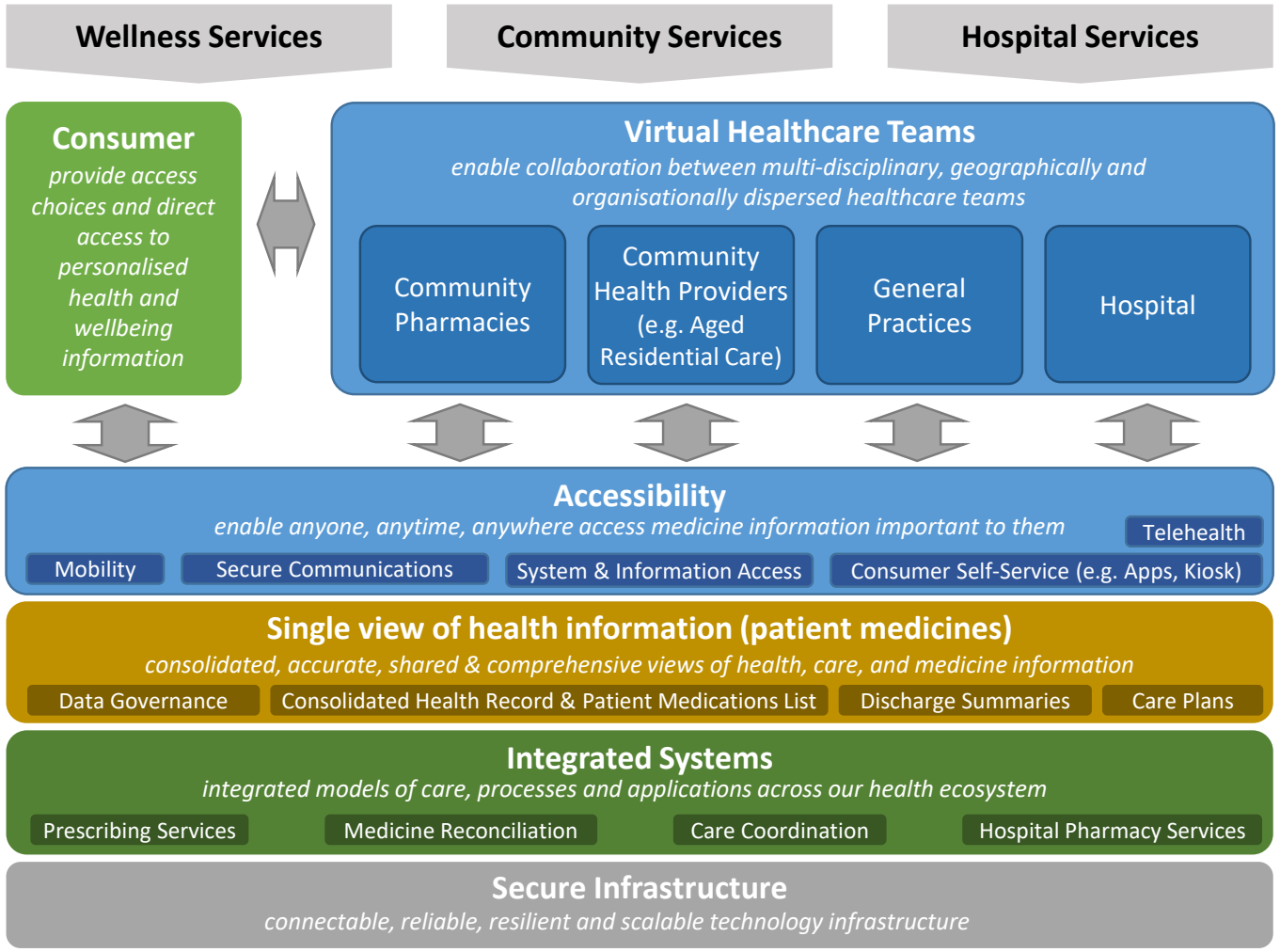
- The ability for virtual healthcare teams to support transitions of care and coordinate patient care is suboptimal.
- Inefficient, non-integrated in-hospital processes.
  - Paper-based, bedside medication charts that are not integrated which complicates information access, introduces inefficiencies, and increases patient safety risk.
  - Significant manual effort required to manage the hospital pharmacy (e.g. dispense & stock management, ordering of pharmaceutical supplies)
- Unsecure and inefficient delivery of prescriptions.
  - The Covid-19 response required contactless/paperless prescriptions forcing process and technology change that is still suboptimal.
  - The Ministry of Health has advised that the use of fax must be phased.
  - Issues with the legibility of faxed prescriptions (incl. NZePS barcodes)

Enablers:

Prescribing Services – Script Delivery	• Replace fax with secure email (short term) • Continue the adoption of the NZ ePrescription Service across the health ecosystem (incl. integration with Clinical Portal) • Implement an electronic medication chart solution in hospitals to improve access, accuracy, medicine reconciliation and stock management (e.g. Medchart)
Prescribing Services - Medicine Reconciliation	• Establish an electronic medicine reconciliation solution • Upgrade our Patient Event Management system to support the capture of adverse events and service improvements • Invest in Prevention and Detection analytics to reduce the likelihood of adverse events
Hospital Pharmacy Services	• Upgrade and enhance in-hospital pharmacy system (incl. ePharmacy, electronic ordering of supplies) • Upgrade and expand the use of in-hospital medicine dispensing cabinets (e.g. Pyxis)
Care Coordination	• Establish a multi-disciplinary, mobile task management and care coordination solution • Establish a consumer relationship management solution to share consumer preferences, contacts and activities.

Summarising the eMedicine Management Strategy

HAWKE'S BAY District Health Board Whakawāteatia



Realising our desired target state

HAWKE'S BAY District Health Board Whakawāteatia

Candidate Initiatives

	Short term	Medium term	Long term
Hospital Services	• Fridge Alarm Monitoring Replacement (inflight) • Clinical Portal (CP) Medications module (inflight) • NZePS data integration with CP (inflight) • Upgrade Patient Event Management system (inflight) (Safety1st) • Replace faxing of prescriptions with secure email (inflight) • Community INR results integrated into CP (completed)	• Upgrade ePharmacy (inflight) • Replace current dispensing cabinets (ED, AAU) • Electronic ordering of pharmacy stock (inflight) • Mobility for Pharmacists (e.g. Pager replacement, • Task management • Online access to resources within medication rooms • Establish electronic medicine reconciliation In-hospital prescribing service/process design	• Integrated electronic in-hospital prescribing (e.g. Medchart) • Enhanced medicine reconciliation • Patient medication harm detection and prevention system • Pharmacist Patient prioritization tool • Expand dispensing cabinets across the hospital
Community Services	• Develop timely 2-way pharmacy and GP clinical communication • NZePS prescribing integration (GP) • Improved primary health care access to clinical portal information • Enhanced discharge summaries (inflight) • Replace faxing health information with secure email (inflight) • Data governance & stewardship • Co-design pharmacy & GP integration	• Establish single view of patient medication • Prescriptions service/process design • NZePS prescribing integration (Hospital) • Patient-centric prescriptions • Introduce common consumer relationship & care coordination capability	• Enhanced single view of patient medication (e.g. more sources, integrate aged residential care, etc.) • Enhanced patient-centric prescriptions (e.g. mobile app, kiosk) • Shared care plans
Wellness Services	• Conceive and define wellness services (shared)	• Co-Design services (e.g. consumer experience and journey mapping) • Design digital enablement architecture • Define service blueprint • Define operational service plan	• Introduce 'consumer wellness centres' (e.g. walk-in, telehealth options) • Introduce consumer wellness & knowledge self-service solutions Introduce remote home monitoring (e.g. supporting long-term conditions, 'frequent fliers', etc.)

Service Lifecycle → Conceive → Design → Build → Introduce → Grow → Optimise → Maintain → Retire

Realising our desired target state

HAWKE'S BAY District Health Board Whakawāteatia

Enhanced Single View Initiatives

	Short term	Medium term	Long term
Hospital Services	• Clinical Portal Medications module (inflight) • NZePS data integration with Clinical Portal (CP) (inflight) • Community INR results integrated into CP (completed)	• Mobility for Pharmacists (e.g. Pager replacement, • Task management • Online access to resources within medication rooms • Establish electronic medicine reconciliation In-hospital prescribing service/process design	• Integrated electronic in-hospital prescribing (e.g. Medchart) • Enhanced medicine reconciliation • Patient medication harm detection and prevention system
Community Services	• NZePS prescribing integration (GP) • Improved primary health care access to clinical portal information • Enhanced discharge summaries (inflight)	• Establish single view of patient medication • Prescriptions service/process design • NZePS prescribing integration (Hospital) • Introduce common consumer relationship & care coordination capability	• Enhanced single view of patient medication (e.g. more sources, integrate aged residential care, etc.) • Shared care plans
Wellness Services			• Introduce consumer wellness & knowledge self-service solutions Introduce remote home monitoring (e.g. supporting long-term conditions, 'frequent fliers', etc.)

Service Lifecycle → Conceive → Design → Build → Introduce → Grow → Optimise → Maintain → Retire

Hawke's Bay DHB

Adult Hospital Survey
February 2021

Adult Hospital Survey

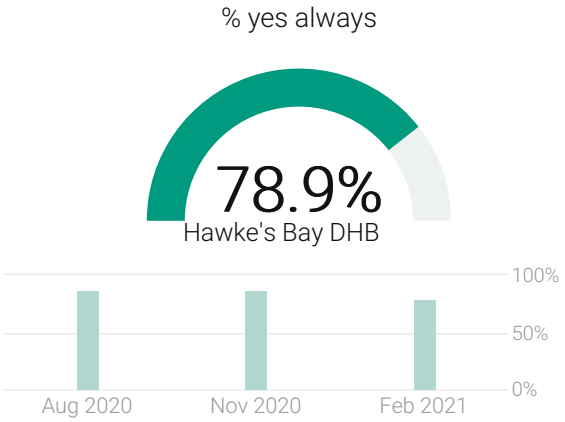
Table of contents

Care from health care team

Did the doctors listen to your views and concerns?

All patients were asked "Did the doctors listen to your views and concerns?" 78.9% of Hawke's Bay DHB's respondents chose *Yes, always*. 18.5% selected *Sometimes*, and 2.6% stated *No*.

In the prior survey period, a significantly higher proportion of respondents (86.5%) at Hawke's Bay DHB said *Yes, always*.



Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	78.9%	(73.6%-84.2%)	227
National Total	85.0%	(83.7%-86.3%)	3056
Hawke's Bay DHB Māori	71.9%	(56.3%-87.5%)	32

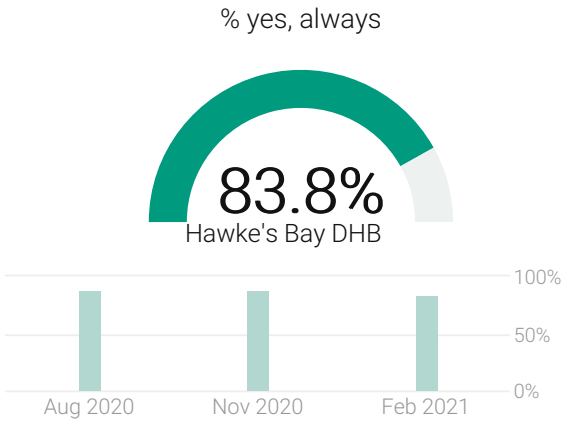
Significant difference to Hawke's Bay DHB

Ethnicity	Overall	C.I.	n
Māori	71.9%	(56.3%-87.5%)	32
Pacific	N/A	-	1
non-Māori, non-Pacific	79.9%	(74.3%-85.5%)	194

Did the nurses listen to your views and concerns?

When asked "Did the nurses listen to your views and concerns?" 83.8% of Hawke's Bay DHB's respondents selected *Yes, always*. 14.0% chose *Sometimes*, and 2.2% selected *No*.

In the prior survey period, a similar proportion of respondents (89.3%) at Hawke's Bay DHB reported *Yes, always*.



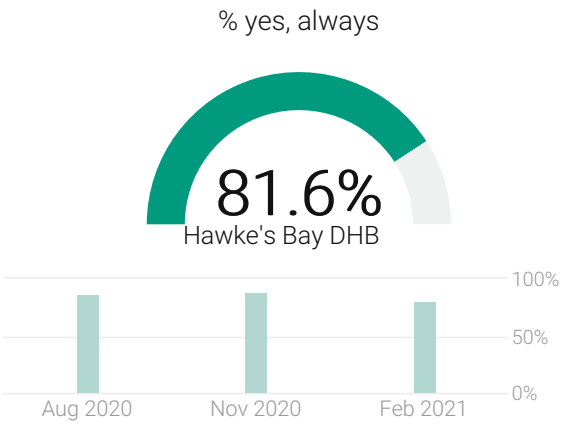
Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	83.8%	(79.0%-88.6%)	228
National Total	84.7%	(83.4%-86.0%)	3088
Hawke's Bay DHB Māori	79.4%	(65.8%-93.0%)	34

Ethnicity	Overall	C.I.	n
Māori	79.4%	(65.8%-93.0%)	34
Pacific	N/A	-	1
non-Māori, non-Pacific	84.5%	(79.4%-89.6%)	193

Did the other members of your health care team listen to your views and concerns?

All patients were asked "Did the other members of your health care team listen to your views and concerns?" 81.6% of Hawke's Bay DHB's respondents said *Yes, always*. 14.5% said *Sometimes*, and 3.9% stated *No*.

In the prior survey period, a significantly higher proportion of respondents (89.5%) at Hawke's Bay DHB said *Yes, always*.



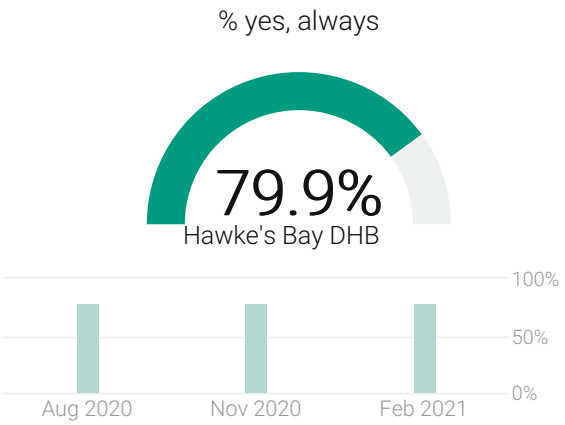
Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	81.6%	(76.3%-86.9%)	207
National Total	83.2%	(81.8%-84.6%)	2846
Hawke's Bay DHB Māori	87.9%	(76.8%-99.0%)	33

Ethnicity	Overall	C.I.	n
Māori	87.9%	(76.8%-99.0%)	33
Pacific	N/A	-	1
non-Māori, non-Pacific	80.3%	(74.4%-86.2%)	173

Were you kept informed as much as you wanted to be about your treatment and care?

All patients were asked "Were you kept informed as much as you wanted to be about your treatment and care?" 79.9% of Hawke's Bay DHB's respondents said *Yes, always*. 15.4% selected *Sometimes*, and 4.7% selected *No*.

In the prior survey period, a similar proportion of respondents (79.6%) at Hawke's Bay DHB selected *Yes, always*.



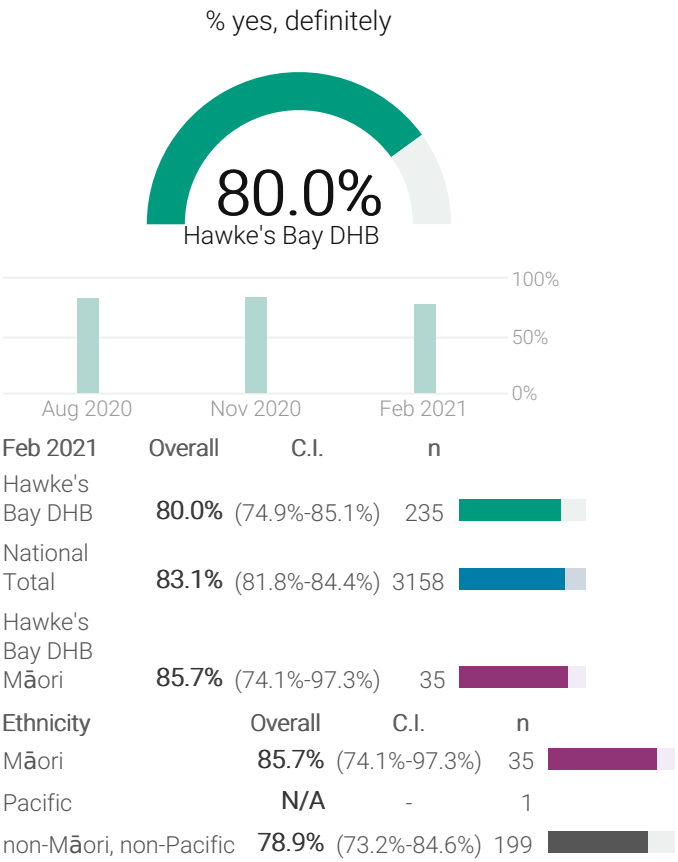
Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	79.9%	(74.8%-85.0%)	234
National Total	75.9%	(74.4%-77.4%)	3192
Hawke's Bay DHB Māori	77.1%	(63.2%-91.0%)	35

Ethnicity	Overall	C.I.	n
Māori	77.1%	(63.2%-91.0%)	35
Pacific	N/A	-	1
non-Māori, non-Pacific	80.3%	(74.8%-85.8%)	198

Did your health care team explain what was going on during your visit in a way you could understand?

All patients were asked "Did your health care team explain what was going on during your visit in a way you could understand?" 80.0% of Hawke's Bay DHB's respondents chose *Yes, definitely*. 17.0% chose *Somewhat*, and 3.0% selected *No*.

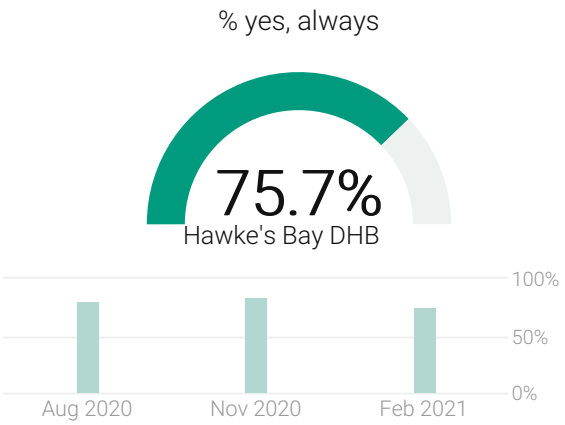
In the prior survey period, a similar proportion of respondents (86.0%) at Hawke's Bay DHB selected *Yes, definitely*.



Were you involved as much as you wanted to be in making decisions about your treatment and care?

All patients were asked "Were you involved as much as you wanted to be in making decisions about your treatment and care?" 75.7% of Hawke's Bay DHB's respondents reported *Yes, always*. 18.0% stated *Sometimes*, and 6.3% reported *No*.

In the prior survey period, a significantly higher proportion of respondents (84.4%) at Hawke's Bay DHB said *Yes, always*.



Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	75.7%	(70.1%-81.3%)	222
National Total	77.9%	(76.4%-79.4%)	3030
Hawke's Bay DHB Māori	79.4%	(65.8%-93.0%)	34

Ethnicity	Overall	C.I.	n
Māori	79.4%	(65.8%-93.0%)	34
Pacific	N/A	-	1
non-Māori, non-Pacific	74.9%	(68.7%-81.1%)	187

What could have been done better to involve you in decisions about your treatment and care?

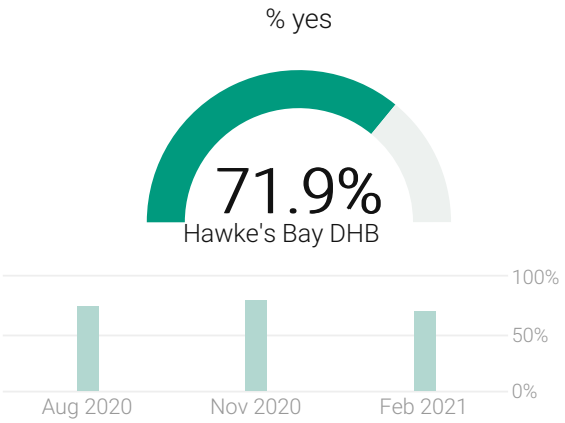
	Hawke's Bay DHB	
	%	n
Listen	28.1%	9
Doctors	21.9%	7
Nurse	21.9%	7
Time	18.8%	6
Hospital	12.5%	4
Explaining	12.5%	4
Wrong	9.4%	3
Looked	9.4%	3
Turn	9.4%	3
Confusing	9.4%	3

n = 32

Were you given conflicting information by different doctors or staff involved in your care, e.g. one would tell you one thing and then another would tell you something different?

All patients were asked "Were you given conflicting information by different doctors or staff involved in your care, e.g. one would tell you one thing and then another would tell you something different?" 28.1% of Hawke's Bay DHB's respondents said *Yes*. and 71.9% selected *No*.

In the prior survey period, a significantly higher proportion of respondents (80.9%) at Hawke's Bay DHB said *No*.



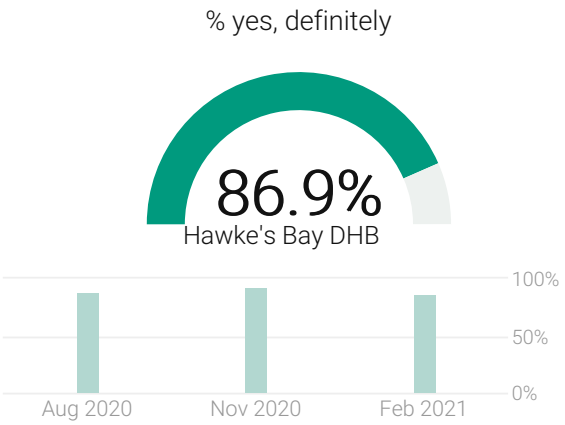
Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	71.9%	(65.9%-77.9%)	217
National Total	73.7%	(72.1%-75.3%)	2982
Hawke's Bay DHB Māori	68.6%	(53.2%-84.0%)	35

Ethnicity	Overall	C.I.	n
Māori	68.6%	(53.2%-84.0%)	35
Pacific	N/A	-	0
non-Māori, non-Pacific	72.5%	(66.0%-79.0%)	182

Did the doctors treat you with kindness and understanding while you were in the hospital?

All patients were asked "Did the doctors treat you with kindness and understanding while you were in the hospital?" 86.9% of Hawke's Bay DHB's respondents reported *Yes, definitely*. 12.2% chose *Somewhat*, and 0.9% chose *No*.

In the prior survey period, a significantly higher proportion of respondents (93.2%) at Hawke's Bay DHB selected *Yes, definitely*.



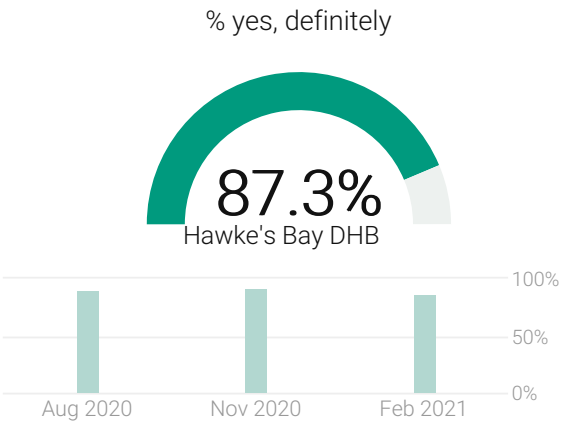
Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	86.9%	(82.4%-91.4%)	221
National Total	88.1%	(86.9%-89.3%)	2959
Hawke's Bay DHB Māori	87.9%	(76.8%-99.0%)	33

Ethnicity	Overall	C.I.	n
Māori	87.9%	(76.8%-99.0%)	33
Pacific	N/A	-	1
non-Māori, non-Pacific	86.6%	(81.7%-91.5%)	187

Did the nurses treat you with kindness and understanding while you were in the hospital?

All patients were asked "Did the nurses treat you with kindness and understanding while you were in the hospital?" 87.3% of Hawke's Bay DHB's respondents selected *Yes, definitely*. 11.8% stated *Somewhat*, and 0.9% reported *No*.

In the prior survey period, a similar proportion of respondents (92.3%) at Hawke's Bay DHB reported *Yes, definitely*.



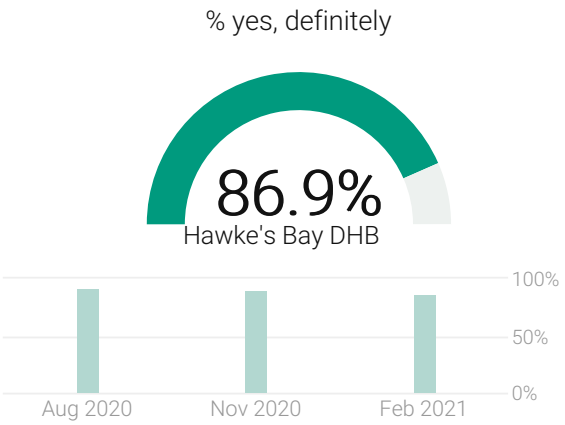
Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	87.3%	(82.9%-91.7%)	221
National Total	88.6%	(87.5%-89.7%)	2965
Hawke's Bay DHB Māori	85.3%	(73.4%-97.2%)	34

Ethnicity	Overall	C.I.	n
Māori	85.3%	(73.4%-97.2%)	34
Pacific	N/A	-	1
non-Māori, non-Pacific	87.6%	(82.9%-92.3%)	186

Did the other members of your health care team treat you with kindness and understanding while you were in the hospital?

All patients were asked "Did the other members of your health care team treat you with kindness and understanding while you were in the hospital?" 86.9% of Hawke's Bay DHB's respondents said *Yes, definitely*. 11.7% chose *Somewhat*, and 1.4% reported *No*.

In the prior survey period, a similar proportion of respondents (90.7%) at Hawke's Bay DHB chose *Yes, definitely*.



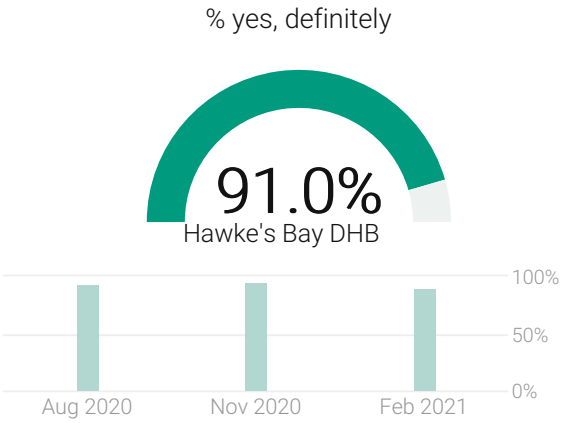
Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	86.9%	(82.4%-91.4%)	213
National Total	88.4%	(87.2%-89.6%)	2812
Hawke's Bay DHB Māori	82.4%	(69.6%-95.2%)	34

Ethnicity	Overall	C.I.	n
Māori	82.4%	(69.6%-95.2%)	34
Pacific	N/A	-	1
non-Māori, non-Pacific	87.6%	(82.8%-92.4%)	178

Did the doctors treat you with respect?

All patients were asked "Did the doctors treat you with respect?" 91.0% of Hawke's Bay DHB's respondents reported *Yes, definitely*. 7.6% stated *Somewhat*, and 1.3% selected *No*.

In the prior survey period, a similar proportion of respondents (94.6%) at Hawke's Bay DHB stated *Yes, definitely*.



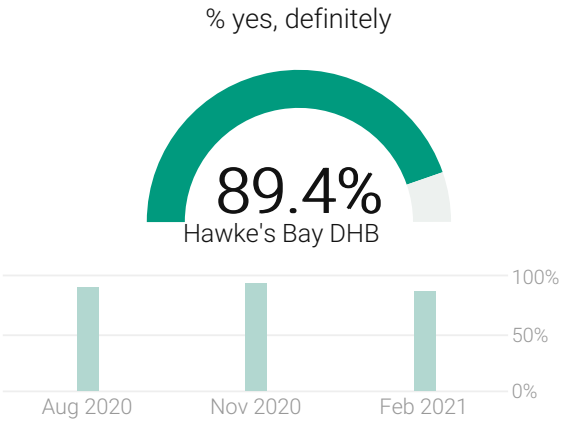
Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	91.0%	(87.2%-94.8%)	223
National Total	91.2%	(90.2%-92.2%)	2944
Hawke's Bay DHB Māori	97.0%	(91.2%-100%)	33

Ethnicity	Overall	C.I.	n
Māori	97.0%	(91.2%-100%)	33
Pacific	N/A	-	1
non-Māori, non-Pacific	89.9%	(85.6%-94.2%)	189

Did the nurses treat you with respect?

All patients were asked "Did the nurses treat you with respect?" 89.4% of Hawke's Bay DHB's respondents stated *Yes, definitely*. 8.8% chose *Somewhat*, and 1.8% stated *No*.

In the prior survey period, a significantly higher proportion of respondents (94.6%) at Hawke's Bay DHB selected *Yes, definitely*.



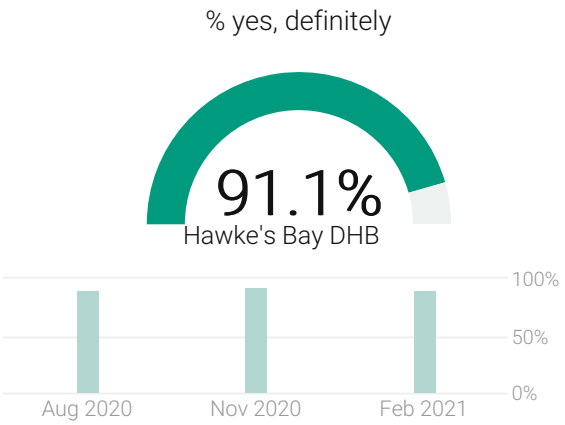
Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	89.4%	(85.3%-93.5%)	217
National Total	90.6%	(89.5%-91.7%)	2944
Hawke's Bay DHB Māori	88.2%	(77.4%-99.0%)	34

Ethnicity	Overall	C.I.	n
Māori	88.2%	(77.4%-99.0%)	34
Pacific	N/A	-	1
non-Māori, non-Pacific	89.6%	(85.2%-94.0%)	182

Did the other members of your health care team treat you with respect?

All patients were asked "Did the other members of your health care team treat you with respect?" 91.1% of Hawke's Bay DHB's respondents said *Yes, definitely*. 7.5% chose *Somewhat*, and 1.4% selected *No*.

In the prior survey period, a similar proportion of respondents (93.9%) at Hawke's Bay DHB selected *Yes, definitely*.



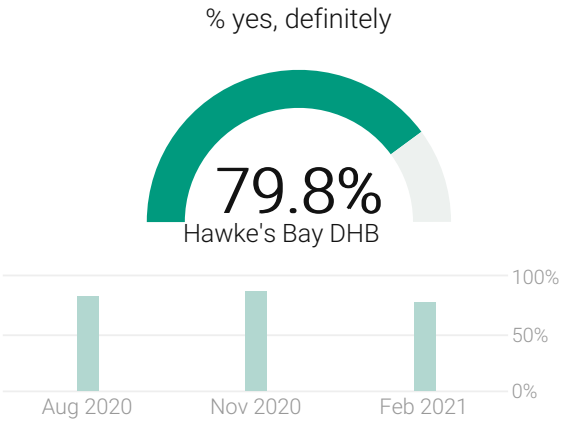
Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	91.1%	(87.3%-94.9%)	214
National Total	91.0%	(89.9%-92.1%)	2820
Hawke's Bay DHB Māori	93.9%	(85.8%-100%)	33

Ethnicity	Overall	C.I.	n
Māori	93.9%	(85.8%-100%)	33
Pacific	N/A	-	1
non-Māori, non-Pacific	90.6%	(86.3%-94.9%)	180

Did you trust and have confidence in the doctors?

All patients were asked "Did you trust and have confidence in the doctors?" 79.8% of Hawke's Bay DHB's respondents chose *Yes, definitely*. 17.0% said *Somewhat*, and 3.1% reported *No*.

In the prior survey period, a significantly higher proportion of respondents (89.4%) at Hawke's Bay DHB selected *Yes, definitely*.



Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	79.8%	(74.5%-85.1%)	223
National Total	84.8%	(83.5%-86.1%)	2957
Hawke's Bay DHB Māori	75.8%	(61.2%-90.4%)	33

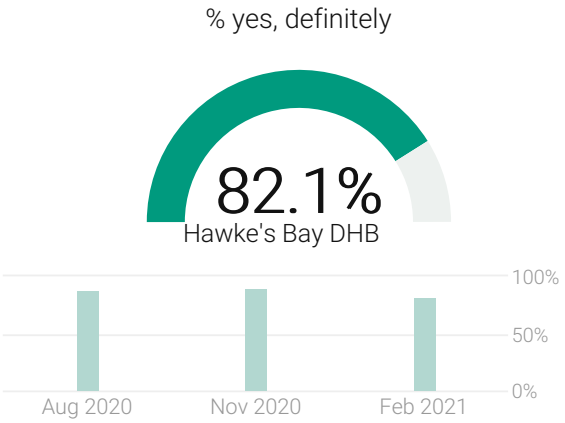
Significant difference to Hawke's Bay DHB

Ethnicity	Overall	C.I.	n
Māori	75.8%	(61.2%-90.4%)	33
Pacific	N/A	-	1
non-Māori, non-Pacific	80.4%	(74.7%-86.1%)	189

Did you trust and have confidence in the nurses?

All patients were asked "Did you trust and have confidence in the nurses?" 82.1% of Hawke's Bay DHB's respondents stated *Yes, definitely*. 15.6% reported *Somewhat*, and 2.2% reported *No*.

In the prior survey period, a significantly higher proportion of respondents (89.7%) at Hawke's Bay DHB said *Yes, definitely*.



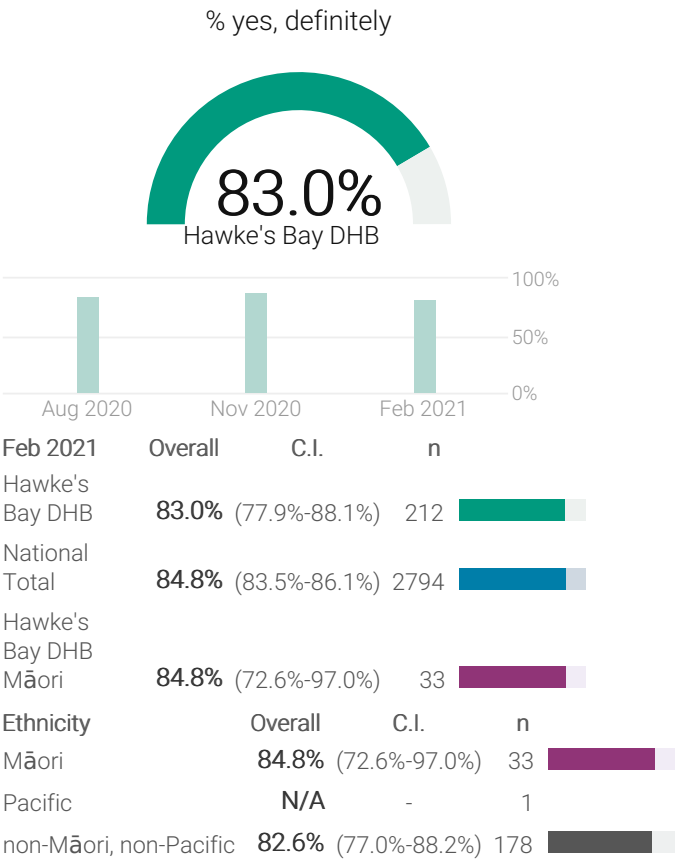
Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	82.1%	(77.1%-87.1%)	224
National Total	84.3%	(83.0%-85.6%)	2965
Hawke's Bay DHB Māori	79.4%	(65.8%-93.0%)	34

Ethnicity	Overall	C.I.	n
Māori	79.4%	(65.8%-93.0%)	34
Pacific	N/A	-	1
non-Māori, non-Pacific	82.5%	(77.1%-87.9%)	189

Did you trust and have confidence in the other members of your health care team?

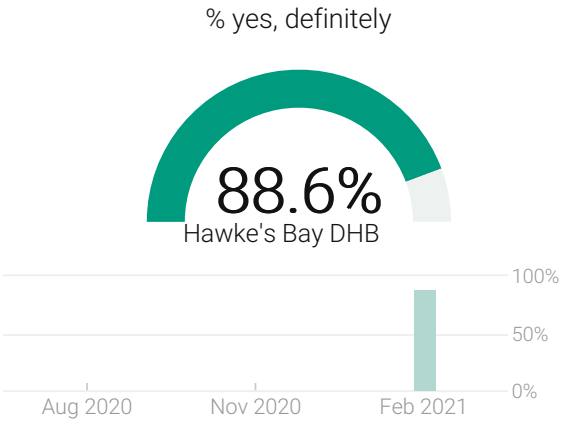
All patients were asked "Did you trust and have confidence in the other members of your health care team?" 83.0% of Hawke's Bay DHB's respondents chose *Yes, definitely*. 15.1% reported *Somewhat*, and 1.9% chose *No*.

In the prior survey period, a similar proportion of respondents (88.3%) at Hawke's Bay DHB said *Yes, definitely*.



Did you feel comfortable to ask any questions you had?

All patients were asked "Did you feel comfortable to ask any questions you had? " 88.6% of Hawke's Bay DHB's respondents reported *Yes, definitely*. 9.6% stated *Sometimes*, and 1.7% chose *No*.

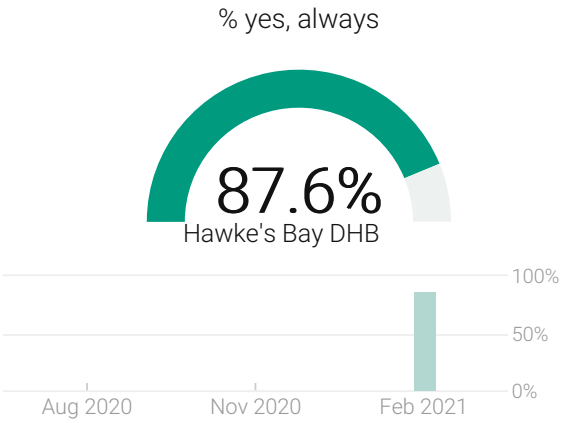


Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	88.6%	(84.5%-92.7%)	229
National Total	86.7%	(85.5%-87.9%)	3110
Hawke's Bay DHB Māori	91.4%	(82.1%-100%)	35

Ethnicity	Overall	C.I.	n
Māori	91.4%	(82.1%-100%)	35
Pacific	N/A	-	1
non-Māori, non-Pacific	88.1%	(83.5%-92.7%)	193

Was your name pronounced properly by those providing your care?

"Was your name pronounced properly by those providing your care? " 87.6% of Hawke's Bay DHB's respondents reported *Yes, always*. 9.3% stated *Somewhat*, 1.8% reported *No*, and 1.3% reported *No one used my name*.

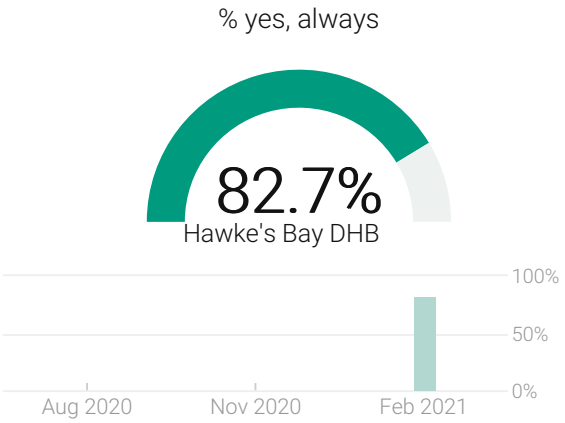


Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	87.6%	(83.3%-91.9%)	225
National Total	88.4%	(87.3%-89.5%)	3053
Hawke's Bay DHB Māori	88.6%	(78.1%-99.1%)	35

Ethnicity	Overall	C.I.	n
Māori	88.6%	(78.1%-99.1%)	35
Pacific	N/A	-	1
non-Māori, non-Pacific	87.3%	(82.6%-92.0%)	189

Did those involved in your care ask you how to say your name if they were uncertain?

"Did those involved in your care ask you how to say your name if they were uncertain?" 31.6% of Hawke's Bay DHB's respondents reported *Yes, always*. 5.3% reported *Sometimes*, 12.0% chose *No*, and 51.1% said *They did not need to ask*.

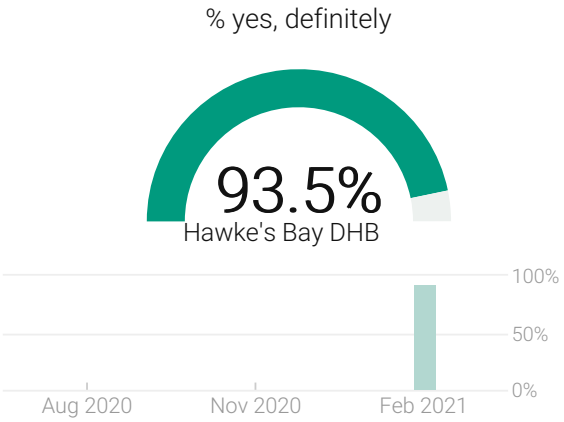


Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	82.7%	(77.8%-87.6%)	225
National Total	80.9%	(79.5%-82.3%)	3047
Hawke's Bay DHB Māori	82.9%	(70.4%-95.4%)	35

Ethnicity	Overall	C.I.	n
Māori	82.9%	(70.4%-95.4%)	35
Pacific	N/A	-	1
non-Māori, non-Pacific	82.5%	(77.1%-87.9%)	189

Did you feel your cultural needs were met?

All patients were asked "Did you feel your cultural needs were met? " 93.5% of Hawke's Bay DHB's respondents said *Yes, definitely*. 4.9% stated *Somewhat*, and 1.6% selected *No*.



Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	93.5%	(89.1%-97.9%)	123
National Total	91.4%	(90.1%-92.7%)	1775
Hawke's Bay DHB Māori	85.7%	(72.7%-98.7%)	28 ⚠

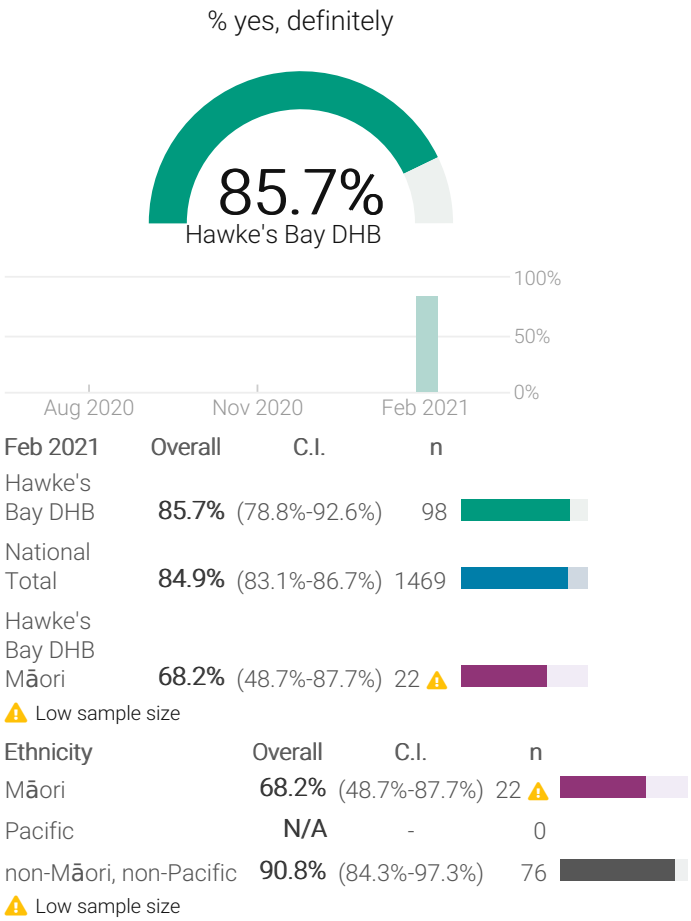
⚠ Low sample size

Ethnicity	Overall	C.I.	n
Māori	85.7%	(72.7%-98.7%)	28 ⚠
Pacific	N/A	-	1
non-Māori, non-Pacific	95.7%	(91.6%-99.8%)	94

⚠ Low sample size

Did you feel your spiritual needs were met?

All patients were asked "Did you feel your spiritual needs were met?" 85.7% of Hawke's Bay DHB's respondents selected *Yes, definitely*. 11.2% chose *Somewhat*, and 3.1% stated *No*.



Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	85.7%	(78.8%-92.6%)	98
National Total	84.9%	(83.1%-86.7%)	1469
Hawke's Bay DHB Māori	68.2%	(48.7%-87.7%)	22 ⚠

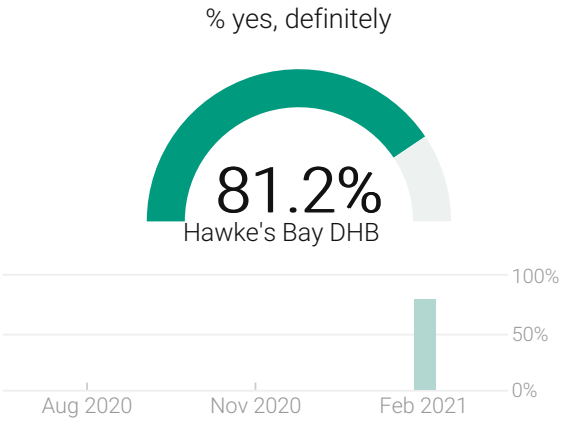
⚠ Low sample size

Ethnicity	Overall	C.I.	n
Māori	68.2%	(48.7%-87.7%)	22 ⚠
Pacific	N/A	-	0
non-Māori, non-Pacific	90.8%	(84.3%-97.3%)	76

⚠ Low sample size

Did you feel your individual needs were met?

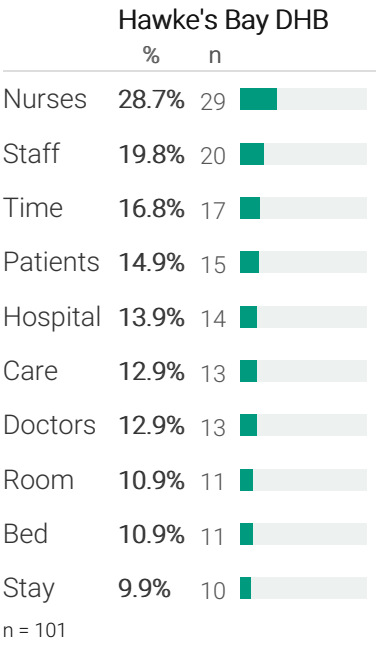
All patients were asked "Did you feel your individual needs were met?" 81.2% of Hawke's Bay DHB's respondents stated *Yes, definitely*. 14.7% said *Somewhat*, and 4.1% selected *No*.



Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	81.2%	(76.0%-86.4%)	218
National Total	80.7%	(79.2%-82.2%)	2764
Hawke's Bay DHB Māori	73.5%	(58.7%-88.3%)	34

Ethnicity	Overall	C.I.	n
Māori	73.5%	(58.7%-88.3%)	34
Pacific	N/A	-	1
non-Māori, non-Pacific	82.5%	(77.0%-88.0%)	183

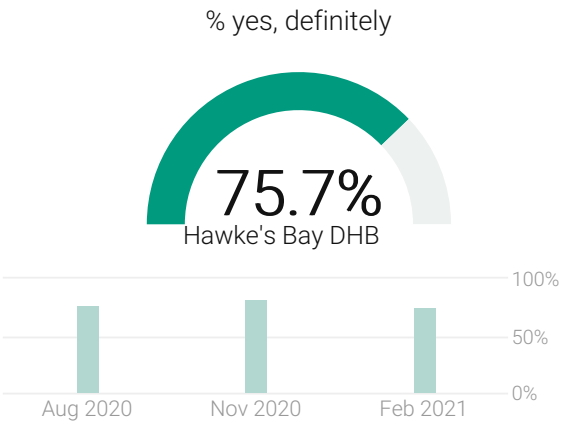
How could your individual or cultural needs have been better met?



Did hospital staff include your family/whānau or someone close to you in discussions about the care you received during your visit?

All patients were asked "Did hospital staff include your family/whānau or someone close to you in discussions about the care you received during your visit?" 75.7% of Hawke's Bay DHB's respondents reported *Yes, definitely*. 15.6% said *Somewhat*, and 8.7% stated *No*.

In the prior survey period, a similar proportion of respondents (82.4%) at Hawke's Bay DHB said *Yes, definitely*.



Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	75.7%	(69.3%-82.1%)	173
National Total	76.2%	(74.5%-77.9%)	2289
Hawke's Bay DHB Māori	78.6%	(63.4%-93.8%)	28 ⚠

⚠ Low sample size

Ethnicity	Overall	C.I.	n
Māori	78.6%	(63.4%-93.8%)	28 ⚠
Pacific	N/A	-	1
non-Māori, non-Pacific	75.0%	(67.9%-82.1%)	144

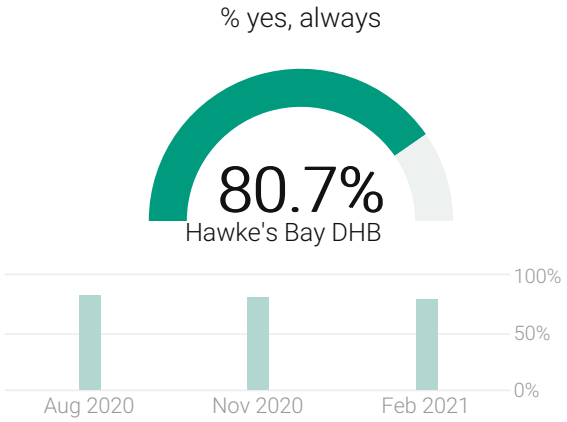
⚠ Low sample size

Hospital environment

Were the hospital rooms or wards (including bathrooms) kept clean?

All patients were asked "Were the hospital rooms or wards (including bathrooms) kept clean?" 80.7% of Hawke's Bay DHB's respondents chose *Yes, always*. 13.0% chose *Sometimes*, and 6.3% said *No*.

In the prior survey period, a similar proportion of respondents (83.3%) at Hawke's Bay DHB selected *Yes, always*.



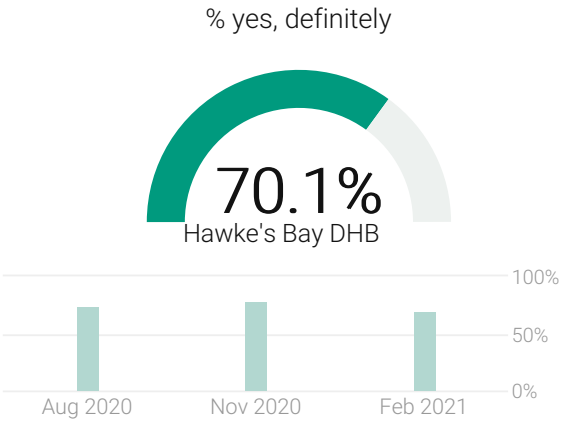
Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	80.7%	(75.5%-85.9%)	223
National Total	82.4%	(81.0%-83.8%)	3018
Hawke's Bay DHB Māori	88.2%	(77.4%-99.0%)	34

Ethnicity	Overall	C.I.	n
Māori	88.2%	(77.4%-99.0%)	34
Pacific	N/A	-	1
non-Māori, non-Pacific	79.3%	(73.5%-85.1%)	188

Were you given enough privacy when talking about your treatment or condition?

All patients were asked "Were you given enough privacy when talking about your treatment or condition?" 70.1% of Hawke's Bay DHB's respondents said *Yes, definitely*. 23.2% said *Somewhat*, and 6.7% selected *No*.

In the prior survey period, a significantly higher proportion of respondents (78.8%) at Hawke's Bay DHB selected *Yes, definitely*.



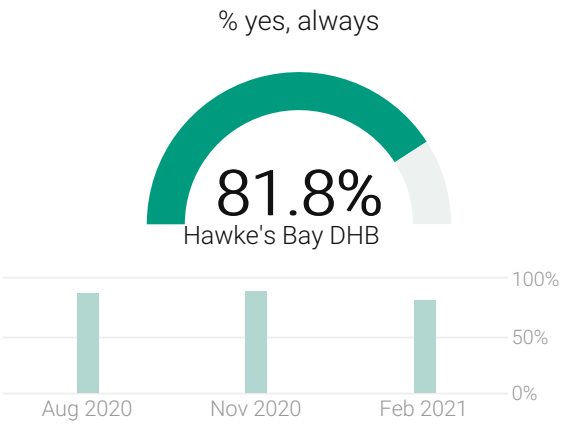
Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	70.1%	(64.1%-76.1%)	224
National Total	75.3%	(73.8%-76.8%)	3013
Hawke's Bay DHB Māori	70.6%	(55.3%-85.9%)	34

Ethnicity	Overall	C.I.	n
Māori	70.6%	(55.3%-85.9%)	34
Pacific	N/A	-	0
non-Māori, non-Pacific	70.0%	(63.5%-76.5%)	190

Did hospital staff help you to get to the bathroom or to use a bedpan as soon as you wanted?

All patients were asked "Did hospital staff help you to get to the bathroom or to use a bedpan as soon as you wanted?" 81.8% of Hawke's Bay DHB's respondents reported *Yes, always*. 10.9% selected *Sometimes*, and 7.3% chose *No*.

In the prior survey period, a significantly higher proportion of respondents (90.0%) at Hawke's Bay DHB stated *Yes, always*.



Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	81.8%	(75.3%-88.3%)	137
National Total	81.1%	(79.3%-82.9%)	1878
Hawke's Bay DHB Māori	76.5%	(56.3%-96.7%)	17 ⚠

⚠ Low sample size

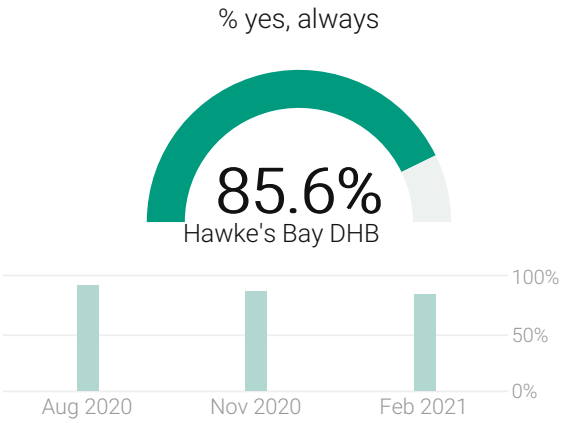
Ethnicity	Overall	C.I.	n
Māori	76.5%	(56.3%-96.7%)	17 ⚠
Pacific	N/A	-	0
non-Māori, non-Pacific	82.5%	(75.7%-89.3%)	120

⚠ Low sample size

During this hospital visit, did you receive pain relief that met your needs?

All patients were asked "During this hospital visit, did you receive pain relief that met your needs?" 85.6% of Hawke's Bay DHB's respondents said *Yes, always*. 11.4% chose *Sometimes*, and 3.0% said *No*.

In the prior survey period, a similar proportion of respondents (89.5%) at Hawke's Bay DHB selected *Yes, always*.



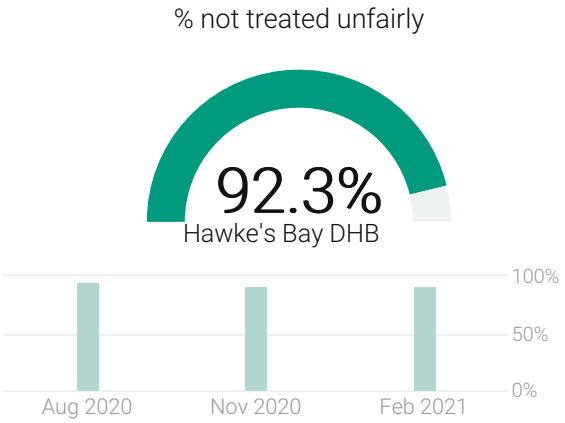
Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	85.6%	(80.7%-90.5%)	201
National Total	85.2%	(83.8%-86.6%)	2567
Hawke's Bay DHB Māori	81.8%	(68.6%-95.0%)	33

Ethnicity	Overall	C.I.	n
Māori	81.8%	(68.6%-95.0%)	33
Pacific	N/A	-	1
non-Māori, non-Pacific	86.2%	(81.0%-91.4%)	167

Identified perceived unfair treatment

All patients were asked "Identified perceived unfair treatment" 7.7% of Hawke's Bay DHB's respondents said *Yes*. and 92.3% chose *No*.

In the prior survey period, a similar proportion of respondents (92.7%) at Hawke's Bay DHB selected *No*.



Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	92.3%	(88.6%-96.0%)	196
National Total	92.6%	(91.6%-93.6%)	2632
Hawke's Bay DHB Māori	90.6%	(80.5%-100%)	32

Ethnicity	Overall	C.I.	n
Māori	90.6%	(80.5%-100%)	32
Pacific	N/A	-	1
non-Māori, non-Pacific	92.6%	(88.6%-96.6%)	163

You indicated that you felt you were treated unfairly. What happened to make you feel you were treated unfairly?

Hawke's Bay DHB

	%	n
Feel	23.1%	3

n = 13

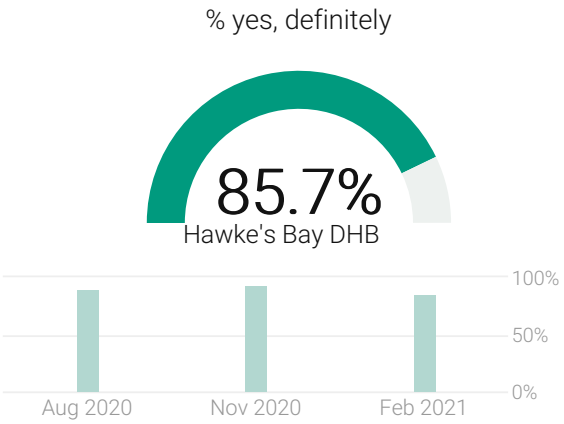
⚠ Low sample size

Surgery

Before the operation(s), did staff help you to understand what would happen and what to expect?

Had surgery "Before the operation(s), did staff help you to understand what would happen and what to expect?" 85.7% of Hawke's Bay DHB's respondents said *Yes, definitely*. 12.4% chose *Somewhat*, and 1.9% chose *No*.

In the prior survey period, a similar proportion of respondents (93.2%) at Hawke's Bay DHB selected *Yes, definitely*.



Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	85.7%	(79.0%-92.4%)	105
National Total	89.0%	(87.4%-90.6%)	1496
Hawke's Bay DHB Māori	84.6%	(65.0%-100%)	13 ⚠

⚠ Low sample size

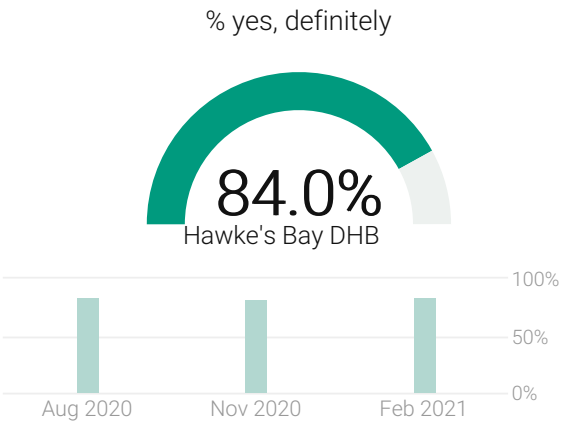
Ethnicity	Overall	C.I.	n
Māori	84.6%	(65.0%-100%)	13 ⚠
Pacific	N/A	-	1
non-Māori, non-Pacific	85.7%	(78.5%-92.9%)	91

⚠ Low sample size

After the operation(s), did staff help you to understand how it went?

Had surgery "After the operation(s), did staff help you to understand how it went?" 84.0% of Hawke's Bay DHB's respondents stated *Yes, definitely*. 12.3% reported *Somewhat*, and 3.8% chose *No*.

In the prior survey period, a similar proportion of respondents (83.3%) at Hawke's Bay DHB selected *Yes, definitely*.



Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	84.0%	(77.0%-91.0%)	106
National Total	81.3%	(79.3%-83.3%)	1495
Hawke's Bay DHB Māori	92.3%	(77.8%-100%)	13 ⚠

⚠ Low sample size

Ethnicity	Overall	C.I.	n
Māori	92.3%	(77.8%-100%)	13 ⚠
Pacific	N/A	-	1
non-Māori, non-Pacific	82.6%	(74.9%-90.3%)	92

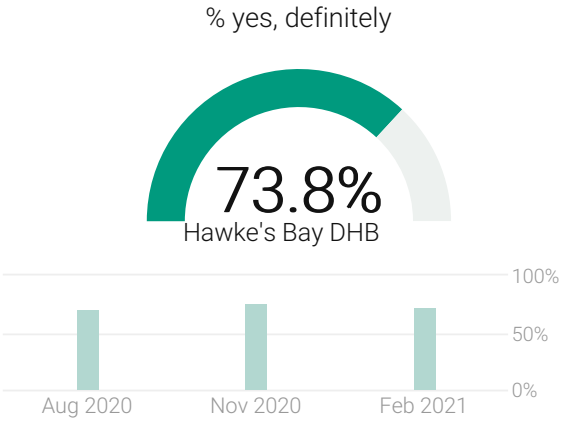
⚠ Low sample size

Discharge

Towards the end of your visit, were you kept informed as much as you wanted about what would happen and what to expect before you could leave the hospital?

All patients were asked "Towards the end of your visit, were you kept informed as much as you wanted about what would happen and what to expect before you could leave the hospital?" 73.8% of Hawke's Bay DHB's respondents reported *Yes, definitely*. 20.8% stated *Somewhat*, and 5.4% said *No*.

In the prior survey period, a similar proportion of respondents (75.9%) at Hawke's Bay DHB chose *Yes, definitely*.



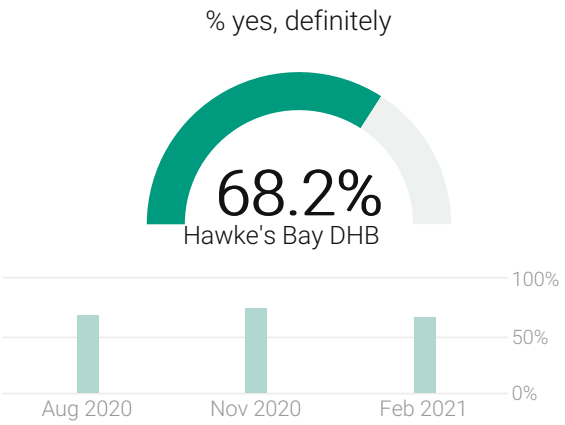
Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	73.8%	(68.0%-79.6%)	221
National Total	72.4%	(70.8%-74.0%)	2971
Hawke's Bay DHB Māori	77.1%	(63.2%-91.0%)	35

Ethnicity	Overall	C.I.	n
Māori	77.1%	(63.2%-91.0%)	35
Pacific	N/A	-	1
non-Māori, non-Pacific	73.0%	(66.6%-79.4%)	185

Did you have enough information about how to manage your condition or recovery after you left hospital?

All patients were asked "Did you have enough information about how to manage your condition or recovery after you left hospital?" 68.2% of Hawke's Bay DHB's respondents reported *Yes, definitely*. 23.5% said *Somewhat*, 5.5% reported *No*, and 2.8% stated *I was not given any information*.

In the prior survey period, a similar proportion of respondents (76.2%) at Hawke's Bay DHB said *Yes, definitely*.



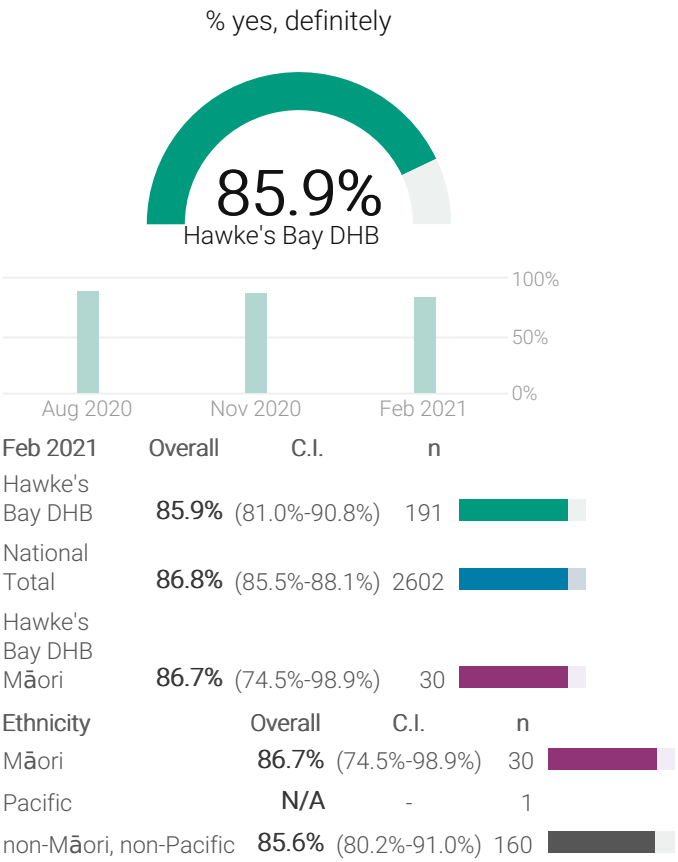
Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	68.2%	(62.0%-74.4%)	217
National Total	68.3%	(66.6%-70.0%)	2934
Hawke's Bay DHB Māori	70.6%	(55.3%-85.9%)	34

Ethnicity	Overall	C.I.	n
Māori	70.6%	(55.3%-85.9%)	34
Pacific	N/A	-	1
non-Māori, non-Pacific	67.6%	(60.8%-74.4%)	182

Were you told what the medicine (or prescription for medicine) you left the hospital with was for?

All patients were asked "Were you told what the medicine (or prescription for medicine) you left the hospital with was for?" 85.9% of Hawke's Bay DHB's respondents stated *Yes, definitely*. 10.5% chose *Somewhat*, and 3.7% selected *No*.

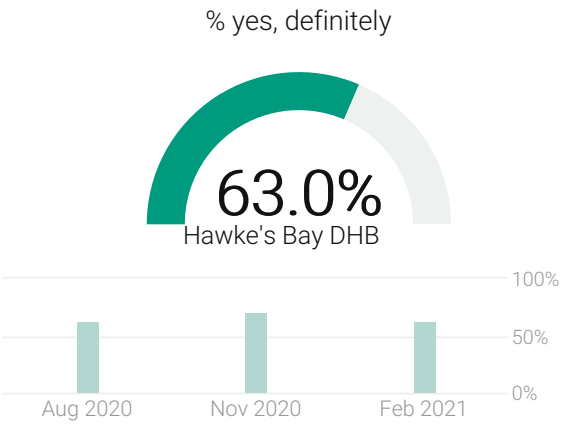
In the prior survey period, a similar proportion of respondents (88.3%) at Hawke's Bay DHB chose *Yes, definitely*.



Were you told the possible side effects of the medicine (or prescription for medicine) you left hospital with, in a way you could understand?

All patients were asked "Were you told the possible side effects of the medicine (or prescription for medicine) you left hospital with, in a way you could understand?" 63.0% of Hawke's Bay DHB's respondents reported *Yes, definitely*. 16.0% selected *Somewhat*, and 21.0% chose *No*.

In the prior survey period, a similar proportion of respondents (70.8%) at Hawke's Bay DHB stated *Yes, definitely*.



Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	63.0%	(55.6%-70.4%)	162
National Total	63.0%	(61.0%-65.0%)	2208
Hawke's Bay DHB Māori	65.4%	(47.1%-83.7%)	26 ⚠

⚠ Low sample size

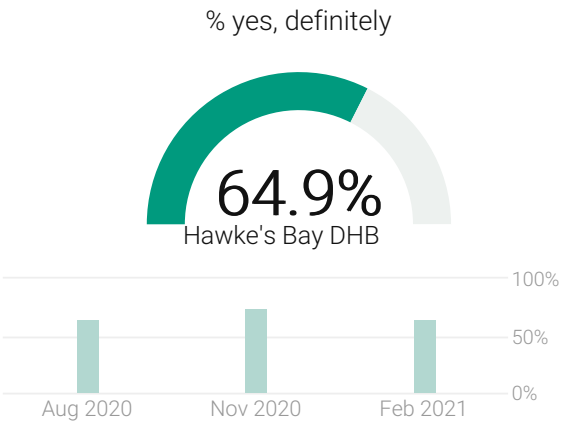
Ethnicity	Overall	C.I.	n
Māori	65.4%	(47.1%-83.7%)	26 ⚠
Pacific	N/A	-	1
non-Māori, non-Pacific	63.0%	(54.9%-71.1%)	135

⚠ Low sample size

Did hospital staff talk with you about whether you would have the help you needed when you left the hospital?

All patients were asked "Did hospital staff talk with you about whether you would have the help you needed when you left the hospital?" 64.9% of Hawke's Bay DHB's respondents stated *Yes, definitely*. 18.1% selected *Somewhat*, and 17.0% selected *No*.

In the prior survey period, a significantly higher proportion of respondents (74.6%) at Hawke's Bay DHB reported *Yes, definitely*.



Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	64.9%	(57.7%-72.1%)	171
National Total	66.8%	(64.9%-68.7%)	2273
Hawke's Bay DHB Māori	59.3%	(40.8%-77.8%)	27 ⚠

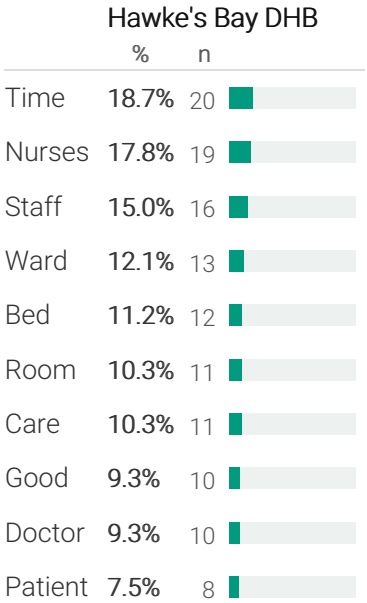
⚠ Low sample size

Ethnicity	Overall	C.I.	n
Māori	59.3%	(40.8%-77.8%)	27 ⚠
Pacific	N/A	-	0
non-Māori, non-Pacific	66.0%	(58.3%-73.7%)	144

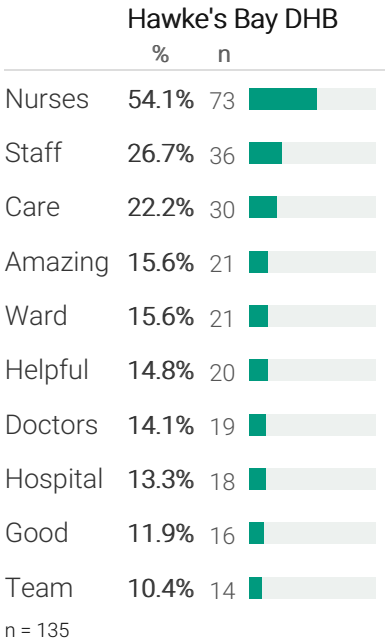
⚠ Low sample size

Overall experience

What would have made your visit in hospital better?



What about your visit in hospital went well?



Demographics

Ethnicity Level 1 classification - prioritised

When asked "Ethnicity Level 1 classification - prioritised" 78.0% of Hawke's Bay DHB's respondents stated *European*. 16.4% stated *Māori*, 2.3% stated *Asian*, 2.3% selected *Other ethnicity*, 0.5% stated *Pacific Peoples*, and 0.5% chose *Middle Eastern/Latin American/African (MELAA)*.

	Hawke's Bay DHB			National			Māori		
	%	C.I.	n	%	C.I.	n	%	C.I.	n
Māori	**16.4%**	-	35	11.0%	-	317	100.0%	-	35
Pacific Peoples	**0.5%**	-	1	2.6%	-	74	N/A	-	0
Asian	**2.3%**	-	5	7.1%	-	203	N/A	-	0
Middle Eastern/Latin American/African (MELAA)	**0.5%**	-	1	1.4%	-	40	N/A	-	0
Other ethnicity	**2.3%**	-	5	5.8%	-	167	N/A	-	0
European	**78.0%**	-	167	72.1%	-	2074	N/A	-	0

n = 214

Which age range are you in?

All patients were asked "Which age range are you in?" 26.0% of Hawke's Bay DHB's respondents said *65 – 74 years*. 19.1% reported *25 – 34 years*, 13.5% chose *55 – 64 years*, 13.0% reported *75 – 84 years*, 9.8% said *45 – 54 years*, 7.9% reported *35 – 44 years*, 7.0% stated *15 – 24 years*, and 3.7% reported *85 years or over*.

	Hawke's Bay DHB			National			Māori		
	%	C.I.	n	%	C.I.	n	%	C.I.	n
15 – 24 years	**7.0%**	-	15	3.8%	-	111	22.9%	-	8
25 – 34 years	**19.1%**	-	41	13.1%	-	380	20.0%	-	7
35 – 44 years	**7.9%**	-	17	10.2%	-	294	14.3%	-	5
45 – 54 years	**9.8%**	-	21	11.1%	-	320	14.3%	-	5
55 – 64 years	**13.5%**	-	29	17.6%	-	508	20.0%	-	7
65 – 74 years	**26.0%**	-	56	22.9%	-	663	5.7%	-	2
75 – 84 years	**13.0%**	-	28	16.5%	-	477	N/A	-	0
85 years or over	**3.7%**	-	8	4.7%	-	137	2.9%	-	1

n = 215

What is your gender?

All patients were asked "What is your gender?" 61.2% of Hawke's Bay DHB's respondents selected *Female*. 38.8% chose *Male*, and none (0%) stated *Gender diverse*.

	Hawke's Bay DHB			National			Māori		
	%	C.I.	n	%	C.I.	n	%	C.I.	n
Male	38.8%	-	81	37.9%	-	1059	27.3%	-	9
Female	61.2%	-	128	61.7%	-	1725	72.7%	-	24
Gender diverse	N/A	-	0	0.4%	-	10	N/A	-	0

n = 209

Do you have difficulty seeing, hearing, walking, remembering, washing or communicating? (Washington Group Short Set)

All patients were asked if they had difficulty undertaking at least one of the following basic activities "Do you have difficulty seeing, hearing, walking, remembering, washing or communicating? (Washington Group Short Set)" 87.5% of Hawke's Bay DHB's respondents selected *No*. and 12.5% stated *Yes*.

	Hawke's Bay DHB			National			Māori		
	%	C.I.	n	%	C.I.	n	%	C.I.	n
Yes	12.5%	-	26	12.8%	-	357	11.8%	-	4
No	87.5%	-	182	87.2%	-	2424	88.2%	-	30

n = 208

Do you think of yourself as disabled (or as having a disability)?

All patients were asked "Do you think of yourself as disabled (or as having a disability)?" 82.6% of Hawke's Bay DHB's respondents said *No*. 12.2% selected *Yes*, and 5.2% selected *Unsure / don't know*.

	Hawke's Bay DHB			National			Māori		
	%	C.I.	n	%	C.I.	n	%	C.I.	n
Yes	12.2%	-	26	13.8%	-	398	17.1%	-	6
No	82.6%	-	176	81.3%	-	2339	77.1%	-	27
Unsure / don't know	5.2%	-	11	4.8%	-	139	5.7%	-	2

n = 213

HAWKE'S BAY
District Health Board
Whakawāteatia

Adult hospital survey

Feb 2021 results

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Adult hospital survey

HAWKE'S BAY
District Health Board
Whakawāteatia

- Prev called inpatient experience survey, in place since mid-2014; all DHBs must participate
- Sent 1/4ly to qualifying consumers (at least one night in hospital)
- Coordinated by HQSC; delivered by external provider
- Very little difference in results (lowest/highest questions, between DHB's etc)
- HB low response rate – low teens (most other DHB's low-20's high perf high-20's)
- Review data set – rate increase mid-high 20's

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Adult hospital survey

HAWKE'S BAY District Health Board Whakawāteatia

- 2019 provider contract & question set review
- Survey paused Dec 2019 pending review
- New provider
- Facilitated HB consumer & staff input question set
- New / updated question set
- Restart due early 2020……Aug 2020
- Three rounds -provider platform

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Adult hospital survey

HAWKE'S BAY District Health Board Whakawāteatia

- Care from health care team
- Hospital environment
- Surgery
- Discharge
- Overall experience
- New cultural questions (added latest round)

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Adult hospital survey Feb

HAWKE'S BAY District Health Board Whakawāteatia

Highest performing results for Hawke's Bay DHB

The table below shows the highest performing questions for Hawke's Bay DHB in February 2021. Click on the question title to see more details on specific questions.

⚠ Low sample size

Question Click on a question to see more detail		Overall	C.I.	n
Patient definitely felt cultural needs were met.	Feb 2021	93.5%	(89.1%-97.9%)	123
Patient did NOT identify perceived unfair treatment	Feb 2021	92.3%	(88.6%-96.0%)	196
Patient definitely treated with respect by other members of health care team.	Feb 2021	91.1%	(87.3%-94.9%)	214
Patient definitely treated with respect by doctors.	Feb 2021	91.0%	(87.2%-94.8%)	223
Patient definitely treated with respect by nurses.	Feb 2021	89.4%	(85.3%-93.5%)	217
Patient definitely felt comfortable asking any questions they had.	Feb 2021	88.6%	(84.5%-92.7%)	229

Lowest performing results for Hawke's Bay DHB

The table below shows the lowest performing questions for Hawke's Bay DHB in February 2021.

⚠ Low sample size

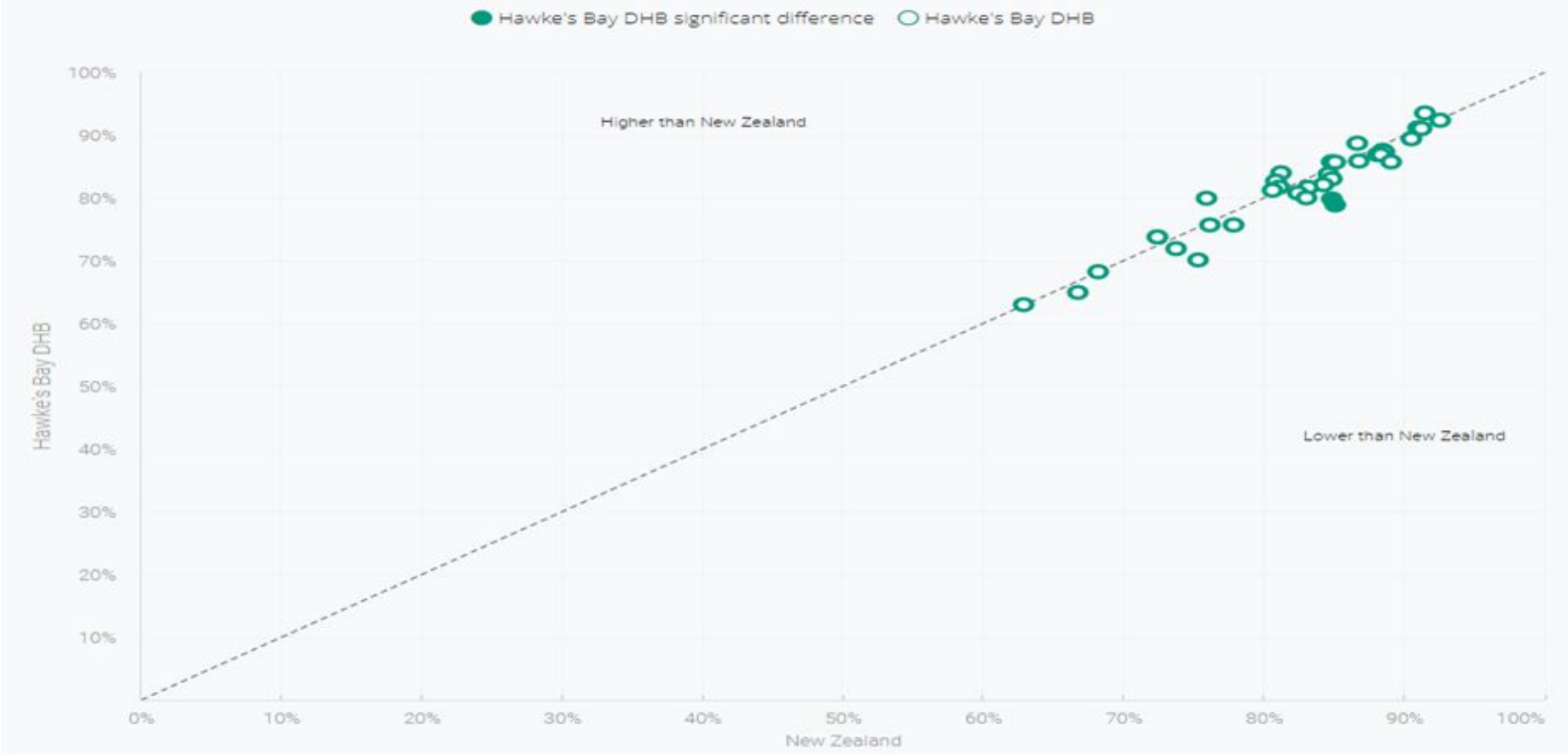
Question Click on a question to see more detail		Overall	C.I.	n
Patient was definitely told the possible side effects of the medicine (or prescription for medicine) they left hospital with, in a way they could understand.	Feb 2021	63.0%	(55.6%-70.4%)	162
Hospital staff definitely talked with the patient about whether they would have the help they needed when they left the hospital.	Feb 2021	64.9%	(57.7%-72.1%)	171
Patient definitely had enough information about how to manage their condition or recovery after they left hospital.	Feb 2021	68.2%	(62.0%-74.4%)	217
Patient definitely given enough privacy when talking about treatment or condition.	Feb 2021	70.1%	(64.1%-76.1%)	224
Not given conflicting information by different doctors or staff involved in care.	Feb 2021	71.9%	(65.9%-77.9%)	217

Adult hospital survey Feb

HAWKE'S BAY District Health Board Whakawāteatia

Comparison of Hawke's Bay DHB results to New Zealand results

The chart below compares Hawke's Bay DHB February 2021 results with New Zealand February 2021. Questions above the dashed line are ones in which Hawke's Bay DHB performance was higher than New Zealand. Questions below the line are ones in which Hawke's Bay DHB performance was lower than New Zealand. Questions with a filled in dot represent a significant difference in the results.

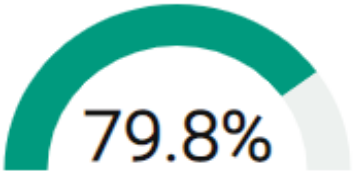


Care from health team

HAWKE'S BAY District Health Board Whakawāteatia

Did you trust and have confidence in the doctors?

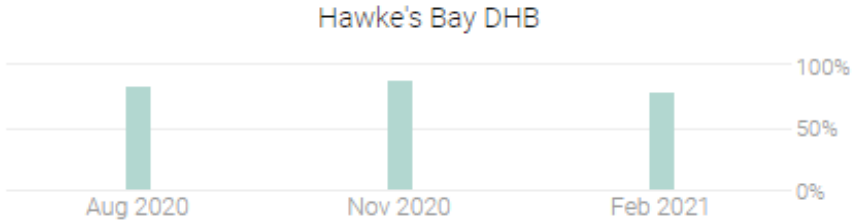
% yes, definitely



Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	79.8%	(74.5%-85.1%)	223
National Total	84.8%	(83.5%-86.1%)	2957
Hawke's Bay DHB Māori	75.8%	(61.2%-90.4%)	33

Significant difference to Hawke's Bay DHB

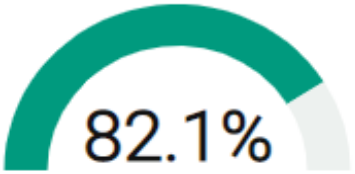
Aug 84.9% Nov 89.4%



Ethnicity	Overall	C.I.	n
Māori	75.8%	(61.2%-90.4%)	33
Pacific	N/A	-	1
non-Māori, non-Pacific	80.4%	(74.7%-86.1%)	189

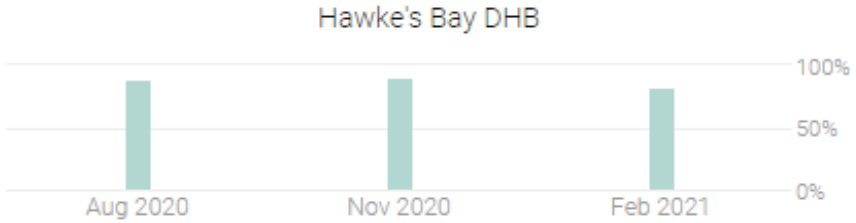
Did you trust and have confidence in the nurses?

% yes, definitely



Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	82.1%	(77.1%-87.1%)	224
National Total	84.3%	(83.0%-85.6%)	2965
Hawke's Bay DHB Māori	79.4%	(65.8%-93.0%)	34

Aug 89.6% Nov 89.7%



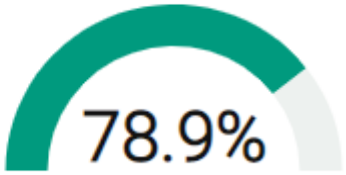
Ethnicity	Overall	C.I.	n
Māori	79.4%	(65.8%-93.0%)	34
Pacific	N/A	-	1
non-Māori, non-Pacific	82.5%	(77.1%-87.9%)	189

Care from health team

HAWKE'S BAY District Health Board

Did the doctors listen to your views and concerns?

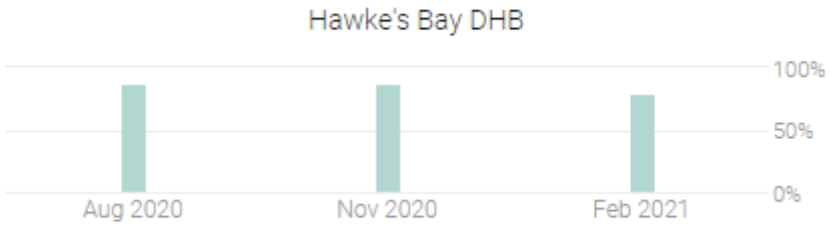
% yes always



Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	78.9%	(73.6%-84.2%)	227
National Total	85.0%	(83.7%-86.3%)	3056
Hawke's Bay DHB Māori	71.9%	(56.3%-87.5%)	32

Significant difference to Hawke's Bay DHB

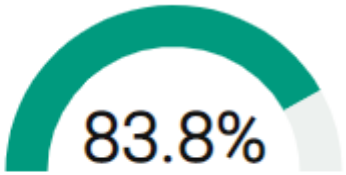
Aug 87.3% Nov 86.5%



Ethnicity	Overall	C.I.	n
Māori	71.9%	(56.3%-87.5%)	32
Pacific	N/A	-	1
non-Māori, non-Pacific	79.9%	(74.3%-85.5%)	194

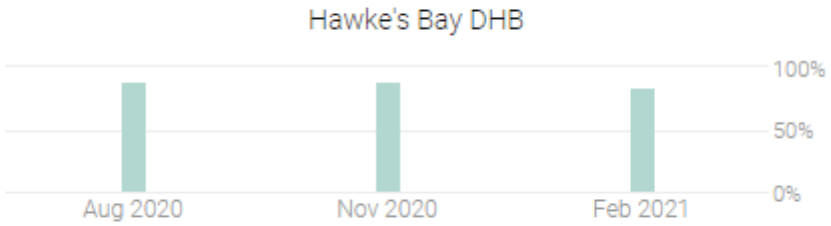
Did the nurses listen to your views and concerns?

% yes, always



Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	83.8%	(79.0%-88.6%)	228
National Total	84.7%	(83.4%-86.0%)	3088
Hawke's Bay DHB Māori	79.4%	(65.8%-93.0%)	34

Aug 88.2% Nov 89.3%



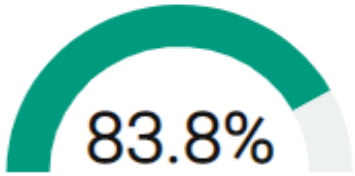
Ethnicity	Overall	C.I.	n
Māori	79.4%	(65.8%-93.0%)	34
Pacific	N/A	-	1
non-Māori, non-Pacific	84.5%	(79.4%-89.6%)	193

Care from health team

HAWKE'S BAY District Health Board Whakawāteatia

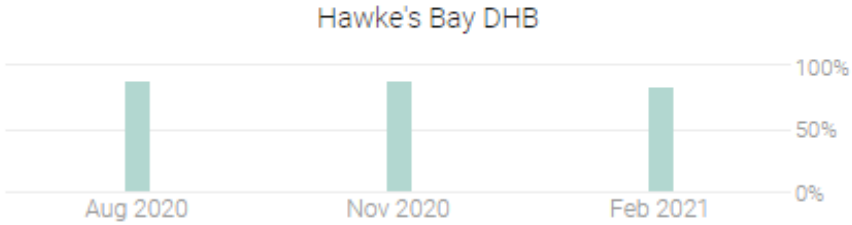
Did the nurses listen to your views and concerns?

% yes, always



Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	83.8%	(79.0%-88.6%)	228
National Total	84.7%	(83.4%-86.0%)	3088
Hawke's Bay DHB Māori	79.4%	(65.8%-93.0%)	34

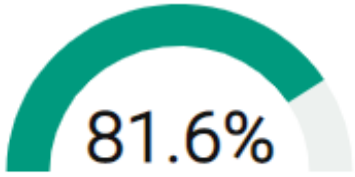
Aug 82.2% Nov 89.3%



Ethnicity	Overall	C.I.	n
Māori	79.4%	(65.8%-93.0%)	34
Pacific	N/A	-	1
non-Māori, non-Pacific	84.5%	(79.4%-89.6%)	193

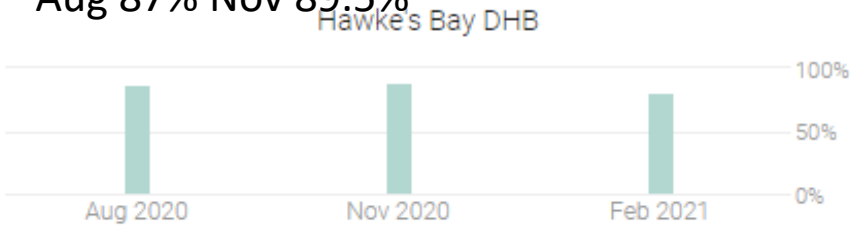
Did the other members of your health care team listen to your views and concerns?

% yes, always



Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	81.6%	(76.3%-86.9%)	207
National Total	83.2%	(81.8%-84.6%)	2846
Hawke's Bay DHB Māori	87.9%	(76.8%-99.0%)	33

Aug 87% Nov 89.5%



Ethnicity	Overall	C.I.	n
Māori	87.9%	(76.8%-99.0%)	33
Pacific	N/A	-	1
non-Māori, non-Pacific	80.3%	(74.4%-86.2%)	173

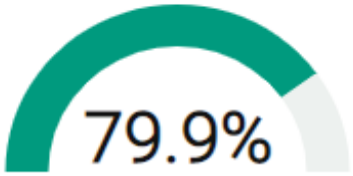
Care from health team

HAWKE'S BAY District Health Board Whakawāteatia

Were you kept informed as much as you wanted to be about your treatment and care?

% yes, always

Aug 79.28% Nov 79.6%



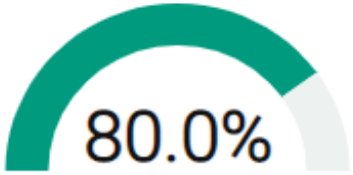
Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	79.9%	(74.8%-85.0%)	234
National Total	75.9%	(74.4%-77.4%)	3192
Hawke's Bay DHB Māori	77.1%	(63.2%-91.0%)	35

Ethnicity	Overall	C.I.	n
Māori	77.1%	(63.2%-91.0%)	35
Pacific	N/A	-	1
non-Māori, non-Pacific	80.3%	(74.8%-85.8%)	198

Did your health care team explain what was going on during your visit in a way you could understand?

% yes, definitely

Aug 83.6% Nov 86%



Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	80.0%	(74.9%-85.1%)	235
National Total	83.1%	(81.8%-84.4%)	3158
Hawke's Bay DHB Māori	85.7%	(74.1%-97.3%)	35

Ethnicity	Overall	C.I.	n
Māori	85.7%	(74.1%-97.3%)	35
Pacific	N/A	-	1
non-Māori, non-Pacific	78.9%	(73.2%-84.6%)	199

Care from health team

HAWKE'S BAY District Health Board Whakawāteatia

Were you involved as much as you wanted to be in making decisions about your treatment and care?

% yes, always

Aug 81.5% Nov 84.4%

Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	75.7%	(70.1%-81.3%)	222
National Total	77.9%	(76.4%-79.4%)	3030
Hawke's Bay DHB Māori	79.4%	(65.8%-93.0%)	34

Ethnicity	Overall	C.I.	n
Māori	79.4%	(65.8%-93.0%)	34
Pacific	N/A	-	1
non-Māori, non-Pacific	74.9%	(68.7%-81.1%)	187

What could have been done better to involve you in decisions about your treatment & care?

"More information about treatment plan" (in-stay & discharge)

"Felt like I wasn't listened to" "Give me options" "Let me be involved (in decisions)"

I tried explaining to the doctor but all he was doing was looking at me like a monkey peeling a banana but all he could see was the banana.

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Care from health team – new questions

HAWKE'S BAY District Health Board Whakawāteatia

Did you feel comfortable to ask any questions you had?

% yes, definitely

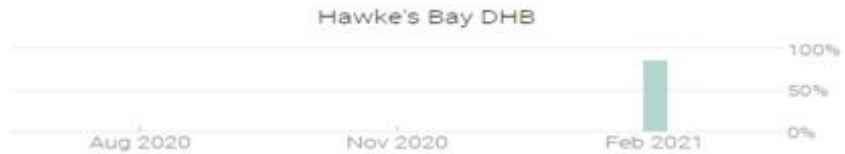
Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	88.6%	(84.5%-92.7%)	229
National Total	86.7%	(85.5%-87.9%)	3110
Hawke's Bay DHB Māori	91.4%	(82.1%-100%)	35

Ethnicity	Overall	C.I.	n
Māori	91.4%	(82.1%-100%)	35
Pacific	N/A	-	1
non-Māori, non-Pacific	88.1%	(83.5%-92.7%)	193

Was your name pronounced properly by those providing your care?

% yes, always

Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	87.6%	(83.3%-91.9%)	225
National Total	88.4%	(87.3%-89.5%)	3053
Hawke's Bay DHB Māori	88.6%	(78.1%-99.1%)	35



Ethnicity	Overall	C.I.	n
Māori	88.6%	(78.1%-99.1%)	35
Pacific	N/A	-	1
non-Māori, non-Pacific	87.3%	(82.6%-92.0%)	189

Did those involved in your care ask you how to say your name if they were uncertain?

% yes, always

Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	82.7%	(77.8%-87.6%)	225
National Total	80.9%	(79.5%-82.3%)	3047
Hawke's Bay DHB Māori	82.9%	(70.4%-95.4%)	35

Ethnicity	Overall	C.I.	n
Māori	82.9%	(70.4%-95.4%)	35
Pacific	N/A	-	1
non-Māori, non-Pacific	82.5%	(77.1%-87.9%)	189

Care from health team – new questions

HAWKE'S BAY District Health Board Whakawāteatia

Did you feel your cultural needs were met?

% yes, definitely

Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	93.5%	(89.1%-97.9%)	123
National Total	91.4%	(90.1%-92.7%)	1775
Hawke's Bay DHB Māori	85.7%	(72.7%-98.7%)	28 ⚠

⚠ Low sample size

Ethnicity	Overall	C.I.	n
Māori	85.7%	(72.7%-98.7%)	28 ⚠
Pacific	N/A	-	1
non-Māori, non-Pacific	95.7%	(91.6%-99.8%)	94

⚠ Low sample size

Did you feel your spiritual needs were met?

% yes, definitely

Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	85.7%	(78.8%-92.6%)	98
National Total	84.9%	(83.1%-86.7%)	1469
Hawke's Bay DHB Māori	68.2%	(48.7%-87.7%)	22 ⚠

⚠ Low sample size

Ethnicity	Overall	C.I.	n
Māori	68.2%	(48.7%-87.7%)	22 ⚠
Pacific	N/A	-	0
non-Māori, non-Pacific	90.8%	(84.3%-97.3%)	76

⚠ Low sample size

Did you feel your individual needs were met?

% yes, definitely

Feb 2021	Overall	C.I.	n
Hawke's Bay DHB	81.2%	(76.0%-86.4%)	218
National Total	80.7%	(79.2%-82.2%)	2764
Hawke's Bay DHB Māori	73.5%	(58.7%-88.3%)	34

Ethnicity	Overall	C.I.	n
Māori	73.5%	(58.7%-88.3%)	34
Pacific	N/A	-	1
non-Māori, non-Pacific	82.5%	(77.0%-88.0%)	183

Care from health team – new questions

HAWKE'S BAY District Health Board Whakawāteatia

How could your individual or cultural needs have been better met?

'I felt my needs were catered for appropriately and with care and kindness. Was very surprised as heard many stories but my visits there have always been open with respect on both sides. I am part Maori and felt comfortable and confident that the staff Doctors Nurses and Health Care were highly professional and caring'

- Privacy
- Difference in time between what was told and what 'was' i.e. wait time for next step
- Nurses seem rushed, stretched, overworked (not usually associated with standard of care)

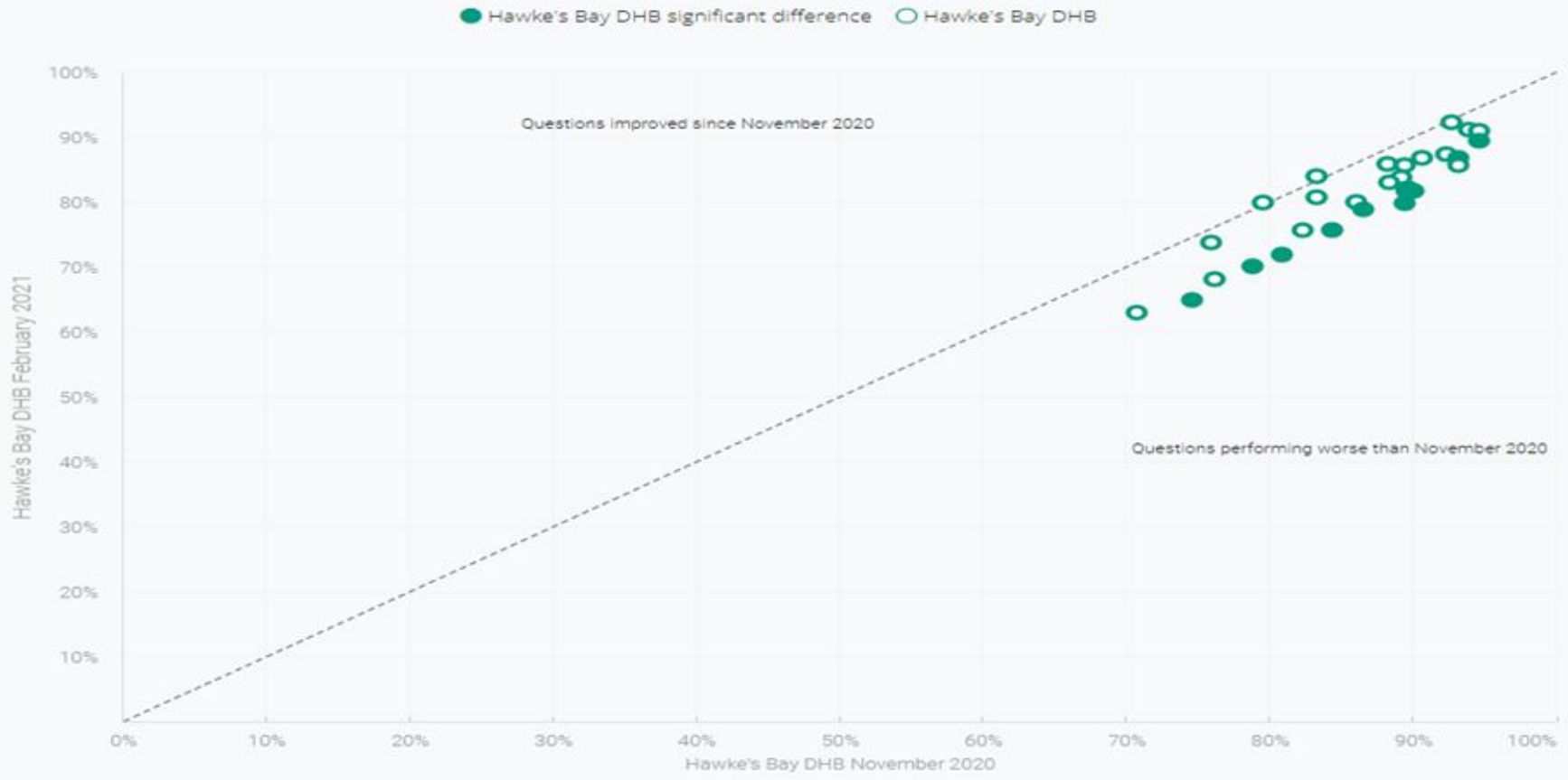
HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Adult hospital survey

HAWKE'S BAY District Health Board Whakawātea Ia

Comparison with November 2020 results

The chart below compares Hawke's Bay DHB November 2020 results with Hawke's Bay DHB February 2021. Questions above the dashed line are ones in which performance in February 2021 was higher than November 2020. Questions below the line are ones in which performance in February 2021 was lower than November 2020. Questions with a filled in dot represent a significant difference in the results.



Adult hospital survey

HAWKE'S BAY District Health Board Whakawāteatia

Ethnicity	Feb	
Maori	35	16.4
Pacific Peoples	1	0.5
Asian	5	2.3
Middle Eastern/Latin American/African	1	0.5
Other	5	2.3
European	167	78.8
	214	
National figures	Feb	
Maori	317	11
Pacific Peoples	74	2.6
Asian	203	7.1
Middle Eastern/Latin American/African	1	1.4
Other	167	5.8
European	2074	72.1
	2836	

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

HBDHB Equity Action Plan – 2021-2023

Background

Five core change principles:

- 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

Organisational Equity Assessment Key Findings

- Purpose:
  - Identify systems-focused equity priority actions that will translate into an equity action plan.
  - Benchmark current organisational performance against the core change principles of the Hawke's Bay Health Equity Framework,

- Senior leadership survey was developed and distributed to 132 individuals in clinical leadership, management and executive positions across the organisation.

Organisational Equity Assessment Key Findings

Overarching themes:

1. **More accountability is needed**
2. **Poor implementation of strategy across the organisation**
3. **Inadequate visibility of equity**
4. **Ad hoc vs. systematic approach**

Why is this important?

- There will always be competing priorities within healthcare organisations, which is why a firm commitment to equity is needed to make sure those with the most disadvantage and worst health outcomes are prioritised.

- In Whānau Ora, Hāpori Ora – the 10-year Hawke's Bay Health Strategy – we have already committed to 'Māori Mana Taurite; Equity for Maori as a Priority; Also Equity for Pasifika and Those With Unmet Need'. This shows our commitment to achieving equity.

Key indicators of success:

- Indicator 1: Key strategic documents within the organisation commit to reducing inequity
- Indicator 2: Strategic equity commitments are effectively implemented and resourced; which may involve reallocation of resource away from current investments
- Indicator 3: The Key Performance Indicators (KPIs) of senior managers effectively hold them accountable for delivering the equity outcomes which are under their control
- Indicator 4: Staff understand equity and how it applies to their role.

Why is this important?

- There will always be competing priorities within healthcare organisations, which is why a firm commitment to equity is needed to make sure those with the most disadvantage and worst health outcomes are prioritised.

Objective	Actions	Key success Indicator	Accountability	Timeframe
2.1 Prioritise all strategic equity objectives and ensure implementation through annual plans and investment decisions	Align the commissioning framework to the equity process	2	**Planning and Funding**	Year 1
2.2 Develop, and make compulsory, role-specific equity KPIs into position profiles and annual performance plans	Ensure KPIs are in place for all ELT members, senior leadership and management	3	**Chief Executive Officer**	Year 1
	Cascade equity contribution (including KPIs where available based on the performance appraisal system) throughout the organisation.	3	**People and Culture**	Year 1
2.3 Communicate and celebrate effective and courageous equity work	Develop and implement a communications plan that regularly highlights to staff across the organisation the concept of equity and provides examples of equity best practice across a variety of roles	4	**Communications**	Year 1

Develop structure and processes to support health equity work

Why is this important?

- To effectively address health inequities, we must do more than just talk about equity. We must translate our organisational commitment into everyday actions that make an impact on achieving more equitable health outcomes.

Key indicators of success:

- Indicator 5: There are readily available and fit-for-purpose data analytics on inequities in health outcomes
- Indicator 6: There are readily available and fit-for-purpose data analytics on inequities in clinical service areas
- Indicator 7: There are readily available and fit-for-purpose data analytics in inequities in clinical service quality, which can be described down to the level of individual providers or services
- Indicator 8: There is an effective, organised and sustainable process for understanding community health and well-being priorities, which are able to be defined by geographic location, ethnic group, or other demographics
- Indicator 9: Identified inequities in patient outcomes lead to effective improvements in care pathways and individual services
- Indicator 10: The way we tackle health issues within each geographical location are determined by both inequities in population health measures and community priorities
- Indicator 11: The Hawke's Bay DHB Health Equity process, along with standardised Health Equity assessment and planning tools (e.g. Health Equity Assessment (HEAT) tool), Whānau Ora Assessment, Health Equity Impact Assessment) are used routinely to determine resource allocation decisions across the organisation.

Develop structure and processes to support health equity work

Why is this important?

- To effectively address health inequities, we must do more than just talk about equity. We must translate our organisational commitment into everyday actions that make an impact on achieving more equitable health outcomes.

Priority objectives	Actions	Key success Indicator	Accountability	Timeframe
2.1 Operationalise the Health Equity Process	Develop operational guidance for the four stages outlined in the Equity Process (see Appendix 1)	11	Planning and Funding Health Improvement and Equity	Year 1
2.2 Embed the use of health equity assessment and planning tools across the organisation (Refer to Health Equity Process)	Identify Health Equity Framework champions across directorates who have responsibility for annual planning equity-oriented activities. Champions will be up-skilled in the use of equity assessment and planning tools and how to apply them in the context of their directorate	11	Provider Services Planning and Funding	Year 2
2.3 Build a health intelligence function that identifies, prioritises and influences health sector activities to address equity (Refer to Health Equity Process)	Develop a virtual health intelligence team proposal for ELT signoff	5, 6 , 9, 10	Health Improvement and Equity Planning and Funding Digital Enablement	Year 1
2.4 Establish clear processes for whānau/community feedback (Refer to Health Equity Process)	Develop a DHB-wide process for safe and culturally appropriate consumer and community engagement	8	Planning and Funding Health Improvement and Equity Communications	Year 1
	Establish a purposeful repository for whānau feedback	8	Health Improvement and Equity Digital Enablement	Year 1
	Establish locality based community engagement process to understand community knowledge, attitudes and perceptions on health and wellbeing (surveys and hui/fono)	8	Health Improvement and Equity Planning and Funding Digital Enablement	Year 1
2.5 Build co-design capability (Refer to Health Equity Process)	Develop guidelines on co-design with the community, a training programme, and provide organisation-wide training on co-design principles	11	Planning and Funding Health Improvement and Equity Digital Enablement People and Culture Quality and Safety Financial Services	Year 2
2.6 Implement equity-based resource prioritisation process (Refer to Health Equity Process)	Establish a clear and transparent process by which funding and resources are prioritised, maintaining equity as the key component of decision-making for investment and disinvestment decisions.	9	Planning and Funding Financial Services	Year 1
2.7 Focus quality and service improvement programmes on services for Māori and Pacific and populations with the highest unmet need (Refer to Health Equity Process)	Develop a process for prioritisation and operational guidance to support quality and service improvement initiatives being focused on equity and services with a high proportion of Māori, Pacific and underserved populations	9	Provider Services Quality and Safety Planning and Funding Health Improvement and Equity	Year 1

Why is this important?

- Given many health inequities are created before people reach healthcare services, it is critical that we work alongside communities to ensure the places people grow, live and work are health promoting. As the region's single largest employer, we can also directly impact on local employment opportunities by making sure we provide meaningful employment and career development opportunities for our staff.

Key indicators of success:

- Indicator 12: DHB services are designed so barriers to healthcare access are minimised for communities that face hardship or difficulty when accessing care
- Indicator 13: The process of procuring services takes into account the social inclusiveness of suppliers
- Indicator 14: The DHB actively works with government-sector agencies to develop regional strategies that positively impact on the social determinants of health in Hawke's Bay. This includes a collaborative approach to data-sharing and policy development.

Why is this important?

- Given many health inequities are created before people reach healthcare services, it is critical that we work alongside communities to ensure the places people grow, live and work are health promoting. As the region's single largest employer, we can also directly impact on local employment opportunities by making sure we provide meaningful employment and career development opportunities for our staff.

Priority objectives	Actions	Key success Indicator	Accountability	Timeframe
3.1 Implement social inclusiveness and equity delivery into all employment, contracting and procurement processes	Develop procurement policies and guidance to ensure prioritisation is given to procuring supplies and services from Māori and Pacific providers and organisations providing quality employment opportunities to underserved communities	13	Financial Services Planning and Funding People and Culture	Year 1
3.2 Commit to and grow participation in wider intersectoral work that addresses the social determinants of health	Grow ELT participation in, and resourcing of, collaborative intersector work where there are clear health gains to be made	14	Chief Executive Officer	Year 1

Eliminate institutional racism

Why is this important?

- Institutional racism can be defined as, ‘the policies and practices within and across institutions that, intentionally or not, produce outcomes that persistently advantage or disadvantage a racial group’. In healthcare organisations, institutional racism can be found in funding decisions or in ‘one size fits all’ services that aren’t well matched to the needs of communities with the greatest unmet health needs. It also results in a lack of emphasis on ensuring that staff and services can provide culturally safe care to all groups.

Key indicators of success:

- Indicator 15: Te Tiriti o Waitangi is reflected in governance and management structures
- Indicator 16: The DHB actively works to recruit, retain and provide career progression for Māori and Pacific staff
- Indicator 17: The DHB provides effective training on implicit bias and racism
- Indicator 18: The DHB provides a culturally safe and supportive working environment.

Eliminate institutional racism

Why is this important?

- Institutional racism can be defined as, 'the policies and practices within and across institutions that, intentionally or not, produce outcomes that persistently advantage or disadvantage a racial group'. In healthcare organisations, institutional racism can be found in funding decisions or in 'one size fits all' services that aren't well matched to the needs of communities with the greatest unmet health needs.

Priority objectives	Actions	Key success Indicator	Accountability	Timeframe
4.1 Increase the recruitment and retention of Māori and Pacific across all occupational groups	Evaluate the implementation of HR policies around recruiting for equity	16	People and Culture	Year 1
	Develop and implement policy that supports the development of career progression plans for all Māori and Pacific staff and staff identifying as having a disability.	16	Provider Services People and Culture Health Improvement and Equity	Year 1
4.2 Embed regular and ongoing training in anti-racism, implicit bias and Te Tiriti o Waitangi	Implement Ngākau Ora core concepts training (targeting governance and kaimahi/workers).	17, 18	People and Culture	Year 1
	Establish anti-racism training as a mandatory core training module – enable all staff to participate.	17, 18	Health Improvement and Equity	Year 1
4.3 Establish a cultural safety feedback mechanism for staff and whānau	Co-design a cultural safety feedback mechanism with whānau and staff to ensure appropriate management of complaints of racism	18	People and Culture Provider Services Health Improvement and Equity	Year 1
	Upgrade the current DHB incident reporting system to facilitate reporting and management of clinical events where cultural safety has been compromised	18	Provider Services Digital Enablement Health Improvement and Equity People and Culture	Year 1
4.4 Using quality assessment tools (audits, external reviews), critically assess organisational policy and processes for institutional racism.	Undertake a critical review of clinical policy and process for institutional racism	17	Quality and Safety	Year 1
	Action findings of review	17	Quality and Safety	Year 2
	Undertake a critical review of non-clinical policy and process for institutional racism	17	People and Culture	Year 1
	Action findings of review	17	People and Culture	Year 2
4.5 Assess cultural appropriateness of facilities	Assess the physical environment of provider arm services with a cultural (including disability) lens to ensure physical spaces support the provision of culturally-safe care. Resource and upgrade where necessary.	18	Financial Services Communications	Year 1

Why is this important?

- As an organisation we cannot address health inequities alone. It is important that we work alongside community organisations that are in touch with whānau and communities on a more 'grass roots' level.
- This provides the opportunity for the organisation to strengthen community providers that are embedded within their communities and are able to provide healthcare services that are more easily accessible and culturally safe.

- It also provides an opportunity to work with organisations that are not traditionally 'health' organisations to address the determinants of health.

What does success look like?

- Indicator 19: The organisation forms active partnerships with Ngāti Kahungunu and Post-Settlement Governance Entities (PSGEs)
- Indicator 20: The organisation forms active partnerships with NGOs, Māori, and Pacific community groups.

Partner with community organisations

- As an organisation we cannot address health inequities alone. It is important that we work alongside community organisations that are in touch with whānau and communities on a more 'grass roots' level.
- This provides the opportunity for the organisation to strengthen community providers that are embedded within their communities and are able to provide healthcare services that are more easily accessible and culturally safe.

Priority objectives	Actions	Key success Indicator	Accountability	Timeframe
5.1 Establish the Treaty Governance Group and PSGEs and Iwi	Implement the transition plan for a Treaty Partnership Board	19	Health Improvement and Equity	Year 1
5.2 Prioritise, partner and support the development of Māori and Pacific organisations and community groups to achieve equity outcomes	Develop a 'Network Plan' for tier 1 services	20	Planning and Funding Health Improvement and Equity	Year 1

DAA CORRECTIVE ACTIONS REPORT
VERBAL UPDATE

SUSAN BARNES

HealthPathways Presentation
Pathology Department

Donna Armstrong
HealthPathways Coordinator

Tania Page
Programme Manager

7 July 2021

https://hawkesbay.communityhealthpathways.org

HealthPathways

- Point of care tool
- Online manual
- Locally relevant, with an equity focus
- Clinically strong
- Consistently structured and written
- Primary care can easily find and access what they require
- Identify health system issues

HealthPathways

Governance Structure

Clinical Governance Group

- *HBDHB Clinical, and Planning and Funding representatives*
- *Health HB HealthPathways team members*
- *Community representation*

Operations Group

- *HBDHB Clinical, and Planning and Funding representatives*
- *Health HB HealthPathways team members*

HealthPathways Team

- *Clinical Lead*
- *Programme Manager*
- *Coordinator*
- *Senior Clinical Editor*
- *Clinical Editors*

Localising

Technical Writers
Streamliners
format and stylise publish and manage website

Pathways

Clinical Editors
Coordinator

Pathology Radiology
Clinical Pharmacy
consultation and advice

Subject Matter Experts
Consultation, review and advice

HAWKE'S BAY District Health Board Whakawāteatia

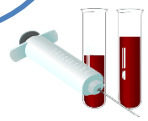
HEALTH HAWKE'S BAY Te Oranga Hawke's Bay

HealthPathways 2021 work plan

Pathways currently undergoing localisation

Tranche I

- COVID 19
- Acute Care
- Child & Youth Health
- Dental Oral Health
- Diabetes
- Gynaecology
- Respiratory
- Infectious Diseases
- Gastroenterology/ Hepatology
- Reproductive Health
- Rheumatology- Immunology
- ENT/ Otolaryngology, Head, and Neck



Pathways Identified for Development

Tranche II

- Cardiology
- Dermatology
- General Surgery
- Child & Youth Health
- Gynaecology
- Haematology
- Older Adults Health
- Neurology
- Mental Health
- Urology
- Sleep

HAWKE'S BAY District Health Board Whakawāteatia

HEALTH HAWKE'S BAY Te Oranga Hawke's Bay

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User Names and Passwords

Clinical Group	Username	Password
Medical Clinician	Med Clinician	HealthyHB
Allied Professional	Health Prof	HealthyHB
General Practitioner	Gen Practitioner	HealthyHB
Nurse Practitioner	Nurse Practitioner	HealthyHB
Practice Registered Nurse	Practice Nurse	HealthyHB
DHB Registered Nurse	DHB Nurse	HealthyHB

https://hawkesbay.communityhealthpathways.org

HAWKE'S BAY District Health Board Whakawāteatia

HealthPathways

HEALTH HAWKE'S BAY Te Oranga Hawke's Bay

PRESENTATION AND DISCUSSION ON COMMUNITY / CONSUMER COUNCIL & LOCALITIES / COMMUNITY NETWORKS

EMMA FOSTER

HAWKE'S BAY District Health Board Whakawāteatia	**Patient Safety & Risk Management Committee Update**
	For the attention of: **HB Clinical Council**
Document Owner(s)	Russell Wills, Medical Director Patient Safety & Risk Management Chris McKenna, Chief Nursing & Midwifery Officer
Document Author	Russell Wills, Medical Director Patient Safety & Risk Management Chris McKenna, Chief Nursing & Midwifery Officer
Reviewed by	N/A
Month/Year	May 2021
Purpose	For Information
Previous Consideration Discussions	N/A
Summary	Key risks to note this quarter: • Pressure injuries now are detected early and reporting good. Major risk is ACC's withdrawal of funding for the project from 30 June. The project cannot continue without FTE and extending the project into the community cannot proceed without the FTE. • Similarly, In-Home Strength and Balance programme at risk after ACC funding ceases end June 2021. • Lack of access to antenatal untrasound creating an equity risk. • Increase in aggressive presentations to DHB services noted, associated with increased use of restrictive practice, seclusion hours and restraint use (possibly driven by current status in MH ward). • Adverse events with significant harm ("SAC 1 and 2") reporting appears to be good but completing AE investigations and progressing action on recommendations remain a challenge due to limited capacity. CWC and Mental Health generally dogin well but other directorates struggling. • Partner violence and child protection assessments not performed The Committee again noted common themes: • Where dedicated funding creates the opportunity for focused, dedicated leadership (Pressure Injuries, PAR), we see improvements in care • Commonly, the funding is not sustained, and when removed, practice commonly returns to previous patterns and levels of harm • Reasons include very high levels of acute demand (so clinicians focus on the acute issue and do not have the time or energy for the "big picture") and complex, paper-based documentation, which is frequently not completed.

Contribution to Goals and Strategic Implications	To provide assurance to the Hawkes Bay Clinical Council that all essential requirements relating to patient safety and clinical risk within the Hawkes Bay health system, are effectively monitored and appropriately managed and enhanced
Impact on Reducing Inequities/Disparities	Terms of Reference include quadruple aim re pursuit of improved health and equity for all populations
Consumer Engagement	Consumer member attends meeting
Other Consultation/ Involvement	Chairs of Advisory Groups reporting to this Committee
Financial/Budget Impact	N/A
Timing Issues	N/A
Announcements/ Communications	N/A

RECOMMENDATION:

It is recommended that the HB Clinical Council:

1. **Note** the contents of this report
2. **Provide feedback** on any issues/points of interest raised

Patient Safety and Risk Management Committee Report to Clinical Council

Author:	Russell Wills and Chris McKenna
Designation:	Medical Director Patient Safety & Risk Management / Chief Nursing & Midwifery Officer
Date:	May 2021

Overview

The purpose of the Committee is to provide assurance to the Hawke's Bay Clinical Council that all matters relating to patient safety and clinical risk within the Hawkes Bay health system are effectively monitored and appropriately managed and enhanced.

The PS&RMC governs the following Advisory Groups (AG):

- Clinical Risk & Events AG. Chair: John Gommans
- Family Violence Intervention & Child Protection AG. Chair: Claire Caddie
- Infection Prevention & Control AG. Chair: Andrew Burns
- Maternity Clinical Governance AG. Chair: Jules Arthur
- Patient at Risk AG. Chair: Ross Freebairn
- Reducing Harm from Falls AG. Chair: Kerri Cooley
- Restraint AG. Chair: Peta Rowden
- Pressure Injury & Wound AG *(new)*. Chair: Kerri Colley, transferring to Jill Lowrey

Advisory Groups:

Written reports are now received regularly from all advisory groups. The most recent meeting of the PSRMC was held on 28th May 2021. Dr Wills chaired.

The Committee has chosen to only report to Council items of concern or significant points of interest that it believes Clinical Council should be aware of.

Concern or Points of Interest:

Reducing Harm from Falls AG
Falls with injury continue to cause concern. The high acute workload continues to contribute, associated with assessmernts not being completed and interventions not in place. The working group has a clear plan in place. Ko Awatea Falls training completed by most staff in acute areas, auditing continues.

Equipment availability and storage remain issues. Facilities installing handrails in key areas, challenging because have to remove wall panels to be secure so have to close clinical areas. This is challenging with high volumes and acuity.

Pressure Area Advisory Group
Concertee action has seen a large fall in pressure injuries. PIs now are being detected early and reporting is good. PI project has moved into the community.

Major risk is ACC's withdrawal of funding for the project from 30 June. Jill Lowrey has written a business case to sustain FTE and extend wound service reach. The project cannot continue without FTE and extending the project intot he community cannot proceed without the FTE.

Clinical Risk & Events AG
Adverse events with significant harm ("SAC 1 and 2") reporting appears to be good but completing AE investigations and progressing action on recommendations remain a challenge due to limited capacity. CWC and Mental Health generally dogin well but other directorates struggling.

Recent discussion on sharing of adverse events between organisations performing the same procedure noted.

Family Violence Intervention & Child Protection AG
Serious patient harm events in victims of intimate partner violence where assault should have been obvious but no action taken continue. Has not responded to training audit, increased support and visibility of team.

Loss of team leader has left a gap, recruitment underway. Noted that the Mental Health Crisis Hub will move intot he space currently occupied by Haumaru Whanau Team, which does not yet have a new place to go.

Infection Prevention & Control AG
IC Net rolling out across hospital. IPC CNS role re-advertised. Resources stretched. No increase in multi-drug resistant organisms. Antimicrobial resistance action plan to be governed by IPCAG. Epidemic of wond infections in community of concern.

Maternity Clinical Governance AG
The lack of capacity for obstetric scanning at the hospital. Increasing surcharges at community providers is increasing inequity in access with associated escalating clinical risk. Has been escalated to CWC's DLT to prioritise increasing capacity at the DHB.

Early engagement with a midwife rates are below target, especially for Māori women. A new social media campaign will start in June. Russell Wills shared the Clinical Council's discussion on how to deliver care to people in the community, especially those in emergency accommodation.

Māori midwives are under-presented in our workforce. The Maori Consultant Midwife is working with groups to increase the number of Māori student midwives entering the workforce.

Patient at Risk AG
No report received. Noted that HSMR trend is down, despite caring for patients with very high acuity on wards. Interventions (PAR nurses, EWS systems) appear to be working well.

Restraint AG
Increase in aggressive presentations to DHB services noted, associated with increased use of restrictive practice, seclusion hours and restraint use (possibly driven by current status in MH ward).

Lack of debriefing opportunities for trauma cases and lack of reviews on restraints for 12 months due to capacity remain of concern.

Recommendation to Exclude the Public

Clause 32, New Zealand Public Health and Disability Act 2000

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

13. Minutes of Previous Meeting (public excluded)
14. Matters Arising – Review Actions (public excluded)
15. Inwards Correspondence
16. HB Clinical Council Board Report – May (public excluded)
17. Topics of Interest - Member Issues/Updates
18. Executive Director People and Culture Report
19. Chief Operating Officer Report
20. Clinical Governance Committee Structure
21. Inpatient Survey
22. 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).