HB Clinical Council
Monthly Meeting

Date: **Wednesday, 2 June 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 Umang Patel
Dr Kevin Choy
Chris McKenna
Karyn Bousfield
Emma Patel
JB Heperi-Smith
Dr Andy Phillips
Dr Russell Wills
Dr Nicholas Jones
Dr Mike Park
Peta Rowden
Dr Jessica Keepa
Dr Louise Haywood

Apologies: Jules Arthur (Co-Chair)

In Attendance:

Keriana Brooking, Chief Executive Officer
Chris Ash, Chief Operating Officer
Susan Barnes, Patient Safety & Quality Manager
TBC, Consumer Council Representative
Gemma Newland, EA Chief Allied Health Professions Officer (minutes)

MONTHLY MEETING

Public

Item	Section 1 – Routine	Time (pm)
1.	Karakia, Welcome and Apologies	3.00
2.	Interests Register	
3.	Minutes of Previous Meeting	
4.	Matters Arising – Review Actions	
5.	HB Clinical Council Board Report – May (public) – *copy for information*	
6.	CEO Update	3.10
7.	Clinical Council Annual Plan and Workplan 2020/21 – *copy for information*	3.25
8.	COVID19 Vaccine and Immunisation Programme Rollout Progress Report *- copy for information*	3.30
9.	eMedicine Management Strategy	3.45
10.	Equity Action Plan – *Patrick le Geyt*	4.00
	Section 2 – Reporting Committees to Council	
11.	Clinical Council Representatives and Committee Reports - Patient Safety & Risk Management Committee	4.15
12.	**Section 3 - Recommendation to Exclude the Public**	

Public Excluded

Item	Section 4 – Routine	
13.	Minutes of Previous Meeting (public excluded)	4.20
14.	Matters Arising - Review Actions (public excluded)	
15.	Inwards Correspondence - Health Hawke's Bay	
16.	HB Clinical Council Board Report – May (public excluded) *- copy for information*	
	Section 5 – Presentations / Discussion	
17.	Topics of Interest – Member Issues / Updates	4.30
18.	Executive Director People and Culture – *Martin Price*	4.45
19.	Chief Operating Officer Report – *Chris Ash*	5.00

20.	Clinical Governance Committee Structure – *discussion paper Susan Barnes*	5.15
21.	Inpatient Survey – *Nancy Barlow*	5.30
22.	DAA – Corrective Actions Report – *Susan Barnes*	5.45
23.	Meeting Close	5.50

Next Meeting:

Wednesday, 7 July 2021, 3.00-5.30 pm
Te Waiora Meeting Room (Boardroom), HBDHB Corporate Office
Cnr Omahu Road & McLeod Street, Hastings

Our shared values and behaviours

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGA TE TIRA PARTNERSHIP
TAUWHIRO CARE

HE KAUANUANU RESPECT

*Showing **respect** for each other, our staff, patients and consumers*

	✔	✘
Welcoming	Is polite, welcoming, friendly, smiles, introduce self Acknowledges people, makes eye contact, smiles	Is closed, cold, makes people feel a nuisance Ignore people, doesn't look up, rolls their eyes
Respectful	Values people as individuals; is culturally aware / safe Respects and protects privacy and dignity	Lacks respect or discriminates against people Lacks privacy, gossips, talks behind other people's backs
Kind	Shows kindness, empathy and compassion for others Enhances peoples mana	Is rude, aggressive, shouts, snaps, intimidates, bullies Is abrupt, belittling, or creates stress and anxiety
Helpful	Attentive to people's needs, will go the extra mile Reliable, keeps their promises; advocates for others	Unhelpful, begrudging, lazy, 'not my job' attitude Doesn't keep promises, unresponsive

ĀKINA IMPROVEMENT

*Continuous **improvement** in everything we do*

	✔	✘
Positive	Has a positive attitude, optimistic, happy Encourages and enables others; looks for solutions	Grumpy, moaning, moody, has a negative attitude Complains but doesn't act to change things
Learning	Always learning and developing themselves or others Seeks out training and development; 'growth mindset'	Not interested in learning or development; apathy "Fixed mindset, 'that's just how I am', OK with just OK
Innovating	Always looking for better ways to do things Is curious and courageous, embracing change	Resistant to change, new ideas; 'we've always done it this way'; looks for reasons why things can't be done
Appreciative	Shares and celebrates success and achievements Says 'thank you', recognises people's contributions	Nit picks, criticises, undermines or passes blame Makes people feel undervalued or inadequate

RARANGA TE TIRA PARTNERSHIP

*Working together in **partnership** across the community*

	✔	✘
Listens	Listens to people, hears and values their views Takes time to answer questions and to clarify	'Tells', dictates to others and dismisses their views Judgmental, assumes, ignores people's views
Communicates	Explains clearly in ways people can understand Shares information, is open, honest and transparent	Uses language / jargon people don't understand Leaves people in the dark
Involves	Involves colleagues, partners, patients and whanau Trusts people; helps people play an active part	Excludes people, withholds info, micromanages Makes people feel excluded or isolated
Connects	Pro-actively joins up services, teams, communities Builds understanding and teamwork	Promotes or maintains silo-working 'Us and them' attitude, shows favouritism

TAUWHIRO CARE

*Delivering high quality **care** to patients and consumers*

	✔	✘
Professional	Calm, patient, reassuring, makes people feel safe Has high standards, takes responsibility, is accountable	Rushes, 'too busy', looks / sounds unprofessional Unrealistic expectations, takes on too much
Safe	Consistently follows agreed safe practice Knows the safest care is supporting people to stay well	Inconsistent practice, slow to follow latest evidence Not thinking about health of our whole community
Efficient	Makes best use of resources and time Respects the value of other people's time, prompt	Not interested in effective user of resources Keeps people waiting unnecessarily, often late
Speaks up	Seeks out, welcomes and give feedback to others Speaks up whenever they have a concern	Rejects feedback from others, give a 'telling off' 'Walks past' safety concerns or poor behaviour

Karakia

Hei Aratākina te Hui (to start)

E Io i runga i te Rangi Whakarongo mai titiro iho mai E Io i runga i te Waitai, i te Wai Moana, i te Wai Maori Whakapiri mai whakatata mai E Io i runga i a Papatuānuku Nau mai haere mai Nōu e Io te aō nei Whakatakina te mauri ki runga ki tēna taura ki tēna tauira Kia eke tārewa tu ki te Rangi Haumie Hui E tāiki e.	The waters of life connect us to all nations of this world. Sharing skills of one another and an understanding that throughout the hui we are courageous in our decisions that set and implement decisions.

Karakia whakamutunga (to finish) Unuhia

Unuhia, unuhia te uru tapu nui o Tāne Kia wātea, kia māmā te ngākau, te wairua, Te tinana, te hinengaro i te ara takatū. Koia rā e rongo, whakairia ki runga Kia wātea, kia wātea, āe rā, kua wātea!	Release, release the sacred knowledge of Tāne To clear and to relieve the heart, the spirit, The body and the mind of the bustling path. Tis Rongo that suspends it up above To be cleared of obstructions, yes, tis cleared.

Interests Register
Feb-21

Hawke's Bay Clinical Council

Name **Clinical Council Member**	**Interest** **e.g. Organisation / Close Family Member**	Nature of Interest **e.g. Role / Relationship**	Core Business **Key Activity of Interest**	**Conflict of Interest** **Yes / No**	**If Yes, Nature of Conflict:** **- Real, potential, perceived** **- Pecuniary / Personal** **- Describe relationship of Interest to**
Chris McKenna (Director of Nursing)	Hawke's Bay DHB - Susan Brown	Sister	Registered Nurse	Yes	Low - Personal - family member
	Hawke's Bay DHB - Lauren McKenna	Daughter	Registered Nurse	Yes	Low - Personal - family member
	Health Hawke's Bay (PHO)	Board member	HHB ensures the provision of essential primary health care services, mostly through general practices, to the population of HB.	Yes	Low
Jules Arthur (Midwifery Director)	National Midwifery Leaders Group	Chair	Forum for national midwifery and maternity issues	No	
	Current part secondment to TAS SSHW team Programme Consultant for CCDM	Team member	Implementation of CCDM programme	No	
	NZ College of Midwives	Member	A professional body for the midwifery workforce	No	
Dr Andy Phillips (Chief Allied Health Professions Officer)	Health Systems Performance Insights Programme	Chair	Improving Health System Performance	No	
	The Health Foundation (UK)	Member of College of Assessors	Improving Health System Performance	No	
	Hastings Environment Centre	Board member	Sustainable Living	No	
	Ora Taiao	Executive Board Member	Health and Climate	No	
Dr Robin Whyman (Clinical Director Oral Health)	NZ Institute of Directors	Member	Continuing professional development for company directors	No	
	Australian - NZ Society of Paediatric Dentists	Member	Continuing professional development for dentists providing care to children and advocacy for child oral health.	No	
Dr Russell Wills (Community Paediatrition)	HBDHB Community, Women and Children and Quality Improvement & Patient Safety Directorates	Employee	Employee	Yes	Potential, pecuniary
	Wife, Mary Wills employed as General Manager of Presbyterian Support East Coast	Employee	Presbyterian Support East Coast provide services within the HB and are a contractor to HBDHB	Yes	Potential, pecuniary
	Paediatric Society of New Zealand	Member	Professional network	No	
	Association of Salaried Medical Specialists	Member	Trade Union	Yes	Potential, pecuniary
	New Zealand Medical Association	Member	Professional network	No	
	Royal Australasian College of Physicians	Fellow	Continuing Medical Education	No	

Name **Clinical Council Member**	**Interest** **e.g. Organisation / Close Family Member**	Nature of Interest **e.g. Role / Relationship**	Core Business **Key Activity of Interest**	**Conflict of Interest Yes / No**	**If Yes, Nature of Conflict:** **- Real, potential, perceived** **- Pecuniary / Personal** **- Describe relationship of Interest to**
	Neurodevelopmental and Behavioural Society of Australia and New Zealand	Member	Professional network	No	
	NZ Institute of Directors	Member	Professional network	No	
Dr Nicholas Jones (Clinical Director - Population Health)	NZ College of Public Health Medicine	Fellow	Professional network	No	
	Association of Salaried Medical Specialists	Member	Professional network	No	
	HBDHB Strategy & Health Improvement Directorate	Employee	Employee	No	
Karyn Bousfield	Jonathan Black Farsight Global	Partner is Director	Organisational Psychologist/ Contractor	No	Potenital percieved - no connection on a professional level
Mike Park	College of Intensive Care Medicine (CICM)	Fellow	CPO and accreditation	No	
	ASMS	Member	Trade Union	No	
	ANZICS	Member	Professional society	No	
	Central region IHT DHB Committee	Chair	DHB network for IHT	No	
	HBDHB Medical Diirector Acute & Medical	Medical Director		Yes	Potential Pecunirary - Low level
Dr Kevin Choy	The Doctors, Hastings	GP & Director	GP	Yes	Provision of Primary Care - business
Dr Umang Patel	City Medical Ltd, Napier	GP & Medical Director	GP	Yes	Provision of Primary Care - business
	HBDHB	ED SMO/Consultant Locum	Consultant	No	
	PHO	Wife is Nursing Director		Yes	Low
Peta Rowden	Hawke's Bay DHB – Shanelle Rowden-Read	Daughter	Health Care Assistant	Yes	Low - family member
	National Directors of Mental Health Nursing (DOMHNs)	Member	Collective strategic group to positively influence nursing priorities for mental health and addiction nurses in New Zealand.	No	
	Hawke's Bay DHB Mental Health & Addictions Services – Nurse Director	Employee	Employee	No	
	Te Ao Maramatanga - College of Mental Health Nursing	Member	Professional body for practising mental health nurses in New Zealand	No	
Dr Jessica Keepa	Te Taiwhenua o Heretaunga	GP	GP	Yes	Provision of Primary Care - employee
	NZ Royal College of GPs	Member	Professional society/body	No	
	Te Ohu Rata o Aotearoa (Māori medical practitioners)	Member	Professional society		
	Hawke's Bay Faculty of GPs	Member	Professional society		

MINUTES OF THE MONTHLY HAWKE'S BAY CLINICAL COUNCIL MEETING
HELD IN THE TE WAIORA MEETING ROOM, CORPORATE OFFICE
ON WEDNESDAY, 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: _____

4

HAWKE'S BAY CLINICAL COUNCIL
MATTERS ARISING / ACTIONS

(Public)
As at May 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	Apr 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	

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.

CHIEF EXECUTIVE OFFICER REPORT

KERIANA BROOKING

HAWKE'S BAY CLINICAL COUNCIL
ANNUAL PLAN 2020/21

AREA OF FOCUS	ACTIVITIES	TIMEFRAME	PROGRESS
Clinical Effectiveness	1 HRT Quarterly Report 2 System Performance Measures 3 Te Ara Whakawaiora	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 June 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 ? ?	Awaiting approval by CEOs, DHB & PHO
Consumer Engagement	1 Pātaka Kōrero 2 Consumer engagement framework 3 Inpatient survey	? ? June 2021	

@BCL@00160F7E21

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	Equity action plan (Patrick le Geyt) eMedicine Management Strategy Presentation – Inpatient survey? Martin Price, ED People & Culture Governance structure review DAA corrective actions update COVID vaccination update Clinical Committees Updates	Equity Consumer Engagement Engaged & Effective Workforce Clinical Effectiveness Patient Safety and Quality		Summary of conversations/key topics discussed
July	Cultural Safety discussion Medication Safety Incident learning ED expansion business case??? Safety1st – progress report DAA corrective actions update COVID vaccination update Risk Management Governance report	Equity Consumer Engagement 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
	Presentation LINAC? Clinical Committees Updates			

Clinical Council Workplan 2020/21

As at June 2021

Meeting	Clinical Council	Area of Focus from CC Annual Plan	FRAC	BOARD
August	HRT dashboard – Q1 2021 data System Performance Measures CCDM Safe Staffing (core data set) Patient Safety quarterly report DAA corrective actions update COVID vaccination update Clinical Committees Updates	Clinical Effectiveness Patient Safety and Quality Clinical Effectiveness Patient Safety and Quality	Report (2) Dashboard (August) + Short Report (including narrative from CC)) forms part of Patient Safety Report	Summary of conversations/key topics discussed
September	DAA corrective actions update COVID vaccination update Clinical Committees Updates	Clinical Effectiveness Patient Safety and Quality		Summary of conversations/key topics discussed
October	DAA corrective actions update Risk Management Governance report (next Jan 2022) COVID vaccination update Clinical Committees Updates	Clinical Effectiveness Patient Safety and Quality		Summary of conversations/key topics discussed
November	HRT dashboard – Q2 2021 data System Performance Measures Patient Safety quarterly report	Clinical Effectiveness Patient Safety and Quality	Dashboard (November) + Short Report (including	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
	COVID vaccination update Clinical Committees Updates	Clinical Effectiveness Patient Safety and Quality	narrative from CC)) forms part of Patient Safety Report	
December	COVID vaccination update Clinical Committees Updates	Clinical Effectiveness Patient Safety and Quality		Summary of conversations/key topics discussed

COVID-19 VACCINE AND IMMUNISATION PROGRAMME ROLLOUT

Chris McKenna

OURHEALTH HAWKE'S BAY Whakawāteatia	**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.

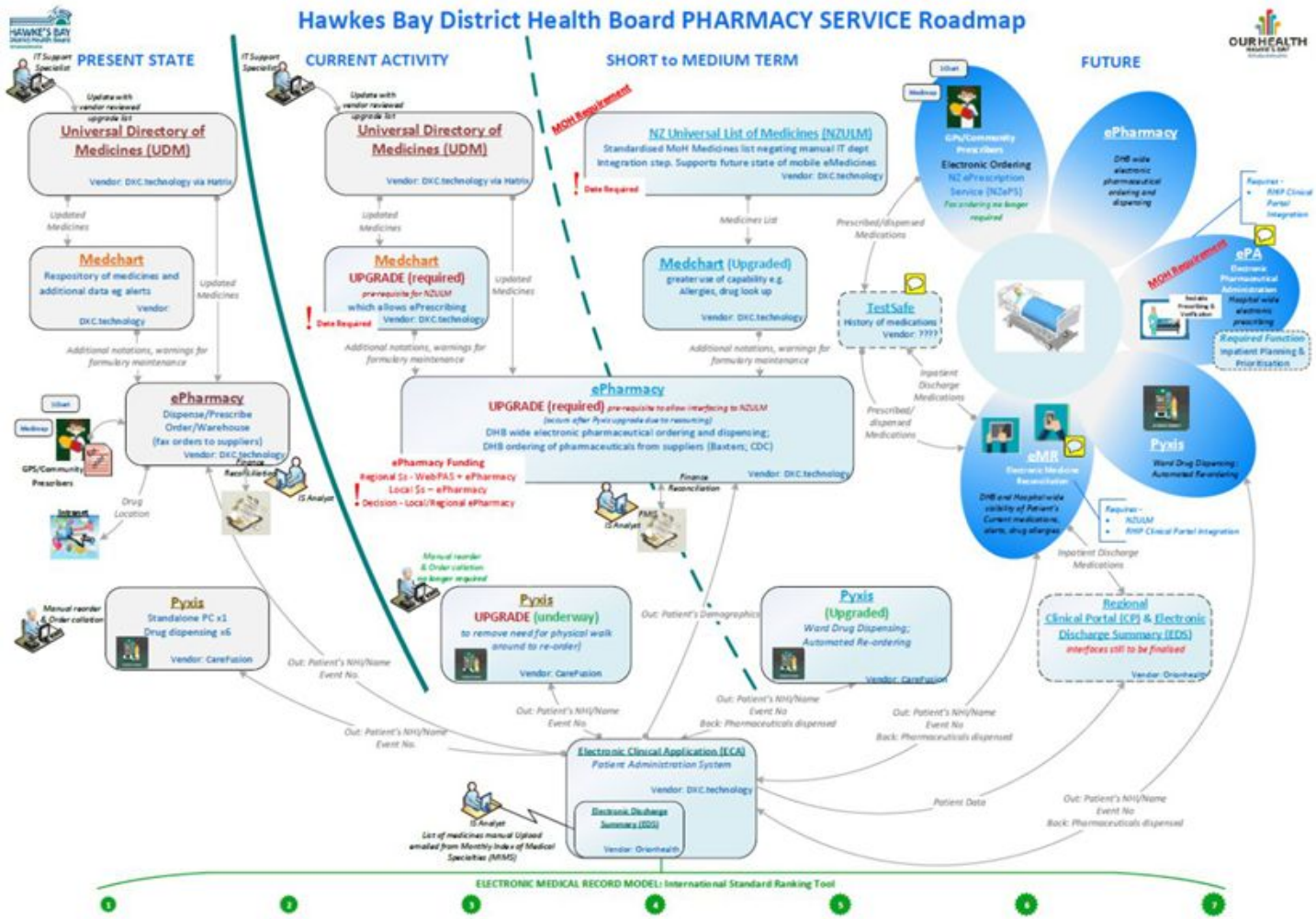
NEXT STEPS

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

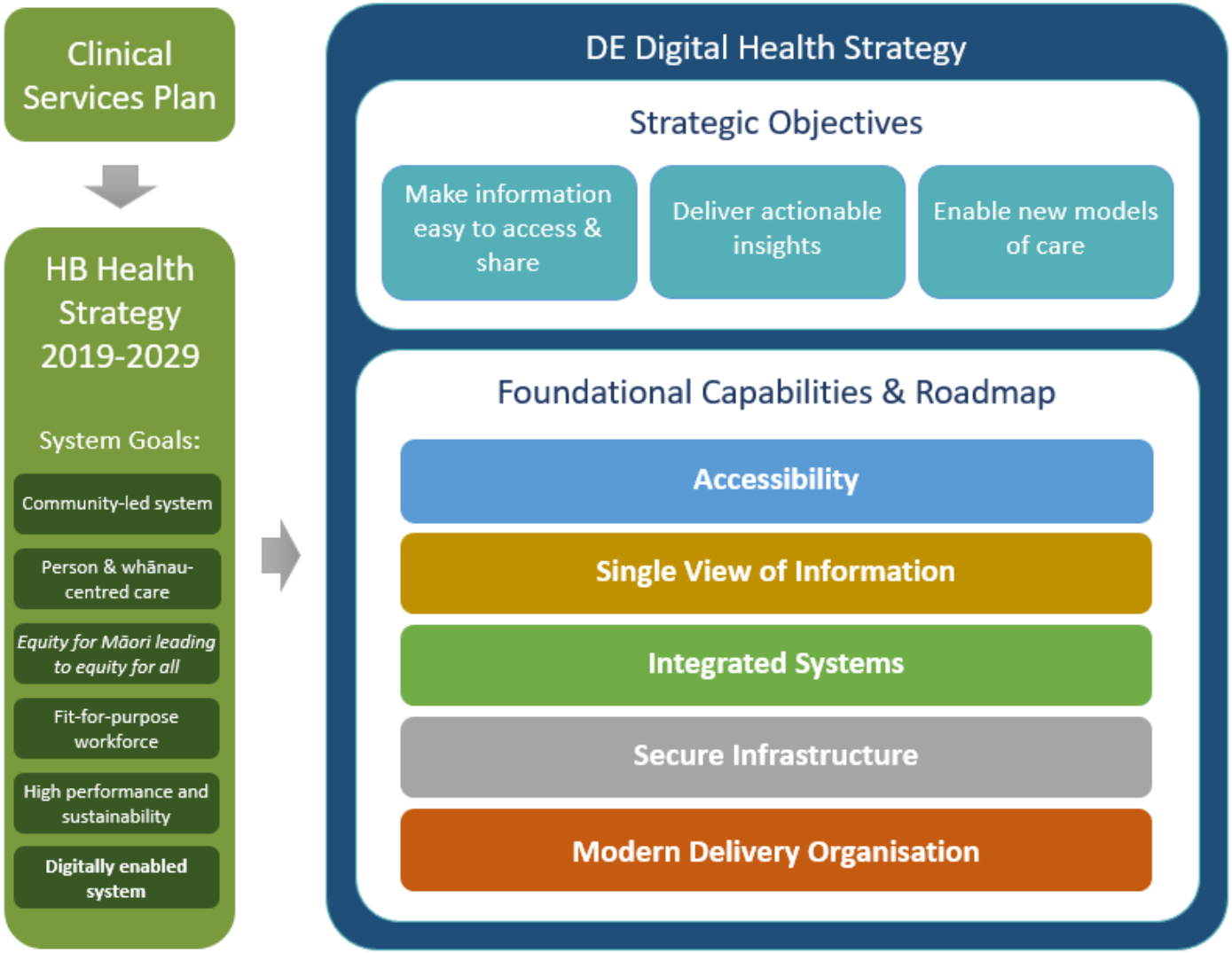
9.1

May 2021

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Enabling our Health Ecosystem

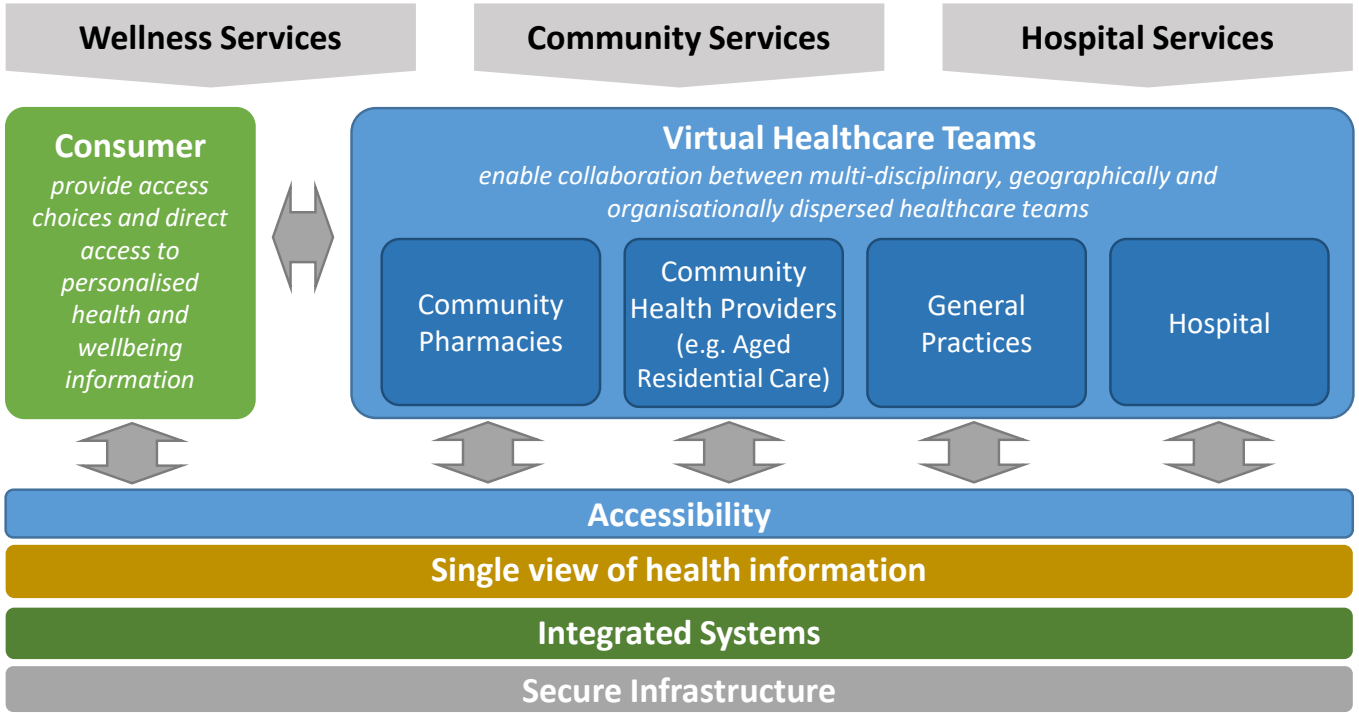
HAWKE'S BAY District Health Board Whakawāteatia



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:

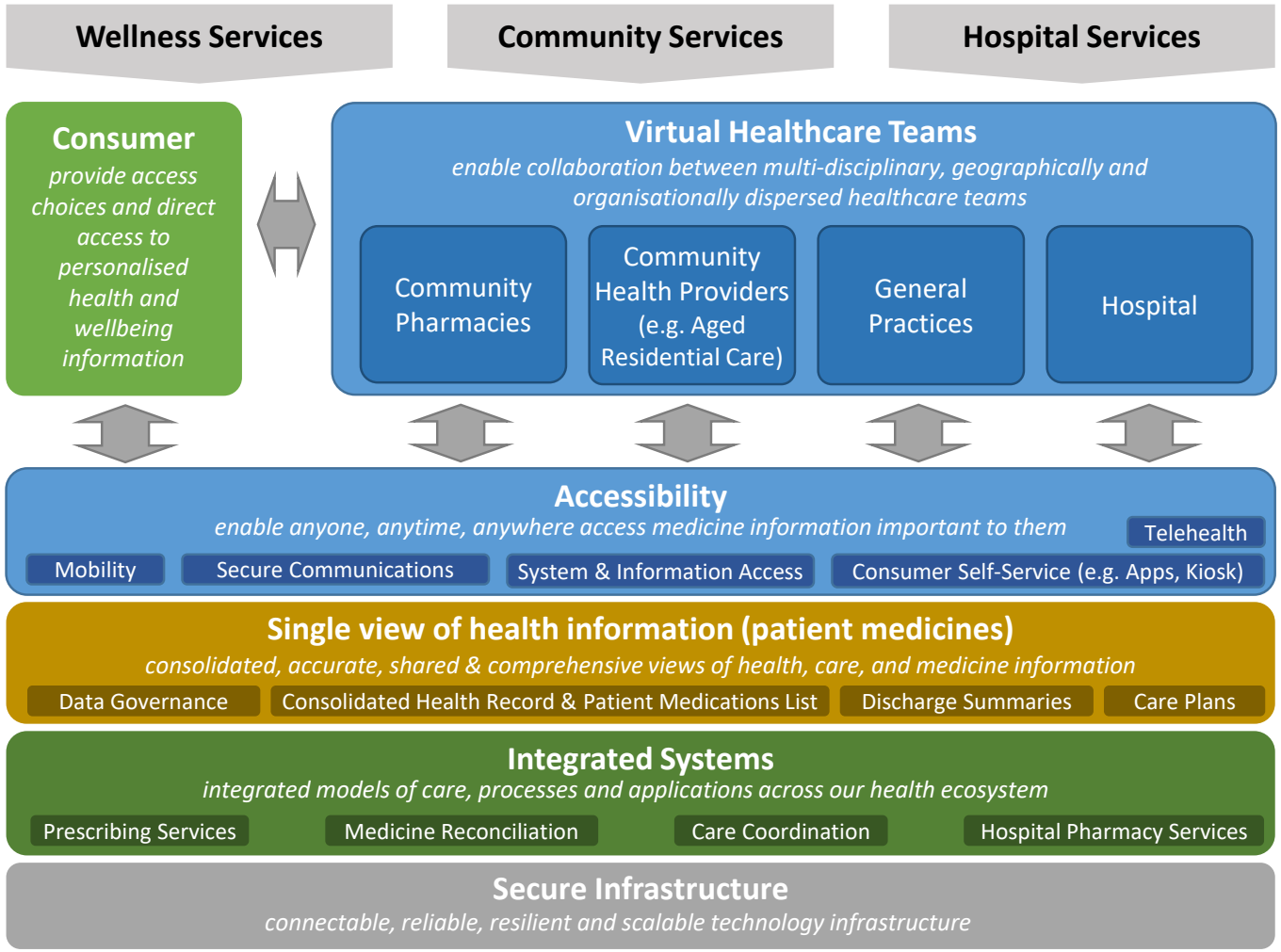
- The ability for virtual healthcare teams to support transitions of care and coordinate patient care is suboptimal.
- Inefficient, non-integrated in-hospital processes.
  - Paper-based, bedside medication charts that are not integrated which complicates information access, introduces inefficiencies, 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

9.1

EQUITY ACTION PLAN

PATRICK LE GEYT

11

PATIENT SAFETY & RISK MANAGEMENT COMMITTEE REPORT

SUSAN BARNES & RUSSELL WILLS

OURHEALTH
HAWKE'S BAY
Whakawateatia

Recommendation to Exclude the Public

Clause 32, New Zealand Public Health and Disability Act 2000

12

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).