



HB Clinical Council Monthly Meeting

Date: Wednesday, 5 May 2021

Meeting: 3.00 pm to 5:30 pm

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

Council Members:

Dr Robin Whyman (Co-Chair)
Jules Arthur (Co-Chair)
Dr Umang Patel
Dr Kevin Choy
Chris McKenna
Karyn Bousfield

Dr Andy Phillips
Dr Russell Wills
Dr Nicholas Jones
Dr Mike Park
Peta Rowden
Dr Jessica Keepa

Apologies:

In Attendance:

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

MONTHLY MEETING**Public**

Item	Section 1 – Routine	Time (pm)
1.	Karakia, Welcome and Apologies	3.00
2.	Interests Register	
3.	Minutes of Previous Meeting	
4.	Matters Arising – Review Actions	
5.	HB Clinical Council Board Report – April (public) – <i>copy for information</i>	
6.	CEO Update	3.10
7.	Clinical Council Annual Plan and Workplan 2020/21 – <i>copy for information</i>	
8.	COVID19 Vaccine and Immunisation Programme Rollout Progress Report) - <i>copy for information</i>	3.25
	Section 2 – Reporting Committees to Council	
9.	Clinical Council Representatives and Committee Reports	3.30
10.	Section 3 - Recommendation to Exclude the Public	

Public Excluded

Item	Section 4 – Routine	
11.	Minutes of Previous Meeting (public excluded)	3.35
12.	Matters Arising - Review Actions (public excluded)	
13.	HB Clinical Council Board Report – April (public excluded) - <i>copy for information</i>	
	Section 5 – Presentations / Discussion	
14.	System Performance Measures – <i>Emma Foster/Lisa Jones</i>	3.45
15.	Topics of Interest – Member Issues / Updates	4.00
16.	Adverse Events Policy	4.15
17.	HRT Dashboard – Q4 2020 – <i>Russell Wills -paper to follow</i>	4.30
18.	Chief Operating Officer Report – <i>Chris Ash</i>	4.45
19.	Patient Safety quarterly report – <i>Susan Barnes</i>	5.00
20.	DAA – Corrective Actions Report – <i>Susan Barnes</i>	5.15

21.	Meeting Close	5.30
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Next Meeting:

Wednesday, 3 June 2021, 3.00-5.30 pm
Te Waiora Meeting Room (Boardroom), HBDHB Corporate Office
Cnr Omaha Road & McLeod Street, Hastings

Our shared values and behaviours



1 HE KAUANUANU RESPECT *Showing respect for each other, our staff, patients and consumers*

Welcoming	<ul style="list-style-type: none"> ✓ Is polite, welcoming, friendly, smiles, introduce self ✓ Acknowledges people, makes eye contact, smiles 	<ul style="list-style-type: none"> ✗ Is closed, cold, makes people feel a nuisance ✗ Ignore people, doesn't look up, rolls their eyes
Respectful	<ul style="list-style-type: none"> ✓ Values people as individuals; is culturally aware / safe ✓ Respects and protects privacy and dignity 	<ul style="list-style-type: none"> ✗ Lacks respect or discriminates against people ✗ Lacks privacy, gossips, talks behind other people's backs
Kind	<ul style="list-style-type: none"> ✓ Shows kindness, empathy and compassion for others ✓ Enhances peoples mana 	<ul style="list-style-type: none"> ✗ Is rude, aggressive, shouts, snaps, intimidates, bullies ✗ Is abrupt, belittling, or creates stress and anxiety
Helpful	<ul style="list-style-type: none"> ✓ Attentive to people's needs, will go the extra mile ✓ Reliable, keeps their promises; advocates for others 	<ul style="list-style-type: none"> ✗ Unhelpful, begrudging, lazy, 'not my job' attitude ✗ Doesn't keep promises, unresponsive

1 ĀKINA IMPROVEMENT *Continuous improvement in everything we do*

Positive	<ul style="list-style-type: none"> ✓ Has a positive attitude, optimistic, happy ✓ Encourages and enables others; looks for solutions 	<ul style="list-style-type: none"> ✗ Grumpy, moaning, moody, has a negative attitude ✗ Complains but doesn't act to change things
Learning	<ul style="list-style-type: none"> ✓ Always learning and developing themselves or others ✓ Seeks out training and development; 'growth mindset' 	<ul style="list-style-type: none"> ✗ Not interested in learning or development; apathy ✗ "Fixed mindset, 'that's just how I am', OK with just OK
Innovating	<ul style="list-style-type: none"> ✓ Always looking for better ways to do things ✓ Is curious and courageous, embracing change 	<ul style="list-style-type: none"> ✗ Resistant to change, new ideas; 'we've always done it this way'; looks for reasons why things can't be done
Appreciative	<ul style="list-style-type: none"> ✓ Shares and celebrates success and achievements ✓ Says 'thank you', recognises people's contributions 	<ul style="list-style-type: none"> ✗ Nit picks, criticises, undermines or passes blame ✗ Makes people feel undervalued or inadequate

1 RARANGA TE TIRA PARTNERSHIP *Working together in partnership across the community*

Listens	<ul style="list-style-type: none"> ✓ Listens to people, hears and values their views ✓ Takes time to answer questions and to clarify 	<ul style="list-style-type: none"> ✗ 'Tells', dictates to others and dismisses their views ✗ Judgmental, assumes, ignores people's views
Communicates	<ul style="list-style-type: none"> ✓ Explains clearly in ways people can understand ✓ Shares information, is open, honest and transparent 	<ul style="list-style-type: none"> ✗ Uses language / jargon people don't understand ✗ Leaves people in the dark
Involves	<ul style="list-style-type: none"> ✓ Involves colleagues, partners, patients and whanau ✓ Trusts people; helps people play an active part 	<ul style="list-style-type: none"> ✗ Excludes people, withholds info, micromanages ✗ Makes people feel excluded or isolated
Connects	<ul style="list-style-type: none"> ✓ Pro-actively joins up services, teams, communities ✓ Builds understanding and teamwork 	<ul style="list-style-type: none"> ✗ Promotes or maintains silo-working ✗ 'Us and them' attitude, shows favouritism

1 TAUWHIRO CARE *Delivering high quality care to patients and consumers*

Professional	<ul style="list-style-type: none"> ✓ Calm, patient, reassuring, makes people feel safe ✓ Has high standards, takes responsibility, is accountable 	<ul style="list-style-type: none"> ✗ Rushes, 'too busy', looks / sounds unprofessional ✗ Unrealistic expectations, takes on too much
Safe	<ul style="list-style-type: none"> ✓ Consistently follows agreed safe practice ✓ Knows the safest care is supporting people to stay well 	<ul style="list-style-type: none"> ✗ Inconsistent practice, slow to follow latest evidence ✗ Not thinking about health of our whole community
Efficient	<ul style="list-style-type: none"> ✓ Makes best use of resources and time ✓ Respects the value of other people's time, prompt 	<ul style="list-style-type: none"> ✗ Not interested in effective user of resources ✗ Keeps people waiting unnecessarily, often late
Speaks up	<ul style="list-style-type: none"> ✓ Seeks out, welcomes and give feedback to others ✓ Speaks up whenever they have a concern 	<ul style="list-style-type: none"> ✗ Rejects feedback from others, give a 'telling off' ✗ 'Walks past' safety concerns or poor behaviour

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Karakia

Hei Aratākina te Hui (to start)

<p>E lo i runga i te Rangi Whakarongo mai titiro iho mai E lo i runga i te Waitai, i te Wai Moana, i te Wai Maori Whakapiri mai whakatata mai E lo i runga i a Papatuānuku Nau mai haere mai Nōu e lo 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.</p>	<p>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.</p>
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Karakia whakamutunga (to finish) Unuhia

<p>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!</p>	<p>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.</p>
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**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 Paediatrician)	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	

HB Clinical Council 5 May 2021 - Interest Register

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	Potential perceived - 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 Director Acute & Medical	Medical Director		Yes	Potential Pecuniary - Low level
	The Doctors, Hastings	GP & Director	GP		
Dr Kevin Choy				Yes	Provision of Primary Care - business
Dr Umang Patel	City Medical Ltd, Napier	GP & Medical Director	GP		
	HBDHB	ED SMO/Consultant Locum	Consultant	Yes	Provision of Primary Care - business
	PHO	Wife is Nursing Director		No	
				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.		
	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		Provision of Primary Care - employee
	NZ Royal College of GPs	Member	Professional society/body	Yes	
	Te Ohu Rata o Aotearoa (Māori medical practitioners)	Member	Professional society	No	
	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, 7 April 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
Chris McKenna
Dr Nicholas Jones
Dr Russell Wills
Peta Rowden

Apologies: Dr Andy Phillips

In Attendance: Susan Barnes, Patient Safety & Quality Manager
Sue Sowerby, Patient Safety & Quality Administrator (Minutes)
Gemma Newland, EA

SECTION 1: ROUTINE

1. WELCOME AND APOLOGIES

Robin Whyman welcomed everyone with a karakia. He introduced Gemma Newland, recently appointed EA for Andy Phillips and taking on administrative support for both Consumer and Clinical Councils.

2. INTEREST REGISTER

No conflicts of interest were noted for the meeting.

3. MINUTES OF PREVIOUS MEETING

Nick Jones asked for an amendment in the last sentence under the Work Plan discussion so it reads "a session on equity action plan be added to the June meeting" rather than work plan. Under the Annual Plan, Karyn Bousfield requested an amendment be made from asking the Australasian Institute of Clinical Governance for guidance to asking the AICG HBDHB alumni for guidance.

Moved: Jules Arthur
Seconded: Mike Park
Carried.

4. MATTERS ARISING, ACTIONS AND PROGRESS

Item 1: Clinical Council Appointments

Senior Allied Health Professional position – imminent

Representative to HB Consumer Council – on hold while Consumer Council review is undertaken.

Item 2: Clinical Council newsletter

Jules advised she was awaiting approval of the Terms of Reference by the Board of the PHO so the new Clinical Council members could be included in the first edition of the newsletter.

Item 3: Cultural Safety workshop

Robin reported he had spoken with JB and it was planned to hold a joint workshop with Consumer Council.

Item 4: Quality Framework

On hold until after the Health Services Leadership Structure review is complete.

Item 5: Radiology Advisory Group

Letter received from the Chairperson of the Health Pathways Clinical Governance Group advising that radiology requests are embedded in pathways rather than being a separate pathway in their own right. It was agreed the Health Pathways were not going to resolve radiology access issues. Completed.

Item 6: Annual Plan

On agenda

5. HB CLINICAL COUNCIL BOARD REPORT - MARCH

Members noted the report which was tabled at the Board meeting the previous day. Robin noted the Board was pleased to see the areas of focus identified in the Annual Plan and that the Terms of Reference had been finalised. Board members were also looking forward to receiving the first edition of Clinical Council's newsletter.

6. CHIEF EXECUTIVE OFFICER REPORT

Robin noted that the Chief Executive had been called to meetings in Wellington. In her absence, her public report to the Board was tabled for information. He advised the Board discussed planned care volumes which were meeting target, despite slowing during February, with a number of known issues relating to bed availability which reduced delivery to planned levels across a number of surgical specialties. There was a discussion about the impact on SMO training on the increase in complex surgeries, resulting in less time available for straight-forward procedures. Robin noted the issue had been raised with the Credentialing Committee. It was not considered an immediate issue but one that required ongoing monitoring by the surgical department. The COO has been made aware.

The Board also discussed the ongoing access delays within the hospital leading to periods where newly admitted patients access to a bed is delayed. Robin noted the Board had approved an increase in budget to the Emergency Department for SMO and nursing positions at the previous meeting and that recruitment was underway for positions to support safe staffing of the Emergency Department during these periods.

A new Clinical Nurse Specialist position to support the management of patients suffering from delirium had also been appointed to and is anticipated to improve clinical management and patient pathways.

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

Robin noted that Clinical Council needs to focus on the functions and priorities set in its Terms of Reference and that members had already identified areas of focus and 15 activities. Jules added that many of the activities did map to one or more of the six domains of quality as well as the four quadrants of the clinical governance framework. Robin noted the cultural safety work identified in the work plan needed to be added into the annual plan.

There was a discussion on how Consumer Engagement was captured in the work plan. Robin noted the three major areas of work identified in the annual plan and that the function of Consumer Council was under review. Mike Park considered it would be useful for Clinical Council to see trends from complaints and compliments. Susan Barnes noted that Safety 1st will be able to produce reporting on trends. This level of reporting will be available in 2021-22.

Members accepted the annual plan in the table format.

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

Chris McKenna noted that since the progress report for March had been finalised, activity on the Tier 2(a) immunisation programme was ramping up. It is a huge project with a complex infrastructure and the DHB is expected to deliver 220,000 immunisations within 5 months (16 years and over). Medsafe is yet to approve the vaccine for those aged 12-16 years.

Community clinics will commence vaccinating frontline staff from 8 April and the priority group of aged residential care facilities is yet to start.

Securing and training a workforce is a priority. Most of the 350 authorised vaccinators in Hawke's Bay are largely utilised within their current roles. Business as usual programmes (MMR, influenza, etc) must continue alongside COVID-19 and there is already a significant workload for primary care, occupational health and pharmacist vaccinators. Recently retired nurses and midwives and other health professionals can complete 4-hour course to be able to immunise. Chris noted that expressions of interest would be sought via social media shortly.

Alongside vaccinators, a number of other functions are required to be filled: vaccine drawers, booking agents, observers, doctors, data entry staff to build functional vaccination teams.

Nick Jones added the vaccine is being manufactured and delivered earlier than expected, adding huge pressure on the timeframe. Venues to rent to set up as vaccination centres are also being secured.

Umang Patel raised a concern that people may not have the influenza vaccine, either while awaiting the COVID-19 vaccine or thinking it isn't being offered this year. Public messaging needs to take account of this risk.

Robin thanked Chris and noted the item would be on the agenda for the next few months.

SECTION 2: REPORTING COMMITTEES TO COUNCIL

9. CLINICAL COUNCIL REPRESENTATIVES AND COMMITTEE REPORTS

No reports tabled.

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 – March (public excluded)
- 14. Topics of Interest – Member Issues / Updates
- 15. Risk Management Report
- 16. Antimicrobial Resistance Action Plan
- 17. Chief Operating Officer Report
- 18. Loss of ICU and ED training accreditation
- 19. Integrated Workforce / Safe Staffing Presentation
- 20. Adverse Events Policy
- 21. DAA – Corrective Actions Report

The meeting closed at 3.53 pm.

Confirmed: _____
Co-Chairs


Date: _____

**HAWKE'S BAY CLINICAL COUNCIL
MATTERS ARISING / ACTIONS**

(Public)

As at April 2021

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1.	Jun-20	<i>Clinical Council Appointments</i> Appointment of a Senior Allied Health Professional on Council to be confirmed	Co-Chairs/ Andy Phillips	ASAP	In progress
2.	Oct-20	<i>Clinical Council newsletter to wider health sector</i> 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	<i>Quality Framework</i> Introduce framework to DLTs Launch framework	Susan Barnes Susan Barnes	Mid 2021	On hold (viz Health Services Leadership Structure review)

	REPORT FROM HB CLINICAL COUNCIL (Public) APRIL 2021
	For the attention of: HBDHB Board
Document Author(s)	Sue Sowerby (Patient Safety & Quality Administrator)
Document Owner	Jules Arthur and Robin Whyman (Co-Chairs)
Date	April 2021
Purpose/Summary of the Aim of the Paper	Provide Board with an overview of matters discussed at HB Clinical Council meeting on 7 April 2021.
Health Equity Framework	The Hawke's Bay Clinical Council works in partnership with a whole of system approach to ensure Hawke's Bay health services are achieving equity in health outcomes through the provision of services that are culturally safe, appropriate in addressing inequities and accessible to Tangata Whenua.
Principles of the Treaty of Waitangi that this report addresses:	The Hawke's Bay Clinical Council is the principal clinical governance, leadership and advisory group for the Hawke's Bay health system; committed to Te Tiriti o Waitangi and achieving equity for Tangata Whenua and other populations, in the provision of health care in the Hawkes' Bay District.
Risk Assessment	Risk associated with the issues considered by the Clinical Council. Particular risk associated with complexity and scale was noted with the COVID 19 vaccination roll out
Financial/Legal Impact	Nil specific
Stakeholder Consultation and Impact	Stakeholder engagement is the basis of discussion of issues at the Clinical Council
Strategic Impact	None identified
Previous Consideration / Interdependent Papers	None identified
RECOMMENDATION: It is recommended that the Board: 1. Note the contents of this report	

1 Clinical Council Annual Plan for 2020/21

It was agreed that Clinical Council needs to focus on the functions and priorities set in its Terms of Reference and that the identified areas of focus and activities mapped to one or more of the six domains of quality as well as the four quadrants of the clinical governance framework.

Members noted the three major areas of work identified for the area of focus: Consumer Engagement and were assured that this work was continuing while the review of the functions of Consumer Council was ongoing. It was noted that the new Eventing and Consumer Feedback system, Safety1st, will be able to report on trends identified from complaints and compliments.

Members accepted the annual plan in the table format. The table was included in the March Clinical Council report to the Board.

2 COVID-19 Vaccination Programme

Members received the Covid-19 Vaccine and Immunisation Programme Roll-out Progress Report. Chris McKenna noted that since the progress report for March had been finalised, activity on the Tier 2(a) immunisation programme was ramping up, with a huge effort on logistics and workforce to enable the delivery of 220,000 immunisations to those aged 16 years and over within five months.

3 Member Issues/Updates

New Mental Health Crisis Hub

Peta Rowden reported on the recent announcement of the establishment of Te Tāwharau, meaning shelter, a hub of services delivered as a collaboration between health, social services and police and include a dedicated peer support team, funded by the Ministry of Health as a three-year pilot.

Peta noted that the development of the crisis hub model was an excellent example of co-design, and had included a vast number of stakeholders, families and consumers.

Midwifery Workforce

Jules Arthur reported that midwifery recruitment is still challenging. There will be a gap in graduates in 2023 as the degree has moved from three years duration to four. She was pleased to advise that a co-designed under-graduate programme had been launched with a \$6M budget funding scholarships to Maori and Pacifica midwifery students.

4 Risk Management Report

Carriann Hall, Executive Director Financial Services, provided an update on progress to strengthen the organisation's risk management framework. She advised the Risk Management Group had agreed its Terms of Reference and set up regular meetings. She added that the DAA Certification Audit has helped highlight the need to improve our performance in this area and that we are reporting to the Ministry on activity on the corrective actions weekly.

Clinical Council noted that directorates will report to the group quarterly. A consolidated report to will be presented to Clinical Council for discussion and feedback before it is presented to FRAC.

5 Safe Staffing/CCDM

Melissa Jensen, CCDM Coordinator, and Penny Pere, Trendcare and Capacity Systems Manager, provided a presentation on Care Capacity Demand Management, a national programme developed to ensure all employees have a healthy workplace and quality patient care is delivered by having the right number of appropriately skilled staff in the right place at the right time.

Strengths identified after almost three years of the programme include a healthier workforce, appropriately staffed clinical areas, the collection of robust data, increased nursing leadership,

good partnership with unions and the creation of a flexible workforce willing to work in different areas.

Chris McKenna acknowledged the amazing commitment and work undertaken by the CCDM team.

Clinical Council noted that CCDM could be a rich source of quality of care information for the Clinical Council. A report to Clinical Council with a focus on the input data will be requested after the June 2021 Ministry of Health assessment work has been completed and 12 monthly report from CCDM requested by Clinical Council.

6 Chief Operating Officer

Chris Ash updated Clinical Council on progress for planned care performance and delivery and on the review of the health services leadership structure.

7 DAA Certification – report on two high risk areas from interim corrective actions report: Safe Staffing and Risk Management processes.

An update was given to Clinical Council on the weekly reporting to the Ministry of Health on the progress of these two key areas. Clinical Council will continue to receive an update at each meeting.



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	

Clinical Council Workplan 2020/21**As at May 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 May 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

7.1

Clinical Council Workplan 2020/21**As at May 2021**

Meeting	Clinical Council	Area of Focus from CC Annual Plan	FRAC	BOARD
June	Equity action plan (Patrick le Geyt) 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 Safety1 st – progress report DAA corrective actions update COVID vaccination update Risk Management Governance report Presentation LINAC? Clinical Committees Updates	Equity Consumer Engagement Clinical Effectiveness Patient Safety and Quality		Summary of conversations/key topics discussed

Clinical Council Workplan 2020/21**As at May 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

7.1

Clinical Council Workplan 2020/21

As at May 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



CLINICAL COUNCIL REPRESENTATIVES AND COMMITTEE REPORTS



Recommendation to Exclude the Public

Clause 32, New Zealand Public Health and Disability Act 2000

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

11. Minutes of Previous Meeting (public excluded)
12. Matters Arising – Review Actions (public excluded)
13. HB Clinical Council Board Report – 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 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).