



HB Clinical Council Monthly Meeting

Date: Wednesday, 3 March 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: Dr Robin Whyman

In Attendance:

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

MONTHLY MEETING**Public**

Item	Section 1 – Routine	Time (pm)
1.	Karakia, Welcome and Apologies	3.00
2.	Interests Register	
3.	Minutes of Previous Meeting	
4.	Matters Arising – Review Actions	
5.	HB Clinical Council Board Report – February (public) – <i>copy for information</i>	
6.	CEO Update	3.10
7.	Clinical Council Annual Plan and Workplan Dec 2020/21 - <i>updated annual plan format to follow, work plan included</i>	3.25
8.	Terms of Reference – finalise membership	3.30
9.	Clinical Council Newsletter Template - <i>for discussion</i>	3.35
10.	Covid19 Vaccine and Immunisation Programme Rollout Progress Report	3.45
	Section 2 – Reporting Committees to Council	
11.	Clinical Council Representatives and Committee Reports	3.55
12.	Section 3 - Recommendation to Exclude the Public	

Public Excluded

Item	Section 4 – Routine	
13.	Minutes of Previous Meeting (public excluded)	4.00
14.	Matters Arising - Review Actions (public excluded)	
15.	HB Clinical Council Board Report – February (public excluded) - <i>copy for information</i>	
	Section 5 – Presentations / Discussion	
16.	Falls Minimisation presentation – Sarah Shanahan	4.10
17.	Chief Operating Officer Report – Chris Ash	4.25
18.	Topics of Interest – Member Issues / Updates	4.40
19.	Adverse Events Policy	4.55
20.	Patient Safety – Quarterly Report – Susan Barnes	5.10

Item	Section 4 – Routine	
21.	HBDHB Certification Audit Report (two high risk areas)	5.20
22.	Meeting Close	5.30

Next Meeting:

Wednesday, 7 April 2021, 3.00-5.30 pm
 Te Waioira 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

- ✓ 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 people's 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

1 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

1 RARANGATE 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

1 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

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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 3 March 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
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, 3 FEBRUARY 2021 at 3.00 pm**

PUBLIC

Present: Dr Robin Whyman (Co-Chair)
Jules Arthur (Co-Chair) (until 4.15pm)
Dr Andy Phillips
Dr Nicholas Jones
Dr Umang Patel
Dr Jessica Keepa
Dr Kevin Choy
Dr Russell Wills
Karyn Bousfield
Chris McKenna
Dr Mike Park (from 3.30pm)

Apologies: Peta Rowden

In Attendance: Keriana Brooking, Chief Executive Officer
Susan Barnes, Patient Safety & Quality Manager
Sue Sowerby, Patient Safety & Quality Administrator (Minutes)

SECTION 1: ROUTINE

1. WELCOME AND APOLOGIES

Jules Arthur welcomed everyone to the first meeting for 2021 with a karakia.

Robin Whyman informed the meeting of the resignation of Debs Higgins after five years on Clinical Council. Debs has recently taken on a role with Awhina Plunket which means she will not be able to attend Council meetings. Members agreed her contribution would be missed and Robin advised that a letter of thanks would be sent to Debs.

2. INTEREST REGISTER

No conflicts of interest were noted for the meeting.

3. MINUTES OF PREVIOUS MEETING

The minutes of the Hawke's Bay Clinical Council meeting held on 2 December 2020 were confirmed as a correct record of the meeting.

Moved: Dr Nicholas Jones

Seconded: Dr Kevin Choy

Carried.

4. MATTERS ARISING, ACTIONS AND PROGRESS

Item 1: Clinical Council Appointments

Senior Allied Health Professional position – Andy Phillips advised an appointment was imminent to the newly established Pharmacy Director position.

Item 2: Clinical Council newsletter

Due in March 2021

Item 3: Review Terms of Reference and Membership

Item 4: Develop 2020/21 Annual Plan

On agenda.

Item 5: System Performance Measures

Mike Park not in attendance to update.

Item 6: Quality Framework

Robin Whyman advised the introduction of the framework was on hold pending a review of the DHB's structure.

5. HB CLINICAL COUNCIL BOARD REPORT

Members noted the report which was tabled at the December Board meeting. Robin Whyman noted the Board meetings are now held on the first Tuesday of each month, with the Finance, Risk and Audit Committee meeting on the third Wednesday monthly. Jules Arthur noted that this means she is unable to attend Board meetings until her secondment to TAS ends in June. Nicholas Jones asked how any urgent matters raised at Clinical Council could be taken up to the Board in a timely manner. The Chairs advised that urgent matters would be discussed with the Chief Executives (DHB and PHO) as appropriate and then raised with the Board Chairs if necessary. This is consistent with the Clinical Council's reporting lines.

6. CHIEF EXECUTIVE OFFICER REPORT

Keriana Brooking informed members that the DHB is to begin the planning process for the next financial year, with budget allocations being notified by the Ministry in May. Planning will take account of the Health and Disability System Review and other strategic issues.

Keriana reported that planning for the distribution of COVID-19 vaccines is now a focus that will take a lot of organisation and time – alongside business as usual campaigns such as MMR and influenza.

She noted the mid-point surveillance audit for certification had been held the previous week and some of the recommendations will require change and cost. We have a strategic and operational issue of overflow everywhere from wards, ED, urgent care.

Keriana reported that a positional document on institutional racism had been drafted and would be shared with Council members for feedback.

She noted she remains concerned about patient safety and staff safety. There was a discussion about how people in the sector feel valued with comment that the workforce is still exhausted. Keriana is committed to being very clear about what safe staffing is.

She informed the meeting that she and the Board Chair were meeting with the Editor of *HB Today* to set up a series of articles to better inform what the DHB does and the risk that is carried on behalf of the community.

Council noted the CEO's report and requested regular updates to Council on the implementation of the COVID 19 vaccine.

7. CLINICAL COUNCIL ANNUAL PLAN AND WORKPLAN 2020/21

There was a further discussion on the annual plan and how Clinical Council can effectively measure cultural safety. Russell Wills advised he knew of at least five definitions of cultural competence and it was agreed the organisation needs to find its "common language" for cultural safety. It was suggested a further conversation with the Cultural Advisor would be useful. Keriana Brooking advised that the Board was holding a workshop on 17 February, which would include topics such as equity, cultural competence, and patient and whānau centred care and suggested Clinical Council waits until after that workshop.

Keriana enquired why the sixth domain of quality was not included in the annual plan and suggested the use of the circle format may be more useful than the list format.

Andy Phillips suggested adding COVID-19 vaccination programme and the Health and Disability system review to the Work Plan. Keriana reported some DHBs had sent submissions to the Transition Unit.

An updated work plan will be emailed to members for consideration so that it can be approved at the March meeting.

8. TERMS OF REFERENCE - REVIEW

Membership of Clinical Council was discussed with agreement that the inclusion of the Medical Director and Nurse Director of the PHO would be beneficial along with the inclusion of the Senior Advisor, Cultural Competence. Dr Jones advised he had spoken with JB Heperi-Smith who was willing to join Clinical Council. There was a further discussion about how to ensure Māori providers are represented on Clinical Council.

Karyn Bousfield left the room during a discussion on the role of the Planning and Funding Clinical Lead and the role being a standing position on the Clinical Council.

Council members requested that the Chairs undertake further discussion with individual members prior to the March meeting and return the Terms of Reference with a view to them being accepted at the March meeting.

SECTION 2: REPORTING COMMITTEES TO COUNCIL

9. CLINICAL COUNCIL REPRESENTATIVES AND COMMITTEE REPORTS

9.1 Patient Safety and Risk Management Committee

The Patient Safety and Risk Management Committee report covering the period September to November 2020 was received. It was noted that the Patient at Risk Advisory Group report had been verbal and members requested that its reporting be enhanced. It was resolved that the group be asked to provide areas of concern and risk with recommendations to Clinical Council. Chris McKenna agreed to follow up with Sandra Bee.

9.2 Radiology Advisory Group

The Radiology Advisory Group report covering the period July to September 2020 was received. Andy Phillips commented that this group and the Laboratory Advisory Group were very operational and not focussing on governance. Susan Barnes noted that the Clinical Effectiveness and Audit Committee requires a new Co-Chair and there was work to be done to ensure the advisory groups reporting to this Committee were supported and effective. Dr Patel noted he would consider chairing the Laboratory Advisory Group.

Dr Jones highlighted the risks in relation to increasing demand beyond service capacity. It is anticipated that the reintroduction of Clinical Pathways may help prioritise the need for radiology intervention.

It was agreed to write to the Steering Group for Clinical Pathways to ask that the issue of radiology demand be prioritised in the local customisation of Clinical Pathways and to inform the Radiology Advisory Group of Clinical Council's actions.

9.3 Radiology Advisory Group updated Terms of Reference

Clinical Council approved the updated Terms of Reference.

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

The meeting closed at 4.40 pm

Confirmed: _____
Co-Chairs


Date: _____

HAWKE'S BAY CLINICAL COUNCIL MATTERS ARISING / ACTIONS

(Public)

As at February 2021

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1.	Jun-20 Feb-21	Clinical Council Appointments Appointment of a Senior Allied Health Professional on Council to be confirmed. Appoint representative(s) to HB Consumer Council	Co-Chairs/ Andy Phillips Co-Chairs	ASAP ASAP	In progress
2.	Feb-21	Resignation of Debs Higgins Letter of thanks	Co-Chairs	Feb 2021	Done
3.	Oct-20	Clinical Council newsletter to wider health sector (from 2019 AGM) <ul style="list-style-type: none"> Develop a regular (monthly?) newsletter with key messages for distribution across the sector 	Co-Chairs	Mar 2021	
4.	Oct-20	Review Terms of Reference and Membership Update for further discussion	Co-Chairs	Mar 2021	
5.	Nov-20	Develop 2020/21 Annual Plan/Work Plan Develop documents to email to Members for consideration prior to March meeting	Co-Chairs	Feb 2021	
6.	Dec-20	System Performance Measures Meet to discuss useability of dashboard from a clinical perspective.	Emma Foster/ Dr Michael Park	ASAP	
7.	Dec-20	Quality Framework Introduce framework to DLTs Launch framework	Susan Barnes Susan Barnes	Early 2021 1 April 21	On hold (viz structure review)
8.	Feb-21	Radiology Advisory Group Write to the Clinical Pathways Steering Group to ask that the issue of pathways for CT be prioritised Inform Radiology Advisory Group of above	? ?		

	Hawke's Bay Clinical Council (Public)
	For the attention of: HBDHB Board
Document Owner:	Jules Arthur (Co-Chair) Dr Robin Whyman (Co-Chair)
Month:	February 2021
Consideration:	For Information

RECOMMENDATION

That the HBDHB Board:

- **Note** the contents of this report

Council met on 3 February 2021. An overview of matters discussed is provided below:

1. Resignation

Members were informed of the resignation of Debs Higgins after five years as an appointed Senior Nurse (primary care) on Clinical Council. Ms Higgins has recently taken on a role with Awhina Plunket which means she will not be able to attend Council meetings. As Ms Higgins was Clinical Council's representative to the HB Consumer Council, a new representative will be selected.

Ms Higgins' contribution was acknowledged and a letter of thanks has been sent.

2. Chief Executive Officer Report

Keriana Brooking informed members that the DHB is to begin the planning process for the next financial year, with budget allocations being notified by the Ministry in May. Planning will take account of the Health and Disability System Review and other strategic issues.

Keriana reported that planning for the distribution of COVID-19 vaccines is now a focus that will take a lot of organisation and time – alongside business as usual campaigns such as MMR and influenza.

She noted the mid-point surveillance audit for certification had been held the previous week and some of the recommendations will require change and cost. We have a strategic and operational issue of overflow everywhere from wards, ed, urgent care.

Keriana reported that a positional document on institutional racism had been drafted and would be shared with Council members for feedback.

She noted she remains concerned about patient safety and staff safety. There was a discussion about how people in the sector feel valued with comment that the workforce is still exhausted. Keriana is committed to being very clear about what safe staffing is.

She informed the meeting that she and the Chair were meeting with the Editor of *HB Today* to set up a series of articles to better inform what the DHB does and the risk that is carried on behalf of the community.

Council noted the CEO's report and requested regular updates to Council on the implementation of the COVID 19 vaccine.

3. Clinical Council Annual Plan and Work Plan for 2020/21

There was a further discussion of the Council's the annual plan and how Clinical Council can effectively measure cultural safety. It was agreed the organisation needs to find its "common language" for cultural safety. It was suggested a further conversation with the Cultural Advisor would be useful.

Keriana enquired why the sixth domain of quality was not included in the annual plan and suggested the use of the circle format may be more useful than the list format.

It was agreed to add the COVID-19 vaccination programme and the Health and Disability system review to the Work Plan.

An updated work plan will be emailed to members for consideration so that it can be approved at the March meeting.

4. Clinical Council Terms of Reference

Membership of Clinical Council was discussed with agreement that the inclusion of the Medical Director and Nurse Director of the PHO would be beneficial along with the inclusion of the Senior Advisor, Cultural Competence. There was a further discussion about how to ensure Maori representation on Clinical Council. Council also discussed the role of the Clinical Lead Planning and Funding with the Council and the overall size of Council.

Council members requested that the Chairs undertake further discussion with individual members prior to the March meeting and return the Terms of Reference with a view to them being accepted at the March meeting.

5. Reporting Committees

Clinical Council received quarterly reports from the Patient Safety and Risk Management Committee and the Radiology Advisory Group.

Clinical Council approved the Radiology Advisory Group's revised Terms of Reference.

No issues were raised that require noting to the Board.

6. Next meeting

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



CHIEF EXECUTIVE OFFICER REPORT

KERIANA BROOKING

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

Meeting	Clinical Council	Area of Focus from CC Annual Plan	FRAC	BOARD
December	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	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 February 2021**

Meeting	Clinical Council	Area of Focus from CC Annual Plan	FRAC	BOARD
April	Cultural Safety discussion COVID vaccination update DAA report? Presentation LINAC? Presentation - CCDM? Clinical Committee updates	Clinical Effectiveness Patient Safety and Quality		Summary of conversations/key topics discussed
May	HRT dashboard – Q4 2020 data System Performance Measures Patient Safety quarterly report COVID vaccination update Presentation – Inpatient survey? 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
June	COVID vaccination update Clinical Committees Updates	Clinical Effectiveness Patient Safety and Quality		Summary of conversations/key topics discussed
July	COVID vaccination update Clinical Committees Updates	Clinical Effectiveness Patient Safety and Quality		Summary of conversations/key topics discussed

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

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

**TERMS OF REFERENCE****Hawke's Bay Clinical Council****February 2021****8**

Purpose	<p>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.</p>
Functions/Priorities	<p>The Hawke's Bay Clinical Council supports the Hawke's Bay health system to achieve its strategic objectives:</p> <ul style="list-style-type: none"> • Pūnaha ārahi hāpori / Community-led system • He paearu teitei me ōna toitūtanga / High performing and sustainable system • He rauora hōhou tangata, hōhou whānau / Embed person and whanau centred care • Māori mana taurite / Equity for Māori as a priority; also equity for Pasifika and those with unmet need • Ngā kaimahi āhei tōtika / Fit-for-purpose workforce • Pūnaha tōrire / Digitally enabled health system <p>The Hawke's Bay Clinical Council:</p> <ul style="list-style-type: none"> • Works in partnership with a whole of system approach to ensure Hawke's Bay health services are achieving equity in health outcomes through the provision of services that are culturally safe, appropriate in addressing inequities and accessible to Tangata Whenua • Ensures decisions and recommendations are consistent with the healthcare quadruple aim (the simultaneous pursuit of improved quality, safety and experience of care for individuals; improved health and equity for all populations; best value for public health system; and improved experience of providing care) • Will identify, investigate, monitor and provide advice to the CE and the Board on clinical and patient risk, equity, safety and quality issues • Provides clinical advice and assurance to the Hawke's Bay health system management and governance structures • Provides clinical leadership to the Hawke's Bay health system workforce.
Level of Authority	<p>The Council is appointed by, and is accountable to, the CEO of Hawke's Bay DHB.</p> <p>The Council has the authority to provide advice and make recommendations, to the CEOs and Boards of HBDHB and Health Hawke's Bay Limited (as appropriate).</p> <p>To assist it in this function the Council may:</p> <ul style="list-style-type: none"> • Request reports and presentations from particular groups • Establish sub-groups to investigate and report back on particular matters

	<ul style="list-style-type: none"> • Commission audits or investigations on particular issues • Co-opt people from time to time as required for a specific purpose. <p>The Council's role is one of governance, not operational or line management.</p> <p>Delegated Authority</p> <p>The Council has delegated authority from the CEOs and Boards to:</p> <ul style="list-style-type: none"> • Make decisions and issue directives on quality clinical practice and patient safety issues that: <ul style="list-style-type: none"> ▪ Relate directly to the function and aims of the Council as set out in the Terms of Reference; and ▪ Relate directly to the provision of, or access to, HBDHB publicly funded health services; and ▪ Are clinically and financially sustainable. <p>All such decisions and/or directives will be binding on all clinicians who provide and/or refer to public health services funded (in whole or part) by the HBDHB.</p>
Membership	<p>Members appointed by tenure shall normally be appointed for three years, whilst ensuring that approximately one third of such members 'retire by rotation' each year. Such members may be reappointed but for no more than three terms. Members appointed by role/position do not have a finite term.</p> <p><i>By role/position:</i></p> <ul style="list-style-type: none"> • Chief Medical & Dental Officer Hospital • Chief Nursing & Midwifery Officer • Chief Allied Health Professions Officer • Midwifery Director • Chief Pharmacist • Clinical Director Health Improvement & Equity • Senior Advisor, Cultural Competence • Clinical Lead, Planning and Funding • Clinical Lead PHO Clinical Advisory and Governance Committee • Medical Director, PHO • Nurse Director, PHO <p><i>By Appointment (tenure):</i></p> <ul style="list-style-type: none"> • General Practitioner x 2 • Senior Medical / Dental Officer x 2 • Senior Nurse x 2 • Senior Midwife x 1 • Senior Allied Health Professional x 1 <p>When making appointments, consideration must be given to maintaining a wide range of perspectives and interests within the total membership, ensuring in particular that Māori health and rural health interests and expertise are reflected.</p>
Chair	The Council will annually elect a chair and deputy, or co-chairs.
Quorum	A quorum will be a majority of the members appointed at the time.

Meetings	<p>Meetings will be held monthly at least ten times per year, or more frequently at the request of the chair/co-chairs.</p> <p>Meetings will generally be open to the public, but may move into “public excluded” where appropriate and shall be conducted in accordance with HBDHB Board Standing Orders as if the Council was a Board Committee.</p> <p>A standing reciprocal invitation has been extended to the Hawke’s Bay Health Consumer Council for a representative to attend all meetings.</p> <p>Matters may be dealt with between meetings through discussion with the chair/co-chairs and other relevant members of the Council.</p>
Reporting	<p>The Council will report through HBDHB and Health Hawke’s Bay Limited Chief Executives (as appropriate) to the respective Boards.</p> <p>A monthly report of Council activities/decisions will be placed on the DHB website when approved.</p>
Minutes	<p>Minutes will be circulated to all members of the council within one week of the meeting taking place.</p>



News and views about our health from HB Clinical Council

March 2021

9

Kia ora koutou and Haere Mai

For March 2021 we've got # highlights, # fun facts and **What to expect** update for you.

Highlights

- **Headline** – details

Fun Facts

- **Headline** – details
- **Headline** - details

What to expect in 2021.....

- **Headline** - details

Ngā mihi,

Hawke's Bay Clinical Council
C/- Hawke's Bay District Health Board
Omahu Road, Private Bag 9014, Hastings 4156, New Zealand
Telephone: (06) 878 8109

From: Ester Du Fresne on behalf of Communications Mailbox
Sent: Monday, 22 February 2021 15:36
To: Sue Sowerby
Cc: Anna Kirk
Subject: RE: Newsletter template

Hi Sue

For a newsletter, before committing to a regular newsletter we ask people to think carefully about the following:

- Who is your audience (eg public, internal staff, external agencies, a combo)?
- How frequently will you publish, and will you be able to commit to this frequency ongoing?
- Will you be able to generate enough content, and have time to draft content?
- How will you distribute it (email, Our Hub, FB)?

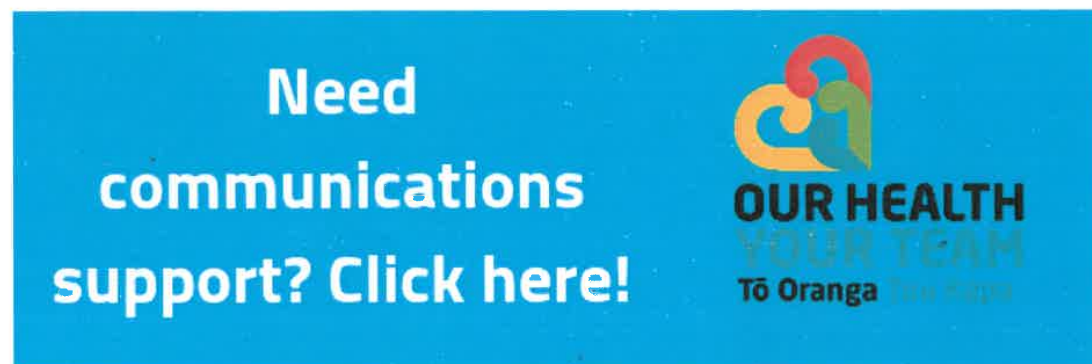
The reason we ask these questions is not to burst your bubble but because:


- A lot of newsletters produced by HBDHB teams start off with a hiss and roar but quickly fizzle because they can't commit the time, run out of things to say, have poor readership or the person responsible takes on a new role or responsibilities.
- Newsletters are only useful if they're providing information people need/want – a lot of newsletters are really vanity projects promoting work a team has done. So it's really important to think about what you want to say and why people might want/need to read about it.

If you've thought all this through and you're confident you can commit, then we'll work with you to design a template that you can drop content into. Happy to talk about these questions and alternative options to newsletters – either we can meet up or give me call ext 4683 ☺

Kind regards

Ester du Fresne | Communications Assistant
Hawke's Bay District Health Board
Private Bag 9014, Hastings 4156
T: +64 6 878 8109 ext 4683
www.ourhealthhb.nz



 <p>HAWKE'S BAY District Health Board Whakawāteatia</p>	<p>COVID-19 VACCINE AND IMMUNISATION PROGRAMME ROLL-OUT PROGRESS REPORT FEBRUARY 2021</p> <p>For the attention of: HB Clinical Council</p>
Document Owner	<p>Chris McKenna - Chief Nursing and Midwifery Officer (Lead Sponsor)</p> <p>Patrick Le Geyt – Acting Executive Director, Health Improvement & Equity (Co-Sponsor)</p>
Document Author(s)	Ngaira Harker – Nurse Director Māori Health (COVID-19 Operational Lead)
Date	March 2021
Purpose/Summary of the Aim of the Paper	Monthly update COVID-19 Vaccine roll-out Hawkes Bay District Health Board
<p>Health Equity Framework</p> <ul style="list-style-type: none"> • Make health equity a strategic priority • Develop structure and processes to support health equity work • Address the multiple determinants of health • Eliminate institutional racism • Partner with community organisations 	<p>The COVID Vaccination Programme overarching equity for Māori is a priority as well as Pacific and high needs populations groups.</p> <p>This will require specific actions to meet the needs of these identified groups, resourcing and implementing those actions, and monitoring and tracking the results for the identified groups.</p>
<p>Principles of the Treaty of Waitangi that this report addresses:</p> <ul style="list-style-type: none"> • Tino Rangatiratanga: Providing for Māori self-determination and mana motuhake in the design, delivery and monitoring of health and disability services. • Equity: Being committed to achieving equitable health outcomes for Māori. • Active Protection: Acting to the fullest extent practicable to achieve equitable health outcomes for Māori • Options: Providing for and properly resourcing kaupapa Māori health and disability services. • Partnership: Working in partnership with Māori in the governance, design, delivery and monitoring of health and disability services 	<p>Te Tiriti o Waitangi and equity are the overarching principles of the immunisation strategy. These principles are integrated across the pillars and enablers of the strategy.</p> <p>We are partnering with respective Iwi, Māori Relationship Boards, Māori providers and communities to develop, design, implement, and monitor the vaccination programme.</p>
Risk Assessment	In line with Ministry of Health's COVID-19 Risk Register.

Financial/Legal Impact	A funding model is being developed by MOH.
Stakeholder Consultation and Impact	Ongoing - in line with COVID-19 Strategy.
Strategic Impact	May have some impact on workforce requirements.
Previous Consideration / Interdependent Papers	N/A
RECOMMENDATION: <i>It is recommended that the Māori Relationship Board:</i> 1. Note the COVID-19 Vaccination and Immunisation progress report.	

EXECUTIVE SUMMARY

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

BACKGROUND

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

The COVID-19 Vaccination roll-out for Tier 1 of the national programme commenced 20 February 2021. This is in line with the scheduled range of the Tier 1 MOH 15-day national roll-out plan (Appendix A). HBDHB COVID-19 Tier 1 vaccination roll-out dates are confirmed.

HAWKE'S BAY TIER 1 COVID-19 VACCINATION SCHEDULE – BORDER WORKERS

Tier 1a

We have worked closely in planning for port with Iwi representatives. JB Heperi-Smith met with Hawke's Bay harbour leaders to discuss their respective roles in the COVID vaccination roll-out. Harbour leaders were appreciative of support and guidance within a cultural context. Kaumatua will be onsite at the Port to open and lead proceedings to support the vaccination roll-out.

Border workers at the Port of Napier are confirmed to commence vaccination. The COVID-19 vaccination roll-out at the Port of Napier will continue over two weeks from commencement to completion of all port border worker vaccinations. The second Pfizer vaccination will be delivered on site in 21 days as per guidelines.

The development and planning for this event is in partnership with the Napier Port Management and The Doctors Napier (the lead provider for Port of Napier). Consultation with port leaders and workers to support and prepare for the roll-out has been ongoing pre-event, and will continue throughout the vaccine event and post-event.

The Tier 1a vaccination delivery dates for airport workers and health protection officers are to be confirmed by The Doctors Napier, Hastings Health Centre and Napier Health Centre. These providers will be delivering on-site.

Tier 1b

Households of border worker's vaccine roll-out will commence following confirmation of the number of family members in the household. This data is to be collated at the border worker's vaccination sites. This approach is in line with the national operational guidelines re: vaccinating household contacts (See Table 1)

TABLE 1: VACCINATION SITES TIER 1

Site	Target Group	Site Lead	Estimated number to vaccinate
Port of Napier	For eligible port staff, customs staff and port contractor employees	Andrea Halpin, The Doctors Napier	250- 270
The Doctors Napier	Skyline Aviation staff, border worker household contacts, health protection officers	Andrea Halpin, The Doctors Napier	50, plus household contacts to be confirmed
Hastings Health Centre	Small number of airline staff, some border worker household contacts	Andrew Lesperance, Hastings Health Centre	TBC

VACCINATION WORKFORCE DEVELOPMENT

Training requirements to meet the vaccination schedule are in progress. Online training for Tier 1 vaccinator and administrator workforce has commenced and is scheduled to be completed by 26 February. Fiona Jackson, Team Leader Immunisation is leading management of workforce requirements.

Access to training has been impacted by delays in employment of an IMAC representative for Hawke's Bay DHB and the regional IMAC representative for the region to support and advise on vaccination workforce development. Despite this delay, we have confirmed the vaccination workforce is ready to support Tier 1 roll-out. It is important to acknowledge and thank the

- commitment from the public health nurses to complete online requirements prior to the 2 March vaccination delivery date. This has required additional training outside of work hours
- HBDHB Immunisation team who have completed over the last week vaccinator assessment at the Napier Health Centre to authorise vaccination certification for the Napier Health Centre nursing team

A workforce plan to support delivery for Tier 2 (frontline workers) and Tier 3 roll-out is in development. A priority is to ensure workforce models meet the needs for capacity and capability across the region.

MOH Tier 1 OPERATIONAL GUIDELINES

Guiding the delivery of HBDHB Tier 1 COVID-19 roll-out are the MOH Tier 1 operational guidelines. This document provides guidance to establish and manage a COVID-19 vaccination site, including guidelines for the vaccination workforce. This document is designed to assist District Health Boards (DHBs) and providers maintain public safety and ensure consistent and equitable COVID-19 vaccination practices are in place across New Zealand. It provides a comprehensive checklist to ensure we are prepared and meet requirements to support successful delivery. The guidelines have provided added assurance in newly created clinics and in supporting consistency for providers.

COMMUNICATION

- Tier 1 communication to border worker and whānau of border workers has been developed and distributed by the Ministry of Health recently to DHBs. This has been in response to DHBs requesting more targeted information to support requests from border workers and leaders about the Pfizer vaccine and the immunisation process. Additional communication requests and a communication plan for our rohe is now in development
- A Q&A session for border workers at the port is scheduled for 23 February. This will be filmed to support future use

MĀORI ENGAGEMENT

- Tuesday 16 February - Patrick Le Geyt, Ngaira Harker and JB Heperi-Smith held a hui with Ngāti Kahungunu Iwi Inc. (NKII) Board in relation to COVID readiness throughout the rohe of Ngāti Kahungunu. NKII board members were very receptive with working alongside the HBDHB COVID-19 Vaccination roll-out plan. For Ngāti Kahungunu, the COVID-19 vaccination roll-out is a significant time for Iwi and New Zealanders. NKII will provide the necessary support and manaakitanga to celebrate the first roll-out of the vaccine in the Hawke's Bay. The iwi support the tier approach for the vaccination roll-out with emphasis and focus on our whānau pounamu (vulnerable whānau) with Kaumātua being priority
- Thursday 18 February - JB Heperi-Smith, Andrea Jopling, Dr Nick Jones, Ngaira Harker and Fiona Jackson met with Hawke's Bay harbour leaders to discuss their respective roles in the COVID vaccination roll-out. Harbour leaders were appreciative, providing guidance within cultural context of their Māori and Pasifika workforce
- Friday 19 February - Patrick Le Geyt sent a communication email to all Māori providers in HBDHB region to inform of the COVID-19 Vaccination roll-out plan.
- Friday 19 February - Harbour Board co-lead David Pons and the Harbour Board Cultural Advisor Te Kaha Hawaikirangi to further support in planning for the Q&A meeting next Thursday 25 February. A general consensus that support for Māori and Pasifika would need to be culturally-led to ensure a positive outcome for vaccinations was agreed. Post this Q&A, a plan for the Iwi engagement for the port workers first vaccination day will be developed

NEXT STEPS

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

RECOMMENDATIONS

That the HB Clinical Council note the COVID-19 Vaccination and Immunisation roll-out progress report.

Appendix A: DHB 15 day roll-out plan



Below provides a 15 day view for rolling out the Pfizer vaccine to Phase 1a cohort: Border, MIQ / MIF workforce. It lists the DHB's where Border and MIQ facilities are located, day in the cycle they will commence and approximate population numbers to be vaccinated over the period.

Day 1: Auckland, Counties Manukau, Waitemata; **Day 3:** Capital & Coast; **Day 5:** Canterbury; **Day 7:** Waikato, Lakes; **Day 9:** Remaining Tier 1a DHB's (9).

This 15 day plan will see 9.6% of available vaccines utilised.

DHB	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15
Auckland	3 MIQ facilities, 1 Border – Port. 2,520 to be vaccinated														
Counties Manukau	2 MIQ facilities, 1 Border – Airport. 3,360 to be vaccinated														
Waitemata	2 Border – Ports. 160 to be vaccinated														
Capital & Coast			2 MIQ facilities, 1 Border – Port, 1 Border – Airport. 775 to be vaccinated												
Canterbury					6 MIQ facilities, 1 Border – Airport, 1 Border – Port. 2,090 to be vaccinated										
Waikato							1 MIQ facility, 1 Border – Port. 325 to be vaccinated								
Lakes							1 MIQ facility. 270 to be vaccinated								
Bay of Plenty									1 Border – Port. 455 to be vaccinated						
Hawkes Bay									1 Border – Port. 210 to be vaccinated						
Nelson Marlborough									3 Border – Ports. 360 to be vaccinated						
Northland									1 Border – Port. 140 to be vaccinated						
South Canterbury									1 Border – Port. 140 to be vaccinated						
Southern									2 Border – Ports. 335 to be vaccinated						
Tairāwhiti									1 Border – Port. 100 to be vaccinated						
Taranaki									1 Border – Port. 100 to be vaccinated						



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:

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

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).