



HB Clinical Council Annual General Meeting

Date:	Wednesday 3 November 2021
Time:	3.00pm – 4.00pm
Venue:	Te Waiora Room, DHB Administration Building, Corner Omaha Road and McLeod Street, Hastings
Members:	Dr Robin Whyman (Chair) Brendan Duck (Deputy Chair) Dr Nicholas Jones Dr Mike Park Dr Russell Wills Peta Rowden Dr Jessica Keepa JB Heperi-Smith Dr Umang Patel Dr Kevin Choy Karyn Bousfield Catherine Overfield Ani Tomoana Sarah Shanahan
Apologies:	Dr Andy Phillips
In Attendance:	Susan Barnes, Patient Safety & Quality Manager
Minute Taker:	Gemma Newland, EA Chief Allied Health Professions Officer

Annual General Meeting (Public)

Item	Annual Meeting	Time
1.	Welcome and Apologies	3.00
2.	Minutes of Previous AGM held 7 October 2020	
3.	Matters Arising from AGM 2020 (see minutes)	
4.	Annual Report 2021	3.05
5.	Review of Clinical Council's Annual Plan 2020/21 (past year) including progress report	
6.	Election of Chair / Deputy / Co-Chairs and new member appointments	3.15
7.	Review / Discuss: <ul style="list-style-type: none"> • Terms of Reference • Membership 	3.25
8.	Clinical Council Annual Plan 2021 / 2022 (discussion)	
	Meeting concludes	4.00

**The next Clinical Council Meeting will be held on
Wednesday 1 December 2021 commencing at 3.00pm**

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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**MINUTES OF THE HAWKE'S BAY CLINICAL COUNCIL ANNUAL GENERAL MEETING
HELD IN THE TE WAIORA MEETING ROOM, CORPORATE OFFICE
ON WEDNESDAY, 7 OCTOBER 2020 at 4.55 pm**

PUBLIC

Present: Dr Robin Whyman (Co-Chair)
Jules Arthur (Co-Chair)
Dr Russell Wills
Dr Andy Phillips
Chris McKenna
Dr Nicholas Jones
Dr Umang Patel
Karyn Bousfield
Debs Higgins
Dr Kevin Choy
Dr Peter Culham
Dr Mike Park
Peta Rowden

Apologies: None

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

SECTION 6: ANNUAL MEETING

15. WELCOME AND APOLOGIES

Jules Arthur (Co-Chair) welcomed everyone to the meeting, noting it had been delayed by one month.

16. MINUTES OF PREVIOUS MEETING

The minutes from the previous Annual General Meeting of the Hawke's Bay Clinical Council meeting held on 11 September 2019 were confirmed as a correct record of the meeting.

Moved: Dr Andy Phillips

Seconded: Debs Higgins

Carried.

17. MATTERS ARISING FROM PREVIOUS ANNUAL MEETING

Dr Peter Culham noted the Clinical Council 'newsletter' to the wider health sector was still to be progressed.

18. ANNUAL REPORT 2020

Jules Arthur tabled the Annual Report for 2019/20, noting the report summarised what Council had achieved during the year, with a focus on quality and capturing the key themes from the directorate presentations. She thanked all members for their contributions during the year.

Russell Wills commented that it was a very productive year.

19. REVIEW OF CLINICAL COUNCIL ANNUAL PLAN 2019/20

Discussion had occurred in the earlier Public meeting on the implementation of a plan for Person and Whanau Centred Care.

Dr Peter Culham asked how well the clinical governance committee structure was functioning. Susan Barnes reported that one committee was well established with advisory groups reporting regularly. Dr Nicholas Jones asked that consideration be given to replace him as Co-Chair of the Clinical Effectiveness & Audit Committee.

20. ELECTION OF CHAIR/CO-CHAIRS 2020/21

Susan Barnes assumed the Chair and Robin Whyman and Jules Arthur vacated the room.

Jules Arthur was nominated as Co-chair by Russell Wills, seconded by Andy Phillips.
Dr Robin Whyman was nominated as Co-Chair by Russell Wills, seconded by Peter Culham.

As no other nominations were forthcoming, Clinical Council unanimously endorsed the nominations.

Jules thanked members for their support and thanked Peter Culham for his contribution representing primary care over the past three years.

It was noted that Dr Jessica Keepa had accepted nomination to Clinical Council. Jules advised her nomination would be put to the CEOs of the DHB and HB Health for endorsement.

21. REVIEW OF TERMS OF REFERENCE

There was a brief discussion on the Terms of Reference and Membership. The Co-Chairs will frame up key questions to be discussed at the November meeting.

22. CLINICAL COUNCIL'S ANNUAL WORKPLAN 2020/2021

Jules Arthur asked Council members what they wished to include in the Annual Plan for the forthcoming year. There was a discussion about Council's role in endorsing business cases and the need for Council to ensure business cases are inclusive of patient safety and quality. Robin Whyman added the Board expects Council to review business cases with a clinical governance lens. Andy Phillips suggested Council monitor actions around the themes identified during presentations made over the past year.

It was agreed to schedule a discussion at the November meeting to firm up the annual plan objectives for 2020/2021.

The meeting closed with a karakia at 5.40 pm


Confirmed: _____
Co-Chairs

Date: _____



MATTERS ARISING FROM 2020 AGM

SEE MINUTES OF MEETING

	Hawke's Bay Clinical Council Annual Report 2020-2021
	For the attention of: HBDHB Clinical Council
Document Owner:	Dr Robin Whyman, Co-chair
Month:	October 2021
Consideration:	For Information

RECOMMENDATION

That the HBDHB Board:

- **Note and discuss** the contents of this report

This Annual General Meeting of the Hawke's Bay Clinical Council was held on 6 October 2021. This Annual Report summarises key areas of activity undertaken during Clinical Council meetings in the 2020-2021 year. Activity has endeavoured to build on work undertaken by the Council during the 2020-2021 year to deliver its role in stronger clinical governance.

Background Information about 2020 / 2021 year

CLINICAL COUNCIL ATTENDANCE RECORD SEPTEMBER 2020 - SEPTEMBER 2021														
Council Members	Sep	Oct	Nov	Dec	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Mtgs attended	# of Mtgs
Jules Arthur	1	1	1	1	1	1	1	1	A	1	1		10	of 11
Dr Robin Whyman	1	1	1	1	1	A	1	1	1	1	1	1	11	of 12
Chris McKenna	1	1	1	A	1	A	1	1	1	1	A	1	9	of 12
Dr Andy Phillips	1	1	1	A	1	1	A	1	1	1	1	1	10	of 12
Dr Russell Wills	1	1	1	A	1	A	1	1	1	1	1	1	9	of 12
Dr Peter Culham	1	1											2	of 2
Debs Higgins	1	1	1	1									4	of 4
Dr Nick Jones	A	1	1	1	1	1	1	1	1	1	1	A	10	of 12
Karyn Bousfield	1	1	1	1	1	1	1	1	A	1	1	1	11	of 12
Peta Rowden	A	1	A	1	A	1	1	A	A	1	A	1	6	of 12
Dr Kevin Choy	1	1	1	1	1	1	1	1	1	1	1	1	12	of 12
Dr Mike Park	1	1	1	1	1	1	1	1	A	A	A	A	8	of 12
Dr Umang Patel	1	1	1	1	1	A	1	1	A	A	1	1	9	of 12
Dr Jessica Keepa				1	1	1	1	1	1	1	1	1	9	of 9
Emma Patel									1	A	1	A	2	of 4
JB Heperi-Smith									A	1	A	A	1	of 4
Brendan Duck										1	1	1	3	of 3
Catherine Overfield												1	1	of 1
Medical Director PHO													0	
Allied Health Rep													0	
	11	13	11	10	11	8	11	11	7					
Apology	A													
Resigned during year														
Vacancy														
No Quorum														

Annual plan 2020-2021

The Council's Annual Plan was structured to focus on activities related to clinical effectiveness, patient safety and quality, engaged and effective workforce, equity and consumer engagement. These areas were chosen as four of the six IHI domains of quality and the inclusion workforce was made given the important issues associated with workforce that were highlighted to Council during the 2019-2020 discussion of services with the directorate teams.

Issues of timeliness and efficiency were not included for specific focus by Clinical Council as they are addressed in operational monitoring and reporting, particularly in the work of the Chief Operating Officer and hospital management teams.

Terms of reference and Council membership

Council implemented revised Terms of reference in March 2021 following approval by the DHB and PHO CEOs. Subsequently we were pleased to welcome JB Heperi-Smith to Council as Senior Advisor Cultural Competency, Emma Patel Nurse Director PHO, Brendan Duck as Systems Lead for Medicines and Catherine Overfield as Interim Midwifery Director from September 2021.

Health Roundtable and Data Dashboard development

Council maintained its ongoing monitoring of patient safety and clinical effectiveness data through quarterly receipt of Health Roundtable reporting and the summary of adverse events and themes. Analysis was discussed between years, noting stable improvement. An increase in nursing and senior doctor staffing budgets to ED to support high workloads was expected to result in more timely patient care. Subsequent report backs indicated that recruitment was progressing well.

Council were concerned that a greater proportion of the events were related to behavioural issues, in particular violence and aggression towards staff. Council were advised that a Violence and Aggression Reduction group has been established and Council will continue to monitor this indicator as part of its clinical governance function.

Council has monitored the same suite of Health Roundtable (HRT) indicators that were developed in 2019 - 2020. That is:

- Hospital Diagnosis Standardised Mortality Ratio
- Percentage of ED patients seen within the clinically recommended time
- Percentage of inpatients presenting to ED within 14 days of discharge
- 28-day emergency readmission rate
- Proportion of patients with a hip fracture receiving surgery within two days after admission with hip fracture
- Same day elective surgery rate
- Hospital acquired complication rates
- Pressure injuries per 10,000 episodes
- Surgical complications per 10,000 episodes
- Falls resulting in fracture or intracranial injury per 10,000 episodes
- Medication complications per 10,000 episodes
- Acute Relative Stay Index

Council had noted a limitation in the peer hospital dataset as there was no ethnicity information for the indicators. To address this issue the DHB had joined the HRT Insights reporting which provides six monthly HRT indicators for all New Zealand DHBs and includes ethnicity information. Council has strengthened its monitoring of equity in the HRT indicators through the use of the HRT Insights dataset.

Inpatient Survey

Council received results for the May 2021 quarter Inpatient Survey in June 2021.

Council considered the results and noted that as this is a national survey there is limited ability to effect change to the strengths and weaknesses of the survey design and consequent data. However, the survey had undergone a recent redesign to improve usability for survey responders, the logic of the questions and sample sizes. This has resulted in an improved survey participation rate at HBDHB from the low teens to the high 20 percent mark.

Clinical Council was provided a summary of the performance. Of note were the positive responses to care from the health care team and quality of care, but opportunities for improvement in discharge processes and discharge information. Council will consider a further report from the team managing the inpatient survey in 2021-2022 with a view to strengthening its clinical governance of this aspect of quality of care and making recommendations to the hospital leadership teams.

System performance measures

Council met the Planning, Funding and Performance team to consider the System Performance Measures and noted a number of the indicators were “stubborn red”. A follow-up workshop was held with Council in September 2021 to consider these indicators, how the Planning, Funding and Performance team could influence these indicators and where, in the Council’s view from a clinical perspective, the greatest gains could be made. The workshop considered the “stubborn red” indicators in groups related to the first 1000 days, long term conditions, mental health and addictions and responsiveness of the health system. Council strongly supported working on the indicators related to the first 1000 days as areas for greatest long-term gain, but requiring cross-system responses.

Work with the Planning Funding and Performance team is ongoing and the team will return to Council in the 2021-2022 year to continue the discussion and monitoring of the programmes of work.

Programmes of work and development projects

Council fulfilled its advisory function considering a number of projects underway or in planning phases. These included a recommendation to approve the Cardiology development project, input to the National Antimicrobial Resistance Action Plan, and input to development of an eMedicines Strategy.

CCDM Safe Staffing and Executive Director People and Culture

Council received a presentation on the implementation and effects of the Care Capacity Demand Management (CCDM) programme. It noted 100% compliance against the CCDM standards for June 2021, and that an evaluation certificate of achievement had been received from the Safe Staffing Healthy Workforce unit following formal evaluation of implementation of the CCDM programme at HBDHB. It was noted that Allied Health reports will be included in the data going forward, this started in July. Hawke’s Bay DHB is the first in the country to achieve this.

Council noted the programme was having positive influences on issues such as staffing levels but factors such as rising acuity and complexity, along with availability of nursing and midwifery workforce staff, were ongoing challenges.. Council acknowledged leadership of the programme and the achievement HBDHB has made with the programme’s implementation. Council will meet with the CCDM safe staffing programme each year to monitor progress noting the importance of nursing, allied health and midwifery staffing to safe delivery of care.

Council met with the new Executive Director People and Culture and discussed a proposed Leadership Training Plan to be developed with a focus on senior clinicians, following results from a pilot scheme. The Council welcomed the idea and strongly advised the need for an inter-disciplinary framework.

COVID-19

Council received monthly updates with regard to the COVID vaccination programme rollout and supported the development of a Hawke’s Bay Clinical Advisory Group (CAG) chaired by the Medical Officer of Health. Council also noted the addition of GP leadership in the CAG group and the role of the group in local monitoring of adverse reactions to support implementation of the COVID-19 vaccination programme.

Thanks

The Clinical Council achieved the majority of its intended areas of action from its Annual Plan. A number of these areas of activity will inform work into the 2021-2022 year.

Clinical Council relies on a significant commitment from its members and DHB staff to support its activities. Unfortunately, the June 2021 meeting was unable to proceed due to the lack of a quorum which occurred due to a combination of ill health, high workloads in both primary care and secondary care and contingency planning for industrial action. While the June meeting being unable to occur was unusual it was reflective of the very high workloads that Council members and the wider health workforce has managed during the year.

I express my particular thanks to my co-Chair Jules Arthur. Jules left the role and the DHB in August 2021 to work full time on midwifery development with TAS. I also express my thanks to Susan Barnes, Manager Patient Safety and Clinical Quality who has worked alongside the Council throughout the year, to Gemma Newland who joined the DHB and has provided strong administrative support. I am also grateful to Brenda Crene who supported the Council with governance advice and oversight.

Finally, I thank my Council colleagues for your ongoing support of the Council, your valuable contributions and your insights which create an environment supportive of engaged dialogue and strengthen clinical governance.

HAWKE'S BAY CLINICAL COUNCIL ANNUAL PLAN 2020/21

ACTION/PROGRESS REPORT FOR OCTOBER 2021 AGM – updated monthly

OBJECTIVE / AREA OF FOCUS	PROGRESS TO OCTOBER 2021
Clinical Effectiveness <ul style="list-style-type: none"> • HRT Quarterly Report • System Performance Measures • Te Ara Whakawaiaora 	Reports at November 2020, December 2020, February 2021, May 2021, August 2021, September 2021 September workshop / discussion – follow up November Changed governance
Patient Safety & Quality <ul style="list-style-type: none"> • Implementation of the clinical governance framework • Implementation of Safety1st • Patient Safety and Risk Management Report 	On hold post structure review Reported in August 2021 Completed
Engaged & Effective Workforce <ul style="list-style-type: none"> • Safe Staffing / CCDM • Clinical Council Newsletter development • Meeting with newly appointed ED People and Culture 	August and November 2021 Removed Completed June 2021
Equity <ul style="list-style-type: none"> • Review of Terms of Reference • Revision of the HRT dashboard for ethnicity data in the indicators • Membership of other committees and groups 	Completed – consider membership AGM September Discuss at AGM

<p>Consumer Engagement</p> <ul style="list-style-type: none"> • Pātaka Kōrero • Consumer engagement framework • Inpatient survey 	<p>Ongoing</p> <p>Ongoing work</p> <p>Completed</p> <p>Completed, follow up October 2021</p>
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**CLINICAL COUNCIL
ELECTION OF CHAIR/DEPUTY/CO-CHAIRS**

2021/2022



Memo

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To: Keriana Brooking, CEO HBDHB
Phillipa Blakey, CEO Health Hawke's Bay

From: Robin Whyman, Chair HB Clinical Council

Date: 21 September 2021

Subject: Recommended Appointments to HB Clinical Council

Vacancies and term reappointments have recently been reviewed and the following are recommended for approval.

One member of Council has offered himself for reappointment for a 3rd term being:

- **Dr Russell Wills**, the DHBs Senior Medical / Dental Officer was nominated by Dr Robin Whyman.

Nominations were sought for several vacant positions on Council:

- **Ani Tomoana** was nominated by Panu Te Whaiti, to the vacant Senior Nurse position, previously occupied by Deb Higgins. Ani is currently Senior Clinical Nurse Team Lead/Nurse Prescriber for Totara Health. She has had over 10 years of primary health care nursing and has a deep passion and insight into the delivery of primary health care services. Three applications for Senior Nurse were received and considered by (the panel) Chris McKenna, Karyn Bousfield and Peta Rowden.
- **Sarah Shanahan** was the only nomination received and was recommended by Anne McLeod to the vacant position of Senior Allied Health Professional. Sarah's current role is engAGE Community Allied Health Manager. Sarah has a physiotherapy background having achieved her degree in Dublin Ireland.

Members appointed by role/position:

- Catherine Overfield an interim appointment by role as she took over as **Acting Director of Midwifery** when Jules Arthur resigned, by role Catherine takes her seat on Council until the Director of Midwifery is appointed.
- Vacant role - **Nurse Director PHO**, a position held by Dr Emma Patel who recently left the PHO. Until an appointment has been made, this role remains vacant.
- In May 2021 Dr Louise Haywood was appointed to Council by role as **Medical Director PHO**. The incumbent is currently not able to attend meetings at the time of Clinical Council and discussions are ongoing regarding a nominee.

RECOMMENDATION

That the following be reappointed to Clinical Council for term ending(s):

- Dr Russell Wills term ending September 2024 (3rd term)
- Ani Tomoana, term ending September 2024 (1st term)
- Sarah Shanahan, term ending September 2024 (1st term)

Interim appointment by role:

- Catherine Overfield as *Acting Director of Midwifery*

To note:

- Nurse Director PHO. until an appointment has been made due to recent resignation, this role remains vacant.
- Medical Director PHO - discussions are ongoing regarding a nominee.



MAKE UP OF COUNCIL

On review of the 18 members on Council, 4 possibly identify as Māori / Pacific ie, approximately 22%

If Nurse Director of PHO once appointed identifies, Council would have 27%

Medical Director nominee, this would rise to 33% if identifying as Maori/Pacific.

APPROVAL

I approve the above appointments

Keriana Brooking
CEO HBDHB

22.9.21

Date

Phillipa Blakey
CEO HBDHB

22.09.21

Date



Hawke's Bay Clinical Council
Tenure as at 21 September 2021

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Tenure		Term	Expiry
Russell Wills	Senior Medical / Dental Officer	3rd	Sept 24
Peta Rowden	Senior Nurse	1 st	Sept 22
Ani Tomoana	Senior Nurse	1 st	Sept 24
Umang Patel	General Practitioner	1 st	Sept 22
Jessica Keepa	General Practitioner	1st	Dec 23
Michael Park	Senior Medical / Dental Officer	1 st	Sept 22
Sarah Shanahan	Senior Allied Health Professional	1 st	Sept 24
Robin Whyman	Chief Medical & Dental Officer - Hospital		N/A
Chris McKenna	Chief Nursing & Midwifery Officer		N/A
Kevin Choy	Clinical Lead Clinical Advisory Governance Committee		N/A
Nicholas Jones	Clinical Director Health Improvement & Equity		N/A
Catherine Overfield	Acting Director of Midwifery		N/A
Andy Phillips	Chief Allied Health Professions Officer		N/A
Vacant	Nurse Director PHO		N/A
Karyn Bousfield	Clinical Lead, Planning & Funding		N/A
JB Heperi-Smith	Senior Advisor, Cultural Competence		N/A
Await nominee	Medical Director PHO		N/A
Brendan Duck	Systems Lead for Medicine		N/A

Terms of Reference - Tenure

- Normally appointed for 3 years
- Ideal for one third retire by rotation each year (ie 2-3)
- Members may be reappointed but for no more than 3 terms.

Note

- Members appointed by role/position do not have a finite term.



**REVIEW:
TERMS OF REFERENCE
MEMBERSHIP**



TERMS OF REFERENCE

Hawke's Bay Clinical Council

March 2021

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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>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, Pacifica health and rural health interests and expertise are reflected.</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 • System Lead for Medicines • Clinical Director Health Improvement & Equity • Senior Advisor, Cultural Competence • Clinical Lead, Planning, Funding and Performance • PHO Clinical Advisory and Governance Committee representative • 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
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>



**CLINICAL COUNCIL
ANNUAL PLAN FOR
2021/2022**

DISCUSSION