



HB Clinical Council Meeting

Date:	Wednesday 6 October 2021
Time:	3.00pm – 5.30pm
Venue:	Te Waiora Room, DHB Administration Building, Corner Omaha Road and McLeod Street, Hastings
Members:	Dr Robin Whyman (Co-Chair) Dr Andy Phillips Dr Russell Wills Dr Nicholas Jones Dr Mike Park Peta Rowden Dr Jessica Keepa JB Heperi-Smith Dr Umang Patel Dr Kevin Choy Chris McKenna Karyn Bousfield Brendan Duck Catherine Overfield
Apologies:	Keriana Brooking, Chief Executive Officer
In Attendance:	Chris Ash, Chief Operating Officer Susan Barnes, Patient Safety & Quality Manager
Minute Taker:	Gemma Newland, EA Chief Allied Health Professions Officer

Public Agenda

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 of Actions (public)	
5.	Annual Plan and Workplan – copy for information	
6.	HB Clinical Council Board Report – September (public) – copy for information	
	Section 2: Standing Management and Committee Reports	
7.	Chief Executive Officer's Report – Keriana is an apology in October (no report)	
8.	COVID19 Vaccine and Immunisation Programme Rollout Progress Report	3.10
9.	Clinical Council Representatives and Committee Reports	3.20
10.	Section 3: Recommendation to Exclude the Public Under Clause 33, New Zealand Public Health & Disability Act 2000	

Excluded Agenda

Item	Section 4: Routine	Time
11.	Minutes of Previous Meeting (public excluded)	3.30
12.	Matters Arising – Review of Actions (public excluded)	
13.	HB Clinical Council Board Report – September (public excluded) – No PubEX report for September	
	Section 5: Presentations / Discussions	
14.	Chief Operating Officer Report – Chris Ash	3.35
15.	Topics of Interest – Member Issues / Updates - Community Nurse Prescribing	3.45
16.	Risk Management Governance report - Andrew Boyd	3.50
17.	Inpatient Survey Update – Nancy Barlow / Susan Barnes	4.00
18.	DAA – Corrective Actions Report – Susan Barnes	4.10

Annual General Meeting (Public)

Item	Section 6: Annual Meeting	Time
19.	Welcome and Apologies	4.25
20.	Minutes of Previous AGM held 7 October 2020	
21.	Matters Arising from AGM 2020 (see minutes)	
22.	Annual Report 2021	4.30
23.	Review of Clinical Council's Annual Plan 2020/21 (past year) including progress report	
24.	Election of Chair / Deputy / Co-Chairs and new member appointments	4.40
25.	Review / Discuss: <ul style="list-style-type: none"> Terms of Reference Membership 	4.50

26.	Clinical Council Annual Plan 2021 / 2022 (discussion)	5.10
	Meeting concludes	5.30

**The next Clinical Council Meeting will be held on
Wednesday 3 November 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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Interests Register
Oct-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
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	
	Neurodevelopmental and Behavioural Society of Australia and New Zealand	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	
Dr Kevin Choy	HBDHB Medical Director Acute & Medical	Medical Director		Yes	Potential Pecuniary - Low level
	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	
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		
	Francis Health	Husband is a Partner	Health consulting services to the health and public sector	No	
Brendon Duck	Hawke's Bay Faculty of GPs	Member	Professional society		
	HBDHB - Systems Lead for Medicine	Employee	Health Services	Yes	Potential
	Totara Health	Director	General Practice		
	Totara Health - Pharmacist Prescriber	Employee	General Practice	Yes	Delivery of funded primary care services via back to back agreement with Health HB
	Pharmaceutical Society of New Zealand	Advisor	Crown Agency	No	
	HQSC	Advisor	Crown Agency	No	

Name Clinical Council Member	Interest e.g. Organisation / Close Family Member	Nature of Interest e.g. Role / Relationship	Core Business Key Activity of Interest	Conflict of Interest Yes / No	If Yes, Nature of Conflict: - Real, potential, perceived - Pecuniary / Personal - Describe relationship of interest to
Catherine Overfield	Member of NZ College of Midwives	Professional Member	Professional guidance and indemnity cover	No	
JB Heperi-Smith					

**MINUTES OF THE MONTHLY HAWKE'S BAY CLINICAL COUNCIL MEETING
HELD IN THE TE WAIORA MEETING ROOM, CORPORATE OFFICE (ZOOM)
ON WEDNESDAY, 1 SEPTEMBER 2021 at 3.00 pm**

PUBLIC

Present:	Dr Robin Whyman (Co-Chair) Chris McKenna Peta Rowden Dr Jessica Keepa Dr Kevin Choy Karyn Bousfield Dr Russell Wills Dr Andy Phillips Brendan Duck Dr Umang Patel Catherine Overfield
Apologies:	Keriana Brooking, Chief Executive Officer Dr Mike Park Emma Patel Dr Nicholas Jones JB Heperi-Smith
In Attendance:	Andrew Boyd, Acting Chief Executive Officer Susan Barnes, Patient Safety & Quality Manager Gemma Newland, EA to Chief Allied Health Professions Officer (minutes)

SECTION 1: ROUTINE

1. WELCOME AND APOLOGIES

Robin Whyman welcomed Catherine Overfield to Council as Interim Director of Midwifery and Andrew Boyd as Acting Chief Executive Officer.

It was acknowledged that there has been a change of roles for Karyn Bousfield – now appointed as Executive Director of Patient Safety and Quality.

Apologies noted – Nick Jones, Mike Park, JB Heperi-Smith and Emma Patel. This meeting would have been Emma's last as she is changing her role. All apologies accepted.

Robin opened the meeting by leading the group in a karakia.

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 public meeting held on 4th August 2021 were confirmed as a correct record of the meeting.

Moved: Umang Patel
 Seconded: Jessica Keepa
Carried.

4. MATTERS ARISING, ACTIONS AND PROGRESS

Item 1: Clinical Council Appointments

Nomination forms supplied to members – due dates to be adjusted.
 Allied Health Director interviews delayed due to Covid level change – in progress.
 October AGM – address appointments at that stage.

Item 2: Clinical Council newsletter to wider health sector

Remove from actions.

Item 3: Quality Framework

Now that the Leadership restructure is in place, Executive Clinical Leads will be progressing this in the next three months – due late 2021.

Item 4: Leadership Programme for Senior Clinicians

Request to Martin Price for information on the national leadership workshops – not yet received.
 Gemma to request again.

Item 5: EMedicine Management Strategy – progress update

Activity happening in this area but date is still to be confirmed.

Item 6: Inpatient Survey Action – progress update

Draft plan prepared – will be on October agenda.

Item 7: HealthPathways – progress update

February 2022 confirmed.

Item 8: HBDHB Equity Action Plan

Update due February 2022.

Item 9: Professional Standards and Performance Committee

Credentialing papers on September agenda. Closed.

Item 10: Inwards Correspondence from Health Hawke's Bay

Response sent August 2021 by Robin Whyman – completed (included in papers). Closed.

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

Taken as read. With the Annual General Meeting in October the workplan will then be refreshed for 21/22.

6. HB CLINICAL COUNCIL BOARD REPORT – AUGUST (Public)

Karyn noted that the board report created minimal discussion apart from information on the equity action plan. Council needs to consider how our agenda is structured and how this is better reported at Board level.

Andy explained that the wording in the report was confusing. The monitoring function on the equity action plan is not for Clinical Council to follow up, but that the group would be interested to be kept updated on the progress. This required clarity.

7. AGM PLANNING FOR OCTOBER

Robin proposed that Council proceed to have the AGM within the October meeting. Membership nominations to be made with the forms provided. Consideration to be given to members who could be returning or completing terms, a new Chair and Deputy Chair or Co-Chairs. Noted Russell is happy to continue for a third term as the Senior Medical / Dental Officer but this requires a renomination. Appointments of a Senior Nurse and a Senior Allied Health Professional need to be made to ensure a full council membership as referred to in the Terms of Reference. The appointments by position through the PHO - a replacement for Emma Patel as Nurse Director PHO, delegation of Louise Haywood's position as Medical Director PHO will also need to be made by Health Hawke's Bay. The nomination forms distributed via email will be updated with later closing dates.

It is anticipated that the AGM will form a part of the October meeting itself.

SECTION 2: STANDING MANAGEMENT COMMITTEE REPORTS

8. CHIEF EXECUTIVE OFFICER REPORT

Andrew Boyd acting CEO addressed the group noting that Keriana Brooking has been seconded to the Ministry of Health for the current Covid outbreak. Andrew discussed the recent meetings he has attended being FRAC and Board and these group are prioritising their workplans for ending in June 2022. Regular daily meetings for Covid have been on his agenda and he noted that from a multiagency perspective, the planning for the Covid19 response is going well and all organisations are cooperating. Keriana will be back in the region next week

Karyn acknowledged the good work that Andrew is doing as acting CEO.

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

Chris McKenna addressed the group confirming the huge demand on both the workforce and resources with the with delta outbreak. 20,000 vaccinations were completed last week.

Being very conscious of equity measures, the vaccination rate among Māori are holding at 16% which is not comparable with non-Māori. The levels of Pacifica vaccinations are high and this a positive.

There are a variety of clinics offering vaccination – marae, drive through centres and pop up clinics. Chris will be attending a meeting tonight about the vaccine supply. Vaccinations are booked through national booking system. The vaccination programme in the next few weeks may need to be discussed if increased supply is required for Auckland in the short term.

The Ministry of Health has published a statement regarding the death of a woman in the days following vaccination with the Pfizer COVID-19 vaccine. The COVID-19 Independent Safety Monitoring Board (CV-ISMB) has considered that the woman's death was due to myocarditis, which is known to be a rare side effect of the Pfizer COVID-19 vaccine. They considered that the myocarditis was probably due to vaccination. The CV-ISMB noted that there were other medical issues occurring at the same time which may have influenced the outcome following vaccination. The case has been referred to the Coroner and the cause of death has not yet been determined. Further details cannot be released while the Coroner investigates.

Clinical Council was advised that in Hawke's Bay the Covid team regularly reviews all incidents associated with the COVID-19 vaccine. In the last month there were 27, only one was serious, and was elevated as appropriate.

The Immunisation Monitoring group now includes Dr Peter Culham as an Advisor. It was noted that Hawke's Bay District Health Board has amongst the highest levels of staff vaccination and reflects the positive messages and support of staff to have access to this vaccine.

10. CLINICAL COUNCIL REPRESENTATIVES AND COMMITTEE REPORTS

Professional Standards and Performance Committee Report

Andy spoke to the report with an update of activity.

The biggest area of work has been providing the RMO training and advisory group with support. The relationship between the RMOs and RMO Training and Advisory Group (RTAG) has become much stronger. The issues identified include ongoing concerns with pagers, paging and the switch from pagers to iPhones. This has been referred back to the DE team and Health Services Leadership group to continue.

Issues with the technology for contact is not only a Hawke's Bay issue and Digital Enablement is working on this. Switching technology to iPhones and secure apps is a work in progress – and noted as a key quality workload.

Out of hours support is being addressed as there has been an agreement to increase staff levels by three RMOs next year. Chris Ash has also agreed to RMOs being over recruited, rather than relying on locums as this is safer and more productive. The orientation / induction of doctors is changing because of the change to their management. The new area of Support Services lead by Rika Hentschel will now oversee the management of this group and this should result in an improved, supportive system.

Russell pointed out that paging issues aren't just a technology issue. There has been a long-term problem of Switchboard Operators not knowing the difference between SMOs, RMOs and Consultants – which can result in the wrong person being contacted out of hours when support is needed. Working closely with the DE team is vital to keep this project moving.

The Allied Health Professions Advisory Group Report drew no questions from members.

It was noted that the development of the Health Research Strategy for Hawke's Bay DHB had been agreed as a piece of work not to continue at the moment due to the health system structural changes.

Credentialing Paper

Joint chairs presented a paper reviewing the secondary care workforce credentialing processes. The paper reviewed credentialing for medical, nursing and allied health staff. The paper outlined the process for each professional group and ongoing quality improvements to the processes were discussed.

Council discussed the process undertaken for medical credentialing noting that for existing SMOs this is a department by department bi-annual review with a focus on each SMO, their scope of practice, support and the assessment by the HOD. New SMOs are credentialed to the organisation by the credentialing committee based on their interview by the department, referee reports, proposed scope of practice, self-declaration and agreement with the HOD.

The report regarding Nursing and Allied Health credentialing explained that for these workforce groups it is quite prescribed – Nursing Council regulates any additional skill areas as an extended scope of practice. The process is that departments apply to add a new skill and then the individual follows up through this pathway. There are fewer procedures that require credentialing and no issues were noted from nursing.

For Midwifery credentialing there is no extended scope of practice. It is very clearly defined and practice is moderated by the Midwifery Council.

It was noted that education is a quadrant of health system quality, and so credentialing is important to assurance of workforce competence and capability.

It was agreed by Council that from a clinical quality perspective, the group should regularly discuss this process in all areas that require credentialing.

Patient Safety and Risk Management Committee Report

Russell distributed a late report (not included in the papers) and brought to the group's attention the following:

Falls minimisation - there is a falls risk due to polypharmacy in the community increasing the risk of falls. The loss of ACC funding for strength and falls programme is a concern for the Falls group. A new Chair is to be appointed for this committee – recruitment in process.

Concerns were raised that risks occurred associated with RSV exposure because of PPE concerns. The reasoning behind staff not completing the required SIM training being lack of time, was not appropriate and would be a continued focus with units.

Maternity governance had discussed roster gaps because they can't recruit the staff required and ongoing concern about skill mix whilst teams continued to have fewer available qualified staff members on a shift. The senior leadership team have been assisting but the concern is that it is not sustainable. It was acknowledged this represents a national problem including difficulties with recruitment from overseas affecting availability of key workforce.

Council discussed clinical photography following the retirements of the previous photographer. Clinical photography is needed for documentation purposes. Andy explained that again a workforce supply problem exists and there's no formal training for this skill. Andy indicated that an external photographer may have to be contracted as a solution. Work is also ongoing with DE to ensure photographs taken by clinicians are able to be stored

Chris and Brendan moved to accept this report – and it was noted that this report is important to flag in the Board report to be generated.

SECTION 3: RECOMMENDATION TO EXCLUDE THE PUBLIC

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

12. Minutes of Previous Meeting (public excluded)
13. Matters Arising – Review Actions (public excluded)
14. HB Clinical Council Board Report – August (public excluded)
15. Chief Operating Officer Report
16. Topics of Interest – Member Issues/Updates
17. System Performance Measures – stubborn reds discussion
18. HRT Dashboard – Q1 2021
19. Co-Chair discussion on HRT Data
20. Patient Safety Report
21. DAA – Corrective actions report

The meeting closed at 4.12pm

Confirmed: _____ Co-Chair

Date: _____

HAWKE'S BAY CLINICAL COUNCIL MATTERS ARISING / ACTIONS

(Public)

As at September 2021

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1.	Jun-20	Clinical Council Appointments Appointment of a Senior Allied Health Professional on Council to be confirmed	Co-Chairs/ Andy Phillips	October	During AGM
2.	Dec-20	Quality Framework Introduce framework to DLTs Launch framework	Susan Barnes	Late 2021	
3.	July-21	Leadership Programme for Senior Clinicians Martin Price to provide Council with notes from the national leadership workshops.	Martin Price	Aug 2021	In progress
4.	July-21	EMedicine Management Strategy Progress review	Di Vicary / Brendan Duck	TBC	
5.	July-21	Inpatient Survey Action Themes to be summarised by Nancy Barlow and Council to create plan of action to address and share with appropriate groups.	Nancy Barlow	October	
6.	July-21	HealthPathways Update from Team Leads	Tania Page and Donna Armstrong	Feb 2022	
7.	Aug-21	HBDHB Equity Action Plan <ul style="list-style-type: none"> Reporting progress to be fed back to Council Request for Council to have site on the equity funding process 	Nick Jones and JB Heperi-Smith	Feb 2022	
8.	Sept-21	Board Reporting Provide Board with Clinical Council's view on what governance priorities may be and provide detail/recommendations.	Robin Whyman	Oct 2021	

**HAWKE'S BAY CLINICAL COUNCIL
ANNUAL PLAN 2020/2021**

AREA OF FOCUS	ACTIVITIES	TIMEFRAME	PROGRESS
Clinical Effectiveness	1 HRT Quarterly Report 2 System Performance Measures 3 Te Ara Whakawaiora	Quarterly Quarterly TBC	1 and 2 on September agenda
Patient Safety & Quality	1 Implementation of the clinical governance framework 2 Implementation of Safety1st 3 Patient Safety and Risk Management Report	April 2021 August 2021 September 2021	On hold post structure review Reported in August 2021 Completed
Engaged & Effective Workforce	1 Safe Staffing / CCDM 2 Clinical Council Newsletter development 3 Meeting with newly appointed ED People and Culture	April 2021 Mid-year July 2021	August, November 2021 Removed Completed
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 August 2021 October 2021	Completed – consider membership AGM September Discuss at AGM
Consumer Engagement	1 Pātaka Kōrero 2 Consumer engagement framework 3 Inpatient survey	TBC August 2021 July 2021	Completed Completed, follow up October

Clinical Council Workplan 2020 / 2021**As at September 2021****5.1**

Meeting	Clinical Council	Area of Focus from CC Annual Plan	FRAC	BOARD
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
June	DAA corrective actions update COVID vaccination update Clinical Committees Updates	Equity Consumer Engagement Clinical Effectiveness Patient Safety and Quality		No meeting held due to lack of quorum
July	Presentation – Inpatient survey Martin Price, ED People & Culture eMedicine Management Strategy COVID vaccination update Clinical Committees Updates	Consumer Engagement Engaged & Effective Workforce Clinical Effectiveness Patient Safety and Quality Clinical Effectiveness		Summary of conversations/key topics discussed

Clinical Council Workplan 2020 / 2021**As at September 2021****5.1**


Meeting	Clinical Council	Area of Focus from CC Annual Plan	FRAC	BOARD
August	Equity action plan DAA corrective actions update CCDM Safe Staffing (core data set) Patient Safety quarterly report DAA corrective actions update COVID vaccination update Clinical Committees Updates Community/Consumer Council & Localities/Community Networks Safety1st – progress report	Equity Patient Safety and Quality Clinical Effectiveness 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	HRT dashboard – Q1 2021 data System Performance Measures Discussion Risk Management Governance report DAA corrective actions update COVID vaccination update Clinical Committees Updates ED expansion case	Clinical Effectiveness Patient Safety and Quality Equity Engaged & Effective Workforce Consumer Engagement		Summary of conversations/key topics discussed
October and AGM	DAA corrective actions update Risk Management Governance report (next Jan 2022) Inpatient Survey Update	Clinical Effectiveness Equity Patient Safety and Quality Clinical Effectiveness Engaged & Effective Workforce		Summary of conversations/key topics discussed

Clinical Council Workplan 2020 / 2021

As at September 2021

5.1

Meeting	Clinical Council	Area of Focus from CC Annual Plan	FRAC	BOARD
	COVID vaccination update Clinical Committees Updates			
November	HRT dashboard – Q2 2021 data System Performance Measures Patient Safety quarterly report COVID vaccination update Clinical Committees Updates Adverse Event Management Policy Cultural Safety discussion (workshop)	Clinical Effectiveness Equity Patient Safety and Quality Clinical Effectiveness Engaged & Effective Workforce	Dashboard (November) + Short Report (including narrative from CC) forms part of Patient Safety Report	Summary of conversations/key topics discussed
December	COVID vaccination update Clinical Committees Updates	Clinical Effectiveness Equity Patient Safety and Quality Clinical Effectiveness Engaged & Effective Workforce		Summary of conversations/key topics discussed

	REPORT FROM HB CLINICAL COUNCIL (Public) SEPTEMBER 2021
	For the attention of: HBDHB Board
Document Author(s) Document Owner	Gemma Newland (Executive Assistant to Chief Allied Health Professions Officer) Robin Whyman (Co-Chair)
Date	September 2021
Purpose/Summary of the Aim of the Paper	Provide Board with an overview of matters discussed at HB Clinical Council meeting on 1 September 2021.
Health Equity Framework	Hawke's Bay Clinical Council works in partnership with a whole of system approach to ensure Hawke's Bay health services are achieving equitable 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:	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 Hawke's Bay District.
Risk Assessment	Risk associated with the issues considered by the Clinical Council included <ul style="list-style-type: none"> • Equitable delivery and uptake of the COVID vaccination programme. • Falls minimisation and polypharmacy. • Maternity workforce supply • System performance measures and a framework for monitoring actions are in the areas of First 1,000 days (FTD), Cardiovascular Disease Risk and Diabetes as Long-Term Conditions. Council also agreed on the importance of Mental Health and breast screening
Financial/Legal Impact	
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. AGM Planning for October

Clinical Council AGM will occur at the October meeting. Appointments of a Senior Nurse, Nurse Director PHO, Medical Director PHO and a Senior Allied Health Professional all need to be made to ensure a full council membership, as referred to in the Terms of Reference.

2. COVID-19 Vaccine and Immunisation Programme Rollout Progress Report

Council received a report on the roll out of the COVID vaccination programme in Hawke's Bay confirming huge demand on both the workforce and resources to deliver the COVID-19 vaccination rollout during the recent delta outbreak and move to Alert Level 4.

Council noted the vaccination rate amongst Māori was holding at 16 percent. A continued challenge existed for the programme with equity of vaccination provision. The levels of Pasifika vaccinations were high.

Following recent notification from the Ministry of Health of the death of a woman from myocarditis in the days following vaccination of the Pfizer COVID-19 vaccine Clinical Council was advised the Hawke's Bay Covid team regularly reviewed all incidents associated with the COVID-19 vaccine. To-date there have been five serious immediate (suspected anaphylaxis) reactions to COVID vaccination, all given adrenaline, three were in DHB facilities, all have recovered fully and have been discussed with IMAC (Immunisation advisory Centre), and reported to Medsafe.

There have been two patients who attended ED in the days following COVID vaccination, neither admitted and both now recovered. Both reported to Medsafe.

3. Professional Standards and Performance Committee and Patient Safety and Risk Management Committee Reports

Council received reports from the Professional Standards and Performance and the Patient Safety and Risk Management Committees.

The Professional Standards and Performance committee recently met with the RMO Training and Advisory Group and had undertaken a review of medical, nursing and allied health credentialing systems.

The paper noted the medical credentialing system was robust and the regular process continues to show staff were fit to practice. Grey areas occurred when introducing new procedures and deciding whether it was a new procedure or evolution of practice, this creates challenges for the credentialing process.

For nursing and midwifery, the process is quite prescribed as the Nursing Council regulates any additional skill areas as an extended scope of practice.

The Patient Safety and Risk Management Committee noted ongoing work in the area of falls minimisation and the risks polypharmacy in the community was creating. With greater focus on ensuring equity of access to medicines, the committee noted there was less time for pharmacy facilitators to spend on falls minimisation work associated with polypharmacy. The group reported ongoing concerns with access to sufficient maternity workforce, greater demand on senior roles to function in clinical positions and limited ability to recruit from overseas. It was recognised this is a national workforce issue.

4. System Performance Measures Workshop

The Council held a workshop session with Planning Funding and Performance on System Performance Measures, and in particular the indicators which remain as “stubborn reds”. The purpose was to assist t Planning Funding and Performance with Clinical Council’s views of the important areas to place focus on and to assist Clinical Council with a focus for future monitoring reports.

Council indicated its strongest concerns and recommendations for actions are in the areas of First 1,000 days (FTD), Cardiovascular Disease Risk and Diabetes as Long-Term Conditions. Council also agreed on the importance of Mental Health and breast screening.

Planning Funding and Performance will create a contributory measures framework for Clinical Council to consider at a later meeting to assist in monitoring these outcomes and recommending actions for improvement, noting that all these indicators are significant to health equity.



CHIEF EXECUTIVE OFFICER REPORT

KERIANA BROOKING
(APOLOGY)



COVID-19 VACCINE AND IMMUNISATION PROGRAMME ROLLOUT

CHRIS MCKENNA / NICK JONES



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. Confirmation of Previous Minutes (Public Excluded)
12. Matters Arising – Review of Actions (Public Excluded)
13. Clinical Council Board Report (was no Report in Public Excluded)
14. Chief Operating Officers Report (Public Excluded)
15. Topics of Interest (Public Excluded)
16. Risk Management Governance Report (Public Excluded)
17. Inpatient Survey Update (Public Excluded)
18. DAA Corrective Actions Report (Public Excluded)

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).