



HB Clinical Council Monthly & Annual Meeting

Date: Wednesday, 11 September 2019

Meeting: 3.00 pm to 5:00 pm

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

Council Members:

Jules Arthur (Chair)
Dr Andy Phillips
Chris McKenna
Dr Mark Peterson
Karyn Bousfield
Peta Rowden
Di Vicary

Dr Robin Whyman
Dr Kevin Choy
Dr Russell Wills
Debs Higgins
Dr Peter Culham
Dr Nicholas Jones

Apology: Peta Rowden, Anne McLeod

In Attendance:

Kate Coley, ED People and Quality
Ken Foote, Company Secretary
Ana Apatu, Māori Relationship Board Representative

MONTHLY MEETING**Public**

Item	Section 1 – Routine	Time (pm)
1.	Welcome and apologies	3pm
2.	Interests Register	
3.	Minutes of Previous Meeting	
4.	Matters Arising – Review Actions	
5.	Clinical Council Workplan	
6.	HB Clinical Council Board Report (August)	
Section 2 – For Information & Discussion		
7.	Matariki HB Regional Development Strategy & Social Inclusion Strategy update - Bernard Te Paa	3.15
Section 3 - Committee Reports		
8.	Clinical Advisory & Governance Group meeting update – Chris McKenna	3.30
9.	Te Pitau Health Alliance Governance Group report	3.35
10.	Recommendation to Exclude the Public	

Public Excluded

Item	Section 4– Routine	Time (pm)
11.	Member Topics of Interest	3.40
12.	Minutes of Previous Meeting	
13.	Matters Arising - Review Actions	
14.	HB Clinical Council Board Report (August) – public excluded	
15.	Patient Safety & Clinical Quality reports including Health Certification Findings (provided for information only) – Kate Coley	
16.	Serious Adverse Events FULL Report – Kate Coley	



Next Meeting: Wednesday, 19 October at 3.00 pm, Boardroom, HBDHB Corporate Office

ANNUAL MEETING**Public Excluded**

Item	Section 6 – Annual Meeting	Time (pm)
17.	Welcome and apologies	4pm
18.	Minutes of Previous Annual Meeting held 12 September 2018	
19.	Matters Arising from Annual Meeting 2018	
20.	Election of Chair/Co-Chairs 2019/20	4.10
21.	Review <ul style="list-style-type: none"> - Terms of Reference - Membership 	4.20
22.	Review of Clinical Council's Annual Plan 2018/19 (past year) inc progress report	4.35
23.	Clinical Council's Annual Plan 2019/2020	4.45
ENDS		

Next Meeting: Wednesday, 19 October at 3.00 pm, Boardroom, HBDHB Corporate Office

Our shared values and behaviours



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

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

1 ĀKINA IMPROVEMENT *Continuous improvement in everything we do*

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

1 RARANGATE TIRA PARTNERSHIP *Working together in partnership across the community*

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

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

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

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Interests Register
Aug-19
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	HNB ensures the provision of essential primary health care services, mostly through general practices, to the population of HB.	Yes	Low
Dr Mark Peterson (Chief Medical Officer - Primary Care)	Taradale Medical Centre	Shareholder and Director	General Practice	Yes	Low
	City Medical Napier	Shareholder	Accident and Medical Clinic	Yes	Contract with HBDHB
	PHO Services Agreement Amendment Protocol (PSAAP)	"Contracted Provider" representative	The PHO services Agreement is the contract between the DHB and PHO. PSAAP is the negotiating group that agrees the contract.	Yes	Representative on the negotiating group
	Health Hawke's Bay Limited (PHO)	Board member	HNB ensures the provision of essential primary health care services, mostly through general practices, to the population of HB.	Yes	Low
	Primary Health Alliance	Executive Member	Primary Care advocacy organisation	Yes	Low
	Council of Medical Colleges	Royal New Zealand College of General Practitioners representative and Council of Medical Colleges Executive	May impact on some discussions around medical training and workforce, at such times interest would be declared.	Yes	Low
	General Practice New Zealand	Executive Member			
	General Practice Leaders Forum	Member			
Jules Arthur (Midwifery Director)	National Midwifery Leaders Group	Chair	Forum for national midwifery and maternity issues	No	
	Central Region Midwifery Leaders report to TAS	Member	Regional approach to services	No	
	National Maternal Wellbeing and Child Protection group	Co Chair	To strengthen families by facilitating a seamless transition between primary and secondary providers of support and care; working collaboratively to engage support agencies to work with the mother and her whanau in a culturally safe manner.	No	
	NZ College of Midwives	Member	A professional body for the midwifery workforce	No	
	Central Region Quality and Safety Alliance	Member	A network of professionals overseeing clinical governance of the central region for patient quality and safety.	No	
David Warrington (Nurse Director - Older Persons)	The Works Wellness Centre	Wife is Practitioner and owner	Chiropractic care and treatment, primary, preventative and physiotherapy	Yes	Low
	National Directors of Mental Health Nursing	Member		No	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	
Debs Higgins (Senior Nurse)	The NZ Nurses Society	Member of the Society	Provision of indemnity insurance and professional support.	No	
	Health HB	Employee	Role: Clinical Performance Support Lead	Yes	Low
Anne McLeod (Senior Allied Health Professional)	Aotearoa NZ Association of Social Workers	Member		Yes	Low
	HB DHB Employee Heather Charteris	Sister-in-law	Registered Nurse Diabetic Educator	Yes	Low
	Directions Coaching	Coach and Trainer	Private Business	Yes	Low: Contracts in the past with HBDHB and Hauora Tairāwhiti.
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 Institute of Directors	Member	Professional network	No	
	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	

HB Clinical Council 11 September 2019 - 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
Dr Peter Culham (GP)	Havelock North Properties Limited	Shareholder	Medical Centre owner	Yes	Low, pecuniary, hold leases with healthcare providers Low, pecuniary, provides primary care services No further exposure beyond mentioned above
	Te Mata Peak Practice	GP and Director	General Practice	Yes	
	C&G Healthcare	Director	Private business	No	
	Royal NZ College of General Practitioners	Fellow		No	
Di Vicary	Vicary Pharmacy Services Ltd	Director	Pharmacy Contracts	No	Perceived personal Will not sit in hearings for HB pharmacists
	Pharmaceutical Society of New Zealand	Committee Member HB bmach	Supporting pharmacists in HB	Yes	
	HPDT	Pharmacist member	Disciplinary tribunals for pharmacists	Yes	

**MINUTES OF MEETING FOR THE HAWKE'S BAY CLINICAL COUNCIL
HELD IN THE TE WAIORA ROOM, HAWKE'S BAY DISTRICT HEALTH BOARD
CORPORATE OFFICE ON WEDNESDAY, 14 AUGUST 2019 AT 12.30 PM**

PUBLIC

Present: Jules Arthur (Chair)
Chris McKenna
Debs Higgins
Dr Peter Culham
Dr Mark Peterson
Dr Robin Whyman
Dr Russell Wills
David Warrington
Dr Nicholas Jones
Dr Mike Park
Anne McLeod
Dr Kevin Choy
Les Cunningham
Di Vicary
Karyn Bousfield

In Attendance: Craig Climo, Interim Chief Executive Officer
Ken Foote, Company Secretary
Kate Coley, Executive Director, People & Quality
Chris Ash, Executive Director, Primary Care
Bernard Te Paa, Executive Director, Health Improvement & Equity Directorate
Patrick Le Geyt, General Manager, Health Improvement & Equity Directorate
Henare Heke, Head of Intersector & Special Projects
Karyn Bousfield, Nurse Director, Primary Care
Annie Quinlivan, EA to Executive Director Financial Services

Apologies: Andy Phillips, John Gommans, and Peta Rowden.

SECTION 1: ROUTINE

1. WELCOME AND APOLOGIES

Jules Arthur as Chair welcomed everyone to the meeting and advised that John Gommans was on leave. As there were a few new faces around the table, she suggested that each member introduce themselves.

Apologies from Andy Phillips, John Gommans and Peta Rowden were noted.

2. INTEREST REGISTER

The Council were reminded that any additions or changes to the register were to be advised to the Hawke's Bay District Health Board Administrator, Jacqui Sanders-Jones. **Noted**

3. MINUTES OF PREVIOUS MEETING

The minutes of the HB Clinical Council meeting held on 10 July 2019, were confirmed as a correct record of the meeting.

Moved: Nick Jones
Seconded: Russell Wills
Carried

4. MATTERS ARISING / REVIEW ACTIONS

Item 1 *New Clinical Governance Structure / Terms of References*

- The Clinical Advisory Group are meeting next week and the Terms of Reference would be provided to the Clinical Council at their September meeting. **Action**

Item 2 *Screening for Harms – Verbal update by Dr Russell Wills*

- Cheryl Newman has given comment. The 2011 report from Tau Huirama is included. Russell Wills and JB Smith will discuss next steps including consultation with iwi.

Item 3 *Clinical Council Annual Plan – Progress Review*

- Workplan going forward will be reviewed at our Annual meeting next month and a refresh of what that looks like

Item 4 *Tō Waha*

- Completed.

Item 5 *Hawke's Bay Health Strategy*

- This will be discussed later in the meeting today and endorsement of the Strategy would be sought from Clinical Council.

Item 6 *Annual Meeting Agenda*

- It was agreed that the Annual Meeting for the Clinical Council would be held in September 2019.

5. HAWKE'S BAY CLINICAL COUNCIL REPORT TO BOARD JULY 2019

The Chair spoke to the report that was included in the agenda papers and took the report as read. Particular mention was made of the departure of both Kevin Snee, CEO of the Hawke's Bay District Health Board and Dr John Gommans as his role of Co-Chair on the Clinical Council.

6. WORKPLAN

The workplan was noted. It was noted that the Health Certification Audit Findings would be coming to Clinical Council as a separate paper to the September 2019 meeting. **Action: Noted for workplan**

7. CLINICAL COUNCIL ANNUAL PLAN – PROGRESS REVIEW

Progress on the objectives was noted.

SECTION 2: REPORTING COMMITTEES TO COUNCIL

8. CLINICAL ADVISORY & GOVERNANCE GROUP (CAG) – VERBAL UPDATE

Chris McKenna advised that the Clinical Advisory Group were meeting next week and so there was no update to provide to Clinical Council today. However it was noted that Mark Peterson would now be the lead person for this group.

9. COUNCIL REPRESENTATIVES REPORTS

- **Te Pītau Health Alliance Governance Group**

A written report was included in the agenda papers and the report was noted.

Dr Nick Jones asked Dr Peter Culham how the HB Health Strategy sat alongside the work being undertaken by the Te Pītau Health Alliance Governance Group. Dr Culham advised that this question be best asked of Patrick Le Geyt when he came and presented to the Clinical Council later in the meeting. **Action**

- **Professional Standards Committee**

With the departure of both John Gommans and David Warrington the Chair requested any expressions of interest for Clinical Council members to be part of this group. **Action**

- **Information Services Governance Group**

With the recent resignation of Dr Dan Bernal, a new representative from the Clinical Council needed to be appointed on to the Information Services Governance Group. Dr Nick Jones registered his interest to be part of this group. **Noted.**

- **Patient Safety and Risk Committee**

It was recognised that with no administrative support an updated report was not available however Chris McKenna did advise that the report would be circulated to all members over the next few days. A verbal report was given **Action**

- **Maternity Clinical Governance Group**

This group was progressing well although it was acknowledged that there were still some outstanding issues being addressed.

- **Infection Prevention Control**

It was acknowledged that staff were working incredibly hard to manage infection control and this included surveillance and containment. One of the risks was enabling SMO and ICU Nurses to free up their time to do the work in collating and working through the data – this is a very manual process. A recommendation was put forward regarding implementation of ICNET as per other DHBs nationally. Kate Coley would keep the Clinical Council up to date and work continued.

- **Clinical Advisory Group**

This group was working well and there had been good clinical engagement. Dr Kevin Choy welcomed as the Chair of this group

- **Restraint Committee**

Good work continuing and no risk areas being identified.

- **Wound Pressure Injury Group**

This was a newly formed group however it was progressing well. There was a big focus on pressure areas and reducing them.

- **Maternity Clinical Governance Group**
Midwifery vacancy levels a risk for staffing of maternity inpatient areas; recruitment was ongoing. Note the requirement to replace the fetal heart rate monitor (CTG) machine in Napier maternity resource centre. This is an essential piece of equipment to support closer to home primary maternity assessments. This is currently a risk in terms of equity of access. This is being addressed through operational channels at present.
- **Clinical Effectiveness and Audit Committee**
Dr Nick Jones advised that there had only been one meeting. The group were struggling with the lack of administrative support after a recent resignation. There had been some discussions around the capacity and the ability to review the effectiveness. The group would be drawing on a model used in Auckland which had a dedicated function on new interventions and procedures.

The Chair suggested that this could be a topic for a future agenda. **Noted**

SECTION 3: FOR DECISION

10. HAWKE'S BAY HEALTH STRATEGY APPROVAL

The Hawke's Bay Health Strategy 2019-2020 was provided to the Clinical Council and Chris Ash, Executive Director Primary Care provided an update on the current state of the HB Health Strategy.

In response to Dr Nick Jones question earlier on how the strategy sat alongside Te Pītau Health Alliance Governance Group he considered that the two pieces of worked merged with each other and that there was a definite overlap. He suggested that after the Board elections, Te Pitau Health Alliance Governance Group could review its constitution, its Terms of Reference and structure of the governance group, to ensure its appropriateness.

SECTION 4: INFORMATION/DISCUSSION

11. WAI 2575 TREATY HEALTH CLAIM STAGE 1 PRIMARY CARE

Patrick Le Geyt provided an overview of the Wai 2575 Treaty Health Claims.

The following comments were made on this document:

Health Needs Assessment data is important in understanding the health statistics for Māori particularly around avoidable mortalities. Consideration on what was the best way to have an effect on Māori health status focussing on the last 10-15 years of life.

The issue of whether this approach was seen as challenging for GP's was raised. Patrick Le Geyt suggested that this was an opportunity to improve

With the upcoming elections later in the year, one of the HBDHB's values "*Raranga Te Tira*" (partnership), this could be an opportunity support the development of strong Māori community candidates which could be the voice for Māori in HB.

12. ALCOHOL HARM REDUCTION STRATEGY UPDATE

Paper as read.

The Chair referred to the messaging being promoted through the maternity resource centre using appropriate messaging and signage. It was also noted regarding the successful “Pre-Testie-Bestie” campaign which aimed to stop women having a drink if they thought they might be pregnant and to have no alcohol during pregnancy.

Bernard Te Paa also acknowledged the great job that Rachel Eyre had done on this strategy and also advised the Clinical Council on the recent appointment of Tim Antric who would be starting with the HDBHB on Monday 26th August 2019 in the role of General Manager Population Health.

13. ANNUAL PLAN 2019/20

The Annual Plan had been submitted to the Ministry of Health and once approved by the Minister would be available on the Hawke's Bay District Health Board website.

SECTION 4: RECOMMENDATION TO EXCLUDE THE PUBLIC

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

15. Minutes of Previous Meetings (public excluded)
16. Matters Arising – Review Actions
17. Hawke's Bay Clinical Council report to Board (public excluded)
18. Committee Reports (public excluded)
19. (i) Patient Safety & Quality Dashboard
(ii) Clinical Risk Report including FRAC Report July 2019
20. Topics of Interest – Member Issues/Updates

Moved: Mark Peterson
Seconded: Debs Higgins
Carried

The meeting closed at 2.24pm

CONFIRMED: _____
 Chair


DATE: _____

HB CLINICAL COUNCIL - MATTERS ARISING (Public)

Action n	Date Entered	Action to be Taken	By Whom	Month	Status
1	12/09/18	<i>New Clinical Governance Structure / Terms of References</i> <ul style="list-style-type: none"> CAG TOR to be provided Committee Chairs to provide Advisory Group (AG) TOR to Company Secretary for consistency/format review Committee Chairs to approve TOR for respective AGs Clinical Council to endorse AG TOR 	C McKenna Committee Co-Chairs “ All	TBC Ongoing Ongoing Aug AGM	Pending approval Ongoing Ongoing
2	13/03/19	<i>Screening for Harms</i> Small working group to prepare starter for 10 paper for discussion.	Nick Jones, Russell Wills, Andy Phillips and Debs Higgins	July	Ongoing
4	08/05/19	<i>Tō Waha</i> <ul style="list-style-type: none"> Letter of thanks to be sent to community dentists who took part in the initiative. 	J Gommans / R Whyman	July	Ongoing
5	August	<i>Health Certification Audit Findings</i> <ul style="list-style-type: none"> Health Certification Audit Findings would be coming to Clinical Council as a separate paper 	Kate Coley	October	Agenda item

HB Clinical Council 11 September 2019 - Clinical Council workplan

GOVERNANCE WORKPLAN PAPERS									
Updated: 28 August 2019									
CLINICAL & CONSUMER MEETING 11/12 September 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				11-Sep-19			
Matariki HB Regional Development Strategy and Social Inclusion Strategy update (6 mthly) <small>Sept-Mar</small>	E	Bernard TePaa	Shari Tidswell		11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19
Serious Adverse Events FULL REPORT		Robyn Whyman		3-Sep-19		11-Sep-19		25-Sep-19	
Patient Safety & Clinical Quality Report	E	Kate Coley				11-Sep-19		25-Sep-19	
Clinical Risk/ Electives explained		Robin Whyman					12-Sep-19		
Membership update to Consumer Council - where are we represented?		Ken Foote					12-Sep-19		
Consumer Council Annual Plan 19/20 (2)		Ken Foote					12-Sep-19		
CLINICAL & CONSUMER MEETING 9/10 October 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				9-Oct-19			
After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept) last one in cycle	E	Wayne Woolrich			9-Oct-19	9-Oct-19	9-Oct-19		30-Oct-19
WAI2575 Treaty Health claim presentation to Consumer Council		Patrick le Geyt					9-Oct-19		
Consumer Story/Consumer Led Outcomes (quarterly report)		Kate Coley	Nancy/Caryn				9-Oct-19		
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec		Anne Speden				9-Oct-19	9-Oct-19	30-Oct-19	
Matariki HB Regional Development Strategy and Social Inclusion Strategy follow up discussions TBC	E	Bernard TePaa	Shari Tidswell				9-Oct-19		
Patient Safety & Clinical Quality Report	E	Kate Coley				9-Oct-19		30-Oct-19	
CLINICAL & CONSUMER MEETING 13/14 November 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				13-Nov-19			
Collaborative Pathways update (Nov - May) 6mthly Clinical Council	E	Mark Peterson	Penny Rongotoa	29-Oct-19		13-Nov-19			
Joint Clinical/Consumer Workshop						13-Nov-19	13-Nov-19		
Patient Safety & Clinical Quality Report	E	Kate Coley				13-Nov-19		27-Nov-19	
CLINICAL & CONSUMER MEETING 11/12 December 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				11-Dec-19			
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec		Anne Speden				11-Dec-19		18-Dec-19	
Patient Safety & Clinical Quality Report	E	Kate Coley				11-Dec-19		18-Dec-19	

	Hawke's Bay Clinical Council
	For the attention of: HBDHB Board
Document Owner:	Dr John Gommans (Co-Chair) Jules Arthur (Co-Chair)
Month:	August 2019
Consideration:	For Information

RECOMMENDATION

That the HBDHB Board

1. **Notes** the contents of this report.

HB Clinical Council met on 14 August 2019. A summary of matters discussed is provided below:

COMMITTEES & REPRESENTATIVES REPORTS TO COUNCIL

Reports were received from:

- Te Pitau Health Alliance Governance Group
- Clinical Advisory and Governance Group (PHO)
- Professional Standards Committee
- Information Services Governance Group
- Patient Safety & Risk Management Committee
 - Maternity Governance Group
 - Infection Prevention & Control Advisory Group
 - Clinical Risk & Events Advisory Group
 - Restraint Advisory Group
 - Pressure Injury & Wound Advisory Group
- Clinical Effectiveness & Audit Committee

HB HEALTH STRATEGY UPDATE


Council reviewed the final version of the HB Strategy and noted that all the issues/concerns raised over the past two months had been addressed, and that the document had been strengthened in the areas of clinical quality and patient safety. Given this, Council were pleased to be able to endorse the Strategy and recommend its adoption by the Board.

WAI2575 TREATY HEALTH CLAIM

The general manager maori Health provided an overview of 'Stage 1 – Primary Care' of the Claim. Whilst it was noted that this Claim could be seen to be 'threatening' to Gps, it was generally agreed that it should be seen as an opportunity to improve services delivered to Maori. It was also generally acknowledged that a different approach was required to achieve the outcomes envisaged by this claim.

ALCOHOL HARM REDUCTION STRATEGY UPDATE

Council were provided with an update on actions and strategies being taken to reduce the impact of alcohol harm in our communities and on recent appointments to the Population Health Team who will carry on this work. Council were pleased with the progress being made, and expressed empathy and support for the Medical Officer of Health in trying to influence (and reduce) harm caused through the sale of alcohol within our communities.

	Matariki HB Regional Economic Development and Social Inclusion Strategy
	For the attention of: HB Clinical Council
Document Owner:	Bernard Te Paa, Executive Director, Health Improvement & Equity
Document Author:	Henry Heke, Head of Intersector and Special Project Shari Tidswell, Intersector Development Manager
Month:	September 2019
Consideration:	For Information
RECOMMENDATION That the HB Clinical Council: 1. Notes the contents of this report	

OVERVIEW

Matariki combines a regional strategic approach for economic development and social inclusion by utilising a Treaty partnership and intersectoral delivery through projects which deliver planned actions. Matariki supports the economic vision:

“Every household and every whānau has activity engaged in, contributing to and benefiting from a thriving Hawke’s Bay economy.”

and the social inclusion vision:

“Hawke’s Bay is a vibrant, cohesive, diverse and safe community, where every child is given the best start in life and everyone has the opportunities that result in equity of outcomes.”

Underpinning the visions is an understanding that regional economic growth and supporting equitable opportunities for individuals, whānau and community go hand in hand.

This report provides an update on progress for the Matariki Development Strategies (<https://www.hbrednz.govt.nz/>) and the HBDHB’s contribution to these. In the last six months, Matariki partners have focused on:

- Reviewing the Actions
- Re-establishing meeting protocols
- Completed the Provincial Growth Fund application and launch
- Continuing to support the current projects

This paper also responds to the Māori Relationship Board’s request for information on youth employment by providing data on youth employment outcomes.

ACTIONS REVIEW

The appointment of a Matariki Programme Coordinator at the beginning of the year provided the resource to complete the actions review. HBDHB reviewed the current actions for potential impact on equity. We noted the specific actions for Māori development as a strength and recommended developing an equity framework monitor as progress toward equity.

The proposed new structure has five pillars (previously there were 7).

- 1) Whānau wellbeing
- 2) Employment, skill and capacity
- 3) Resilient infrastructure
- 4) Economic gardening
- 5) Promoting Hawke's Bay

There are 19 actions which is a significant reduction, achieved by removing completed actions and combining closely associated actions. There is a placeholder for health – “responding to the Equity Report”.

HBDHB have provided the following feedback:

- Support the new structure for the actions – this reduces the pillars from seven to five
- Agree with the reduction in actions - we note that socially responsible employers and reducing barriers to employment are now implied rather than stated
- The action for the “responding to the Health Equity Report” placeholder, should include the Equity Report recommendation - “invest in whānau ora approaches to community needs”¹
- To gain health equity outcomes there is also potential for intersector support to reduce smoking, increase healthy eating and address family violence

CURRENT ACTIONS

The HBDHB leads or partner to:

Regional Economic Development

- Partner - Project 1,000 (placing 1,000 youth into work)
HBDHB are on the working group for Rangatahi Mā Kia Eke which supports youth with health and disability issues to gain work experience and employment. We have developed relationships with our recruitment team and Work and Income.
- Partner - coordinating infrastructure
Facilitated workshops for the infrastructure leads and partners, to support the actions review process. Contributed our planned infrastructure project to the infrastructure stocktake, for the employment pipeline planning.

Social Inclusion

- Lead agency – Socially Responsible Employers
There has been work to link employers to socially responsible employer resources and practice. HBDHB have been working with a range of employers to be Healthy Workplaces.
- Partner – Housing

¹ HBDHB Health Equity Report 2018. <http://www.ourhealthhb.nz/news-and-events/latest-news/hawkes-bay-dhb-releases-third-health-equity-report/>

HBDHB has stepped down as chair and Hastings District Council have picked this up. HBDHB are no longer co-lead for this action. HBDHB contributed to the proposal to the Ministry of Housing and Urban Design led by Hastings District Council. This will support healthy homes.

- Partner– Whānau centric places connected to the community
This links to the place-based activity HBDHB is engaged in – including Camberley, Ahuriri and Wairoa. Government has signalled whānau responsiveness as a priority for a number of government agencies which will support further work towards this action.
- Partner – Develop a new sustainable operating system
This also aligns to the place-based work with community driven service design and funding system e.g. Wairoa.

YOUTH EMPLOYMENT OUTCOMES

The following data responds to the question raised by the Māori Relationship Board who requested data on youth employment. The data is from Rangatahi Mā Kia Eke – work experience leading to employment or training for youth with health and disability issues and benefit dependence. In the 12 month period 1 January to 31 December 2018, Ministry of Social Development were funded for 50 places with the follow outcomes:

- 44 youth had work placement contracts
- 28 completed their placement (with 6 still on placement)
- 45% are in employment (11% in training and 14% are still on placement)
- 34% are Māori and Pasifika

The youth not able to move to a placement contract and those not completing placement (10) were provided with other support and are able to re-enter the programme at a later time. The advisory group are currently working on an evaluation with EIT.

This is an intensive support programme that provides benefits to youth and community/not for profit organisations.

GENERAL BUSINESS

The Terms of Reference and attendees were reviewed and refreshed. This has provided clarity and supports Business Hawke's Bay in effectively administering both the Executive and Governance groups.

The Hawke's Bay Provincial Growth Fund launch occurred on 10 June at the HB Community Fitness Trust, Hastings. This supports local business development and employment through improved infrastructure, business innovation and growth.

CONCLUSION

The review of Matariki actions has allowed for updating, increasing the health focus and streamlining. We support the direction as it responds to Board feedback including there are too many actions and the need to maintain whānau/community input. The proposed review is to be endorsed by Executive and Governance groups.


The introduction of the Provincial Growth Fund has taken the focus for the 12 month up to June and with the funding now in place there is a renewed focus on updating the actions and delivering projects.

HBDHB continues to be involved in the delivery of actions via projects, and providing governance and management for the Strategy. HBDHB has a key role in ensuring social and economic development remains as key partners to achieve growth in Hawke's Bay; with equity a key feature of Matariki delivery.



CLINICAL ADVISORY & GOVERNANCE GROUP

Verbal update

	Te Pītau Health Alliance Governance Group
	For the attention of: HBDHB and Health Hawke's Bay Ltd Boards
Document Owner:	Bayden Barber, Chair
Author:	Chris Ash, Executive Director of Primary Care
Month:	August, 2019
Consideration:	For Information

Recommendation**That the Boards:**

1. **Note** the contents of this report.

The Health Alliance Governance Group met on Wednesday 15 August 2019. Significant issues discussed and agreed, including Resolutions, are noted below.

Appointment of Member

Following the resignation of Dr Helen Francis as a member of the Te Pītau Health Alliance (Hawke's Bay) Governance Board, new member Heather Skipworth was welcomed. Hine Flood has assumed the role of Deputy Chair.

Review of Alliance Shadow Year

It was agreed that a strategy session for Te Pītau should follow soon after governance election and appointment processes, and that this should include a comprehensive review of the Terms of Reference. This will allow for issues raised during the shadow year to be addressed, including the extent of clinical representation around the Governance Group.

End of Life Care Redesign Update

Following the closure of expressions of interest, Janine Jensen presented a recommendation to the Governance Group concerning the membership of the Service Level Alliance (SLA) Leadership Team for End of Life care. The recommendation was framed in the context of feedback from around the sector. Proposed members of the Leadership Team covered a wide range of experiential and professional backgrounds, with half of members having a clinical background and half of members from Māori and/or Pasifika backgrounds.

Resolution**Te Pītau Health Alliance (Hawke's Bay) Governance Group members:**

1. **Approved** the recommended End of Life Care Service Level Alliance Leadership Team members, with one condition to be met prior to final confirmation.

Hawke's Bay Health Strategy "Whānau Ora, Hāpori Ora"

Resolution

Te Pītau Health Alliance (Hawke's Bay) Governance Group members:

1. **Endorsed** the new Hawke's Bay Health Strategy - Whānau Ora, Hāpori Ora
2. **Noted** the intention to move the strategy content to a 'plain English' document for ratification by the incoming Board
3. **Noted** the intention to develop supporting 'summary' materials and library of related information.

Health Services and Outcomes Inquiry WAI 2575 – Stage One Report, Primary Care

An overview presentation was received which covered background of the Waitangi Tribunal; types of Inquiries; Health services and outcomes inquiry WAI 2575; stage one scope; stage one findings and the recommendations.

Hawke's Bay Health Equity Framework

A final draft of the report was received, overviewing the process and next steps.

Health Hawke's Bay Flexible Funding Pool

The review, conducted by KPMG, will be used as a platform for Health Hawke's Bay to consider its wider scope and function in delivering health system improvement. Workshops will be set up in late August, early September. This in conjunction with implementing a communications and engagement plan (currently underway); and establish a best practice programme and investment logic.

Te Pītau Governance Group members agreed that the Flexible Funding is a crucial lever for the Alliance to make change.

Primary Care Symposium

A Primary Care Symposium is planned for the end of August 2019, at the Napier Conference Centre.



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. **Topics of Interest – Member Issues / Updates**
12. **Minutes of Previous Meeting (Public Excluded)**
13. **Matters Arising – Review Actions (Public Excluded)**
14. **HB Clinical Council report to Board- August (Public Excluded)**
15. **Patient Safety and Clinical Quality Dashboard – Kate Coley**
16. **Serious Adverse Events Full Report – Kate Coley**
17. **Annual Meeting**

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).

