



Hawke's Bay Clinical Council Meeting

Combining with the Hawke's Bay Health Consumer Council

Date: Wednesday, 13 March 2019

Meeting: 1.00 pm to 5.00 pm

Venue: Magdalinos Meeting Room, Havelock North Function Centre, Te Mata Road, Havelock North

Council Members:

Dr John Gommans (Co-Chair)
Jules Arthur (Co-Chair)
Chris McKenna
Dr Mark Peterson
David Warrington
Dr Robin Whyman
Lee-Ora Lusi
Dr Daniel Bernal

Dr Andy Phillips
Dr David Rodgers
Dr Russell Wills
Debs Higgins
Anne McLeod
Dr Peter Culham
Dr Nicholas Jones

Apologies:

In Attendance:

Kate Coley, Executive Director - People and Quality (ED P&Q)
Ken Foote, Company Secretary
Tracy Fricker, Council Administrator / EA to ED P&Q
Ana Apatu, Māori Relationship Board Representative
Peter Satterwaite, PHO Observer

Public

MONTHLY MEETING		
Item	Section 1 – Routine	Time (pm)
1.	Welcome and receive apologies	1.00
2.	Interests Register	
3.	3.0 Minutes of Previous Meeting 3.1 Clinical Council February Board Report (for information only)	
4.	Matters Arising – Review Actions	
5.	Workplan (monthly)	
6.	Clinical Council Annual Plan – Progress Review	
	Section 2 – Reporting Committees to Council	
7.	Clinical Advisory & Governance Group – Verbal Update	
8.	Council Committees Reports	
9.	Section 3 – Recommendation to Exclude	

Public Excluded

	Section 4 – Routine	
10.	10.0 Minutes of Previous Meetings 10.1 Clinical Council (Public Excluded) February Board Report (for information only)	
11.	Matters Arising – Review Actions (public excluded)	
12.	Topics of Interest – Member Issues / Updates	

Public Excluded

COMBINED MEETING WITH HB HEALTH CONSUMER COUNCIL		
13.	Section 5 – Workshop 13.1 Agenda 13.2 Pre-Reading for Workshop	2.00
14.	Meeting closed	5.00

NEXT MEETING:

Wednesday, 10 April 2019, 3.00 pm, Boardroom, HBDHB Corporate Office
Cnr Omaha Road & McLeod Street, Hastings

Interests Register
Mar-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	HHB 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	HHB 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			
Dr John Gommans (Chief Medical Officer - Hospital)	General Practice Leaders Forum	Member			
Jules Arthur (Midwifery Director)	Stroke Foundation Ltd	Chairman of the Board of Directors	Provides information and support to people with a stroke. Has some contracts to the MOH	Yes	Low
	Internal Medicine Society of Australia and New Zealand (IMSAANZ)	Director of IMSANZ	The IMSANZ represents the interests of specialist General Internal Medicine physicians throughout Australia and New Zealand	Yes	Low
David Warrington (Nurse Director - Older Persons)	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	
Dr Andy Phillips (Chief Allied Health Professions Officer)	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 David Rodgers (GP)	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)	Tamatea Medical Centre	General Practitioner	Private business	Yes	Low. Provides services in primary care
	Tamatea Medical Centre	Wife Beth McEirea, also a GP (we job share)	Private business	Yes	Low. Provides services in primary care
	City Medical	Director and Shareholder	Medical Centre	Yes	Low. Provides services in primary care
	National Advisory Committee of the RNZCGPs	Member and CP Teacher	Health and Wellbeing	No	
	Health Hawke's Bay (PHO)	Medical Advisor - Sector Development	Health and Wellbeing	Yes	Low. Ensure position declared when discussing issues in this area relating to the PHO.
Anne McLeod (Senior Allied Health Professional)	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
Dr Robin Whyman (Clinical Director Oral Health)	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.
	NZ Institute of Directors	Member	Continuing professional development for company directors	No	

HB Clinical Council 13 March 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
	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	
	NZ Institute of Directors	Member	Professional network	No	
Lee-Ora Lulis (Clinical Nurse Manager, Totara Health)	Totara Health and Choices Kahungunu Health Services	Employee	Clinical Nurse Director	Yes	Potential, pecuniary
	Hawke's Bay Primary Health Nurse Practitioner Group	Member / Nurse Practitioner Intern	Professional network	No	
	Hawke's Bay Nurse Leadership Group	Member	Professional network	No	
	College of Nurses Aotearoa (NZ)	Member		No	
	Fusion Group Committee	Representative		No	
	ED High Flyers	Representative		No	
	Totara Health / Youth Contract with Directions	Employee of Totara Health		No	Guidelines group - involved with the group "Management of chronic kidney disease among Aboriginal, Torres Strait Islander Peoples and Maori".
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	
Dr Peter Culham (GP)	Havelock North Properties Limited	Shareholder	Medical Centre owner	Yes	Low, pecuniary, hold leases with healthcare providers
	Te Mata Peak Practice	GP and Director	General Practice	Yes	Low, pecuniary, provides primary care services
	C&G Healthcare	Director	Private business	No	No further exposure beyond mentioned above
	Royal NZ College of General Practitioners	Fellow		No	
Daniel Bernal	New Zealand Hospital Pharmacists Association	Member	Discussion	No	
	Pharmaceutical Society of New Zealand	Member	Access their resources, record my CPD on their website.	No	

**MINUTES OF MEETING FOR THE HAWKE'S BAY CLINICAL COUNCIL
HELD IN THE TE WAIORA MEETING ROOM, HAWKE'S BAY DISTRICT HEALTH BOARD
CORPORATE OFFICE ON WEDNESDAY,
13 FEBRUARY 2019 3.00 PM**

PUBLIC

Present: Dr John Gommans (Chair)
Jules Arthur (Co-Chair)
Dr David Rodgers
Dr Peter Culham
Debs Higgins
Dr Daniel Bernal
Dr Russell Wills
David Warrington
Dr Mark Peterson
Dr Nicholas Jones

In Attendance: Ken Foote, Company Secretary
Tracy Fricker, Council Administrator and EA to ED P&Q
Bernard Te Paa, Executive Director, Health Improvement & Equity
Peter Satterthwaite, Health Hawke's Bay Observer
Hamish Liggins, GP Registrar with Dr Rodgers

Apologies: Dr Robin Whyman, Anne McLeod, Lee-Ora Lusi, Chris McKenna

SECTION 1: ROUTINE

1. WELCOME AND APOLOGIES

Dr John Gommans (Chair) welcomed everyone to the meeting. Apologies were noted as above and from attendee member Kate Coley.

Roundtable introductions took place. Peter Satterthwaite, Group Manager, Health Services & Innovation, Health Hawke's Bay and Bernard Te Paa, Executive Director, Health Improvement and Equity gave a brief overview of their backgrounds and work history. Dr Hamish Gibbs was introduced by David Rodgers.

2. INTEREST REGISTER

No conflicts of interests were noted for today's agenda items. It was noted that Tae Richardson's interests were still included on the register and should be removed as she is no longer a member of Council. Post meeting Dr Mark Peterson provided updates of his interests.

Action: *Changes to be made to Mark Peterson's interests. Tae Richardson's interests to be removed.*

3. MINUTES OF PREVIOUS MEETING

The minutes of the HB Clinical Council meeting held on 5 December 2018, were confirmed as a correct record of the meeting.

The Clinical Council December report to the Board was provided in the meeting papers for information.

Moved and carried.

4. MATTERS ARISING / REVIEW ACTIONS

Item #1 Investments Update (Outcomes of Budget Prioritisation)

Update to be moved to the April meeting.

Item #2 New Clinical Governance Structure / Terms of Reference

The updated CAG TOR will be provided when signed off at the February 2019 meeting. Council is still awaiting confirmation of the PHO Representative.

TOR for all Advisory Groups are to be provided to Council for approval.

Action: *Reminder to be sent to Committee Chairs to provide copies of TOR for Advisory Groups which report to them.*

Item #3 Advance Care Planning (ACP) Advisory Group

The Chairs of Clinical and Consumer Councils have agreed that the ACP Advisory Group is to report to the Consumer Experience Committee. *Item can now be closed.*

Item #4 Information Services Governance Group (ISGG)

It was noted that this group is still to meet. David Rodgers advised that the ISGG needs a TOR that reflects the across sector work. This item is to remain on matters arising until actioned.

5. WORKPLAN

The workplan was provided for information.

General discussion had around better aligning the workplan to the annual plan objectives and having a method of monitoring how Council are doing against the objectives on a month to month basis.

Suggestion that the objectives be linked to the specific pieces of work on the DHB and governance workplan so it is more visible.

The Company Secretary advised that the workplan and Council's objectives were not necessarily the same. The workplan relates to the DHB workplan with papers being delivered and decisions being made, which requires Council's input into as part of its clinical governance functions. The Council's annual plan is specific to what Council have said they want to achieve over a 12 month period.

Action: *Co-Chairs and Company Secretary to re-look at the format of the workplan.*

Members to advise Co-Chairs which of the six objectives on the Council Annual Plan they particularly want to be involved with.

6. CLINICAL COUNCIL ANNUAL PLAN – PROGRESS REVIEW

The Annual Plan for 2018/19 was provided for information.

SECTION 2: REPORTING COMMITTEES TO COUNCIL

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

No update. CAG's first meeting for 2019 is to be held next week.

8. COUNCIL COMMITTEES REPORTS

No Committee reports available.

SECTION 3: PRESENTATIONS

9. STRATEGIC PLANNING UPDATE POST CLINICAL SERVICES PLAN (CSP)

The Chair welcomed Kate Rawstron, Head of Planning & Strategic Projects and Hayley Turner, Project Manager to the meeting. A progress update was provided on the development of the strategic plan. Key points noted:

- Pre-Christmas: CSP signed off; strategy working group formed and design principles agreed
- Post-Christmas: Equity Report finished, People Plan released; vision and mission drafted with EMT; draft strategy produced and reviewed ; implementation activity started
- Health Leadership Forum to be held on 6 March - first draft of the strategy; approach for completing the implementation plan; Kuaka indigenous framework
- The strategy and implementation have been split into two parts; the strategy spanning 10 years and the implementation for 5 years
- The strategy pulls together all key documents [i.e. CSP; People Plan; Equity Report; Health HB Strategy; Big Listen; Korero Mai; He Ngakau Aotea; NKII (25yr)]
- April – strategy to be completed
- May / June – first draft of implementation roadmap

Further discussion on the strategy will be had at the Health Leadership Forum early next month.

10. PEOPLE PLAN PROGRESS

The Chair advised a copy of the People Plan was provided in the meeting papers for information. Kate Coley, Executive Director, People & Quality (ED P&Q) has requested feedback from Council on the plan. It is a comprehensive, high level plan for the development of staff in the sector. It is a five year programme of work, which has work streams under each section of the plan.

Discussion held. It is important not to lose the fact we are a clinical training organisation which trains and develops clinicians; doctors, nurses, midwives and allied health professionals. HBDHB needs a clinical training hub to bring resources together, rather than the current fragmented approach across the disciplines. Council needs to champion the training requirements of the clinical workforce.

Changing the culture of the organisation is key. The BUILD training is excellent and staff are to be encouraged to attend. Not delivering on the People Plan will be detrimental to our workforce.

Council commended Kate Coley and the People & Quality Team for the development of the plan which clearly outlines the values and behaviours we want to achieve to change the culture of the organisation.

Further feedback on the plan can be provided to kate.coley@hbdhb.co.nz.

SECTION 4: DISCUSSION

11. HBDHB DRAFT DISABILITY PLAN

The Chair welcomed Shari Tidswell, Intersector Development Manager and Diane Mara, Co-Deputy Chair of Consumer Council to the meeting to discuss the draft Disability Plan.

The Disability Plan is a Consumer Council driven initiative, which has been in development over 12 months. A working group was formed with community and consumer involvement and advice sought from local and national disability groups. A series of meetings and workshops were held to draft and design the plan. The draft plan has been presented to community stakeholders (including people with disabilities) and HBDHB managers.

The plan has key links with the CSP and People Plan. Council acknowledged that there are high levels of unmet need for people with disabilities in Hawke's Bay. It is important to be able to monitor unmet need and engagement of people with disabilities with services e.g. by recording impairment on a patient's record where applicable, which could then be used to measure access, refine training and support staff to ensure needs can be met and to ensure equity outcome.

The HBDHB Draft Disability Plan supports HBDHB to implement the National Strategy, which all government agencies are required to do.

The plan focuses on Hawke's Bay, but aligns with the national disability guidelines and Maori and Pacific guidelines. The plan is consumer focused, with good buy-in from the disability sector. The actions in the plan are practical and support the achievement of the HBDHB vision and work toward equity.

Clinical Council noted the report and **endorsed** the Draft Disability Plan and commended the group for their work.

12. COMBINED WORKSHOP IN MARCH "PWCC IN PRIMARY CARE – PREPARATION"

The Co-Chairs, Company Secretary and Consumer Council Chair have met to discuss the planning for the workshop next month on P&WCC – keeping it real and the person in the centre of everything we do.

Feedback from Council members was sought on whether to have wider involvement than just Clinical and Consumer Council members, expand the workshop to include clinicians from primary care and the community as well as mental health services. This could entail having up to 40 people at the workshop (5 groups of 8 for breakout work).

It was noted that this could be a chance to educate key leaders/management colleagues on why we are doing this, and what we want to achieve. How we make P&WCC work in primary care and general practice in Hawke's Bay, which has complex business models and funding streams is a concern.

Suggestions were provided on key clinicians, managers and others from the health and social sector who could be invited to participate.

The idea of having real world stories / lived experiences to set the context was also suggested.

SECTION 5: FOR INFORMATION (no presenters)

13. NGĀTAHI BRIEFING END OF YEAR TWO "VULNERABLE CHILDREN'S WORKFORCE DEVELOPMENT" ANNUAL UPDATE

Paper provided for information only.

Council noted the great progress made by the programme which had met nearly all their milestones and was on track to complete the remainder by May this year.

14. HBDHB ALCOHOL HARM REDUCTION STRATEGY 2017-22 (SIX MONTH UPDATE)

Paper provided for information only but Council noted that the Board had expected it to take a clinical governance lead on this topic. General discussion held.

Feedback:

- Family violence should not be automatically linked with alcohol. Alcohol does not cause family violence, it can exacerbate a situation but the underlying issue is violence
- Having a large number of separate harm/risk questionnaires which don't talk to each other is not helpful – an example of silo thinking; not person and whanau centred thinking
- Need an integrated approach, overarching questionnaire which includes all screening
- Having a conversation with people on what is bothering them including drugs, alcohol, family violence, suicidal ideation etc
- It is still important to ask specific questions around violence
- Need to pursue an integrated delivery of service, but also continue to focus on the individual and their needs
- There are always underlying drivers including access, poverty, housing etc
- Integrating social harms at a governance level is complex. If we are going to integrate the governance of programmes to reduce social harm, it needs to be explored in more detail to be clear what we are trading off to achieve integration.
- Agreed that Cheryl Newman, Family Violence Intervention Co-ordinator, be approached as part of her current project to explore how we can screen for social harms with a more integrated approach

15. SECTION 6: RECOMMENDATION TO EXCLUDE THE PUBLIC


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

16. Minutes of Previous Meetings (public excluded)
 - 16.1 Clinical Council December Board Report
17. Matters Arising – Review Actions
18. Clinical Risk Management – Provider Services Risk Register
19. Topics of Interest – Member Issues/Updates

The meeting closed at 4.48 pm.

Confirmed: _____
Chair

Date: _____

	Hawke's Bay Clinical Council
	7
	For the attention of: HBDHB Board
Document Owner:	Dr John Gommans (Co-Chair) Jules Arthur (Co-Chair)
Month:	February 2019
Consideration:	For Information

RECOMMENDATION

That the HBDHB Board

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

HB Clinical Council met on 13 February 2019. A summary of matters discussed is provided below:

STRATEGIC PLANNING UPDATE

Council received and noted a progress update on the development of the Strategic Plan and Implementation plan. Areas were identified where specific clinical input will be required, all of which had been previously identified and included in Council's own Annual Plan.

It was noted again that Clinical and Consumer Councils will be holding a combined workshop in March, to further develop the concept of 'Person and Whānau Centred Care' in primary and community care. The workshop invitation will be expanded to include key Primary Care and Mental Health clinicians and leaders.

PEOPLE PLAN PROGRESS

A copy of the People Plan had been distributed and feedback invited.

Whilst acknowledging that it is a comprehensive, high level plan for the development of all staff in the sector, Council noted that it is equally important to note that HBDHB is a clinical training organisation, which has obligations to train and develop our clinical workforce: doctors, nurses, midwives and allied health professionals. HBDHB needs a clinical training hub to bring resources together, rather than the current fragmented approach across the disciplines. Council agreed that it needs to champion the training requirements of the clinical workforce

HBDHB DRAFT DISABILITY STRATEGY

Council received the report and presentation on the draft strategy, and sincerely congratulated the team involved in its development. During discussion, it was noted that:

- This has been a Consumer Council driven initiative
- There has been significant community and consumer involvement with local and national disability groups
- The Strategy has key links to the CSP and People Plan

- There is a clear need for a mechanism to alert all clinicians to any consumer's impairment/disability, to ensure needs can be met and an equitable outcome
- The Plan focusses on Hawkes Bay, but aligns with the national, Māori and Pacific disability guidelines.
- The actions in the strategy are practical and support the achievement of the HBDHB vision and work towards equity.

Council then formally endorsed the Draft Disability Plan and recommended Board approval.

NGATAHI ANNUAL UPDATE

An annual update at the end of year two of the 'Vulnerable Childrens Workforce Development' was received and the positive outcomes noted.

HBDHB ALCOHOL HARM REDUCTION STRATEGY – SIX MONTH UPDATE

General discussion on this report led to a very clear conclusion that alcohol is one of many factors causing 'social harm'. It was generally agreed that an integrated approach is preferred that could:

- Consolidate the current range of questionnaires and screening tools for 'social harm'
 - But still important to ask specific questions around violence, drugs, alcohol etc
- Enable a conversation with people on 'what is bothering them?'
- Pursue an integrated delivery of service, but also continue to focus on the individual
- Acknowledge that there are a wide range of underlying drivers, including access, poverty, housing etc that still need to be addressed
- Integrate social harms at governance level
 - If we are going to integrate the governance of programmes to reduce social harm, it needs to be explored in more detail to be clear what we are trading off to achieve integration.

HB CLINICAL COUNCIL - MATTERS ARISING (Public)

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	11/04/18	Investments Update (Outcomes of Budget Prioritisation) <ul style="list-style-type: none"> Draft document – starter for 10 to discussed / co-design workshop 	A Phillips	Apr	
2	12/09/18	New Clinical Governance Structure / Terms of References <ul style="list-style-type: none"> CAG TOR to be provided Committee Co-Chairs to review/approve TOR for respective Advisory Groups Reminder to be sent to Committee Co-Chairs 	C McKenna Committee Co-Chairs Admin	Mar TBC Mar	Awaiting approval Ongoing Actioned
3	05/12/18	Information Services Governance Group <ul style="list-style-type: none"> Contact to be made with Chris Ash re: TOR, Membership, process for getting items on the agenda 	J Gommans	Ongoing	
4	13/02/19	Interest Register <ul style="list-style-type: none"> Interests for Mark Peterson to be updated Interests for Tae Richardson to be removed 	Admin	Mar	
5	13/02/19	Workplan <ul style="list-style-type: none"> Relook at format of Council Workplan Annual Plan <ul style="list-style-type: none"> Members to advise Co-Chairs which of the six annual plan objectives then have an interest in 	Co-Chairs/ Company Secretary All members		

CLINICAL COUNCIL Workplan as at 6 March 2019 (subject to change)	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		10-Apr-19			
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec		10-Apr-19		24-Apr-19	
Matariki HB Regional Development Strategy and Social Inclusion Strategy update (6 mthly) Sept- Mar	13-Mar-19	10-Apr-19	11-Apr-19		27-Mar-19
Te Ara Whakawaiaora - Improving First Specialist Appointment Access (previously did not attend) moved to April 19	10-Apr-19	10-Apr-19	11-Apr-19		27-Mar-19
Te Ara Whakawaiaora - Access Rates 0-4 / 45-65 yrs (local indicator) QUARTERLY Aug-Nov- March -May (on hold)	10-Apr-19	10-Apr-19	11-Apr-19		24-Apr-19
After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept)	10-Apr-19	10-Apr-19	11-Apr-19		24-Apr-19
Violence Intervention Programme Report Committees reviewed in July - EMT Nov - April19	10-Apr-19	10-Apr-19	11-Apr-19		24-Apr-19
Key Learnings from the Nuka System of Care for Implementation in HBDHB	10-Apr-19	10-Apr-19	11-Apr-19		27-Mar-19
Clinical Advisory & Governance Group Meeting Update		8-May-19			
Collaborative Pathways update (Nov - May) 6mthly Clinical Council		8-May-19			
Te Ara Whakawaiaora - Access Rates 0-4 / 45-65 yrs (local indicator) QUARTERLY Aug-Nov-Feb- May	8-May-19	8-May-19	9-May-19		29-May-19
Annual Plan 2019/20 SPEs to Board by end of June (include committees?)	12-Jun-19	12-Jun-19	13-Jun-19		26-Jun-19
Clinical Advisory & Governance Group Meeting Update		12-Jun-19			
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec		12-Jun-19		26-Jun-19	
People Plan Progress Update Report (6 monthly - Dec, Jun 19)	12-Jun-19	12-Jun-19	13-Jun-19		26-Jun-19
Clinical Advisory & Governance Group Meeting Update		10-Jul-19			
Alcohol Harm Reduction Strategy (6 monthly update) Feb - Aug	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
Annual Plan 2019/20 draft to the Board	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
Clinical Advisory & Governance Group Meeting Update		14-Aug-19			
Clinical Council Annual Plan 2019/2020 discussion on the year ahead		14-Aug-19			
HB Health Awards - preparation for judging 2019-2020		14-Aug-19	15-Aug-19		28-Aug-19
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec		14-Aug-19		28-Aug-19	
Clinical Council Annual General Meeting		14-Aug-19			
Clinical Advisory & Governance Group Meeting Update		11-Sep-19			
Health Certification Audit Findings (sept19)		11-Sep-19		25-Sep-19	
Matariki HB Regional Development Strategy and Social Inclusion Strategy update (6 mthly) Sept -Mar	11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19
After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept) last one in cycle	11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19
Clinical Advisory & Governance Group Meeting Update		9-Oct-19			
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec		9-Oct-19		30-Oct-19	
Joint Clinical/Consumer Workshop		13-Nov-19	13-Nov-19		
Clinical Advisory & Governance Group Meeting Update		13-Nov-19			
Collaborative Pathways update (Nov - May) 6mthly Clinical Council		13-Nov-19			
Clinical Advisory & Governance Group Meeting Update		11-Dec-19			
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec		11-Dec-19		18-Dec-19	
People Plan Progress Update Report (6 monthly - Dec 19 , Jun)	11-Dec-19	11-Dec-19	12-Dec-19		18-Dec-19

HAWKE'S BAY CLINICAL COUNCIL ANNUAL PLAN 2018/19

ACTION/PROGRESS REPORT

6

OBJECTIVE	PROGRESS TO
1. Provide a proactive and prioritised clinical perspective on issues and strategies to be addressed in the new 5 Year Strategic Plan for the HB health sector by 30 June 2019	
2. Co-design with Consumer Council and initiate the implementation of a detailed plan for the implementation of PWCC in HB by 30 June 2019	
3. Ensure the Clinical Governance Structure is fully implemented and integrated, with appropriate reporting, management and administration processes in place, by 30 June 2019	
4. Ensure the development and implementation of a sector wide process for monitoring, managing and reporting clinical risk, by 30 June 2019	
5. Facilitate the development of a HB Clinical Workforce Plan to support the new 5 Year Strategic Plan, by 30 June 19	
6. Promote and support the development and delivery of education and training of all clinicians on the Quadruple Aim and PWCC, and what these mean for clinicians, by 30 June 2019	



CLINICAL ADVISORY & GOVERNANCE GROUP UPDATE

Verbal



CLINICAL 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:

10. Minutes of Previous Meeting (Public Excluded)

10.1 Clinical Council November Board Report

11. Matters Arising – Review of Actions

12. Topics of Interest – Member Issues / Updates

13. Workshop with HB Health Consumer Council

13.1 Agenda

13.2 Pre-Reading for Workshop

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).

