



## HB Clinical Council Meeting

**Date:** Wednesday, 14 August 2019

**Meeting:** 1pm – 2.45pm

**Workshop:** 3pm – 5pm

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

### Council Members:

Dr John Gommans (Co-Chair)  
Jules Arthur (Co-Chair)  
Chris McKenna  
David Warrington  
Dr Robin Whyman  
Di Vicary  
Dr Mike Park

Dr Andy Phillips  
Dr Russell Wills  
Debs Higgins  
Anne McLeod  
Dr Nicholas Jones  
Dr Mark Peterson  
Dr Peter Culham

### Apology:

### In Attendance:

Kate Coley, Executive Director - People and Quality (ED P&Q)  
Ken Foote, Company Secretary  
Annie Quinlivan, EA to EDFS  
Ana Apatu, Māori Relationship Board Representative

**Public**

Item	Section 1 – Routine	Time
1.	Welcome and receive apologies	1:00
2.	<a href="#">Interests Register</a>	
3.	<a href="#">Minutes of Previous Meeting</a>	
4.	<a href="#">Matters Arising – Review Actions</a>	
5.	<a href="#">HB Clinical Council report to Board – July (public)</a> - for information only	
6.	<a href="#">Workplan (monthly)</a>	
7.	<a href="#">Clinical Council Annual Plan</a> – Progress Review	
	<b>Section 2 – Reporting Committees to Council</b>	
8.	<a href="#">Clinical Advisory &amp; Governance Group (verbal)</a> – Chris McKenna	1.15
9.	<a href="#">Council Representative Reports (verbal)</a>	1.25
	<b>Section 3 – For Decision</b>	
10.	<a href="#">HB Health Strategy approval</a> – Chris Ash	1.40
	<b>Section 4 – Information / Discussion</b>	
11.	<a href="#">WAI 2575 Treaty Health Claim Stage 1 Primary Care</a> – Patrick le Geyt	1.45
12.	<a href="#">Alcohol Harm Reduction Strategy update</a> – Bernard Te Paa	2.00
13.	<a href="#">Annual Plan 19/20</a> – available on request	2.05
14.	<b>Section 4 – <a href="#">Recommendation to Exclude the Public</a></b>	

**Public Excluded**

Item	Section 5 – Routine	Time
15.	<a href="#">Minutes of Previous Meeting (Public Excluded)</a>	2.10
16.	<a href="#">Matters Arising – Review Actions (Public Excluded)</a>	
17.	<a href="#">HB Clinical Council report to Board- July (Public Excluded)</a>	
	<b>Section 6 - Discussion</b>	
18.	<a href="#">Committee Reports (Public Excluded)</a>	2.15
19.	19.1 <a href="#">Patient Safety and Quality Dashboard</a> – Kate Coley 19.2 <a href="#">Clinical Risk Report including FRAC report July 2019</a> – Kate Coley	2.20
20.	<a href="#">Topics of Interest</a> – Member Issues / Updates	2.35

**NEXT MEETING:** Wednesday, 11 September 2019 (Meeting & Annual Meeting)  
Te Waiora Meeting Room (Boardroom), HBDHB Corporate Office  
Cnr Omaha Road & McLeod Street, Hastings



# HB Clinical Council WORKSHOP CLINICAL GOVERNANCE & MANAGEMENT OF CLINICAL RISK

*Facilitated by Susan Barnes*

**Date:** Wednesday, 14 August 2019

**Workshop** 3– 5pm

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



HQS-ClinicalGovernance.pdf

## Pre-reading Materials:

Agenda		
1430	Introductions	Chair
1435	Background and purpose of the workshop	Chair
1440	Proposed outcomes <ul style="list-style-type: none"> <li>- Shared understanding of governance and risk.</li> <li>- Clarity around role of Clinical Council.</li> <li>- Information required to discharge role.</li> </ul>	Facilitator
1445	Role of Clinical Council <ul style="list-style-type: none"> <li>■ What works well</li> <li>■ What are the challenges</li> </ul>	All
1500	Shared understanding of governance and risk <ul style="list-style-type: none"> <li>- Defining Clinical Governance – framework</li> <li>- Roles and responsibilities (clinicians, Clinical and Service Directors, Funders, CEO and EMT, Consumer Council, Clinical Council, DHB Board)</li> </ul>	All
1545	What does Clinical Council need require to discharge it's role? <ul style="list-style-type: none"> <li>- How safe is our organisation?</li> </ul>	All
1615	Summary and next steps	Facilitator/Chair

# 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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**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	
	NZ Institute of Directors	Member	Professional network	No	
Dr Nicholas Jones (Clinical Director - Population Health)	NZ College of Public Health Medicine	Fellow	Professional network	No	
	Association of Salaried Medical Specialists	Member	Professional network	No	
	HBDHB Strategy & Health Improvement Directorate	Employee	Employee	No	

# HB Clinical Council 14 August 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, 10 JULY 2019 AT 3.00 PM**

**PUBLIC**

**Present:** Dr John Gommans (Chair)  
Jules Arthur (Co-Chair)  
Debs Higgins  
Dr Daniel Bernal  
Dr Russell Wills  
David Warrington  
Dr Nicholas Jones  
Dr Andy Phillips  
Anne McLeod  
Lee-Ora Lusi

**In Attendance:** Ken Foote, Company Secretary  
Karyn Bousfield, Nurse Director, Primary Care  
Ria Anderson, Administrator Primary Care

**Apologies:** Dr Peter Culham, Dr Mark Peterson, Dr Robin Whyman, Chris McKenna

**SECTION 1: ROUTINE**

**1. WELCOME AND APOLOGIES**

Dr John Gommans (Chair) welcomed everyone to the meeting. He welcomed Karyn Bousfield, Nurse Director for Primary Care on behalf of Chris McKenna and Ria Anderson replacement for Tracy Fricker. This meeting acknowledges the final for Dr John Gommans as Chair.

Apologies were noted as above.

**2. INTEREST REGISTER**

Dr David Rodgers to be removed from the Interest Register.

**3. MINUTES OF PREVIOUS MEETING**

The minutes of the HB Clinical Council meeting held on 12 June 2019, were confirmed as a correct record of the meeting.

**Moved:** John Gommans

**Seconded:** Debs Higgins

**Carried**

#### 4. MATTERS ARISING / REVIEW ACTIONS

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

- Carried forward

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

***Update provided:***

- There will be a review of the screening for harms systems and processes of the Hawke's Bay District Health Board (DHB) - Haumaru Whānau. This includes the Violence Intervention Program (VIP)
- John Barry Heperi-Smith (JB), Senior Advisor Cultural Competency and Dr Russell Wills will be the Authors and Jules Arthur will review the way forward for harms within the DHB. This review will be shared and acknowledges that current systems have not been delivering.
- An expected outcome of the review is an emphasis on clinical and cultural competency within the clinical environment.
- Completion is expected in September by latest.
- It was explained that the primary focus will be the Violence Intervention Program (VIP) prior to screening for other harms.
- Recommendation that this topic be kept on Workplan and Agenda for visibility to enable Council to monitor the need to coordinate with other screenings.
- Reporting of Haumaru Whānau will be addressed to Bernard Te Paa, Executive Director Health Improvement and Equity.

**Item #3      *Clinical Council Annual Plan – Progress Review***

- Year-end achievements noted
- Members to be allocated to areas of interest once 2019/20 objectives agreed

**Item #4      *Tō Waha***

- Thank you letter is being prepared by EA to CMDO-Hospital and will be sent prior to next Council meeting.

**Item #5      *HB Health Strategy***

- Update on the Agenda
- Meeting with subgroup still to occur

#### 5. CLINICAL COUNCIL REPORT TO BOARD June 2019

- Chair updated on the outcome of the PWCC discussion at the Board:
  - Board Members questioned the reliance of success of PWCC on two new persons to enact transformational change (especially in this financial climate)
  - Work will continue on PWCC if these two new positions aren't filled, however it was noted that this will directly impact on the momentum of implementation and progress of changing the culture of the organisation. In order for meaningful change to impact on people's health it needs to be correctly actioned or it will not be embedded.
  - Board discussion followed as to whether the two positions could be used with a wider focus of care than just PWCC and could potentially be the link to the services which whānau need and assist in navigating pathways for whānau.
  - Board requested that this paper and PWCC needs to be more integrated with relevant components of He Ngakau Aotea



- An expression of frustration by both Clinical Council and Consumer Council representatives voicing concerns around risk of loss of momentum and goodwill.
- Council Members emphasised the need for community engagement and for collaboration.

## 6. WORKPLAN

Noted

## 7. CLINICAL COUNCIL ANNUAL PLAN – PROGRESS REVIEW

Progress on the objectives was noted

## 8. ANNUAL MEETING AGENDA

Plans to hold the Annual Meeting in August were discussed. Points noted included:

- Due to current and pending vacancies and know absences, it was agreed to defer the Annual Meeting until September
- New members, outcome of Strategic Plan and review of clinical governance will be known by then
- Annual meeting to include election of co-chairs and development of Council Annual Plan 2019/20
- August meeting still to commence at 1pm – allows for more time on proposed clinical governance and risk management workshop
- The workshop may benefit from having a skilled facilitator if one were available at short notice.
- Co-Chairs will discuss further with Chris McKenna and Dr Robin Whyman - **ACTION**

## SECTION 2: REPORTING COMMITTEES TO COUNCIL

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

No report due to apologies from both Dr Mark Peterson and Chris McKenna

### 10. COUNCIL REPRESENTATIVES REPORTS

- **Te Pitau Health Alliance Governance Group**
  - Written report for May meeting noted

## SECTION 3: INFORMATION / DISCUSSION

### 11. TE ARA WHAKAWAIORA – Cultural Responsiveness – Dr Andy Phillips

Report included in the meeting papers

Discussion highlights were as follows:

- Acknowledgment and Mihi to Māori Relationship Board and to Kevin Snee for emphasising the importance of this work and to Ngaira Harker for training and JB Heperi-Smith for support.
- Key priority is ensuring Work force is skilled at Engaging Effectively in Māori
- Goal is also to grow Māori Leaders and Workforce, and encourage progression
- Enrolled nursing to be reintroduced
- Highlighted that we need to do better in retaining Māori staff.
- NGOs appeared to be more successful in encouraging the success of Māori and we should learn from other organisations.
- A marker of success would be making this BAU and the norm.

- We do not appear to be measuring the success rate of Māori applicants. Paper could be augmented to show the success rather than the failure.
- Engaging Effectively with Māori deemed 'good practice' – Ngā Rakau doing it in a whole group - strengthening for the whole Team.
- Incubator and Tūruki – Kia Ora Hauora, recruiting from secondary program.
- Making health easy to understand is an important factor and terminology changes make a difference e.g. 'Heart failure' clinic renamed to 'heart function' clinic an example.
- Co-ordination of appointments across multiple services remains very difficult.
- Pacifica Navigation only brought after the first DNA – should be involved up front
- Noted that MSD have very up to date client contact information. Need to find ways to work together without breaching privacy principles.
- Facebook noted as very helpful in communications

Te Ata Munro's contribution to service of 41 years for the HBDHB was noted and acknowledged. Final day 5 July.

#### **RECOMMENDATION**

**That the HB Clinical Council:**

1. **Notes** the contents of the report
2. **Endorses** the next steps and recommendations.

**Adopted**

#### **12. HB HEALTH STRATEGY UPDATE – (Verbal) –**

Bernard Te Paa updated Council on progress since receiving feedback at the last Council meeting, noting that he is still to meet with the sub-committee tasked with working through Council's issues.

Issues noted during discussion included:

- Need for more emphasis on clinical safety and workforce.
- Greater recognition of clinically led decision making and leadership
- Ensuring we have clinical governance involved in making decisions across the organisation.
- Importance of reliable relevant data through to Board reporting
- Involvement of Council in commissioning decisions
- Strategy must be high level, balanced and easy to read.
- Operational clinical leaders need to be involved – more so with Implementation Plan
- Final draft to be sent out well in advance of the next meeting.

#### **13. ACKNOWLEDGEMENTS**

It was noted that this was the final Council meeting being attended by:

- Dr Kevin Snee (HBDHB CEO ) – resigning from HBDHB to take up appointment as CEO Waikato DHB
- Dr John Gommans (SMO) – resigning from Clinical Council and therefore Co-Chair

The service and contribution of both was acknowledged, and each congratulated Council on its achievements to date and wished members well for the future.

**SECTION 4: RECOMMENDATION TO EXCLUDE THE PUBLIC**

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

14. Minutes of Previous Meetings (public excluded)
15. Matters Arising – Review Actions
16. Clinical Council report to Board (public excluded)
17. Actions being taken in response to TAS audit Medicine Reconciliation
18. Committee Reports (public excluded)
19. Planning on proposed workshop 'Clinical Risk'
20. Patient Safety & Quality Dashboard
21. Topics of Interest – Member Issues/Updates

**Moved: Dr John Gommans**

**Seconded: Jules Arthur**

**Carried**

The meeting closed at 4.00pm.

Confirmed: \_\_\_\_\_  
Chair


Date: \_\_\_\_\_



## HB CLINICAL COUNCIL - MATTERS ARISING (Public)

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	12/09/18	<b><i>New Clinical Governance Structure / Terms of References</i></b> <ul style="list-style-type: none"> <li>CAG TOR to be provided</li> <li>Committee Chairs to provide Advisory Group (AG) TOR to Company Secretary for consistency/format review</li> <li>Committee Chairs to approve TOR for respective AGs</li> <li>Clinical Council to endorse AG TOR</li> </ul>	C McKenna  Committee Co-Chairs  “  All	TBC  Ongoing  Ongoing  Aug AGM	Pending approval  Ongoing  Ongoing
2	13/03/19	<b><i>Screening for Harms</i></b> Small working group to prepare starter for 10 paper for discussion.	Nick Jones, Russell Wills, Andy Phillips and Debs Higgins	July	Ongoing
3	10/04/19	<b><i>Clinical Council Annual Plan – Progress Review</i></b> <ul style="list-style-type: none"> <li>Allocate areas of interest to members.</li> </ul>	Co-Chairs	Jun	Members to be allocated to areas of interest once 2019/20 objectives agreed
4	08/05/19	<b><i>Tō Waha</i></b> <ul style="list-style-type: none"> <li>Letter of thanks to be sent to community dentists who took part in the initiative.</li> </ul>	J Gommans / R Whyman	July	Ongoing
5	12/06/19	<b><i>HB Health Strategy</i></b> <ul style="list-style-type: none"> <li>Meeting to be held, to re-write section on high performing and sustainable system (pg. 28)</li> <li>Updated draft to be sent to Council members</li> </ul>	Clinical Leads, Bernard Te Paa and Nick Jones	Jun	Ongoing
6	10/07/19	<b><i>Annual Meeting Agenda</i></b> Co-Chairs will discuss further with Chris McKenna and Dr Robin Whyman	Chris McKenna	July	Annual Mtg moved to Sept



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

**RECOMMENDATION**

That the HBDHB Board

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

HB Clinical Council met on 10 July 2019. A summary of matters discussed is provided below:

**COMMITTEES & REPRESENTATIVES REPORTS TO COUNCIL**

Reports were received from:

- Te Pitau Health Alliance Governance Group

**ANNUAL MEETING**

Council generally has an Annual Meeting in August each year, with key agenda items:

- Election of Co-Chairs
- Review of Terms of Reference and Membership
- Appointment of new/replacement members
- Review achievements against objectives for previous year
- Agree Annual Plan for new year

Due to a significant number of vacancies and potential absences, as well as the need to devote significant time to a workshop on clinical governance/clinical risk, Council agreed to postpone the Annual Meeting until September.

**TE ARA WHAKAWAIORA – CULTURAL RESPONSIVENESS**

Council noted and discussed the report provided. Comments during discussion included:

- Compliments to those involved in developing the report
- Key priority is ensuring Work force is skilled at Engaging Effectively in Māori
- Need to 'grow' Maori workforce was supported with emphasis on progression into leadership positions
- Reintroduction of Enrolled Nursing option was supported

- Some NGOs were more successful in attracting and retaining Maori workforce and HBDHB DHB could learn from their successes
- Need to make intent of objectives become part of 'business as usual'.
- Navigators need to be engaged early/up front rather than only after a problem is identified.
- Clinical competence requires cultural competence

Council endorsed the proposed next steps and recommendations.

#### **HB HEALTH STRATEGY UPDATE**

Council were updated on progress since feedback provided at the last Council meeting, noting that the planned meeting with the appointed Council sub-committee had yet to be held. During discussion, a number of additional points were noted:

- Need for more emphasis on clinical safety and workforce.
- Greater recognition of clinically-led decision making and leadership
- Ensuring we have clinical governance involved in making decisions across the organisation.
- Importance of reliable relevant data through to board reporting
- Involvement of Council in commissioning decisions
- Strategy must be high level, balanced and easy to read.
- Operational clinical leaders need to be involved – more so with Implementation Plan

#### **ACKNOWLEDGEMENTS**

It was noted that this was the final Council meeting being attended by:

- Dr Kevin Snee (HBDHB CEO ) – resigning from HBDHB to take up appointment as CEO Waikato DHB
- Dr John Gommans (SMO) – resigning from Clinical Council after nearly nine years service, and therefore also from the role of Co-Chair

The service and contribution of both was acknowledged, and each congratulated Council on its achievements to date and wished members well for the future.



HB Clinical Council 14 August 2019 - Workplan

GOVERNANCE WORKPLAN PAPERS									
Updated: 6 August 2019									
CLINICAL & CONSUMER MEETING 14/15 August 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
Alcohol Harm Reduction Strategy (6 monthly update) Feb - Aug		Bernard TePaa	Rachel Eyre	13-Aug-19	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
Annual Plan 2019/20		Chris Ash	Robyn Richardson	6-Aug-19	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				14-Aug-19			
HB Health Strategy - APPROVAL		Chris Ash	Kate Rawstron	13-Aug-19	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
WAI 2575 Treaty Health Claim – Stage One Primary Care		Patrick LeGeyt		6-Aug-19	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
Consumer Council Annual Plan setting 19/20		Ken Foote					15-Aug-19		
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			
Clinical Council Annual Plan 2019/2020 discussion on the year ahead		Jules Arthur / John Gommans				11-Sep-19			
Clinical Council Annual General Meeting						11-Sep-19			
Health Certification Audit Findings (sept19)	EM	Kate Coley	Kaye Lafferty	27-Aug-19		11-Sep-19		25-Sep-19	
Matariki HB Regional Development Strategy and Social Inclusion Strategy update (6 mthly) Sept-Mar	EM	Bernard TePaa	Shari Tidswell	27-Aug-19	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	EM	Wayne Woolrich		27-Aug-19	11-Sep-19	11-Sep-19	12-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 Engagement Strategy		Kate Coley					12-Sep-19		
Serious Adverse Events FULL REPORT		Robyn Whyman		3-Sep-19		11-Sep-19		25-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			
Consumer Story/Consumer Led Outcomes quarterly updates Oct		Kate Coley	Caryn Daum				9-Oct-19		
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec		Anne Speden				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	EM	Mark Peterson	Penny Rongotoa	29-Oct-19		13-Nov-19			
Joint Clinical/Consumer Workshop						13-Nov-19	13-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	



## HAWKE'S BAY CLINICAL COUNCIL ANNUAL PLAN 2018/19

### ACTION/PROGRESS REPORT

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OBJECTIVE	PROGRESS TO July 2019
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	A small sub-group is overseeing the sign-off of the 5 year strategic plan. Robin Whyman has been nominated as the Clinical Council representative by the Co-Chairs. There is a meeting to be held on 2 May.
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	The Person & Whanau Centred Care Paper was presented to Board in June by EDPQ acknowledging previous recommendations endorsed to prioritise a working group to progress PWCC and further recommendations presented to support resourcing clinical lead and fixed term project lead and comms facilitator. In light of current resource capacity and other significant projects the request from Board was to reconsider this request and how to reprioritise within current team and gain best value from other consumer facing projects. Both Consumer and Clinical Council Chairs raised concern as to how this will become a reality for consumers.
3. Ensure the Clinical Governance Structure is fully implemented and integrated, with appropriate reporting, management and administration processes in place, by 30 June 2019	There is an ongoing challenge in administrative support and capacity for all committees to be fully functioning and have an effective report structure. In light of recent events regard patient safety and clinical risk a review of our current Clinical governance structure in the DHB is planned as part of the workshop at our Annual Meeting in August. This will form part of an staged plan to improve reporting, monitoring and assurance of clinical risk across the organisation.
4. Ensure the development and implementation of a sector wide process for monitoring, managing and reporting clinical risk, by 30 June 2019	Clinical risk workshop is tabled for the Council Annual Meeting in August 2019
5. Facilitate the development of a HB Clinical Workforce Plan to support the new 5 Year Strategic Plan, by 30 June 19	Focus on our clinical workforce is vital to be able to implement the vision of the Clinical Services Plan and to ensure wellbeing of our workforce and achieve the intent of the People Plan. Our workplan and timeframes will be discussed at our Annual Meeting in August
6. Promote and support the development and delivery of education and training of all clinicians on the Quadruple Aim and PWCC, and	This is aligned with the Objective 5 but focused on capability of clinical workforce. This has not progressed in terms of action. Given other key work required of the P&Q Directorate including PWCC and Risk Management for Council this aspect of

Subject	date
what these mean for clinicians, by 30 June 2019	workforce development has a lower priority and won't be addressed within the next 6 months.



## **CLINICAL ADVISORY & GOVERNANCE GROUP**

Verbal update






## **COUNCIL REPRESENTATIVE REPORTS**

Verbal updates





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

<b>Recommendation</b> <b>That the Boards:</b> <b>1. Note</b> the contents of this report.
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The Health Alliance Governance Group met on Wednesday 10 July 2019.

Significant issues discussed and agreed, including Resolutions, are noted below.

#### **Resignation of Deputy Chair**

Resignation of Dr Helen Francis as a member of the Te Pītau Health Alliance (Hawke's Bay) Governance Board.

Ken Foote (Company Secretary) to arrange for the HBDHB Board to appoint a replacement for Helen at their July 2019 Board meeting. The three DHB members will then recommend to the DHB Board who shall be appointed as the Deputy Chair.

#### **Communications Plan**

Support Group members advised the non-appointment to date of a Senior Communications Advisor to date will have ramifications on the Hawke's Bay Health Strategy.

#### **System Level Measure (SLM) Improvement Plan 2019/20**

Robyn Richardson (Principal Planner) advised on MoH feedback received post SLM Improvement Plan submission (and approval) at the June 2019 Te Pītau Governance Group meeting.

Two specific amendments to the Plan were noted, as follows:

- a. Healthy Start - milestone: *increase number of Māori babies living in smokefree homes*
- b. Person Centred Care - Patient Experience Survey (via People & Quality Directorate) milestone: *decrease the number of patients answering no to "did a member of staff tell you about medication side-effects to watch for when you went home?"*

#### **End of Life Care Redesign Update**

##### **Resolution**

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

1. **Noted** the contents of this report and appendices, and provided their feedback
2. **Agreed** a further update should be provided at the Te Pītau Governance Group meeting on 14/08/19 (via the Te Pītau Support Group) to review and approve recommendations for End of Life Care Service Level Alliance (EoLC SLA) membership.

Road shows are being held throughout July 2019 to raise awareness of EoLC, generate SLA Expressions of Interests (Eols) and encourage participation from whānau and community, either as potential SLA members or focus group.

#### **Mental Health & Addiction Services Redesign Update**

##### **Resolution**

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

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

Governance Group members received a high level view of the value of community-based contracts across age groups, and key contract portfolio groupings. A life course schematic of NGO MH&A services for Hawke's Bay was also provided via a visual map of community-based services across age group and key groupings.

#### **Primary Care Workforce Development Fund**

Karyn Bousfield (Nurse Director Primary Care) to be invited to attend the September 2019 Governance Group to discuss apportionment of the Fund.



## **HB HEALTH STRATEGY APPROVAL**

Late Paper





# Health Services and Outcomes Inquiry

## WAI 2575

### Stage One Report – Primary Care

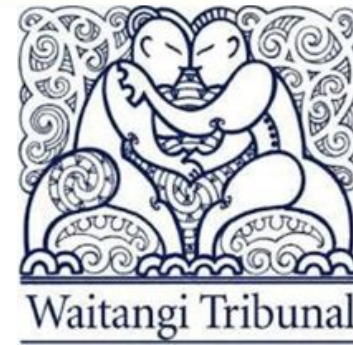
11





# Waitangi Tribunal

Set up by the Treaty of Waitangi Act 1975  
Waitangi Tribunal is a permanent commission of inquiry  
It makes recommendations on claims to the Crown (Government)



## What is a 'Treaty Claim'?

Claims are allegations that the Crown has breached the Treaty of Waitangi by particular actions, inactions, laws, or policies and that Māori have suffered prejudice (harmful effects) as a result.

## Treaty Claims Process

Once the Tribunal issues its report, claimants and the Crown will consider their response.





# Types of Inquiries

## Historical Claims

relate to matters that occurred before 21 September 1992

## District Inquiries

designed to hear the range of claims (mostly historical) brought by Māori from particular areas in a single inquiry

## Kaupapa (Thematic) Claims

not specific to any district; they deal with nationally significant issues affecting Māori as a whole

## Contemporary Claims

relate to matters that occurred on or after 21 September 1992 and commonly focus on specific issues and local areas





## Health Services and Outcomes Inquiry - WAI 2575

Health Services and Outcomes Inquiry WAI 2575 is a grouping of 200 claims that specify eligible health-related grievances in their statements of claim (no cut-off date to lodge claims).

Three staged approach:

Stage one: primary health care and system issues (Oct-Dec 2018)

Stage two: mental health (including suicide and self-harm); disabilities; alcohol, tobacco and substance abuse (July 2019)

Stage three: remaining national significant issues and eligible historical issues







## WAI 2575 - Stage One Scope

1. How the primary care system has been legislated, administered, funded and monitored by the Crown since the passing of the New Zealand Public Health & Disability Act 2000 (NZPHDA 2000)
2. Whether persistent inequitable health outcomes suffered by Māori are a Treaty breach

Systemic issues in primary care

- Dates from the NZPHDA 2000

Focused on Treaty compliance of:

- The legislative and policy framework
- Primary health care funding
- Accountability
- Treaty partnership arrangements in primary care





## WAI 2575 - Stage One Findings

1. The legislative, strategy and policy framework fails to consistently state a commitment to achieving equity for Māori
2. The Treaty clause in the NZPHD Act is a reductionist effort and fails to afford Māori control of health decision-making in relation to design and delivery
3. DHB governance arrangements do not reflect Treaty partnerships
4. The Crown did not design the primary health care system in partnership with Māori
5. Māori primary care organisations were underfunded from outset
6. \$220 billion health investment since 2000 has seen very little measurable improvement of Māori health outcomes
7. The Crown does not collect sufficient data and does not use the data it does collect effectively to improve Māori health status
8. The Crown is aware of it's failures and has failed to adequately remedy them





## WAI 2575 - Stage One Findings

Prof Peter Crampton, Public Health, University of Otago

- *“our system fails in its core function of meeting the basic health needs of those most in need”*

Ashley Bloomfield – Director- General of Ministry of Health

- The overall performance of DHBs was *“largely not good enough”*
- *“...racism at a range of levels does determine access to experience of and outcomes in the health care system”*

Waitangi Tribunal

- *“Māori relationship boards... we found scant evidence of an accurate reflection of the principle of partnership”*
- *“being given the opportunity to merely add commentary to the margins is not consistent with the principle of partnership...”*





## WAI 2575 - Stage One Findings

Keriana Brooking, MOH

- *"No [DHB] annual plan has ever been rejected because of issues in their reporting or planning relating to reducing Māori health disparities"*

Simon Royal, National Hauora Coalition

- *"ineffective accountability and monitoring of health entities fosters the prevalence of institutional bias and racism in the health system"*

Janet McLean, GM Māori, BOPDHB, 2001-2016

- *"It would be fair to say that Māori inequalities has been normalised in DHBs"*

Waitangi Tribunal

- *"...the depth of inequity suffered by Māori... mean that the Crown's failures are very serious"*
- The Crown *"cannot continue to evade its obligations... the health inequities experienced by Māori compel an urgent, and thorough, intervention"*



**HE KAUANUANU RESPECT**  
**ĀKINA IMPROVEMENT**  
**RARANGATETIRA PARTNERSHIP**  
**TAUWHIRO CARE**



## WAI 2575 - Stage One Interim Recommendations

### Two overarching recommendations:

1. That the legislative and policy framework recognises and provides for the Treaty of Waitangi and its principles.
  - Amend NZPHD Act to include a new Treaty clause and adopt appropriate Treaty principles
2. The Crown commits itself and the health sector to achieve equitable health outcomes for Māori.
  - Amend section 3(1)(b) of the NZPHD Act





## WAI 2575 - Stage One Interim Recommendations

### Structural Reform:

The Crown commit to exploring the concept of a stand-alone Māori Primary Health Authority

### Funding:

Crown and claimants agree to a methodology to assess underfunding of Māori primary care organisations

### Accountability Arrangements:

Crown to review and strengthen accountability mechanisms

### Data:

Crown to review and redesign arrangements for monitoring of MOH by external agencies

### Performance:

Crown to acknowledge overall failure of legislative and policy framework to improve Māori health outcomes





## WAI 2575 - Stage One Recommendations

The Tribunal identified the following Treaty principles as particularly applicable to this Inquiry:

- the guarantee of tino rangatiratanga in the design, delivery and monitoring of primary care system
  - the principle of equity:
    - Crown to commit to achieving equitable health outcomes for Māori
  - the principle of active protection:
    - Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori
  - the principle of partnership:
    - Crown and Māori to work in partnership in governance, design, delivery and monitoring
  - the principle of options:
    - Crown to provide for and properly resource kaupapa Māori primary health care services.
- Crown also has an obligation to ensure all primary care services are provided in a culturally appropriate way









## ALCOHOL HARM REDUCTION STRATEGY UPDATE

Late paper

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**FINAL Draft Hawke's Bay District Health Board Annual Plan – PART A, Part B, Population Health Annual Plan, SLM Improvement Plan 2019/20**

<b>Author:</b>	Kate Rawstron, Robyn Richardson
<b>Designation:</b>	Head of Planning & Strategic Projects, Principal Planner
<b>Date:</b>	7/8/19
<b>RECOMMENDATION:</b>	
It is recommended that the Committee:	
1. <b>Note</b> the above	

### OVERVIEW

The purpose of this paper is to inform MRB, Clinical and Consumer Councils that HBDHB Annual Plan has been submitted to the Ministry of Health for approval. The Board has approved these documents.

### Activity to date:

- Hawke's Bay District Health Board (HBDHB) Annual Plan (Part A) Final Draft was approved by the Board in July
- HBDHB Annual Plan (Part B) Final Draft was submitted and approved by the Board in June (brought forward to meet legislative requirements)
- HBDHB SLM Improvement Plan as approved by Te Pitau has been approved by the Ministry
- HBDHB Population Health Annual Plan has also been approved by the Ministry

To view these documents please contact Robyn Richardson, Principal Planner  
[robyn.richardson@hbdhb.govt.nz](mailto:robyn.richardson@hbdhb.govt.nz)





## **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:

15. **Minutes of Previous Meeting (Public Excluded)**
16. **Matters Arising – Review Actions (Public Excluded)**
17. **HB Clinical Council report to Board- June (Public Excluded)**
18. **Committee Reports (Public Excluded)**
19. **19.1 Patient Safety and Quality Dashboard – Kate Coley**  
**19.2 Clinical Risk Report including FRAC report July 2019 – Kate Coley**
20. **Topics of Interest – Member Issues / Updates**
21. **Workshop – Clinical Risk**

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).