



HB Clinical Council Monthly Meeting

Date: Wednesday, 9 October 2019

Meeting: 3.00 pm to 5:30 pm

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

Council Members:

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

Dr Robin Whyman (Co-Chair)
Dr Kevin Choy
Dr Russell Wills
Debs Higgins
Dr Peter Culham
Dr Nicholas Jones
Anne McLeod

Apology: Debs Higgins

In Attendance:

Kate Coley, ED People and Quality & Susan Barnes, Patient Safety & Quality Manager
Ken Foote, Company Secretary
Ana Apatu, Māori Relationship Board Representative
Les Cunningham, Consumer Council 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 / ToR	
5.	Clinical Council Workplan	
6.	HB Clinical Council Board Report (Sept)	
7.	Co-Chairs Report	
	Section 2 – For Discussion & Agreement	3.15
8.	Clinical Council <ul style="list-style-type: none"> • Terms of reference Sept '19 • Annual Objectives (draft) • Workplan for 2019-20 (draft) • Communications & Increasing our visibility 	
	Section 3 - Committee Reports	4.00
9.	Clinical Advisory & Governance Group meeting update – Dr Kevin Choy	
10.	Te Pitau Health Alliance Governance Group report – provided for information	
11.	Clinical Governance Committee Structure appointments <ul style="list-style-type: none"> - Committee Chairs review/appointments - Clinical Council representative on IS Governance Group - Amendment to Terms of reference for Consumer Experience Committee membership 	
12.	Recommendation to Exclude the Public	

Public Excluded

Item	Section 4 – Routine	4.10
13.	Member Topics of Interest	
14.	Minutes of Previous Meeting	
15.	Matters Arising - Review Actions	
16.	HB Clinical Council Board Report (Sept) – public excluded	
17.	Health Roundtable Workshop (Kate Lopez) <ul style="list-style-type: none"> • Presentation and Discussion • Draft Dashboard for FRAC 	4.15 – 5.30

Next Meeting: Wednesday, 13 November 2019 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

- ✓ 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 use 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

www.ourhealthhb.nz



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	
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 9 October 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, 11 SEPTEMBER 2019 AT 3PM**

PUBLIC

Present: Jules Arthur (Chair)
Debs Higgins
Dr Peter Culham
Dr Robin Whyman
Dr Russell Wills
Dr Mike Park
Dr Kevin Choy
Les Cunningham
Karyn Bousfield
Dr Andy Phillips

In Attendance: Kate Coley, Executive Director, People & Quality
Susan Barnes, Acting Patient Safety and Experience Manager
Vanessa Smith-Glintonkamp, EA to Executive Director Provider Services

Apologies: Dr Mark Peterson, Peta Rowden, Chris McKenna, Di Vicary, Nick Jones and Anne McLeod

SECTION 1: ROUTINE

1. WELCOME AND APOLOGIES

Apologies noted as above.
The Chair welcomed all and opened the meeting with a karakia.

2. INTEREST REGISTER

All new members were reminded to note their interests to Jacqui Sanders-Jones, Board Administrator Jacqui.sanders-jones@hbdhb.govt.nz

3. MINUTES OF PREVIOUS MEETING

The minutes of the HB Clinical Council meeting held on 14 August 2019, were confirmed as a correct record of the meeting.

Moved: Russell Wills
Seconded: Peter Culham
Carried

4. MATTERS ARISING / REVIEW ACTIONS

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

Noted that this would be discussed in the Annual Meeting section

Item 2 *Screening for Harms*

Russell Wills provided an update as he has completed the first draft of the document.

To note cannot progress this without input from iwi (NKI to provide input). MoH supportive of input by iwi. It was noted that this must sit on a platform of Tikanga. Debs Higgins requested to be included in this Workstream.

Item 5 *Health Certification Audit Findings*

Kate Coley to provide quarterly progress on clinical actions. Clinical leads must be appointed and then provide input into the findings.

5. CLINICAL COUNCIL WORKPLAN

The Chair moved that the Workplan be discussed as part of the annual meeting section. It was noted that the Council must be responsive to safety and monitoring.

6. HAWKE'S BAY CLINICAL COUNCIL REPORT TO THE BOARD – AUGUST 2019

The Chair spoke to the report that was tabled at the August 2019 Board meeting. The Board made no comment on the paper except to note that they particularly valued the Alcohol Harm Reduction Strategy update.

SECTION 2: FOR INFORMATION AND DISCUSSION

7. MATARIKI HB REGIONAL DEVELOPMENT STRATEGY & SOCIAL INCLUSION STRATEGY UPDATE

Bernard Te Paa, Executive Director of Health Improvement and Equity apologised that he was unable to attend and Shari Tidswell, Intersectoral Projects Manager joined the meeting. Shari introduced herself and was welcomed by the Council.

It was noted that the direction of this work is being streamlined and the need to maintain whānau/community input is important.

Particular comment was made on the excellent work that the Camberley School Principal is doing within her community

SECTION 3: COMMITTEE REPORTS

8. CLINICAL ADVISORY & GOVERNANCE GROUP MEETING UPDATE

Kevin Choy provided an update on the ongoing work in identifying a reliable tool to identify risk.

Karen Bousfield noted that a key issue that has been elevated was around poor prescribing and misplaced laboratory results.

It was agreed that a follow up of solutions and actions from CAGG should be made.

Di Vicary and Nick Jones to liaise with PHO and the Laboratory and report back to Council in regards to issue next month. ACTION

9. CONSUMER EXPERIENCE COMMITTEE – VERBAL REPORT

Debs Higgins provided a verbal update on discussions, including:

- Update on PWCC implementation plan, wasn't endorsed by Board and is being worked up further with MRB input.
- Signed off health literacy charter and feedback forms

- Trend report presented which led to discussion on further information requirements and new system coming to facilitate this. Noted that the new RADAR event reporting/complaints system is delayed to August 2020
- Comms plan for publicising the work of Consumer Experience Committee.

10. TE PĪTAU HEALTH ALLIANCE GOVERNANCE GROUP REPORT

Peter Culham updated the Council on the Te Pitau meeting held on 11 September and on future projects that the group will focus on. These include:

- End of Life Care Redesign
- Rangatahi Group
- Mental Health and Addictions Review

The funding envelope was also discussed at the meeting as well as the HBDHB Consumer Engagement Policy. It was noted that the HBDHB current remuneration for consumers was not fit for purpose and a review would be valuable. Action: Kate Coley to follow up

11. RECOMMENDATION TO EXCLUDE THE PUBLIC

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

- 12. Topics of Interest – Member Issues/Updates
- 13. Minutes of Previous Meetings (public excluded) – no changes
- 14. Matters Arising – Review Actions
- 15. Hawkes Bay Clinical Council report to Board (public excluded)
- 16. Patient Safety and Clinical Quality Dashboard – Kate Coley
- 17. Serious Adverse Events Full Report – Kate Coley

Moved: Russell Wills
 Seconded: Debs Higgins
 Carried

The meeting closed at 3.47pm

CONFIRMED:


Chair

DATED

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	
6	Sept	<i>Clinical Advisory and Governance group meeting Update</i> <ul style="list-style-type: none"> Di Vicary and Nick Jones to liaise with PHO and the Laboratory and report back to Council in regards to issue next month. 	Di Vicary & Nick Jones	October	Agenda item

GOVERNANCE WORKPLAN PAPERS									
Updated: 25 September 2019									
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			
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec		Anne Speden				9-Oct-19	9-Oct-19	30-Oct-19	
Patient Safety & Clinical Quality Report	E	Kate Coley				9-Oct-19		30-Oct-19	
Matariki - further discussion on report		Bernard Te Paa	Shari Tidswell				9-Oct-19		
Consumer Story/Consumer Led Outcomes quarterly updates Oct/Feb/May/Aug		Kate Coley	Caryn Daum				9-Oct-19		
Health Certification Audit Findings to Clinical Council						9-Oct-19			
JOINT 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) 8mthly 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	
CLINICAL & CONSUMER MEETING 12/13 February 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	28-Jan-20	12-Feb-20	12-Feb-20	13-Feb-20		26-Feb-20
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				12-Feb-20			
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun Aug Oct Dec		Anne Speden				12-Feb-20		26-Feb-20	
Consumer Story/Consumer Led Outcomes quarterly updates Oct/Feb/May/Aug		Kate Coley	Caryn Daum				13-Feb-20		
Electives and the Consumer - CMDO back to Consumer Council		Robin Whyman					13-Feb-20		

	Hawke's Bay Clinical Council
	For the attention of: HBDHB Board
Document Owner:	Jules Arthur (Chair)
Month:	September 2019
Consideration:	For Information

RECOMMENDATION

That the HBDHB Board:

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

HB Clinical Council met on 11th September 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)
- Consumer Experience Committee

REVIEW OF CURRENT ACTIONS

- Screening for Harms – this item has been discussed in relation to improving and combining screening tools for a number of social harms i.e. smoking, alcohol, family harm, addictions. Dr Wills provided an update on a first draft document reviewing the Violence Intervention Programme. This will only progress with iwi input.
- Health Certification Audit Findings – quarterly progress on clinical actions identified will be provided, this is currently in progress with clinical leads being identified.

MATARIKI HB REGIONAL DEVELOPMENT STRATEGY & SOCIAL INCLUSION STRATEGY UPDATE

A 6 monthly update was provided on the direction of this work and ensuring whānau/community input. It was also noted with regards to the synergies in relation to the social determinants of health and provision of care

ANNUAL MEETING

It was noted that during the Annual Meeting the TOR, Workplan and Membership would be reviewed and discussed



CLINICAL COUNCIL CO-CHAIR REPORT



TERMS OF REFERENCE

Hawke's Bay Clinical Council

September 2019

8

Purpose	The Hawke's Bay Clinical Council is the principal clinical governance, leadership and advisory group for the Hawke's Bay health system.
Functions	<p>The Hawke's Bay Clinical Council (Council)</p> <ul style="list-style-type: none"> • Provides clinical advice and assurance to the Hawke's Bay health system management and governance structures. • Works in partnership with the Hawke's Bay Health Consumer Council to ensure Hawke's Bay health services are organised around the needs of people. • Provides oversight of clinical quality and patient safety. • Provides clinical leadership to the Hawke's Bay health system workforce. • Ensures decisions and recommendations are consistent with the healthcare quadruple aim (the simultaneous pursuit of improved quality, safety and experience of care for individuals; improved health and equity for all populations; best value for public health system; and improved experience of providing care).
Level of Authority	<p>The Council is appointed by, and is accountable to, the CEO of HBDHB.</p> <p>The Council has the authority to provide advice and make recommendations, to the CEOs and Boards of HBDHB and Health Hawke's Bay Limited (as appropriate).</p> <p>To assist it in this function the Council may:</p> <ul style="list-style-type: none"> • Request reports and presentations from particular groups • Establish sub-groups to investigate and report back on particular matters • Commission audits or investigations on particular issues • Co-opt people from time to time as required for a specific purpose. <p>The Council's role is one of governance, not operational or line management.</p> <p>Delegated Authority</p> <p>The Council has delegated authority from the CEOs and Boards to:</p> <ul style="list-style-type: none"> • Make decisions and issue directives on quality clinical practice and patient safety issues that: <ul style="list-style-type: none"> ▪ Relate directly to the function and aims of the Council as set out in the Terms of Reference; and ▪ Relate directly to the provision of, or access to, HBDHB publicly funded health services; and ▪ Are clinically and financially sustainable <p>All such decisions and/or directives will be binding on all clinicians who provide and/or refer to public health services funded (in whole or part) by the HBDHB.</p>
Membership	Members appointed by tenure shall normally be appointed for three years, whilst ensuring that approximately one third of such members 'retire by rotation' each

	<p>year. Such members may be reappointed but for no more than three terms. Members appointed by role/position do not have a finite term.</p> <p><i>By role/position:</i></p> <ul style="list-style-type: none"> • Chief Medical Officer Primary Health Care • Chief Medical & Dental Officer Hospital • Chief Nursing & Midwifery Officer • Chief Allied Health Professions Officer • Midwifery Director • Chief Pharmacist • Clinical Director Health Improvement & Equity • Clinical Lead PHO Clinical Advisory and Governance Committee <p><i>By Appointment (tenure):</i></p> <ul style="list-style-type: none"> • General Practitioner x 2 • Senior Medical / Dental Officer x 2 • Senior Nurse x 3 • Senior Allied Health Professional <p>When making appointments, consideration must be given to maintaining a wide range of perspectives and interests within the total membership, ensuring in particular that Māori health and rural health interests and expertise are reflected.</p>
Chair	The Council will annually elect a chair and deputy, or co-chairs.
Quorum	A quorum will be a majority of the members appointed at the time
Meetings	<p>Meetings will be held monthly at least ten times per year, or more frequently at the request of the chair/co-chairs.</p> <p>Meetings will generally be open to the public, but may move into “public excluded” where appropriate and shall be conducted in accordance with HBDHB Board Standing Orders as if the Council was a Board Committee.</p> <p>A standing reciprocal invitation has been extended to the Hawke’s Bay Health Consumer Council for a representative to be in attendance at all meetings.</p> <p>Matters may be dealt with between meetings through discussion with the chair/co-chairs and other relevant members of the Council.</p>
Reporting	<p>The Council will report through HBDHB and Health Hawke’s Bay Limited Chief Executives (as appropriate) to the respective Boards.</p> <p>A monthly report of Council activities/decisions will be placed on the DHB website when approved.</p>
Minutes	Minutes will be circulated to all members of the council within one week of the meeting taking place.

DRAFT HAWKE'S BAY CLINICAL COUNCIL – ANNUAL PLAN 2019/20**8**

FUNCTIONS What we are here for:	UP: Provide Clinical advice and assurance to the Hawke's Bay health system senior management and governance structures	ACROSS: Work in partnership with the Hawke's Bay Health Consumer Council to ensure that Hawke's Bay health services are organised around the needs of people.	OUT: Provide oversight of clinical quality and patient safety	IN: Provide clinical leadership to Hawke's Bay health system workforce
ROLES Our job is to:	Provide advice and/or assurance on: <ul style="list-style-type: none"> Clinical implications of proposed services changes. Prioritisation of health resources. Measures that will address health inequities. Integration of health care provision across the sector. The effective and efficient clinical use of resources. 	<ul style="list-style-type: none"> Develop and promote a "Person and Whanau Centred Care" approach to health care delivery. Facilitate service integrations across / within the sector. Ensure systems support the effective transition of consumers between/within services. Promote and facilitate effective consumer engagement and patient feedback at all levels. Ensure consumers are readily able to access and navigate through the health system. 	<ul style="list-style-type: none"> Focus strongly on reducing preventable errors or harm. Monitor effectiveness of current practice. Ensure effective clinical risk management processes are in place and systems are developed that minimise risk Provide information, analysis and advice to clinical, management and consumer groups as appropriate. Ensure everyone in the HB health sector are aware of their responsibility for quality improvement and patient safety. 	<ul style="list-style-type: none"> Communicate and engage with clinicians and other stakeholders within HB Health Sector, providing clinical leadership when/where appropriate. Oversee clinical education, training and research. Ensure clinical accountability is in place at all levels.
STRATEGIES To do this we will generally:	<ul style="list-style-type: none"> Review and comment on all reports, papers, initiatives prior to completion and submission to the Board. Proactively develop, promote and recommend changes to improve health outcomes, patient experience and value from health resources. Develop, promote and advise on strategies and actions that could assist with the reduction in health inequities. Develop and promote initiatives and communications that will enhance clinical integration of services. 	<ul style="list-style-type: none"> Work collaboratively with the Consumer Council to design and implement a Person and Whanau Centred Care approach. Understand what consumers need. Understand what constitutes effective consumer engagement. Promote clinical workforce education and training and role model desired culture. Promote and implement effective health literacy practice. Promote the development and implementation of appropriate systems and shared clinical records to facilitate a 'smooth patient 	<ul style="list-style-type: none"> Develop and maintain relevant and effective Clinical Indicator reporting and performance management processes. Establish and maintain effective clinical governance structures and reporting processes. Ensure safety and quality risks are proactively identified and managed through effective systems, delegation of accountabilities and properly trained and credentialed staff. Ensure the "quality and safety" message and culture is spread and applied in all areas of HB health sector. 	<ul style="list-style-type: none"> Ensure all HB clinicians and other stakeholders are aware of the role, membership and activities of the Clinical Council. Oversee the development, maintenance and implementation of a HB Clinical Workforce Sustainability Plan. Promote clinical governance at all levels within the HB health system. Ensure appropriate attendance/input into National/Regional/ Local

FUNCTIONS What we are here for:	UP: Provide Clinical advice and assurance to the Hawke's Bay health system senior management and governance structures	ACROSS: Work in partnership with the Hawke's Bay Health Consumer Council to ensure that Hawke's Bay health services are organised around the needs of people.	OUT: Provide oversight of clinical quality and patient safety	IN: Provide clinical leadership to Hawke's Bay health system workforce
	<ul style="list-style-type: none"> Provide input through representation on EMT, Alliance Leadership Team and through attendance at HB Health Sector Leadership Forum. 	<p>experience' through the health system.</p>	<ul style="list-style-type: none"> Promote "value-based decision-making" at all levels. This involves improving the processes by which decisions are made, so they take into consideration all Quadruple Aim objectives: <ul style="list-style-type: none"> Enhanced patient experience Improved health outcomes Better value for money Improved experience of providing care Ensure attendance at appropriate meetings/forums to provide appropriate assurance and confidence. 	<p>meetings/events to reflect HB clinical perspective.</p> <ul style="list-style-type: none"> Promote ongoing clinical professional development including leadership and "business" training for clinical leaders. Facilitate co-ordination of clinical education, training and research. Role model and promote clinical accountability at all levels.
OBJECTIVES 2018/19 Specifically this year we will:	<ul style="list-style-type: none"> Provide a proactive and prioritised clinical perspective on <u>the Implementation Plan for Whanau Ora Hapori Ora issues and strategies to be addressed in (the new 5 Year Strategic Plan for the HB health sector) and the Annual Plan for 2020/21 by 28 Feb 19 by 31 March 2020</u> 	<ul style="list-style-type: none"> Co-design with Consumer Council and support/initiate the <u>initial implementation of a detailed plan for the implementation of Person and Whanau Centred Care</u> in HB by 30 Jun 2019 	<ul style="list-style-type: none"> Ensure the Clinical Governance Structure is fully implemented and integrated, with appropriate reporting, management and administration processes in place, by 31 March 2019 <u>31 March 2020</u> Ensure the development and implementation of a sector wide process for monitoring, managing and reporting and effectively managing clinical risk, <u>clinical quality and patient safety</u> by 30 Jun 2019 	<ul style="list-style-type: none"> Ensure <u>Facilitate</u> the development of a HB Clinical Workforce Plan to support <u>Whanau Ora Hapori Ora</u> (the new 5 Year Strategic Plan), by 30 Jun 2019 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 Jun 19

DRAFT Clinical Council Workplan 2019/20

Meeting	Clinical Council	Current Clinical Council Workplan	FRAC	BOARD
October	HRT Dashboard Workshop – HRT	Clinical Committees Update	Dashboard (Sept) + Short report (including narrative from CC & HRT Workshop)	Summary of conversations/key topics discussed
November	Communities, Women & Children Directorate (4)	Clinical Committees Updates Collaborative pathways After Hours Urgent Care update IS Update		Summary of conversations/key topics discussed
December	HRT Dashboard	Clinical Committees Updates	Report (2) plus summary of Clinical Council dashboard	Summary of conversations/key topics discussed
January		NO MEETINGS		
February	Mental Health Directorate (4)	Clinical Committees Updates	Dashboard (from December CC) + Short Report (including narrative from CC)	Summary of conversations/key topics discussed
March	HRT Dashboard	Clinical Committees Updates	Report (2)	Summary of conversations/key topics discussed
April	Medical Directorate (4) Primary Care	Clinical Committees Updates	Dashboard (March) + Short Report (including narrative from CC)	Summary of conversations/key topics discussed
May	Older Persons Directorate (4) Operations Directorate (4)	Clinical Committees Updates Clinical Workforce Development Governance		Summary of conversations/key topics discussed
June	HRT Dashboard	Clinical Committees Updates	Report (2)	Summary of conversations/key topics discussed


July	Surgical Directorate	Clinical Committees Updates	Dashboard (June) + Short Report (including narrative from CC)	Summary of conversations/key topics discussed
August	AGM	Clinical Council – Objectives & Workplan 2020-21	Report (2)	Summary of conversations/key topics discussed

- (1) Short report – emerging issues and anything urgent
- (2) Report – update on adverse events, themes and trends from patient events, update on certification, general updates, patient experience statistics, complaints, national survey etc.
- (3) HQSM – to come as an when reported
- (4) **Brief to Directorates** – Describe the service components, describe what is the data / indicators that you use to monitor patient safety and quality, share your top clinical risks and the actions and activities that you are implementing and monitoring to mitigate the risks. Need to ensure that the directorate team is present (SD, ND, AH and MD). Provided with 45 minutes for presentation, questions and discussion.



CLINICAL ADVISORY & GOVERNANCE GROUP

Verbal update

	Te Pītau Health Alliance (Hawke's Bay) Governance Group
	For the attention of: HBDHB and Health Hawke's Bay Ltd Boards
Document Owner:	Bayden Barber, Chair
Author:	Janine Jensen, Senior Commissioning Manager (Te Pītau Health Alliance (Hawke's Bay) Governance Group delegate for Chris Ash, Executive Director of Primary Care
Month:	September, 2019
Consideration:	For Information

10

Recommendation

That the Boards:

1. **Note** the contents of this report
2. **Review** HBDHB's Remuneration Policy in relation to current non-financial recognition of time and valuable contributions and expertise being received from Rangatahi stakeholder groups.

The Te Pītau Health Alliance (Hawke's Bay) Governance Group met on Wednesday 11 September 2019.

Significant issues discussed and agreed included:

Communications Plan

Deferred until October 2019 Te Pītau Governance Group meeting due to upcoming Elections, and new Comms staff commencing employment week commencing 16/09/10.

Rangatahi Services Redesign

Resolution

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

1. **Endorsed** the Kaupapa Plan
2. **Agreed** with the purpose, values, approach, rangatahi, working and stakeholder groups, and timeline of the project
3. **Agreed** to receive a proposed model in November 2019 (previously scheduled for December 2019)
4. **Agreed** to recommend to HBDHB Board that, in relation to current non-financial recognition of valuable contributions, advice and expertise being received from rangatahi stakeholder groups, that a review of HBDHB's remuneration policy be undertaken.

Three projects groups have been established, and stakeholder meetings held in August and September 2019, with Kaumatua involvement. The proposed model will be presented to the Te Pitau Governance Group by rangatahi roopu in November 2019.

Mental Health & Addiction (MH&A) Redesign

P&B workshops with representation from all stakeholders have been undertaken.

The purchase of professional services from Davanti Consulting Ltd to assist with facilitation and the design process.

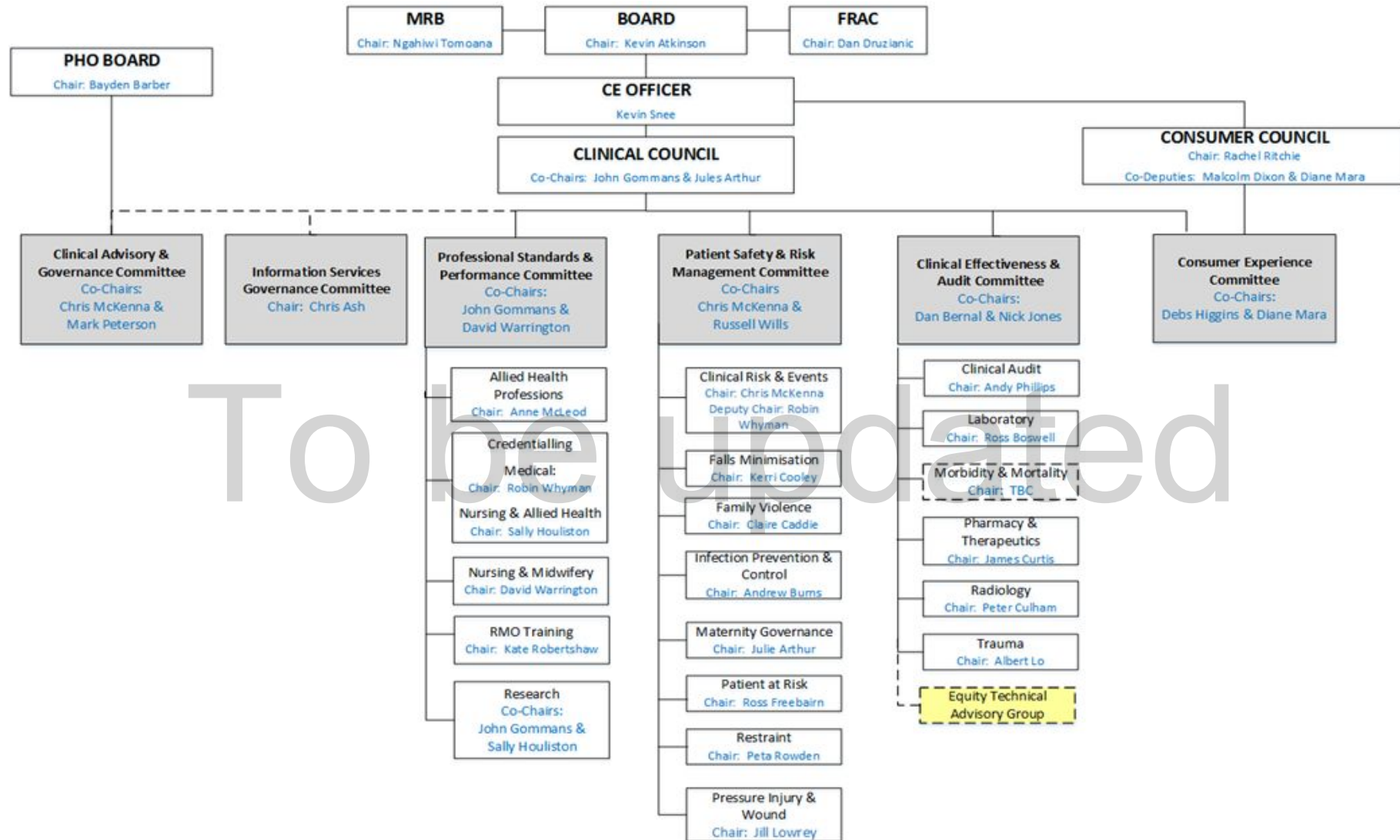
Additional MH&A portfolio workload, i.e: Addictions, RFP (for mild to moderate clients), and a Crisis pilot with Counties Manukau, to be raised with the Executive Leadership Team (ELT) on 17/09/19.

Workforce development video-conference at MRB on 11/09/19 with Dr Diana Kopua (from Hauora Tairāwhiti) – Director, Te Kurahuna Ltd was discussed, and the possibility of co-investment.


Health Care Home


On track with projected programme timelines with three GP practices, namely: Te Mata Peak Practice; TToH; and, Totara Health.

CLINICAL GOVERNANCE COMMITTEE STRUCTURE



11

 Pending any changes to Executive Leadership Team

 HAWKE'S BAY District Health Board Whakawāteatia	Report to HB Health Consumer Council & HB Clinical Council to adopt changes to the Terms of Reference of Clinical Governance Consumer Experience Committee
	For the attention of: HB Health Consumer Council & HB Clinical Council
Document Owner:	Ken Foote, Company Secretary
Document Author:	Ken Foote, Company Secretary
Month:	Sept 2019
Consideration:	For Endorsement
RECOMMENDATION That the HB Health Consumer Council & HB Clinical Council: 1. Endorse the change to the Terms of Reference of the Clinical Governance Consumer Experience Committee as outlined in this report.	

Both Councils currently have vacancies on the Consumer Experience Committee and due to availability, both are having some difficulty filling the fourth member position.

In discussion with the Co-Chairs it is recommended that the Terms of Reference be amended to provide for only **three** representatives from each of the Councils to be members of the Committee (with other consequential amendments), as shown below.

The Co-Chairs believe that this number will still be adequate to meet the Purpose and Functions of the Committee. Specific changes are attached.



TERMS OF REFERENCE
CLINICAL GOVERNANCE
CONSUMER EXPERIENCE COMMITTEE
SEPTEMBER 2018

Purpose	Oversee the development and implementation of strategies, systems, policies, processes and actions that will contribute to the continuous improvement of consumer experience within the HB health system.
Functions	<ul style="list-style-type: none"> • Lead and promote a culture of continuous improvement of consumer experience within the HB health system • Consult as necessary to develop and recommend an overall integrated strategy for improving consumer experience • Develop, enhance and confirm appropriate systems and surveys to be used to gather indicators of consumer experience • Agree targets, monitor and analyse consumer experience performance indicators • Report on performance and recommend and/or initiate improvement actions • Ensure all relevant information, requests for feedback and improvement actions are well communicated throughout the sector, and implemented as appropriate • Ensure decisions and recommendations are consistent with the healthcare quadruple aim (the simultaneous pursuit of improved quality, safety and experience of care for individuals; improved health and equity for all populations; best value for public health system; and improved experience of providing care)
Level of Authority	<p>The Committee reports to, and has the authority to provide advice and recommendations to, the Hawkes Bay Clinical Council and Hawkes Bay Health Consumer Council.</p> <p>To assist it in this function the Committee may:</p> <ul style="list-style-type: none"> • Request reports and presentations from particular groups • Establish sub-groups as necessary to investigate and report back on particular matters • Request the commissioning of audits or investigations on particular issues • Co-opt people from time to time as required for a specific purpose. <p>The Committee's role is one of clinical governance, not operational or line management. Any issues impacting on operational performance must be addressed in partnership with relevant management and clinical leaders.</p> <p>Delegated Authority</p> <p>The Committee has delegated authority to:</p> <ul style="list-style-type: none"> • Make decisions and issue directives/guidelines on consumer experience issues (other than strategy) that: <ul style="list-style-type: none"> ▪ Relate directly to the function of the Committee as set out in the Terms of Reference; and

	<ul style="list-style-type: none"> Relate directly to the provision of, or access to, HBDHB or HHB Ltd publicly funded health services; and Are clinically and financially sustainable; and Are affordable within current budgets. <p>All such decisions and/or directives will be binding on all clinicians or other staff who provide and/or refer to public health services funded (in whole or part) by the HBDHB or HHB Ltd.</p>
Membership	<p>Membership</p> <ul style="list-style-type: none"> Four <u>Three</u> (34) Clinical Council representatives Four <u>Three</u> (34) Consumer Council representatives Health Services Directorates representative PHO representative <p>Tenure</p> <p>Until replaced by the group being represented</p>
Chair	<p>Co-Chairs</p> <ul style="list-style-type: none"> One appointed by Clinical Council from the four <u>three</u> Clinical Council representatives One appointed by Consumer Council from the four <u>three</u> Consumer Council representatives <p>Co-Chairs of the Committee shall not be a Chair or Co-Chair of either of the two Councils</p>
Quorum	<p>A quorum will be a minimum of two members from each of the two Councils plus one other member</p>
Meetings	<p>Meetings will be held quarterly at least 4 times per year, or more frequently at the request of the chair/co-chairs.</p> <p>Meetings shall be held at times and in locations that suit the membership, and the availability of relevant consumer experience survey information</p> <p>Decision making at meetings shall ideally be based on consensus</p>
Reporting	<p>A report shall be submitted to the Clinical Council and Consumer Council following each meeting of the Committee.</p> <p>A formal annual report shall be submitted within 3 months of the end of each financial year (30 June)</p> <p>A precis of the annual report shall be communicated to the sector, once received by both Councils.</p>
Minutes	<p>The minute secretary shall be a Consumer Experience Facilitator.</p> <p>Minutes and action plans will be circulated to all members within one week of the meeting taking place.</p>



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. **Health Roundtable 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).

