HB Clinical Council Meeting

Date: **Wednesday, 10 July 2019**

Meeting: **3.00 pm to 5:30 pm**

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

Council Members:

Dr John Gommans (Co-Chair)
Jules Arthur (Co-Chair)
Chris McKenna
David Warrington
Dr Robin Whyman
Lee-Ora Lusis
Dr Daniel Bernal
Dr Andy Phillips
Dr Russell Wills
Debs Higgins
Anne McLeod
Dr Peter Culham
Dr Nicholas Jones

Apology: Dr Mark Peterson

In Attendance:

Kate Coley, Executive Director - People and Quality (ED P&Q)
Ken Foote, Company Secretary
Ria Anderson, Administrator Primary Care
Ana Apatu, Māori Relationship Board Representative

Public

Item	Section 1 – Routine	Time
1.	Welcome and receive apologies	3:00
2.	Interests Register	
3.	Minutes of Previous Meeting	
4.	Matters Arising – Review Actions	
5.	HB Clinical Council report to Board – June (public) - for information only	
6.	Workplan (monthly)	
7.	Clinical Council Annual Plan – Progress Review	
8.	AGM Agenda	
	Section 2 – Reporting Committees to Council	
9.	Clinical Advisory & Governance Group (verbal) – Chris McKenna	3.15
10.	Council Representative Reports (verbal)	3.25
	Section 3 – Information / Discussion	
11.	Te Ara Whakawaiora: Cultural Responsiveness – Andy Phillips	3.45
12.	HB Health Strategy update – Bernard Te Paa	3.55
13.	**Section 4 – Recommendation to Exclude the Public**	

Public Excluded

Item	Section 5 – Routine	Time
14.	Minutes of Previous Meeting (Public Excluded)	4.10
15.	Matters Arising – Review Actions (Public Excluded)	
16.	HB Clinical Council report to Board- June (Public Excluded)	
	Section 6 – For Information Only	
17.	Actions Being Taken in Response to TAS Audit Medicine Reconciliation (HSLT paper to FRAC)	4.15
	Section 7 - Discussion	
18.	Committee Reports (Public Excluded) 19.1 Professional Standards & Committee report – John Gommans	4.20
19.	Planning on proposed workshop: 'Clinical Risk'	4.30

20.	20.0 Patient Safety and Quality Dashboard – Kate Coley 20.1 IS Update – presentation on Business Intelligence Portal – Aaron Turpin 20.2 Clinical Risk Report including FRAC report June 2019 – Kate Coley	
21.	Topics of Interest – Member Issues / Updates	5.10

NEXT MEETING: Wednesday, 14 August 2019
Te Waiora Meeting Room (Boardroom), HBDHB Corporate Office
Cnr Omahu Road & McLeod Street, Hastings

Our shared values and behaviours

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGA TE TIRA PARTNERSHIP
TAUWHIRO CARE

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 peoples 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

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

RARANGA TE 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

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

Interests Register
Feb-19

Hawke's Bay Clinical Council

Name Clinical Council Member	Interest e.g. Organisation / Close Family Member	Nature of Interest e.g. Role / Relationship	Core Business Key Activity of Interest	Conflict of Interest Yes / No	If Yes, Nature of Conflict: - Real, potential, perceived - Pecuniary / Personal - Describe relationship of Interest to
Chris McKenna (Director of Nursing)	Hawke's Bay DHB - Susan Brown	Sister	Registered Nurse	Yes	Low - Personal - family member
	Hawke's Bay DHB - Lauren McKenna	Daughter	Registered Nurse	Yes	Low - Personal - family member
	Health Hawke's Bay (PHO)	Board member	HHB ensures the provision of essential primary health care services, mostly through general practices, to the population of HB.	Yes	Low
Dr Mark Peterson (Chief Medical Officer - Primary Care)	Taradale Medical Centre	Shareholder and Director	General Practice	Yes	Low
	City Medical Napier	Shareholder	Accident and Medical Clinic	Yes	Contract with HBDHB
	PHO Services Agreement Amendment Protocol (PSAAP)	"Contracted Provider" representative	The PHO services Agreement is the contract between the DHB and PHO. PSAAP is the negotiating group that agrees the contract.	Yes	Representative on the negotiating group
	Health Hawke's Bay Limited (PHO)	Board member	HHB ensures the provision of essential primary health care services, mostly through general practices, to the population of HB.	Yes	Low
	Primary Health Alliance	Executive Member	Primary Care advocacy organisation	Yes	Low
	Council of Medical Colleges	Royal New Zealand College of General Practitioners representative and Council of Medical Colleges Executive	May impact on some discussions around medical training and workforce, at such times interest would be declared.	Yes	Low
	General Practice New Zealand	Executive Member			
	General Practice Leaders Forum	Member			
Dr John Gommans	Stroke Foundation Ltd	Chairman of the Board of Directors	Provides information and support to people with a stroke. Has some contracts to the MOH	Yes	Low
	Internal Medicine Society of Australia and New Zealand (IMSANZ)	Director of IMSANZ	The IMSANZ represents the interests of specialist General Internal Medicine physicians throughout Australia and New Zealand	Yes	Low
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 (Service Director - Mental Health & Addictions)	The Works Wellness Centre	Wife is Practitioner and owner	Chiropractic care and treatment, primary, preventative and physiotherapy	Yes	Low
	National GM of Mental Health & Addictions	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	
Dr David Rodgers (GP)	Tamatea Medical Centre	General Practitioner	Private business	Yes	Low. Provides services in primary care
	Tamatea Medical Centre	Wife Beth McElrea, also a GP (we job share)	Private business	Yes	Low. Provides services in primary care
	City Medical	Director and Shareholder	Medical Centre	Yes	Low. Provides services in primary care
	National Advisory Committee of the RNZCGPs	Member and CP Teacher	Health and Wellbeing	No	
	Health Hawke's Bay (PHO)	Medical Advisor - Sector Development	Health and Wellbeing	Yes	Low. Ensure position declared when discussing issues in this area relating to the PHO.
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)	Aeotearoa 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 Tairawhiti.
Dr Robin Whyman (Chief Medical Officer - Hospital)	Dental Council of New Zealand	Appointed Member	Oral health professions regulator	No	

5/06/2019

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**
	Royal Australasian College of Dental Surgeons	Fellow	Continuing Professional Development	No	
	NZ Institute of Directors	Member	Professional Network	No	
	NZ Dental Association	Hon Life Member	Professional Network	No	
	Australian NZ Society of Paediatric Dentistry	Member	Professional Network	No	
	Association of Salaried Medical Specialists	Member	Trade union	Yes	Potential pecuniary interest
	NZ Society of Hospital and Community Dentistry	Member	Professional Network	No	
Dr Russell Wills (Community Paediatrition)	HBDHB Community, Women and Children and Quality Improvement & Patient Safety Directorates	Employee	Employee	Yes	Potential, pecuniary
	Wife, Mary Wills employed as General Manager of Presbyterian Support East Coast	Employee	Presbyterian Support East Coast provide services within the HB and are a contractor to HBDHB	Yes	Potential, pecuniary
	Paediatric Society of New Zealand	Member	Professional network	No	
	Association of Salaried Medical Specialists	Member	Trade Union	Yes	Potential, pecuniary
	New Zealand Medical Association	Member	Professional network	No	
	Royal Australasian College of Physicians	Fellow	Continuing Medical Education	No	
	Neurodevelopmental and Behavioural Society of Australia and New Zealand	Member	Professional network	No	
	NZ Institute of Directors	Member	Professional network	No	
Lee-Ora Lusis (Clinical Nurse Manager, Totara Health)	Totara Health and Choices Kahungunu Health Services	Employee	Clinical Nurse Director	Yes	Potential, pecuniary
	Hawke's Bay Primary Health Nurse Practitioner Group	Member / Nurse Practitioner Intern	Professional network	No	
	Hawke's Bay Nurse Leadership Group	Member	Professional network	No	
	College of Nurses Aotearoa (NZ)	Member		No	
	Fusion Group Committee	Representative		No	
	ED High Flyers	Representative		No	
	Totara Health / Youth Contract with Directions	Employee of Totara Health			
	Kidney Health Australia - Caring for Australasians with Renal Impairment	Member		No	Guidelines group - involved with the group "Management of chronic kidney disease among Aboriginal, Torres Strait Islander Peoples and Maori".
Dr Nicholas Jones (Clinical Director - Population Health)	NZ College of Public Health Medicine	Fellow	Professional network	No	
	Association of Salaried Medical Specialists	Member	Professional network	No	
	HBDHB Strategy & Health Improvement Directorate	Employee	Employee	No	
Dr Peter Culham (GP)	Havelock North Properties Limited	Shareholder	Medical Centre owner	Yes	Low, pecuniary, hold leases with healthcare providers
	Te Mata Peak Practice	GP and Director	General Practice	Yes	Low, pecuniary, provides primary care services
	C&G Healthcare	Director	Private business	No	No further exposure beyond mentioned above
	Royal NZ College of General Practitioners	Fellow		No	
Daniel Bernal	New Zealand Hospital Pharmacists Association	Member	Discussion	No	
	Pharmaceutical Society of New Zealand	Member	Access their resources, record my CPD on their website.	No	

MINUTES OF MEETING FOR THE HAWKE'S BAY CLINICAL COUNCIL HELD IN THE TE WAIORA MEETING ROOM, HAWKE'S BAY DISTRICT HEALTH BOARD CORPORATE OFFICE ON WEDNESDAY, 12 JUNE 2019 AT 3.00 PM

PUBLIC

Present:
Dr John Gommans (Chair)
Jules Arthur (Co-Chair)
Dr Robin Whyman
Dr Peter Culham
Dr Mark Peterson
Debs Higgins
Dr Daniel Bernal
Anne McLeod
Dr Nicholas Jones
David Warrington
Chris McKenna
Dr Russell Wills

In Attendance:
Ken Foote, Company Secretary
Kate Coley, Executive Director – People & Quality (ED P&Q)
Tracy Fricker, Council Administrator and EA to ED P&Q

Apologies:
Lee-Ora Lusis and Andy Phillips

SECTION 1: ROUTINE

1. WELCOME AND APOLOGIES

Dr John Gommans (Chair) welcomed everyone to the meeting. Today's agenda has been shortened due to CIMS situation in the hospital. The meeting will primarily focus on agenda items 12 and 19 (under public excluded section).

Apologies were noted as above.

2. INTEREST REGISTER

No conflicts of interests were noted for today's agenda items.

3. MINUTES OF PREVIOUS MEETING

The minutes of the HB Clinical Council meeting held on 8 May 2019, were confirmed as a correct record of the meeting.

Moved and carried.

4. MATTERS ARISING / REVIEW ACTIONS

Item #1 New Clinical Governance Structure / Terms of Reference

- CAG – TOR still in draft. There is still no CAG Representative on Council. The CAG meeting is scheduled for next week.

- TOR for Advisory Groups. Currently being collated. All TOR received need to be formatted to the approved template. Discussion to be held at AGM in August.

Item #2 Screening for Harms
Update will be provided at the July meeting.

Item #3 Clinical Council Annual Plan – Member's Areas of Interest
Only two members have come back to the Co-Chairs with their areas of interest. Areas will now be allocated.

Item #4 Tō Waha
Thank you letter to be prepared and sent.

5. BOARD REPORT - CLINICAL COUNCIL MAY (PUBLIC)

The report to the Board in May was provided in the meeting papers for information.

6. WORKPLAN

The workplan was provided in the meeting papers.

7. CLINICAL COUNCIL ANNUAL PLAN – PROGRESS REVIEW

Progress on the objectives was discussed:

- Person and Whanau Centre Care (P&WCC) was discussed during the meeting with key recommendations endorsed.
- Clinical Governance of risk was discussed under item 19 (public excluded)
- Workforce plan and capability of workforce to be moved to 2019/20 plan to enable People and Quality resources to focus on P&WCC and clinical governance of clinical risk.

SECTION 2: REPORTING COMMITTEES TO COUNCIL

8. CLINICAL ADVISORY & GOVERNANCE GROUP – VERBAL UPDATE

No meeting held.

9. CONSUMER EXPERIENCE COMMITTEE

Debs Higgins provided a verbal update from the last meeting which included discussion on the implementation plan for P&WCC; health literacy; and consumer charter posters and feedback forms and the need to make them across the health sector, so there is one document for primary and secondary care.

10. PATIENT SAFETY & RISK MANAGEMENT COMMITTEE

Report provided for information. Further discussion took place under item 19 (public excluded).

11. COUNCIL COMMITTEE & REPESENTATIVE REPORTS

- ***Professional Standards & Audit Committee*** – John Gommans advised that the committee met yesterday. Northing urgent to report. A written report will be provided for next month's meeting.

- ***Te Pitau*** – Peter Culham advised meeting held this afternoon. Discussion included end of life care re-design; after hours service review; an Information Services presentation on integration between primary and second care; and system level measures strategy.

SECTION 3: INFORMATION / DISCUSSION

12. HAWKE'S BAY HEALTH STRATEGY – ROUND 2

The Chair welcomed Bernard Te Paa, Executive Director Health Improvement & Equity to the meeting to provide an update on the strategy. The strategy is into its second round of feedback. There is to be a review undertaken on the readability of the document. It is aimed that the final version will be completed by July.

Feedback:

- Overall well done, can see the changes which have been made in many areas for clarity
- Section on high performing and sustainable system (pg. 28) needs a re-write. It does not reflect the current level of clinical risk (i.e. hospital at capacity, safari rounding, medical patients in surgical beds; impact of acutes on electives; deterioration of ED6; adverse events and the pressure in primary care)
- Language (pg. 40) re: demographic changes does not capture current level of risk, it is too bland
- Indicators do not include key markers of capacity, patient safety and quality of care such as: level of occupancy, safari rounds, the days the hospital is in red, access to elective services, ED6, readmissions; average length of stay; adverse events.
- The dependencies don't address adequate time for clinical leaders to lead or to participate in training and improvement projects (this has also been identified in the Patient Safety & Risk Management Committee report).
- All workforce groups are concerned over safety and quality due to demand and the elective programme not being done
- Part of sustainability is looking at the impact of demand factors e.g. housing related admissions - need to look outside of the hospital
- Under what success will look like (pg. 29) – need simple clear statements on what a safe service and a high quality service look like
- Request to change the statement "fit for purpose workforce" as can have the connotation around current competence. Do not want to confuse clinical competence with the need for broader skill sets in the workplace.
- Strengthen outcomes framework under the equity section to say we will achieve the health outcomes in the framework

Action: ***Bernard Te Paa and Kate Rawstron to meet with the clinical leads and Nick Jones re: wording issues identified. An updated draft will be provided to Council.***

13. ANNUAL PLAN 2019/20

The Chair advised that the Annual Plan was provided for information. Feedback on the plan can be sent via email to: Robyn.Richardson@hbdhb.govt.nz

14. PERSON & WHANAU CENTRED CARE - ACTIONS

Kate Coley, Executive Director – People & Quality advised that the purpose of this paper was to respond to the Board recommendations and requirements following the P&WCC Workshop held with Consumer Council in February 2019.

Consumer Council, Clinical Council and Maori Relationship Board representatives formed a working group to discuss the challenges and need to create a more integrated approach to do the pieces of work required. The group has recommended that an investment and/or resource prioritisation/secondment be made for two years for a P&WCC Co-ordinator and a Clinical Lead to support the programme.

General discussion held. Key points noted:

- Need to be clear on what our recommended definition of P&WCC is – remove the recommendation regarding the definition from this report until it has been agreed
- Need to explore where the resource would best sit
- Multiple stakeholders need to be part of the working group
- Need to be cognisant how the programme aligns with a community driven health system

Further feedback can be sent to Kate via email: kate.coley@hbdhb.govt.nz

Clinical Council **endorsed** the recommendations in principle with the above changes.

15. EARLY SUPPORTIVE DISCHARGE MODEL OF CARE

The Chair advised that the paper was provided for information. No issues discussed. Council generally supported this.

16. SECTION 4: RECOMMENDATION TO EXCLUDE THE PUBLIC

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

17. Minutes of Previous Meetings (public excluded)
18. Matters Arising – Review Actions (public excluded)
19. Clinical Risk
20. Topics of Interest – Member Issues/Updates

The meeting closed at 3.35 pm.

Confirmed: _____
Chair

Date: _____

4

HB CLINICAL COUNCIL - MATTERS ARISING
(Public)

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	12/09/18	***New Clinical Governance Structure / Terms of References***			
		• CAG TOR to be provided	C McKenna	TBC	Pending approval
		• Committee Chairs to provide Advisory Group (AG) TOR to Company Secretary for consistency/format review	Committee Co-Chairs	Ongoing	Ongoing
		• Committee Chairs to approve TOR for respective AGs	"	Ongoing	Ongoing
		• Clinical Council to endorse AG TOR	All	Aug AGM	
2	13/03/19	***Screening for Harms*** 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	***Clinical Council Annual Plan – Progress Review*** • Allocate areas of interest to members.	Co-Chairs	Jun	
4	08/05/19	***Tō Waha*** • Letter of thanks to be sent to community dentists who took part in the initiative.	J Gommans / R Whyman	Jun	
5	12/06/19	***HB Health Strategy*** • Meeting to be held, to re-write section on high performing and sustainable system (pg. 28) • Updated draft to be sent to Council members	Clinical Leads, Bernard Te Paa and Nick Jones	Jun	

OURHEALTH HAWKE'S BAY Whakawateatia	**Hawke's Bay Clinical Council**
	For the attention of: **HBDHB Board**
Document Owner:	Dr John Gommans (Co-Chair) Jules Arthur (Co-Chair)
Month:	June 2019
Consideration:	For Information

RECOMMENDATION

That the HBDHB Board

1. **Notes** the contents of this report.
2. **Adopts** the recommendations in the Person & Whanau Centred Care paper

HB Clinical Council met on 12 June 2019. A summary of matters discussed is provided below:

COMMITTEES & REPRESENTATIVES REPORTS TO COUNCIL

Reports were received from:

- Consumer Experience Committee
- Patient Safety and Risk management Committee
- Professional Standards and Audit Committee
- Te Pitau Health Alliance Governance Group

HB HEALTH STRATEGY

Along with all other governance groups, Council received and discussed the latest draft of the Hawkes Bay Health Strategy.

Council congratulated the team on the enhanced clarity achieved from recent changes and taking account of previous Council feedback. There were however some areas that members were particularly concerned about. Additional feedback on these included:

- Section on High Performing and Sustainable System does not reflect the current level of clinical risk (i.e. hospital at capacity, safari rounding, medical patients in surgical beds; impact of acutes on electives; deterioration of ED6; adverse events and the pressure in primary care)
- Indicators do not include key markers of capacity, patient safety and quality care.
- Under "What Does Success Look Like', need simple clear statements on what a safe service and a high quality service looks like.
- Concern around using the words "fit for purpose workforce" can have the connotation around current competence. Do not want to confuse clinical competence with the need for broader skill sets in the workplace.
- Strengthen outcomes framework under the equity section to say we will achieve the health outcomes in the framework

PERSON & WHANAU CENTRED CARE

Council discussed and fully endorsed the proposed approach and recommendations contained in the paper presented. In doing so, a number of points relating to implementation were also noted:

- Need to explore where the resource would best sit
- Multiple stakeholders need to be part of the working group
- Need to be cognisant how the programme aligns with a community driven health system

Council recommends that the Board adopt these recommendations, as implementation of them will go a long way to addressing the concerns raised (and reported) at the combined Councils workshop held back in March 2019.

OTHER ISSUES

Council also discussed and/or noted:

- Progress on Clinical Council Annual Plan
- Latest draft of HBDHB Annual Plan 2019 (no significant issues about the plan were identified but members were encouraged to email comments to planning staff)
- Early Supportive Discharge Model of Care

6

GOVERNANCE WORKPLAN PAPERS

Updated: 26 June 2019

CLINICAL & CONSUMER MEETING 10/ 11 July 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				10-Jul-19			
IS updates/presentations 30 mins - Bi-monthly Feb Apr **Jun** Aug Oct Dec		Anne Speden				10-Jul-19		31-Jul-19	

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			
Clinical Council Annual Plan 2019/2020 discussion on the year ahead		Jules Arthur / John Gommans				14-Aug-19			
Clinical Council Annual General Meeting						14-Aug-19			
HB Health Awards - preparation for judging **2019**-2020	**E**	Kevin Snee	Anna Kirk	30-Jul-19		14-Aug-19	15-Aug-19		28-Aug-19
IS updates/presentations 30 mins - Bi-monthly Feb Apr Jun **Aug** Oct Dec		Anne Speden				14-Aug-19		28-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

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			
Health Certification Audit Findings (sept19)	**E**	Kate Coley		27-Aug-19		11-Sep-19		25-Sep-19	
Matariki HB Regional Development Strategy and Social Inclusion Strategy update (6 mthly) **Sept**-Mar	**E**	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	**E**	Wayne Woolrich		27-Aug-19	11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19
Serious Adverse Events FULL REPORT		Robyn Whyman		3-Sep-19		11-Sep-19		25-Sep-19	

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		30-Oct-19	

CLINICAL & CONSUMER MEETING 13/14 November 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Clinical Advisory & Governance Group Meeting Update		Chris McKenna				13-Nov-19			
Collaborative Pathways update (**Nov** - May) 6mthly Clinical Council	**E**	Mark Peterson	Penny Rongotoa	29-Oct-19		13-Nov-19			
Joint Clinical/Consumer Workshop						13-Nov-19	13-Nov-19		

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

OBJECTIVE	PROGRESS TO Apr 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 workshop with Consumer Council has been held and a recommendation has gone to the Board, which was approved. The Executive Director P&Q will bring together a small working group of Clinical and Consumer Council members to prepare the report for the Board in June.
3. Ensure the Clinical Governance Structure is fully implemented and integrated, with appropriate reporting, management and administration processes in place, by 30 June 2019	Still chasing TOR for all Advisory Groups. Council Administrator has been asked to provide the Co-Chairs with the full list of AGs and status of their TOR. It was noted that most groups are functioning, the biggest challenge for these groups is administrative support and a good reporting structure. This is a key area for Council. Effective resourcing is required to support the clinical governance structure.
4. Ensure the development and implemention of a sector wide process for monitoring, managing and reporting clinical risk, by 30 June 2019	Workshop to be held on Risk Management, date to be determined by C0-Chairs with EDP&Q.
5. Facilitate the development of a HB Clinical Workforce Plan to support the new 5 Year Strategic Plan, by 30 June 19	One of the components of the new People Plan is a workforce development plan for the clinical and non-clinical workforce which will help address objective 5 regarding capacity of clinical workforce. Discussion also held around model of care changes influencing future workforce requirements.
6. Promote and support the development and delivery of education and training of all clinicians on the Quadruple Aim and PWCC, and what these mean for clinicians, by 30 June 2019	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 workforce development has a lower priority and won't be addressed within the next 6 months.

AGM AGENDA

Discussion

CLINICAL ADVISORY & GOVERNANCE GROUP

Verbal update

COUNCIL REPRESENTATIVE REPORTS

Verbal updates

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

Recommendation

That the Boards:

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

The Health Alliance Governance Group met on Wednesday 12 June 2019. Significant issues discussed, including Resolutions, are noted below:

Communication Plan

A Senior Communications Manager appointment made on 7 June will be shared jointly between Health Hawke's Bay, and HBDHB's Primary Care and Health Equity & Improvement Directorates. The new appointment will prioritise a high level Communications Plan outlining the intent of the Te Pītau Health Alliance, and highlight initiatives currently being driven by the Governance Group

Mental Health & Addiction (MH&A) Redesign - to extend scope to consider whole continuum of care

Resolution

Te Pītau Governance Group members:

1. **noted** the contents of the report and letter dated 24/05/19 from MH&A clinicians to Bayden Barber
2. **agreed** that impacts on all services, inclusive of Ngā Rau Rākau (Mental Health inpatient services), be included as part of the scope of work for the model of care continuum for the MH&A redesign
3. **agreed** that review of internal systems and process within Ngā Rau Rākau in the redesign are not included.

MH&A clinicians advised on challenges regarding capacity issues within Ngā Rau Rākau (the Inpatient Unit), partially attributed to limited options available in residential settings, and increased length of stay regarding the provision of care for long-term and high complex patients within Ngā Rau Rākau.

System Level Measures (SLM) Improvement Plan 2019/20 (sign-off)

Resolution

Te Pītau Governance Group members:

1. **noted** the contents of this report and the attached documents
2. **approved** the 2019/2020 SLM Improvement Plan for sign-off.

A transition year for HBDHB was noted.

Information Systems (IS) Strategy

A business-led 'One Health Ecosystem' ws received, which advised on engagement with various internal/external stakeholders. Te Pītau Governance Group members welcomed the approach and identified several priority areas to focus out-of-hospital developments.

Rangatahi Services Redesign

Resolution

Te Pītau Governance Group members:

1. **agreed** to the need to redesign rangatahi service delivery in Hawke's Bay to remove the existing equity gaps
2. **agreed** that any future model should be informed by kaupapa Māori models of service design and delivery, and using the success factors of the Tō Waha initiative and focussing on the obligations under the Treaty of Waitangi
3. **agree**d that regular reporting on progress and monitoring of performance should be through a rangatahi Service Level Alliance to the Te Pītau Governance Group.

Te Pītau Chair advised that his expectation of the Alliance is that redesign will be conducted with appropriate leadership, expertise and discharge of Treaty obligations at every stage.

A new model and contract requires completion prior to 2020.

HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora – Cultural Responsiveness**	
	For the attention of: **HB Clinical Council**	
Document Owner	Patrick Le Geyt, General Manager, Maori Health, Te Puni Matawhānui	
Champions	Kate Coley (Culturally Competent Workforce) Andy Phillips (Equity in Outpatient Care)	
Document Author(s)	**Culturally Competent Workforce** Paul Davies JB Heperi-Smith Ngaira Harker	**DNA First Specialist Appointment** Jacqui Mabin Talalelei Taufale
Reviewed by	EMT	
Month/Year	July 2019	
Purpose	To provide the Executive Management Team (EMT) and governance groups with a progress update on the Cultural Responsiveness priorities, indicators, and achievement of equity targets.	
Previous Consideration Discussions	Leadership must champion the Māori workforce action plan to achieve the HBDHB goal of a culturally responsive workforce and a growing presence of Maori within all levels of the DHB.	
Summary	Māori workforce action plan focuses on: pipelines and pathways, recruitment, leadership development, and engagement through a co-design approach with Māori.	
Contribution to Goals and Strategic Implications	Health Equity Report 2018 – Actions to create a responsive and equitable health system and services; Clinical Services Plan – Whānau centred, kaupapa Māori approaches Māori Workforce Action Plan	
Impact on Reducing Inequities/Disparities	Prioritisation of Māori who are: • disproportionately affected and do not enjoy the same level of oral health as Other New Zealanders • Disproportionately under-represented in Māori health workforce statistics. The implications are improved health outcomes for Māori	
Consumer Engagement	Staff feedback via evaluation forms Whānau complaints	
Other Consultation /Involvement	Health Workforce New Zealand. Incubator programme.	

Financial/Budget Impact	Business cases will be prepared accordingly.
Timing Issues	None.
Announcements/ Communications	Not applicable

RECOMMENDATION

It is recommended that the **HB Clinical Council:**

1. **Note** the contents of the report
2. **Endorse** the next steps and recommendations.

HAWKE'S BAY
District Health Board
Whakawāteatia

CULTURAL RESPONSIVENESS

Authors:	Ngaira Harker (Culturally Responsive Workforce) Andy Philips (Equity in Outpatient Care)
Designation:	Nurse Director Māori Health, Te Puni Matawhanui Hospital Commissioner, Hospital Services
Date:	24 June 2019

TE HUARAHI KEI MUA – THE PATH AHEAD
The following korero sets the foundation for why and how cultural responsiveness is necessary to achieve the ultimate goals of whānau health and well-being.

Tuāwhakarangi (Vision)
HE TOI WHAKAIRO, HE MANA TANGATA
(Where there is Cultural Excellence there is Human Dignity)

He Rautākiri (Mission)
Ko Te Amorangi ki mua
Ko te hāpai o ki muri
Te tūturutanga mahi pono o te Māori mana motuhake
(With the divine, the spiritual and the Kaupapa to the fore
What will follow is true achievement in
An authentic unique way)

Rūia taitea kia tū ko taikaka ānake
(Discard the sapwood to uncover the hardwood)

NGĀ POU
The Pou (depicted in the diagram below) refers to a collective response to achieve Cultural Quality which is equally at the forefront with Clinical Quality. Māori Health, in partnership and with collective responsibility, will lead this approach. Incorporated within this framework are:

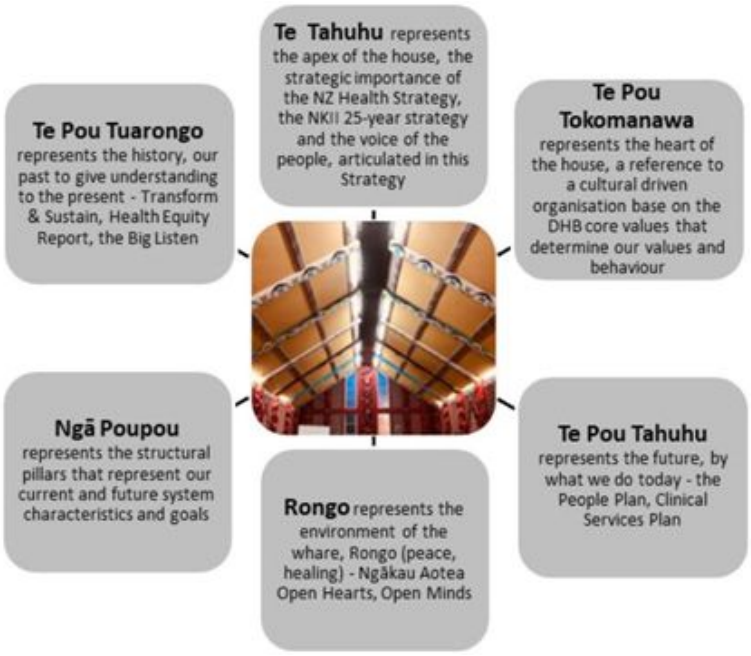
1. **Ngākau Aotea** Approach based on "Open mind, Open Heart, Open hands - an active partnership to achieve wellbeing for whānau Māori within the Hawkes Bay region.

2. **Clinical Services Plan** sets out the challenges and opportunities the system faces and describes concepts for the future we want.

3. **People Plan** describes the culture and values we want and how we will grow our people to deliver on these concepts and approaches.

4. **Equity Report** gives weight to the call for a bolder approach to resolving previously intractable inequities.

5. **Digital Health Strategy** and **Finance Strategy** that will enable the implementation of our strategies and plans.



DHB Core Value Objective Focus

1. **He Kauanuanu – Respect**

   Create a culture of respectful relationships, a culture that is person and whānau centred - a fundamental shift in behaviours, systems processes and services for this to happen, to understand what is important, inspirational and motivational for Māori communities and whānau if we are to support behaviour change.

2. **Ākina -** Continuous Improvement
   - Growing our workforce - new roles, expanding scope of practice and embedding cultural Competency - Māori Work Force Plan - increase the Māori workforce in strategic areas - team leaders / management.
   - Primary Health Care is vital with expanded teams offering a wider range of culturally relevant services.
   - Refocus resources in the areas that will make a real difference to eliminating unmet needs and inequities.

3. **Raranga Te Tira -** Partnership
   - In HB we will develop our own local model that imbeds " kaupapa Māori practices (Ngākau Aotea – whānau-led – Relationship Centred Practices)
   - To support and build on the strength of our Iwi led services current.

4. **Tauwhiro -** Care
   - Whānau Centred Care is working with the whānau (listening to their story and responding appropriately). The primary focus is on people, their whānau, friends and carers; understanding their needs and aspirations and what matters to them (no what's the matter with them).

OVERVIEW

WHY IS THIS INDICATOR IMPORTANT?

Health Workforce New Zealand has identified growing the Māori and Pacifica Workforce as its top priority in addressing inequity in our workforce (reference). Making critical changes to better enhance cultural safety in our workplace and the implementation of models of care that better reflect our community are also drivers in the improvement of health outcomes for Māori.

The 2019 – 2023 Māori Workforce Action Plan ('the Plan') was approved by the Māori Relationship Board and the Executive Management Team in 2018. The Plan sets out the actions needed to achieve and accelerate Māori workforce growth. The Plan forms the framework to build a Māori workforce that is representative of the Hawke's Bay population and that applies Ngā Uarā (values) of the HBDHB within delivery of care. The action plan is reported on monthly and also in a quarterly report to support tracking and progress.

There are four key components within the Māori workforce action plan

1. To increase Māori representation within the workforce to reflect our population.
2. To improve the cultural capability of the workforce
3. To increase Māori leadership at all levels
4. To build the capability and capacity of the Māori workforce.

Te Ara Whakawaiora – Cultural responsiveness report has identified three indicators to measure cultural responsiveness in workforce development within HBDHB annually. The three indicators are:

1. HBDHB staff who are Māori
2. HBDHB staff who have completed Treaty on Line training
3. HBDHB staff have completed 'Effective Engagement with Māori' Training

This report provides an update on the progress on these three indicators.

MĀORI HEALTH PLAN INDICATOR: Cultural Responsiveness

This report provides an update the following indicators for Cultural Responsiveness:

Priority	Indicator	Measure	Champion	Responsible Manager	Reporting Quarter
CULTURAL RESPONSIVENESS					
Culturally Competent Workforce *Local Indicator*	1. HBDHB staff who are Māori 2. HBDHB staff have completed Treaty on Line training 3. HBDHB staff have completed 'Effective Engagement with Māori' Training	≥16.02% 14.96% 100% 64.7% 100% 73.4% ever 42.0% (last 3 years)	Kate Coley	Paul Davies JB Heperi-Smith Ngaira Harker	**JULY 2019**
Did Not Attend *Local Indicator*	Did Not Attend (First Specialist Appointment)	≤7.5% 6%	Andy Phillips	Talalei Taufale Jacqui Mabin	**JULY 2019**

CHAMPION'S REVIEW: ACTIVITY DELIVERED TO SUPPORT A CULTURALLY COMPETENT WORKFORCE

INDICATOR 1: HBDHB STAFF WHO ARE MĀORI

The total HBDHB workforce as at May 2019 is **3041.** As of May 2019, the total number of Māori staff is **455 or 14.96%** of the total HBDHB workforce. The current number of Māori staff is 1.06% short of the target, but shows a 3.84% increase over the past five years. Table 1 provides the Māori workforce growth over this five-year period from May 2014 – May 2019. The growth since 2014 has been steady but not accelerated. For example, since May 2018 the total Māori workforce has grown by 0.42%.

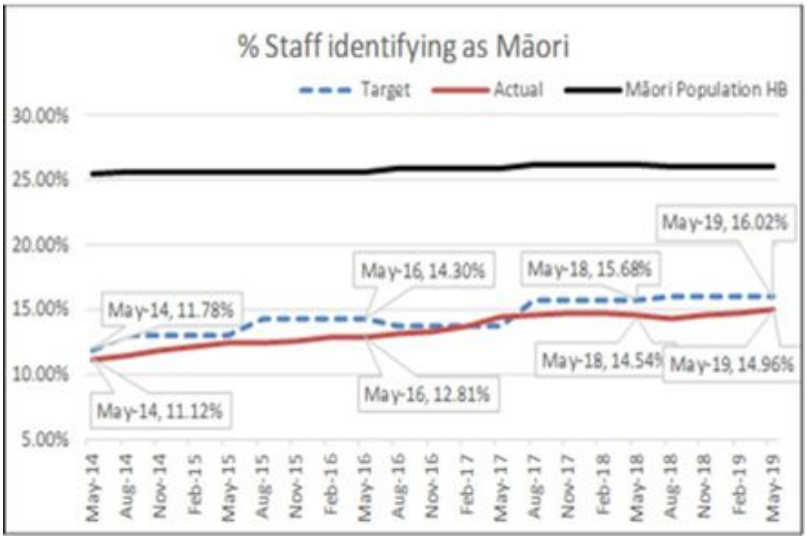


Table 1: % Staff Identifying as Māori

All HBDHB Directorates receive a breakdown of Māori workforce growth rates to ensure they are kept informed and monitor any changes within workforce indicators. At a regional level the Māori workforce percentage within the six central DHBs is 7.9%. The HBDHB current workforce percentage is almost double

this rate indicating that the activities and actions in place are helping to address the disproportionate representation of Māori staff within HBDHB.

Table 2 provides information about the actual numbers of Māori staff required to address the equity gap. Overall, a further 32 Maori staff are required to meet our target of 16.02% or a total of 487 Māori staff. This gap has improved compared to July 2018 where the requirement was 47 Māori to meet our target of 16.02%. These results are positive in that we have reduced the Māori workforce gap and over the last 4 months there has been a noticeable increase in the drop.

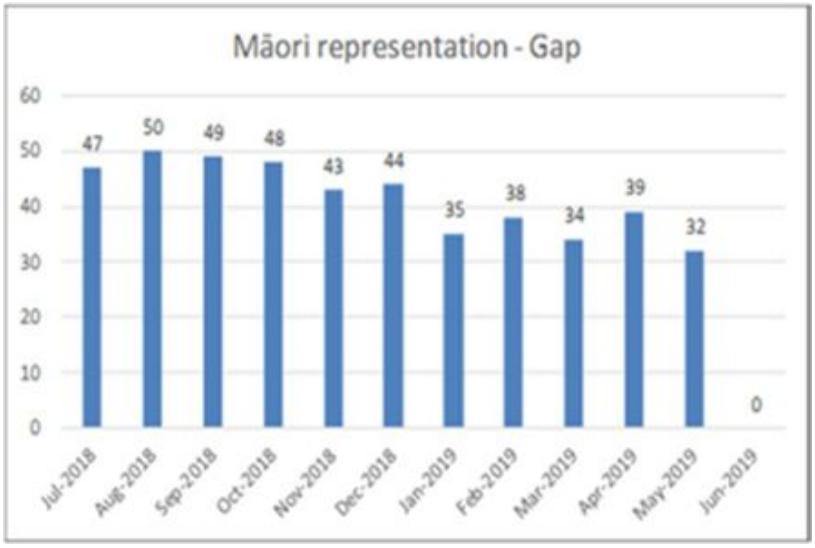


Table 2: Māori Representation Gap

RETENTION OF STAFF WHO ARE MĀORI

Overall Māori resignation rates are higher by 4.5% overall (see Table 3). This is concerning given our gap is still at 32; and 50 resignations over the last 12 months. Identifying factors which support retention of Māori staff will require consideration if we are to accelerate growth and create a sustainable Māori workforce.

	Māori Staff - Voluntary Resignations	Māori Staff Turnover %	DHB Turnover %
Medical	0	0.0%	3.6%
Nursing	22	16.4%	9.7%
Allied	3	3.8%	9.3%
Support	14	27.5%	16.3%
M&A	11	17.7%	15.9%
Total	50	15.2%	10.7%

Table 3. Maori staff Resignations May 2018 – 2019

PIPELINE GROWTH

Turuki is a well established and successful Hawke's Bay Māori workforce programme aimed at promoting health as a career option for Māori. It provides scholarship options for Hawke's Bay students studying across the country and has an attached website, database, and facebook site that promotes and highlights Hawke's Bay DHB and our values for the Māori workforce. The data base has 1049 students with 18 schools registered on the site. The Turuki Database is a key tool in supporting analysis and information about the potential future workforce enabling us to identify the number of students studying at tertiary education, and the types

of health programmes they are studying. Turuki is a local programme that has good community awareness and support from schools.

Kia Ora Hauora the (National Māori health workforce development programme) supports and promotes Māori workforce development nationally. Currently we are working to strengthen this relationship to ensure there is an increased presence and connection with our workforce group and that they are supported effectively by the Kia Ora Hauora group. The data shows there are currently 96 Hawke's Bay students registered on the Kia Ora Hauora database.

KEY ACTIVITIES SUPPORTING MĀORI WORKFORCE GROWTH

We are tracking Māori workforce growth and staff cultural development utilizing the Māori workforce action plan. There are a broad range of activities supporting Māori workforce growth to promote health as a career within schools through to leadership development and support across the DHB and within primary health. In 2019 and 2020 we aim to begin implementing and growing in the following areas.

RECRUITMENT

Recruitment processes that increase Māori employment in the DHB are currently under-revew.
Developing a cultural recruitment process that incorporates Māori world views is currently been co-designed by People and Quality and Māori Health. Processes to be incorporated include:

- **Development** of a targeted and culturally responsive recruitment process, interview process, leadership development within the DHB (JB Heperi, Ngaira Harker, Paul Davies).

- **All Māori to be short-listed and interviewed** to potentially grow the pool of Māori applicants through short-listing. This approach will also help increase and support opportunities to employ elsewhere if not successful in the applied role.

- **Orientation** processes are reviewed to ensure each Directorate aware of retention and apply a best practice approach for Māori staff into the environment they will be working in.

- **New Staff** – previously the DHB would collect ethnicity information purely for statistical purposes. With effect from beginning of May this has changed to ensure that when people join the DHB they can be provided with the right support network and connections to either the Maori Health team or Pacific Workforce group. The aim of this is to improve our retention of staff and a monthly report is provided to those teams.

- **NETP Intake June 10 & 11 June (New Entry to Practice Nurses)** - potentially 12 Māori Nursing Graduates to be interviewed for positions. All Māori are short-listed and interviewed to support Māori representation and growth. The panel will have Māori representation within each interview.

PIPELINE

Tuakana/Teina Internship programme

In 2019 Māori Health commenced a tuakana / teina internship. This programme was trialled to support allied health in growing Māori interest within the professions. The aim is to grow this internship in 2020 to 4 students per year, and will be funded from the Turuki workforce programme.

Targeting kura with high rangatahi representation

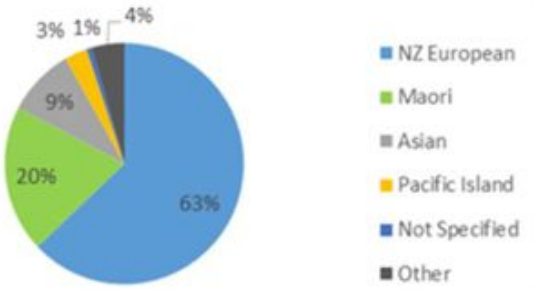
Five colleges with high Maori demographic are being targeted in liaison with MOE. The work involves co-designing a health information programme that supports each of the schools in understanding the entry points for Māori within health and to support a collective focus informing of health careers. These sessions will be delivered within schools to ensure that the collective group of students within the school are supported.

Kia Ora Hauora

Closer alignment with Kia Ora Hauora (Ministry workforce site). All secondary and intermediate students will be registered on the Kia Ora Hauora data base.

Programme Incubator

There are currently 18 local high schools participating in Programme Incubator this year. The schools attend 3 sessions throughout the year, the first of which have already been completed and second sessions are underway – 16 sessions in total to date. Students hear from up to 3 presenters, representing different disciplines within health, at each session.



The team is working in partnership with Māori Health to refresh the approach around the Incubator programme specifically to support an increase in uptake in a number of secondary schools. This will ensure a kaupapa Māori approach to Māori workforce development within secondary schools. Targeting five schools with a planned initial pilot programme to be delivered at Hukarere Māori Girls College in August/September.

Careers Expo – Pettigrew Arena (20 -21 May) - Aim to promote careers within HBDHB and to encourage and excite Māori to consider a career pathway within health and to encourage enrolment on to the Kia Ora Hauora website. Key results:

- a total of 2400 students and whanau attended the event
- 62 Māori students registered with Kia Ora Hauora during this event for the first time of which 26 identified Ngāti Kahungunu as their iwi).

Centenary Legacy Trust Internships - In 2018/19 we supported two Māori students through an internship, paid for by the Centenary Legacy Trust. We are hopeful to receive funding which will allow for additional placements for the 2019/20 year. Students are with us for an 8 week period and rotate through a number of departments which supports their interest in health as a career. It is hoped that we can also apply for further funding through other mechanisms to enable more students to undertake internships.

LEADERSHIP

Increasing Maori representation within leadership positions and supporting staff who have leadership aspirations and potential within HBDHB requires a targeted focus. Leadership opportunities within the folllowing areas are being considered:

- Development of equity training
- Career pathway development all Māori

- Cultural Supervision and coaching to support leadership development of new Māori leaders.
- Targeted scholarships leadership development.

INDICATOR 2. STAFF WHO HAVE COMPLETED TREATY OF WAITANGI ONLINE TRAINING

The number of staff who have completed Treaty of Waitangi online training is as follows:

Year	Number of staff	Make up
2019	300	286 employees and 14 non-employees
2018	506	488 employees and 18 non-employees

Treaty of Waitangi online training is delivered through Ko Awatea. It is a mandatory programme; all staff are required to complete this online training every 2 years.

The moderation process to ensure quality assessment in the Treaty online training must be formalized. This is to ensure it aligns with current Māori Health strategies within HBDHB. A quality assessment process to support moderation of the Treaty online training will be implemented in 2020.

INDICATOR 3. HBDHB STAFF HAVE COMPLETED 'EFFECTIVE ENGAGEMENT WITH MĀORI' TRAINING

Latest data shows:

- The number of staff who have ever completed Engaging Effectively with Māori training is 73.4%.
- The number of staff who have completed training within the last three years is 42%

'Effective Engagement with Māori' training (the training) gives effect to HBDHB's commitment to Te Tiriti o Waitangi and to '*cultural excellence.* The training captures the three articles of Te Tiriti o Waitangi by elevating and embedded the principles of:

- Partnership – working together
- Participation – Māori involvement at all levels, and
- Protection – safe guarding tikanga Māori, and ensuring the same level of health as non-Māori.

The training shifts a focus on cultural quality and safety as the positive way forward to meet whānau Māori aspirations and expectations for health. The training focuses on:

- Whānau-led approaches as the preferred model of care
- Strong leadership for whānau led approaches
- Developing a flexible and workforce that can adopt a holistic approaches to support whānau.

The objectives of the training are:

- Understand and appreciate Kahungunu cultural identity through whakapapa, history and tribal traditions.
- The importance of knowing the NZ colonial history to understand the impact of colonization on Māori health outcomes.
- The importance of respectful and meaningful relationships based on the founding document of our nation Te Tiriti o Waitangi.
- The importance of organisation relationship culture based on values and behavior.
- What is Cultural Competency in Health Care - Cultural Competency in its true essence – being respectful (kauanuanu), open mined (ākina), willing to learn as you go along (rā ranga te tira) and empathy (tauwhiro).

Participant Evaluation

Learning outcomes for the Engaging effectively with Māori workshop focuses on culture, identity, realities, perspectives, diversity, difference, cultural uniqueness, cultural safety and cultural competence in practice. The expected learning outcomes of the training are designed as such that participants will be able to define and describe:

- What cultural competent practise is
- How to apply cultural competencies in their discipline as a health sector employee
- Demonstrate knowledge and proficiency or approximated pronunciation of Māori words and names.

Staff members were asked a range of questions after attending the EEWM training; the following statements are quotes and comments given between the months of July to October.

Evaluation feedback

Upon completion of the training, participants are asked to complete evaluation forms. A total of 166 forms have been collected and analysed. The results are presented below.

How relevant/ useful/ valuable was this training to your role?

Of the responses received, 84% of participants found the training to be successful in discussion covering concepts such as**:**

- Māori culture
- Māori history
- Values and identity.

How effective was the facilitator?

98% of participants rated the trainer to be 'extremely' effective and demonstrated, *"Great knowledge, passion, friendly, approachable, and engagement with the group".*

How can this training be improved? (Content, facilitation, structure, other)

General feedback from participants showed that they found the delivery of the programme appropriate, comfortable, and ignited enthusiasm to do more to gain a greater understanding and depth of Māori people and the Māori culture.

Responses include:

- *"Nothing needs changing"*
- *"The presentation by JB was amazing. The story of Aotearoa and its people's beginnings, providing relevant historical information with facts to back it up and a Whanau perspective as well. I was quite emotional by the end, now I know how we got to here in NZ (by presentation in a new none threatening way) I am responsible for helping change because I know it is needed."*
- *"This is extremely helpful for engaging with Māori on the wards to enhance care and understanding. A very good eye opener"*
- *"Full day is probably needed to cover the learning outcomes as well"*
- *"I would think an introductory course and then follow up course would be useful"*
- *"Terms in the beginning need to be explained more, and karakia slowed down to get correct saying"*
- *"More training needs to be offered"*
- *"All nursing and management should do this"*
- *"Handouts would be great for review and to share"*
- *"Sessions need to be longer"*
- *"This is extremely helpful for engaging with Māori on the wards to enhance care and understanding. A very good eye opener"*

- *"Excellent – great relationship between Māoridom /cultural /colonisation and todays situation for Māori's challenges personally and professionally*

Would you recommend this training?
98% of participants rated the training as 'excellent' and would recommend this training to others.

"This was definitely heartfelt knowledge and delivered in a respectful and non- judgemental way".

Activities that will occur over the next 12 months
The next 12 months will focus on strengthening the training to include:

- Whānau and Māori staff stories of their experiences within specific hotspots within the DHB i.e. ED, Maternity, etc.
- Training focused on specific features to understand whānau ora / whānau led approaches aligned with DHB core Values.
  a) Effective Relationships (Raranga Te Tira-Partnership)
  b) Whānau Rangatiratanga (Kauanuanu-respect)
  c) Capable Workforce (Ākina-improvement)
  d) Whānau Led Services and Programmes (Ngakau Aotea)
  e) Supportive Enviroment (Tauwhiro-Care)

NEXT STEPS AND RECOMMENDATIONS (Culturally Responsive Workforce)

Key Recommendation	Description	Responsible	Timeframe
Recruitment Māori	1. Review Maori recruitment strategy. 2. Commence recruitment drive and interview training.	Kate Coley Paul Davies Ngaira Harker JB Heperi-Smith	Q1 2019
Leadership Development Programme Māori	1. Equity training 2. Targeted Maori leadership training and positions. 3. Commence development of career pathway targets Māori.	Kate Coley Paul Davies Tracey Paterson Ngaira Harker JB Heperi-Smith	Q4 2020
Pipeline Growth	1. Collaboration Kia Ora Hauora 2. Development with 5 Maori schools to support co-design health workforce initiatives to engage Maori. 3. Roll out tuakana/teina internship programmes	Ngaira Harker Paul Davies	Q4 2020
Increase Uptake of Treaty of Waitangi online training	Review moderation process annually and ensure Māori Health approval annually to support readings and policy changes. Review uptake of TOW completion and targets to identify barriers to treaty training.	Ngaira Harker	Q1 2020
Increase Uptake of Engaging Effectively with Māori training	Inclusion of whānau stories, and whānau-led approaches within the training	JB Heperi-Smith	Q2 2019

CHAMPION'S REVIEW: ACTIVITY DELIVERED TO ACHIEVE EQUITY IN PROVIDING OUTPATIENT CARE

OVERVIEW

A multidisciplinary team has been working very hard for a number of years to improve processes within current models of service delivery. The Clinical Services Plan and Strategic Plan signpost the need to move rapidly to different models that are person and whanau centred, community led and address health inequities. To achieve these will require both continual improvement of current models and radical consumer led service redesign to transition to new models. These new models will look to include a codesign of outpatient services delivered on the hospital site, moving clinics off the hospital site closer to peoples homes and ensuring that appointments are both valued by consumers and provided at a time and place convenient to them resolving barriers of transport and cultural competency of the provider. This report describes the work carried out to date by a committed multidisciplinary team to improve the current service.

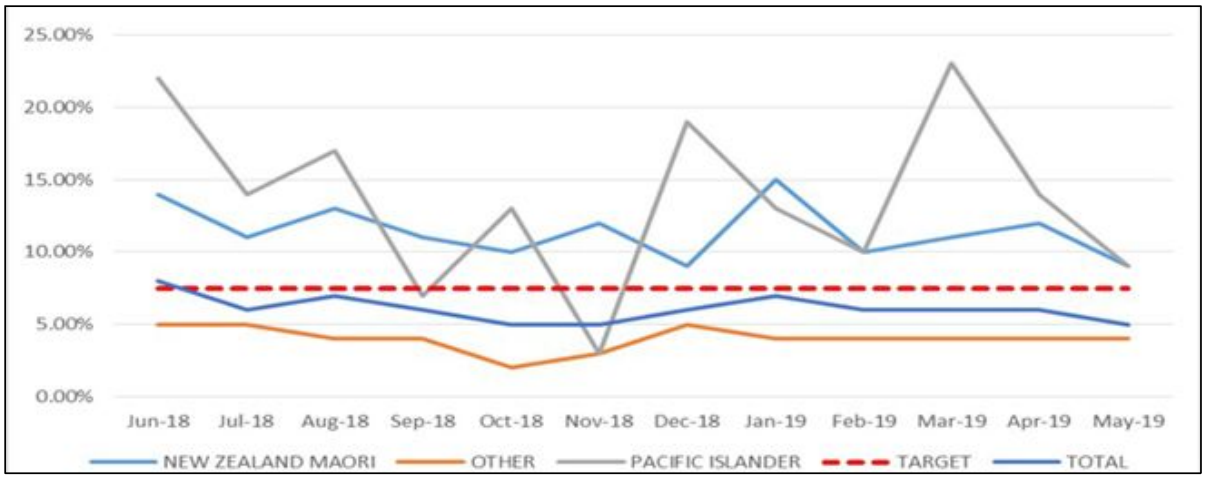
There are synergies with the work being carried out by the improvement team in reducing clinical risk and waiting times for First Specialist Appointments measured by ESPI2 and follow up appointments. For example, the IS team worked with Cardiology to improve clinic utilisation to make sure that people were attending their appointments. One insight was that people were concerned about attending a "Heart Failure Clinic" and changing the name to "Heart Function Clinic" along with follow up contact to confirm attendance and increased visibility from reporting had a big impact on ensuring that people attended their appointments. These changes in Cardiology have effected a significant improvement in Cardiology DNA and will be rolled out across all specialities.

Changing the DNA discourse

Although the expression 'Did Not Attend (DNA)' is the code embedded in our electronic record and is used for reporting to the Ministry of Health, it suggests fault on behalf of the consumer. The language has been changed in this report from DNA to CNA to reflect that it is the responsibility of the health system to support access to people for their appointments.

As shown in figure 1 below, over the 2018 – 19 period, success has been achieved in maintaining a consistent Total Could Not Attend (CNA) rate for FSA of 6%, below the target rate of 7.5%. In January the Kaitakawaenga was on leave resulting in increased numbers of Maori patients unable to attend their appointment. Maori whanau have not been able to attend between 10 – 12% of appointments with an average total of 11.5% lost opportunities for the 2018 / 19 period. There are still significant improvements needed to be made to enable Pacific whanau to attend their appointments with a could not attend rate around 14%.

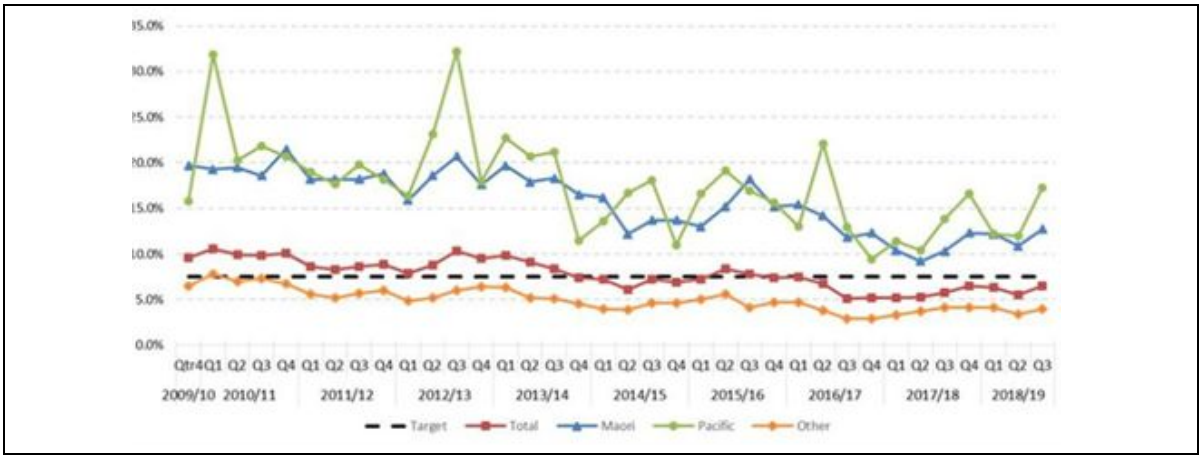
Figure 1: Could Not Attend Rates by Ethnicity for the 2018/19 year.



The number of CNAs should be contextualised in consideration of the challenges in delivering outpatient appointments that the team has worked hard to overcome. A number of industrial actions and a reduction in Kaitakawaenga resource over the last year has been challenging. Although there are clear inequities signposting the need to service redesign, the team has supported 94% of our Hawkes Bay population to access their FSA appointments.

For context, figure 2 below shows the progress made by the team over time in improving access to first specialist outpatient appointments.

Figure 2 : Reduction in Could Not Attend Rates over time



In addition to reviewing average access rates, work is ongoing to improve equity of access across 18 specialties. Specialities Paediatric, Medical, Dental, and General Surgery continue to demonstrate inequities for our Maori and Pacific population to access FSA, as seen in table 1 below.

Table 1 : Access to first appointments by speciality for the period June 2018 to May 2019.

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	Specialty	NEW ZEALAND MAORI			OTHER			PACIFIC ISLANDER			NOT STATED			TOTAL		
		Attendances	DNA	DNA Rate	Attendances	DNA	DNA Rate	Attendances	DNA	DNA Rate	Attendances	DNA	DNA Rate	Attendances	DNA	DNA Rate
Medical	Cardiology	162	21	11.5%	636	15	2.3%	20	3	13.0%	4	0	0.0%	822	39	4.5%
	Dermatology	113	13	10.3%	564	21	3.6%	15	1	6.3%	6	0	0.0%	698	35	4.8%
	Endocrinology	74	9	10.8%	263	6	2.2%	9	2	18.2%	3	0	0.0%	349	17	4.6%
	Gastro-Enterology	76	11	12.6%	483	18	3.6%	4	3	42.9%	5	0	0.0%	568	32	5.3%
	General Medicine	58	15	20.5%	165	31	15.8%	3	0	0.0%	3	0	0.0%	229	46	16.7%
	Neurology	64	12	15.8%	327	12	3.5%	4	1	20.0%	4	0	0.0%	399	25	5.9%
	Paediatric Medical	475	66	12.2%	756	27	3.4%	60	3	4.8%				1291	96	6.9%
	Renal Medicine	107	29	21.3%	175	4	2.2%	20	7	25.9%	4	0	0.0%	306	40	11.6%
	Respiratory Medicine	180	15	7.7%	519	7	1.3%	23	0	0.0%	7	0	0.0%	729	22	2.9%
	Rheumatology	48	5	9.4%	215	8	3.6%	5	1	16.7%	5	0	0.0%	273	14	4.9%
Total Medical		1357	196	12.6%	4103	149	3.5%	163	21	11.4%	41	0	0.0%	5664	366	6.1%
Surgical	Dental	413	68	14.1%	539	25	4.4%	53	8	13.1%	2	0	0.0%	1007	101	9.1%
	Ear Nose & Throat	359	48	11.8%	803	39	4.6%	50	9	15.3%	3	0	0.0%	1215	96	7.3%
	General Surgery	433	68	13.6%	2206	139	5.9%	36	2	5.3%	11	3	21.4%	2686	212	7.3%
	Gynaecology	266	35	11.6%	768	28	3.4%	29	3	9.4%				1083	66	5.7%
	Maxillo-Facial	105	7	6.3%	326	22	6.3%	17	4	19.0%	3	0	0.0%	451	33	6.8%
	Ophthalmology	421	29	6.4%	1876	46	2.4%	67	9	11.8%	16	1	5.9%	2380	85	3.4%
	Orthopaedics	361	35	8.8%	1474	41	2.7%	31	7	18.4%	8	0	0.0%	1874	83	4.2%
	Urology	260	28	9.7%	934	42	4.3%	22	10	31.3%	17	1	5.6%	1233	81	6.2%
	Vascular	110	17	13.4%	320	16	4.8%	10	5	33.3%	1	0	0.0%	441	38	7.9%
Total Surgical		2728	335	10.9%	9266	398	4.1%	315	57	15.3%	61	5	7.6%	12370	795	6.0%
TOTAL		4085	531	11.5%	13369	547	3.9%	478	78	14.0%	102	5	4.7%	18034	1161	6.0%

Māori CNA response

Māori patients are twice as likely to not attend their FSA appointment than other people, accounting for 45.7% of the total missed appointments over the last year. The high number is disproporation to the total number of Māori (26%) living in Hawke's Bay community.

There has been significant commitment in the last year to strengthen relationships between Kaitakawaenga and Outpatient Bookers. A pathway to ensure access for priority populations is now firmly embedded in daily operations. The pathway helps support the Kaitakawaenga to identify and engage with Maori patients who are potentially more likely to DNA. The role of the Kaitakawaenga is proving critical in ensuring Maori whanau attend their appointments. An observation is the increase of Māori patients missing their FSA when the Kaitakawaenga is on leave. The reduction in Kaitakawaenga resource earlier this year from 2.0 FTE to 1.0 FTE has had a significant negative impact on supporting Māori whanau to access appointments.

Pacific CNA response

In the past year, Pacific patients have accounted for 6.7% of the total number of missed appointments. The total Pacific population living in Hawke's Bay is 2.5%. To address this, the Pacific Health team increased their Navigator resourcing to support the FSA, and have recently adopted the pathway developed by Kaitakawaenga. Training in referral management and developing a working relationship with the Outpatient Booking team has been undertaken and expect to see improved access to appointments for Pacific whanau in the coming months. Work towards a best practise model when dealing with the Pacific population is underway and will look to roll out the model across the HBDHB.

From mid-April 2019 a process has been implemented whereby a list of Pacific patients with up and coming FSA appointments has been sent to the Pacific Health team 7 days in advance of the appointment for follow up and support attendance. Contact via phone or home visits are carried out to confirm attendance. In some cases transport is provided. Health literacy is a barrier for many of those the team follow up, especially the recent migrants. This intervention has had a positive impact on results for Pacific whanau with CNA rates

improving from 23% in March to 13% in April and 7.7% in May. While this result is pleasing, we acknowledge the volatility of the small numbers.

When reviewing attendance rates for Pacific whanau across all specialties Paediatrics and Respiratory medicine have achieved outstanding results from 2017 -2019, exceeding equity expectations. This provides learning that can be used across the system to further enhance preventative actions by understanding the key actions/ process these bookers and the Pacific team implement. Further actions are being taken to support the Paediatrics booker and Pacific team to develop a template of key Pacific specific procedures to share and implement across all specialties.

The Pacific Health Team are working to support our Pacific consumers to prevent negative impacts from barriers to accessing appointments. The team is developing, implementing and monitoring the specific Pacific procedures.

Insights and activities to improve FSA access

Analysis of FSA data reveals the following insights, and will inform further activity to reduce CNAs.

Over the period April 2018 – March 2019, the total volume of customers recorded as not able to access their FSA at HBDHB was 1,186. Of the 3 largest age groups:

254	aged between 0 – 10yrs
425	aged between 26 – 50yrs
175	aged between 51 – 64yrs.

An equity analysis of FSA data has revealed:

Total group volumes by age	Maori and Pacific representation	% that are Maori and Pacific
254 aged 10 and under	194, (170 = M, 24= PI)	76% of total in age group
425 aged 26 – 50yrs	208, (181 = M, 27 = PI)	48% of total in age group
175 aged 51 – 64	87, (75 = M, 12 = PI)	49% of total in age group

The most compelling insight from from this work is the opportunity to improve the access to healthcare for tamariki. Data shows:

- 37.1% of this subgroup were unable to access their appointment on a Monday
- 40.1 % of this subgroup were referred internally either via ED or internal specialist (most likely via ED)
- 16% of this group were recorded as; not currently enrolled with a GP, compared with 18% referred via Totara Health and 16% from Hauora Heretaunga.

These insights will drive urgent actions for tamariki and their whanau to reduce barriers to access to timely appointments to maximise the opportunity for good child health outcomes. Resources will be sought in the 2019/20 period, to ensure that these outcomes can be delivered. There are opportunities to bring this work alongside other child health activities (ie. ASH 0 - 4).

Over the past year Administration Services, in partnership with Information Services and Kaitakawaenga have developed an analytical tool to gain insights on the group of customers that were not able to access their FSA appointments. These insights demonstrated a group totalling 6% of the population that have the worst health outcomes. These insights will inform appropriate actions required to provide better access to healthcare for people who have the greatest need but worst outcomes. The IS team have worked closely with the Dental

Therapy team to implement a patient appointment reminder function via a test messaging service via Titanium application. The objective of this work is to improve attendance at appointments for whānau of tamariki experiencing barriers to access to care. This is an example of IS, clinical services, and the vendor working closely together on quality improvement activities designed to address health inequity and improve health outcomes. It is acknowledged that community led service redesign around person and whanau centred principles will be required to address these continuing inequities.

CHAMPION'S REPORT: PROCESS IMPROVEMENTS TO ADDRESS INEQUITIES IN ACCESS TO APPOINTMENTS

The following activities have been identified for action over the next 12 months:

1. Complete a review of the DNA policy and promote across the HBDHB
The DNA policy is currently being revised by Maori Health Services. When completed this will be implemented across the HBDHB. An updated DNA policy will resolve current inconsistencies in the appointments process and ensure seamless, responsive approaches. An improvement approach will be used to embed shared ownership, and promote a proactive approach across the HBDHB towards ensuring priority populations have improved acess to outpatient appointments.

2. Address inequity for Māori and Pacific tamariki aged under 10 years
Discussions will be held with Maori Health Services on engagement with Maori and Pacific whānau of tamariki aged 10 years and under. The aim will be to use consumer co-design with person and whanau-centred principles to deliver improved access and health outcomes for our tamariki.

3. Implementation of a purpose built Text to Remind system
New technology will be used to replace the current text to remind system which is labour intensive for the Outpatient Booking team and not fit for purpose. An automated text to remind system that updates ECA in real time will be put in place to enable the Outpatient Booking team, Pacific Navigators, and Kaitakawaenga to readily identify customers that have not confirmed their bookings. This will save thousands of hours of manually confirming appointments.

4. Implement further improvements in communicating with our customers
Analysis has shown that housing issues are impacting on the living arrangements of whānau resulting in a more transient population. The data shows transiency is impacting on at least 6% of customers to access their FSA appointment. This means that traditional methods of communicating with this group, via landline phone calls and posted appointment cards are no-longer effective. However, this population are more likely to keep the same email address and facebook page compared with keeping the same residential address and phone number. One opportunity to address this is meeting, and sharing learnings with the community based Well Child Tamariki Ora programme who are confronted daily with locating whanau living in motels, cars, and shifting houses These insights will be used to investigate new opportunities to more effectively engage with this population.

Administration services will work in partnership with IS to explore what opportunities there are to pilot new forms of communication across Ouptatient Clinics, in particular for the 3 specialties recording the highest levels of DNA: Dental, Paediatrics and General Surgery.

NEXT STEPS AND RECOMMENDATIONS

Key Recommendation	Action	Responsible	Timeframe
Community led co-design of outpatient services using person and whanau centred principles	Redesign outpatient services including putting a single manager in place, harmonising business processes across all specialities, moving clinics out into the community, e-referral	EDPS	TBD
Improve access to outpatient services for tamariki and whanau	Maori Health Services to conduct a survey of target group, and submit a set of recommendations to reduce inequity amongst 10yr and under Maori and Pacific age group.	Maori Health and Administration Services	Q3 2020
Put in place a purpose-built Text to Remind System	Automate text to remind system that automatically updates ECA. This will enable more efficient use of Outpatient Booking time, and improve process for Navigators and Kaitakawaenga who rely on this information in real time.	Administration Services and IS	Q4 2020
Explore other options of communicating with our customers	Traditional forms of communication don't work for our most vulnerable. Other means of engaging with our most vulnerable need to be explored if we are to make an impact on this group.	Administration Services and IS	Q4 2020
Discuss Increasing Kaitakawaenga resourcing with Maori Health Services	Kaitakawaenga is key to timely engagement with Maori customers. An increase in resourcing would allow opportunity to target the 6% of customers that struggle to attend their FSA, and allow opportunity to make a difference reducing inequity across to Follow-up appointments and Surgery.	Maori Health	2020

RECOMMENDATION:

It is recommended that the **HB Clinical Council**

1. **Note** the contents of the report
2. **Endorse** the next steps and recommendations.

12

HB HEALTH STRATEGY

Update

OURHEALTH
HAWKE'S BAY
Whakawateatia

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. **Actions Being Taken in Response to TAS Audit Medicine Reconciliation (HSLT paper to FRAC)**

19. **Committee Reports (Public Excluded)**
19.1 Professional Standards & Committee report – John Gommans

20. **Planning on proposed workshop: 'Clinical Risk'**

21. **21.0 Patient Safety and Quality Dashboard – Kate Coley**
21.1 IS Update – presentation on Business Intelligence Portal – Aaron Turpin
21.2 Clinical Risk Report including FRAC report June 2019 – Kate Coley

22. **Topics of Interest – Member Issues / Updates**

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).