

Minutes of the Board: Meeting No. 103

23 February 2024

Date	23 February 2024
Time	9.00am–3.15pm
Venue	Front & Centre, 69 Tory Street, Wellington
Chair	Rae Lamb
Board members	Andrew Connolly, Shenagh Gleisner, Tristram Ingham, David Lui, Jenny Parr, Ron Paterson, Tereki Stewart
Te Tāhū Hauora staff	Peter Jansen, Bevan Sloan, Deon York (item 5 & 12), Carl Shuker (item 9), Don Matheson (item 11), Martin Thomas, Caroline Tilah and Heidi Cannell (item 10), Simona D’Silva (minutes), Paula Farrand (EA to the board)
Apologies	Peter Crampton, Richard Hamblin, Gillian Bohm
Guests	Ria Earp, Chair, Te Kāhui Piringa Angie Smith, Co-chair, Te Kāhui Mahi Ngātahi Morag McDowell, Health and Disability Commissioner (by Zoom) Liza Edmonds, Chair, National Mortality Review Committee (item 11)

The hui began at 9.00 am.

1. Board only time

2. Board and chief executive time

3. Board, chief executive and director of finance and digital - budget / finance discussion

The Chair welcomed co-chair of Te Kāhui Mahi Ngātahi and chair of Te Kāhui Piringa to the meeting at 10.50am

4. Standard business

4.1 Minutes of the meeting held 23-24 November 2023

No changes were made to the previous minutes.

4.2 Actions update from 23-24 November 2023

No updates were made to the actions.

4.3 Interests register

Updates to the Interests Register are to be provided to the board secretary. There were no conflicts noted for the current meeting.

4.4 Board activities

Additional board activities are to be provided to the board secretary.

5. Patient story

The Director of He Hoa Tiaki | Partners in Care shared '*Marion and Graham's story*' which can be accessed at: <https://www.youtube.com/watch?v=O-I5Q3Cblk>.

The story is from consumers involved in the 'Safer Use of Anticoagulants' programme and illustrated the impact of clinician communication on patient experience of care.

The Board noted the importance of communication as part of clinical training and queried the pathway for sharing such stories with the relevant hospitals and professional colleges to guide improvement. The Director noted that these stories are shared with the relevant hospitals.

Action: The Board requested that the chief executive and director of He Hoa Tiaki | Partners in Care share this story with the Council of Medical Colleges at their upcoming meeting.

6. Reflections from board strategy day

The Chief Executive noted that the strategy day was successful in providing key areas of focus going forward.

The Board commented on the value of the strategy day, in particular having Te Kāhui Piringa and Te Kāhui Mahi Ngātahi join for the session. It was an example of how the groups can work together.

The Chair summarised the top strategic priorities identified from the day as being: shift in focus to primary and community care, leading rather than doing, and identifying the areas of work that can be carried out by other agencies so Te Tāhū Hauora can better focus on a strategic leadership role.

Following on from the discussion at the strategy day, 'leading out with influence' needs to shift to 'leading out with influence and impact'.

The strategy session was the start of the journey and implementation is key. These shifts may require the organisation to have a different mix of skills. Relationships are important to ensuring that work is impactful and results in positive change. The Chief Executive noted that the communications team are working on a customer relationship management (CRM) tool, that will support how relationships are leveraged for impact.

The Board discussed the diversity of views in the room, but the opportunity to invite people from other sectors would also be valuable so that discussion could be challenged and critiqued.

Action: The Board requested that prior to the next meeting, priorities are tested with external stakeholders.

The Board requested a paper on how the priorities will be implemented (next steps).

7. Chief executive report (agenda item 8)

The chief executive report was taken as read.

The chief executive highlighted the:

- continuing work to ensure equitable remuneration
- resources for implementing the Healing, learning and improving from harm policy in aged residential care
- well-attended 2-hour workshop with system learning review experts Dr Ivan Pupulidy and Professor Crista Vesel, which is contributing to shifts under way to learning from events (noting not 'adverse events') to avoid them happening to others
- preparation undertaken to ensure that changes to enabling functions process went smoothly, which is now complete
- appointment of Taima Campbell to the National Mortality Review Committee
- recent meeting with the National Mortality Review Committee to provide an overview of the current fiscal situation to inform prioritisation of work.

The board highlighted the opportunity for Te Tāhū Hauora to follow up high level documents such as the Healing, learning and improving from harm policy and Clinical Governance Framework with timely, plain language instructions for implementation. The absence of this could make the organisation seem aspirational instead of practical.

The Health and Disability Commissioner joined the meeting at 12.30pm.

8. Health and Disability Commissioner report (agenda item 7) Morag McDowell

The Health and Disability Commissioner (HDC) thanked Te Tāhū Hauora for the active involvement in the meeting with the Health Consumer Advocacy Alliance around medical harm and noted the value of the national Quality Forum on maternity.

Key areas of concern continue to be delays, access challenges, and staffing and workforce challenges. There are issues around dignity of care and privacy. There are 10-11 percent more complaints this year compared to the same period last year, which has resulted in capacity concerns for the HDC. Advice has been provided to the Minister of Health on pressures and potential impacts.

Individuals filing complaints are not receiving timely responses at the district level, necessitating active escalation to the HDC for resolution. This has been raised with Te Whatu Ora but there has been no concrete response to date.

Consultation documents for the review of the Code of Health and Disability Services Consumers' Rights and the Health and Disability Commissioner Act 1994 are nearing completion. Public consultation is likely to commence in April for a period of three months with the aim to provide recommendations to the Minister of Health by 20 December.

The Board noted that many of the issues discussed are from hospitals, and there is an opportunity to receive information around complaints at a primary care level. The Health and Disability Commissioner will bring this information to the next meeting.

9. Window 2024 (agenda item 10)

The Scientific Publications Manager joined the meeting and provided an update on the structure of Window 2024 based on the feedback received at the November board meeting. The following structure was proposed:

- a. Turbulence 2020-23
- b. Safety in the New Zealand health system
- c. The new BAU in health – there is no 2019 to return to.

Part three of Window 2024 will include consumer stories in key areas, and a response from a health leader. Data will be curated around the consumer stories.

There was a robust discussion around the topics proposed for part three, specifically nursing workforce pressures. There is a tension between the strategic goal of ensuring a representative health workforce, and ensuring roles are filled as quickly as possible. The lost promise of telehealth, consumer engagement, aged residential care staffing and unmet need were also discussed.

The Chair reminded everyone that the Minister of Health requested implementable solutions from Te Tāhū Hauora. The Chair enquired if preventable deaths needs to be considered in part two.

The report needs to consider the fundamental drivers of turbulence from a systematic way, and then present the biggest solutions to address the turbulence rather than highlighting multiple issues.

The Board approved the new structure but requested that the discussion be considered, and options be brought back to the board for part three.

The publication of Window 2024 is scheduled for June 2024.

The proposed approach and resourcing for the Window on Disability was also discussed, including the collaborative approach for development. The intent is that the relationships built throughout this process will continue beyond the publication of the Window. It was noted that the Window on Disability is part of the work programme for the next 18 months, with publication planned for June 2025.

The Board approved the proposed approach to and resourcing for the Window on Disability.

The Board acknowledged that feedback from the November meeting was considered and incorporated into both reports.

The Board:

- **agreed** to the structure of the Window 2024
- **agreed** to the proposed approach and resourcing for the Window on Disability

Action: The Board requested further options for part three of Window 2024

Tereki Stewart left the meeting at 1.15pm

The Health and Disability Commissioner left the meeting at 1.40pm

10. Clinical governance framework (agenda item 11)

The Medical Director, Senior Manager System Safety and Capability, and Senior Strategic Support and Accountability Advisor joined the meeting and provided an update on the Clinical Governance Framework.

The paper was taken as read.

The Senior Strategic Support and Accountability Advisor highlighted that the document is intended to be high level and applicable across the health system. The expert advisory group helped guide and provide assurance throughout the development process. There was

overarchingly positive feedback from the consultation process. There were some concerns raised from the Royal NZ College of GPs around applicability in primary care. However, in a meeting with the college it was noted most of the concepts are included in the Foundation Standards of the college.

The Board commended the team on the work done to get to this point and noted the 'questions for reflection' were particularly helpful.

Concerns were raised around the wording within the document, considering the current health sector landscape, and around its ability to be readily operationalised by people in the sector e.g., the front end of the document would benefit from simple language, particularly around the purpose and importance for those using it. Impact will only be achieved if the framework is useable across the breadth of the health system. Consideration needs to be given to how the success of the framework will be measured.

The feedback provided at the November board meeting around incorporating the international definition of Clinical Governance Framework required more work.

Action: The Board requested that their feedback be considered, and an updated Clinical Governance Framework be brought to the next board meeting.

Jenny Parr and the Chair of Te Kāhui Piringa left the meeting at 2.30pm.

11. National mortality review committee (agenda item 13)

The Chair, National Mortality Review Committee (NMRC) and the Director, National Mortality Review joined the meeting.

The paper was taken as read.

The Director provided a summary. The NMRC are working to a tight timeline. They are beginning to articulate their strategy and identify key focus areas. The detailed work plan will be brought to the next board meeting, in alignment with the requirements of the Pae Ora (Healthy Futures) Act 2022.

There is also consideration being given to the process of producing recommendations, particularly around shifting to an approach where the focus is on building relationships with stakeholders from beginning of the process so that there is better uptake and impact.

The Chair, NMRC clarified the concepts of kinship collective and monitoring/governance (outlined in the paper). Kinship collective is considering the impacts of preventable mortality experienced by whanau and extended family. Monitoring/governance is about having processes for identifying areas of concern in relation to mortality, beyond the current focus areas of the NMRC. The Board asked that simpler titles be considered for the proposed work and reports.

The Chair, NMRC also highlighted that the NMRC wants to shift towards reporting qualitative information, not just quantitative.

The framework to determine the prioritisation process is yet to be settled.

12. Te Kāhui Mahi Ngātahi environmental scan

The Director of He Hoa Tiaki | Partners in Care was welcomed to the meeting. He highlighted that the code of expectations for health entities' engagement with consumers and whanau will be refreshed in mid-2024. Te Kāhui Mahi Ngātahi appreciated the involvement in the board strategy day.

The Co-chair of Te Kāhui Mahi Ngātahi summarised the key points outlined in the paper. The health impacts to individuals and communities of the cost of living crisis, workforce shortages, increasing wait times for care and recovery from last year's cyclone was acknowledged. Positive health service initiatives were also highlighted.

The Director updated the Board on the structure of the consumer engagement team in Te Whatu Ora.

13. Finance and risk report (agenda item 9)

The finance report was taken as read.

The Board acknowledged the Director of Finance and Digital for reduction in leave balances. There is ongoing monitoring to ensure that leave balances do not increase at the half year mark. There are plans in place for the few employees who have over four weeks of leave balance.

The board requested that track on spending on consultants and contractors is brought to the Board going forward. The Chair also requested that they are kept updated on other funding streams.

The Chair responded to the risk raised around attrition of staff, noting that this also brings opportunities to do things differently.

14. Noting papers

All papers were taken as read.

The Chief Executive noted that cross agency work is underway on the development of health targets.

The Chief Executive and Board congratulated board member Tristram Ingham for becoming an Officer of the New Zealand Order of Merit.

15. Board cost savings

The Board discussed how they can reduce costs in the current fiscal environment. There was agreement to pause professional development for board members, use Uber instead of taxi where possible and reduce 'flexible' airfares. More Auckland based meetings would also be considered, given most board members are based in Auckland.

The Chair also suggested the possibility of advising the Minister to not fill the current vacancy on the board.

The meeting closed at 3.15pm with a karakia by the Co-chair of Te Kāhui Mahi Ngātahi.