

Minutes of the Board: Meeting No. 102

23–24 November 2023

Date	23 November 2023
Time	10.00am – 4.45pm
Venue	Te Tāhū Hauora, Level 9, 17–21 Whitmore Street, Wellington
Chair	Rae Lamb
Board members	Andrew Connolly, Peter Crampton, Shenagh Gleisner, Tristram Ingham (zoom), David Lui, Jenny Parr, Ron Paterson.
Te Tāhū Hauora staff	Peter Jansen, Bevan Sloan, Deon York (item 5), Don Matheson (item 9), Nikki Grae (item 10), Stephanie Turner (item 12), Simona D’Silva (item 13), Martin Thomas (item 14), Heidi Cannell (item 14), Caroline Tilah (item 14), Shelley Hanifan (minutes), Paula Farrand (EA to the board).
Apologies	Tereki Stewart
Guests	Ria Earp, Chair, Te Kāhui Piringa Russ Aiton, Co-chair, Te Kāhui Mahi Ngātahi Morag McDowell, Health and Disability Commissioner (zoom) Rob Anderson & Hugh Lawrence, Public Service Commission (item 3) Liza Edmonds, Chair, National Mortality Review Committee (item 9) Sally Roberts & Arthur Morris, Clinical Leads (item 10) Denis Grennell, Bernadette Jones, Te Kāhui Piringa (item 12)

The hui began at 10 am.

- 1. Board only time**
- 2. Board and chief executive time**
- 3. Code of conduct presentation**

Rob Anderson and Hugh Lawrence from the Public Service Commission presented to the board on ‘Building trust and confidence in public services.’

As a result of the discussion, the alignment of the board governance manual will be checked against sections 62-75 of the Crown Entities Act 2004.

The Chair welcomed the co-chair of Te Kāhui Mahi Ngātahi and the chair of Te Kāhui Piringa to the meeting at 12.55 pm. The chair of Te Kāhui Piringa led the opening karakia.

4. Standard business

4.1 Minutes of the meeting held 22 September 2023

No changes were made to the previous minutes.

4.2 Actions update from 22 September 2023

The chair requested that the board secretary prompt her to follow up with ACC in the new year. There were no updates 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

In addition to the activities listed, additional meetings were noted by the chair and deputy chair.

5. Patient story

The Director of He Hoa Tiaki | Partners in Care shared ‘Aotearoa Patient Safety Day 2023 video: Elevate the voice of consumers and whānau’, which can be accessed at:

<https://www.hqsc.govt.nz/resources/resource-library/aotearoa-patient-safety-day-2023-video-elevate-the-voice-of-consumers-and-whanau/>

The board indicated an interest in finding out more about Māori co-design at a future board meeting.

The Health and Disability Commissioner joined the meeting at 1.10pm.

6. Health and Disability Commissioner report

Targeted workshops are being undertaken to inform the review of the Code of Health and Disability Services Consumers’ Rights and the Health and Disability Commissioner Act 1994. Broader consultation will occur in 2024.

The number of complaints continue to rise, with a 13 percent increase in the last three months compared to the same time last year.

Key areas of concern continue to be delays, access challenges, and staffing and workforce challenges. A range of specialist areas that are under stress are being raised across the system. The pressures on primary care are resulting in people becoming more unwell before being able to access the specialist services they need.

7. Chief Executive report

The Chief Executive report was taken as read.

The Chief Executive highlighted that the small deficit reported is being addressed, through a current hold on staff appointments and encouraging staff to take leave that is owed.

The organisation change proposal is currently out with staff for feedback, and a range of helpful feedback is being received. There are areas where additional clarification may add value, and these will be looked at following the consultation process.

The board requested that a paper be provided regarding actions following on from the independent organisational review. The paper should focus on how we know if we are making progress against the recommendations.

8. Finance and risk report

The Director of Corporate Services discussed two papers: the finance report and the risk report.

The finance report was taken as read. The Director noted that the Suicide Mortality Review Committee contract has ended, and there will be less revenue and expenses now forecast at year end.

The Chief Executive noted that he will be meeting with some directors before the end of the year to work out which staff vacancies are essential to fill. The need to ensure that funds are able to be flexibly managed to meet organisational requirements across all the work programmes was acknowledged.

In discussion on the risk register, the risks associated with losing key personnel and with reduced activity and delivery during reorganisation and transition (both internal and external) need to be added.

The executive leadership team was asked to regularly review risk and assure themselves and the board that mitigation strategies are well thought through, and evidence of effective control is collected.

9. National mortality review committee

The Chair, National Mortality Review Committee (NMRC) and the Director, national mortality review joined the meeting. The Chair NMRC discussed the importance of acknowledging those whānau who have passed. She emphasised that more than half the deaths of Māori and Pacific people are avoidable.

The NMRC are thinking about how to do mortality review differently, so that this is highlighted and opportunities taken to change mortality outcomes. They are learning from existing subject matter expert groups, to bring forward their learnings, in order to build a system that supports and drives change more effectively. The huge amount of work required in this area was acknowledged, and that this work will be ongoing.

Local review is currently continuing for perinatal and maternal, but is less optimal for child and youth. It is hoped that this can be addressed once the new health structures become more firmly established.

The importance of strong relationships between Te Kāhui Piringa and the NMRC was acknowledged, with the need to connect and discuss Māori mortality and prevention.

10. Healthcare associated infections – point prevalence survey

The Senior Manager Quality Systems, Clinical Lead Infection Prevention and Control Programme, and Clinical Lead of Surgical Site Infection Improvement Programme joined the meeting.

The Infection Prevention and Control (IPC) programme has been classified as a third-party partnership since 2019, funded by Te Whatu Ora (previously district health boards) with no end date.

Aotearoa New Zealand's first national Healthcare associated infections (HAI) point prevalence survey (PPS) was performed in 2021 to understand the burden of HAIs to consumers, whānau, and the health system. The most common HAIs identified were surgical site infections, pneumonia, urinary catheter infections and bloodstream infections. The IPC team engaged with multiple stakeholder groups in 2023 to present the PPS findings and received feedback to help inform future activity.

An environmental scan of New Zealand public hospital HAI surveillance programmes and international HAI surveillance programmes were performed in 2023. There is variation across local public hospitals in the HAI surveillance data they collect that is not included in the HAI surveillance programme facilitated by Te Tāhū Hauora.

A stocktake of current evidence for best practices for HAI prevention was completed. Several guidance documents have been updated in the past 2 years.

The board:

- **noted** the work using the PPS data and proposed future next steps.
- **agreed in principle** to the next steps of performing a stocktake of current practices to prevent specific HAIs in district hospitals and then establish a priority list for interventions to prevent HAIs based on multiple factors (inequities, frequency, clinical impact, preventability, and current interventions).

Andrew Connolly left the meeting at 3.15 pm.

Tristram Ingham joined the meeting for this item.

11. Iwi Māori Partnership Boards pilot update

The Director, Health Quality Intelligence (HQI) joined the meeting with a verbal update on progress. Staff are working with Atiawa Toa, Wairarapa and Te Tuaraki Iwi Māori Partnership Boards (IMPBs).

Each IMPB has different interests and needs, and these can help direct how HQI shape the development of useful tools, based on those already available.

Te Tuaraki are focused on patient experience for their iwi and on patient journeys, especially ischaemic heart disease and the journey across treatment decision points.

Atiawa Toa and Wairarapa are interested in the diabetes journey and staff will be able to draw on the atlas work in this area to assist.

Staff are building mapping tools that enable us to understand determinants within those areas including deprivation and social indicators – education, health, access to amenities etc.

The board asked to be kept informed of progress with the IMPB work.

12. Te Kāhui Piringa

The chair, Te Kāhui Piringa led the discussion with a focus on the partnership agreement that has been in development for six months.

Te Kāhui Piringa members acknowledged that the proposed agreement was not perfect, but that it could start the partnership, with an expectation that the agreement would change iteratively over time.

The Chief Executive confirmed that clause 28 in the agreement provides the scope to support this approach.

The board also supported this approach and invited Te Kāhui Piringa to join their strategic session in February 2024, to help identify the Board's strategic priorities and where the partnership can work in practice.

The board:

- **agreed in principle**, to move ahead with the current proposed agreement, and to shape it, in partnership with Te Kāhui Piringa, over time.

Andrew Connolly rejoined the meeting at 3.40 pm via zoom.

13. Briefing to the Incoming Minister

The Senior Advisor Planning and Accountability joined the meeting and with the Chief Executive invited feedback on the draft Briefing to the Incoming Minister (BIM).

A stronger focus on primary care issues was encouraged. Some changes to enhance the flow of thinking for the reader were suggested, particularly around the topics of amenable inequity and system pressures. Commentary on staff shortages should be broadened to include issues of skill mix, capability and capacity, and health sector transition focus should be separated from commentary on workforce. The need to be specific in descriptions, for example referring to parts of the system rather than applying blanket statements, and the need to have evidence to back up points made, was emphasised. Greater visibility of where the system is not meeting the needs of disabled people was encouraged.

It was highlighted that there is an opportunity for the Minister to monitor areas of concern more effectively, with the support of Te Tāhū Hauora, as we move through any further health sector change. We can also amend our broad suite of tools, if this is required, to strengthen our ability to monitor specific issues or concerns.

The BIM will be completed over the next few days, once Manatū Hauora advises as to our assigned minister and any early direction from them is received.

Andrew Connolly left the meeting at 4.10 pm.

14. Clinical governance framework

The Medical Director and Senior Manager System Safety and Capability joined the meeting and provided an update on the Clinical Governance Framework, which has been recently out to consultation. They have received feedback from 13 organisations that is overwhelmingly supportive. Feedback will be incorporated and the document will be edited and finalised and brought back to the February board meeting. The challenge in developing a high-level document applicable to the broader health sector was noted.

The board questioned whether the framework focused enough on the quality of care provided to individuals and whānau. Cultural safety needs to be central to the framework.

While indicating support for the direction in which the work is heading, there were some cautions from the board. What is being described in the document might be considered system governance, rather than clinical governance, and there is a need for clinical governance. Similarly, the shift away from the international definition of clinical governance was raised, as an area which would require careful transition.

Staff were asked to think further and to incorporate board thinking and feedback into the work.

The chair acknowledged Peter Crampton, who will be on leave for the next six months, and wished him well, on behalf of the board for this time.

Peter Crampton closed the meeting with a karakia, at 5.05 pm.

Date	24 November 2023
Time	9.00am – 11.35am
Venue	Te Tāhū Hauora, Level 9, 17-21 Whitmore Street, Wellington
Chair	Rae Lamb
Board members	Andrew Connolly (zoom), Tristram Ingham (zoom), David Lui, Jenny Parr, Ron Paterson.
Te Tāhū Hauora staff	Peter Jansen, Bevan Sloan, Richard Hamblin (items 15, 16), Carl Shuker (item 16), Deon York (items 17, 18), Paula Farrand (EA to the board).
Apologies	Peter Crampton, Tereki Stewart, Shenagh Gleisner
Guests	Ria Earp, Chair, Te Kāhui Piringa Russ Aiton, Co-chair, Te Kāhui Mahi Ngātahi (zoom) Morag McDowell, Health and Disability Commissioner Jodie Bennett, Boyd Broughton, Lisa Lawrence, Angie Smith, Te Kāhui Mahi Ngātahi (zoom)

The Chair welcomed everyone to the meeting at 9 a.m. The Chair, Te Kāhui Piringa led the opening karakia.

15. Safety in the health system and whether it is improving

The Director of Health Quality Intelligence was welcomed to the meeting and presented on this topic.

The hypothesis discussed, based on the information provided, is that the health system manages risks and benefits in a careful balance that enables us to treat sicker people as we become safer. The direct outcome is that safety remains at a certain level, but the benefits of health care increase, as sicker people are treated successfully. Harm stays consistently at around 5–6 percent. When the risk increases, access to care is restricted, so that harm remains around this level.

We need to think carefully about how we talk about and share information about safety. The CE and Director, Health Quality Intelligence were asked to consider other sources which could contribute to our understanding, including patient journey, elective stay lengths and measures at emergency departments. The possibility of presenting at the Health Leadership Forum, and encouraging a shared work programme was also discussed.

An updated paper on this topic would usefully further inform the board strategic discussion with Te Kāhui Piringa and Te Kāhui Mahi Ngātahi in February.

16. Window 2024

The Principal Publications Advisor was welcomed and he presented the proposal for Window 2024. The proposal was to look over the years since Te Tāhū Hauora was established, and at the story of the evolution of thinking about health quality. The Window encourages a focus

on what needs to change and how. We can also learn and apply lessons from the past to improve the future.

The board reminded the team that there was an expectation that the next Window topic would focus the quality of health services for disabled people. It was acknowledged that a disability focus would require a longer lead in time, co-design and co-development to achieve the same impact.

It was suggested that the version of the Window proposed could be reframed to cover the system safety discussion from earlier, reducing the focus on what has occurred over the last ten years, and shifting it to the second half.

The board indicated a desire for two Windows if capacity is available, so that a Window on health quality for disabled people can be done as well. This will need to be considered, and the two topics may need to be staggered.

Morag McDowell left the meeting at 10.25 am.

17. Te Kāhui Mahi Ngātahi environmental scan

The Co-chairs of Kāhui Mahi Ngātahi and the Director of Partners in Care were welcomed to the meeting. The paper they provided outlined their top 20 concerns, prioritised for board attention.

They asked the board to note these concerns and to think about appropriate actions to support resolution.

18. Te Kāhui Mahi Ngātahi meet with the Board

The other members of Te Kāhui Mahi Ngātahi joined the meeting.

The board reflected that the information provided in the environmental scans is useful to inform and underpin their thinking. The issues picked up through the consumer networks are similar to what the board are seeing and being challenged by as well. Immigration challenges; cultural safety concerns; stressed, stretched workforce and other issues that have been highlighted are of concern to the board and others in the system.

These are 'wicked problems' that we will need to think about and work together, with consumers and whānau, and with providers and decision makers, to find resolution for.

Te Kāhui Mahi Ngātahi was invited to participate in the board strategic planning in February, to partner in our organisation's strategic work planning.

19. Noting papers

The noting papers were taken as read and the chair asked for any comments.

The paper on targets and measurement was discussed. It was clarified that the paper was a background paper that has informed the content of the BIM, and may inform additional advice for the Minister, if this is required. The board encouraged a broader focus on consumer measures, and on measures that provide information about the quality of care that is given. A request was made to emphasise the upstream causes that contribute to need.

20. Agenda for next board meeting

Two full days are to be scheduled for the board meeting, with a full day for the strategic session, in February 2024. A facilitator will be required for the strategic session. Planning will be undertaken in the new year.

An additional strategic meeting will be considered for June 2024.

The meeting closed at 11.35 am with a shared karakia.