

Minutes of the Board: Meeting No. 104

19 April 2024

Date	19 April 2024
Time	10.00am – 4.10pm
Venue	Te Tāhū Hauora, 650 Great South Road, Ellerslie, Auckland
Chair	Rae Lamb
Board members	Andrew Connolly (zoom), David Lui, Jenny Parr, Ron Paterson, Tereki Stewart.
Te Tāhū Hauora staff	Peter Jansen, Bevan Sloan, Victoria Evans (minutes), Paula Farrand (EA to the board), Adrian Portis & Heidi Cannell (item 9), Richard Hamblin (item 10 & 11), Carl Shuker (item 10), Paul McBride (item 11), Martin Thomas (item 12), Don Matheson (item 13), Stephanie Turner (item 14).
Apologies	Peter Crampton, Shenagh Gleisner, Tristram Ingham.
Guests	Ria Earp, Chair, Te Kāhui Piringa Angie Smith, Co-chair, Te Kāhui Mahi Ngātahi Morag McDowell, Health and Disability Commissioner Hikitia Ropata, Āti Awa Toa Hauora Partnership Board (item 11) Liza Edmonds, Chair, National Mortality Review Committee (item 13)

The hui began at 10.00 am.

1. Board only time

The chair of Te Kāhui Piringa joined the meeting at 10.30am.

2. Board and Chief Executive time

3. Board, Chief Executive and Director of Finance and Digital - budget / finance discussion

The Chair welcomed the co-chair of Te Kāhui Mahi Ngātahi and the Health and Disability Commissioner to the meeting at 11.40am.

4. Standard business

4.1 Minutes of the meeting held 23 February 2024

Rae Lamb

No changes were made to the previous minutes, which were taken as read and approved.

4.2 Actions update from 23 February 2024 **Rae Lamb**

No updates were made to the actions. The board chair queried whether our shift in focus to primary and community care had been tested with primary care stakeholders. The Chief Executive confirmed Te Tāhū Hauora was still in the listening phase.

4.3 Interests register **Rae Lamb**

Updates to the Interests Register are to be provided to the board secretary. A board member sought a correction to the spelling for one declaration.

4.4 Board activities **Rae Lamb**

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

5. Patient story **Peter Jansen**

The Chief Executive shared 'The importance of consumers in Whakakotahi: primary care quality improvement programme' which can be accessed at:

<https://www.hqsc.govt.nz/resources/resource-library/the-importance-of-consumers-in-whakakotahi-primary-care-quality-improvement/>

This patient story was recorded following the completion of the Whakakotahi programme. The projects focused on equity, integration, and co-design. Each project aimed to increase quality improvement capability in primary care, in this case in a general practice and community health setting and shared four perspectives.

The deputy chair suggested that the video should be promoted to medical schools and universities for students to watch. The Chief Executive confirmed a meeting will take place with the Council of Medical Colleges (CMC) in a few weeks where the promotion of Te Tāhū Hauora resources such as this will be discussed.

6. Health and Disability Commissioner report **Morag McDowell**

The Health and Disability Commissioner (HDC) joined us in-person to present her report. She said complaints continue to increase but they did have a quieter March and April, with a slight reduction of about 8-9 percent compared to the same time last year, Since July 2020 though there's been an increase of nearly 50 percent in complaints.

HDC has the same fiscal challenges Te Tāhū Hauora does, without an opportunity to make a budget bid this year. They're looking for efficiencies. With a growing backlog, they're trying to focus resources on where it's needed most. They are closing 65 percent of complaints within six months.

The Commissioner pointed out a few of the issues they're seeing within the system:

- They've seen a cluster of complaints relating to young women with severe gastrointestinal problems, some, but not all, are Ehlers-Danlos syndrome. Complaints are showing the difficulty in navigating a health service with disparities between health specialities. The Commissioner is going to be writing to Te Whatu Ora and Manatū Hauora as a more multi-disciplinary approach is needed. She acknowledged the rare disorders strategy is still being developed but people are suffering and not getting care.
- Cancer wait times continue to be concerning and she has highlighted the national capacity issue to relevant agencies.

- There are many issues relating to primary care, including difficulties in getting appointments and overwhelmed clinics making administrative errors. The Commissioner plans to bring this to the National Quality Forum.
- Around 25 percent of complaints received are from people who identify as having a disability. HDC is trying to put more focus on disability and is developing a disability strategy. They're trying to engage with stakeholders and improve accessibility to the HDC as well. The significant issues about care and barriers to access will also be brought to the National Quality Forum. A board member commented these issues could be picked up in the upcoming 2024 Window on quality looking specifically at disability issues.

The Health and Disability Commissioner left the meeting at 12.45pm.

7. Chief Executive report

Peter Jansen

The Chief Executive report was taken as read. The Chief Executive highlighted the clinical governance framework and a workshop with FrankAdvice who have been engaged to steer the final edit. A final draft is expected to be with the board for consideration in mid-May.

The Chief Executive also highlighted the focus on primary and community care, following on from the board strategy day in February and discussed the new Statement of Performance Expectations (SPE) and how it can be altered over time. He clarified that engagement with Iwi Māori Partnership Boards would help identify what the priority areas are for primary and community care.

8. Finance and risk report

Bevan Sloan

The finance report was taken as read.

The Director of Finance and Digital explained that three quarters of the way through the financial year, there is a surplus. Once the upcoming change proposal process is finalised, part of that will be offset and it's likely Te Tāhū Hauora will break even or have a slight surplus. If that changes, the director will update the board.

Before the June board meeting, budgets and work programmes will be updated, including the SPE before being finalised.

The board chair commended the director on the continuous reduction in annual leave liabilities.

The risk report was taken as read. It was suggested a new or emerging risk could be added in relation to the combination of complaints and workforce issues at a local and regional level. If we don't detect it and it happens it could have a reputational risk to Te Tāhū Hauora. The board chair explained that some issues come through the Quality Alerts process. The Chief Executive pointed out that we have inserted ourselves into two sub-committees of Te Whatu Ora to highlight different Quality Alerts and are acting quickly if we see something and this is one tactic that is mitigating that risk. He also highlighted regular monitoring meetings with other Health New Zealand senior officials that are occurring.

The board chair acknowledged the thoughtful comments around environmental risk and asked which forums we can raise these issues further.

A board member queried the wording around the risk of losing key personnel as a result of cost savings. The Chief Executive confirmed there will be changes to this risk.

9. Draft Statement of Performance Expectations 2024/25

**Heidi Cannell/
Adrian Portis**

The Senior Advisor, Strategic Support and Accountability and the Manager of Strategic Support and Accountability joined virtually for this item. The board considered and approved the draft SPE.

The Senior Advisor refreshed what was covered in the board paper and explained the way in which the SPE had been approached this year. A key element was around how we measure our progress and demonstrate impact over time.

The Minister of Health's Letter of Expectations has now been reflected in the SPE but will be strengthened following advice from the board and Audit New Zealand. Manatū Hauora and the Minister's office will receive the draft SPE by 30 April and feedback will be received from the Minister no later than 15 working days upon receiving it. By 30 June 2024, the Minister will receive it for tabling in Parliament.

There was feedback by board members which will be taken into consideration, particularly around impact measures. A board member offered to meet with the Senior Advisor and the Manager separately to go through their substantial feedback about impact measures in more depth.

Comment was made on some of the language in the SPE and suggestions for it to be updated.

Te Kāhui Piringa Chair praised the team for making the document tighter. She highlighted some concern around the expression of Te Tiriti o Waitangi and not using the term as a piece of rhetoric.

The board chair said she would appreciate an early opportunity to input into her statement at the front of the SPE. The near-final SPE will be provided to the board in early June.

10. Window 2024

Richard Hamblin & Carl Shuker

The Scientific Publications Manager and the Director of Health Quality Intelligence led this item. The Scientific Publications Manager gave a presentation to the board on the three parts of Window 2024 – turbulence, a deeper dive into system safety generally and deep dives into new business-as-usual in health. Two deep dives include the New Zealand nursing workforce, looking at complex flows and unexpected outcomes and the rise and recession of telehealth, with a case study from Turuki Health Care.

The board commended the Scientific Publications Manager on his work on the Window so far and was impressed with it. They made some suggestions for inclusions, such as whether some of the data and insights from the Health and Disability Commissioner should be captured. There were some questions about the global nursing workforce shortage information. The Scientific Publications Manager also confirmed he had met with the Chief Executive of the Nursing Council and that he has had good engagement with them.

The board chair suggested for the telehealth case study whether the consideration of the use of mental health apps be considered.

The Scientific Publications Manager will now develop an outline of ideas for the conclusion section of the Window and share with the board out of session.

11. Iwi Māori Partnership Boards

**Richard Hamblin/Paul McBride/
Hikitia Ropata**

The Director of Health Quality Intelligence (HQI), the Principal Data Analyst and the Chair of Ātiawa Toa Hauora Partnership Board joined virtually for this item and gave an update on the Iwi Māori Partnership Board (IMPB) pilot.

The Chair of Ātiawa Toa Hauora Partnership Board explained that a lot has changed since they last came to the board well over a year ago, including a new government, new health targets, new health structures and a possible powering up of IMPBs. She said they're yet to learn the full details of these but what remains is a shared determination and focus on how Māori health outcomes are improved.

She said access to data across the system is still an issue but it made the Ātiawa Toa Hauora Partnership Board realise what Te Tāhū Hauora has done for them is immeasurable. She thanked the board, the Chief Executive and the HQI team for the significant amount of work that has been put into the pilot to date.

The Principal Data Analyst then demonstrated to board members a visual mapping Atlas tool for IMPBs where users can explore a wide range of datasets of interest. 2018 Census data has been used as well as other datasets such as water quality data. Whānau voice data will provide an opportunity to triangulate it with the Atlas data.

Board members commented that the Atlas tool provided very insightful data and were appreciative of the demonstration. A board member concurred this will be a useful tool and offered suggestions for other datasets that could be included like the Material Wellbeing Index.

The Director of HQI confirmed two other IMPBs are part of this pilot - Te Tauraki and Te Karu o te Ika. Te Tauraki has employed a digital product manager who is working with the team directly on the types of data and presentations they would like to support their IMPB. One of the first things they are doing is convening a collaboration with *All New Zealand Acute Coronary Syndrome – Quality Improvement* on a coronary patient pathway revised tool.

The Director of HQI said they are mindful of the governance implications. It is working well at a relational level but it would need to be worked through if it was to become a larger programme of work.

The next step is to brief the Minister of Health and other IMPBs.

12. Clinical governance framework

Martin Thomas

The Medical Director & Executive Lead joined the meeting virtually to provide an update on the clinical governance framework. FrankAdvice is working with Te Tāhū Hauora to steer the framework, taking the board's feedback into consideration. They are looking to shorten the introduction and revising the diagram incorporating how the framework might be applied and used.

There were originally six enablers in the framework and they are going to be consolidated. Another area FrankAdvice is looking at is around the framework's applicability for clinicians, so more reflective questions will be inserted throughout the document.

It is hoped Te Tāhū Hauora will have a revised draft back from FrankAdvice next week. The expert advisory group will be convened and a decision will be made about whether further sector consultation is needed, depending on the extent of the changes.

The board agreed taking the time to get it right is important, given that it will be a resource for the sector for a long time.

13. National mortality review committee **Liza Edmonds/Don Matheson**

The chair of the National Mortality Review Committee (NMRC) and the Director of National Mortality Review joined the meeting and the NMRC's strategic plan was approved, subject to some slight improvements. The board had a good discussion and asked lots of insightful questions.

The four new areas of focus for the national mortality review function are:

- Annual reporting of avoidable mortality
- Experience of avoidable mortality in families
- Pacific maternal and perinatal health
- Diabetes

Family violence has been retained as an area of focus for the long term.

The amended Terms of Reference for the committee were also approved.

The chair of the NMRC welcomed feedback and said they were excited to be starting this mahi and a lot of thought had gone into the new areas of focus, but this did not take away from all the good mahi that has already been done.

The board chair noted it was great to see a move to plain language and thanked them for taking that feedback on board. She asked about whether there was a risk about managing current subject matter experts (SMEs) response to the proposed approach and how that might be approached. The NMRC chair gave an assurance they will be able to support them and help them to see that their contributions and work done to date is valued, but there are other areas of focus that need to be looked at.

The NMRC chair said a lot of work has been done in the past year to build relationships, particularly with coroners and the work they're doing around child and youth and perinatal deaths and working out whether the NMRC can support them and their processes.

Te Kāhui Piringa chair said their roopu is very interested in meeting with Ngā Pou Arawhenua and how they can contribute and work with them, particularly around the recommendations work.

Questions from board members centred around how the data could be joined up with insights at a local level, with the inclusion of whānau voice. The NMRC chair acknowledged that the committee feels very passionate and it is very confronting when they're talking about their own whānau. The NMRC notes that a focus on Māori is important because that is who is affected most and this will be articulated more clearly.

It was confirmed suicide mortality will be captured in the avoidable mortality annual report and also features in the upcoming Perinatal and Maternal Mortality Review 16th report.

14. Review relationship between Te Kāhui Piringa and the Board **Ria Earp/ Stephanie Turner**

After the relationship agreement was signed between Te Kāhui Piringa and the board last year, it was agreed it would be reviewed after six months. Te Kāhui Piringa chair led the discussion, joined by the Director of Ahuahu Kaunuku, who outlined some of the progress

that had been made since it was signed. The next step is to focus on getting Te Kāhui Piringa memberships up to capacity and that is currently being worked on.

A robust process has been developed around what they're looking for in new members. The Te Kāhui Piringa chair said once we are through the SPE and strategic planning phase there will be areas the group particularly wants to focus on and asked the board if there was anything in particular they would like Te Kāhui Piringa to do as a group.

The Chief Executive noted there will be a continual review of what areas need to be strengthened (if any).

15. Te Kāhui Mahi Ngātahi environmental scan

Angie Smith

Te Kāhui Mahi Ngātahi Co-Chair provided board members with the regular environmental scan which was taken as read.

She picked up on some of the points the Health and Disability Commissioner had made in her report around disability services and commented that the group is still passionate about how they support the board and staff to provide a consumer and whānau voice.

The Chief Executive noted that he had met with the group recently and assured them they are a highly valued group to Te Tāhū Hauora and that will continue.

16. Noting papers

All papers were taken as read.

Correspondence included the Letter of Expectations from the Minister of Health. Te Kāhui Piringa chair noted it was interesting the Minister picked up on primary and community care. The board chair confirmed the system safety strategy would go ahead but to start thinking about what a Aotearoa New Zealand one would look like. The Chief Executive confirmed Te Tāhū Hauora would hold the pen and create a bespoke one for Aotearoa New Zealand.

Agenda items for June meeting

The following items will be included in the agenda for the 14 June board meeting:

- Draft budget 2024/25
- Draft Window 2024
- Updates on change process and next steps
- Clinical governance framework
- Statement of Intent refresh

The meeting closed at 4.10pm with a shared karakia.