

Minutes of the Board: Meeting No. 108

26 November 2024

Date	26 November 2024
Time	10.00am - 4.30pm
Venue	Te Tāhū Hauora, 17-21 Whitmore Street, Wellington
Chair	Andrew Connolly
Board members	Peter Crampton, Shenagh Gleisner, Tristram Ingham (zoom), David Lui, Jenny Parr (zoom), Ron Paterson, Tereki Stewart.
Te Tāhū Hauora staff	Peter Jansen, Bevan Sloan, Adrian Portis (minutes), Paula Farrand (EA to the board).
Apologies	Rae Lamb
Guests	Ria Earp, Chair, Te Kāhui Piringa Angie Smith, Co-chair, Te Kāhui Mahi Ngātahi Te kāhui mahi ngātahi: Jodie Bennett, Maine Johnson, Lisa Lawrence, Mary Schnackenberg (zoom), Delphina Soti.

The hui began at 10.00 am.

1. Board only time

2. Board and Chief Executive time

Tristram Ingham joined the meeting at 11.00 am.

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

The chair welcomed the chair of Te Kāhui Piringa, and the co-chair of Te Kāhui Mahi Ngātahi to the meeting at 11.45 am.

4. Standard business

4.1 Minutes of the meeting held 4 October 2024 Andrew Connolly No changes were made to the previous minutes, which were taken as read and approved.

4.2 Actions update from 4 October 2024
No updates were made to the actions.

Andrew Connolly

4.3 Interests register

Andrew Connolly

Updates to the Interests Register are to be provided to the board secretary.

4.4 Board activities

Andrew Connolly

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

5. Patient story

Peter Jansen

The Chief Executive shared a Pono consumer video which told the story of a consumer's journey with mental health and addiction and their transition to community care with the support of a Māori health provider. The video can be accessed at: https://www.youtube.com/watch?v=EdH_SeN1Cyo

6. 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.

The following points were noted:

- Farewell to Dunedin member of Te Kāhui Mahi Ngātahi.
- The importance of capturing the youth voice.
- Upcoming discussion on regional consumer councils and the current uncertainty around them.
- Similarities between last November's and the current environmental scans with the same issues appearing in the two reports a year apart.

It was noted that a number of issues raised in the report were social determinants of health and the question was raised around where public health and social determinants fit within the quality monitoring framework and whether this should be reported to the Minister on a quarterly basis – potentially in association with the Social Investment Agency and as part of a monitoring framework.

7. Chief Executive report

Peter Jansen

The Chief Executive report was taken as read. The Chief Executive highlighted:

- Te Kāhui Mahi Ngātahi environmental scan.
- The upcoming November Insights Report and the engagement with primary care.
- The property report regarding the end of lease for the current Wellington premises.
- Various activities that were delivered by teams across the organisation.
- The organisational operating model, development of which is progressing well.
- Code of expectations update.

Venues for the upcoming Code of Expectations consumer forums were queried with the Chief Executive who noted that advice was received from the Health and Disability Commissioner around similar processes and that formal workshops across the country will be held. It was noted that there is an opportunity to make this work high value as opposed to being a compliance exercise and that awareness of the Code could be enhanced from the current state.

8. Board meets with Te Kāhui Mahi Ngātahi

The chair welcomed members of Te Kāhui Mahi Ngātahi and introductions were made with members speaking to their backgrounds and particular areas of focus.

Discussion addressed:

- The potential for having consumer issues included on the risk register and how this could be achieved.
- Impacts of Heath New Zealand changes on sharing of patient experience/consumer voices and contributions to co-design activities and Quality Safety Markers reporting.
- How consumer input will be incorporated into the Ministry of Health's development of a mental health strategy – the Chief Executive noted he will follow up on this.
- Particular issues including mental health engagement and partnership, food scarcity and value of nutrition, and the role of Te Tāhū Hauora outside of the core health sector.

The question of what could reasonably be called consumer engagement was raised, with a view that the interpretation varied across various health entities and in the disability space. This raised the issue of what documents and criteria exist to guide genuine consumer engagement and whether there is a role for Te Tāhū Hauora in modelling and setting standards for what consumer leadership looks like. It was suggested this could be a topic for a Quality Forum session in the New Year.

The board noted that the issues raised by Te Kāhui Mahi Ngātahi are often wicked problems and that Te Tāhū Hauora has limited remit and ability to address some of the wider issues being raised but encouraged members to continue to bring them to our attention.

9. Finance and risk report

Bevan Sloan

The finance report was taken as read.

The Director of Finance and Digital noted the Quarter 1 report and the underspend related to the activity of the first few months. The underspend is likely to change as activity increases through the year and as Te Tāhū Hauora gains clarity on third-party contracts. It was noted that the loss of third-party contracts also results in a loss of overhead contributions.

The Chair of the Audit Committee provided feedback from the recent audit process which resulted in positive feedback, noting that Audit New Zealand had continued to encourage Statement of Performance Expectations measures to be more performance focused.

A board member raised the risk report was not detailed enough and suggested consideration of the NHS Board Assurance Framework and asked if all board members understood the recent ComplyWith Survey or if members needed additional training.

The Chief Executive noted that additional training is available.

10. Property update

Bevan Sloan

The Director of Finance and Digital provided an update and discussed the requirements of the Government Property Group and some of the complications around currently available property.

The board moved that contract negotiations be progressed with the preferred option.

Tristram Ingham and Jenny Parr left the meeting at 3.00 pm.

11.Insights Report

Kere Pomare, Martin Thomas, Richard Hamblin

The Director of Engagement and Impact, the Director of Safety and Quality/Clinical Director and the Director of Health Quality Intelligence joined the meeting in-person to discuss the content of the report and next steps.

Attendees noted/summarised:

- that the report had been thoroughly reviewed by an expert panel.
- the evidence base (appendix 1) that contributes to the report.
- the challenges of emergency department use in place of general practitioner care, due to closed books or access issues/delays and pressures on general practice.

A board member noted there was a heavy emphasis on doctors in the report and questioned whether this hinders the opportunity to consider alternative models and contributions of other sectors, such as allied health and that cost structures of primary care models could be explored as part of this work.

It was suggested that data around how many people access general practice each year could be included, and potentially how many practices are closed.

A stronger narrative around the state of the system was needed to provide an overall summary of the state of the primary care system.

12. How we are engaging in primary care

Adrian Portis

The Manager of Strategic Support and Accountability joined in person and noted that this item was deliberately scheduled for after the Insights Report discussion, which had to some degree superseded this item.

The Chief Executive noted that sector organisations such as General Practice New Zealand have their own datasets and that there are some complexities with these various datasets, but that Te Tāhū Hauora is working with them and others to share data and identify opportunities.

A board member noted the recent release of the clinical governance framework and queried how it and other products get pieced together and what our role in leadership and focusing on the priority issues across general practice is.

Discussion focussed on the availability of data, of which there is a significant quantity – which organisations hold it and how we can access the variety of datasets and gain insights from it, identify hotspots and contribute to the strengthening of quality and safety across primary care, which would be a shift from our historical focus areas.

Andrew Connolly briefly stepped out of the meeting during this discussion and Shenagh Gleisner chaired.

27 November 2024

Date	27 November 2024
Time	9.00am – 12.30pm
Venue	Te Tāhū Hauora, 17-21 Whitmore Street, Wellington
Chair	Andrew Connolly
Board members	Peter Crampton, Shenagh Gleisner, Tristram Ingham (zoom), David Lui, Jenny Parr (zoom), Ron Paterson, Tereki Stewart.
Te Tāhū Hauora staff	Peter Jansen, Bevan Sloan, Adrian Portis (minutes), Paula Farrand (EA to the board).
Apologies	Rae Lamb, Morag McDowell, Health and Disability Commissioner, Simon Medcalf, Ministry of Health
Guests	Ria Earp, Chair, Te Kāhui Piringa Angie Smith, Co-chair, Te Kāhui Mahi Ngātahi Geoff Short, Ministry of Health Te Kāhui Piringa: Denis Grennell, Bernadette Jones (zoom), Chas McCarthy

The hui began at 9.00 am.

13. Board meets with Ministry of Health

The Acting Deputy Director-General, Clinical, Community and Mental Health from Ministry of Health joined in person and gave an overview of the Ministry's focus, its monitoring role and the Ministry's relationship with Te Tāhū Hauora and how the organisations can best work together, noting that he sees our role as "keeping pressure on the system."

Tristram Ingham joined the meeting at 9.30 am.

14. Board meets with Te Kāhui Piringa

The chair welcomed members of Te Kāhui Piringa and introductions were made. Members discussed changes across the health and disability sector including the 2024 restructure within Te Tāhū Hauora, changes at Whaikaha and the disestablishment of Te Aka Whai Ora.

The group discussed how best they can support both Te Tāhū Hauora and the board, particularly through their role of kaitiaki and ensuring Te Tāhū Hauora aligns with good te ao Māori practice and supporting Māori leadership.

Te Kāhui Piringa noted that Te Tāhū Hauora has an important role to play in future work to prevent abuse in care and welcomed the statement on this issue.

Te Kāhui Piringa noted its commitment to working with both the board and Te Tāhū Hauora to improve monitoring and analysis across health and disability sectors and noted the loss of representation for consumer and whānau voices over the last 12 months following sector changes. Representatives noted three key focus areas for Te Kāhui Piringa:

- 1) Focus on primary and community health
- 2) Māori data governance
- 3) Iwi Māori Partnership Boards (IMPB)

The Chair acknowledged the alignment across the areas of focus for Te Kāhui Piringa and Te Tāhū Hauora and that we are collectively well positioned as we move towards 2025. It was also agreed that there should be a focus on how we address abuse in care issues for the board's strategy session next year.

Members welcomed closer relationships between 'advisory committees' and the board with the Chief Executive welcoming Te Kāhui Piringa work in maintaining tikanga and the ongoing value the group adds.

Tristram Ingham left the meeting at 10.15 am.

15. Health and Disability Commissioner report

Morag McDowell

The Health and Disability Commissioner was an apology for this meeting.

16. Operating Model

The Director of Engagement and Impact, the Director of Safety and Quality/Clinical Director and the Director of Health Quality Intelligence joined the meeting in-person to talk through the design circle, noting how they are reliant on a collaborative approach across the sector to progress issues that are identified.

The board was supportive of the proposed approach and asked how the model applied to the different parts of the organisation, such as mortality review and those areas that are less data-rich.

The board noted that the model should align more clearly with the strategic direction of Te Tāhū Hauora and that the enduring priorities should flow through the model and be explicitly addressed in it or they risk being forgotten.

17. Our role in preventing harmful practice

The Chief Executive noted the statement that the board released at the time of the government apology and proposed to link with sector agencies that are leading in this area and the Crown Response Agency and that convening of relevant health sector groups will be a focus, with the National Quality Forum being a likely tool to achieve this.

A board member noted the influence of demographics, geography and other broad factors on quality and safety and that these factors all needed to be considered in any response.

18. Flax Analytics report

The Director of the National Mortality Review Committee joined virtually and presented on a recent review commissioned into the data collections looked after for Te Tāhū Hauora by University of Otago by Flax Analytics.

Flax Analytics' review found that the collections are highly valued but could have improved accessibility.

The board accepted the review findings and the paper's recommendations.

19. Staff development

The Director of People, Culture and Capability joined in person and discussed professional development in Te Tāhū Hauora with a focus on what we want to achieve as an organisation and how do we develop to enable our staff to achieve this.

The board noted that there were two elements - individual development and also what the organisation needs from its staff.

The Chief Executive noted the role of the executive leadership team in setting the direction of travel for staffing needs.

20. Noting papers

All papers were taken as read.

The board noted:

- that the review of the Code of Expectations was a good opportunity to strengthen the Code and to raise visibility.
- that the use of acronyms in papers was problematic for readers and requested fewer acronyms and more use of names of individuals where appropriate.

Agenda items for February 2025 meeting

The 20-21 February 2025 board meeting will be a strategy session preparing for the year ahead:

The meeting closed at 11.45am with a shared karakia.