

Minutes of the Board: Meeting No. 109

21 February 2025

Date	21 February 2025
Time	8.30am – 3.45pm
Venue	Te Tāhū Hauora, 17-21 Whitmore Street, Wellington
Chair	Rae Lamb
Board members	Shenagh Gleisner, Tristram Ingham (zoom), David Lui, Jenny Parr, Ron Paterson, Tereki Stewart.
Te Tāhū Hauora staff	Kere Pomare, Bevan Sloan, Adrian Portis (minutes), Paula Farrand (EA to the board), Martin Thomas (items 10-11), Caroline Tilah (items 10-11).
Apologies	Peter Jansen, Andrew Connolly, Simon Medcalf
Guests	Ria Earp, Chair, Te Kāhui Piringa Russ Aiton, Co-chair, Te Kāhui Mahi Ngātahi Lisa Lawrence (item 10)

The hui began at 8.30 am.

1. Board only time

The board discussed:

- Strategic direction – follow up from the strategy day prior
- Results of the board evaluation
- Reporting back on recent meetings
- Matters to do with the chief executive's leave

Tereki Stewart left the meeting between 9.30 am – 11.30 am.

2. Board and Chief Executive time

3. Board and Chief Executive time

The chair welcomed the chair of Te Kāhui Piringa, the co-chair of Te Kāhui Mahi Ngātahi and the Health and Disability Commissioner to the meeting at 1.00 pm.

4. Standard business

- 4.1 Minutes of the meeting held 26-27 November 2024** **Rae Lamb**
No changes were made to the previous minutes, which were taken as read and approved.
- 4.2 Actions update from 26-27 November 2024** **Rae Lamb**
Members noted that there was one action outstanding which the acting chief executive agreed to follow up, and it was agreed that there was merit in delaying the scheduled discussion with ACC until the sector had settled from its recent changes.
- 4.3 Interests register** **Rae Lamb**
Updates to the Interests Register are to be provided to the board secretary.
- 4.4 Board activities** **Rae Lamb**
Additional board activities are to be provided to the board secretary. Updates should include the 11 February out of session discussion (excluding Shenagh Gleisner) and associated 1-1 meetings. It was noted that for urgent out of cycle discussions, evenings worked best for most.

5. Patient story **Paula Farrand**

The Director of Māori Health and Consumer shared a consumers story about seclusion which can be accessed at: <https://www.hqsc.govt.nz/resources/resource-library/pono-consumer-story-haki-davis/>

Discussion followed the video around the Mental Health and Addiction programme's success around reducing seclusion rates through the Zero Seclusion programme, and the upcoming transition of this programme from Te Tāhū Hauora to Health New Zealand.

A board member queried if, when the handover takes place on 1 July, we will have a summary of the programme and the achievements for future comparison. It was also queried what our ongoing role from a quality and safety perspective would be for mental health once the programme moved to Health New Zealand.

The Health and Disability Commissioner (HDC) noted that mental health has not featured at the National Quality Forum despite comprising around 11% of HDC complaints.

The chair suggested an agenda item for April – a paper on what we've achieved in the transferring programmes, what if any, our ongoing role might be and what happens to the work once it's transferred. How can we be assured of continuous improvement?

It was suggested that an update from Health New Zealand on the advance care planning could also be requested.

6. Te Kāhui Mahi Ngātahi environmental scan **Russ Aiton**

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

The co-chair noted that the focus on issues would be more balanced by the inclusion of what positive elements they are seeing and would be included in future scans.

Discussion focussed on how the message that consumer involvement and engagement could be better disseminated to advance consumer engagement in current environment and

the potential role of Te Kāhui Mahi Ngātahi as a conduit for reaching into primary care and other sectors within health.

A board member asked if there was a feedback loop for issues that have been raised previously and it was suggested that issues successfully addressed could be included through the scan as well as new/ongoing issues.

A board member asked for item #14 from the environmental scan to be followed up regarding how many providers were adopting the clinical governance guidance that was released late 2024.

A board member asked where the opportunities are for greater consumer engagement – current state and what needs to happen and whether there are opportunities for us to intervene on issues with Health New Zealand to ensure where we can assist.

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

The Health and Disability Commissioner joined us remotely to present her report and noted that workforce changes and resourcing challenges have been presenting increased challenges to achieving compliance against recommendations from health entities.

Of a positive note, there has been a volume reduction in complaints, enabling an improved clearance rate.

Access delays in some sectors and regions continue to be a concern including colonoscopy surveillance scans, radiology and ophthalmology. The Commissioner also noted that there has been a cluster of five complaints regarding choking fatalities in residential facilities in 12 months which is of concern.

The Commissioner noted that it had concluded the Act and Code review and was awaiting its tabling.

8. Chief Executive report **Kere Pomare**

The chief executive report was taken as read. The acting chief executive highlighted the following items:

- Te Tāhū Hauora is working through options with ACC around an extension to the trauma contract with a business case prepared.
- The chair queried when we will have the signed patient experience survey three-year contract from Health New Zealand and it was agreed that until we have, it would be noted as an ongoing financial risk.
- A board member asked about the Whaitua tool and whether we are planning to continue to update it. It was noted that there are considerations around data governance for these types of tools that will need to be addressed. The acting chief executive noted that the work planning and resourcing will match the activity as the tool is developed.

9. Finance and risk report **Bevan Sloan**

The finance report was taken as read. The Director of Finance and Digital noted that the financial situation for next year is still tight.

The board requested an out of cycle paper addressing the current year financial underspend, ways to address it and what the forecast for the remainder of the year was.

A board member queried the underspend in the National Mortality Review Committee budget and it was noted that delays in programme work had contributed to this. The board agreed this warranted ongoing focus.

The risk report was taken as read with the inclusion of elements from the NHS Board Assurance Framework being well received.

The board requested additional content be added to the risk reporting around sector changes and their implications and our financial situation.

Morag McDowell left the meeting at 2.20 pm.

10. System safety strategy update

Martin Thomas

The Director of Safety and Quality/Clinical Director, the Senior Manager System Safety, and a member of Te Kāhui Mahi Ngātahi joined in person for this item.

Presenters noted that the strategy will reflect Pae Ora with a planned date of early August the goal for circulating the draft strategy.

The board discussed the potential to engage with a wider group of stakeholders including less established groups, community and rural stakeholders. Mental health, aged care and maternity were noted as groups that it would be ideal to have included.

The board chair noted that there were some core questions that need to be addressed in the development stage - who is it for, how will it be used and how will it help consumers?

A board member sought clarity on who would be the eventual owner of the strategy – Te Tāhū Hauora, the Ministry of Health or the Minister for example?

A board member queried how the strategy will fit with the Te Tāhū Hauora strategy and how primary and community care feature in the process.

A board member noted that there may be an appetite for different thinking around what system safety is/could be and how it is presented. The board agreed that part of the development could include high profile champions to generate buy-in from different parts of the sector.

11. Learning and improving from harm

Martin Thomas

The Director of Safety and Quality/Clinical Director and the Senior Manager System Safety joined for this item.

The board queried how the data was presented and what story it told and how it adds value to consumers of the information. There was broad agreement that the infographic needed context alongside it to be of best value and that there needed to be a balance between explanatory text context and infographics. A 'click through' background was suggested for those who wanted more detail on the particular incident numbers.

A board member noted that the infographic wasn't clear, that it is only about SAC1 and SAC2 events, and that it would be useful to include what learning/improving has come about in response to the events/data and what learning has resulted from the events/harm. Not enough learning and improving content.

The clinical director noted the option of adding a drop-down table to the infographics and release the insights reporting to sit behind it.

The board decision was that further work was required on the infographic and accompanying context material before it could be released.

Additional discussion on Quality Alerts

The chair asked if we receive responses from the sector on issues that are raised to which the clinical director noted that chief medical officers have been responding.

A board member asked if there was an opportunity for more consumer input and why some significant issues don't seem to be notified by the sector. Another member asked if there is an opportunity to highlight the lack of consumer input. The clinical director noted that a triangulation of data is required to ensure all adverse events are captured as relying on adverse events reporting will not capture everything.

12. Noting papers

All papers were taken as read.

A board member noted that succession planning might need to be included under business continuity – not necessarily at chief executive level but next tiers.

The chair queried whether a wider discussion was needed regarding Quality Alerts and the degree of follow up and raised the potential for a letter to sector leaders asking if Te Tāhū Hauora can provide additional assistance.

The meeting closed at 3.45 pm with a shared karakia.