

# Minutes of the Board: Meeting No. 108

## 4 October 2024

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| <b>Date</b>                 | 4 October 2024   |
| <b>Time</b>                 | 10.00am – 4.00pm   |
| <b>Venue</b>                | Te Tāhū Hauora, 650 Great South Road, Ellerslie, Auckland  |
| <b>Chair</b>                | Rae Lamb   |
| <b>Board members</b>        | Peter Crampton, Andrew Connolly, Shenagh Gleisner, Tristram Ingham (zoom), David Lui, Jenny Parr, Ron Paterson, Tereki Stewart.                      |
| <b>Te Tāhū Hauora staff</b> | Peter Jansen, Bevan Sloan, Rihard Hamblin (item 9), Adrian Portis (minutes), Paula Farrand (EA to the board).  |
| <b>Apologies</b>            |  |
| <b>Guests</b>               | Ria Earp, Chair, Te Kāhui Piringa (zoom)<br>Russ Aiton, Co-chair, Te Kāhui Mahi Ngātahi (zoom)<br>Morag McDowell, Health and Disability Commissioner |

*The hui began at 10.00 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 the chair of Te Kāhui Piringa, the co-chair of Te Kāhui Mahi Ngātahi and the Health and Disability Commissioner to the meeting at 11.50am.*

### 4. Standard business

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|------------|--|-----------------|
| <b>4.1</b> | <b>Minutes of the meeting held 9 August 2024</b>                                     | <b>Rae Lamb</b> |
|            | No changes were made to the previous minutes, which were taken as read and approved. |                 |
| <b>4.2</b> | <b>Actions update from 9 August 2024</b>   | <b>Rae Lamb</b> |
|            | No updates were made to the actions.   |                 |
| <b>4.3</b> | <b>Interests register</b>  | <b>Rae Lamb</b> |
|            | 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.

#### **5. Patient story**

**Peter Jansen**

The Chief Executive shared a video which explored a family's experience of the mental health and addiction adverse event review process which can be accessed at:

<https://www.hqsc.govt.nz/resources/resource-library/pono-consumer-story-nicola-pepperkoorn/>

The video generated discussion about the impact of bureaucracy and the ongoing need to simplify processes for consumers and their families when system failures occurred and where the threshold for adverse events sits.

#### **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.

Concern from the group was noted around the removal of te reo from official documents in recent months.

The approval to distribute minutes from the National Quality Forum has been very well received by forum members.

Concerns were noted that documents need to have consistency with the consumer code of expectations and other guidance and that this may not be well understood across the regions. A lack of clarity was also noted around who is being engaged in the consumer space across different regions.

The Chief Executive noted that Te Tāhū Hauora is working with Te Whatu Ora on how to connect regional and local consumers and ensure obligations under the code of expectations are understood.

The willingness of the Board and organisation to act on consumer concerns was acknowledged and appreciation expressed.

#### **7. Health and Disability Commissioner report**

**Morag McDowell**

The Health and Disability Commissioner (HDC) joined us in-person to present her report.

The Commissioner noted that the themes were not new to those she had raised previously, with access to and delays in care featuring prominently, particularly in primary care. A reliance in some areas on telehealth to address access issues was of concern given its limitations.

Tikanga led resolution has been increasing and the Commissioner hopes to further increase capacity for this across districts.

The Commissioner noted the following areas as being of concern:

- Colonoscopy, especially surveillance colonoscopy
- Ophthalmology care
- Neurodivergent issues - the Commissioner has asked Te Whatu Ora to establish a working group for neurodivergent people accessing services

- Home and community support – cancellation of services and a lack of adherence to care plans
- Challenges around paper-based systems vs digital systems – resource constraints continue to feature in explanations around a lack of sector progress on some issues.

The Code review has attracted significant interest with over 250 submissions received.

*Shenagh Gleisner left the meeting at 12.50pm.*

## **8. Chief Executive report**

**Peter Jansen**

The Chief Executive report was taken as read. The Chief Executive highlighted the appointment of Carlton Irving as Director of Māori Health and Consumer.

Board members expressed their interest in making a strong statement regarding the abuse in care inquiry findings, and the inability of people to raise concerns and be heard since the abuse. The Board requested to see a draft statement, acknowledging the decision to hold off releasing a statement until 12 November.

The Chief Executive noted that a review of the Measures Library and also the mortality review requirements were underway.

*Ron Paterson declared a conflict of interest to the abuse in care inquiry and left the meeting for this discussion.*

## **9. Strategic discussion on quality and safety in a stressed health system**

The Director of Health Quality Intelligence joined us virtually to discuss the paper.

It was noted that there were varying perspectives to take when assessing health information, such as New Zealand vs international issues and national vs local issues.

Discussion focused on a concern that health system thinking can be simplistic, but that it is hard to present complex messages to a broader audience. Key questions included:

- What are our key messages in terms of responding to the analysis?
- How do we present the complicated analysis to a broader audience?
- Is a command and control response appropriate?

The Board noted that if there is to be an understanding of the key issues, consistency of message, leadership and trust will be required, and it was noted that the Commission is well placed for these.

It was noted that dangers to the communities from budget cuts and service reductions can have negative outcomes and that Te Tāhū Hauora monitoring these is important.

Escalation of issues is a concern within the sector, where people are reluctant to raise issues in case they get the job of fixing things for which there are no simple solutions.

Decision making around risk needs a better evidence-base for it, such as a clinical risk matrix.

The issue of access to primary care was discussed with the question of how to quantify the impact of lack of access and how can Te Tāhū Hauora tell the story of those who can't access the system better? Getting clarity on GP access and where practices have closed books was proposed as being useful information to have, potentially via primary health organisations.

The Board discussed what we could do better as a system/organisation, with a focus on the future in addition to reviewing retrospective information, with an emphasis on aspiration and canvassed a range of potential indicators and focus areas.

## **10. Finance report**

**Bevan Sloan**

The finance report was taken as read.

The Director of Finance and Digital covered off underspends due to some areas of the business that are yet to recruit and that there will likely be some additional costs of recruitment.

The Board noted that the report provided a reassuring picture of the organisation's finances.

The risk report was taken as read.

## **11. How we capture risk**

**Adrian Portis**

The Manager of Strategic Support and Accountability joined in person and led this item.

The Board provided positive feedback noting that the approach taken was moving in the right direction.

Discussion focussed on some of the individual risks, such as clinical governance and the increasing risk around them, and the need to align risk and impacts of them to delivering our organisational strategy – particularly external risks.

It was noted that a lot of the risks in the register are not going to change month to month – which raised the question of what areas the Board should be focusing its attention. A focus on the cause of the risks, rather than just how to mitigate was suggested as a useful addition to the process and highlighting the degree of risk involved e.g. high or low.

How to include consumer issues in the risk register was raised, such as those that are reported at board level.

**The recommendations in the paper were approved.**

## **12. Clinical governance framework**

**Peter Jansen**

The Chief Executive noted that the framework has been finalised and pending board approval will undergo formatting and finishing and will then go to the Ministry of Health and the Minister of Health.

**The framework was approved for publication.**

## **13. How we are engaging in primary care**

**Adrian Portis**

The Manager of Strategic Support and Accountability joined in person and led this item.

Discussion focused on what other aspects of primary care the organisation could be focusing on, particularly around unmet need and access issues and what the impacts of this may be.

It was noted that access to disability care-related critical incident data would be useful, and that the organisation could work with Whaikaha to assist with capacity and capability – working with Whaikaha who may not have capacity/capability to do the data analysis.

The Board discussed emergency department presentation data and what conclusions could be drawn from it regarding access issues in primary care. The Chief Executive will undertake

further examination of the data and return to the Board with any conclusions that can be taken from it.

It was noted the Statement of Performance Expectations reflects the intent of the Board regarding what the organisation should be focusing on in primary care and it was agreed that this would be considered at the next meeting.

#### **14. Noting papers**

All noting papers were taken as read.

The Board thanked the team for its work on perioperative mortality noting that the work was of a high quality and that the team had been very responsive.

#### **Agenda items for November meeting**

The following items will be included in the agenda for the 26-27 November board meeting:

- Primary Care
- Update on senior staff (not just executive members)

*The meeting closed at 3.55pm with a shared karakia.*