



# Minutes of the Board: Meeting No. 113

## 3 October 2025

<b>Date</b>	3 October 2025
<b>Time</b>	10.00 am – 3.00 pm
<b>Venue</b>	Health Quality & Safety Commission, 113 Molesworth Street, Wellington
<b>Chair</b>	Rae Lamb
<b>Board members</b>	Taima Campbell, Shenagh Gleisner, Tristram Ingham (Teams), David Lui, Ron Paterson, Clare Perry, Pete Watson (Teams).
<b>Commission staff</b>	Sunny Collings, Bevan Sloan, Adrian Portis (minutes), Paula Farrand (EA to the board), Kere Pomare and Heidi Cannell (item 9), Don Matheson (item 10), Martin Thomas and Caroline Tilah (item 11), Richard Hamblin (item 12 & 13).
<b>Apologies</b>	Tereki Stewart
<b>Guests</b>	Ria Earp, Chair, Te Kāhui Piringa Angie Smith, Co-chair, Te Kāhui Mahi Ngātahi Morag McDowell, Health and Disability Commissioner (Teams)

*The hui began at 10.00 am.*

### 1. Board only time

The board discussed managing conflicts of interest with a focus on key principles of transparency. Board members should identify any potential conflicts when they see meeting agendas and papers and discuss any issues with the chair. Members may participate and provide input during discussions (depending on the issue) but will abstain from voting. The chair and Board will consider individual items on a case-by-case basis and conflicts should be declared prior to any discussions at the Board.

### 2. 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 11 am.*

### 3. Consensus items

Rae Lamb

Consensus items (noting papers) listed for later discussion were:

- The Commission's reporting, particularly the Insights reporting and the Quality Alerts and how we best disseminate this information.
- The proposed Pae Ora Act changes.

### 4. Patient story

Paula Farrand

The board secretary shared 'Wiremu's Story' which can be accessed at:

<https://www.youtube.com/watch?v=eHMjNwUHRME>

Wiremu's Story shares a family's experience with finding a bone marrow donor for their son, Wiremu, and how The New Zealand Bone Marrow Donor Registry helped make that match happen.

### 4. 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 Board was asked if it would like to see the full reports from the three consumer committees (39 people) as these are summarised to produce the scan.

The co-chair also asked if the code could be translated into more languages.

The Board asked where all the consumers come from/represent and it was agreed that the full list of consumer members would be circulated to the Board.

It was agreed that the look of the consumer reports and how they come to the Board be included as background to the Consumer Advisory Group review and uploaded to Stellar for meetings.

It was also noted that any further translation of resources on the Code was an operational matter that could be considered by Commission staff.

### 6. Health and Disability Commissioner report

Morag McDowell

The Health and Disability Commissioner (HDC) joined us virtually, noting:

- the current complaints data
- Aged Care Commissioner recruitment is underway
- issues of access and delay continue across the sector.

A board member noted that the proposed Pae Ora amendments propose a reduction in interaction with Māori and asked if there has been any talk of changing that in the Code.

A board member asked how complaints and voices of consumers come together in the Commission's system safety work. It was noted that the National Quality Forum (NQF) was one opportunity for sharing such information and experiences.

The HDC noted that she regularly copies the Commission on her decisions.

### 7. Chief Executive report

Sunny Collings

The Chief Executive report was taken as read.

A board member asked what the process was for tabling items at the NQF and how it operated.

The board discussed the NQF and opportunities to strengthen it, with there being a need to get more concrete actions and ownership from the issues discussed there.

It was noted that the maternity workstream within the NQF was effective and a good example of how well it can work.

It was suggested that:

- the NQF needed a more general, streamlined approach and clearer ownership of issues—particularly clarity around whether the NQF serves as an agent for change or merely as a platform for sharing.
- chief executives of the relevant agencies could discuss the purpose of the NQF and how it should function and agree a shared ownership.

It was noted that the NQF was seen by some as the solution to issues and that adding another two or three topics alongside maternity could be a way to concentrate the focus.

The board asked for the NQF terms of reference to be shared with the Board.

The Commission's clinical director attended for a discussion about the status of surgical mesh, including credentialing, next steps and ownership of the issue.

*12.10pm - The Health and Disability Commissioner left the meeting.*

## **8. Finance and risk report**

**Bevan Sloan**

The Finance report was taken as read.

It was noted that teams are working through work programmes and work phasing for the year.

There was discussion about the benefit of early awareness in changes to the financial situation – either tracking towards over or underspend.

### *Risk report*

The risk report was taken as read. Board members raised the following:

- Could the risks with the most residual risk be highlighted more prominently?
- Regarding the disinvestment risk for programmes that are no longer with the Commission, how do we know these are still being delivered and monitored?
- That the proposed Pae Ora changes carry a range of risks including reputational and strategic. As the rest of the sector narrows its focus to a few targets then this may create more of a function/role for the Commission to monitor.

It was agreed that the proposed changes be added to the risk register and included in the strategic risk discussion in February.

## **9. Draft Annual Report 2024/05 Kere Pomare, Adrian Portis, Heidi Cannell**

The Director of Engagement and Impact and the Principal Advisor, Strategic Support and Accountability joined the meeting and noted what changes had been made since the draft Annual Report was circulated, with a new foreword and updated new figures.

The Board noted that the draft report was of a very high quality.

It was noted that the Commission needed to be able to substantiate claims made in the report if asked, such as DALYs saved and made a small number of editorial suggestions.

Board members queried what the intention was for communicating the report once finalised, and whether it could be used as an opportunity to promote the Commission's work.

A board member asked to see the foreword which will be circulated to the board.

## **10. Contract with University of Otago New Zealand, Mortality Review Data Group** **Don Matheson**

The Director of National Mortality Review Committee joined the meeting.

The chair noted that there were some risks articulated in the paper and discussed these in further detail. It was agreed that these be added to the risk register.

A board member noted that they were pleased to see that the change is being proposed and that the opportunity cost of not doing it would be potentially significant.

The proposal in the paper was agreed, with two board members abstaining due to potential conflict of interest.

## **11. System Safety Strategy** **Martin Thomas/Caroline Tilah**

The Director of Safety and Quality and the Senior Manager System Safety joined the meeting.

Board members raised the following:

- Whether any proposed actions will have timeframes included to which the answer was yes, staggered across years.
- Where we have other system safety actions from other plans/organisations are we referencing these and not duplicating, to which the answer was yes.
- Given that the Commission is not the proposed owner once published, how will we ensure it is actioned appropriately, to which the answer was through the inclusion of tangible and realistic actions.
- How have communities been included and who is the strategy intended for? Noted that the Rōpu is co-chaired by a consumer and there are others on the group, and that the draft strategy presented at the November board meeting will clarify a lot of questions and what's been undertaken to date.

## **12 Artificial intelligence: Opportunities, risks and governance** **Richard Hamblin**

The Director of Health Quality Intelligence (HQI) joined the meeting and provided a verbal summary of the report, noting that there was a mix of operational and strategic elements to the topic.

It was noted that all four bullet points of the paper were appropriate for board decisions.

There was discussion about the Commission's role regarding artificial intelligence (AI) use in the health sector, and whether it was appropriate or feasible for it to take a leadership role in this. A board member suggested that a role as a 'thoughtful contributor' rather than as a leader might be most appropriate. Another queried where the guardrails for the Commission and the wider sector sat on this issue.

An advisory group member suggested it may be timely to put Māori data governance issues on the board agenda soon.

The Board asked if we were able to quantify the efficiencies/savings from AI and how confident are we that we can provide assurance that the guardrails will work?

The Director noted that there are around 3 million pieces of survey information that only AI can really interrogate – a non-automated approach would be far more time consuming.

A board member asked who in the health system holds responsibility for patient information?

The Director suggested that a convening role on AI use across the system could address this question and noted the data sharing memorandum of understanding work underway with other agencies, could also be used to address this.

The meeting talked through the four bullet points from the paper and proposed minor amendments to the wording and that AI risks be included in the risk register:

- The Board agreed to endorse the Commission's commitment to the Algorithm Charter and integration of its principles into our governance framework.
- The Board supported investment in capability-building initiatives (training, enterprise-level AI tools, appropriate hardware to support more niche analytic tools, specialist courses for AI champions).
- The Board agreed that the Commission should explore what role it could play in supporting the health sector to safely use of AI.
- The Board wished to regularly review AI risks and opportunities as part of a broader framework of information governance.

There was extended conversation regarding the use of AI by Commission affiliated individuals such as board members and advisory group members and how the Commission's AI access could be appropriately utilised, including access to Commission email addresses.

It was agreed there should be another discussion on the Board's risk appetite, given the changes on the Board, potentially for discussion at the February board strategy session.

The chair noted that AI-type policies should be included in board induction material for new members.

The draft AI policy was approved pending final agreement from members.

### **13 NZ Institute of Economic Research Report**

**Richard Hamblin**

The Director of Health Quality Intelligence joined the meeting to discuss the draft NZ Institute of Economic Research report.

Board members discussed the purpose of the report and ensuring it added value to the wider body of knowledge, noting that while the economic analysis was interesting, the bigger issue is how to address the issues. It was suggested that the final paper could be a topic for discussion at the NQF.

It was noted that:

- the report doesn't address societal issues in addition to the financial impacts it covers

- there will be an opportunity to propose edits and corrections to any inaccuracies identified as we commissioned the report rather than doing it
- when commissioning work such as this a breakdown by ethnicity should be included in the brief.

#### 14. Standard business

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|--|-----------------|
| <b>14.1 Minutes of the meeting held 8 August 2025</b>                        | <b>Rae Lamb</b> |
| Minor changes were requested by the chair to the previous minutes.           |                 |
| <b>14.2 Actions update from 8 August 2025</b>                                | <b>Rae Lamb</b> |
| No updates were made to the actions.   |                 |
| <b>14.3 Board activities</b>   | <b>Rae Lamb</b> |
| Additional board activities are to be provided to the board secretary.       |                 |
| <b>14.4 Interests register</b>   | <b>Rae Lamb</b> |
| Updates to the Interests Register are to be provided to the board secretary. |                 |

#### 15. Noting papers

All papers were taken as read.

General questions and comments were raised regarding:

- How the Commission decides what items to disseminate and through what methods, such as the Insights reporting and Quality Alerts. Are these visible enough when they are released and how do they drive change, rather than just being new data. This was proposed as an ongoing topic for discussion and the next meeting(s).
- That the implications for us, of the Pae Ora Bill changes be considered at the February board meeting.

#### Agenda items for November meeting

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

- Progress on primary care – (a brief update)
- Consumer Advisory Group update
- Employee survey results
- How we approach publication/dissemination of material

#### 16. Meeting review

Members agreed it was a good meeting. The reading pack was noted as very lengthy with the inclusion of multiple reports.

Members requested that they be notified when significant reports are being released, such as the Insights reporting.

*The meeting closed at 3.10 pm with a shared karakia.*