

Minutes of the Board: Meeting No. 110

11 April 2025

Date	11 April 2025
Time	10.00am – 4.45pm
Venue	Te Tāhū Hauora, 650 Great South Road, Ellerslie
Chair	Rae Lamb
Board members	Andrew Connolly, Shenagh Gleisner, 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), Heidi Cannell (item 11), Jess Drummond and Nikki Grae (item 12), Don Matheson (item 13-14), Kiri Matiatos (item 14).
Apologies	Tristram Ingham, Caroline Tilah (item 15)
Guests	Ria Earp, Chair, Te Kāhui Piringa Angie Smith, Co-chair, Te Kāhui Mahi Ngātahi Morag McDowell, Health and Disability Commissioner Simon Medcalf, Ministry of Health Dr Liza Edmonds, Chair, National Mortality Review Committee Dr Nicola Atwool, Chair, Family Violence Death Review Committee

The hui began at 10.00 am.

1. Board only time

Andrew Connolly left the meeting at 10.30 am.

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 11.45 am.

3. Interests register

Rae Lamb

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

Shenagh noted that she would prefer not to participate in the primary care discussion as she is leading a piece of work in this space.

4. Patient story

Paula Farrand

Due to IT challenges, the patient story will be shared at the next meeting.

5. 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 noted that three members had recently finished their terms and recognised Peter Jansen's contribution in the consumer space during his time as Chief Executive.

Pinnacle Healthcare's practices and their positive review by EY in 2016 was discussed, with Pinnacle's approach resulting in 20 percent of people less likely to be admitted to hospital for unplanned healthcare.

The Co-Chair noted the appendix to the environmental scan listing community and innovative initiatives and talked to some of the initiatives.

The move by Health New Zealand to four regional Consumer Councils was discussed. A meeting of the Co-Chairs is to be held next week.

The following areas were discussed:

- The inequities of the capitation model and the areas it fails to address.
- Recently publicised Nelson Hospital and Gisborne Hospital issues.
- The intention to develop a Te Kāhui Mahi Ngātahi action plan for the coming year including succession planning.

The Co-Chair suggested a facilitated discussion between the Board and Te Kāhui Mahi Ngātahi at their planning meeting and the Board Chair noted that this can be discussed offline.

Board members noted that the most impactful voice in the Nelson Hospital media coverage was the consumer interview and suggested there is opportunity to build on this when this happens.

A board member requested a copy of the consumer expression of interest documentation and noted the need for adequate due diligence and representation/experience when recruiting for new members.

6. Health and Disability Commissioner report

Morag McDowell

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

HDC noted that only a small number of complaints had been received regarding Nelson Hospital and that the data showed it to be no more serious than other similar regions. HDC has escalated particular concerns to Health New Zealand.

A board member raised why Nelson is not more prominent in the data, given the media coverage, and if our settings are right.

Access and timeliness of care remain issues across parts of the country on a variety of issues, with harm demonstrably occurring due to delays. Emergency department, ophthalmology, gynaecological, radiology, advanced imaging are all areas presenting issues, with geographical disparities an ongoing issue.

The HDC noted that the NZ Royal Commission – COVID-19 Lessons Learned is looking into vaccination safety and had been in contact.

The HDC commented that when services are stretched then certain rights tend to become overlooked, informed consent in particular. There is a concerning trend from districts to use pressure on services as justifying reduced informed consent processes.

The Health and Disability Commissioner left the meeting at 12.50 pm.

7. Update from Ministry of Health

Simon Medcalf, Deputy Director-General Regulation and Monitoring joined the meeting remotely.

Simon noted that:

- the Commission's role to be an advocate for patients and patient voices and the opportunities for the Commission in this important work.
- in the Commission's upcoming Letter of Expectations, we should expect to see a focus on delivery of core services, illustrating our core value proposition and careful fiscal management.
- the Minister and the Ministry of Health's focus on particular priority areas including the Health Delivery Plan, health infrastructure, health targets, and regulation and legislation to streamline the system.
- there is likely a significant role for the Commission in sitting alongside the developmental process for targets and other areas and providing validation on the process and decisions – assure, test and comment across the system.
- the primary focus in terms of entities is obviously on Health New Zealand.
- the next steps in the System Safety Strategy would be followed up.

Andrew Connolly rejoined the meeting at 1.00 pm.

8. Chief Executive report

Kere Pomare

The Chief Executive report was taken as read. The acting Chief Executive highlighted, and discussion covered the following:

- there is ongoing discussion internally on more clearly articulating our work in primary care, including through the geo-mapping work.
- quarterly Insight reporting is being revisited to make it more in line with the Minister's preferences.
- the upcoming office relocation to 133 Molesworth Street and the need to ensure clarity that we are not becoming part of the Ministry of Health.
- a meeting between the Board Chair, acting Chief Executive and the new Director-General of Health be proposed.
- case studies be augmented with data and evidence where available to enhance reporting on the Code of Expectations – for example the number of consumers the Commission has supported into governance roles and involvement.
- suggestion that Quality Alert information needs to be sent directly to Chief Medical Officers across the sector, in addition to senior Ministry of Health and Health New Zealand officials.

9. Finance and risk report

Bevan Sloan

The Finance report was taken as read.

Board members asked about levels of confidence in making progress against the underspend and discussed training opportunities for staff, in particular around AI.

The risk report was taken as read.

Members discussed potential areas of risk to monitor and ongoing opportunities for Health Quality Intelligence (HQI) to be involved in sector issues as they arise, such as recent coverage of hospital pressures.

10. Follow up and direction of travel following board strategy day Kere Pomare

The acting Chief Executive talked through her slides around key areas of focus and drivers.

Discussion focused on how best to implement the results of the board strategy day discussion and how to pull the threads together with discussion around how best to word some of the strategic objectives, such as emphasising the contribution of our work to achieving government targets.

The Chair suggested further engagement with HQI around potential opportunities to work with disability data and identify what value can be added.

11. Draft Statement of Performance Expectations Adrian Portis / Heidi Cannell

The draft Statement of Performance Expectations (SPE) was well received by the Board with particular acknowledgement of the work that had gone into simplifying the language.

There was discussion around opportunities for further reducing the length of the document and suggestions for specific edits to the content, including more use of infographics.

12. Ongoing monitoring of programmes transitioned to Health New Zealand

Jess Drummond and Nikki Grae

Senior Programme Manager, Mental Health and Addiction noted that in addition to a paper hand over on the mental health work programmes that the team will work with Health New Zealand to transition the Zero Seclusion dashboard across.

It was noted that there is still a lack of information around ongoing funding and personnel to maintain the programmes once they have transferred to Health New Zealand.

Senior Manager, Quality systems shared programme achievements from the Infection Prevention and Control (IPC) programme and updated on the transfer process, noting that Health New Zealand has established an antimicrobial governance team of Health New Zealand staff and has received budget approval.

Risks with the transition were highlighted, including a lack of involvement of the non-Health New Zealand sector, possible discontinuation of some IPC areas, and potential gaps in knowledge of current programmes.

The Board discussed how/if ongoing monitoring of the work would take place once it had transferred and how future concerns could be raised.

The Board noted its appreciation for the work that has gone into these programmes over the years.

13. National Mortality Review Committee programme update Don Matheson

The Director, National Mortality Review noted that the team is on track to complete its SPE requirements for 2024/25 and discussed areas of focus, particularly around avoidable mortality.

The Board discussed areas of priority and how these were determined, particularly for the 2025/26 year and the need for urgency for a focus on areas of importance.

The Director noted that the priorities will be tabled at the next board meeting.

14. Family Violence Death Review Ninth Report

The Board noted that it was pleasing to see that agencies had been worked with regarding the recommendations and queried what the feedback on the report had been like from them.

It was noted that there was an ongoing issue of identifying who owned particular recommendations and that the Commission was working with Te Puna Awanui to address this.

Ongoing engagement with Te Puna Awanui was seen as important to achieving progress and gaining traction and visibility of the issues and progressing recommendations.

A board member noted that it would be interesting to see the list of recommendations from the nine reports and which have been actioned and which have not been.

The Board agreed that the report be published.

15. Release of infographic content for the annual high-level harm event summaries for 2022-24 Bevan Sloan

Bevan talked to the proposed infographic and queried if the Board was comfortable with the revisions following discussion at the previous meeting.

The Chair requested that advance notice of the intention to publish and a cover note go to the Ministry of Health and the Minister as a 'no surprises' approach, and that final publication be undertaken as a soft release.

The Board agreed that there would be benefit in including a glossary of terms to accompany the infographic and additional contextual information, such as the number of procedures undertaken in a year.

A check on the ethnicity categories was requested to make sure they are correctly labelled.

16. Standard business

16.1 Minutes of the meeting held 21 February 2025 Rae Lamb

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

16.2 Actions update from 21 February 2025 Rae Lamb

No updates were made to the actions.

16.3 Board activities Rae Lamb

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

17. Noting papers

All papers were taken as read.

Positive feedback was provided by the Board on the surgical mesh work that has been undertaken to date.

Agenda items for June meeting

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

- National Mortality Review Committee programme update.
- Deterioration Early Warning System feasibility study.

The meeting closed at 4:15pm with a shared karakia.