Te Tāhū Hauora
Health Quality & Safety Commission

Minutes of the Board: Meeting No. 111

13 June 2025

Date	13 June 2025
Time	10.00am – 3.00 pm
Venue	Te Tāhū Hauora, 650 Great South Road, Ellerslie
Chair	Rae Lamb
Board members	Andrew Connolly (zoom), Shenagh Gleisner, Tristram Ingham (zoom), David Lui, Ron Paterson, Tereki Stewart.
Te Tāhū Hauora staff	Kere Pomare, Bevan Sloan, Adrian Portis (zoom) (minutes), Paula Farrand (EA to the board), Don Matheson (items 10-11).
Apologies	Jenny Parr
Guests	Ria Earp, Chair, Te Kāhui Piringa Russ Aiton, Co-chair, Te Kāhui Mahi Ngātahi (zoom) Morag McDowell, Health and Disability Commissioner (zoom) Dr Liza Edmonds, Chair, National Mortality Review Committee (zoom) (items 10-11)

The hui began at 10.00 am.

1. Board only time

The Board passed a resolution and approved Shenagh Gleisner to act as Deputy Chair for the period 18-27 July 2025 while the Board Chair is overseas.

The Board agreed the Chair should sign off the ELT job-sizing outcomes.

The Board was updated on Board appointments and invited to email the Chair asap if they are interested in being considered by the Minister for the Deputy role (EOI).

2. Board and Chief Executive time

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.

3. Interests register — Rae Lamb

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

4. Health and Disability Commissioner report — Morag McDowell

The Health and Disability Commissioner (HDC) joined us remotely to present her report.

The HDC noted that they were open to providing assistance to address sector resourcing issues where appropriate and where resourcing is available.

The HDC noted issues occurring in stem cell therapy and risks in trying to manage cancer for those with pending transplants.

The HDC noted that they spoke to the Health Select Committee about the petition for a Patient Safety Commissioner (PSC), noting that the preference from the petitioner was for a body that would measure, monitor and respond to harm. HDC took the position that it was not necessarily in support of a PSC, and that it would be better to look to existing agencies and exercise existing mandates.

A board member suggested that the Board and HDC could work together to address what might need to change, if anything, to address concerns that are driving calls for a PSC.

A board member raised a concern that they were seeing some resistance to reporting serious adverse events due to a concern that HDC will see the reports. The HDC noted that it has always requested these reports and that this is nothing new.

The HDC agreed and noted previous correspondence between HDC and Te Tāhū Hauora regarding updating the existing Memorandum of Understanding (MoU) and agreed that a meeting to discuss the issues would be beneficial. The HDC also flagged Medsafe and the Centre for Adverse Reactions Monitoring as potential signatories to a revised MoU.

The chair noted that this is the final meeting for Andrew Connolly and Jenny Parr and thanked them for their service.

5. Patient story — Paula Farrand

The Board Secretary shared a patient story which highlighted the challenges in navigating the healthcare system and cultural differences in treatment approaches.

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 the line of questioning at the recent Health Select Committee hearing and that in regard to the impact of consumer engagement there were many potential answers. The Board Chair asked if they would provide some examples to the team preparing the responses over the next week.

The Co-Chair noted that the code of expectations seems understood at all levels - from local level, regional level, and at the national level with agencies. There is a feedback loop that is working and supporting the Commission in its work.

The Co-Chair noted that consumer voices are being heard through a range of other groups he represents and gave the public hospital audit group as an example.

IT was noted that there are currently two vacancies on Te Kāhi Mahi Ngātahi and that these are proposed to be held vacant while a review of the terms of reference is undertaken to ensure the relationship between the group and the Board generates the most effective response and outcomes for consumers.

7. Chief Executive report — Kere Pomare

The Chief Executive report was taken as read. Questions/comments from the group were:

How we action the data and information we receive in the areas that are shown with issues through the quality alerts to address our statutory functions.

There has been a significant reduction in quality improvement staff in Health New Zealand making it more difficult for Commission staff to connect. It was noted that this could be something to flag with the Minister at the next meeting.

It was noted that the Insights Report is due end of month and the Board questioned if the Commission has confidence in the report. The acting Chief Executive noted that the expert advisory group has agreed it is representative of the issues in the sector currently and has been a more streamlined process this time round. Members of the Board noted that they would like to see the final report before it goes to the Minister, noting the Minister's expectation that the Commission focus on data and evidence and avoid advocacy.

The Commission was encouraged to have the confidence to continue to highlight disparities and issues that have an impact on ethnic populations.

It was noted that the downsizing of quality improvement capacity in the system presents an opportunity for the Commission to step into the void and provide advice/training/expertise.

The Deteriorating Early Warning System work was noted as an area that the Commission could make a difference in, and potentially engage with the Minister and/or the aged care Minister on, and it was agreed that this should be an item for the agenda at the next meeting.

A member asked what the difference in our role versus the role of Health New Zealand was with regard to clinical governance. It was noted that our role is to make sure mechanisms are in place, and Health New Zealand's role is to implement the appropriate processes.

8. Finance and risk report — Bevan Sloan

The finance report was taken as read.

The Director of Finance and Digital was congratulated on getting the underspend down.

It was noted that there are a variety of contributing factors towards the end of year financial balance, and that even things like the start date for the new chief executive can make a difference.

The Ministry of Health building lease has been finalised. The savings were noted compared to the previous lease arrangements.

The risk report was taken as read.

Minor amendments were requested. It was noted that the most recent entries to the risk register were issues that could be brought to the Minister's attention at the July quarterly meeting.

The Chair of the Audit Committee noted that there was nothing of significance from the audit committee meeting other than a continued focus on the non-financial measures.

9. National Mortality Review Committee 2025/26 programme — Don Matheson / Liza Edmonds

The Chair and Director of the National Mortality Review Committee (NMRC) joined the meeting.

The Director noted that the impact of the Commission's restructure has led to slower progress in the mortality review field alongside local mortality review functions becoming significantly reduced.

The Director noted that an expert group has been established to work on an approach to treatable mortality and that there will be a focus on cardiovascular mortality within that.

The Director noted that previously the focus for mortality review has been on large reports, but these were often overlooked and the recommendations not implemented, so the Committee is moving away from that.

The NMRC Chair noted that timely information is really important to delivering the Committee's function but that this has been challenging.

Discussion focused on how the items in the work programme are chosen and what the criteria are and that a clear layperson explanation is needed of why the top four areas have been chosen.

The NMRC Chair noted the focus was on areas that have not previously been focused on and have high need, such as Pacific maternal mortality, and in Family Violence, a focus on elder experience is proposed.

The Director noted that mortality review needs to be taking a broader view than just single populations so is looking across issues and making connections. There is a need to reconfigure information systems and make them more recent, enabling real time discussions with the sector. Looking to put continuous information up on topics such as sudden unexpected death in infants (SUDI) and perioperative mortality, rather than wait for the large reports.

A member queried the language around collapse of mortality local review that was included in the briefing, noted the requirements of the legislation and queried what we are doing about the areas of concern.

The Director noted that there is currently an in-depth review being undertaken into the loss of some of the local review function and the Commission is assisting Health New Zealand to establish a mortality review function.

A member noted that there are inequities in data availability and asked what the NMRC's confidence was in the decision-making structures to allow unknown unknowns to emerge - how do they address areas that may have issues that are hidden in the data?

Discussion regarding the draft workplan focussed on the role of the NMRC and the role of the Commission-based management group, how the two interact and whether the NMRC is moving to more of a governance role. The NMRC Chair noted that the management group undertake the operational work in the mortality review space. It was agreed that the draft workplan needed to be clearer which group the workplan was for – the NMRC or the management group and that tables separating the responsibilities of the two groups and what both the NMRC and the Commission are aiming to achieve could help with this.

The Board noted that a number of the proposed outcomes in the draft workplan were focused on less tangible areas such as increased understanding and did not appear to be overly outcomes focused – didn't see actions to reduce incidence/prevalence and the connections between deliverables and outcomes was unclear.

The Board agreed that the final workplan needed to be at a higher level and articulate how to shift the dial and what is required to achieve this – what impact is sought, when, and what will it take?

The Board discussed the wording in the legislation around setting the priority areas and what constitutes a Notice under legislation and whether the Terms of Reference fills the function of the Notice. It was suggested that separating the Terms of Reference from the Notice would mean that they don't need to be amended each year.

Board members noted that perinatal mortality would benefit from a wider focus on at-risk populations including disability, Māori, Pacific and Indian and that these decisions should be data driven.

The Board agreed that the changes proposed were significant and that if necessary the revisions could be considered out of session.

The Board agreed that the draft workplan should be amended in-line with the discussion and resubmitted to the next meeting.

10. High rates of Sudden Unexpected Deaths of Infants in New Zealand

Don Matheson / Liza Edmonds

The Chair and Director of the National Mortality Review Committee discussed the issue of SUDI and what the data shows.

The Director noted that they want to move closer to real time reporting of SUDI deaths.

Board members queried whether it was the Committee or the Commission who are briefing the Minister on the issue and that more exploration on what efforts to reduce SUDI rates have and haven't worked would be helpful.

It was proposed that the briefing go to the Minister close to the date of the Commission's quarterly meeting with him and that no data on the issue be uploaded to the website until after the issue has been discussed with the Minister.

The Board agreed to the recommendations in the paper.

11. Standard business

11.1 Minutes of the meeting held 11 April 2025 **Rae Lamb**

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

11.2 Actions update from 11 April 2025 **Rae Lamb**

No updates were made to the actions.

11.4 Board activities **Rae Lamb**

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

12. Noting papers

All papers were taken as read.

It was noted that the 'upcoming events' calendar will need to be updated with the revised NMRC work plan.

Agenda items for August meeting

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

- Operationalising a focus in primary care to be included and attached.
- Outcome of Code of Expectations review – paper and discussion

The meeting closed at 3.10 pm with a shared karakia.