

Notes of the 92nd meeting of the Health Quality & Safety Commission Board on 26th and 27th May 2022 held at Front & Centre, 69 Tory Street, Wellington.

26th May 2022

Members: Dr Dale Bramley (Chair), Mena Antonio, Andrew Connolly, Prof Peter Crampton, Shenagh Gleisner, Dr Tristram Ingham, Dr Jenny Parr, Rae Lamb, Dr Collin Tukuitonga.

Staff: *In attendance:* Dr Janice Wilson, Gillian Bohm, Victoria Evans, Fritz Evile, Todd Kriebler, Kere Pomare, Bevan Sloan, Martin Thomas, Stephanie Turner, Deon York, Huataki Whareaitu (opening), Jim Wiki, Heidi Cannell, Paula Farrand (EA to the Board), Shelley Hanifan (minutes).

Guests: Ria Earp – Chair, Te Rōpū, Frank Bristol – Acting Chair, Consumer Advisory Group, Morag McDowell – Health and Disability Commissioner, Rory Matthews, Kevin Allan and Tuhakia Keepa – Francis Health.

Apologies: Dr Wil Harrison, Richard Hamblin, Chris Walsh.

- The minutes of the previous meeting were **approved**.
- The actions of the previous meeting were **updated** and **noted**.
- The interests register, and special register of interests were **updated**.
- Members board related activities were **noted**.
- A patient story was provided by way of a video.
- The Health and Disability Commissioner update was **noted**.
- The chief executive report was **noted**.
- The financial report and risk register were **discussed**.

Key decisions/actions

The board:

- a) **Agreed:** to establish one strategic and cohesive National Mortality Review Function (NMRF), underpinned by the principles recommended in the Francis Health Review
- b) **Agreed** to the establishment, and required transition, of:
 - i) a National Mortality Review Committee (NMRC) to commence 1 October 2022 (approximately)
 - ii) Subject Matter and Representative Expertise (SMRE) from 1 July 2023
 - iii) the current secretariat to a NMRF Business Unit alongside the existing business units.

Actions:

- Staff to develop a strategy update paper for the board to consider at the next board meeting.

Update on code of expectations for consumer engagement

The code of expectations for consumer engagement is currently with Crown Law, before going to the Minister. Advice for agencies and organisations on how the code will be used is to be published immediately, on approval by the Minister.

- Frank Bristol highlighted that he was excited to see the progress that had been made in this area, and what an achievement this code will be.
- Morag McDowell noted that Office of the Health and Disability Commissioner (HDC) concerns had been addressed by the focus shift to organisational engagement.

Board strategy session introduced by Ko wai tātou – the Commission identity

Rae welcomed Jim Wiki of the Commission's Ahuahu Kaunuku to the strategy session.

Jim presented on Pūrākau (transformation), te ao hurhuri (the changing world), and talked about the change the Commission has been working to implement, to become a truly Te Tiriti O Waitangi based organisation in which tangata whenua and tangata te Tiriti worldviews equally shape our identity.

He noted that we want to create an authentic organisational identity that:

- is recognisable and known by the health sector, whānau, consumers and communities
- reflects our desired behaviours and culture as an organisation, as articulated in our Statement of Intent (SOI) 2020–24
- reflects that we embrace inclusive, holistic, strengths-based hauora.

Jim finished with questions for the board. How do we, as a Te Tiriti partnership organisation working in the reformed health system, build an identity that:

- meets the expectations we have set for ourselves
- is highly recognisable, holds meaning and has credibility among whānau, consumers, communities and the sector
- enhances our reputation as a sector leader of quality and safety?

Rae thanked Jim for his presentation to set the scene, and for introducing the session so well.

Rae followed with a presentation reminder to the board of the key points in our SOI, and the key organisational roles already agreed by the Minister. She posed four questions for consideration:

- 1) How should we act in the new system? For instance, should we be assertive with information and advice, and respond proactively to quality concerns?
- 2) How can we best engage with the new entities, national and local, from day one and beyond?
- 3) What are the key risks and how do we manage them?
- 4) What could we stop or do less of to free up capacity within the Commission if necessary?

The board broke into groups to discuss the answers to the questions. Feedback was collected and staff will use these to develop a strategy paper for the next board meeting.

Review of National Mortality Review Function – Presentation by Francis Health

Kere Pomare welcomed Heidi Cannell to the meeting. She highlighted that the information and direction provided has been consistent across two reviews, over the last ten years. The paper was taken as read and feedback and discussion invited.

- The board confirmed that this work is important, and that change should remain on the agenda of each board meeting.
- The need for strong Māori membership on the national committee was emphasised.
- The need to maintain the dataset through change is considered essential.
- The opportunity to develop a broader pool of expertise to support mortality review and the work of the Commission was welcomed.
- The board confirmed that the current mortality review committees will remain in the structure through the next phase of change.
- Changes will be worked through with committees.

Next steps involve a briefing to the Minister, which would include the Māori Health Authority and Health New Zealand views.

Noting papers

There were no comments or feedback on the noting papers.

27 May 2022

Members: Dr Dale Bramley (Chair), Prof Peter Crampton, Shenagh Gleisner, Dr Tristram Ingham, Dr Jenny Parr, Rae Lamb.

Staff: *In attendance:* Dr Janice Wilson, Gillian Bohm, Victoria Evans, Fritz Evile, Todd Kriebel, Kere Pomare, Bevan Sloan, Martin Thomas, Stephanie Turner, Deon York, Tony Mottershead, Carl Shuker, Paula Farrand (EA to the Board), Shelley Hanifan (minutes).

Guests: Ria Earp – Chair, Te Rōpū, Frank Bristol – Acting Chair, Consumer Advisory Group, members of Te Rōpū..

Apologies: Mena Antonio, Andrew Connolly, Dr Wil Harrison, Dr Collin Tukuitonga, Morag McDowell, Richard Hamblin, Chris Walsh.

Key decisions/actions

The board:

a) **Agreed:** to the publication of the Statement of Performance Expectations 2022/23.

Final Statement of Expectations 2022/23

Bevan Sloan, Chief Financial Officer introduced the final draft Statement of Expectations 2022/23 (SPE) and requested any feedback.

Jenny and Shenagh had provided specific feedback on behalf of the board, and they noted that there had been positive progress in updating the SPE, as a result of their feedback. They had noted that there were a number of surveys that were being used across the SPE measures and asked that these be provided to the board, so the board could understand how these are being used for improvement.

It was noted that the correct term ‘disabled people,’ should be used consistently through the SPE.

Increasing capability in measures for disabled people was discussed, and the importance of ensuring that patient experience and outcome surveys include relevant questions was highlighted.

Measures Library demonstration

Tony Mottershead presented the measures library. The measures library will be a centralized information resource with up-to-date data, visualisations and narratives, to support how to understand and use measures for quality improvement. The measures library will launch on 1 July with a focus on the priority Health System Indicators and six HQSC atlas domains. The intent is to undertake quarterly updates to introduce new measure categories and functions to ensure relevant information is delivered with high quality user experience. Staff will be working over the next 12 months to develop an approach to integrate the curation and management of the library into Commission BAU.

The measures library was well received by the board and resulted in discussion in a range of areas.

- The future applicability of the library as the system changes was discussed. If boundaries stay consistent, then the library will continue to work well. If boundaries change significantly, rework will be required.
- In terms of disabilities measures, in some areas these are possible and in others, there are limitations on the basis of cell size.
- Currently 95% of the measures are hospital based and the need to broaden our focus to include primary care was emphasised.
- The need to carefully plan how we develop the library and to be thoughtful about what measures we include to support the new system and new ways of operating will be important.
- Ahuahu Kaunuku and the measures library team are working together to include whānau ora measures.
- The importance of the narrative that sits alongside the measures was also emphasised.
- The workforce requirements to support the measures library on an ongoing basis was asked about. More work is needed to understand the ongoing requirements for supporting this important resource.

Te Ao Māori Framework

Stephanie, Director Ahuahu Kaunuku reported that this work is progressing well, and engagement is continuing. The learning from the pilots and engagement has been useful for informing the work. Feedback has suggested that the work is considered valuable.

There are a range of tools that are currently being developed, including Ao Mai Te Rā, the Ministry of Health's anti-racism work. These tools will provide support for each other and for the change we want to see. Commission staff are working closely with the Ministry on the suite of work.

Ria Earp pointed out that Māori are passionate about the reforms and the change sought. The Te Ao Māori Framework needs to be positioned within the wider suite of work that is occurring to support system change. Presenting the tool as a draft, rather than a completed tool is useful, in terms of this positioning.

The opportunity for the Commission to take a more active role in supporting the system change to embed Te Tiriti o Waitangi was discussed. One way to do this is to consider what is missing from the suite of tools in development, and to look at what we can help with. Stephanie emphasized that accountability tools that sit alongside frameworks and principles will be important. We need to be able to use the levers that are available, so that the change becomes a 'must do,' not a 'nice to do.'

Jenny Parr and Peter Crampton offered to work with the Commission team to facilitate potential sites to trial the framework.

Board meeting with Te Rōpū

Marama Parore joined the meeting via zoom, and Ria and Marama provided an update from Te Rōpū.

Te Rōpū has had several key members resign recently and are actively looking for new members. There is a list of potential members, who will be approached one by one.

There is huge demand for Māori expertise in the reformed system and Māori are under enormous pressure in the sector. With close to 80% turn-over in Te Rōpū, and the wider context of huge demand, risks and mitigations were discussed.

- It will be important to ensure that Te Rōpū can maintain a strategic view, rather than an operational one.
- Taking the opportunity for a name change, was also considered important.
- Thinking about how to better draw on and use the advice and expertise of those on Te Rōpū will also be important.

Covid Window 2

Carl Shuker, Principal was welcomed to the meeting and provided an overview of progress on Window 2. Window 2 continues and extends Window 1's analyses mostly up to March 2022, where national datasets just released finish. It also adds new areas of analysis: mental health and workforce impacts, and further patient experience survey data with a focus on mental health and disability, as recommended by ELT, sector and Board consultation.

The focus remains on the secondary impacts of the pandemic on the healthcare system, rather than focusing on vaccinations or direct COVID-19 impacts like COVID-19-related deaths. This is in line with Window 1.

Carl noted the fast-paced work occurring in the development of the COVID Window 2. Staff are dealing with almost live data and work is happening rapidly. Analysis requires expert advice and engagement, so that interpretation is solid. Working in partnership with relevant experts can give us and our readers confidence in what we share. Staff have just received a large amount of data on workforce, which we are working through.

The Board emphasized the need for the Commission to be able to tell the improvement story that needs to be told, without limitation.

The work occurring in the quality of care for disabled people was discussed. The Commission has a 'gold mine' of data that can be used for change. The possibility of partnering with academics and others who could use this data to support change, was discussed.

The need to also emphasize the positive, alongside the challenges presented by COVID to the system, was highlighted.

General discussion

The Chair thanked Janice and Commission staff, acknowledging the efforts that everyone has made over recent months, during difficult times. He also thanked the board for coming together face-to-face, for those able to.