

Notes of the 85th meeting of the Health Quality & Safety Commission Board on 25 June 2021 held at Front + Centre, 69 Tory Street, Wellington.

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

Staff: *In attendance:* Dr Janice Wilson, Gillian Bohm, Richard Hamblin, Kere Pomare, Bevan Sloan, Martin Thomas, Stephanie Turner, Chris Walsh, Paula Farrand (EA to the Board), Shelley Hanifan (minutes), Dean York (items 7, 8 & 9), Te Raina Gunn (items 13 & 14).

Guests: Ria Earp – Chair, Te Rōpū Māori, Rowena Lewis – Chair, Consumer Advisory Group, Lizzie Price (lunch).

Apologies: Wil Harrison, Dr Collin Tukuitonga, Morag McDowell.

- 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**.
- The Health and Disability Commissioner update was **noted**.
- The chief executive report was **noted**.
- The financial report and risk register were **discussed**.

Key decisions – the board:

- a) **Agreed:** to the terms of reference for the first principles review of the National Mortality Review function, with some minor amendments.
- b) **Agreed:** that the consumer advisory group's membership can increase to ensure the specific expertise required is available during this time of change.
- c) **Agreed:** to the recommended reappointments of four members to Suicide Mortality Review Committee.

National Mortality Review - Terms of Reference

Approval was sought for the terms of reference for the 'first principles' review of the National Mortality Review function (the Review). It was noted that in developing the terms of reference, the Commission established a steering group made up of Mortality Review Committee Chairs; Te Rōpū Māori, and a sub-group of the board, to draw on their specific areas of expertise, experience, understanding of mortality review systems, and their knowledge and expertise in Māori health and development.

Following board approval of the terms of reference, the Commission will develop a communications plan to guide broader release of information about the Review, its purpose and the next steps. It was noted that the Commission will use an open competitive procurement process to identify and select an independent provider to undertake the work.

The board see mortality review as foundational to health quality. The review is not focussed on whether to do mortality review, but rather how to do it for maximum benefit. Equity and improving Maori outcomes must be central.

The board endorsed the general direction, noting that it will be important to be transparent and to bring stakeholders along.

Quality dashboard presentation

Richard Hamblin presented the dashboard that will be used for the quality alerts. It is currently available via licences that have been distributed across DHBs.

Currently the Commission issues quality alerts each quarter to DHB chief executives, chief medical officers, quality improvement leads and chief operating officers. The board asked that these be extended to include directors of nursing and allied health.

The board asked Richard Hamblin to consider how Māori data sovereignty can be reflected within this work. Consideration also needs to be given as to how the Commission can support transparency of measurement within primary and community care settings.

Embedding the consumer and whānau voice in the reformed health and disability system

Chris Walsh and Deon York introduced the paper updating the board on Cabinet decisions on the future work of the Commission's consumer and whānau engagement programme, Partners in Care, and the role of the Commission more broadly, including proposed legislative change which will likely broaden the Commission's mandate. They noted the work the Commission has been directed to take forward, as follows:

- Develop a 'centre of excellence' for consumer and whānau engagement.
- Among other activities, support the newly established entities Health NZ and the Māori Health Authority.
- Develop a 'code of expectations' for consumer and whānau engagement to guide the health and disability sector, supporting and reinforcing legislative changes.
- Establish a 'consumer health forum' structure: a peak body, supporting a mechanism to embed the consumer and whānau voice in the health and disability sector.

Chris and Deon asked the board to note the additional funding received and the human resource expansion that would need to occur. They specifically asked for the board support to increase the membership of the Consumer Advisory Group.

The board acknowledged that this work is very exciting and that it is moving quickly and will be iterative. The suggestion was made to follow up with the Health and Disability Commission on the Code of Expectations.

Ria Earp and the board emphasised the importance of working with Māori on this work. Concern was expressed about the make-up of this group and the need to ensure Māori participation. The need for an inclusive and appropriate recruitment process for additional Consumer Advisory Group members was highlighted by the board. The importance of basing this process on a Te Tiriti o Waitangi framework and the need for wider voices to add value and strengthen this work was highlighted.

Acknowledgement to Lizzie Price, Director of Communications

The board acknowledged Lizzie Price's huge contribution to the success of the Commission, through her important and consistently high quality work leading communications. Lizzie has worked with the Commission, since before it was officially established. Lizzie was thanked for her work and wished all the best for her next endeavours.

Feedback from consumer advisory group and Te Rōpū joint hui

Rowena Lewis noted that it was positive and that generally both groups were heading in the same direction. There had been some discussion about what the term whānau means, and that it means more than family.

Ria Earp noted that it was the first joint meeting in two years, due to COVID-19. The presentation of work provided had been useful. The work is very exciting, and it requires a

careful eye to ensure that Māori are recognised as both Te Tiriti o Waitangi partners – and consumers.

There was a brief discussion about cultural safety.

Working towards Te Pūtahi Kairangi (a centre of excellence) for health quality

Janice Wilson introduced this paper which provided early and developmental thinking to stimulate board discussion, to help shape strategic thinking, potential work programme and resourcing requests, which will then be shared with the Transition Unit. Janice noted that the whare wānanga model and costings, in particular, both require additional work.

The board acknowledged that this is an exciting time of opportunity to shape the Commission's role to support quality in our future structure.

- It was suggested that staff shape discussion around how the Commission can help in the development of the model for, and in ongoing support for, localities. While pilots are already occurring, it is not clear how they will be evaluated. It will be important to ensure partnerships with Māori and with consumers can influence the future shape of localities. There is opportunity to shape the quality of hospital services as well as primary and community services within localities.
- The need for Commission assistance to be provided within services in a 'hands on' manner was discussed. The Commission needs to be able to give clear and practical help when it is needed.
- Alongside a focus on consumer and whānau experience, a focus on the experience of staff is also required. While a focus within human resource functions, staff experience is not well considered from a quality perspective. A focus on staff experience and culture is important.
- A view of the Commission's work and role during change is required, as well as our work in the final structure.
- The Commission's role in supporting quality by influencing accountability was discussed. The importance of the Quality Forum in bringing together the agencies that have various roles in quality, to ensure collaboration to enhance and coordinate system quality was recognised.

Te Ao Māori Framework

Stephanie Turner introduced the Te Ao Māori Framework and overviewed the developing plan for implementation, highlighting that 'quality health for all' needs to reflect mātauranga Māori and a Te Ao Māori context. In doing this, we will begin addressing the challenges and barriers affecting Māori health and wellbeing.

The concepts included in the framework are:

- **Wairuatanga** – the framework will centre wairuatanga which makes culture key to the design and delivery of care. Wairuatanga is a constant which also permeates and resonates within the other concepts
- **Pātuitanga** – to grow and foster strong partnerships in shared power relationships
- **Rangatiratanga** – the right to choose, and decision-making power over our own affairs
- **Whānau** – whānau need is at the forefront of service design and delivery

The implementation plan is designed to provide guidance and direction when services are being designed and delivered, it also offers indicative measures to support evaluating outcomes achieved. The plan enables practical and measurable steps to be taken by health organisations for themselves, through annual service targets and measures.

The board congratulated Stephanie and the team for their work, and noted that the timing is perfect to use this tool in the shaping and development of the new system. The tool will be a great addition to what is available, and applied within any service, and to commissioning.

Prioritisation policy

Stephanie Turner introduced the prioritisation policy and procedure update. The Commission has had a previous prioritisation policy which was reviewed by a broad group of Commission leaders and it has been updated to better represent our Statement of Intent and our organisation as it is today. Stephanie pointed out that, where potential funding opportunities exist and/or are presented to the Commission through external organisations, these should align to the Commissions strategic priority areas and organisational culture.

The board agreed that the prioritisation policy provided useful guidance, and that it should be able to help staff take advantage of, and shape opportunities, to make them fit for us and reflect our values and priorities. They noted that they would want to see the policy being applied flexibly.

Mortality Review Committee appointments

The board agreed to the four reappointments proposed, and thanked the secretariat for the skills matrix, which they found useful.

The board:

- **agreed** to the recommended reappointments of four members to the Suicide Mortality Review Committee.