

## Notes of the of the 72<sup>nd</sup> meeting of the Health Quality & Safety Commission Board on 18 & 19 July 2019 at the Health Quality & Safety Commission Board Room (Pounamu)

18 July 2019

---

- Members: Professor Alan Merry (Chair), Dr Bev O’Keefe, Dame Alison Paterson, Gwen Tepania-Palmer, Dr Gloria Johnson, Mr Andrew Connolly and Bob Henderson.
- Staff: *In attendance:* Dr Janice Wilson, Karen Orsborn, Richard Hamblin, Dr Chris Walsh, Gillian Bohm, Dr Iwona Stolarek, Kiri Rikihana, Paula Farrand (EA), Tina Simcock (minutes).
- Guests: Rowena Lewis – Chair, Consumer Advisory Group; Ria Earp – Chair, Te Rōpū Māori; Mr John Tait – Chair, Perinatal Maternal Mortality Review Committee; Dr John Wellingham – Clinical Lead Primary Care Programme; Associate Professor Sue Wells
- Apologies: Dr Dale Bramley, Anthony Hill – Health & Disability Commissioner, Bevan Sloan and Lizzie Price
- 

Key points and decisions are summarised below.

- 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 financial report and risk register were **noted**.
- The CE Report was **noted**.
- A **patient story** was provided by way of a video.

Key decisions – the Board:

- a. **Action:** Add maternity to the agenda for the next meeting with the Minister.
- b. **Action:** Commission to investigate how to support progressing folic acid fortification in bread and maternal mental health.
- c. **Agreed:** to publish the Perinatal and Maternal Mortality Review Committee’s 13<sup>th</sup> Annual Report on the Commission’s website on 23 September 2019.
- d. **Agreed** to defer consideration on the role of chairing the Audit Committee until after the new Board membership is confirmed.
- e. **Action:** Arrange a media briefing for spokespeople
- f. **Action:** staff to update Windows communication plan to include information on immunisation.
- g. **Action:** staff to send embargoed copy of the Window 2019 to Te Rōpū and to key external people who may be willing to give independent commentary.

## **Patient Video**

This session highlighted issues of access to the right support, correct diagnosis by health professionals, discrimination and gender dysphoria faced by transgender New Zealanders and included a presentation of two videos. Dr Chris Walsh outlined the third part to this session which outlined a co-design project which provided local improvement for health services for transgender and rainbow community members in Christchurch.

The discussion that followed highlighted that the New Zealand health system has found it increasingly difficult to fund the level of service required. New Zealanders expect these services to be accessible and staff to have the specific skills and knowledge to undertake the surgery.

## **Chief executive report**

This Board meeting will help shape the way forward for the Commission in terms of strategy and sustainability for the future. Key considerations will be put forth for discussion in a strategy session.

A budget bid is underway. Dr Wilson noted that the budget bid should follow and be true to the strategy and important decisions were needed. Should the Commission operate at a “macro” international/national political level; a “meso” system regional level or a “micro” services level? Or should it be across all?

The Commission staff were commended for the Commission’s ‘Wellness Plan’, and Dr Wilson was thanked for her report.

## **Perinatal Maternity Mortality Review Committee (PMMRC) report**

The PMMRC Chair, Mr John Tait, joined the meeting for this item and was supported by Kiri Rikihana.

The PMMRC seeks approval to publish the 13<sup>th</sup> Annual Report 2019 on the Commission’s website on Monday 23 September 2019.

### *Background*

Mr Tait commented that this report is smaller and later than previous reports due to the procurement of a new epidemiology service and building of a new committee. Mr Tait outlined the main report findings and recommendations. The Committee has received feedback on the report from stakeholders and made changes where applicable. A communications plan will be completed prior to its release and will include the Minister’s office and the Ministry of Health in its development.

There has been a change of guard with a new Committee and a new Chair in place. There was a need to examine areas where change might be required. A two-day hui was held to bring the group together. An outcome from that hui was a new vision and an approach for working together across the system alongside engagement practices. The committee is considering how key stakeholders can be better catered for including working with bereaved whānau, agencies across the public sector, health professionals, researchers and policy makers. The aim is to influence policy decisions supported by the information provided by this work and supported by good practice.

### *Discussion*

The Committee is working to better understand the drivers of mortality rates for different ethnicities.

The Board discussed making the neonatal encephalopathy (NE) and the findings relating to Indian women widely available to General Practitioners so they find their way into colleges and curriculum.

Identifying the right data at the right time, by the right organisation is an important place to start. It was determined the Ministry of Health (MoH) could help improve the collection of maternity data by requiring maternity ethnicity to be passed to MoH. A recommendation was that all DHBs should be providing this data to the MoH. Ideally, the submission of data would be mandatory for DHBs as currently they are not required to report this level of ethnicity detail to MoH.

**Agreed:** to publish the Perinatal and Maternal Mortality Review Committee's 13<sup>th</sup> Annual Report on the Commission's website on 23 September 2019.

### **Finance report & ComplyWith report**

Dr Wilson highlighted the draft financial section of the Annual Report has been completed and is with Audit NZ for review. Non-financial performance measures are currently being drafted and the Annual Report will be circulated once finalised. The current visit from Audit NZ has gone well.

### **SPE Scorecard**

Karen Orsborn briefly spoke on the key aspects of the scorecard report, which reflects the end of year results. She invited questions and comments from the Board and colleagues.

### **Papers for noting**

- Surgical safety culture survey
- MOU between ACC and the Commission for mortality review data
- Family Violence Death Review Committee health paper
- Commission's wellness plan
- 2019 Window on Quality
- PMMRC activities 2018-19
- Correspondence

### **'Window on Quality 2019'**

Richard Hamblin gave an update on the status of 'Window 2019' highlighting that it included a small number of changes from Professor Elana Curtis (after a careful peer review by her) and was now with the Minister's office for comment. It was published online 29 July 2019.

The Board discussed the high immunisation rates for Māori and Pacific peoples. Māori remain at the lower end of the spectrum despite good work being done to reverse these statistics. The Board suggested discussion with the Chief Science Advisor and the Ministry of Health

and information to be included in the frequently asked questions. A communications plan has been developed.

---

### **Primary Care Roadmap**

Carmela Petagna, Dr John Wellingham and Associate Professor Sue Wells joined the meeting and were welcomed by the Chair.

The paper presents a final report by Associate Professor Sue Wells for the Commission's primary care team. The "Roadmap" was commissioned to deepen our understanding of barriers and enablers for achieving large-scale quality improvement in primary care.

This paper also takes the opportunity to share our approach on the future direction for the Commission's primary and community care work supported by the two Hubs – Improvement and Intelligence. The Roadmap report will guide our vision and plan for the next phase of activity in primary care, with a focus on consumer engagement, addressing health equity, and advancing Māori health outcomes.

#### *Discussion*

The team were congratulated on the quality of the work presented. There are system level barriers to be addressed such as system settings and capability building. There is an opportunity to focus on integration across the system that will signal a fundamental change has occurred. The ultimate aim is that quality improvement activity is prioritised across primary care, with both the capability and capacity to embed this into business as usual, with a focus on addressing equity and advancing Māori health outcomes.

There was firm support for the development of a New Zealand definition of quality improvement, and a recognition that the task was substantial. The chief executive indicated that this work is already included as a deliverable in the Commission's Statement of Performance Expectation. It was noted that the Commission needs to start this work quickly with the Ministry of Health, consumers and Māori in order to progress this work.

### **Strategic thinking for the next 4-5 years of Commission and budget considerations**

As we are near the final drafting of the Performance Improvement Framework (PIF) self-Review, which includes the Four-Year Excellence Horizon, it is timely to explore the Board's ideas to assist with developing the next Statement of Intent (SOI). This will also sharpen our views on how we work with the Ministry of Health to approach government for adequate and sustainable funding through the next budget round.

#### *Discussion*

The Chief Executive spoke about the themes arising from the PIF and the results from interim WAI 2575 report. The themes require us to examine ourselves and where we want to be in the future.

There is acknowledgement that the environment is complex and changing. There are fiscal and workforce pressures. There are significant health systems reviews: He Ara Oranga and the 'Simpson Review', WAI 2575 as well as the Commission's PIF self-review. This is a watershed year for the Commission with an opportunity to refresh our vision, operating model and brand.

The Commission must continue to deliver tangible results while also extending its facilitator / convenor role. We need to focus on driving equity, through efforts at all levels (including some micro projects). We need to build our qualitative success stories and ways of demonstrating value. We can build on our strong relationships with the health sector and clinicians and develop Te Tiriti o Waitangi based partnerships, to strengthen our work.

---

**Members:** Professor Alan Merry (Chair), Dr Bev O’Keefe, Dame Alison Paterson, Gwen Tepania-Palmer, Andrew Connolly and Bob Henderson.

**Staff:** *In attendance:* Dr Janice Wilson, Karen Orsborn, Richard Hamblin, Dr Chris Walsh, Gillian Bohm, Dr Iwona Stolarek, Kiri Rikihana, Paula Farrand (EA to the Board), Tina Simcock (minutes).

**Guests:** Ria Earp – Chair, Te Rōpū Māori; Darrin Sykes – Chief Executive, Crown Forestry Rental Trust, Teresa Wall – Director, Wall Consultants and Karen Poutasi – Commissioner for Waikato DHB and Chief Executive for NZQA (item 15); Taimoana Hartley-Parsons – Programme Manager, The Rainbow Tick (item 16)

**Apologies:** Anthony Hill – Health & Disability Commissioner, Dale Bramley, Dr Gloria Johnson, Rowena Lewis, Bevan Sloan, Lizzie Price.

### **PIF Review**

The ‘Four Year Excellence Horizon’ for the Commission’s Performance Review Framework (PIF) Self-Review 2019 is near completion and the external review team (Dr Karen Poutasi, Darrin Sykes and Theresa Wall) joined the meeting.

The external reviewers acknowledged the improvements in quality and safety that have been led by the Commission. The Commission is well placed to take on the challenges highlighted in the Four-year excellence horizon and whilst it may appear daunting, they are confident that the Commission will continue to ‘shine the light’ in the areas requiring improvement and be a champion for advancing Māori health and improving equity.

The review team introduced the Four-year excellence horizon’s four strategic challenges:

- Embedding and enacting to Tiriti o Waitangi within the Commission and all its work, supporting mana motuhake.
- Articulating a clear strategy that places equity at the centre of quality.
- Developing a new operating model - moving from targeted quality improvement projects to supporting and facilitating system improvement.
- Building a stronger consumer and whānau centred system.

The challenge is now to support the health sector to take this much further, more strongly ensuring a consumer and whānau-centred health system at all levels. Te Tiriti based relationships are key to consumer engagement and participation, as they are key to all other aspects of the work required to advance Māori health and achieve equity.

The Board thanked the guests for their kindness and honesty and for recognising that health equity was already a pivotal part of the Commission’s focus. The Four-Year Excellence Horizon resonated for the Board. The social justice and economic benefits that had been framed so well in the Four-Year Excellence Horizon provided important messaging that the Commission can draw on.

The Board noted there are considerable areas to strengthen within the Commission, including capability, capacity and the ability to work to influence equity within the wider determinants, as well as within health itself. The challenge of limited resource was also discussed, as were the challenges of disempowering elements of the system that are currently powerful, but not reflective of 'the new normal' that we want to see. There is also a challenge in terms of timeframes. There is a lot to do.

It will also be important to be able to genuinely partner and share decision making. We will have to be prepared to 'let go' and be willing to let partners take us to where we need to go. However, attention had been drawn to good examples that are happening now. We can 'shine the light' on work that is existing in 'the margins'. We can break down bias and show how different ways of doing things can work.

We need to develop facilitation skills that are based on Te Tiriti.

We can't let inequity continue. While the task is enormous, the quality improvement task was also enormous, and we have had considerable, measurable success. It was noted that we can start with the good things that are happening and shine the light on these, and we can shine the light on ourselves as we model change for the sector.

The session completed with final comments from Darrin Sykes, who highlighted that the Four-Year Excellence Horizon is all about context. He noted that when you are at the battlefield, you cannot see the battle. The Commission may not see itself as a system leader in equity and Te Tiriti at this point, but others are looking to the Commission. The Commission is 'boxing above its weight' in a sector that is considerably behind both in understanding and in commitment to health equity and Te Tiriti. The system needs system leadership in this area and the Commission is well positioned to encourage others to lift their game. The real challenge is to influence system improvement in other organisations working in health.

### **Rainbow tick training**

The Chair welcomed Taimoana Hartley-Parsons and Val Little from the Rainbow Tick organisation, to the meeting. This session began with a congratulations to the Commission on being awarded the Rainbow Tick, an accreditation certificate for workplaces that are deemed safe for LGBTQI staff.

Taimoana Hartley-Parsons walked participants through with an explanation of what the Rainbow Tick is and the accreditation process the Commission had undertaken. He summarised the Rainbow Tick report and highlighted the expectation of Government and State Services about workforce entitlements that should be accessible to all. This was followed with a workshop on Rainbow-Inclusion Responsibilities.