

Notes of the 70th meeting of the Health Quality & Safety Commission Board held on 21-22 February 2019 in Wellington

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

Staff: *In attendance:* Dr Janice Wilson, Karen Orsborn, Bevan Sloan, Richard Hamblin, Dr Chris Walsh, Gillian Bohm, Dr Iwona Stolarek, Kiri Rikihana, Paula Farrand (EA), Tina Simcock (minutes), Shelley Hanifan & Carl Shuker.

Invited advisors: Ria Earp - Chair, Te Rōpū Māori; Rowena Lewis - Consumer Advisory Group.

Guests: Dr Ashley Bloomfield - Director General, Ministry of Health, Anthony Hill – Health and Disability Commissioner.

Apologies: Dr Gloria Johnson, 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**.
- The health and safety report was **noted**.
- A **patient story** was provided by way of a video.

Key decisions – the Board:

- a. **agreed** all future proposals for the Commission to provide services to third parties, are to consider the alignment with the Commissions role, strategic priorities and opportunity to advance the quality & safety agenda. Proposals will need to be financially sound & contribute to corporate overheads
- b. **agreed** with the recommendations of the Commission’s strategic role and system review
- c. **agreed** the Board supports the Māori Advancement paper and that these considerations should shape the framing of the strategy work
- d. **agreed** to a new priority called Advancing Māori Health in the SPE and key changes to the priorities
- e. **supported** the paper with the proviso that feedback would be considered
- f. **agreed** to the recommendations of the MRC updates
- g. **accepted** the contents of the paper and the risk of a deficit in the current budget
- h. **approved** the proposal to contract with ACC conditional on Board equity additions.

Window on quality 2019

The Chair introduced Carl Shuker and Shelley Hanifan to present on the Window 2019.

Discussion began with acknowledging the people involved in the development of the Window 2019, which was proposed to focus on 'health advantage', those experiencing the best possible health, to provide a different view of equity data and encourage systems thinking.

The importance of focusing on system drivers was discussed as with the framing. It was agreed Sir Mason Durie will be asked to write the forward. Data must be well framed and the story must be carefully shaped to reflect the views of the Commission. The careful framing of Māori advancement as a priority under te tiriti o Waitangi, whilst acknowledging equity for all, is also important.

It was suggested that external expertise be engaged to write about the history and effects of colonisation New Zealand, the Treaty, and that this should be appropriately framed. The history should be highlighted at the front, in the introduction, to ensure the framing of the work is set from the start. It was felt that this would be welcomed by most of the health sector.

Note: The direction for Window 2019 was supported with the Board feedback to be taken into consideration.

MRC appointments and reappointments

The paper sought approval for reappointments to two mortality review committees.

The following were approved:

- a) CYMRC: reappoint Deputy Chair Dr Arran Culver for a second and final three year term to 1 June 2022;
- b) POMRC: reappoint Chair Dr Anthony Williams and member Keri Parata-Pearse, each for a second and final three year term to 15 April 2022; and
- c) POMRC: reappoint member Prof Ian Civil for a further one year to 15 April 2020 and temporarily extend POMRC's maximum membership to nine for the same period.

The Board:

- **noted** that the Secretariat and FVDRC Chair have agreed to seek a new consumer advisor as David White's term ends on 1 March 2019. This will result in an appointment paper to the Board in due course
- **noted** that MRC Māori Caucus Chair Prof Denise Wilson, who began in the role in June 2015, has indicated she will step down in July 2019. A new Chair will be identified and appointed by that date.

Draft Statement of Performance Expectations 2019-20

An overview of the Statement of Performance Expectations (SPE) was given and key changes to the priorities as discussed in the previous session were noted. This SPE was written highlighting a change in our approach to SPE deliverables following discussions with Audit NZ.

The focus has shifted from the quality of the reports to their impact. The SPE closely connects the deliverables with our strategic priorities to tell the strategic performance story. A recommendation was to make use of driver diagrams and to show alignment between the Commission's strategic priorities and that of government.

The Board agreed:

- a new priority one is to be introduced 'Advancing Māori Health'
- priority two will remain the same 'Improving consumer and whānau experience'
- priority three 'Achieving health inequity for all'
- priority four is 'Improving patient safety and reducing mortality'
- priority five is 'Reducing unwarranted variation in patterns of care'.

The SPE closely connects our priorities with our strategic priorities to tell the strategic performance story. There was discussion around looking at our statistics, explore measurements (shifting the improvements up) and monitoring what we could over a time-period. A five-year objective would be good to measure our performance over time. The *Statement of Intent (SOI)* was discussed and referencing this in the SPE would be useful.

Major trauma network

The paper was presented by the Director of Health Quality Improvement. The national major trauma work (NMTN) in New Zealand, established in 2012, has to date, focused on developing a trauma data registry, regional networks and is the lead for improving trauma outcomes.

New Zealand data suggests major trauma management in New Zealand is not performing as well as international best practice. There is both unwarranted variation and inequity for Māori. The Commission (*Health Quality Intelligence*), provided the key trauma indicator data for the *Major Trauma Network Annual Report*.

ACC has chosen to selectively procure major trauma support oversight services from the Commission as a national agency with a health quality and safety oversight role, that is not either an ambulance service or DHB. A proposal was requested for a five-year programme worth \$3.3m to implement both an improvement and a trauma data/research, workstreams. The NMTN is a partnership between ACC, New Zealand National Trauma Network, and the Ministry.

The Board discussion indicated a concern about equity and fairness for consumers in particular. They asked for staff to go back to ACC to ensure that equity is stated as a key priority for the programme in all the documentation. There were concerns about a focus on reducing cost, at the expense of consumer partnership and outcomes.

The Board:

- **approved** the proposal to contract with ACC on the following requirements - include a prioritisation of equity to be specified within the programme and contract documentation.