

Notes of the 61st meeting of the Health Quality & Safety Commission Board held on 13 July 2017 in Auckland

Members: Prof Alan Merry (Chair), Dr Dale Bramley, Shelley Frost, Bob Henderson, Dr Bev O'Keefe, Dame Alison Paterson, Gwen Tepania-Palmer

Staff: Dr Janice Wilson, Karen Orsborn*, Bevan Sloan, Richard Hamblin*, Chris Walsh* (items 1-4 & 6), Kiri Rikihana*, Gillian Bohm* (items 1-8), Iwona Stolarek* (items 1-8), Deon York* (item 2), Gary Tonkin & Jennifer Hill* (item 5), Diane de Rochester (EA), Ethan Tucker* (minutes)

Apologies: Dr Gloria Johnson

*Attended via teleconference – winter storm disrupted flights to Auckland

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 **noted**
- The CE Report was **noted**

- A **patient story** was provided by way of a video

Key decisions – the Board:

- a. **agreed in principle** that the Commission should investigate replacing APAC with a sustainable Commission-led forum or conferences to advance quality and safety, potentially in partnership with other New Zealand or overseas agencies
- b. **approved** the measurement framework for the patient deterioration programme
- c. **agreed** that patient deterioration QSMs should be established by 1 January 2018, with an update to the Board in February 2018
- d. **agreed** to establish a Consumer Advisory Group to advise the Board.

Patient deterioration measurement framework

Gary Tonkin & Jennifer Hill joined the meeting for this item, with Jennifer Hill joining via teleconference

The Board considered a proposed patient deterioration programme measurement framework, which sets out the approach to measure and evaluate the programme's impact. The proposed approach was endorsed by the programme EAG on 15 June. Staff explained the range of structural, process and outcome measures included, and the challenges associated with data collection. The outcome measure selection will be informed by the

development of a patient deterioration Atlas of Healthcare Variation domain, which help to improve our understanding of where the programme is making an impact.

The Board:

- **approved** the measurement framework for the patient deterioration programme, which was endorsed by the patient deterioration expert advisory group on 15 June, subject to staff reviewing the framework to consider whether it can be further refined by removing any measures.
- **agreed** to the development of a patient deterioration Atlas of Healthcare Variation.
- **agreed** that patient deterioration QSMs should be established by 1 January 2018, with an update to the Board in February 2018.

Strengthening the consumer perspective at governance level

Chris Walsh joined via teleconference for this item

Dr Wilson presented proposals for strengthening the consumer perspective in the Board's governance of the Commission. This paper follows up earlier discussions at Board and Commission level on how best to reflect the partnership with consumers in our governance processes.

The Board had discussed the proposed options in detail during Board only time, for the approach the consumer advisory group would take to interact with the Board. It was committed to the principle of equity between Māori and other consumers, so any involvement of consumers in general would need to be matched by similar provisions for Te Roopū Māori. The Board noted that the input from Te Roopū Māori seems to be working well, albeit that it may warrant strengthening in the future. It supports establishing a Consumer Advisory Group separate from the Consumer Network, adopting the Te Roopū model of meeting with the Board twice per year. This approach will be reviewed after one year of operation to determine if it is working as expected, and aligning well with the Te Roopū process, and also to consider ways to strengthen the contribution of both. The Board does not believe it is necessary or useful for an individual Board member to attend the Consumer Advisory Group meetings.

The Board:

- **agreed** to establish a Consumer Advisory Group to advise the Board
- **agreed** that:
 - a. this group is a separate group from the Commission's Consumer Network but that one member of the Consumer Network will attend Consumer Advisory Group meetings to provide continuity and consistency
 - b. the Consumer Advisory Group will consist of four members including the representative from the Consumer Network
 - c. members will have a good understanding and experience of operating at the governance level, strong and enduring consumer networks and a good understanding of the health and disability sector
 - d. potential members of the Advisory Group will be identified through personal contacts, suggestions from central agencies with governance databases, and

- consideration of existing consumer members on other health and disability governance groups, and will be appointed by Board invitation
- e. all members of the Advisory Group will attend a Board meeting twice a year at an arranged time to discuss key issues (similar to Te Roopū Māori)
- **noted** that a draft terms of reference will be provided to the next Board meeting

Quarterly report

Karen Orsborn summarised the contents of the final quarterly report for 2016/17, which will be sent to the Ministry of Health once approved, and will contribute to the Annual Report. Minor edits will be made to the finance section. The Board commended the extent and quality of the work detailed in the Quarterly Report.

The Board:

- **agreed** to send the 2016/17 Quarter 4 quarterly report to the Ministry of Health, subject to minor edits in the finance section