

Notes of the 57th meeting of the Health Quality & Safety Commission Board held on 17 & 18 November 2016 in Auckland

- Present: Prof Alan Merry (Chair), Dr Dale Bramley, Shelley Frost, Robert Henderson, Dr Bev O'Keefe, Dame Alison Paterson, Heather Shotter (via teleconference for item 13 only), Gwen Tepania-Palmer
- In attendance: Dr Janice Wilson (Chief Executive), Karen Orsborn, Bevan Sloan, Richard Hamblin, Liz Price (items 1-13), Chris Walsh, Gillian Bohm, Shelley Hanifan (via teleconference, items 3 & 5-8), Gary Tonkin (via teleconference, items 3 & 9), Iwona Stolarek (via teleconference, item 12), Carmela Petagna (via teleconference, item 18); Kiri Rikihana, Dr Maria Poynter & Jadria Cincotta (all item 21); Diane de Rochester (EA), Ethan Tucker (minutes)
- Guests: Day 1: Carmel Berry (patient story guest, item 2), Dr Felicity Dumble (CYMRC chair, via teleconference, item 7), Dr Alan Davis (Associate CMO, Northland DHB, item 18)
Day 2: Hon Peter Dunne, Associate Minister of Health, and Adrian Portis (item 20); Te Roopū Māori (item 21)
- Apologies: Heather Shotter (except for item 13)

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**
- A **patient story** was provided by way of a guest her spoke about her experience with surgical mesh
- The Board considered a proposal for the work of the Perioperative Mortality Review Committee (POMRC) and the Safe Surgery New Zealand (SSNZ) programme to be aligned from 1 July 2017. This would entail the SSNZ expert advisory group becoming a working group of POMRC. This will acknowledge areas of common interest and help maintain a focus on quality improvement as the safe surgery programme transitions to 'business as usual'.

The Board:

- **noted** proposals for the SSNZ expert advisory group to become a working group of POMRC from 1 July 2017
- **agreed in principle** to align POMRC and Safe Surgery NZ's work
- **agreed** to consider proposed terms of reference for the SSNZ working group arrangement, and the governance and accountability implications for all mortality review committees of establishing 'effector arms' for the largely independent mortality review committees
- The Board received an update on plans for mortality review committee appointments, and agreed to advertise for five new members on three committees. It also approved the appointment of community paediatrician Dr Rebecca Hayman to the Child & Youth Mortality Review Committee, to replace Prof Ed Mitchell, whose appointment has concluded.

The Board:

- **agreed** to advertise for three new PMMRC members:
 - a) an obstetrician with experience in leading and implementing quality improvement initiatives
 - b) a midwife, preferably DHB-employed and with knowledge and expertise in Māori health
 - c) a consumer representative with expertise and networks relevant to PMMRC

- **agreed** to advertise for one new POMRC member: a surgeon with substantial clinical experience and national credibility
- **agreed** to the proposed selection criteria for the vacancies
- **agreed** to appoint community paediatrician Dr Rebecca Hayman to CYMRC for three years from 1 March 2017, subject to the usual background checks
- The Board agreed to appoint forensic psychiatrist Dr Jacqueline Short as chair of the Family Violence Death Review Committee (FVDRC) for one year from 1 January 2017. Departing chair Assoc Prof Julia Tolmie supports the appointment, and will remain on FVDRC as a mentor until her term concludes on 1 December 2017.

The Board:

- **agreed** to appoint Dr Jacqueline Short as FVDRC chair for one year from 1 January 2017
- **noted** this appointment is supported by current chair Assoc Prof Julia Tolmie
- **agreed** to extend Dr Short's FVDRC membership to 1 January 2018 to facilitate her appointment as chair
- CYMRC is no longer planning to release a report on sudden unexpected death of an infant (SUDI) on 31 January 2017 as originally planned. Instead, it plans to release an activities report to meet its statement of performance expectations (SPE) obligations. The SUDI report development has been affected by the unavailability of key information, the announcement of a Ministry of Health safe sleep review, and continuing discussions within CYMRC about data interpretation.

The Board:

- **noted** CYMRC intends to publish an activity report on 31 January 2017, instead of its planned report on sudden unexpected deaths of an infant (SUDI)
- **agreed** to publish the CYMRC activities report on the Commission website on 31 January 2017
- The Board received an update on discussions with the Perinatal and Maternal Mortality Review Committee (PMMRC) regarding its support service arrangements after the current Auckland UniServices contract expires in June 2017. The UniServices contract provides data coordination, epidemiology and report-writing services, including writing the PMMRC annual report. However, UniServices has indicated that with PMMRC's increased work in recent years, the scope of their PMMRC activities has increased substantially and the workload pressure is no longer sustainable within the current contractual arrangements.

The Board:

- **noted** the conversations and process currently taking place with PMMRC regarding its support service arrangements after June 2017
- **noted** the findings of consultation with PMMRC and selected stakeholders
- **noted** and provided feedback on future options for PMMRC support services, which will be the subject of a further Board paper
- The Board received an update on SSI programme activity and progress towards establishing a sustainable surgical site infection 'hub'. ACC has approved a business case to contribute \$0.6m per year for three years to support rolling out a national infection prevention and control surveillance information system. Once the funding is received this work will become a valuable part of the Commission's work programme, building on the identified decrease in the national SSI rate and addressing variation in the rate amongst DHBs. There is also the opportunity to extend the work into private hospitals to increase the reach of the programme.

The Board:

- **noted:**
 - a) the status of the national surgical site infection improvement programme

- b) progress towards a sustainable 'SSII hub' for the Surgical Site Infection Improvement (SSII) Programme
- o **noted** that ACC has approved a business case to commit a further \$0.6m per year for three years to the programme to support the national rollout of an IPC surveillance information system, but contract negotiations are in progress so this funding is not yet guaranteed
- o **noted** that:
 - a) due to the three year commitment from ACC the pressure to progress the sustainable funding options for the SSI hub does not have the same level of urgency
 - b) the nature of the ACC investment will continue to be scoped and a further paper on the longer term sustainability of the SSII hub will be developed for the Board early in the next financial year
- o **noted** that ACC has previously committed in principle to support further additional funding to include private hospitals in the SSII programme
- o **noted** that the SSII programme is starting to see SSI savings with costs avoided of up to \$0.68m to date, an increase in the correct dose and timing of surgical antibiotic prophylaxis and improved outcomes for consumers/patients
- The Board considered proposals to focus its new investment on an aged residential care programme as the next priority, and noted that the Commission will also investigate a future national mental health quality improvement initiative. The Commission already has good ideas for areas for future development as a result of scoping work by Elizabeth Knopf and the Health and Disability Commissioner's recent report on complaints about aged residential care.

The Board

- o **agreed** to engage with the aged residential care sector and scope improvement work in 2016/17 and the following two years
- o **noted** that some of the improvement programme funding available for 2016/17 will be used to scope an emerging national mental health improvement initiative
- Richard Hamblin discussed his work reporting on the difference the Commission makes and the value of quality to the health system. He has prepared a detailed Value of Quality report that sits alongside the Commission's more public-facing *Open 4 Results* report. It will be important to maintain the positive, value-focused perspective adopted in *Open 4 Results*. The Board commended the theme and tone of the draft document, and looks forward to seeing the final report.

The Board:

- o **noted** that the Commission intends to publish a more detailed report on the value of the Commission's work and of quality, to complement the *Open 4 Results* document, and provided comments on the draft report
- The chief executive presented a report which included the following additional topic:
 - Adverse events reporting
- Liz Price presented proposals to develop a more public-facing name for the Commission, akin to Creative New Zealand (the public name of the Arts Council of New Zealand), to address concerns that the sector often gets our name wrong. The Commission will also work to better reflect its Māori advancement strategy in its graphic branding.

The Board:

- o **agreed** that the Commission should develop a 'public-facing name' and associated branding for Board consideration
- o **agreed** that the Commission's branding be modified to more appropriately reflect its commitment to the Māori advancement strategy, Te Whai Oranga

- **noted** the Board's concern that any design work be conducted with careful attention to value for money
- Bevan Sloan presented the Chief Financial Officer's regular finance update and the updated risk register.

The Board:

- **noted** the financial results for the four months ending 31 October 2016
- **noted** the status of the Wellington Accommodation Project (WAP2).
- The balanced scorecard and exception report were presented and **noted**.
- The correspondence file was **noted**
- Dr Alan Davis discussed the findings of the evaluation of the safe use of opioids national collaborative. Sixteen DHBs plus Mercy Ascot Hospital participated to the end of the collaborative. The collaborative process created four 'bundles' of care and a how-to guide. Participants chose their own focuses for harm reduction, and most showed positive results and generated considerable positive energy for change. A study has shown a 25 percent reduction in opioid-related harm in the test hospitals, along with associated staff capability in improvement science and the development of a sustainable clinical network to support medication safety.

The Board:

- **noted** the results of the safe use of opioids collaborative evaluation
- **noted** that the Commission's medication safety programme will continue to maximise the improvement resources and energy of the sector, and support ongoing improvement for the safe use of opioids

Day 1 of the meeting closed at 4.35pm.

The meeting reconvened at 9.20am for Day 2.

- Dr Wilson presented the working draft of the next Statement of Intent for Board consideration – the four year plan for the Commission's medium-term ambitions. The basis for much of the content is the recent Towards 2022 draft paper, and the Four Year Excellence Horizon that resulted from the Performance Improvement Framework discussions in 2015. The four year view in the draft SOI emphasises the new strategic 'hubs' for intelligence and improvement.

The Board:

- **noted** and provided comments on the working draft Commission Statement of Intent 2017-21
- **noted** that the Ministry of Health's Executive Leadership Team may request to see the draft SOI for early comment before the official first draft is due to be submitted to the Ministry by 1 March 2017
- **noted** that a formal first draft SOI will come to the February Board for approval, and the final version is due to the Ministry of Health by 1 May 2017 for the Minister of Health's comments
- The Board welcomed Minister Peter Dunne and Adrian Portis, who has held delegated responsibility for the Commission since 2014. They discussed strategic priorities for the Commission and the broader health sector. The previous Board discussion about the themes of the draft Statement of Intent informed the conversation. The recent earthquakes also provided the opportunity to discuss broader themes of change through technology and innovation, and the impetus for change created by natural disasters, as systemic challenges are revealed in greater clarity. Mr Dunne has appreciated working with the Commission since his appointment, and illustrated the opportunities to link the experience this has created to tackle both today's and tomorrow's problems.
- The Board welcomed Te Roopū Māori and discussed the Commission's recent progress and future ambitions for Māori advancement. Mr Williams outlined the Roopū's work on Te Whai Oranga and how it may be put into practice. Addressing inequity is a central platform of this work, as illustrated by the slogan:

'no quality without equity'. Pharmac has recently identified a target of achieving equitable access to medicines by 2025, which is one example of a strong policy focus. The successful increase in Māori graduates in medicine, nursing and pharmacy presents a great opportunity to address inequity and ensure the health sector looks like the public it serves. Te Roopū would welcome the inclusion of equity as a KPI in all Commission staff performance measures.

The Board:

- **agreed in principle** to a future Māori-specific improvement initiative, to be developed in consultation with Te Roopu Maori
- **agreed** that all Commission advisory groups' terms of reference should include Māori representation
- **agreed** to two amendments to the Roopū terms of reference: adding a Consumer Network member to the Roopū membership, and changing the terms of reference review period from annually to every three years.