

Notes of the 95th meeting of the Health Quality & Safety Commission Board on 14th October 2022 held at Front & Centre, 69 Tory Street, Wellington.

14th October 2022

Members: Dr Dale Bramley (Chair), Prof Peter Crampton, Shenagh Gleisner, Dr Wil Harrison, Dr Tristram Ingham, Rae Lamb.

Staff: *In attendance:* Dr Janice Wilson, Gillian Bohm, Victoria Evans, Richard Hamblin, Kayleen Katene, Bevan Sloan, Martin Thomas, Stephanie Turner, Deon York, Paula Farrand (EA to the Board), Shelley Hanifan (minutes), Simona D'Silva – item 8, Catherine Gerard – item 11.

Guests: Ria Earp – Chair, Te Rōpū, Russ Aiton – Chair, Consumer Advisory Group, Morag McDowell – Health and Disability Commissioner, John Tait – Chair, Perinatal and Maternal Mortality Review Committee.

Apologies: Mr Andrew Connolly, Dr Jenny Parr, Dr Collin Tukuitonga, Fritz Evile.

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

Key decisions/actions

The board:

- a) **agreed** that the Commission's te reo name will be 'Te Tāhū Hauora'.
- b) **agreed** that the Commission will approach the reviewers that led our last review, to ask them to work with us to design and lead the next one. Advice was also sought on how a disability work programme could be included in the review.
- c) **agreed** to starting a programme of work to provide a more public-oriented version of some of our current quality reports.
- d) **agreed** to the development and piloting of an ongoing Perioperative mortality surveillance function, led from HQSC, working in partnership with Te Whatu Ora.
- e) **approved** the Perinatal and Maternal Mortality Review Committee's 15th report.
- f) **approved** the appointment of members to various Mortality Review Committees until 30 June 2023.

Draft annual report 2021-22

The covering paper and draft annual report were taken as read, and feedback was requested. Conversation points included:

- Repositioning the “outcomes table” in the report, better reflecting the complexity of the work, and telling a performance story to provide a stronger start.
- More visibility of disability work would be useful.
- Keep refining and reducing the length of the report.

Review of performance prior to a new statement of intent

We are expecting to be asked for our next statement of intent (SOI) in the coming months, a review of how our organisation is performing can help inform our next SOI. The board was reminded of the last review process and the three external lead reviewers who developed a ‘Five Year Excellence Horizon’ to underpin our last SOI.

In order to build on the knowledge of the Commission and our work that the reviewers developed, it was proposed that we invite them to lead another organisation review. This review will focus on how we have progressed against our last SOI and look at how we position our strategic direction for the future.

The board agreed that it would be useful to use the previous reviewers, and to aim for a more direct view of our organisational performance to inform our next SOI and see a focus on disability.

Perinatal and Maternal Mortality Review Committee (PMMRC) 15th Report

John Tait, Chair of the Perinatal and Maternal Mortality Review Committee was welcomed to the meeting.

John noted that it had been a difficult few years, with COVID-19, the uncertainty of change and a new PMMRC committee. He noted that the PMMRC has been reporting the same pattern of mortality since 2005 and was disappointed to see little change in the outcomes reported. Few recommendations have been implemented, however, there has been progress in three key areas – bereavement pathways; a stock take of maternal mental health services, and the addition of folate to bread in more recent times. PMMRC have tried a range of strategies to implement change and they have had limited success. John acknowledged that the sector, particularly midwifery, was struggling.

The board highlighted that the lack of traction in achieving recommendations is a structural issue, rather than a PMMRC issue. Work is required to consider who and how recommendations are made, and how they can be influenced.

The board noted that the lack of progress is unacceptable, and that we need to find new ways to drive the changes required. The challenge of influencing change when there is not a direct relationship was acknowledged. In future, it is hoped the Commission will take a more active role in driving change.

There are a range of challenges in terms of maternity data that need consideration, including how disability data can be collected and used to understand disability across the PMMRC scope. Equity is a clear and ongoing concern in PMMRC data.

The board thanked John and the PMMRC for the report. It was another thoughtful and helpful piece of intelligence to inform change.

Expanding the patient experience programme

The patient experience survey was discussed, briefly covering the process of consultation that is occurring and the steering group providing oversight. The board discussed how we become more focused on whānau and community. The data challenges presented with collection and privacy was explained when we try to collect data beyond an individual. There are also data challenges presented within primary and community care. The methodological limitations were acknowledged by the board.

Māori have been engaged in the consultation on the topics that have been put forward. The topics have been gathered through international scanning and discussion in the steering group. Maternity was raised as an issue for Māori as 80% of women give birth in hospital, this is a place to start data collection and consider how wider views and circumstances can be included.

The board asked about the scope of home and community services that were being considered. The need to consider the impact of different funding pathways on experience of community care was discussed as an important factor for including in the survey.

The board selected the following two topics as priorities,

- Community settings (considering the discussion around scope)
- Maternity inpatient (with additional information seeking to support the survey).

Mortality review committee appointments

The paper was taken as read and the appointments to 30 June 2023 were approved.

Ko wai tatou – te reo working recommendation

Ria Earp was invited to discuss the decision from Te Rōpū on the Commission's te reo Māori name. Ria confirmed that 'Te Tāhū Hauora' was preferred, over the other option 'Te Tāhū Ora'. The general view is that hauora is preferable because hau is the breath, the beginning, the essence. Ora is to be safe, well, happy. The combination works best and encompasses broader meanings than just health.

Perioperative mortality surveillance

A proposal for an automated ongoing surveillance function was presented. This is part of a four-level strategy for monitoring perioperative mortality, which will support the work of the Perioperative Mortality Review Committee (POMRC).

The board asked about resource implications. While the work can be done within Commission resources, a commitment of resources from Te Whatu Ora will be required on an ongoing basis, to support review.

Commission's role in transparency in the new system

Following discussions with the Department of the Prime Minister and Cabinet and Ministry of Health around transparency in the new system, the possibility of the Commission repurposing some of its current reporting to make it more oriented to the general public was raised. A paper was presented that proposes developing a micro-site repurposing existing

Commission reports with additional explanation and simpler to use functionality, to provide greater public access and impact to and of our work.

The board strongly supported this direction and requested a strong equity lens be applied to all descriptions. The Commission wants to model and encourage transparency. The importance of making materials useful and available to a wider range of consumers and whānau was emphasised.

Noting papers

The noting paper of the environmental scan summary from consumers was discussed. The lack of engagement with consumers being seen across consumer councils was highlighted.