Notes of the 86th meeting of the Health Quality & Safety Commission Board on 6th August 2021 held at Front + Centre, 69 Tory Street, Wellington.

Members:	Dr Dale Bramley (Chair), Mena Antonio, Prof Peter Crampton, Shenagh Gleisner, Wil Harrison, Dr Tristram Ingham, Rae Lamb, Dr Jenny Parr, Dr Collin Tukuitonga.
Staff:	*In attendance:* Dr Janice Wilson, Gillian Bohm, Richard Hamblin, Kere Pomare, Bevan Sloan, Martin Thomas, Stephanie Turner, Chris Walsh, Paula Farrand (EA to the Board), Shelley Hanifan (minutes), Carl Shuker.
Guests:	Ria Earp – Chair, Te Rōpū Māori, Morag McDowell, Health & Disability Commissioner, Dr Matthew Reid, Co-chair - Child and Youth Mortality Review Committee *(item 7),* Dr Alex Psirides, Clinical Lead – Patient Deterioation *(item 9) via zoom.*
Apologies:	Rowena Lewis – Chair, Consumer Advisory Group.

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

Key decisions – the board:

a) **Agreed**: to support the publication of the Child & Youth Mortality Review Committee's 15th data report.
b) **Agreed**: to support the publication of 'The health care experience of disabled people during COVID-19: Summary of findings from the COVID-19 patient experience survey'.
c) **Approved**: the proposed structure and process of the 'Window on Quality 2022 – COVID and after' subject to feedback taken on board.

Child & Youth Mortality Review Committee (CYMRC) 15th data report

Dr Matthew Reid, co-chair of the CYMRC spoke to the CYMRC 15th data report which focuses on the data that the CYMRC collates, rather than the data they collect through review, which they use for 'Special Topic Reports'. The data report provides a high level overview of mortality across the child and youth population. The notable inequity in mortality rates was discussed.

Dr Reid highlighted that the consistency of mortality patterns and lack of change was concerning. He noted that the CYMRC is currently going through review itself, focussing on how it can make a greater difference. The CYMRC recognises the importance of changing local review, so that it can include learnings from whānau alongside providers, which will mean doing things differently.

The board noted that in the past, there have been some good gains, but improvement has slowed, and mortality patterns are not shifting as we'd hope. The kind of inequity that is clear in this report calls for new approaches and for closer partnerships with Māori and Pacific in the design of mortality review and in the solutions that come from it.

Patient deterioration programme summary

Dr Alex Psirides provided a presentation on the 'Patient Deterioration Programme' as a summary for the board, as the Commission's involvement in the programme comes to an end. The board thanked Dr Alex Psirides and the team for the excellent work and results emphasised in his presentation.

Quarter four report to Ministry of Health

Bevan Sloan highlighted that there were some small changes to the quarter four report as we gather and assess evidence in more detail. In addition to not fully completing SPE 3, we have also not fully achieved SPE 12, and we are closely looking at SPE 8. These changes will be reflected in the report before we sent it to the Ministry of Health.

A question was asked about how we know if quality alerts are making a difference, and Richard Hamblin discussed the importance of the quality forum alongside the alerts to ensure that they can be used as effectively as possible.

Covid-19 patient experience survey – information from disability sector

The board thanked the Commission for doing this work and acknowledged the challenges presented by no routine collection of disability data. This is the first data on the impacts of COVID-19 on people with disabilities. The importance of collecting this data was emphasised. Tristram Ingham is working with the Ministry of Health on a project aiming to assign an indicator to the NHI, which the Commission should also be involved in.
It was noted that all Commission surveys should also collect this data.
There was a discussion about the importance of taking the opportunity presented by this report to highlight system implications.

Six-monthly review of risks register

Bevan highlighted the discussion with the Audit Committee had emphasised the importance of considering the Commission's response and management process if there were to be a privacy breach. This work was currently being undertaken.

The nature of the data that the Commission holds was discussed. While most of the data we hold comes from extracts, we do collect and hold some sensitive data, particularly in mortality review.

The importance of staff and workforce had been emphasised throughout this meeting, and this area also presents both risks and opportunities for the Commission. Health sector workforce challenges should be added to the risk register.

As the Commission works by influencing, our relationships with the new agencies in the restructured system will be key. Relationships with new organisations should also be highlighted on the register.

The top six risks will continue to be brought to each board meeting for discussion.
Staff may find it valuable to bring in some external and varied expertise, to consider risks from alternative perspectives.

Window on Quality 2022 – COVID and after: proposed process and structure

The board asked about the process of engaging and involving consumers, and Carl Shuker emphasised that the consumers involved are well linked into consumer networks.

The importance of ensuring good staff wellbeing data was emphasised, as well as ensuring that mental health and addictions, primary and community care data is included.