

## Notes of the 89<sup>th</sup> meeting of the Health Quality & Safety Commission Board on 25<sup>th</sup> and 26<sup>th</sup> November 2021 held via Zoom.

### Day One – 25 November 2021

- 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, Victoria Evans, Bevan Sloan Martin Thomas, Stephanie Turner, Chris Walsh, Paula Farrand (EA to the Board), Shelley Hanifan (minutes).
- Guests: Rowena Lewis – Chair, Consumer Advisory Group, Ria Earp – Chair, Te Rōpū Māori, Morag McDowell – Health and Disability Commissioner, Frank Bristol and Mary Schnackenberg - Consumer Advisory Group (Item 9)
- Apologies: Richard Hamblin, Kere Pomare.

- 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**.
- A patient story was provided by way of a video.
- The chief executive report was **noted**.
- The financial report and risk register were **discussed**.

### Key decisions – the board:

- a) **Agreed:** that the report '*Scaling up health quality improvement: Reducing variation for better value and more equitable care - NZIER report to Health Quality and Safety Commission, October 2021*' would remain an unpublished, internal report, to inform our approaches to economic value estimation.
- b) **Agreed:** the *NZIER report* will be prefaced by a Commission statement highlighting that every method of economic value estimation is based on specific assumptions, and that the Commission will continue exploring approaches to value estimation that represent assumptions and methods relevant and appropriate to a range of differing worldviews.
- c) **Approved:** the online publication of the national annual adverse events exception reporting for the year 2020/21 in late February 2022.
- d) **Approved:** the new Terms of Reference for Te Rōpū Māori.
- e) **Agreed:** to recommended appointments to the various Mortality Review Committees.

### Te Kāhui Mahi Ngātahi | Consumer Advisory Group – extended membership

An update was provided of the progress towards the selection and appointment of four new Consumer Advisory Group members. An out-of-session memo will advise the selection of new members and appointments letters will be provided for the Chairs signature.

### Board meet with Consumer Advisory Group

Consumer Advisory Group (CAG) members were welcomed to the meeting. The CAG discussed the consumer participation work that has been progressing to support the future system. The draft 'Code of Engagement' and the discussions with the sector and community are progressing well. The CAG is also pleased to see the Code of Engagement, and the important role the Commission has in strengthening consumer expertise and participation, has been written into the Pae Ora Bill. CAG also spoke to the important issue of consumers

being engaged in the planning and design of our work right from the outset. The CAG thanked the Commission team for their work, and for the progress that has been made.

The CAG and the board agreed that the Commission must lead and model the Code of Engagement, and consumer engagement and participation, constantly reflecting and improving its own processes and systems.

## Day Two – 26 November 2021

**Members:** Dr Dale Bramley (Chair), Mena Antonio, Prof Peter Crampton, Shenagh Gleisner, Wil Harrison (until 11am), Dr Tristram Ingham (until 11am), Rae Lamb, Dr Jenny Parr, Dr Collin Tukuitonga.

**Staff:** *In attendance:* Dr Janice Wilson, Gillian Bohm, Richard Hamblin, Martin Thomas, Stephanie Turner, Chris Walsh, Paula Farrand (EA to the Board), Shelley Hanifan (minutes), Caroline Tilah and Glen Mitchell (item 11) Nikki Grae (item 11), Te Raine Gunn (item 13), Hikitia Ropata (item 14,) Carl Shuker (item 15), Kere Pomare (item 16).

**Guests:** Ria Earp – Chair, Te Rōpū Māori, Sarah Hogan, New Zealand Institute of Economic Research (item 10), Sally Roberts, Clinical Lead, Infection Prevention and Control (item 12), Morag McDowell – Health and Disability Commissioner (item 15).

**Apologies:** Rowena Lewis.

### **New Zealand Institute of Economic Research**

Richard Hamblin introduced Sarah Hogan from the New Zealand Institute of Economic Research (NZIER). NZIER were commissioned to review the potential economic value of improving the quality of New Zealand's health system, to support the Commission's ability to demonstrate the value we add, in economic terms.

Sarah discussed the key points of the report, noting that the Commission plays a key role in the improved quality and safety of our system. She noted that variation was used to provide an estimate of the value of improvement. The estimates indicate that the opportunity for New Zealand is substantial.

The board thanked Richard and Sarah for the work, noting that it is important to be able to demonstrate our value and that the report will be useful to support our work in this area.

The board noted that there are many potential approaches and underpinning assumptions that could be used to estimate value. The board felt that additional advice on methodology and assumptions would be needed, for them to be fully comfortable with the particular approach used by NZIER, but also acknowledged its validity as a method of analysing 'economic value'.

The board agreed that the report '*Scaling up health quality improvement: Reducing variation for better value and more equitable care - NZIER report to Health Quality and Safety Commission, October 2021*' would remain an unpublished, internal report, to inform our approaches to economic value estimation. The report will be prefaced by a Commission statement highlighting that every method of economic value estimation is based on specific assumptions, and that the Commission will continue exploring approaches to value

estimation that represent assumptions and methods relevant and appropriate to a range of differing worldviews.

### **Adverse event exemption reporting**

Glen Mitchell and Caroline Tilah were welcomed to the meeting. Glen introduced the item, providing a brief overview of the paper and answered board members questions.

- In particular, the relationship between the adverse events reported and the complaints that the Health and Disability Commissioner reported to the board were discussed. Whereas COVID-19 related complaints were clear, the Commission has not seen (as yet) COVID-19 impacting in terms of adverse event reporting.
- An increase in pressure injuries has been noted, and there was discussion about this as a possible indicator of the wider context of a system under stress.
- Under the new Health and Disability Standard, the Adverse Event Reporting Policy is now mandatory for a wider range of certified providers. The team will consult with key stakeholders across these new areas as a part of the Adverse Event Reporting Policy Review, including:
  - aged residential care services
  - assisted reproductive technology services
  - home & community support services
  - residential disability services
  - residential mental health and addiction
  - public and private overnight hospital inpatient services
  - birthing unit services
  - hospice services
  - abortion services.

The board approved the online publication of the national annual adverse events exception reporting for the year 2020/21 in late February 2022.

### **Update on Point Prevalence Survey**

Sally Roberts & Nikki Grae were welcomed to the meeting. Sally Roberts presented the Infection Prevention and Control programme's (IPC) Point Prevalence Survey (PPS) work. Key points included:

- A total of 5,469 adult patients in 291 wards across 31 hospitals were surveyed. 423 active healthcare associated infections (HAI) were detected in 361 patients which resulted in an estimated national point prevalence of 6.6%. The HAI rate was 7.7 per 100 adult patients. The most common HAI were surgical site infections, urinary tract infections, pneumonia, and bloodstream infections.
- The IPC programme team will provide an update on future initiatives in 2022. This will be informed by the PPS data and the role the Commission has within a National IPC Expert Group (NIPCEG) formed by the Ministry of Health, which will develop a national IPC strategy.

### **Te Ao Māori Framework update**

Stephanie Turner welcomed Te Raina Gunn to the meeting and provided an update on the Te Ao Māori Framework implementation.

Since early 2021, Ahuahu Kaunuku has been designing a pathway to implement the Te Ao Māori framework. While the framework is focused on improving the quality-of-care provided to Māori, the implementation plan provides the roadmap to improvement, illustrating pathways that allow health organisations to be more effective for whānau in governance and operational settings. The implementation plan guides a partnership approach with Māori, highlighting shifts required to embed change incrementally and systemically. The roadmap plots potential avenues that health organisations can re-insert into the system, as collective

impact and efforts are joined up to shift system inequities. Through its implementation, the framework seeks to provide practical guidance and support to health organisations in the way they work with one another and with whānau, to improve health outcomes for Māori.

The board recommended that a formal review date be considered for the Te Ao Māori Framework, alongside the planned process of piloting.

The board acknowledged the excellent work of Stephanie, Te Raina and the team on this important framework. The board discussed the possibility of piloting the implementation of the framework themselves and invited Stephanie to consider this and provide further advice if this would be helpful.

### **Te Rōpū terms of reference review**

Hikitia Ropata was welcomed to the meeting. Ria Earp introduced the item, overviewing the updated terms of reference for Te Rōpū, and highlighting the values approach that has been included in the terms of reference. The terms of reference were due for a review in October 2021, and the Commission's Ahuahu Kaunuku has worked with Te Rōpū Māori to complete the review.

The board noted that a Te Rōpū member was stepping down from Te Rōpū Māori, as they had been appointed to the new board of the Māori Health Authority. The board acknowledged the large contribution that they had made to the Commission's work over a number of years.

The board approved the new Terms of Reference for Te Rōpū Māori.

### **Update on Covid Window**

Carl Shuker introduced the Covid Window with an extensive list of acknowledgements for those that have contributed to and participated in the development of this year's Window publication. Carl provided a brief overview of the Window and emphasised that this is the first report of at least two, and the second report will have a different and complimentary emphasis, as well as covering the Delta outbreak. The board were invited to comment.

Discussion points and feedback included:

- intractable inequity and our system's ability to seriously address this
- system preparedness for future stresses
- the 'shambolic' nature of responses
- mental health and wellbeing implications
- the direct impact of COVID-19 on complaints to the Health and Disability Commissioner
- the positive context that we are in within the global context – low deaths, low hospitalisations and increasing vaccination levels.

The Chair noted the invitation for feedback from the board and asked that it be provided directly, and that the timeframe is tight.

### **Mortality Review Committee appointments**

The board considered a range of appointments and reappointments to Mortality Review Committees (MRCs). The board agreed to:

- recommended reappointment to the Child and Youth Mortality Review Committee, from 1 January 2022 to 31 December 2022
- extend the appointment of consumer representative to the Child and Youth Mortality Review Committee from 1 March 2022 to 31 December 2022
- extend the appointment of three members to the Family Violence Death Review Committee from 1 January 2022 to 31 December 2022

- recommended reappointment to the Perinatal and Maternal Mortality Review Committee from 1 January 2022 to 31 December 2022
- extend the appointment of a member to the Perioperative Mortality Review Committee from 1 October 2022 to 31 December 2022.

The board noted that all mortality review committee appointments are notified to the Minister of Health's office before they are confirmed, and are subject to Ministry of Justice background checks.