

Notes of the 76th meeting of the Health Quality & Safety Commission Board on 7th May 2020 via Zoom.

Members: Dr Dale Bramley (Chair); Mena Antonio, Peter Crampton, Shenagh Gleisner, Rae Lamb, Dr Jenny Parr.

Staff: *In attendance:* Dr Janice Wilson, Bevan Sloan, Dr Chris Walsh, Gillian Bohm, Dr Iwona Stolarek, Kere Pomare, Richard Hamblin, Stephanie Turner.

Guests: Ria Earp – Chair, Te Rōpū Māori; Rowena Lewis – Chair, Consumer Advisory Group.

Apologies: Mr Andrew Connelly, Anthony Hill.

- 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 were **discussed**.
- The CE Report was **noted**.

Key decisions – the Board:

- a) **Provide** an out-of-meeting paper would be circulated to the Board, asking it to rescind the previous decision to discontinue the membership of two committee members due to conflicts of interest, and setting out how these issues will be managed in the future.
- b) **Introduce** the impact of Covid-19 at the start of the SPE. A further specific section on Covid-19 should discuss the Commission's ability and willingness to be flexible in response to Covid-19, and the importance of equity and quality post-Covid.
- c) **Agree** to change the format of the learning from adverse events annual report to quarterly reporting as of 1 July 2020.
- d) **Agree** to an annual summary of adverse events to be featured in the Commissions Annual Report 2019-20.
- e) **Agree** two annual in-depth thematic analysis in areas of concern and learnings at the end of the next financial year (30 June 2021), one on Māori experiences and the other on the general population
- f) **Agree** a meeting to discuss some of the technical aspects of the Adverse Events Report, and the issues brought up by the Whānau Māori experience of in-hospital adverse events.

Chief executive's report

The chief executive's report was taken as read. There was discussion on the chief executive's recent attendance at the Health and Disability System Council meeting. A unified approach from district health boards (DHBs) and the Ministry of Health was apparent, with a very positive dynamic of trust and information sharing.

The Board discussed challenges observed during Covid-19 lock down in areas such as aged residential care, homecare and disability services, and the inconsistency of nationwide processes that different DHBs applied. It was agreed health inequities would likely rise where there is concern around the backlog of elective surgery, safety issues, community settings and aged residential care. As the health sector resets itself, the Commission would have a role to play in these areas given our continued focus on health equity and access to quality treatment.

Finance report and risk register

The finance report and the risk register were taken as read.

Finance report

Some short-term cost pressures have reduced, and travel costs were estimated to be lower than forecasted due to Covid-19 travel restrictions.

Risk register

Covid-19 is the most significant risk on the register and has multiple aspects in relation to risks to staff, resourcing, funding, and the existing and future work programmes of the Commission. 'Financial pressure and an inability to balance resources to available Crown funding', also remains a significant risk to the Commission until the outcome of the 2020 cost pressures bid. The chair of the Audit Committee stated Audit New Zealand expects to understand how the influence of Covid-19 will impact on the Commission and on the performance measures.

Statement of Performance Expectations (SPE) Scorecard

The SPE scorecard presents six performance measures from five deliverables, that would be partially met due to Covid-19. All other deliverables are on-track to be completed.

Discussion included the need for a renewed and invigorated focus on the disability sector and the importance, now more than ever, of a strong focus on inequity and Māori health outcomes. The Commission will prioritise Māori equity work within whatever budget is received. There will be strong engagement with Māori communities and partners in the development of a Māori quality improvement framework.

Impact of Covid-19 on 2019-20 and 2020-21

Statement of Intent (SOI)

The SOI has slightly changed to incorporate COVID-19 impact in the short-term but overall, the document remains as approved by the Board at the February meeting. More emphasis has been placed on the importance of clinical staff and workforce, consumers and measurements in our four-year plan. There were opportunities to lead the sector in what it might look like to be a Te Tiriti o Waitangi focused organisation and embedding Te Tiriti throughout health quality and safety programmes.

Statement of Performance Expectations (SPE)

Opportunities for future focus included working in partnership with the DHBs and the health workforce on the application of the revised standards across the disability sector as with increasing the sectors capability, to increase awareness and practice of Te Ao Māori concepts and worldview into policy, programme planning and design, and into Māori and Pacific partnerships.

There was an anticipation that the SPE would change as a result of Covid-19 and the shift in priorities such a change in practice, an increase in health inequity and how the sector will need to respond to health needs in the future.

Adverse events annual reporting timeframes and format change

Based on previous advice received from the Board and the DHB national quality and risk leadership group, the adverse events annual report (AE report) required a change to include an increased emphasis on what can be learned from adverse events and a more fit for purpose use of the national data collected.

The Board:

- **agreed** to change the format of the learning from adverse events annual report to quarterly reporting as of 1 July 2020
- **agreed** to an annual summary of adverse events to be featured in the Commission's annual report. This would be the preferred method of reporting the 2019-20 adverse event data
- **agreed** to two annual in-depth thematic analysis, on areas of concern and on learnings as of completion of the 2020-21 financial year. One Māori thematic analysis and the other on general population
- **agreed** to a separate meeting to discuss some of the technical aspects of the report, and the issues brought up by the Whānau Māori experience of in-hospital adverse events.

MRC Appointments

Three of the five mortality review committees require appointment and reappointment decisions to address vacancies and the expiry of current terms of appointments.

The Board:

- **agreed** to recommended appointment of chair to the Child and Youth Mortality Review Committee from 1 July 2020
- **agreed** to recommended reappointments of two committee members to Perinatal and Maternal Mortality Review Committee for a further and final three-years to 2023
- **agreed** to recommended reappointment of one committee member to Suicide Mortality Review Committee for a further one-year term until 30 June 2021
- **noted** the recommended appointment the Maternal Mortality Review Working Group.

Roles of quality/safety agencies in health sectors

The Board Chair requested that information on the functions and activities of organisations similar to the Commission be collated to inform Board members and provide a basis for discussion at the May meeting.

The information gathered outlines a comparison on the current work of the Commission and those of other international organisations with similar programmes and activities. The information provides a platform where potential future activities and programmes for the Commission can be discussed.