

## Notes of the 82<sup>nd</sup> meeting of the Health Quality & Safety Commission Board on 18 February 2021 via zoom.

Members: Dr Dale Bramley (Chair), Dr Jenny Parr, Mena Antonio, Rae Lamb (present from 10.30am), Prof Peter Crampton, Shenagh Gleisner, Dr Tristram Ingham, Wil Harrison.

Staff: *In attendance:* Dr Janice Wilson, Richard Hamblin, Chris Walsh, Gillian Bohm, Kere Pomare, Bevan Sloan, Stephanie Turner, Paula Farrand (EA to the Board), Shelley Hanifan (minutes), Carl Shuker (item 6).

Guests: Ria Earp – Chair, Te Rōpū Māori, Rowena Lewis – Chair, Consumer Advisory Group, Professor Jane Koziol-McLain - Chair of Family Violence Death Review Committee (part item 2), Stephen McKernan, Martin Hefford and Simon Medcalf - transition unit.

Apologies: Mr Andrew Connolly, Dr Collin Tukuitonga, Lizzie Price, Morag McDowell, Api Talemaitoga

- 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 transition unit in the development of advice for Cabinet.
- b) **Agreed** to keep the board updated on progress with the Te Ao Māori Quality Improvement Framework.
- c) **Requested** planning information for the translation of the patient experience survey's into Pacific languages.

### Mortality Review Committee appointments

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

The board:

- **agreed** to recommended appointment of two committee members to Child and Youth Mortality Review Committee for three years.
- **agreed** to recommended appointment of two committee members to Perinatal and Maternal Mortality Review Committee for three years.
- **agreed** to recommended reappointment of one committee member to Perioperative Mortality Review Committee for a further three years.
- **agreed** to recommended reappointment of two committee members to Suicide Mortality Review Committee to 30 June 2021.
- **agreed** to recommended reappointment of three committee members to Family Violence Death Review Committee.

### **Statement of performance expectations (SPE) scorecard**

The SPE scorecard was taken as read, and the Chair invited questions and discussion.

- The Te Ao Māori Quality Improvement Framework is well on track, with further work expected with Māori colleagues throughout the system in the coming weeks.
- It was noted that the Patient Experience Survey is now asking questions to provide information on cultural safety, and is now available in Māori and English. The board requested details on plans to extend to Pacific languages.
- The board noted that it is important to look after staff wellbeing during a busy time, and encouraged the use of external contractors and expertise as it is required.

### **Pacific window 2021**

*“Bula Sautu: A Window on Quality 2021: Pacific Health in the year of COVID-19”* is due for publication on 31 March 2021.

The board congratulated the team for their excellent and valuable work noting the report’s strong voice of Pacific leaders throughout, and found the report sobering.

Board members would like to see:

- the voices of Pacific consumers, alongside experts, to ensure that community and user perspectives are strongly threaded throughout the report.
- structural racism and systematic discrimination emphasised more strongly.
- an emphasis on workforce with the need to strengthen data and analytics to tell us more about Pacific people across our workforce.
- a clear call for action from government to take full advantage of the timing of this report, in terms of broader health sector reform.

### **Quality alerts**

The development of the Quality Alert system or tool is well underway, with the first edit of the modules in development.

It was noted that the Quality Alert will first be discussed and responded to by the Quality Forum. Teaching users how to use the tool will be key. The intent is to start this process through the Commission’s regular meetings with Boards, as well as the Quality Forum, but multiple approaches will be needed to make the tool widely usable. The goal is to use the tool to support tier 2 or hospital services initially, but it is widely expandable and should be able to be expanded to fit within a new system, regardless of how it is structured. Ultimately, it is hoped to be able to use the tool right down at a service level.

The release of the Equity Dashboard, which forms a part of the Quality Alert modules, was also briefly discussed. The Chair of Te Rōpū congratulated the health quality intelligence team for their work, and for their partnership work with Te Tumu Whakarae.

### **Code of conduct for Crown Entities board members**

The Chair asked the board to note the Code of Conduct provided and to review the requirements.

### **Board governance manual**

The Chair asked that the board note that the governance manual has recently been updated and to become familiar with it.

### **Update on equity work including Māori partnerships**

The paper provided by Stephanie Turner was taken as read. Stephanie talked about our partnership work with Māori as an ongoing journey, noting that there are many opportunities. Ria Earp acknowledged that there is much focus on agencies partnering with Iwi Māori at

present. However, Iwi Māori must prioritise what agencies offer. The real challenge is the sharing of benefits and mutual need.

Ria Earp acknowledged that the Commission's policy frameworks, like our Statement of Intent and Statement of Performance Expectations had proceeded at pace, demonstrating leadership in the sector. However, implementation takes time. The Māori Health Outcomes Team is now in place and the challenge is to ensure implementation and steps forward toward the vision expressed in policy. There are some good examples of partnership, and these need to be built on and consolidated. The need is to amplify the successes.

The Commission also has a key role in educating the sector, in leading the hearts and minds of clinicians. We have powerful clinical networks that listen to us. Championing equity within the workforce and amplifying messages in the sector to enlarge support for change is important.

The Chair asked what more the board can do to support this work.

### **Discussion with Transition Unit**

Mr McKernan discussed the importance of strengthening consumer engagement across the entire health system and emphasised the Commission's role in this.

He discussed the important role of the new Māori Health Authority (MHA), and the need for the MHA to form, determine their role and determine their partners to work with. The mutual goals of the agencies were discussed, as well as the Commission's strong desire to support the MHAs success.

The need for cohesive monitoring of the system was discussed. The Commission's role in this as a key agency is sensible, and the 'how we work with other agencies' will be important. The need for the Commission to maintain its 'arm's length' status was acknowledged. The Commission must be free of enforcement functions and tools, so that it can be a helping hand to the system, monitoring and advising.

The need for Commission involvement in the development of papers for Cabinet was highlighted, as well as our expert advice around consumer engagement and co-design.