

## Notes of the 91<sup>st</sup> meeting of the Health Quality & Safety Commission Board on 8<sup>th</sup> April 2022 held via Zoom.

Members: Dr Dale Bramley (Chair), Andrew Connolly, Prof Peter Crampton, Shenagh Gleisner, Dr Tristram Ingham, Rae Lamb, Dr Collin Tukuitonga.

Staff: *In attendance:* Dr Janice Wilson, Gillian Bohm, Victoria Evans, Fritz Evile, Richard Hamblin, Kere Pomare, Bevan Sloan, Martin Thomas, Stephanie Turner, Deon York, Pauline Gulliver (item 6), Paula Farrand (EA to the Board), Shelley Hanifan (minutes).

Guests: Ria Earp – Chair, Te Rōpū, Rowena Lewis – Chair, Consumer Advisory Group, Fiona Cram – Chair, Family Violence Death Review Committee (item 6), Rory Matthews, Kevin Allan and Tuhakia Keepa – Francis Health (item 9).

Apologies: Mena Antonio, Dr Wil Harrison, Dr Jenny Parr, Chris Walsh, Morag McDowell.

- 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 chief executive report was **noted**.
- The financial report and risk register were **discussed**.

### Key decisions/actions

The board:

- a) **Agreed:** to arrange a strategy session to discuss the Commission's priorities and strategy within the emerging reformed health system.
- b) **Agreed:** to the publication of the Family Violence Death Review Committee's 7<sup>th</sup> report 'Duty of care', once completed, on the Commission's website.

### Actions

- to follow up on the Report: *Older Māori and aged residential care in Aotearoa | Ngā kaumātua me te mahi tauwhiro i Aotearoa* and provide the web statistics to the board.
- make a change to the *National point prevalence survey of healthcare-associated infections* report on page 4, from: 'Ethnicity and gender of patients and referral of patients from regional DHBs were not associated with higher HAI rates.' To: 'Univariate analysis did not show that ethnicity and gender of patients and referral of patients from regional DHBs were not associated with higher HAI rates.'
- Fiona Cram and Pauline Gulliver will meet with Rowena Lewis, to talk over possible changes, with regards to legal power of attorney content in the *Family Violence Death Review Committee 7th report 'Duty of care'*.
- to provide the Family Violence Death Review Committee's 7<sup>th</sup> report 'Duty of care' to the Māori Health Authority and Health New Zealand.
- to provide Francis Health's *Review of the national morality review function* to the Māori Health Authority and ask for their views in the development of advice for the board.

### **Draft Statement of Expectations 2022-23 (SPE)**

Bevan introduced the draft SPE, noting that we have only just received the Letter of Expectation (LoE) from the Minister. In the absence of the LoE, staff had developed this draft based on our Statement of Intent; previous work; our draft chief executive performance goals, and what we expect to be doing over the year. He highlighted that there were no surprises in the LoE.

Discussion focused on our work in primary and community care and how we could increase our focus and impact, particularly in health equity. Māori and Pacific NGOs are seen as a key workforce group that we have not engaged with a lot, although we are starting to do this now. There was a call for more focus and a deliverable that supports health quality for disabled people.

The draft SPE will go to the Ministry of Health for feedback on Monday 11 April, and then will be shaped and returned to the board meeting in May for approval.

### **Family Violence Death Review Committee 7<sup>th</sup> report 'Duty of care'**

Fiona Cram and Pauline Gulliver were welcomed to the meeting.

The report makes no recommendations, but the goal is to encourage reflective practice, engagement, and narrative. There is a strong focus on legal and relational obligations and on supporting people and services to walk a different pathway.

The report was well received by the board. They asked about influence, and Fiona talked about the influence that the committee has had in the past. The committee choose to work with those who want to change.

Fiona and Pauline were commended for including a disability discourse; for the powerful portrait of whānau after the death of a member; and for pushing for culture change. It was acknowledged that this is a report from the Family Violence Death Review Committee, taken from information provided through death reviews, to the Commission, and not to the government.

At the conclusion of the session, Peter Crampton provided a mihi to Fiona Cram, acknowledging her huge commitment to the work of the Family Violence Death Review Committee and to the mortality review committees and the Commission.

### **Review of National Mortality Review Function – Presentation by Francis Health**

Peter Crampton introduced the discussion and welcomed the Francis Health team. He reminded those present that this was the second independent review of the mortality review function that the Commission has undertaken and was requested by the Minister. The secretariat would bring recommendations to the next board meeting for consideration.

Francis Health provided a presentation on their review findings.

The board is responsible for the mortality review function and for reporting to the Minister, on this function. However, the history of independent thinking and voice from experts, Māori and consumers/whānau about mortality review will be important to maintain within the function going forward.

The importance of engaging with the new health entities was emphasised and will need follow up.

### **Update on code of expectations for consumer engagement**

The Commission received 160 submissions on the code of expectations for consumer engagement, including formal submissions from the Māori Health Authority, Health NZ and the Health and Disability Commissioner. Submissions closed on 31 March.

High level feedback from the submissions gives us some clear changes, and the next version will look quite different:

- language will become more specific, and action focused (ie, 'must' to 'will')
- there will be a careful balance of general and specific
- there will be a removal of reference to direct care
- there will be a streamlined complaints process clarified.

### **Noting papers**

The themes of the *Whānau Māori experiences of major trauma care and rehabilitation* were discussed, and it was noted that these themes of inequity are consistent across health care. There were questions raised about what happens with the recommendations, and how health services receive them, and if and how they respond. The recommendations go to ACC, who fund the trauma programme and who will want to see this work influence rehabilitation.

### **General discussion**

The Chair acknowledged the huge amount of work and the perseverance of Commission staff through this time of working from home. The extra work being done is impressive, and Commission staff were thanked.