Notes of the 83rd meeting of the Health Quality & Safety Commission Board on 26 March 2021 via zoom.

Members: Dr Dale Bramley (Chair), Mr Andrew Connolly, Prof Peter Crampton,

Shenagh Gleisner, Dr Tristram Ingham, Rae Lamb, Dr Jenny Parr, Dr

Collin Tukuitonga.

Staff: In attendance: Dr Janice Wilson, Gillian Bohm, Richard Hamblin, Bevan

Sloan, Stephanie Turner, Chris Walsh, Paula Farrand (EA to the Board), Shelley Hanifan (minutes), Laura Lambie (item 3), Te Raina Gunn (item 8),

Carl Shuker (item 10).

Guests: Morag McDowell, Health & Disability Commissioner, Ria Earp – Chair, Te

Rōpū Māori, Rowena Lewis - Chair, Consumer Advisory Group, Debbie

Ryan - Pacific Perspectives (item 10).

Apologies: Mena Antonio, Wil Harrison, Kere Pomare, Lizzie Price, Darrin Sykes, Te

Arawhiti - The Office for Māori Crown Relations.

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**.

A patient story was provided by way of a video.

Key decisions – the board:

- a) **Action:** Staff to convene a Pacific consumer steering group to assist the Commission in planning and implementing its response to *Bula Sautu*.
- b) **Action:** Staff to ensure communications and media planning is undertaken to maximise the impact of *Bula Sautu*.

Te Ao Māori Framework

Stephanie Turner introduced the name that has been given to the Māori Health Outcomes Team – *Ahuahu Kaunuku* and talked about the Mauri stone that has been gifted to the Commission. *Ahuahu Kaunuku* refers to the process of looking back, reflecting, moving forward, looking back, reflecting. These ideas match with the ideas of continuous quality improvement and action reflection methodologies

The Te Ao Māori Framework was presented. The framework brings together four key cultural concepts:

- Wairuatanga the framework will centre wairuatanga which makes culture key to the
 design and delivery of care. Wairuatanga is a constant which also permeates and
 resonates within the other concepts
- Pātuitanga to grow and foster strong partnerships in shared power relationships
- Rangatiratanga the right to choose, and decision-making power over our own affairs
- Whānau whānau need is at the forefront of service design and delivery

The steps that would be taken to develop the implementation guide that sits alongside the framework were also discussed. The Board congratulated the team for their excellent work.

Pacific window 2021 (Bula Sautu)

It was acknowledged that while the team could have considered many more examples of inequity, the draft report, as it stands, provides a clear story. Discussion of the role of BMI and measurement complexity in maternity, highlighted at the previous meeting, was reiterated and the team was asked to reflect some consideration of this issue in the final report. The overall conclusion that board members drew from *Bula Sautu*, is that we know so much, and yet don't do enough. This work is seen as a challenge to the health system. *Bula Sautu* is a useful step 1 and board members want to see clear follow up of this work.

In terms of next steps, the Board agreed that the Commission could fund and convene a Pacific consumer steering group to plan a way ahead for Pacific consumer voices to be at the centre of steering the Commission's response to the findings of *Bula Sautu*. This steering group could have the role of convening one or a series of talanoa, to gather an appropriate diversity of Pacific consumer voices. The broad array of issues raised by *Bula Sautu* could then be matched by a broad array of Pacific voices, with a view to asking consumers what they want, and putting Pacific consumers and whānau at the centre of the Commission's response.

It is the Commission's job to amplify the voices in this report as well as Pacific consumer voices, and to ensure good communications planning around the release of *Bula Sautu* for greatest impact. It was noted that the Commission did an excellent job in making the Window on Māori health equity central to the work of the sector, and it is important that we do the same for this Window.

Draft Statement of Performance Expectations (SPE) 2021-22

Concerns were raised about a focus on process within the deliverables provided, and not enough focus on measuring impacts and outcomes. Staff were asked to focus on the Audit New Zealand feedback and to consider other models of SPE deliverable and measurement from other organisations. It was agreed that there is more work to do to further develop the deliverables and measures.

The need for the Commission to focus on the disability system was emphasised. The board agreed that the areas the deliverables are focused on are appropriate.

Sensitive expenditure policy

The board endorsed the policy, with amendments to the areas of alcohol, air travel club membership and gifts to align with other health sector organisations. The board also asked staff to ensure the koha policy differentiates between situations where a koha is appropriate and when a professional services fee is required. Finally, the requirement to recognise specific needs was emphasised, and to ensure discretion for the chief executive to approve outside of policy, where there is a need (for example specific travel or accommodation needs).

Board governance manual

The governance manual update was accepted. The board noted the need to focus on the five new public service principles (politically neutral, free and frank advice to Ministers, merit-based appointments, open government and stewardship) and to continue to effectively manage interests and transparency.