Notes of the 94<sup>th</sup>meeting of the Health Quality & Safety Commission Board on 26<sup>th</sup> August 2022 held at Front & Centre, 69 Tory Street, Wellington.

Members: Dr Dale Bramley (Chair), Prof Peter Crampton, Shenagh Gleisner, Dr

Janny Parr, Dr Tristram Ingham, Rae Lamb.

Staff: In attendance: Dr Janice Wilson, Victoria Evans, Fritz Evile, Richard

Hamblin, Kere Pomare, Bevan Sloan, Martin Thomas, Stephanie Turner, Deon York, Paula Farrand (EA to the Board), Shelley Hanifan (minutes), Jocasta Whittingham – item 9, Jim Wiki – item 9 and Caroline Tilah – item

10.

Guests: Ria Earp – Chair, Te Rōpū, Russ Aiton – Chair, Consumer Advisory Group,

Morag McDowell – Health and Disability Commissioner.

Apologies: Mena Antonio, Mr Andrew Connolly, Dr Wil Harrison, Dr Collin Tukuitonga,

Gillian Bohm.

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 Health and Disability Commissioner update was **noted**.

• The chief executive report was **noted**.

• The financial report, delegation policy and risk register were discussed.

### **Key decisions/actions**

#### The board:

- agreed that Te Rōpū could go ahead with membership appointments, requesting advice
  on appropriate approval process for terms of reference that would support Te Rōpū to
  work alongside them in a partnership capacity.
- **requested** further advice and risk / opportunity analysis on potential intervention in surgical mesh, for preventing this ongoing source of harm.

### Risk discussion

The chief financial officer explained that the team is searching for the right risk tool for the Commission, which will be simple and clear to use, but will enable a more sophisticated risk analysis.

The board is keen to take a more positive view of risks as opportunities. Considering opportunities can help keep us ahead in our strategy. The board emphasised that the important part of this work is the discussion that occurs around risks and opportunities. Risks such as health sector staffing and even surgical mesh harm are areas that provide useful examples of topics that should be explored. The upcoming Window on COVID will

emphasise workforce challenges and could be a good starting point for highlighting this risk in a broader context.

The need for a risk appetite assessment was raised. The board do not clearly understand each other's risk appetite and it would be useful to better understand this.

## Ko wai tātou – the Commission's identity

The communications team delivered a shared presentation detailing the proposed new identify for the Commission.

- The logo was widely supported by the board.
- The board requested that the wording 'Health Quality & Safety Commission' be reduced in size, in comparison to the te reo wording.
- The proposed te reo Māori name Te Tāhū Hauora was also broadly supported, but there
  were differing views expressed on the exact wording. Some stressed support for the
  wider definition associated with 'Ora', whereas others felt that 'Hauora' represented
  health and provided a point of difference to the other key agencies Te Whatu Ora, Te
  Aka Whai Ora.
- A check to ensure that the terms are not already in use will be important.
- It was emphasised that Health Quality & Safety Commission will remain the legal name.

# **Draft national adverse events policy**

The draft adverse events reporting policy was presented for board input. The policy is due for review by 30 June 2023.

A video on restorative practice in healthcare and houhou te rongapai was shown to the board.

The board welcomed the work and supported the direction being taken. Discussion points emphasised:

- the need for clear guidelines, flowcharts and 'how to' information
- the culture shift required to embed restorative practice is large
- the need for legal advice around the term's patient, consumer and whānau the word whānau has specific implications.
- when looking at an adverse event investigation it may be the consumer doesn't want
  whānau involved, or that whānau don't act in the best interests of the consumer the
  complexities of this need to be considered and the framework will need to tease these
  out.
- workforce groups may receive legal advice against these approaches from their own advisors, due to admission of liability or other concerns – engagement with the Medical Protection Society will be important.
- clear consistent expression of legal advice will be required, and there will need to be engagement with the Medical Protection Society and regulatory bodies around this.
- credentialing and micro-credentialling will be necessary for anyone who facilitates these processes, as this approach may risk failure if it is not done well.
- how will the policy address inconsistency that is occurring around when and if review is being done? This is important.

 Restorative practice has good synergy with te ao Māori and multi-pronged approaches to cultural shifts are needed.

## Refreshing Te Rōpū membership

The Chair of Te Rōpū introduced a paper to support the shaping and refreshing of Te Rōpū including new terms of reference and proposed new memberships. It was acknowledged that one of the proposed new members of Te Rōpū is the partner of one of the board members.

There was general agreement that Te Rōpū could make their own membership decisions and should ensure they have appropriate processes in place around appointments and conflict of interests.

The board noted that times have changed since Te Rōpū was first established and indicated a desire to see Te Rōpū work alongside them in a partnership capacity, rather than being an advisory group. The board requested advise to provide clarity on the terms of reference and how these should be managed in the changing context.

# **Noting papers**

Consumer Advisory Group environmental scanning

The Chair of the Consumer Advisory Group requested feedback on the environmental scan provided. The board requested that a high-level summary of key points that are important to the advisory group, be provided at future meetings.