**Mental health and wellbeing webinar**

**Aotearoa Patient Safety Day 2020**

 **Accessible transcript**

**Visual**

**A PowerPoint slide is framed by bands of blue and green. In the top right corner of the slide, blue and green text reading ‘Health Quality & Safety Commission New Zealand Kupu Taurangi Hauora o Aotearoa.’ Beside this is the blue and green company logo comprising of three thin square blocks with white circles of differing sizes within them. A heading reads ‘Te Rā Haumaru Tūroro o Aotearoa, Aotearoa Patient Safety Day.’ Below this in a smaller font, text reads ‘Housekeeping’. Beside a small icon of a singing bird, text reads ‘Audio Check: can you hear birds singing?’ (sound effect). Beside an icon of a letter ‘Q’ on a folder, ‘Please submit your questions for our speakers using the Q&A thread.’ Beside two icons, one showing a speech bubble and the other a hand, ‘Chat and “raise hand” functions have been disabled.’ An icon shows a hammer and wrench crossed over each other inside a cog. ‘For technical issues, email** **jess.bilton@hqsc.govt.nz****.’ A small screen appears in the top right corner of the slide. Caroline Tilah, a grey-haired woman wearing a vibrant red shirt with a floral design, is sitting in a room with white walls in front of a framed artwork.**

Audio

(BIRDSONG)
(Caroline): We'll make a start, I think. Excellent.

**Visual**

**The slide changes. A title in blue reads: ‘Thank you for joining us. Kia pai tō ra!’ Below this, smaller text in black reads: ‘Head to the Commission’s website to view the Aotearoa Patient Safety Day videos.** [**www.hqsc.govt.nz/patient-safety-day**](http://www.hqsc.govt.nz/patient-safety-day)**.**Audio
(Caroline): Tēnā tātou katoa.

Ko Mangaweka te maunga.

Ko Tukituki te awa.

Ko Ingarangi te iwi.

Ko Tilah te hapū.
Ko Caroline Tilah tōku ingoa.

Welcome, everyone. I'm the senior manager for the patient safety and capability team at the Commission, and it's my privilege to host our Aotearoa Patient Safety Day webinar - Te Rā Haumaru Tūroro o Aotearoa. And Kat, can you just open with a karakia, please?

**Visual**

**The slide vanishes, and Caroline and a second woman’s video feed fills the screen. Kat Lawrie sits in an office with a clock behind her on a greyish blue wall. She wears a black and white striped top and has a rainbow coloured lanyard around her neck.**

**Audio**

(Kat): Kia ora koutou.

Ka tū tonu te uru te ahakoa te rangi.

He kai mā te puku, mā te ringa, mā te waewae.

Kia whakatipuria ngātahi tēnei taonga te hauora ā tinana, ā hinengaro, ā wairua, ā whānau.

Kia tū hei tohu o te ora.

Kia tīna, tīna.

Haumi ē, hui ē...

(Caroline and Kat): ...tāiki ē.

**Visual**

**Kat’s video feed ends and Caroline fills the screen.**

Audio

(Caroline): Kia ora, Kat. I wanted to thank all of you who have taken the time out of your busy day to be with us to celebrate Aotearoa Patient Safety Day.

We are recording today's session, so please share with others, and at the end of this webinar, we will play our two Patient Safety Day videos hosted by the Director-General of Health that are also available via our website, and there will be a link on the screen for you to follow. And just a heads up - you may need a tissue.

So, COVID-19 has highlighted the huge challenges health care workers are facing globally. Working in stressful environments exacerbates safety risks for health care workers. Health work safety – a priority for patient safety – was therefore selected as the theme for World Patient Safety Day that was celebrated on the 17th of September, focusing on the interrelationship between health worker safety and patient safety.

Due to the New Zealand election and impacts of COVID-19, we had to delay our Patient Safety Day celebration until today. Our theme - Getting Through Together; Whāia e tātou te pae tawhiti - comes from a national mental health and wellbeing campaign by All Right? Community & Public Health, a division of the Canterbury District Health Board and the Mental Health Foundation of New Zealand.

We want to acknowledge the hard work and dedication of our health care and support workers, and to highlight the need for all of us who work in health to take care of our mental health and wellbeing during difficult times. Our focus is on thanking all health care and support workers for their efforts and dedication through responding to recent crisis events and the COVID-19 pandemic. We want to encourage them and their organisations to promote health and wellbeing as an essential component of getting through together, creating an environment of health care worker and consumer safety. So, it's just fabulous having you all here. We had about 178 people registered, and we're absolutely thrilled. Just a wee bit of housekeeping.

**Visual**

**The opening slide with the housekeeping rules appears.**

Audio

(Caroline): Please use the Q&A thread to submit questions for our speakers, as our hands up and chat functions are disabled at present. So, without further ado, it gives me great pleasure to introduce our three guest speakers today.

**Visual**

**The slide vanishes and Caroline and a second woman’s video feed fills the screen. Rachel Prebble wears black framed glasses and a chunky beaded necklace.**

Audio

(Caroline): So, Rachel Prebble is the organisation development manager at Capital & Coast District Health Board - thank you, Rachel - and a clinical psychologist. She led the development of a wellbeing framework for Cap Coast DHB and has coordinated the staff welfare and wellbeing response to COVID-19 for Cap Coast and Hutt Valley DHBs. Rachel's mission is that our people can thrive, that they are excited to come to work and proud to be part of the health care community and able to provide safe and compassionate care. Welcome, Rachel.

(Rachel): Kia ora koutou.

(Caroline): We also have Kerri Nuku, whose current role is the kaiwhakahaere for the New Zealand Nurses Organisation, which she has held full-time since 2013.

**Visual**

**Kerri’s video feed appears at the bottom of the screen, moving Caroline and Rachel to the top. Kerri wears a red top and black framed glasses and sits in a brightly lit room.**

Audio

(Caroline): Kerri has an extensive background in the health sector as a registered nurse, midwife, including policy development, auditing, management and held advocacy roles at the national and international level, including the World Health Organization Project Human Resources for Health. Kia ora, Kerri.

(Kerri): Kia ora.

(Caroline): And last but not least, Candice Apelu-Mariner, who currently works as an integration lead within the Pacific directorate at Hutt Valley District Health Board.

**Visual**

**A fourth video feed appears, moving Kerri’s video to the left side. Candice wears a pink collared shirt and has a hibiscus flower in her dark hair.**

Audio

(Caroline): Candice's focus is on improving the health and wellbeing by leveraging off the strength of Pacific families and communities to be agents of change and good stewards of their health. Candice has extensive experience in facilitating and delivering in-service training, coaching, health education and healthy lifestyle workshops. Welcome, Candice.

(Candice): Talofa.

(Caroline): So, from the Commission helping today, we have Jess and Mohammed from the communications team assisting with technical support, and we've just heard from Kat, who is our programme coordinator for the patient safety and capability team, and she will also close with a karakia today. And monitoring the chat questions we have Leona - our specialist for patient safety who will pose questions of our panel in addition to any from the chat. So thank you, everyone - all of us - for making today's webinar possible.

So, Rachel, we'll start with you. From your perspective, how do you see the concepts of patient safety and staff safety to be connected?

(Rachel): What a great question to get us started. Thanks, Caroline. So, I guess for me, people and teams create safety, right? So, in health care, we might have procedures that we do or machines that we use, or all sorts of other things. But actually, when it comes right down to it, it's people who create safety, and they do that day-to-day in their work individually and collectively as teams and as services, and it's interesting. I often think – and I've done this a couple of times where I've gone to the front door of our organisation and asked people what their hope is for the day, and, you know, everybody comes to work in health intending to do the very best that they can to provide the safest and most compassionate care that they can for our patients and for our community.

So, we start with that point, which is a fabulous place to start, and then, we've got this layer that's around systems and processes and checklists, and all sorts of things that help remind us that can help us to think about points where safety might be really critical, and there are some specific things we can do to build that. But actually, what we know is that it's impossible to predict everything along the way that's going to impact safety - that as soon as you put people into the mix, you get randomness, you get variation, and you get, you know, those things that make us unique as individual human beings, and then you get the interactions between the people and the space between the people.

So, we can't have a system or a checklist that allows for every one of those situations or those circumstances, so we actually rely on our people and their ability to make really good decisions, their ability to notice, I guess, the things that might create a risk for safety and to, I guess, create the conditions for really good, safe and compassionate care. And part of that is about them attending to other people around them, each other, and the way that they interact and the way they communicate, and also the way that they communicate and interact with patients and the role that patients and whānau and community have in feeding into that system.

So, having said all of that, of course, our people bring their whole selves to work, yeah? We sometimes go, 'Oh, health system. Well, you know, that's nurses and that's doctors and that's psychologists or social workers or health care assistants or orderlies,' or whoever it is. But actually, for each one of those professional groups, we all bring our whole selves. We bring our histories, we bring our cultures, we bring our value systems, and we bring our experiences into that space as well, and some of that can be about... about how confident we feel in that environment and how capable and able we feel to speak up. So, it's really, really important to pay attention to how our staff in particular are experiencing that and how they're feeling in terms of their wellbeing and their safety.

If we've got staff who are feeling stressed or distressed or fatigued, then it's really difficult and challenging for them, you know, to fully enact that safety and to have the energy and motivation and the intention and the attention to those things. But on the flipside, if we can create an environment where our staff can come to work and be celebrated and recognised and supported to be their whole self, and we can actually really think about how those different perspectives and experiences and professional views and cultural views and values bases can come together to create an even better service for our patients, then we're on to a real win. And I know that Kerri and Candice are going to talk a lot more about different frameworks and different ways of thinking about wellbeing and safety from te ao Māori and from Pasifika perspectives.

But I guess for me, it comes back to really focussing on every person who works in our- Or actually not even works, but comes into our space is part of what creates safety and creates wellbeing, and we've got this amazing opportunity that, if we can treasure the diversity in that - the diversity of perspectives - we'll actually take our patient safety and experience to a whole nother level and end up with staff feeling supported and recognised and valued. So it's all win, I think, if we connect those two concepts together.

(Caroline): Thank you, Rachel, and you're right, isn't it? We go into health because we care about people, and it's about caring for each other and valuing ourselves as a team. And you mentioned, too, about this focus on culture and being mindful of our cultural diversity in that approach. So thank you so much, and as I said before, we will have some additional questions and answers for you shortly. So I just want to now cut through to- or segue through to Kerri. So, thinking about recognition of understanding and wellness from a variety of cultural leads, and just partic- specifically, Kerri- Sorry, I can't get my words out. (LAUGHTER) My apologies. Um... Just understanding a te ao Māori approach to mental health and wellbeing. Kia ora, Kerri.

(Kerri): Kia ora. Um... te ao Māori is often- in health, we look primarily at a broken limb, a sore that needs to be healed. That's one feature of te ao Māori. The biggest aspect where care and consideration needs to be drawn is around those other things that we can't always see - the spirit, the mind, not just the body, but the whānau and how we engage with that. Mason Durie refers to that as an equilibrium - the Te Whare Tapa Whā - and we often hear that when we're talking health, but often what we don't do is focus on those things that we can't measure. We singularly tune into the thing that we can see - the broken leg, the broken limb, the whatever. So te ao Māori is about understanding everything around us and how we're complicated beings and how we fit together within that paradigm. And from there, the mauri, the spirit that runs through, the energy that runs through, and the mood that I'm in can often rub off on to other people. So if you're in that equilibrium kind of state, then you're more likely to allude that positive kind of energy. But wellbeing from a te ao Māori sense is about addressing, nurturing and nourishing all of those other aspects as opposed to just looking at one.

(Caroline): Kia ora, Kerri. Thank you, and we definitely saw that in action, didn't we, during the COVID-19 pandemic. That whole community coming together and caring for each other, not focusing on the I, but thinking of others in that holistic approach.

(Kerri): Yeah, definitely.

(Caroline): Um... I'm just trying to think what else I wanted to say there. No, that's fine. I think we'll... also discuss, too, around, following up on that te ao Māori approach to mental health and wellbeing. Candice, just what you can share about the Pasifika approach to mental health and wellbeing.

(Candice): First of all, talofa lava, kia orana,malo ni, malo e lelei, ni sa bula vinaka,

fakaalofa lahi atu and warm Pacific greetings. I feel like I'm wanting to take all of you

around a tropical plane ride today. (LAUGHS) Thank you for having me, and I think I'll preface what the insights that I'm going to share are in terms of the lived experiences here in Wellington, but the key principles are the same for Pacific all over New Zealand.

And I think it aligns with what Kerri was speaking about before, and Rachel, around the holistic support of an individual, because a lot of- most of our Pacific, we think family. So these are the key things that underpin Pacific cultures - it's families, it's the environment, it's our beliefs, our spiritual and faith. And that's what we saw a lot of during COVID, and I think that's what really helped our people be very resilient and to cope with not just the lockdown, but all throughout this year. And I'd just like to reference two models, and I think these are widely used in the mental health space. These are really good models, and I think some of you might have heard of them already, or not. But I'll just reference them because I think these two actually explain quite a lot in terms of what symbolises Pacific resilience.

And the first one - I've got a bit of nautical theme going on today. (LAUGHS) So, the first one is the Te Vaka Atafaga, which is a Tokelauan model developed by Kupa, and that's a model based off of a vaka or waka or a canoe. And this model utilises the Pacific canoe metaphor to symbolise the process of journeying through the complexities of health and wellbeing. And, of course, it consists of six guiding principles that are core to the concepts of the Tokelauan world view. So, number one is the natural environment - what's happening around us. Of course, the physical fitness, the strength of mind, which is mental health, the system of sharing for the benefit of the family or kāinga, ancient beliefs in Christianity and then, of course, families as the traditional sacred relationship. So it's all about relationships. And then the second model you would have heard of already as well - widely used. It's the Fonofale model, and that was developed- It's a Samoan model developed by Karl Endemann and it incorporates the values and beliefs of many Pacific people, of course to identify the things that are most important to them. So family, culture, spirituality, and, of course, it's modelled off a Samoan fale, or a house, and the floor of the house represents the strong foundations of genealogy and family ties, and now bringing this into the COVID situation and wellbeing of not just our staff, because a lot of our staff come from family. So they leave their families to come work in the health space, and so they're not there by themselves. They carry their genealogy and family ties with them as well as our communities.

And when we saw COVID - during COVID - everybody banded together. Our communities of practice, whether it was our immediate families, extended family, our work families. We also saw our communities of practice, which was our churches, our sports communities. They all rallied together to support each other. And I think I'll segue into the video just to land my point.

(ORIGINAL VIDEO REMOVED FROM WEBINAR RECORDING)

Thank you, Caroline. I think that video just really sums up, you know, the strengths of our Pacific communities and the culture, their spiritual beliefs, and just that collective approach to supporting each other through times of crisis, but also times of celebration too. Thank you.

(Caroline): Thank you, Candice, and we want to make this webinar as interactive as possible, so I thank all three of you for sharing your experiences, and we're going to now hand over to Kat and Leona, who are going to pose questions from our participants.

**Visual**

**Kat’s video feed joins the mosaic, moving Kerri’s feed up to the top row with Caroline’s and Rachel’s.**

Audio

(Kat): So, hopefully everyone who is attending today has seen the Q&A function at the bottom of the screen. Please feel free to use this function to pass on questions to us, which we will relay to our panel. Leona, I'll let you take it away with some of the other questions that we've been asked for the panel.

**Visual**

**Kat’s video is replaced by Leona Dann’s, a bespectacled woman in a stripy top.**

Audio

(Leona): Kia ora. Thanks for that, Kat. So thanks to our presenters. It's been really great to listen to you, and I do have a few questions here. So my first question will go to you, Kerri. Thank you. 'I thought it was really interesting and sounds positive and inclusive framework when you talked about the te ao Māori paradigm, and I was wondering how then does a sense of vulnerability or self-doubt fit within this paradigm?'

(Kerri): I think that's a significant issue, because self-doubt - that's something that's intrinsically within. So, you may not see an open wound or whatever, but having the confidence and the ability to feel empowered is something that is part of that spiritual mind healing. It's part of that connectedness.

So, if I give you an example - during COVID-19, we were part of an international video conference, and it was with nurses from the US of A, and at that point in time, there was a significant amount and numbers of death that were happening, and they felt under-supported - lack of PPE gear. And one of the nurses got on the Zoom meeting and she said, 'I think I've looked doom in the face.' Now... to hear her, to see her spirit, to feel that brokenness - nothing can replace it, and I think that that is what drove and motivated us to be strongly an advocate. So how do you mend something like that? How do you remedy that? It's really difficult, because then how do you measure it? And next time we engaged with her, the feeling of helplessness or hopelessness was more profound. So what, um... So having the confidence, having the ability to share, to talk, having the support around not just from her whānau but from colleagues that appreciated the significance of the event was really key. But what we were able to share with her is that her words motivated us to be more proactive. And so that, in turn, encouraged her to be... to feel that this- How do we redirect this energy of hopelessness? Unfortunately, their system that doesn't instil confidence, how do we turn that around?

And a lot of the acknowledgement around te ao Māori is about, first of all, understanding yourself and what makes you work, what strengthens you. First of all, having an awareness - a self-awareness of your own identity. And that's some of the work that we've needed to do along this process, because self-doubt and vulnerability is largely what this unpreparedness in some areas created, and we walked into as health professionals. But the collegial support - that talking through it - is what addressed some of those issues.

(Leona): Yeah. Thanks, Kerri. That's really helpful. I know that Kat's got a question on the chat, but I just have one that follows on from what you were discussing. So, you know, we work a lot now and our focus is moving more into developing systems that enable people to function really well and to their very best. So how well do you think our health care system supports this wellbeing paradigm that you've been discussing with us today?

(Kerri): I think we're on the very start of an exciting journey. I think one of the difficult things about measuring wellbeing is it's difficult to measure wellbeing. What we have is a system that funds outputs and something that's measurable and tangible. Unfortunately, with wellbeing, it's a nice- it's a fuzzy warm that we don't always measure. So I think we're on a journey to really spell out wellbeing, define it, and then start to look at how do we implement services or structures to support and acknowledge the wellbeing of staff so that they can enjoy being working within the system. And then some of that will certainly brush off on to the clients and the people that we're working with and supporting.

(Leona): Great. Thanks, Kerri. I'll hand back to Kat now, and then we can come back to me, Kat, if we need to.

(Kat): No problem. So, we do have one question from Connie. 'How can we use Te Whare Tapa Whā as a framework to educate our staff around practical application of wellbeing and self-care? Do you know of any good programmes out there?' So, this is probably a question, again, for you, Kerri, and possibly similar models, Candice.

(Kerri): There's lots of models at the moment, and actually, just like many words become the buzzword, I think wellbeing is quite topical at the moment, especially in the events of COVID. What COVID has taught us is that we must protect ourselves and we must do that by ensuring that we've brought communities together, we're facilitating conversations to happen within whānau. I mean, four weeks' lockdown with my whānau - it's amazing what stories we shared and what we didn't know about each other. So, we were forced into a situation. Now, the system - there are numerous amounts of models that are yet to be tested out there, but running a good model around Te Whare Tapa Whā also means changing the way that we deliver the services currently to ensure that it's embedded and supported, and then the way that we resource the development of that tool, and what that might look like. Te Whare Tapa Whā as a model is exciting, but it requires a lot of careful consideration and resourcing appropriately to make it effective.

(Candice): Can I also add on to what Kerri has said in terms of Connie's question? Just bringing in the Pacific models of care into... Just an example, and I'd like to use the Te Vaka Atafaga or even the Fonofale model. I think bringing the family concept into a workplace so a Pacific person or your Pacific staff member has their immediate family. They come, and they come into their work family, and within that work family, there's respect and reciprocity. The relationships are quite important. Those are the key values that they carry. So it's... the different environments that they belong to. So, in terms of wellbeing, I think it's more around building that culture of honour in your... in your workspace to honour your staff members' different cultural links and stuff. I hope that makes sense. And I think that's the easiest way to bring in the model and how I see it in practice.

(Leona): Lovely. Candice, you talked really nicely there about the use of reciprocity and working collectively. I wondered if you've got some community examples that perhaps you could share with us from the Pacific resilience during lockdown that could highlight that, sort of, collectivism versus individual perspective in Pasifika in Aotearoa?

(Candice): Yeah, I can. There's lots, but I think a couple of the things - and this is what I mean about community of practice and the collective approaches of Pacific people to a lot of things. Before the health services or even the welfare services were mobilised out to our communities, the churches, the families, were all doing it before the mainstream services got out to our communities. So, you know, like, the churches were already sending out food packages, calling everybody, chipping in, including the elderly, and we know that in our Pacific cultures, our elderly are well respected; we look after them, and they were one of the most vulnerable age groups even now, during COVID.

And... yeah. So that's an example, and also bringing it back to the hospital. So, of course, in our culture and our experiences of the health system, we're quite visual. We're very face-to-face rather than online consultations, that sort of thing. What happened during lockdown was there were no visitors allowed, and we had some Pacific patients who were either dying or were undergoing surgeries by themselves. So they needed the whole family around them. And this is what I also mean about the resilience of our Pacific people. And also thanking everybody in the health sector at that time, because I think it was more everybody was being- It's not just about being kind. I think it was our human empathy coming through. We all knew that we had to do the best for the patient, and even if it was... what do you call it? Doing a FaceTime with the families. But we made sure that they knew that their family member in the hospital was well looked after. But at the same time, we gave the assurance to families. I hope that- Does that make sense?

(Leona): Yeah, yeah. Great examples, Candice. Thank you. I know Kat's got another question, I think, by the looks, because we see Kat back on the screen.

(Kat): (LAUGHS) Yes. So we do have a question. This is really for everyone, but I think

I'll start with you, Rachel. 'It's been indicated to us there's the prospect of significant upheaval and change in the next few years. We could be vastly reducing the number of DHBs and the areas they're responsible for. So how do we ensure the wellbeing of staff

and minimise disruption to patients 'throughout that period of transformation?'

(Rachel): Just a small question there (!) (LAUGHTER) Reckon I'll knock that off in about 30 seconds (!) I think one of the things that we can all kind of reflect on in the last year is if we step back from the idea of a pandemic as being a health thing, it's actually reflective of a whole sense of uncertainty and some of that loss of control over the future, right? So there's some really good lessons that we've learnt over the last year about what can help sustain and support us when we're in times of uncertainty and in times of change.

So, absolutely, we can all predict that there's a bit more coming and it will take different forms. I've been using the phrase 'Change is the new black' in my world, and like all good fashion trends, we can choose how much we get impassioned and engaged with it, or we can choose to go, 'Yeah, I'm going to rock along and I'm going to be part of it, but I'm going to be true to myself,' and I think, actually, that's probably the key - is when we think about coping with times and uncertainty, it's about understanding and thinking and reflecting about what's important to us and what we can influence, what we can control. And there'll be some things that we can't control, and it might be about choosing to be able to accept those. Now, it's easier said than done. As I said, I'll knock it off in 30 seconds.

Acceptance is a really challenging thing to do. But I guess having that awareness that, actually, what that represents is that, uh,... uncertainty, and choosing how we respond to that - taking time to understand, 'What does that actually mean for me, and how do I want to be in this new reality?' And that can create a sense of, 'OK, so I actually- Things might change around me, but what's really important to me, what's my core purpose in being in the health system hasn't changed, and so how do I embrace this new reality in a way that supports both the new reality and enables me to be true to my values and my purpose?' So... I guess that's a bit of an esoteric answer, really, but I think that's where I start anyway with it. Yeah.

(Kerri): I'm happy to add to it, and thank you for taking the first (LAUGHS) shot at it. It's always difficult with such a complex question. I think what COVID did tell us is that

we were all in this waka together - 'He waka eke noa,' I think the government was saying - 'A team of five million people.' So the team then needs to talk about how is it going to look like as we transform moving forward? How responsive was the current system to where we needed to have services? How advantaged or disadvantaged were those in the rural, the further out you go from the CBD? They don't deliver pizzas, but they also sometimes don't deliver health care services. I know because I'm in a rural community. So, 'How do we transform?' requires engagement and ownership from the community, and then the health care workers' engagement. But this transparency...

There was no hiding behind COVID. COVID exposed warts and all. COVID, um... So the development of a new system requires everybody to be in this together to transform it.

So, while the Heather Simpson report talked about some high-hitting- some opportunities for redevelopment and transforming a system, actually, that was a start, and it was good that we had that sort of identification and opening up some problem areas. But now, moving forward, I think that community engagement is really key to transformation, and that includes health care workers as part of that community. So, I think there's some really exciting times, but we need to say, 'What are the first principles?' It's reducing inequities, a bicultural framework, commitment to Te Tiriti.

Those are the big posts that need to stay in the ground. How we develop and ensure that everybody has access to a quality system is the next part of that broad conversation,

just like we talked about at the referendums. We've got to be talking about this when we transform. Kia ora.

(Caroline): Candice, did you want to add to that?

(Candice): Uh, I think yes, I do, and I acknowledge what Kerri and Rachel- And I only have a little bit to add. I think what we really need moving forward - and of course, this hui is around strong leadership, strong leadership in this space, and open, transparent communication. If everybody has that shared vision, going back to the team of five million and that open communication so that we all know where we're heading towards, then we can all start addressing the gaps and start adapting to our new normal. But I really think leadership is quite crucial - good, sound leadership right now. Thank you.

(Leona): This seems a good opportunity for me just to do a little plug here spontaneously about the COVID hub. So, the commission has a COVID hub page, and on that, there is a tab that says 'Sharing experiences to learn,' and we've recently published a great article around COVID responses and two examples. One is from our rural community in Wairoa, and it's just because I heard you, Kerri, speak about the rural needs that made me think, 'Oh, I should put that little plug out there for people just in case they want to access it.' But, Kat, I-

(Caroline): Oh, you're on mute, Leona. Sorry.

(Leona): We actually have another question. Thank you.

(Kat): Yes. So, we've got a question from Ray. So, he's noting the similarities between the Māori and Pacific people and some Asian cultures, and is it likely to see more collaborations with the growing Asian populations in Aotearoa? And what do the panellists think about this? Should we start with you, Kerri?

(Kerri): Oh, absolutely. I think we've got to collaborate a lot more freer than what we have done. Like minds generate positive outcomes, and I think we don't do that often enough. We do become quite patch protective. But this is about collaboration, conversations, and a meaningful pathway forwards for everybody.

(Kat): Candice?

(Candice): I 100 percent agree with what Kerri said, and I think it comes back to that leadership as well in terms of connecting - connecting all the conversations. And, I mean, it's Asian populations, our refugees, but also, our disability... our disabled sector. So, I think there's a lot of societal conversations that I think moving forward- And let me just retract- No, there are conversations happening already. We just need to connect them and strengthen them. Yeah.

(Leona): That's a lovely segue, Candice, for a question to Rachel that we have about strengthening. 'Rachel, you mentioned earlier on about teams and how they create safety, and I just wondered how we can strengthen wellbeing in a team and in a system. Do you have some ideas around that?'

(Rachel): I do, and interestingly, that was sort of what was going through my mind while Kerri and Candice were talking about- in response to that last question, and I was going- There's kind of- There's this one bit that's the practical layer of identifying what are the things that we need to do? Who are the different groups of people, and what are the different perspectives that will enrich and support a really, really good... for want of a better word, a good outcome for all, and that that might look different for different groups in our communities and different communities across the country. There's another layer there too, and that's about how we do it.

And again, there are myriad ways that we would approach these things, but there's some underlying kind of cool aspects to it that I think create a safe space, and people often use the buzzword 'psychological safety,' and I thought it might be worth just sort of talking about that for a little minute. So, it's really thinking hard about how do we create a space that is safe to have those conversations where we are respecting... all perspectives that come into the conversation. And in fact, we're not just respecting it. We're going out and looking for them and really valuing and treasuring those. And in order to be able to do that, there's a sort of base of shared purpose, of values, and Kerri, you mentioned some of the pillars that are really important in there in terms of Te Tiriti and our commitments around equity. There's the core values that sit around that, around... Candice, you talked about respect and the respectful relationships and that reciprocity and how those values, how those beliefs, how those systems and how the behaviours that come out of that fit together to really create a space where people can feel confident to express themselves and explore new territory.

Because what we know is that if we keep doing what we've always done - here's the cliché for the day - we're going to get what we've always got, right? And we know that there's some real challenges in that that we're not delivering the services and seeing the outcomes that we really want to see. So, in order to be able to do things differently, we have to be brave enough to explore, and the way that we can create that courage is by creating that safe space so people can put forward ideas without fear of ridicule, they can question; that every single person that's part of this conversation feels absolutely that they have the right to say, 'Hang on a second. I don't think you've got that right. I think you're missing something here,' and that there's a respect, and actually, that we thank people for raising those questions, for speaking up when they're unsure. And I think that's a really important base in terms of how we do this. And again, when we go back to that question before about how can we all maintain our wellbeing and our resilience through change and uncertainty, creating that sense of psychological safety and that shared space is how we'll all get through this together - the team of five million, as we are. Yeah.

(Leona): Lovely. Thank you. Caroline, how are we going? Is it time for me to hand back to you, or-?

(Caroline): I think it is, if we don't have another question, Leona.

(Leona): That's fine.

(Caroline): Thank you very much, and thank you, Kat, as well, and thank you to our speakers. Rachel, I think you summed everything up perfectly just then. You know, I think, in terms of safety, for me, it's our human capacity for learning, growth and development through connection and collaboration. And I think we've seen a lot of that and a lot of insights into how we can encourage that. So, we would like to play the two videos from... that we have developed prior to our closing. So we'll do that first.

**Visual**

**On a dark blue screen, white text reads ‘Getting through together.’ Green text beneath it reads ‘Whāia e tātou te pae tawhiti.’ Dr Ashley Bloomfield, the Director-General of Health, stands in front of a green wall with a framed artwork with brown, yellow and red tones. He short has short, light brown hair and wears glasses and a grey suit jacket over a light pink open-collared shirt.**

Audio

(Ashley): Kia ora koutou katoa. To my colleagues, I want to thank you enormously for the work you do every day to keep our people safe in the health and disability system. Let’s hear now from some of those who use health and disability services about their experience. Kia kaha, Aotearoa.

**Visual

Joanne Neilson sits on a red chair next to an indoor plant. She has short blonde hair and wears a black cardigan over a striped top. She wears a pounamu and lanyard around her neck.**

Audio

(Joanne): My mother is in a home, so dealing with her and looking after her health needs is really important, and because the homes were basically in complete lockdown, that became very stressful for her. So the health care workers at her home were incredibly supportive and kind.

**Visual**

**Dana Edlin sits holding her baby in her lap. Dana has long dark hair and wears glasses and a red sleeveless top. Her eyes brim with tears and she looks emotional.**

Audio

(Dana): It definitely wasn't what we were expecting when we first got pregnant, obviously. I was hoping that, you know, my husband would be with me at the hospital after I had him.

**Visual**

**Amanda Stevens sits in a red patterned chair next to an indoor plant. She has curly brown hair and wears a black outfit and pounamu. She signs with her fingers, moving them from her ear to across her eyes.**

Audio

(Amanda): I'm deafblind, so I couldn't see anything that was happening. I couldn't see the protocols. I couldn't hear a lot of what people were saying. But the respect that was offered was just lovely.

**Visual**

**Martine Abel-Williamson sits with her hands in her lap. She has long auburn hair and wears an orange, green and black top, black trousers and an orange bead necklace. Her Labrador, Westin, lies next to her on the floor, wearing a guide dog harness.**

Audio

(Martine): Knowing that my GP or any other primary or secondary health care system is still only a phone call or a Zoom link or so away.

**Visual**

**Marlene Whaanaga-Dean sits next to an indoor plant. She wears a white frilled top, and her dark curly hair is piled upon her head.**

Audio

(Marlene): Our services are still working tirelessly, still caring for our community, for our people and more so our elderly and our children to make sure they're safe and they’re well.

(Joanne): For the staff that work in residential care, I think they’ve done a phenomenal job of keeping families informed and keeping our family members and their residents safe.

**Visual**

**Bernadette Pereira sits in a red chair next to an indoor plant. She has a bright turquoise scarf knotted around her head and wears a dark green anorak over a black top and a red necklace and matching earrings.**

Audio

(Bernadette): It was really the support also from the staff in the wards that allowed them to feel very comfortable and really at peace during that time of their recovery.

**Visual**

**Rangimarie Mita sits in a room with a poster of Michael Jordan on the wall behind him. He has black hair, a black moustache and wears a black T-shirt.**

Audio

(Rangimarie): I know that for health care workers and nurses and counsellors, it takes a big emotional toll on you.

(Marlene): I want to thank the five million New Zealanders, especially those that were essential workers that worked right through.

(Dana): My midwife is amazing. She was right there by my side for everything.

(Martine): I really want to thank everybody who's been working while the lockdown and all this uncertainty has been going along.

(Amanda): For people with dual sensory loss, thank you for understanding that those needs are different.

(Dana) Doing an amazing job, and for them to put their lives on the line every day is just phenomenal.

(Joanne): I just want to say thank you very much, because we really appreciate it.

(Amanda): Well done.

(Bernadette): Malo. Fa’afetai tele lava.

**Visual**

 **A white screen with four logos. In black text, the logo for Pharmac. Te Pātaka Whaioranga. In blue and green text, the logo for the Health Quality & Safety Commission New Zealand. Kupu Taurangi Hauora o Aotearoa. The blue and green company logo comprises of three thin square blocks with white circles of differing sizes within them. The blue and black logo for ACC. Prevention, Care, Recovery. Te Kaporeihana Āwhina Hunga Whara. The black text logo for Te Kāwanatanga o Aotearoa. Beneath the logos, blue text reads ‘Thank you to the Mental Health Foundation for its support.’**

**On a dark blue screen, white text reads ‘Getting through together.’ Green text beneath it reads ‘Whāia e tātou te pae tawhiti.’ Dr Ashley Bloomfield, the Director-General of Health, stands in front of a green wall with a framed artwork with brown, yellow and red tones. He has short, light brown hair and wears glasses and a grey suit jacket over a light pink open-collared shirt.**

Audio

(Ashley): Kia ora koutou katoa. As you take care of others in our health and disability system, it’s very important that you also take care of yourselves and of each other. Remember, you can’t be kind to others unless you are being kind to yourself. So, let’s hear from some of those working in our services about how they take care of themselves. Kia kaha, Aotearoa.

**Visual**

**Virginia Sissons from The Selwyn Foundation has long blonde hair and wears black glasses and a headset with a microphone. She has a brown cardigan on over a black top.**

Audio

(Virginia): So, our staff, I guess, initially with the first lockdown, it was around supporting them with, you know, feelings of anxiety about coming to work and leaving their families at home. And I guess COVID was the big unknown.

**Visual**

**Karen Lake from Ryman Health care sits in a room with postcards covering the walls. She has curly brown hair with a fringe and wears glasses and an orange cardigan over a brown top.**

Audio

(Karen): Our staff members are phenomenal. I mean, they have their own issues going on at home, but they have stepped up, turned up, and they just keep going.

**Visual**

**Henrietta Sushames from Capital & Coast DHB has short straight red hair with a fringe and wears a black tunic over a yellow collared shirt.**

Audio

(Henrietta): We had lots of conversations about ‘how’s it going for you? How's it going

with your family?’ which I found really helpful.

**Visual**

**Ali Hamlin-Paenga from Kahungunu Whānau Services wears a tight black beanie and tortoiseshell glasses. She wears a moss-green T-shirt with a thick black necklace and black oval earrings.**

Audio

(Ali): We still had karakia every morning. Everybody was required to be at karakia. Didn't matter where you were, because nobody had any excuse to say, ‘I can't be there’ because everybody was technologically set up.

**Visual**

**Leo Junior Apaipo from the consumer network sits in front of an indoor plant. He short black hair and a short beard and moustache. He wears a deep purple hoodie with a stitched yellow emblem of Otago Māori Rugby and the words ‘coaching staff’. He has a pounamu around his neck.**

Audio

(Leo Junior): The psychological health of those that are in the front line is incredibly important too.

**Visual**

**Denise Kingi-Uluave from Le Va has long layered dark hair. She wears glasses and a black outfit with a bright blue flower pendant.**

Audio

(Denise): We are a culture that likes to serve. Our values are to serve and serve our communities and others. In order to be able to do that, we need to be top of our game. And so it's really important that we are able to look after our own wellbeing in order to be there for others.

**Visual**

**Sarah Upston from Tū Ora Compass Health sits in front of a wall with a colourful artwork made up of cubes. She has short light brown hair and wears a cream and orange top and an orange scarf.**

Audio

(Sarah): I think it's so important that we find a way to look after ourselves and each other within our teams.

(Henrietta): I think we always have to consider our own mental health, because we can't

be helpful to our colleagues or to the people around us if we're not looking after ourselves.

(Virginia): Communicate, communicate, communicate. You can't do it often enough with the staff and with the residents and with families.

(Leo Junior): Huge props, tino mihi, to the kaimahi that were in the front line.

(Karen): What I’d say to people who have worked really hard throughout the response is thank you. You really are the true heroes in this situation.

**Visual**

**A white screen with four logos. In black text, the logo for Pharmac. Te Pātaka Whaioranga. In blue and green text, the logo for the Health Quality & Safety Commission New Zealand. Kupu Taurangi Hauora o Aotearoa. The blue and green company logo comprises of three thin square blocks with white circles of differing sizes within them. The blue and black logo for ACC. Prevention, Care, Recovery. Te Kaporeihana Āwhina Hunga Whara. The black text logo for Te Kāwanatanga o Aotearoa. Beneath the logos, blue text reads ‘Thank you to the Mental Health Foundation for its support.’ The video ends, and Kat, Leona and Caroline’s video feeds appear in a mosaic.**

Audio

(Caroline): Thank you, everyone, for joining us on this webinar today. It was really important that we took this opportunity to thank health care workers for their efforts and dedication through responding to recent crisis events, and in particular, our ongoing COVID-19 pandemic. Our special thanks to our guests - Rachel, Kerri, and Candice - for gifting us their time today and their willingness to support the commission in our acknowledgement of our health care workers. Ka kite anō. Kia ora, Kat, for our closing karakia.

(Kat): Kia ora, Caroline.

Pou hihiri. Pou rarama.

Pou o te whakaaro.

Pou o te tāngata.

Pou o te aroha.

Te pou e here nei i a tātou.

Mauri ora ki a tātou.

Haumi ē. Hui ē.

Tāiki ē.

(Caroline): Tāiki ē. Kia ora, everyone.

Accessible transcript by Able.