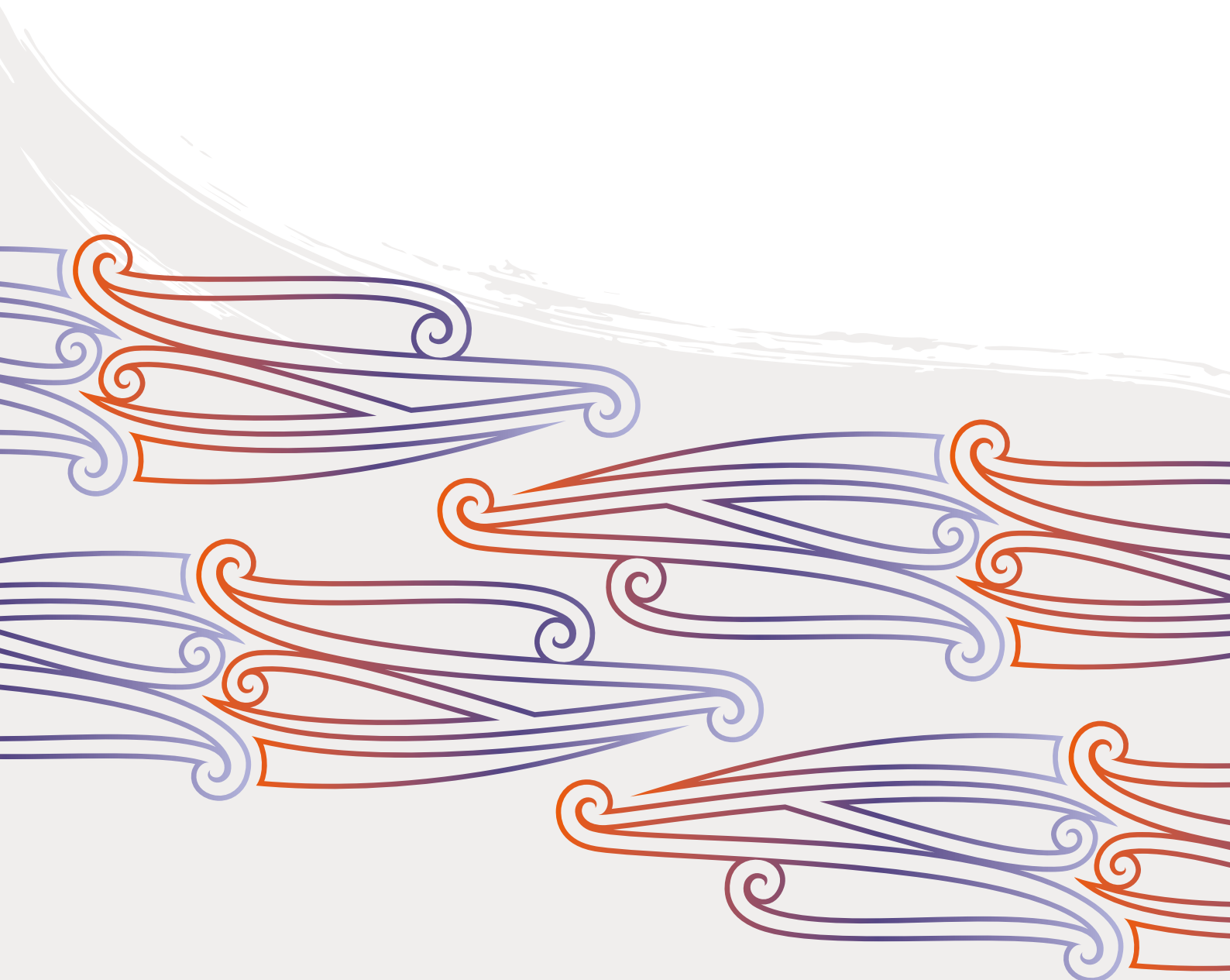


Tauākī Koronga

STATEMENT OF INTENT

2020–24



Pūpūtia te kākaho e kore rawa e whati.
Mā te māramatanga ka pakari te tū.
Mā te hinengaro, mā te tinana me wairua ka pakari hoki te tū.
Waiho mā ngā kaupapa taketake o ō tatou tūpuna tātou e hiki, kia
kaha ai tā tātou arataki i runga i te māia,
i te ngākau iti me te manaaki tangata.

*Tā te koruru whakaroto he whakaahua i te tangata e whakapipiri ana
ana kia kōtuia te katoa, kia tū tahi ai.*

*Tā te koruru whakawaho he whakaahua i ō tatou tūpuna
me ngā ara i tūtohutia ai e ratou hei whai mā tātou.*

*Tā te katoa o te tauira, he whakaahua i te hinengaro
(mind), i te wairua (spirit), i te mauri (innerbeing),
me te tinana (body).*



**There is strength in unity.
There is strength in understanding.
There is strength in the mind, body and soul.
Be empowered by the principles of our ancestors to lead
with courage, humility and respect.**

*The inner koruru pattern represents people coming
together to form partnership and show unity.*

*The outer koruru pattern acknowledges our ancestors and
the pathways (principles) they have built for us to follow.*

*The pattern in its full form represents hinengaro (mind),
wairua (spirit), mauri (innerbeing), tinana (body).*

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Tā mātau matakiteanga:

Our vision:

Hauora kounga mō te katoa

Quality health for all

Tā mātau uaratanga:

Our mission:

Whakauru. Whakamōhio. Whakaawe. Whakapai Ake.

Involve. Inform. Influence. Improve.

Ā mātau kaupapa matua pūmau, i ahu mai i Te Tiriti o Waitangi:

Our enduring priorities, based on Te Tiriti o Waitangi:

Kāwanatanga - partnering and shared decision making

Tino rangatiratanga - recognising Māori authority

Ōritetanga - equity

Wairuatanga - upholding values, belief systems and worldviews

Ā mātau kaupapa rautaki matua:

Our strategic priorities:

- Improving experience for consumers and whānau
 - Embedding and enacting Te Tiriti o Waitangi, supporting mana motuhake
 - Achieving health equity
 - Strengthening systems for high-quality services
-

Contents

Ngā kaupapa

Whakataukī	inside cover	Wāhanga 3: Te kauneke haere o ā mātau kaupapa rautaki matua	
Tauākī a te Poari Board statement	3	Section 3: Progressing our strategic priorities	22
Whakapuakitanga Foreword	4	Improving experience for consumers and whānau	22
Kupu arataki Introduction	6	Embedding and enacting Te Tiriti o Waitangi, supporting mana motuhake	24
Wāhanga 1: Te Kōmihana ki te 2020		Achieving health equity	26
Section 1: The Commission to 2020	8	Strengthening systems for high-quality services	28
Where we have come from	8	Wāhanga 4: He pēhea tā mātau mahi	
What we have worked on	9	Section 4: How we work	30
What we have achieved	10	Our governance	30
Where are we now?	12	Supporting our ministers	31
Our view of Māori health advancement and health equity	12	Our values	31
Our self-review based on the Performance Improvement Framework	13	Kotahitanga – Together	31
Our strengths	14	Mō te iwi – It's about people	31
Involving	14	Whakahohe – Energising	31
Informing	14	Ngākau tuwhera – Open	31
Influencing	15	Te tāpiri uara – Adding value	31
Improving	15	Supporting our people	32
Wāhanga 2: Te Kōmihana 2020 ki te 2024		Equal opportunities and the Rainbow Tick	32
Section 2: The Commission 2020 to 2024	16	Flexibility and work design	32
We share the health system view of 'Pae ora, healthy futures'	17	Ongoing improvement	32
Our vision	18	Self-review based on the Performance Improvement Framework	32
Our purpose and mission	18	Strengthening our Te Tiriti o Waitangi capability	33
Te Tiriti o Waitangi as our foundation	19	Developing our sustainability strategy	33
Our strategic priorities	20	Managing our finances	34
Measuring our efforts	21	Compliance	34
Further developing our measurement approaches	21	Risk management	34
		Āpitihanga 1 Appendix 1	35

Board statement

Tauākī a te Poari

In signing this statement, we acknowledge that we are responsible for the information contained in the Statement of Intent for the Health Quality & Safety Commission. This information has been prepared in accordance with the Crown Entities Act 2004 and to give effect to the Minister of Health's expectations of the Health Quality & Safety Commission.

Dr Dale Bramley MBChB, MPH, MBA, FAFPHM

Chair

29 June 2020

Rae Lamb

Deputy chair

29 June 2020



Foreword

Whakapuakitanga

The Health Quality & Safety Commission (the Commission) is a small Crown entity operating within the complex landscape of the health and disability system.

Established in late 2010, the Commission has worked to fulfil our health quality function by promoting a culture of continuous examination and quality improvement; by encouraging a focus on information, evidence and experience; by coordinating quality interventions at a national level; and by promoting strong clinical leadership and engagement in quality and patient safety. Since 2010, we have worked to gain the trust and build the relationships we need to improve our health system and health services for those who use them. We know and understand the health and disability sector, and we know our work has led to improvements in health outcomes across the sector.

However, the Commission, like all of Aotearoa New Zealand (and the health sector in particular), is facing a challenging and changing world. While we were in the final stages of drafting this Statement of Intent, Aotearoa New Zealand went into lockdown in response to the massive challenges that COVID-19 presents. We are hopeful the rapid response to the pandemic in New

Zealand will mitigate the impact of COVID-19 on our people and that we will be spared the worst of the tragic consequences we are now witnessing in a number of countries.

As a result, we are finalising this Statement of Intent with strong awareness that our health system, and our world, will change as a result of what we are currently living through. We are also strongly aware we do not yet fully understand how they will change.

Even before COVID-19, the health sector was in an environment of change. Recent work has been shining the light on our health and disability system, looking for improvement. This includes the Wai 2575 Health Services and Outcomes Kaupapa Inquiry; the government inquiry into mental health and addictions; and the broader review of the New Zealand health and disability sector, Hauora Manaaki ki Aotearoa Whānui.



Overshadowing all this work, however, is the current need for our health sector to respond to COVID-19. For this reason, we consider it important to see this Statement of Intent as a 'living document'. It will need to evolve from year to year, as we learn how our work can best support the quality and safety of the Aotearoa New Zealand health system in the new world and, by doing so, support the people of New Zealand.

The Commission has actively sought input from our partners and stakeholders to inform the development of our Statement of Intent, and has worked to express their vision clearly. In particular, we sought the input of Māori so we can base our work even more firmly on Te Tiriti o Waitangi and so this SOI can draw more strongly on mātauranga Māori and Māori worldviews.

No matter what happens in the future, a high-quality health system will need to work to:

- improve the experiences of people using health and disability services
- embed and enact Te Tiriti o Waitangi, and support mana motuhake for Māori
- achieve greater health equity
- support strong systems that enable safe, high-quality services.

These are the strategic priorities we have set within our Statement of Intent. We look forward to working with the sector, in whatever ways are required, to advance this work and support the health system and health services over the next four years.

Dr Dale Bramley
(chair)

Dr Janice Wilson
(chief executive)

Introduction

Kupu arataki

The role of the Health Quality & Safety Commission (the Commission) is to lead and coordinate efforts to improve service quality and safety across the health and disability sector.¹ Over the last 10 years, together with our partners and stakeholders, we have achieved results the health sector and Aotearoa New Zealand can be proud of.

But we still have work to do to build a system that provides care that is of consistently high quality; is responsive to people’s needs; does not harm people; and provides health equity for all New Zealanders.

Our chair and chief executive’s foreword discusses the rapidly changing environment to which the Commission and the wider health sector is responding. The sector has been in an environment of change for some time, with a strong focus on improvement and new approaches to the challenges we face. Large programmes of work have focused on how we can work differently for better

results, including the Wai 2575 Health Services and Outcomes Kaupapa Inquiry; the government inquiry into mental health and addictions; and the broader review of the Aotearoa New Zealand health and disability sector, Hauora Manaaki ki Aotearoa Whānui.

We have also had massive change required of the broader health and disability sector, in our response to the international COVID-19 pandemic. For the Commission, the experience of COVID-19 has emphasised the importance of being flexible, nimble and able to respond quickly to emerging health crises, as well as to new and emerging quality and safety challenges and to the needs of the sector.

The Commission responded to the challenges that COVID-19 presented, in the short term, by refocusing our work on specific areas to help the health and disability sectors. We refreshed and expanded resources on infection prevention and control, and managing serious illness conversations, and we developed a web-based

¹ As set in section 59B, New Zealand Public Health and Disability Act 2000.

resource hub to provide the health and disability workforce with web access to resources and webinars on keeping themselves well and safe. In the longer term, there will be unintended challenges to quality and safety that result from the way the health sector has needed to work to combat COVID-19. For example:

- what are the delayed screening and treatment challenges ahead, and how can we monitor, understand and act quickly to resolve them?
- what are the quality and safety challenges that result from the digital delivery of health services? How do we best understand these challenges and respond to them?
- how can we best monitor the impacts of anticipated economic recession on health equity, and how do we best intervene to ensure health equity for all population groups?

Future uncertainty and the many questions to be answered about our emerging health quality challenges reinforce the continuing need for the Commission to remain flexible, nimble and responsive. For this reason, we consider it

important to see our Statement of Intent (SOI) as a 'living document' that must be able to evolve from year to year, as we learn how our work can best continue to support the quality and safety of the Aotearoa New Zealand health system in the post COVID-19 world and, by doing so, support the people of this country.

This SOI 2020–24 is organised into four sections.

- Section 1 describes our organisation's journey so far, including the strengths we have built and the outcomes we have achieved.
- Section 2 outlines our four-year strategic intention and our measurement approach to tracking our progress.
- Section 3 provides further detail on each of our four strategic priorities, as well as how we take them forward and monitor our progress.
- Section 4 identifies our organisation's capabilities that will support us over the next four years.



Wāhanga 1: Te Kōmihana ki te 2020

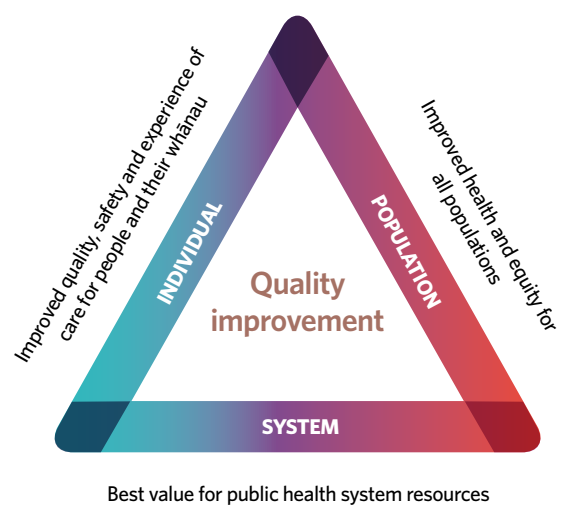
Section 1: The Commission to 2020

Where we have come from

When the Commission was established, quality experts argued that an organisation like ours was crucial if New Zealand was to have sustained, better-quality and better-value health care. A health quality organisation would need a strong mandate to drive quality-related activities, the ability to coordinate quality initiatives at a national level, and strong clinical engagement and support.

That concept was the start of our organisation’s journey. Our independence from regulation and monitoring underpins our ability to work with the sector in effective partnerships for improvement. Our specific function in the system complements and works well alongside the activities of the Ministry of Health and other organisations in the sector.

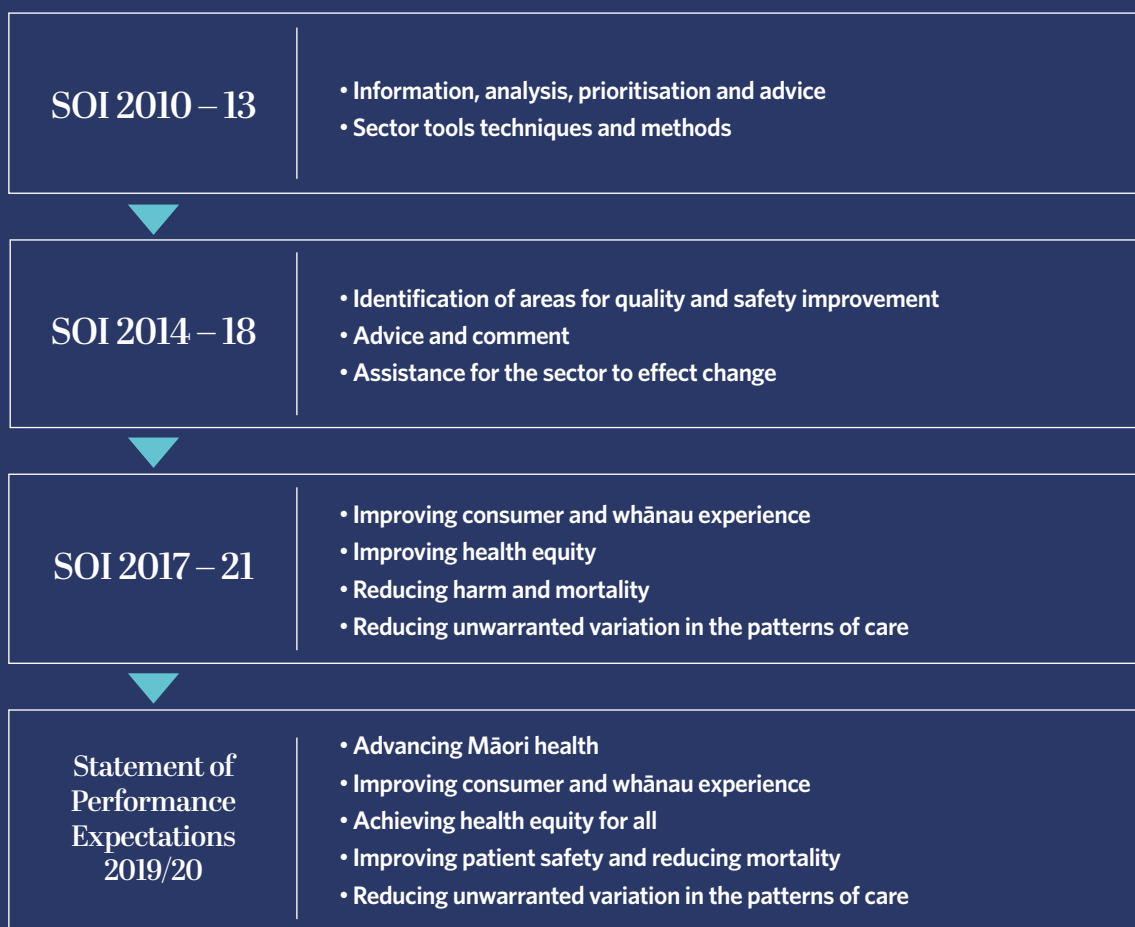
Our work is based on a shared model – the New Zealand Triple Aim for quality improvement (see the diagram on the right). We work alongside our partners and stakeholders to achieve equity in the health and disability system, as well as to improve people’s experience of that system and its value. However, many other factors impact on and enable a health system’s ability to improve its quality, such as: governance, leadership and workforce capability and engagement; partnerships; and the ability to measure quality effectively and appropriately. Therefore, the Commission will work with stakeholders and partners to review and update the Triple Aim during the period of this SOI.



The Commission aims to understand and work with the health system to focus on areas where quality improvement is needed and to support improvement efforts, alongside effective measurement of change.

What we have worked on

The infographic below shows how the Commission's strategic priorities have evolved from our first SOI for 2010-13 to our Statement of Performance Expectations 2019/20. Our analysis of health system quality information over time has shaped these priorities. Our priority areas reflect where we have focused our efforts and built our organisation's strengths. Section 3 details the strategic priorities we intend to take forward over the next four years.



What we have achieved

We measure the results of our work and we publish them in regular *Open4Results* publications². We can show that our work saves New Zealanders from pain, suffering and time in hospital, and that it reduces mortality.

Some of the Commission's achievements have been to:

- reduce harm in high-risk areas, including central line-associated bacteraemia (CLAB), surgery, in-hospital falls, and perinatal and maternal deaths (see the discussion below for more detail)
- undertake measurement identifying opportunities for improvement and showing variation in health care, which has prompted debate about medical outcomes and service allocation
- through our measurement work and related publications, 'shine the light' on health inequity, particularly for Māori, and encourage the health sector to consider its response
- encourage consumers, whānau and providers to co-design services, which has started to embed the needs of health service users at the heart of the system
- coordinate patient experience surveys, which have increased understanding of the priorities and responses of those receiving care
- undertake national awareness campaigns, such as *April Falls* and *Open for better care*, to promote best practice and reduce harm.



More specifically, our work has contributed directly to practice change that improves outcomes for people. Some specific examples, with estimated values,³ include the following:



Our Child and Youth Mortality Review Committee made 112 recommendations across six reports, from 1 July 2011 to 30 June 2016. Of these, 85 have been successful (achieved, mainly achieved or partially achieved). This has helped to reduce the number of child and youth deaths each year from 638 in 2002 to 483 in 2016. These saved lives equate to \$271 million cumulative value to date.



Our Perinatal and Maternal Mortality Review Committee's work has resulted in district health boards (DHBs) providing multidisciplinary training in management of obstetric emergencies in-house for all but one secondary hospital across Aotearoa New Zealand, and in DHBs with high perinatal or neonatal rates introducing initiatives to improve pregnancy care. This work has resulted in significant decreases in the stillbirth rate from 369 deaths to 310,⁴ in fetal deaths from 513 to 458,⁵ and in maternal mortality from 15 to 2.⁶ These saved lives equate to \$40.5 million cumulative value to date.



Our healthcare associated infection work has contributed to the health workforce achieving 85 percent compliance with the World Health Organization's hand hygiene guideline, 97 percent compliance with antibiotic dose and 96 percent compliance with antibiotic timing.⁷ As a result of this work, surgical site infection rates have reduced from 1.2 to 0.9 percent since August 2015, resulting in 92 fewer infections and \$3.7 million in avoided costs to the health system. In terms of the value in additional years of healthy life, this work is estimated to have provided \$8.3 million in value.



Our work on reducing inpatient falls in hospitals supported processes for falls risk assessments of 88 percent⁸ and completion of individual care plans for 93 percent of older people in hospital.⁹ As a result, there were 141 fewer falls with a fractured neck of femur, avoiding \$6.6 million in additional costs for treatment. It is estimated there were 226 additional years of healthy life gained, at a value of \$40.9 million.

We have also regularly published measures that highlight inequity in access, treatment and health outcomes across population groups. Two of our regular publications – the Atlas of Healthcare Variation, with over 250 indicators of quality and safety, and the yearly *A window on the quality of Aotearoa New Zealand's health care* – show differences between population groups, drawing attention to and prompting consideration of health equity concerns.

² Visit the Commission's website for *Open4Results* reports, including the latest report at the time of publication, at: www.hqsc.govt.nz/our-programmes/health-quality-evaluation/publications-and-resources/publication/3763.

³ These value estimates are based on the value of a statistical life (\$4m) discounted across average life expectancy.

⁴ 2007 to 2016

⁵ 2007 to 2016

⁶ 2006 to 2016

⁷ Measured at quarter 4, 2019.

⁸ Measured at quarter 4, 2019.

⁹ Measured at quarter 1, 2018.



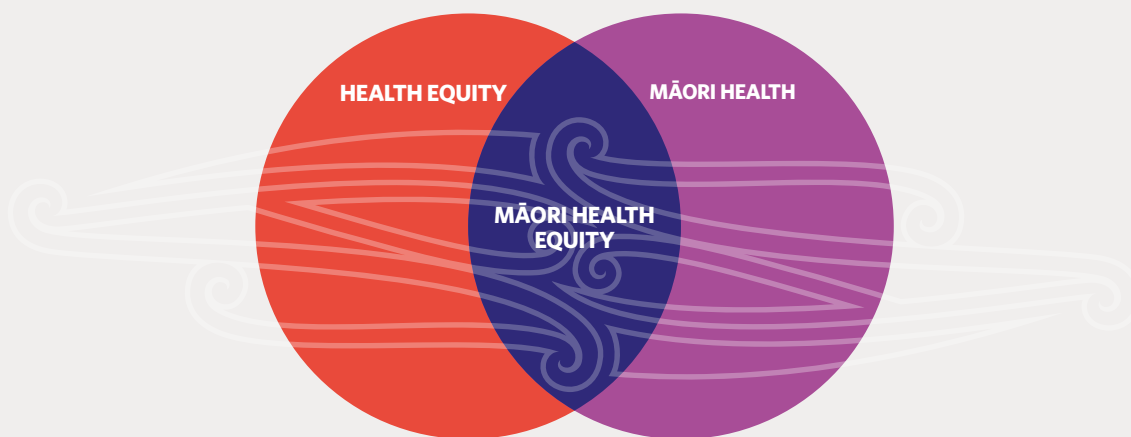
Where are we now?

As we finalise this SOI, Aotearoa New Zealand is in lockdown in response to COVID-19. We are aware of the need to be flexible in our planning and ready to respond to the needs of the health sector and Government after this emergency. Our SOI will need to enable us to be flexible, nimble and responsive to the needs of the sector, Government and people. We believe our strengths and ways of working will serve us well to support the health and disability sector as it faces new quality challenges after the COVID-19 emergency and into the future.

The diagram on page 9 shows that, in our 2019/20 Statement of Performance Expectations, we added advancing Māori health as a strategic priority. This action was a response to the extent of health inequities for Māori across health care access, treatment and outcomes that our own work and the work of others has highlighted.

Our view of Māori health advancement and health equity

The Commission views health equity and Māori health advancement as separate, but interlinked priorities, with Māori health equity an area of commonality and overlap across the two areas. The diagram below shows how equity, Māori health equity and Māori health overlap, and how Te Tiriti is foundational for both.



Te Tiriti o Waitangi

Recognising that Māori have their own health aspirations, priorities, goals and ways of working, we aim to work alongside and with Māori in Te Tiriti based partnerships, offering tools, resources and support to advance Māori health, so all Māori can live long, healthy lives.

Our self-review based on the Performance Improvement Framework

The Commission has worked with its Māori partners and stakeholders to better understand how we can support the health sector to advance Māori health and improve our performance, through our self-review based on the Performance Improvement Framework (PIF).¹⁰ Our PIF self-review gives us clear and specific guidance on the leadership role the Commission plays in developing initiatives that use Māori worldviews to improve our health systems and practice for all. This SOI reflects the guidance from that PIF self-review, as well as our commitment to Te Tiriti o Waitangi as a framework for improvement.

In our self-review process, our partners and stakeholders set us the following four key performance challenges.

- 1 Embed and enact Te Tiriti o Waitangi within the Commission and all its work, supporting mana motuhake**
- 2 Set out a clear strategy that places equity at the centre of quality (and cultural safety at the centre of safety)**
- 3 Develop a new operating model – moving from targeted quality improvement projects to supporting and facilitating system improvement**
- 4 Build a system more strongly centred on consumers and whānau**

In response to the four performance challenges, we committed to embedding Te Tiriti o Waitangi strongly in our strategy and SOI, supporting mana motuhake and making te ao Māori perspectives and worldviews central to our work. These challenges have also strongly influenced us in developing our strategic priorities, which are discussed in Section 2.

A useful definition of mana motuhake was provided by a contributor to the Commission's PIF self-review process:

Mana motuhake

*'... in simple terms is the ability of Māori to be Māori, on their terms, and to control things according to their values and what they think is important. And it is about their aspirations for their own development. It is about building their capacity and capability.'*¹¹

¹⁰ Health Quality & Safety Commission. 2019. *Health Quality & Safety Commission – Self-review based on the Performance Improvement Framework*. Wellington: Health Quality & Safety Commission. URL: www.hqsc.govt.nz/publications-and-resources/publication/3916 (accessed 29 April 2020).

¹¹ *Ibid*, p 12.

Our strengths

The Commission works with others, within strong partnerships and relationships (involving), to: gather and share intelligence (informing); raise awareness, encourage thought and knowledge-sharing (influencing); and support change to improve the health and disability system (improving).

INVOLVING

Our role is to lead and coordinate improvement efforts. For this reason, involving people in our work is essential.

We are committed to having robust Te Tiriti partnerships with tangata whenua across all our work, and we encourage and expect active Te Tiriti partnering throughout the sector. We are working to involve Māori worldview leaders, experts and whānau Māori to develop solutions based on mana motuhake. As a small organisation, we aim to work with iwi and hapū through the health services and organisations that hold direct relationships with them.

We also work with, and encourage active partnerships with, consumers, whānau and other population groups who experience health inequity, so their worldviews, needs and experience are central to improvement initiatives.

In working with health sector staff to make improvements, we have a strong focus on clinical leadership. We work with and support quality and safety governance and leadership to help improve the quality of services. We also work with those who can influence the quality of services more broadly, including government agencies and government. We are committed to extending our networks and building relationships within the disability sector, so we can strengthen our impact on the quality of services for people with disabilities.

We work with:

- tangata whenua in Te Tiriti partnerships
- consumers and whānau
- those experiencing health inequity
- the health and disability system workforce, leadership and governance
- government agencies
- Government
- the wider community.

INFORMING

We work to inform those who can influence the quality of services, as well as to gather information from them.

We publish information on a range of measures of quality, including: patient experience surveys; quality and safety markers; measures of variation in practice and other indicators. Each year we publish *A window on the quality of Aotearoa New Zealand's health care*, with an overview of key health quality and safety information.

We work to make knowledge available and to make data and information transparent for people. We share the latest data, information and evidence (local and international). We recognise that those we work with hold valuable intelligence that can help improve quality and safety in the health and disability sector. The worldviews, experiences, ideas, successes and challenges of those we work with provide useful information that helps in making improvements, and we work alongside them to share and spread this intelligence. We are working towards looking at all our information and intelligence from Te Tiriti and health equity perspectives. We are committed to using information that includes Māori worldview priorities, experiences and solutions.



INFLUENCING

As the Commission is a small agency, our ability to influence change is essential to our success.

We influence others by: sharing knowledge and understanding in the sector; developing advice, tools and techniques; raising awareness by using our measures and intelligence to identify areas for improvement; and measuring the impact of our change and improvement work. We influence through modelling, demonstration and working alongside those we work with, to show what people can do. We are committed to making mātauranga Māori central in our efforts to influence.

We also work to influence policy that is relevant to improving the health system and health outcomes by providing evidence-based advice to Government. We recognise that the articles of Te Tiriti o Waitangi provide a framework to guide and influence improvement.

One example of the Commission using its influence can be seen in our focus on 'institutional racism' in the health system, in our 2019 publication *A window on the quality of Aotearoa New Zealand's health care 2019 – a view on Māori health equity*.

We were able to add our voice to the voice of many researchers and academics who had been showing and calling out institutional racism in health care for a number of years.

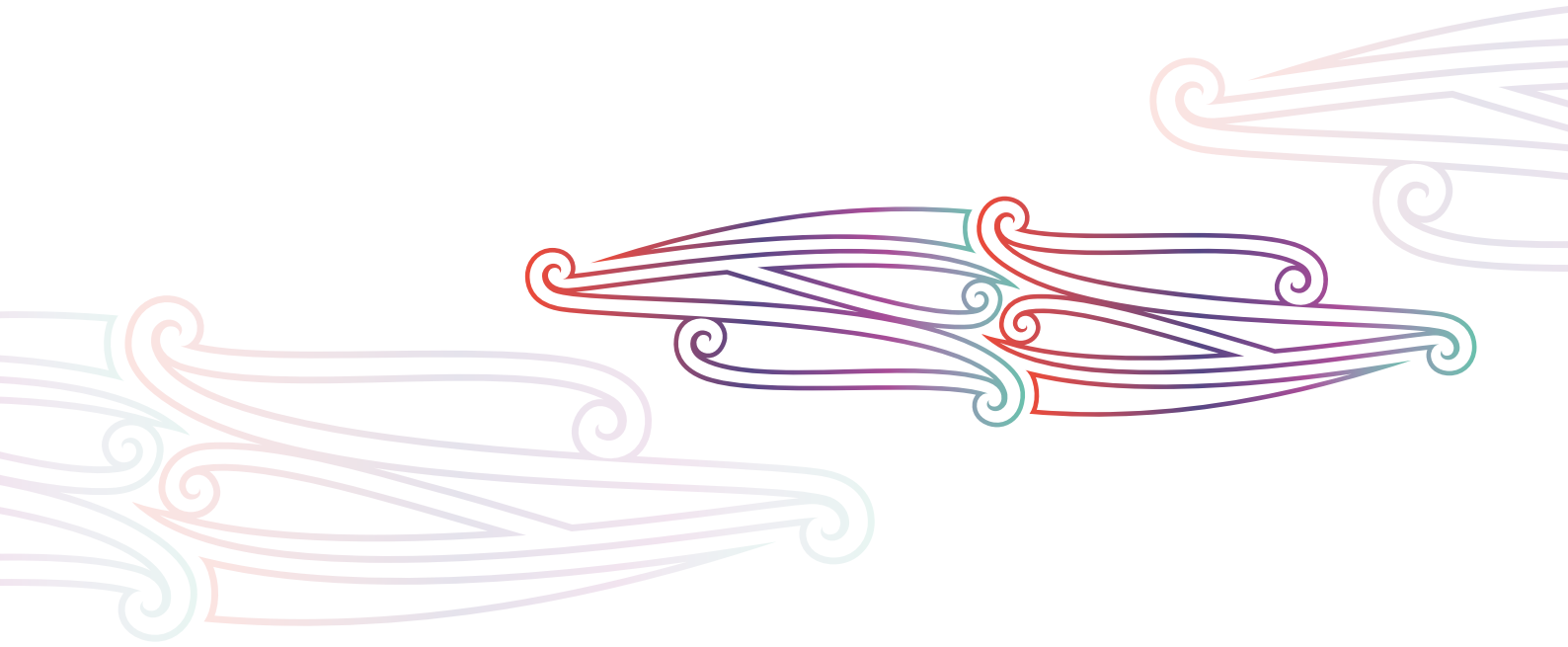
As a Crown Entity, we wanted to use our influence within the health sector to move thinking forward, to encourage and advocate for those who work with us to 'see' and address institutional racism in their work.

IMPROVING

The Commission builds improvement capability and coordinates quality improvement programmes in the sector. We work alongside people and services that are working to improve and we lead improvement in specific areas.

Our work encourages capability development, learning, sharing and working together for change. Through our targeted quality improvement efforts to reduce specific harm in hospitals and our recent work in partnership with aged residential care, primary health and mental health and addiction, we are supporting the health sector to increase patient safety and reduce harm, while improving quality. We encourage the sector to develop active Te Tiriti partnerships with tangata whenua as part of its improvement efforts, so improvement benefits Māori and helps to achieve health equity.

We are committed to sharing improvement solutions based on Māori worldviews that will improve both systems and practice for everyone. We are also committed to building improvement capability that benefits Māori and contributes to health equity.




Wāhanga 2: **Te Kōmihana** **2020 ki te 2024**

Section 2: **The Commission** **2020 to 2024**

In this section, we discuss our strategy - our vision, purpose, mission, strategic priorities and our enduring commitment to Te Tiriti o Waitangi. We also outline our measurement approach for tracking progress.

As discussed in the introduction section, the Commission recognises it is operating in an environment of uncertainty and change, particularly as our health system and nation recovers from COVID-19. We have developed our SOI with a careful future focus on flexibility, to support us to be flexible, nimble and responsive. We have selected strategic priorities that we believe will be important, regardless of the challenges that arise in the coming months and years. However, we are also committing to regular review of our SOI, and to viewing it as a 'living document' that we will evolve to meet whatever health quality, safety and equity challenges are presented to us over the next four years.



We share the health system view of 'Pae ora, healthy futures'

Along with the Ministry of Health and other health agencies, the Commission supports the broad health system vision of 'Pae ora, healthy futures'.¹²

Live longer in good health

Improved quality of life

Health equity

Sir Mason Durie explained 'Pae ora – healthy futures', the concept at the foundation of the system vision, at the launch of He Korowai Oranga – Māori Health Strategy in 2014. The Ministry of Health introduces the concept on its website¹³ as follows.

Pae ora encourages everyone in the health and disability sector to work collaboratively, to think beyond narrow definitions of health, and to provide high-quality and effective services. Pae ora is a holistic concept and includes three interconnected elements:

- mauri ora – healthy individuals
- whānau ora – healthy families
- wai ora – healthy environments.

All three elements of pae ora are interconnected and mutually reinforcing, and further strengthen the strategic direction for Māori health for the future.

¹² Ministry of Health. Work programme 2019/20. URL: www.health.govt.nz/about-ministry/what-we-do/work-programme-2019-20 (accessed 29 April 2020).

¹³ Ministry of Health. Pae ora – healthy futures. URL: www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/pae-ora-healthy-futures (accessed 29 April 2020).

Our vision

In addition, the Commission has our own vision. It aligns with the wider system vision but also sets out our specific role and position within the system.

Hauora kounga mō te katoa | **Quality health for all**

Our purpose and mission

Our purpose, set for us within legislation, is to lead and coordinate efforts in the health and disability sector to improve the quality and safety of services.¹⁴

Recognising that achieving this purpose requires the work of many, we see our mission as:

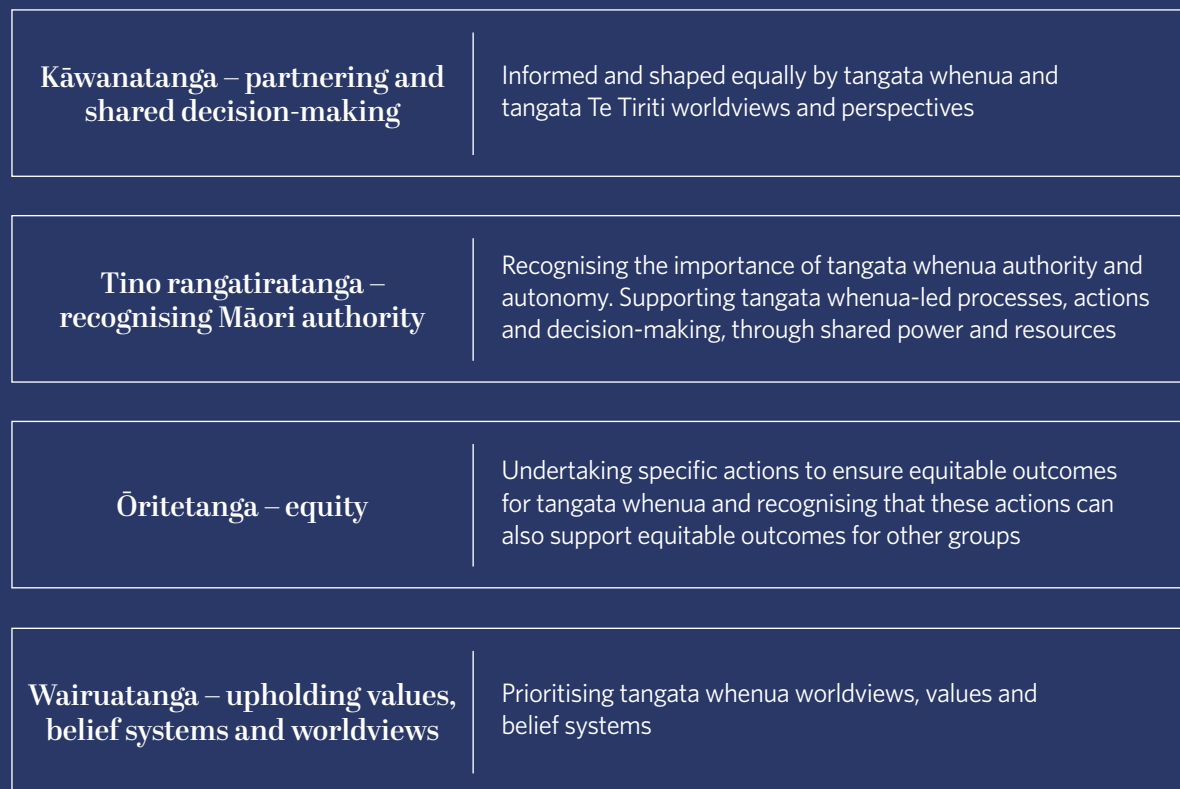
Whakauru. Whakamōhio. | **Involve. Inform.**
Whakaawe. Whakapai Ake. | **Influence. Improve.**



¹⁴ Section 59B, New Zealand Public Health and Disability Act 2000.

Te Tiriti o Waitangi as our foundation

The three articles of Te Tiriti o Waitangi and the Ritenga Māori Declaration¹⁵ underpin our work. The following diagram explains each one and how we apply them to our work.



Our approach coordinates with the approach currently being developed by the Ministry of Health as it consults on its Māori Health Action Plan within its wider role as kaitiakitanga for the health and disability system.¹⁶

¹⁵ Sometimes also called the 'fourth article', the 'forgotten article' or the 'oral article'.

¹⁶ The Ministry of Health is consulting on aspects of its Māori Health Action Plan, during the process of publishing this SOI. See: www.health.govt.nz/our-work/populations/maori-health/maori-health-action-plan.



Our strategic priorities

The following are our strategic priorities for improving the quality and safety of health and disability services and systems from 2020-24.

Improving experience for consumers and whānau	People and whānau are the centre of the health and disability system and partner actively in determining their care
Embedding and enacting Te Tiriti o Waitangi, supporting mana motuhake	The health and disability system supports and partners with Māori to achieve the health outcomes that they determine as priorities
Achieving health equity	Health equity is embedded into all aspects of the health and disability system, and into the care relationship
Strengthening systems for quality services	A stronger health and disability system is proactive and anticipates quality and safety issues. Its leaders authentically focus on trust, partnerships and knowledge-sharing

Our strategic priorities are strongly integrated and aligned, with many crossovers and areas in common. Much of our work contributes across more than one, and even to multiple priorities.

Measuring our efforts

We are focused on achieving results and have a consistent approach to measuring progress across all the Commission's work. The infographic below describes this approach.

Commission work programmes will have clear, evidence-based intervention logic, which demonstrates links to the three articles of Te Tiriti and the Ritenga Māori declaration.

Commission work programme plans will have clear evaluation plans, tied to their intervention logic. We will develop evaluation plans and measures appropriately, based on Te Tiriti o Waitangi and relevant strategic priorities.

Commission work programmes will have clear action plans and will have process measures that track them. We will measure if we have done what we planned to do.

Commission work programmes will have measures that consider the short- and/or medium-term impacts of our work on stakeholders.

We will measure if stakeholders found our work valuable, and if their knowledge, behaviour or systems changed as a result of our work.

As in previous years we will continue to measure the outcomes of our work wherever we can.

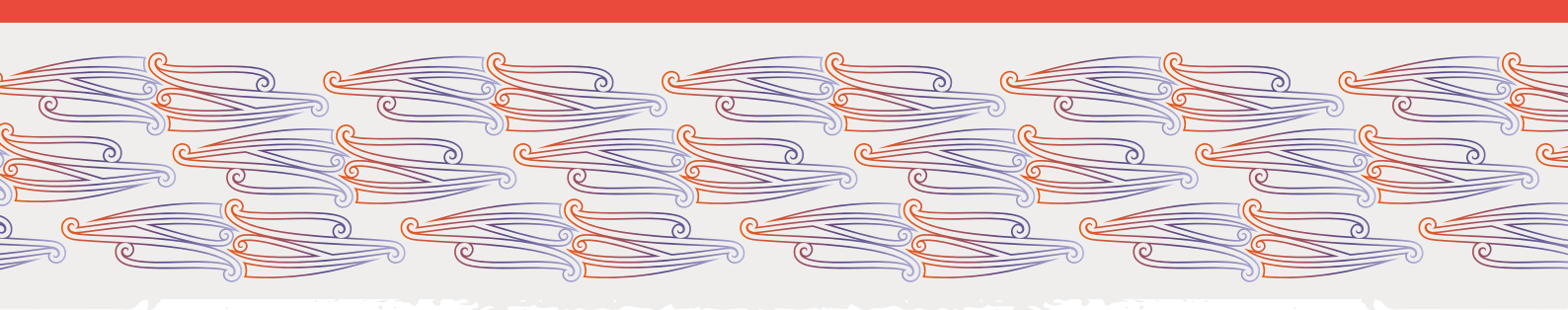
We will measure avoided harm (including avoided deaths) alongside years of healthy life gained, improved experience, and reduced variation relevant to our programmes. We will also consider the financial implications wherever we are able.

FURTHER DEVELOPING OUR MEASUREMENT APPROACHES

Working with our Te Tiriti partners and stakeholders, the Commission will develop new measures and measurement approaches to appropriately assess our progress in applying the three articles of Te Tiriti and the Ritenga Māori declaration to our work. We may be able to draw on a range of promising approaches to measuring change in complex adaptive systems,¹⁷ as well as qualitative measurement approaches that are in development internationally and locally.¹⁸

¹⁷ Snowden D, Boone M. 2007. A leader's framework for decision making. *Harvard Business Review*. URL: <https://hbr.org/2007/11/a-leaders-framework-for-decision-making> (accessed 29 April 2020).

¹⁸ For example, the Agency for Clinical Innovation in New South Wales is developing some qualitative measures.



Wāhanga 3:

Te kauneke haere o ā mātau kaupapa rautaki matua

Section 3:

Progressing our strategic priorities

Improving experience for consumers and whānau

We want consumers and whānau at the centre of the health and disability system, as active partners in improving the system and in their care.

THE REASONS WHY

Established evidence shows that engaging consumers and whānau is related to better health and care outcomes.¹⁹ Through our work with the sector on consumer engagement, we have seen that parts of the sector do not fully understand or accept the ‘why, what and how’ of consumer and whānau engagement. While some services are actively seeking to improve consumer and whānau engagement, others are struggling. The Commission has expertise and an important role in supporting the health system to engage more effectively with consumers and their whānau. We are committed to supporting partnerships between providers and consumers to improve quality and safety of health and disability support services.

¹⁹ Doyle C, Lennox L, Bell D. 2013. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open* 3: e001570. DOI:10.1136/bmjopen-2012-001570. URL: <https://bmjopen.bmj.com/content/3/1/e001570>.

WHĀNAU

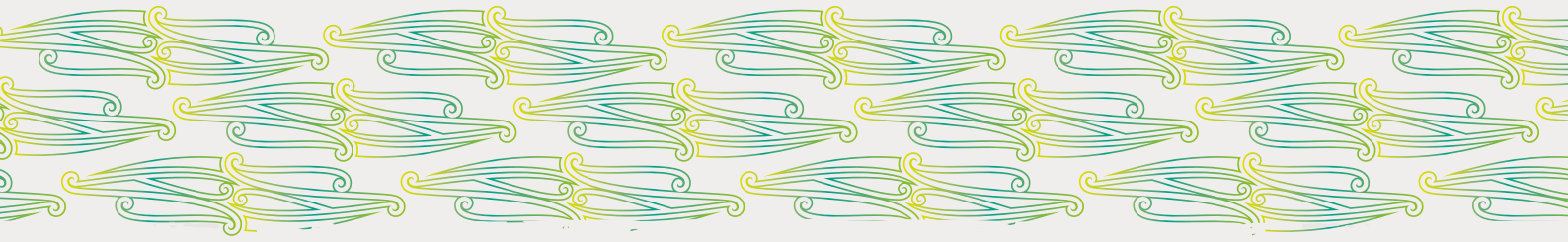
The term ‘whānau’ can include the direct family group, the extended family group, the primary unit of support and, sometimes, friends with no kinship ties to other members. It is a concept that supports inclusive relationships between people. Whanaungatanga is an active expression of whānau, conveying connection and a sense of belonging through close relationships with each other. ‘Whānau’ is not limited to the nuclear family unit, or to the common understanding of the term ‘family’; it extends to others that a person develops a close family-like, friendship or reciprocal relationship with. It is up to the consumer and those closest to them to communicate who is in their ‘whānau’. It is important that health staff never assume who is in or is outside of the consumer’s whānau.

TO PROGRESS THIS PRIORITY, WE WILL:

Involve:	Inform:	Influence:	Improve:
<ul style="list-style-type: none"> ▪ tangata whenua ▪ Pacific peoples ▪ whānau ▪ iwi and hapū through the health services and organisations that hold direct relationships with them ▪ consumers and whānau with lived experiences of health and disability challenges ▪ the health and disability sector, including the Ministry of Health and DHBs ▪ partners and influencers across government. 	<ul style="list-style-type: none"> ▪ by measuring and reporting on consumer and different whānau experiences of care (using patient experience surveys and exploring the development of a whānau experience tool) ▪ on the importance of whānau experience in quality care, and how to improve whānau experiences ▪ on using Māori worldviews to help improve whānau experiences ▪ on co-design as a tool for improving quality and experience of care ▪ on the importance of cultural safety in improving consumer and whānau experiences in all their diversity. 	<p>through our programmes:</p> <ul style="list-style-type: none"> ▪ the health workforce and system to include consumers and whānau and to partner with them at all levels ▪ the health workforce and system to develop trusting relationships with consumers and whānau in all their diversity ▪ the health workforce and system to eliminate racism and implicit bias ▪ the health workforce to focus on cultural safety to improve consumer experience ▪ consumers and whānau through public reporting on our programmes and work. 	<p>through our programmes:</p> <ul style="list-style-type: none"> ▪ communication between the health workforce and system, and consumers and whānau ▪ the use of Māori worldviews in improvement approaches (including system learning and learning from consumer and whānau experiences) to drive change ▪ involving consumers and whānau in co-design ▪ partnering in restorative solutions where harm has occurred.

WE WILL KNOW OUR WORK IS CONTRIBUTING TO CHANGE WHEN:

- we can measure patient and whānau experience and track improvement across our programme areas
- we can see improvement in patient experience surveys from baselines
- services monitor the results of patient experience surveys and respond to them
- shifting narratives in key documents demonstrate active partnerships with consumers and whānau
- narratives by Māori and Pacific peoples are an integral part of our work and the work of the sector
- the quality and safety marker for consumer engagement is in place and services are responding to it.



Embedding and enacting Te Tiriti o Waitangi, supporting mana motuhake

We want partnerships based on Te Tiriti so the whole health and disability system and all services support mana motuhake.

THE REASONS WHY

Analyses show that Māori do not benefit from health service access, treatments or even efforts to improve as much as non-Māori do, and that Māori health outcomes are inequitable with non-Māori health outcomes.²⁰ Systemic or institutional racism, which advantages non-Māori over Māori, occurs because monocultural knowledge, worldviews and practice dominate our health system's design and delivery. To rebalance the health system to benefit Māori, our health system and services must centre on relationships based on Te Tiriti o Waitangi that support mātauranga and te ao Māori solutions and uphold mana motuhake.

Co-design initiatives in general services that centre on Te Tiriti-based partnerships, and services led by and for Māori, will provide choices that support self-determination. By supporting mana motuhake, we support Māori solutions that work for Māori to advance Māori health, helping to address both institutional racism and inequity. We recognise the health system can better use te ao Māori values and concepts, and integrate them across design and practice in all health settings, to improve access to health care, the quality of health services and the health outcomes of all New Zealanders.

²⁰ Health Quality & Safety Commission. 2019. *A window on the quality of Aotearoa New Zealand's health care 2019 - a view on Māori health equity*. Wellington: Health Quality & Safety Commission. URL: www.hqsc.govt.nz/our-programmes/health-quality-evaluation/publications-and-resources/publication/3721 (accessed 30 April 2020).

TO PROGRESS THIS PRIORITY, WE WILL:

Involve:	Inform:	Influence:	Improve:
<ul style="list-style-type: none"> ▪ health and disability sector leadership, including the Ministry of Health and DHBs ▪ whānau ▪ iwi and hapū through the health services and organisations that hold direct relationships with them ▪ partners and influencers across government. 	<ul style="list-style-type: none"> ▪ on the importance of Te Tiriti partnerships with Māori at all levels ▪ on Māori-determined quality measures and quality improvement frameworks ▪ on kaupapa and te ao Māori system improvement models and practice ▪ on institutional racism and cultural safety ▪ on embedding and enacting Te Tiriti to drive and focus improvement work. 	<p>through our programmes:</p> <ul style="list-style-type: none"> ▪ the health workforce and system to uphold Te Tiriti across systems and practice, and work in Te Tiriti partnerships with Māori in decision making at all levels ▪ by using and supporting te ao Māori worldviews and mātauranga Māori, and sharing best practice and definitions of quality from a te ao Māori worldview ▪ the health workforce and system to recognise and work to remove racism and implicit biases in systems and practice ▪ by emphasising the importance of culturally safe care ▪ general services to draw on kaupapa and te ao Māori models and practice ▪ the health system to invest in kaupapa Māori providers. 	<p>through our programmes:</p> <ul style="list-style-type: none"> ▪ capability in the sector in using Te Tiriti o Waitangi articles to drive improvement in health care ▪ the use of kaupapa and te ao Māori frameworks and models across the health system ▪ the use of te ao Māori quality improvement measures in general services.

WE WILL KNOW OUR WORK IS CONTRIBUTING TO CHANGE WHEN:

- Māori have developed quality measures and services can monitor and respond to them
- health systems and services are working with Māori quality improvement framework(s)
- Māori partners report an increase in work relevant to Māori
- Māori partners report general services are increasingly using mātauranga Māori in health system design and practice
- we demonstrate key documents contain narratives that reflect and uphold te ao Māori
- quality improvement capability-building upholds te ao Māori frameworks and models
- Māori quality metrics provide evidence of improvement.



Achieving health equity

We want systems, services and a workforce that prioritise equity and work to achieve equitable access, treatment and outcomes.

THE REASONS WHY

The Commission's work, along with the work of many others, has demonstrated there are inequities in the determinants of health, in access to health services, in treatment and quality of care, and in outcomes for different groups in the Aotearoa New Zealand health system, and notably for Māori²¹ and Pacific peoples.²² In our work, we describe health inequities as avoidable and unfair differences in health outcomes. Health equity means people receive the care they need – which is different from health equality, where everyone receives the same care.²³ In short, a health equity approach is about recognising different needs and responding appropriately.

If health systems and services and the health workforce can respond appropriately to the needs of those experiencing the greatest health inequities, particularly Māori and Pacific peoples in Aotearoa New Zealand, they will help achieve health equity.

High-quality health services use health equity and culturally safe approaches to enable people with greater need to access services and get treatment that can meet their needs. In matching response to need, high-quality health care supports greater equity of health outcomes across all population groups.

²¹ Health Quality & Safety Commission. 2019. *A window on the quality of Aotearoa New Zealand's health care 2019 - a view on Māori health equity*. Wellington: Health Quality & Safety Commission. URL: www.hqsc.govt.nz/our-programmes/health-quality-evaluation/publications-and-resources/publication/3721 (accessed 30 April 2020).

²² Health Quality & Safety Commission. 2018. *A window on the quality of Aotearoa New Zealand's health care 2018*. Wellington: Health Quality & Safety Commission. URL: www.hqsc.govt.nz/assets/Health-Quality-Evaluation/Windows_Document/Window-Jun-2018.pdf (accessed 5 May 2020)

²³ Poynter M, Hamblin R, Shuker C, et al. 2017. *Quality improvement: no quality without equity?* Wellington: Health Quality & Safety Commission. URL: www.hqsc.govt.nz/assets/Other-Topics/Equity/Quality_improvement_-_no_quality_without_equity.pdf (accessed 30 April 2020).

TO PROGRESS THIS PRIORITY, WE WILL:

Involve:	Inform:	Influence:	Improve:
<ul style="list-style-type: none"> ▪ tangata whenua ▪ Pacific peoples ▪ people experiencing health inequities ▪ health and disability sector partners and leadership, including the Ministry of Health and DHBs ▪ regulatory and education bodies ▪ partners and influencers across government. 	<ul style="list-style-type: none"> ▪ about the central role equity has in improving quality ▪ about Pacific concepts of health and wellbeing ▪ through measurement and reporting on equity measures across all our work, including variation in access, treatment options, and outcomes of care and experience ▪ on racism and cultural safety. 	<p>through our programmes:</p> <ul style="list-style-type: none"> ▪ the health workforce and system to recognise equity is central to every quality improvement initiative ▪ the health workforce and system to recognise implicit biases in their work to achieve culturally safe care ▪ system change to reduce barriers to health care ▪ health systems and practice to use te ao Māori across improvement work ▪ the health workforce and system to use Pacific perspectives and models of practice. 	<p>through our programmes</p> <ul style="list-style-type: none"> ▪ workforce capability in improving health equity ▪ Māori and Pacific workforce capability in quality improvement and equity ▪ the workforce's ability to recognise and respond to differing needs ▪ learning from best-practice models ▪ the use of te ao Māori models and frameworks to improve health for all ▪ the use of Pacific models of practice to improve quality of care.

WE WILL KNOW OUR WORK IS CONTRIBUTING TO CHANGE WHEN:

- the whole system is using data and information to prioritise equity-driven and co-designed improvement initiatives
- key measures show equity or decreased inequity, particularly for Māori and Pacific peoples
- increasing numbers of improvement programmes prioritise addressing health inequities
- increasing numbers of Māori and Pacific peoples are involved in quality improvement and health equity capability building across the sector
- we demonstrate we have built on the range of Māori and Pacific models of practice and knowledge systems available for use across the system.



Strengthening systems for high-quality services

We want systems that facilitate cultural safety, information-sharing, learning, early identification of quality and safety concerns, and appropriate solutions at all levels.

THE REASONS WHY

Around the world, health quality and safety work has made great progress using quality improvement approaches in focused interventions and through reactive approaches, based on data and learning from past events. However, the process of anticipating, monitoring and responding to early changes in quality and safety is slow.^{24, 25} Proactive approaches and more complex systemic quality improvement challenges, such as institutional racism and health inequity, require a greater focus on partnerships, and on open and transparent communication between consumers and those delivering care. A high-quality health care system needs the relevant tools, intelligence and capability to identify emerging issues at all levels, so it can avoid harm as much as possible.

²⁴ Vincent C, Burnett S, Carthey J. 2013. *The Measurement and Monitoring of Safety*. London: Health Foundation. URL: www.health.org.uk/sites/health/files/TheMeasurementAndMonitoringOfSafety_fullversion.pdf.

²⁵ Vincent CA, Aylin P, Franklin BD, et al. 2008. Is health care getting safer? *BMJ* 337: 1205-07. URL: www.bmj.com/content/337/bmj.a2426.

A high-quality health system also needs to look beyond its own structural and systemic biases so it can address ongoing patterns of harm, including inequitable access, effectiveness and outcomes for particular population groups. Using data and partnerships to build intelligence, alongside appropriate responses to complex challenges, is important to develop a more resilient and stronger Aotearoa New Zealand health system.

To effectively address institutional racism and advance health equity for Māori, Pacific peoples and others experiencing inequity, systems will need to actively support:

- Te Tiriti partnerships to strengthen mātauranga Māori and support mana motuhake
- cultural safety.

At all levels, quality health care requires strong partnerships of trust, open communication, a willingness to share and learn, and capability and support to use information faster and more proactively. Also essential is a focus on preventing harm and improving quality as early as possible and in the most appropriate ways.

TO PROGRESS THIS PRIORITY, WE WILL:

Involve:	Inform:	Influence:	Improve:
<ul style="list-style-type: none"> ▪ tangata whenua ▪ Pacific peoples ▪ consumers and whānau ▪ health system organisation leadership, including the Ministry of Health, DHBs, and primary and community care ▪ partners and influencers across government ▪ regulatory and education bodies ▪ Whānau Ora networks and commissioning agencies. 	<ul style="list-style-type: none"> ▪ by providing information and reporting to support clinical governance of quality and equity across the system ▪ by providing evidence on the elements that contribute to a culture that supports high-quality, equitable services ▪ through measurement and reporting focused specifically on health equity ▪ through measuring and reporting on ongoing patterns of harm and variation, including early identification of harm and other poor-quality or inequitable care ▪ on potential interventions for system or behavioural change ▪ by providing information on taking a more anticipatory and proactive approach to quality and safety ▪ by asserting a focus on Te Tiriti partnerships ▪ by prioritising and valuing mātauranga Māori in general service systems design and in quality of care ▪ on addressing institutional racism across current health systems and practice. 	<p>through our programmes:</p> <ul style="list-style-type: none"> ▪ DHB- and system-level clinical governance to use information and reporting to actively manage quality ▪ clinical governance to include te ao Māori concepts and Te Tiriti partnerships ▪ change at system, regional and local levels in collaboration and partnership with the Ministry of Health and other national organisations ▪ the health system and workforce to recognise that cultural safety is core to clinical leadership and practice, and how systems can support culturally safe practice ▪ improved leadership and governance capability for quality and safety at all levels ▪ the health system to develop a just, fair safety culture ▪ the health system and workforce to focus on adverse experiences of care ▪ general services to develop their capabilities to draw on kaupapa and te ao Māori models. 	<p>through our programmes:</p> <ul style="list-style-type: none"> ▪ quality and safety governance and proactive, early responses to emerging issues through capability building, which supports the use of tools (information and simple reports, and measurement) to actively manage quality ▪ sharing of learnings for improvement ▪ capability in quality improvement and patient safety methods and tools ▪ partnering in restorative solutions when harm has occurred ▪ access to te ao Māori quality improvement methodologies and information.

WE WILL KNOW OUR WORK IS CONTRIBUTING TO CHANGE WHEN:

- we demonstrate that DHBs are using reports and information in active clinical governance of quality
- patient experience surveys include cultural safety questions, and services monitor and respond to the results
- key measures demonstrate reduced harm and mortality
- we demonstrate reduced costs to the system due to reduced harm and mortality
- we show key stakeholders and agencies are working in partnerships on shared priorities
- key documents demonstrate shifting narratives on relationships, information-sharing, learning and early intervention
- we demonstrate that clinical governance of quality, patient experience improvement work and key documents are using te ao Māori concepts
- we show the Māori and Pacific health workforce is increasingly taking leadership roles and participating in quality improvement capability-building and interventions.



Wāhanga 4: He pēhea tā mātau mahi

Section 4: How we work

The previous sections have discussed the importance of working in partnership with others for the Commission to succeed, our Te Tiriti o Waitangi foundation and our values. This section identifies other important aspects of the way we work.

Our organisation's health and capability supports us to work effectively toward our strategic priorities and to work in the way that our partners and stakeholders have directed us to work.

The areas we consider essential to our effectiveness include: our governance; our relationship with Ministers; our people and their capability and capacity; our focus on improving our performance; and how we are strengthening our capability to work to be consistent with Te Tiriti o Waitangi and to support mana motuhake. In addition, supporting all of our work is a strong foundation of careful financial management, with a focus on sustainability.

Our governance

The board that governs the Commission consists of eight members appointed by the Minister of Health and led by chair Dr Dale Bramley. Three board committees support the board's work in an advisory capacity, providing their specific expertise to support the Commission's governance and leadership.

- Te Rōpū Māori provides guidance and support for working in active Te Tiriti partnerships with Māori.
- The consumer advisory group provides input and advice from consumer partners.
- An audit committee provides assurance and assistance to the board on our financial statements and internal control systems.

Supporting our ministers

Our unique role in the health system enables us to gather intelligence about the quality, safety and equity of the Aotearoa New Zealand health system. This intelligence is essential in advising Ministers about the quality, safety and equity of the health system, which supports them in shaping an improved health system.

The Commission responds to ministerial priorities outlined in our annual Letter of Expectations. Our most recent Letter of Expectations, dated 18 March 2020, outlined the Minister's expectations of the Commission and these are reflected throughout this SOI.

We are also responsive to Government priorities for Aotearoa New Zealand as a whole and for the health system specifically. Our PIF self-review involved reflecting on the current Government priorities and how we can enhance our performance to contribute to them more. The self-review concluded that the Commission's work is well aligned with and contributes to all the Government priorities.

Our values

The Commission, with our staff, has developed a set of values that underpin our thinking, processes and actions. Our intention is to redevelop our values collaboratively every five years, so they remain relevant and at the front of our minds.

KOTAHITANGA - TOGETHER

We learn, share and improve together. We draw on the experience of consumers and their families and whānau, expert knowledge and current information to come up with new thinking and better ways of doing things. We build partnerships with Māori, underpinned by Te Tiriti o Waitangi, to support Māori-led services and quality improvement. We also partner with other groups, communities and services. We value our relationships within the health sector and work with other agencies to influence improvement together.

MŌ TE IWI - IT'S ABOUT PEOPLE

We are driven by what matters to consumers and their families and whānau, and by what will improve the health of all peoples, communities and populations. We are driven by what matters to Māori and by our partnerships under Te Tiriti o Waitangi.

WHAKAHOHE - ENERGISING

We are energised and energise others by our passion for improving health and disability support services, and supporting the leadership and action of others.

NGĀKAU TUWHERA - OPEN

We have an open, honest, transparent and respectful culture. We value the expertise, knowledge and experience of others and welcome creative approaches and diverse opinions.

TE TĀPIRI UARA - ADDING VALUE

We focus on adding and demonstrating our value to the health and disability system, to the health of Māori and to the health of all peoples and communities.



Supporting our people

The Commission values its people and emphasises the value of working together, 'kotahitanga'.

The Commission's board works alongside its governance partners Te Rōpū Māori and the consumer advisory group to ensure both Māori worldviews and lived experience are at the centre of our work. A range of expert advisory groups and mortality review committees also supports and directs the Commission's work.

Alongside the people who direct and influence us, the Commission has a workforce of more than 80 that operationalise our work within and across the health and disability sector. We value our staff and work to provide them with opportunities to further build their capability, strengthening both the capability and capacity of our organisation.

EQUAL OPPORTUNITIES AND THE RAINBOW TICK

The Commission remains committed to equal employment for all groups of people, with an equality and

diversity policy in place. More than that, we are proud to have received the Rainbow Tick in June 2019. Before getting this certification, we had to complete a diversity and inclusion process, which assessed that our workplace understands, values and welcomes sexual and gender diversity.

FLEXIBILITY AND WORK DESIGN

The Commission supports flexible work arrangements for employees who have carer responsibilities²⁶ and for other reasons, such as study and career development. Flexible arrangements may include:

- changes to hours of work
- part-time work
- working from home.

The Commission's information technology and modern communication technologies also enable work flexibility.

Ongoing improvement

We work to improve our own performance, through regular review, evaluation and reflective practice.

SELF-REVIEW BASED ON THE PERFORMANCE IMPROVEMENT FRAMEWORK

We actively seek to improve our performance by using the PIF process and action plans for improvement. For example, as a result of our 2015 PIF self-review, we:

- worked on improving staff induction processes and training managers in performance management

- developed internal communication processes including a chief executive's regular update
- developed organisational values with staff
- developed a stakeholder database, with the intent for it to support more aligned stakeholder engagement
- formed our organisational strategy for our SOI 2017–21.

The aim of our 2019 PIF self-review was to help us take our work forward purposefully once again. This process has informed both this SOI 2020–24 and our current organisational improvement work. In particular, we are focused on becoming the best Te Tiriti o Waitangi partner we can be, in order to improve our ability to support the health system to become more equitable.

²⁶ Meeting the provisions of Part 6AA of the Employment Relations Act 2000.

Strengthening our Te Tiriti o Waitangi capability

We are committed to developing our organisation to be a more effective Te Tiriti o Waitangi partner for tangata whenua. In addition to the solid foundations that were already in place to support us (for example, Te Rōpū Māori, equity action group and Te Whai Oranga Māori health action strategy), we now have a Māori health outcomes directorate in our organisation and have committed to staff development, including in te reo Māori, tikanga training and practice, and Te Tiriti o Waitangi

training. We have had staff training on the use of the Health Equity Action Tool and we are strengthening skills in critical policy analysis using Te Tiriti o Waitangi.

Most importantly, we are making efforts to partner with Māori in all our work and to develop our understandings of how we need to work to be effective Te Tiriti partners and how we can support mana motuhake.

Developing our sustainability strategy

The Commission recognised early on the possible emissions reductions that could be made through careful purchasing of supplies and services, and by offsetting carbon emissions from flight travel. We began offsetting flight carbon emissions through the Fly Neutral programme (run by Air New Zealand) from July 2018 and have also looked to reduce travel itself by using technology, such as videoconferencing software, to hold meetings online rather than face-to-face.

The Commission uses the All-of-Government procurement templates and GETS templates, which require suppliers who bid to demonstrate their sustainability strategy.

Commission staff formed a sub-group to consider other ways to improve sustainability and addressed areas such as printing, stationery purchasing and cleaning contracts, all of which promote the use of sustainable and renewable products and low waste. We will continue to promote alternatives to travel, use of videoconferencing, online workshops and reductions in printing and energy savings in the office.

We will develop an environmental sustainability strategy to document the work already being undertaken as well as that planned. We aim to complete this by 30 September 2020.



Managing our finances

The Commission prudently works within our funding levels and annually delivers on the Government's expectations. Each year when developing our Statement of Performance Expectations, the Commission board and management look for ways of making savings and reprioritising to match programme activity back to Crown funding levels and absorb growing cost pressures, while delivering to expectations. As resourcing can be reallocated from areas where work is concluding, it is moved into areas of strategic priority.

By implementing modern communication systems, such as videoconferencing systems, we have been able to work differently and reduce face-to-face meetings. Our accommodation and associated costs are considerably lower than most similar agencies. In addition, we keep costs low by outsourcing some corporate support services, such as legal, human resources and information technology services.

In 2019, the Commission committed additional funding from its existing equity base to develop a cost-effective 'Partners in Care'-type model²⁷ to support advancing Māori health. In this model, a central team with Māori health expertise and a Māori health equity focus is available to work with and oversee other teams. This team is now in place and is supporting the Commission to develop partnerships with iwi, hapū, Māori communities and organisations to start specific improvement initiatives to address the needs and issues of populations experiencing the worst health outcomes.

We maintain sound management of public funding by complying with relevant requirements of the State Sector Act 1988, the Public Finance Act 1980 and applicable Crown entity legislation. The annual audit review from Audit New Zealand provides useful recommendations

on areas for improvement. We implement these recommendations, with oversight by our Audit Committee.

COMPLIANCE

We meet our good employer requirements and obligations under the Public Finance Act 1989, the Public Records Act 2005, the State Sector Act 1988, the Health and Safety at Work Act 2015, the Crown Entities Act 2004 and other applicable Crown entity legislation through our governance, operational and business rules. We continue to use the ComplyWith legislative compliance information, monitoring and reporting programme, which shows that we have a consistently high level of overall compliance. We will continue to comply with all legislative requirements, and implement processes to address any issues that arise proactively wherever possible.

RISK MANAGEMENT

All Commission staff are aware of the process for risk identification and management. The board, chief executive, senior management and programme managers identify strategic and operational risks in consultation with their teams, as appropriate. Programme managers are accountable for risks in their programmes.

Risk management is a standing agenda item at each board meeting. Our audit committee provides independent assurance and assistance to the board on our financial statements and the adequacy of systems of internal controls.

²⁷ Partners in Care is the name of our consumer engagement programme. The team works internally and externally to improve consumer engagement and partnerships.



Āpitihanga 1 | Appendix 1

A summary of our approaches
to advancing strategic priorities



Improving experience for consumers and whānau

We want consumers and whānau at the centre of the health and disability system, as active partners in improving the system and in their care.

To progress this priority we will:

INVOLVE

- tangata whenua
- Pacific peoples
- whānau
- iwi and hapū through the health services and organisations that hold direct relationships with them
- consumers and whānau with lived experiences of health and disability challenges
- the health and disability sector, including the Ministry of Health and DHBs
- partners and influencers across government.

INFORM

- by measuring and reporting on consumer and different whānau experiences of care (using patient experience surveys and exploring the development of a whānau experience tool)
- on the importance of whānau experience in quality care, and how to improve whānau experiences
- on using Māori worldviews to help improve whānau experiences
- on co-design as a tool for improving quality and experience of care
- on the importance of cultural safety in improving consumer and whānau experiences in all their diversity.

INFLUENCE

through our programmes:

- the health workforce and system to include consumers and whānau and to partner with them at all levels
- the health workforce and system to develop trusting relationships with consumers and whānau in all their diversity
- the health workforce and system to eliminate racism and implicit bias
- the health workforce to focus on cultural safety to improve consumer experience
- consumers and whānau through public reporting on our programmes and work.

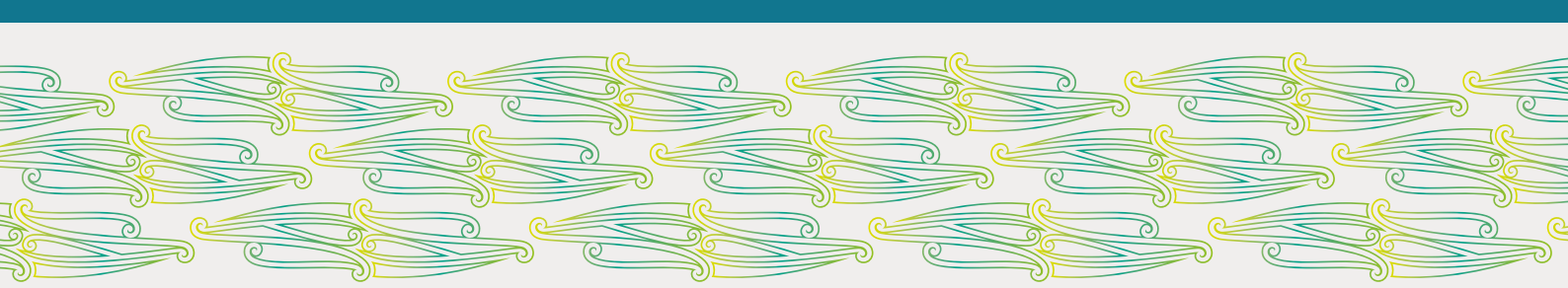
IMPROVE

through our programmes:

- communication between the health workforce and system, and consumers and whānau
- the use of Māori worldviews in improvement approaches (including system learning and learning from consumer and whānau experiences) to drive change
- involving consumers and whānau in co-design
- partnering in restorative solutions where harm has occurred.

We'll know we are contributing to change when:

- we can measure patient and whānau experience and track improvement across our programme areas
- we can see improvement in patient experience surveys from baselines
- services monitor the results of patient experience surveys and respond to them
- shifting narratives in key documents demonstrate active partnerships with consumers and whānau
- narratives by Māori and Pacific peoples are an integral part of our work and the work of the sector
- the quality and safety marker for consumer engagement is in place and services are responding to it.



Embedding and enacting Te Tiriti o Waitangi, supporting mana motuhake

We want partnerships based on Te Tiriti so that the whole health and disability system and all services support mana motuhake.

To progress this priority we will:

INVOLVE

- health and disability sector leadership, including the Ministry of Health and DHBs
- whānau
- iwi and hapū through the health services and organisations that hold direct relationships with them
- partners and influencers across government.

INFORM

- on the importance of Te Tiriti partnerships with Māori at all levels
- on Māori-determined quality measures and quality improvement frameworks
- on kaupapa and te ao Māori system improvement models and practice
- on institutional racism and cultural safety
- on embedding and enacting Te Tiriti to drive and focus improvement work.

INFLUENCE

through our programmes:

- the health workforce and system to uphold Te Tiriti across systems and practice, and work in Te Tiriti partnerships with Māori in decision making at all levels
- by using and supporting te ao Māori worldviews and mātauranga Māori, and sharing best practice and definitions of quality from a te ao Māori worldview
- the health workforce and system to recognise and work to remove racism and implicit biases in systems and practice
- by emphasising the importance of culturally safe care
- general services to draw on kaupapa and te ao Māori models and practice for the health system to invest in kaupapa Māori providers.

IMPROVE

through our programmes:

- capability in the sector in using Te Tiriti o Waitangi articles to drive improvement in health care
- the use of kaupapa and te ao Māori frameworks and models across the health system
- the use of te ao Māori quality improvement measures in general services.

We'll know we are contributing to change when:

- Māori have developed quality measures and services can monitor and respond to them
- health systems and services are working with Māori quality improvement framework(s)
- Māori partners report an increase in work relevant to Māori
- Māori partners report general services are increasingly using mātauranga Māori in health system design and practice
- we demonstrate key documents contain narratives that reflect and uphold te ao Māori
- quality improvement capability building upholds te ao Māori frameworks and models
- Māori quality metrics provide evidence of improvement.



Achieving health equity

We want systems, services and a workforce that prioritise equity and work to achieve equitable access, treatment and outcomes.

To progress this priority we will:

INVOLVE

- tangata whenua
- Pacific peoples
- people experiencing health inequities
- health and disability sector partners and leadership, including the Ministry of Health and DHBs
- regulatory and education bodies
- partners and influencers across government.

INFORM

- about the central role equity has in improving quality
- about Pacific concepts of health and wellbeing
- through measurement and reporting on equity measures across all our work, including variation in access, treatment options, and outcomes of care and experience
- on racism and cultural safety.

INFLUENCE

through our programmes:

- the health workforce and system to recognise equity is central to every quality improvement initiative
- the health workforce and system to recognise implicit biases in their work to achieve culturally safe care
- system change to reduce barriers to health care
- health systems and practice to use te ao Māori across improvement work
- the health workforce and system to use Pacific perspectives and models of practice.

IMPROVE

through our programmes

- workforce capability in improving health equity
- Māori and Pacific workforce capability in quality improvement and equity
- the workforce's ability to recognise and respond to differing needs
- learning from best-practice models
- the use of te ao Māori models and frameworks to improve health for all
- the use of Pacific models of practice to improve quality of care.

We'll know we are contributing to change when:

- the whole system is using data and information to prioritise equity-driven and co-designed improvement initiatives
- key measures show equity or decreased inequity, particularly for Māori and Pacific peoples
- increasing numbers of improvement programmes prioritise addressing health inequities
- increasing numbers of Māori and Pacific peoples are involved in quality improvement and health equity capability building across the sector
- we demonstrate that we have built on the range of Māori and Pacific models of practice and knowledge systems available for use across the system.



Strengthening systems for quality services

We want systems that facilitate cultural safety, information sharing, learning, early identification of quality and safety concerns, and appropriate solutions at all levels.

To progress this priority we will:

INVOLVE

- tangata whenua
- Pacific peoples
- consumers and whānau
- health system organisation leadership, including the Ministry of Health, DHBs, and primary and community care
- partners and influencers across government
- regulatory and education bodies
- Whānau Ora networks and commissioning agencies.

INFORM

- by providing information and reporting to support clinical governance of quality and equity across the system
- by providing evidence on the elements that contribute to a culture that supports high-quality, equitable services
- through measurement and reporting focused specifically on health equity
- through measuring and reporting on ongoing patterns of harm and variation, including early identification of harm and other poor-quality or inequitable care
- on potential interventions for system or behavioural change
- by providing information on taking a more anticipatory and proactive approach to quality and safety
- by asserting a focus on Te Tiriti partnerships
- by prioritising and valuing mātauranga Māori in general service systems design and in quality of care
- on addressing institutional racism across current health systems and practice.

INFLUENCE

through our programmes:

- DHB- and system-level clinical governance to use information and reporting to actively manage quality
- clinical governance to include te ao Māori concepts and Te Tiriti partnerships
- change at system, regional and local levels in collaboration and partnership with the Ministry of Health and other national organisations
- the health system and workforce to recognise that cultural safety is core to clinical leadership and practice, and how systems can support culturally safe practice
- improved leadership and governance capability for quality and safety at all levels
- the health system to develop a just, fair safety culture
- the health system and workforce to focus on adverse experiences of care
- general services to develop their capabilities to draw on kaupapa and te ao Māori models.

IMPROVE

through our programmes:

- quality and safety governance and proactive, early responses to emerging issues through capability building, which supports the use of tools (information and simple reports, and measurement) to actively manage quality
- sharing of learnings for improvement
- capability in quality improvement and patient safety methods and tools
- partnering in restorative solutions when harm has occurred
- access to te ao Māori quality improvement methodologies and information.

We'll know we are contributing to change when:

- we demonstrate that DHBs are using reports and information in active clinical governance of quality
- patient experience surveys include cultural safety questions, and services monitor and respond to the results
- key measures demonstrate reduced harm and mortality
- we demonstrate reduced costs to the system due to reduced harm and mortality
- we show key stakeholders and agencies are working in partnerships on shared priorities
- key documents demonstrate shifting narratives on relationships, information sharing, learning and early intervention
- we demonstrate that clinical governance of quality, patient experience improvement work and key documents are using te ao Māori concepts
- we show the Māori and Pacific health workforce is increasingly taking leadership roles and participating in quality improvement capability building and interventions.

