Statement of Performance Expectations | Tauākī o ngā Mahi ka Whāia

2021/22

Presented to the House of Representatives pursuant to section 149L of the Crown Entities Act 2004

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While the health system is delivering services that improve the health and wellbeing of New Zealanders every day, Kupu Taurangi Hauora o Aotearoa | Health Quality & Safety Commission (the Commission) is focused on helping the system do this even better.

This Statement of Performance Expectations has been developed as Aotearoa New Zealand prepares for the largest vaccination programme we have ever undertaken in our response to COVID-19. System structure change decisions resulting from the New Zealand Health and Disability System Review (HDSR) have also started to be announced. In Budget 2021, Government has provided additional funding to support the Commission's work, so we can actively oversee and work to manage sector quality risks through this time of challenge and change, while continuing our national quality, safety and equity improvement work.

To maximise our contribution, we will continue to enact the four strategic priorities set out in our *Tauākī Koronga | Statement of Intent 2020–24*: improving experience for consumers and whānau; embedding and enacting Te Tiriti o Waitangi, supporting mana motuhake; achieving health equity; and strengthening systems for high-quality services. Those priorities align strongly with the priorities and direction of the HDSR. By remaining focused on our strategic direction, we can support the health and disability system effectively through the current change while helping to position it for a better future.

A core goal of the HDSR change is to better place **consumers and whānau** at the centre of the system. Our focus on consumers and whānau, and our recognition of the value their experiences and particular expertise brings to improvement, remains consistent. We will build on our existing leadership role in consumer engagement and participation to strengthen the system and its capacity for continuous improvement. Understanding consumer experience is a first step in improving it.

Te Tiriti o Waitangi (Te Tiriti) remains the foundation of our work and Te Tiriti partnerships that support mana motuhake are our primary vehicle for advancing Māori health and improving health equity for Māori. We will continue to focus on broadening limited monocultural approaches to strengthen health services for Māori and for other groups currently facing inequities in care. We welcome the establishment of the Māori Health Authority and look forward to working in partnership to advance Māori health.

We will continue our focus on **health equity**, as essential to quality. We will use our data to examine the effects of our health care system on different groups of people and work with them to improve it. Working with and amplifying the voices of consumers and whānau experiencing health inequity are key to improving it. This year, we will start to focus on health equity for people with disabilities and increase our knowledge and understanding of what the data can and cannot tell us about their experience of health services. We will also seek to understand the lived experience of people with disabilities, working with them to drive improvement in areas that matter most to them.

We will also build on the work of *Bula Sautu*, our 'Window' on Pacific health, which we recently completed and will publish in July 2021, taking a strategic and partnership approach to improving health care for Pacific peoples.

There is much opportunity presented in the HDSR changes to **strengthen systems for quality services**. We will work alongside new agencies to maximise these opportunities and minimise any risks.

Change in health care has both intended and unintended consequences. As a quality improvement organisation, the Commission knows and respects the complex, adaptive nature of the health and disability system. We are here, ready to **help new organisations to build on existing quality foundations** to succeed in their core roles. We will work in partnership with them on quality, safety and equity measures to help them get the results they want.

This year, Government has asked us to **monitor the quality, safety and equity impacts of upcoming HDSR changes**. To do so, we will build on our Quality Alerts, which give an overview of quality, safety and equity across district health boards (DHBs), and the Quality Forum, which brings together agencies and organisations to share information and understanding, and work together to support improvement. This work is critical for strengthening systems to support quality services and helping our health and disability system navigate the challenges of change successfully.

While we monitor the impacts of change, we will also **continue to monitor the ongoing impacts of COVID-19** on our health and disability system. The COVID-19 pandemic and Aotearoa New Zealand's response to it have been unprecedented, highlighting how much New Zealanders value not only their own health but also that of families and whānau and others in their communities. We know this is not the time to take our eye off the ball, and we will work to make clear the consequences of COVID-19, both intended and unintended.

Our sector's ability to adapt is a strength that must be balanced by keeping a careful eye on the central concerns for our health and disability system. Achieving this balance will help to continually improve quality, safety and equity.

We look forward to our advancing our strategic direction, supporting new and existing agencies through change and helping to build an improved system for the future.

Board statement | Tauākī a te poari

In signing this statement, we acknowledge we are responsible for the information contained in the Statement of Performance Expectations for Kupu Taurangi Hauora o Aotearoa | Health Quality & Safety Commission. This information has been prepared in accordance with the requirements of the Public Finance Act 1989 and the Crown Entities Act 2004 and to give effect to the Minister of Health's Letter of Expectations and the Enduring Letter of Expectations from the Minister of Finance and the Minister for the Public Service. It is consistent with our appropriations.

Dr Dale Bramley MBCHB, MPH, MBA, FAFPHM

Chair

30 June 2021

Rae Lamb

Deputy Chair

30 June 2021

Introduction | Kupu arataki

The role of the Health Quality & Safety Commission (the Commission) is to lead and coordinate improvement in the quality and safety of health and disability services.[1] We work collaboratively with other government agencies and with providers, consumers, whānau and the public to improve the quality of health and disability services. Our expertise is in quality improvement science, including measuring and monitoring quality as well as influencing change for improvement. Our organisation's improvement focus works alongside and complements the quality assurance, regulatory, performance management and commissioning roles of the other agencies that we work with to oversee and contribute to the continuous quality improvement of our health system and services.

Our strategic direction

Figure 1 presents our vision, mission, enduring priorities based on Te Tiriti o Waitangi (Te Tiriti) and the strategic priorities from our *Tauākī Koronga | Statement of Intent 2020–24*.[2]

Figure 1: Vision, mission and enduring and strategic priorities for the Commission

As a small organisation working toward a vision of 'Quality health for all', how we work is as important as what we work on.

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 health and disability sector. We are working to involve Māori world-view leaders, experts and whānau to develop solutions based on mana motuhake. We aim to work with iwi and hapū through the health services and organisations that hold direct relationships with them and will strengthen partnerships through our work with national Māori organisations and groups.

The Commission works with others to build strong partnerships and relationships (involve), to gather and share intelligence (inform); to raise awareness and encourage thought and knowledge-sharing (influence); and to support change that will improve the health and disability system (improve). Partnership is critical to the way the Commission works, and we facilitate active partnering within the health and disability sector, based on Te Tiriti and the ethos of co-designing and co-producing effective systems.

[1] See Appendix 1 for further details of how legislation defines our role.
[2] Health Quality & Safety Commission. 2020. *Tauākī Koronga | Statement of Intent 2020–24.* Wellington: Health Quality & Safety Commission. URL: www.hqsc.govt.nz/assets/General-PR-files-images/Accountability_documents/StatementOfIntent2020-24.pdf (accessed 13 May 2021).

Measurement and analysis

Measurement is also essential to the way we work. The Commission publishes over 250 indicators of the quality and safety of Aotearoa New Zealand's health system, most of which give further details for specific population groups. In our annual *A window on the quality of Aotearoa New Zealand's health care* publication, we identify how the country's health system is performing and how it compares internationally.

Measuring improvement is key to what we do, and we support and encourage others to measure improvement as well, as a core quality improvement capability. Finding measurable improvements in an area demonstrates that improvement efforts are working there. On the other hand, an area that shows no measurable improvement can point to the need for different approaches.

Our measurement and analysis work enables us to take a 'helicopter view', looking not only at what is happening but also at what isn't happening and needs to, right across the health and disability system. We 'shine the light' on areas of strength and on areas where improvement is required. Our unique position in the system, separate from the accountability and assurance aspects of quality, has enabled us to have an overview of the health and disability system that is likely unmatched.

Supporting and facilitating improvement efforts

Everything we do is about coordinating and facilitating improvement. In our work, we strengthen consumer engagement, Te Tiriti partnerships and relationships for change within the health and disability sector. We work to improve health equity. We support clinical leadership and governance for quality, provide sector education, training and capability building in quality improvement, and we support providers to strengthen systems and improve through focused interventions.

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.

Our quality improvement science education and training provide skills that can be used to address local improvement challenges, as well as the ability to draw on what is available nationally. Our education and training encourage the use of measurement in improvement, providing skills in using both locally developed measures and national measures (like the System Level Measures[3]). All our work is underpinned by evidence that we draw from careful measurement and analysis. We can demonstrate that our efforts have a measurable impact, and we teach and encourage the health and disability sector to measure and monitor their improvement efforts.

Each year, for our funding of $12.96 million, we estimate that our work saves around $15 million in unnecessary expenditure and adds around $87 million of value associated with avoiding harm and reducing mortality.[4] We are currently working with the New Zealand Institute of Economic Research (NZIER) to ensure that our value estimation models continue to keep pace with current thinking and costs.

In this Statement of Performance Expectations (SPE), we build on our previous year's SPE. In section 1, we discuss the key influences that have underpinned our planning. In section 2, we give an overview of how we will take our work forward in 2021/22, describing our outcomes framework and how we propose to measure our outcomes in the longer term. We also detail our next set of deliverables for advancing and

[3] See also the Ministry of Health webpage System Level Measures Framework at: www.health.govt.nz/new-zealand-health-system/system-level-measures-framework.

[4] Value and costs saved can be measured in two ways. The first is a measure of spending health care dollars more effectively. The second is a measure of the value of helping people live longer, healthier lives. Based on what New Zealanders say they are prepared to spend to save a life, we can calculate the value of a life at $4 million. Based on a calculation developed by ACC, the value for a year of life in good health is estimated at $180,000.

achieving our vision of ‘Quality health for all’. For each deliverable, we describe how we will assess and monitor our progress and performance against our planned work (timeliness, quantity and quality) and how we will assess our planned work’s impact. In section 3, we briefly outline the work that we do in partnership with third parties. Section 4 focuses on our own organisational health and capability and sections 5 and 6 provide our financial details for the four years ending 30 June 2024 (revenue and proposed expenses) and our financial policy details, respectively.[5]

[5] This SPE also includes other information that the Crown Entities Act 2004 or other acts require an SPE to cover.

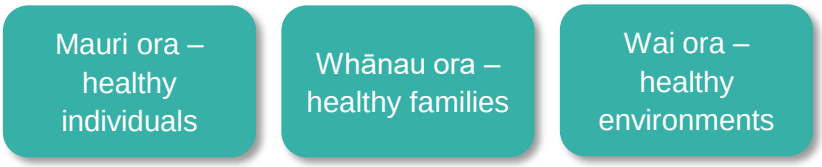
1. Key influences on this Statement of Performance Expectations | Ngā tino awenga ki te SPE

Our *Tauākī Koronga* | *Statement of Intent 2020–24* (SOI)[6] provides the strategic direction that leads our SPE and is the central influence in our planning and in the development of our deliverables. The Commission's vision, mission and priorities are influenced by the broader context we operate in, and in particular by the directions and requirements of Government and of the health and disability sector. Other influences include the COVID-19 pandemic and the anticipated vaccination programme, the health sector reform and, of course, our current funding levels.

Government directions

The Commission's work continues to support the broader health and disability system vision of 'Pae ora – healthy futures', which we share with the Ministry of Health and other health agencies.[7] Our work is designed to contribute to the Ministry's three 'Pae ora – healthy futures' goals:

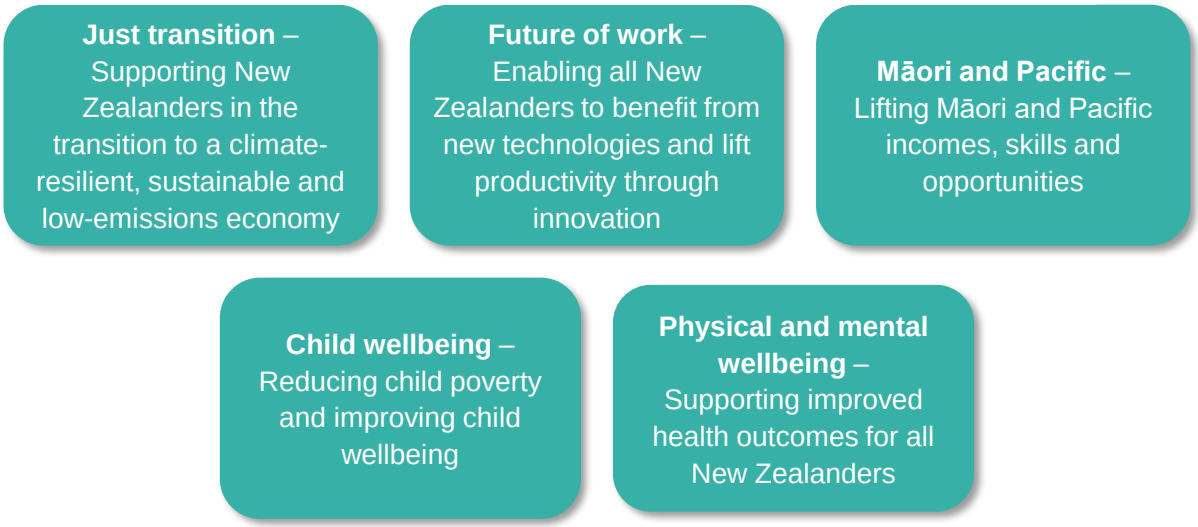
The 'Pae ora – healthy futures' goals and vision are set on a foundation of three interconnected elements:[8]



[6] Health Quality & Safety Commission. 2020. *Tauākī Koronga* | *Statement of Intent 2020–24*. Wellington: Health Quality & Safety Commission. URL: https://www.hqsc.govt.nz/publications-and-resources/publication/4048 (accessed 1 March 2021).
[7] Ministry of Health. 2020. *New Zealand Health and Disability System: Priority areas*. Wellington: Ministry of Health. URL: www.health.govt.nz/system/files/documents/pages/nz-health-and-disability-system-priority-areas-july2020.pdf (accessed 1 March 2021).
[8] As explained by Sir Mason Durie at the launch of He Korowai Oranga – Māori Health Strategy in 2014. A copy of Sir Durie's lecture at the launch can be found on the Ministry of Health 'Pae ora – healthy futures' webpage at: www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/pae-ora-healthy-futures

All our work aims to improve the quality and safety of the health and disability system, contributing to the wider government goals as listed in Figure 2 below.[9]

Figure 2: Wellbeing Budget 2020 priorities



In particular, our work across the health and disability system, which spans the life course from childhood onwards, supports physical and mental health for all. We also work to achieve health equity for Māori, Pacific peoples and people with disabilities alongside all other population groups, helping to advance their goals and overall wellbeing.

We are also working toward the specific priorities that have been set for the broader health system,[10] which include:

- improving child wellbeing
- improving mental wellbeing including a focus on the transformational direction for our approach to mental health and addiction through the agreed actions from the Government Inquiry into Mental Health and Addiction.
- improving wellbeing through prevention
- better population outcomes supported by a strong and equitable public health and disability system
- better population health and outcomes supported by primary care.

We focus on child wellbeing within our mortality review work (particularly within our child and youth and our perinatal and maternal committees), and our Aotearoa Patient Safety Day 2021 will focus on maternal and child health. Our mental health and addiction quality improvement programme has a focus on implementing the agreed actions of the Government Inquiry into Mental Health and Addiction.

Prevention is integral to our work, through our focus on early identification and rapid response, as well as our mortality review committees and our broader quality improvement and patient safety work. We also work across the whole health and disability system, including primary health care, to improve quality, safety and equity and, in doing so, health outcomes for all New Zealanders.

Our SPE reflects the Government's Letter of Expectations, which we received on 8 March 2021. The detailed outline of these expectations and how our work aligns to them is provided in Appendix 2. These

[9] See also the Budget 2020 webpage Budget Policy Statement at: www.budget.govt.nz/budget/2020/bps/wellbeing-priorities.htm (accessed 26 June 2020).
[10] As specified in the Commission's Letter of Expectations from the Minister of Health.

expectations support the continued direction that we have set in our SOI and build on the work we completed last year, informing and underpinning this SPE.

COVID-19

Last year, we partnered with other agencies, such as the Ministry of Health and the Accident Compensation Corporation (ACC), and with clinical and consumer leaders to help the health and disability sector manage through the unprecedented pressures introduced with the COVID-19 pandemic alongside their usual work, by:

- refreshing and expanding resources on infection prevention and control
- developing shared decision-making resources to support conversations between clinicians and consumers and whānau
- managing a web-based resource hub to give the health and disability workforce access to online resources and webinars on keeping themselves well and safe.

Our SPE last year emphasised the COVID-19 pandemic as a central influence in our work. COVID-19 and the response to it, including the planned immunisation programme that will be rolled out over the second half of 2021, continue to demand our attention. Given the uncertainty of all the issues we will face in the post-COVID-19 environment, Government has asked us to monitor the broader effects of COVID-19 and the response, and to support the health and disability system to manage emerging quality, equity and safety risks proactively. The Commission initiated a response to these challenges within last year's SPE, and we build on them further this year.

The importance of the Commission's role in maintaining an overview of quality through challenges and change was emphasised during the COVID-19 situation of 2020. It is just as important that we support the health and disability system to navigate its way successfully through upcoming change from the New Zealand Health and Disability System Review.

New Zealand Health and Disability System Review reform

Upcoming health and disability sector structural reform resulting from the Health and Disability System Review will provide opportunities that we must take up in order to strengthen the quality of our health and disability system. It will also introduce challenges that we will need to identify and help to manage.

For the health and disability system to continuously improve, there must be independent oversight of quality issues and emerging concerns. Effective partnerships and oversight of all the functions of quality, how those partnerships and functions fit together and how interventions are working are required.

At the request of Government, the Commission will make it a priority to facilitate oversight and monitoring of system quality actively as we move through significant structural change, through the Quality Forum and through our Quality Alerts.

Revenue and financial influences

The Commission's role and mandate have grown since we were established in late 2010, yet core Crown funding had remained unchanged at $12.96 million. In Budget 2021, Government provided additional funding to support the Commission's work. This funding will enable us to sustain our augmented work programmes in response to Government and sector demands, while giving us room to respond appropriately to emerging quality issues. The funding will help us maintain our quality, safety and equity overview of the whole health and disability system as it recovers from its COVID-19 response, embarks on upcoming health sector reforms and undertakes the largest vaccination programme in our country's history.

We are strong in our financial management, enabling us to support better services and outcomes for New Zealanders. Our forecast financial statements for the 2021/22 year and outyears are in line with generally accepted accounting practices. The statements include:

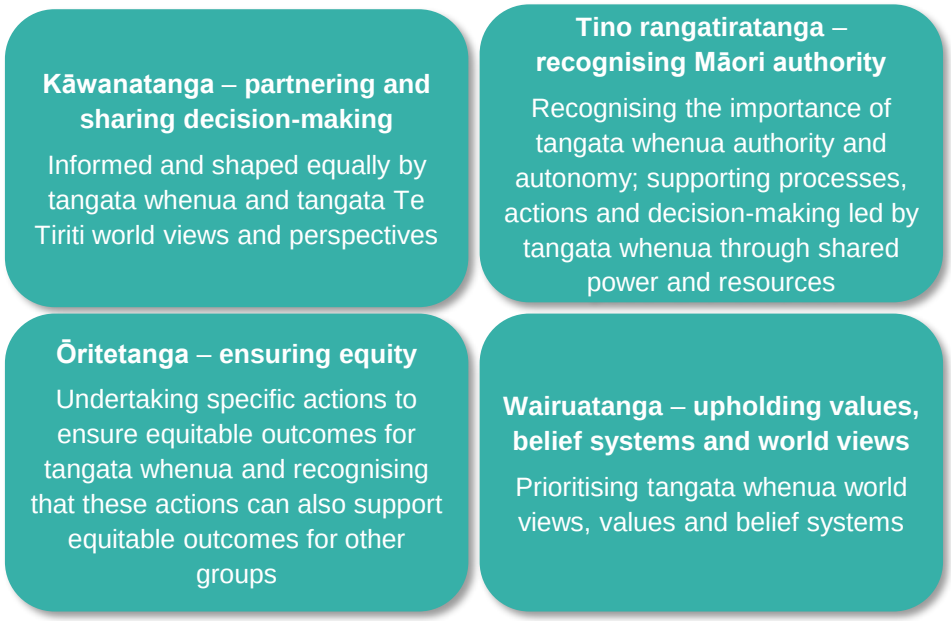
- an explanation of all significant assumptions underlying these financial statements
- any other information needed to reflect our forecast financial operations and financial statements fairly.

Our commitment to Te Tiriti o Waitangi and Māori health

We are committed to embedding Te Tiriti fully in our work, supporting mana motuhake and making te ao Māori perspectives and world views central to what we do. This shift in best practice has strongly influenced the way we implement our SOI and build our foundation through the SPE.

We apply the three articles of Te Tiriti and the Ritenga Māori Declaration[11] to our work, as shown in Figure 3. Our approach reflects the way the Ministry of Health currently applies Te Tiriti in its wider kaitiakitanga role for the health and disability system and within *Whakamaua: Māori Health Action Plan 2020–25*.[12]

Figure 3: The articles of Te Tiriti o Waitangi and Ritenga Māori declaration



The Commission remains committed to improving our own internal systems and processes from the perspective of Te Tiriti. We work with our Te Tiriti partners and stakeholders to develop new measures and measurement approaches that can be used to gauge our progress against the articles of Te Tiriti.

We are also considering how we align with the principles of Māori data sovereignty within our work, starting with mortality review. We will be including data management in a wider review of our national mortality review system, structures and processes that we will start this year. The review will consider the effectiveness of mortality review, and how it can be more strongly Te Tiriti-based.

We want to support the development of partnerships based on Te Tiriti that recognise, value and integrate mana motuhake solutions across the health and disability system and within daily health practices for all. We are looking critically at how we are doing this, the tools we are using, the frameworks we are applying, and how we might do this differently to embed and enact Te Tiriti and support mana motuhake solutions. We need to partner, listen, learn and share through processes such as co-design, working together to develop priorities and learning from concepts and approaches that benefit Māori. Our aim is to support and champion Māori to lead their own improvements in health and disability services and to share successful initiatives that draw on te ao Māori models to improve the quality of services for all.[13]

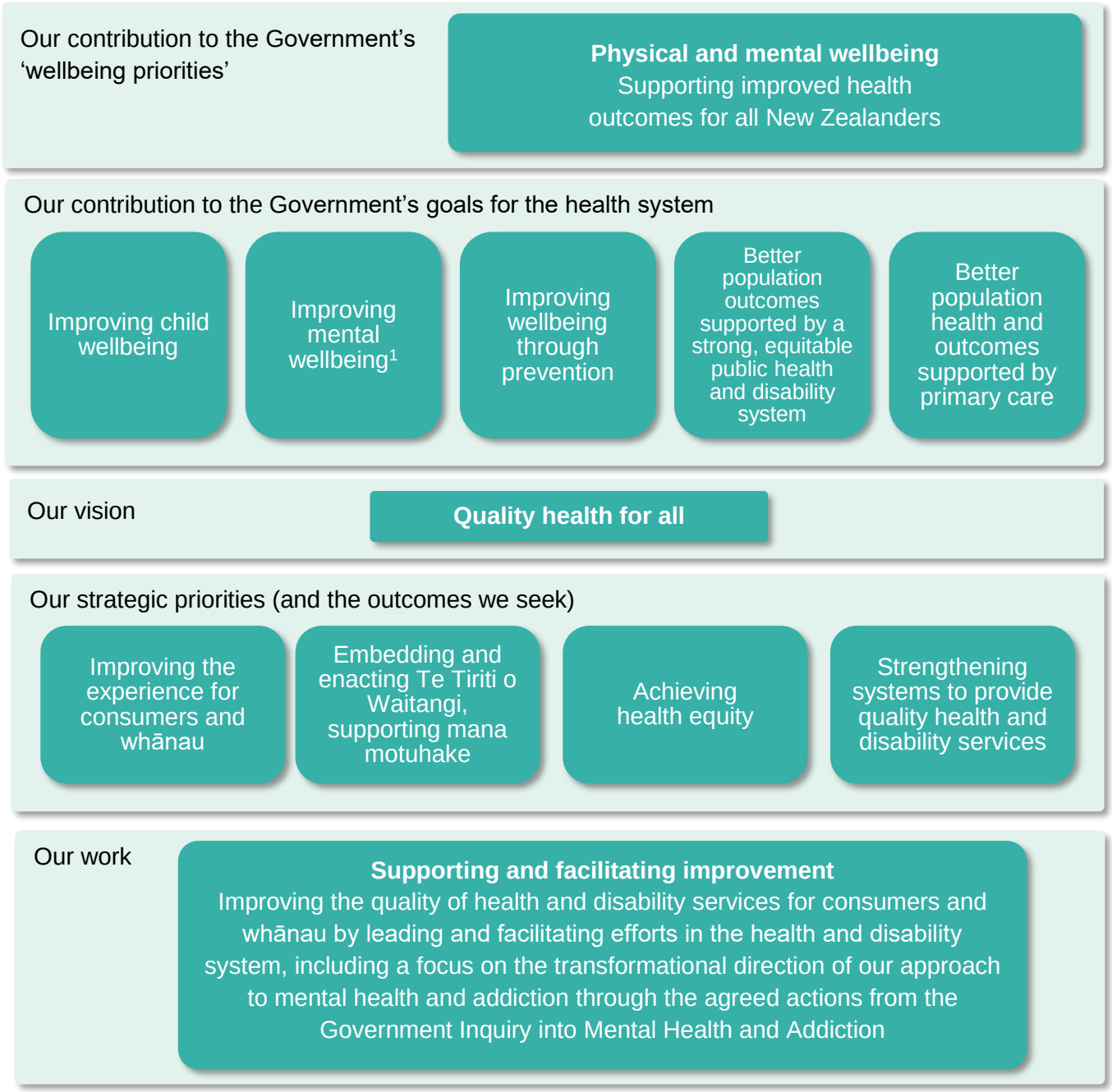
[11] Sometimes also called the 'fourth article', the 'forgotten article' or the 'oral article'.
[12] See also Ministry of Health. 2020. *Whakamaua: Māori Health Action Plan 2020–2025.* Wellington: Ministry of Health. URL: www.health.govt.nz/our-work/populations/maori-health/whakamaua-maori-health-action-plan-2020-2025 (accessed 14 May 2021).
[13] For more information on our work in this area, see Kaupapa matua tuarua: Te whakapūmau me te whakatinana i Te Tiriti o Waitangi, te hāpai i te mana motuhake | Priority 2: Embedding and enacting Te Tiriti o Waitangi, supporting mana motuhake under Appendix 3.

2. How we will take our work forward in 2021/22 | Te kōkiri whakamua 2021/22

This section provides our organisational performance plan and highlights how we will assess the success of our work.

The outcomes framework shown in Figure 4 gives an overview how our work contributes to our strategic priorities, our vision, the Government's goals for the health system and the Government's wellbeing priority for improved health outcomes.

Figure 4: Our outcomes framework



Output class: Supporting and facilitating improvement

We have one output class, which covers the functions of:

- measuring and reporting on the quality and safety of the health and disability system
- leading, coordinating and supporting improvement efforts
- advising government on the quality and safety of the health system
- sharing knowledge about and advocating for safety and quality.

All our work aims to improve the quality of health and disability services for consumers and whānau by leading and facilitating efforts in the health and disability system.

Our outcome measures

For the Commission, the outcomes we seek are aligned with our strategic priority areas. All our work, alongside the work of others, **contributes** toward these outcomes, which in turn feed up and **contribute** to our vision, the Government's goals for the health and disability sector and wellbeing priority, Physical and mental wellbeing – supporting improved health outcomes for all New Zealanders.[14]

Because these measures are often medium to long term, challenging and complex to shift and influenced by many factors beyond the Commission's control, we also actively measure proxy indicators for our outcome measures. These measures of the 'impact' of our work are more readily matched directly to our work, enabling us to track our progress toward our outcome goals with greater confidence. We discuss these impact measures further in the next section.

Figure 5 outlines the outcome measures that our work contributes to, alongside the work of others, and specifies the timeframes over which we might expect to see change.

[14] See also the Budget 2020 webpage Budget Policy Statement at: www.budget.govt.nz/budget/2020/bps/wellbeing-priorities.htm (accessed 26 June 2020).

Figure 5: Outcome measures for the Health Quality & Safety Commission

Improving the experience for consumers and whānau	• Improved patient and whānau experience as a result of improvements made by providers, which they were supported to make by learning from patient experience surveys (3–5 years) • Patient and whānau measures and reporting across our programme areas (qualitative and quantitative) indicating improvement in engagement and experience (3–5 years)
Embedding and enacting Te Tiriti o Waitangi, supporting mana motuhake	• Improved Māori patient experience surveys results (%) from baselines (3–5 years) • Qualitative and quantitative measures and reporting across programme areas that shows improved health equity for Māori (3–5 years) • Improved Māori health outcome measures (5–10 years)
Achieving health equity	• Maintained or improved patient experience survey representativeness, particularly for groups experiencing health inequity (3–5 years) • Reductions in unwarranted health care variation measures across population groups (3–5 years) • Greater health equity in our system and programme measures (3–5 years)
Strengthening systems to provide high-quality health and disability services	• Reduced mortality over time in mortality review cohort groups (long term, intergenerational) • Improved quality and safety measures within our programme areas (2–5 years or longer) • Reduced number of disability adjusted life years (DALYs) lost due to complications and poor outcomes within our programme areas (2–5 years) • Reduced bed-days within our programme areas (2–5 years or longer)

Our impact measures

As a small organisation, our work relies a lot on influence. In fact, our mission statement is 'Whakauru. Whakamōhio. Whakaawe. Whakapai Ake I Involve. Inform. Influence. Improve'. Our work requires the interest and involvement of others so they work alongside us to facilitate change. Much of our impact can be assessed by how people react and respond to our work, and what they subsequently do with it. Our impact measures focus on these factors. They are also indicators of when we are headed in the right direction for achieving our outcomes. Examples of the impacts that we consider are provided in Figure 6.

It is appropriate for us to set goals or targets for our impact measures if we have reason to expect that our work will achieve a certain level of reaction, based on our past experiences.

Figure 6: Examples of impacts we can measure

- Generating discussion and debate (media analysis)
- Levels of engagement and response (media analysis; case studies; surveys; interviews)
- Changing knowledge, behaviour, practices, systems, guidelines or policy (surveys, interviews, case studies, documentary analysis).

Our process measures

Our processes are the steps we take and the work we do to progress each deliverable. To assess our performance in our processes within each deliverable, for everything we intend to do, we plan measures of timeliness, quantity and quality.

- Timeliness – when will the work be done?

  We set a clear timeframe or date for completing the work.
- Quantity – how many or what volume will we deliver?

  We can set an expected number of delivery units (for example, three training courses) or measures of expected volume of delivery (for example, 300 people will attend a training course). We can also combine the approaches (for example, three courses with 100 people attending each).
- Quality – how will we know that we did it well?

  We can use impact measures as one indicator of quality. These measures tell us how our work impacts on our intended audience, as discussed above.

  However, we can also use other measures that are based within our work to assess quality, for example, when it is too early to look at impacts on our intended audience. This is useful when work is in development (for example, during analysis, writing, development, piloting and testing). These measures are sometimes referred to as formative measures and are listed in Figure 7.

Figure 7: Other process-based quality measures

- Expert review of a report or resource (documented feedback)
- An external expert advisory group (minutes or advice)
- Evidence of partnership with experts, consumers, Māori, Pacific peoples or other groups involved in development (feedback)
- Surveys, interviews or other mechanisms for gathering and assessing how particpants viewed aspects of our work
- Stakeholder focus groups

Our SPE deliverables for 2021/22

Our SPE is made up of seven deliverables that contribute to our output class, 'Supporting and facilitating improvement'. All deliverables are also aligned to our strategic priorities, as outlined in our outcomes framework (Figure 4 above). Most of our deliverables align to more than one strategic priority, and some align to all four. Appendix 2 outlines the specific detail of how each of our deliverables aligns with government expectations, our strategic priorities and our enduring priorities based on Te Tiriti.

Deliverable 1: Undertake patient experience surveys (primary health care, inpatient) and analyse and publish results

Surveys are the most effective way of understanding the experience of a large population, such as people receiving health care. The act of regularly undertaking, sharing and publishing survey results is shown to improve performance both directly and indirectly.[15] This has also been shown over the first five years of New Zealand's inpatient experience survey (2014–19). Around half of all measures in the survey showed a significant, sustained improvement in patient experience when compared with the first, baseline, year.[16]

The Commission is actively involved in leveraging improvement from survey results. We have aligned our surveys with the consumer quality and safety marker,[17] which aims to improve consumer involvement (one of the weakest scoring areas of the surveys). We have worked with the Ministry of Health to include a requirement for learnings from the surveys to be responded to in DHB annual plans so we know DHBs are encouraged to use and respond to the surveys in their quality work.

Surveys need to be high quality to maximise their impact. This means the surveys we provide need:

a. regularity (to ensure reliability and enable effective monitoring of trends)
b. representative responses (to ensure valid results)
c. acceptability and questions that are relevant to respondents (to encourage responses)
d. useful reporting (easily understood so providers use the survey to make improvements).

Quality measurements, other than regularity (a above), require people with appropriate expertise (including consumers and quality and survey experts) to make judgments. In order to support high quality surveys, we facilitate a survey governance group of appropriate experts (a patient experience governance group) who oversee survey quality (b, c and d above).

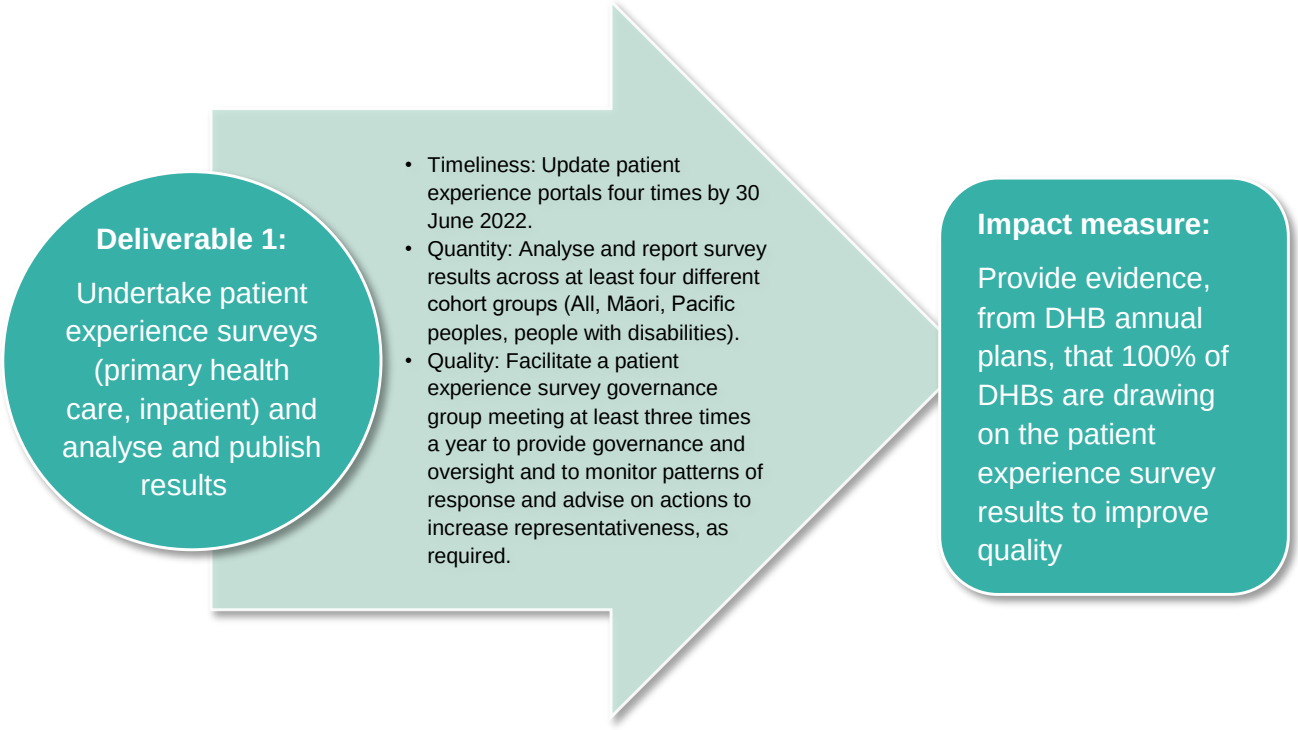
In order to make the surveys as effective as possible for informing improvement for groups experiencing inequity, we need to amplify their voices, and ensure surveys and collection methods are as appropriate as possible. The patient experience governance group has a strong commitment to drawing on the surveys to support and inform improvement for population groups experiencing inequity and recognise that this requires appropriate collection methods and approaches. The Commission, with the support and direction of the patient experience governance group, will use a range of approaches to ensure the patient experience survey works as effectively as possible for supporting improvement for population groups experiencing health inequity. One strategy, for example, involves sending specifically developed, culturally appropriate invitations to encourage participation in the survey.

The patient experience survey collects information about the disability status of survey respondents. In 2021/22, the Commission will start investigating the information collected, what it tells us, and if and how it could be enhanced for use in improving experience of health services for people with disabilities.

Figure 7 shows how we will measure our performance in 2021/22.

[15] Fung C, Lim Y, Mattke S, et al. 2008, Systematic review: the evidence that publishing patient care performance data improves quality of care. *Annals of Internal Medicine* 148: 111–23. URL: https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.691.1541&rep=rep1&type=pdf (accessed 28 June 2020).
[16] See Health Quality & Safety Commission. 2020. *Adult Hospital Patient Experience Survey: What have we learned from 5 years' results?* Wellington: Health Quality & Safety Commission. URL: www.hqsc.govt.nz/our-programmes/health-quality-evaluation/publications-and-resources/publication/4050 (accessed 14 May 2020).
[17] See the Kupu Taurangi Hauora o Aotearoa | Health Quality & Safety Commission quality and safety markers webpage at: www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/quality-and-safety-markers.

Figure 7: Measuring performance against deliverable 1, 2021/22

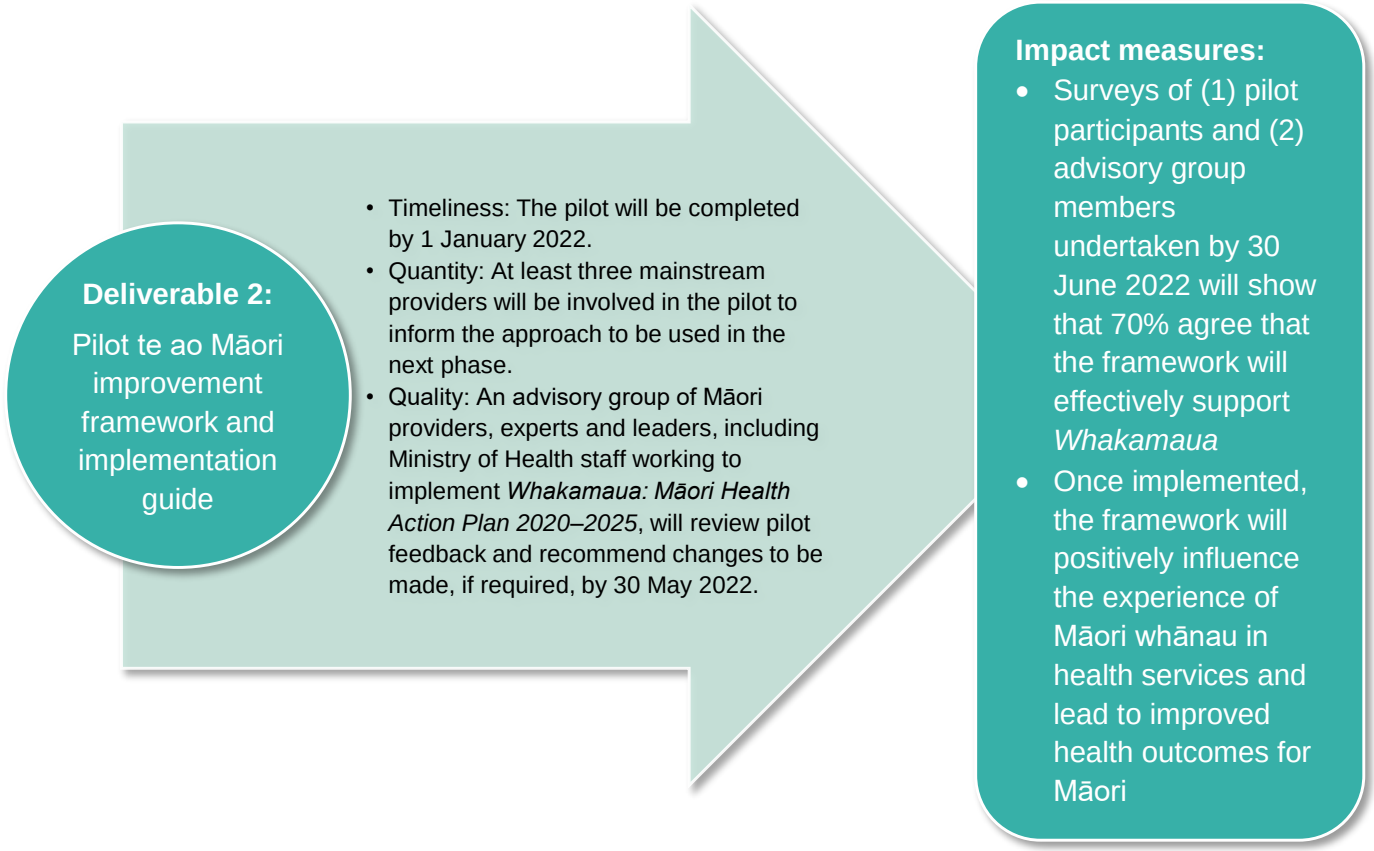


Deliverable 2: Pilot te ao Māori improvement framework and implementation guide

The Commission has worked with Māori to develop a te ao Māori framework for quality improvement. The framework has accompanying resources that are designed to guide improvement initiatives from the perspective of te ao Māori. The framework and implementation resources are designed to directly support *Whakamaua: Māori Health Action Plan 2020–2025.*[18]

This year, we want to pilot the developed te ao Māori improvement framework in three mainstream providers (DHBs, primary health care and non-governmental organisations [NGOs]) to review and revise as appropriate before making the framework and implementation guide available to the broader health and disability sector. Figure 8 shows our plan for measuring our performance against deliverable 2.

Figure 8: Measuring performance against deliverable 2, 2021/22



[18] Ministry of Health. 2020. *Whakamaua: Māori Health Action Plan 2020–2025*. Wellington: Ministry of Health. URL: www.health.govt.nz/system/files/documents/publications/whakamaua-maori-health-action-plan-2020-2025-2.pdf, page 46, point 6.7.

Deliverable 3: Quality Forum and Quality Alerts

Last year, the Commission initiated 'Quality Alerts' to bring together information and indicators in a comprehensive report on each DHB. The alerts can be used to identify quality issues within a DHB and make clear comparisons with other DHBs. They are intended to support DHBs to better understand their own quality strengths and weaknesses and help them direct their focus to particular areas that need improvement.

This year, we are continuing the work we have started with Quality Alerts. To support this work and take it to the action stage, we are putting in place a cross-health-system, national 'Quality Forum' of agencies to both assist in collecting information for the Quality Alerts and provide a collective and collaborative approach to providing support and assistance for intervention.

Figure 9: Measuring performance against deliverable 3, 2021/22

Impact measures:
A qualitative evaluation of the Quality Forum and Quality Alert will assess their effectiveness by May 2022.

- Quality Alerts: The evaluation will show alerts are useful for improving knowledge and are likely to support improvement.
- Quality Forums: The evaluation will show forums have improved information-sharing, learning and understanding of quality concerns and are likely to become a coordination point for appropriate intervention.

Evaluation will show the Commission has responded to feedback provided since 1 July 2021.

Deliverable 4: Mortality review

Mortality reviews aim to improve systems and practices within services and communities in ways that reduce morbidity and mortality. The Commission hosts five statutory mortality review committees: Child and Youth Mortality Review Committee; Family Violence Death Review Committee; Perinatal and Maternal Mortality Review Committee; Perioperative Mortality Review Committee and Suicide Mortality Review Committee.

The mortality review committees report and publish regularly. They make recommendations on particular sectors or topics to the health and disability sector and to wider government agencies with the aim of influencing system changes and reducing mortality and morbidity. The mortality review committees also monitor the progress agencies make in implementing the recommendations that apply to them.

Figure 10: Measuring performance against deliverable 4, 2021/22

In 2021/22, the Commission will also initiate a first principles review of the national mortality review function, to provide advice to the Minister of Health on how the current national committees approach can be applied for the greatest impact on improving health and wellbeing and reducing mortality. The review will be planned and initiated within this financial year.

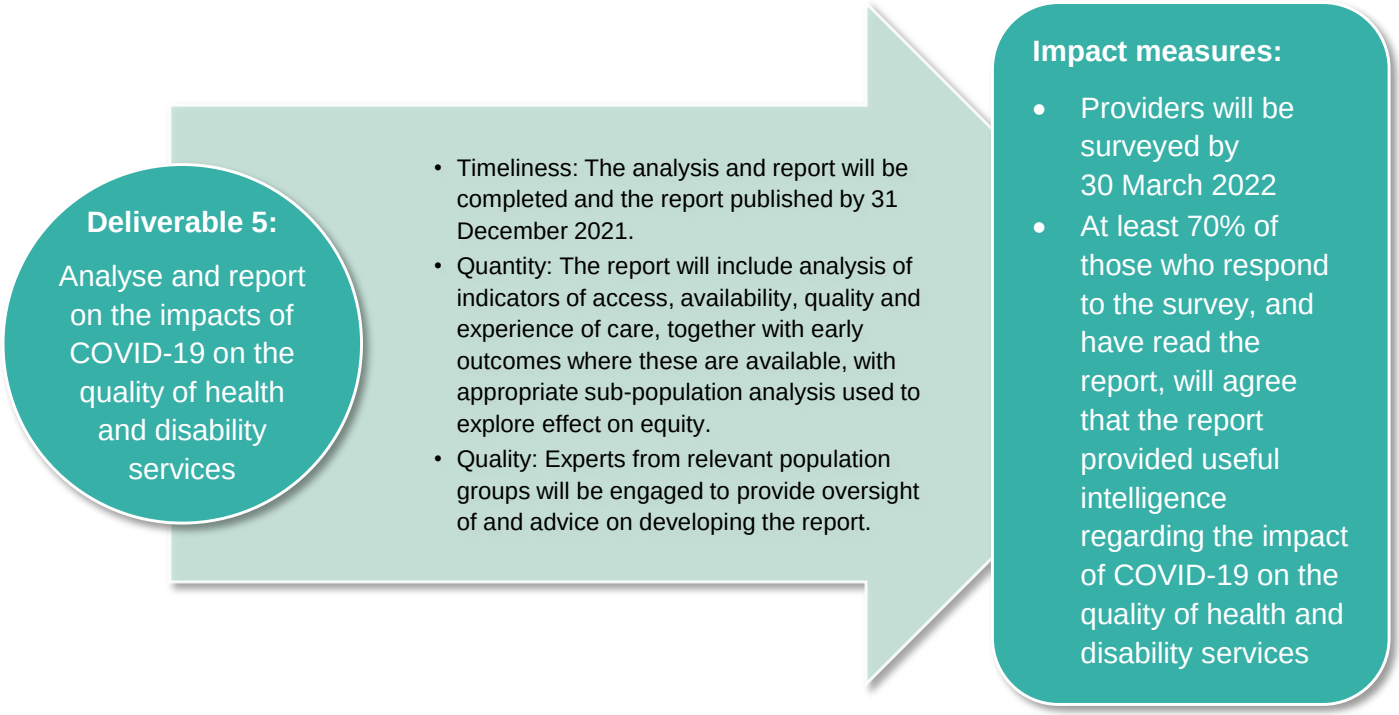
Deliverable 5: Analyse and report on the impacts of COVID-19 on the quality of health and disability services

Government has asked us to monitor the broader effects of COVID-19 and the response to it in order to support the health system to manage emerging quality, equity and safety risks proactively.

We will analyse and report on a series of measures that reflect on quality, safety and equity over the time that the health and disability system has been responding to COVID-19. We will also consider any measures that could reflect ongoing effects. In the report, we will highlight any areas of concern that require focus and suggest appropriate improvement responses.

In particular, this year we will consider the impact of COVID-19 and our system's response on the quality of care for cohorts of health system users, particularly Māori, Pacific peoples and people living with disabilities. We will deliver a report on COVID-19 effects on quality as one of our annual *A window on the quality of Aotearoa New Zealand's health care* publications.

Figure 10: Measuring performance against deliverable 5, 2021/22



Deliverable 6: Quality improvement science capability building in the health and disability sector

Over the past 15 years, approaches to improving the quality and safety of health care have changed. There has been a shift from a 'top-down' inspection model to a more 'bottom-up' continuous improvement model. This 'bottom-up' approach requires frontline staff to have knowledge not only of how to diagnose and treat consumers/patients, but how to diagnose and treat quality defects that lead to poor outcomes for consumers/patients and their whānau.

The underpinning theories, methods and tools associated with determining the causes of problems and then developing, testing, implementing and spreading changes that yield improvement across the dimensions of quality are referred to as 'improvement science'. The dimensions of quality include safety, equity, effectiveness, efficiency and accessibility.

These theories, methods and tools have been drawn from industrial-quality improvement approaches that arose in the post-war era. Health systems have built on these methods and applied models from industry successfully, for example, the Model for Improvement, Lean and Six Sigma.

Everybody employed in the health care sector should understand the principles of improvement science and be able to apply these as part of their everyday work.

Everyone working in the health sector can also benefit from an understanding of structural and systemic issues that impact quality (for example, institutional racism) and from learning about their own patterns of thinking, and the impact these have on different population groups. Our education and training will cover both, drawing on the Commission's existing learning and education modules, which focus on bias.[19]

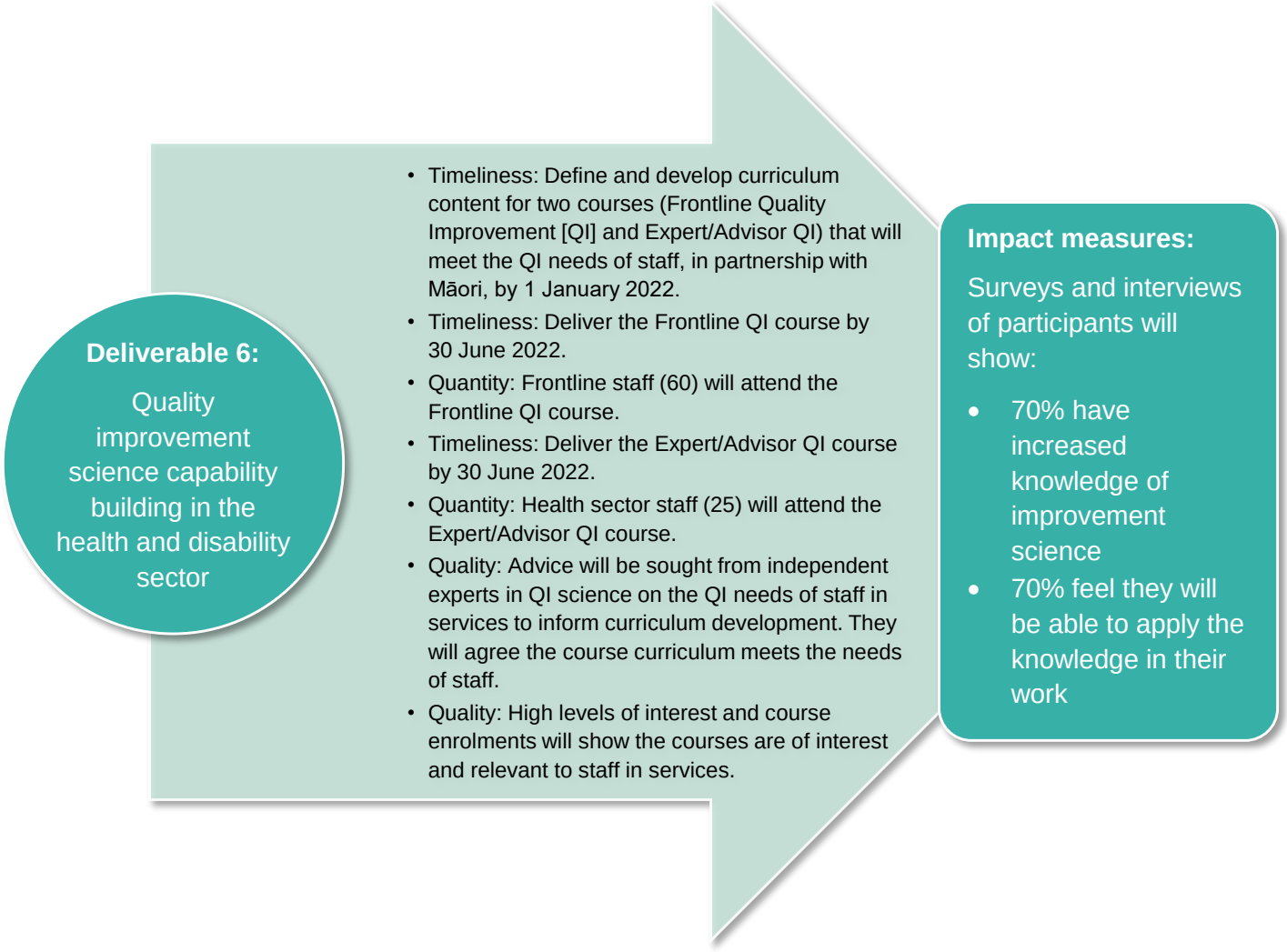
Our education and training encourages the use of measurement for improvement, including the routine measurement of health inequities, providing skills to use both locally developed measures and national measures (such as the System Level Measures[20]). Our education and training also includes a strong focus on consumer experience and co-designing improvements in partnership with consumers.

In Aotearoa New Zealand, we recognise the health system can make better use of te ao Māori values and concepts and integrate them across design and practices in all health and disability settings to improve access to health care, the quality of health services and health outcomes of all New Zealanders. By making mātauranga Māori (Māori knowledge) and Māori world views and approaches central in our quality-improvement capability, we help to build a health and disability system that works better for Māori. We are using a partnership approach with Māori in the development and design of our curriculum.

This year, we will define, design and develop a curriculum to help meet the quality improvement science needs of staff in health and disability services.

[19] See the three learning and education modules on understanding bias in health care at: www.hqsc.govt.nz/our-programmes/patient-safety-day/publications-and-resources/publication/3866.
[20] See the Ministry of Health webpage on System Level Measures Framework at: www.health.govt.nz/new-zealand-health-system/system-level-measures-framework.

Figure 11: Measuring performance against deliverable 6, 2021/22



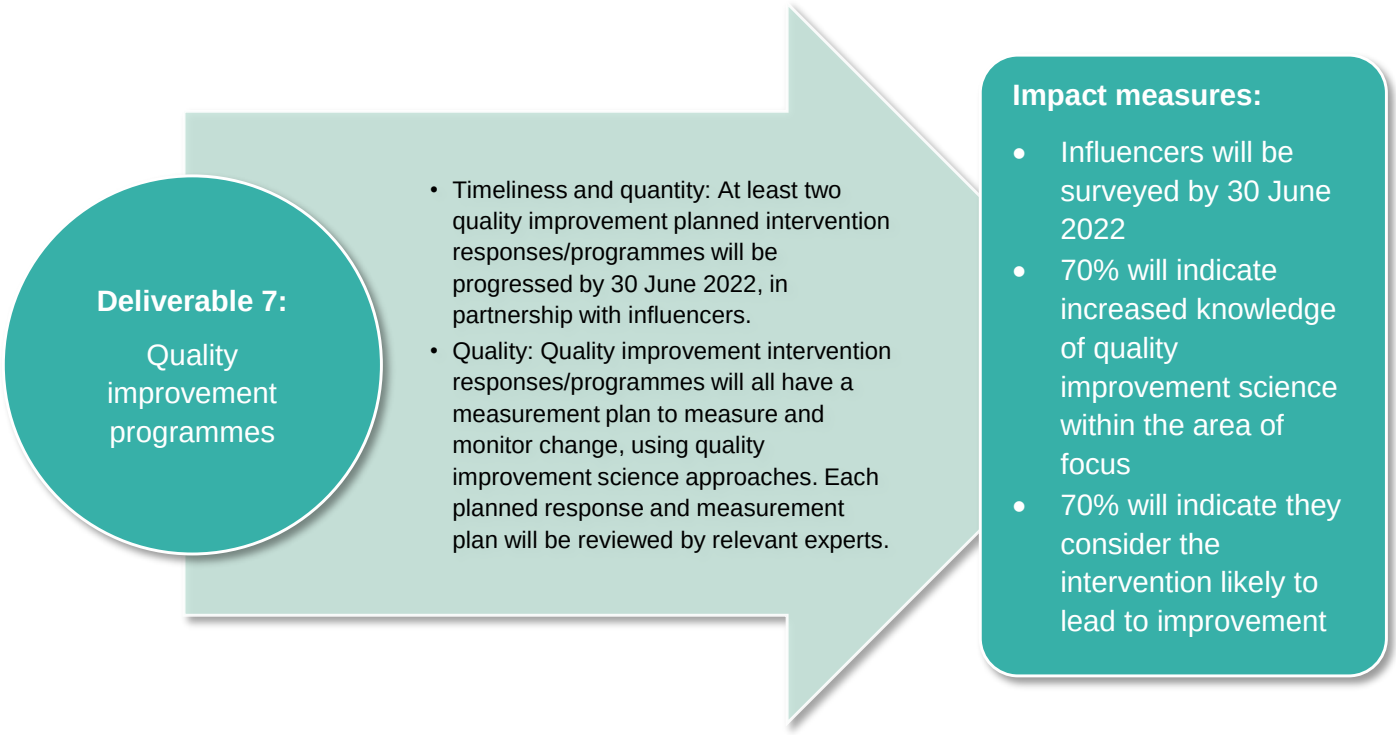
Deliverable 7: Quality improvement programmes

The Commission is known for developing focused quality improvement programmes. We support and facilitate programmes to directly impact particular quality issues. Working closely with those in the health and disability sector who have the ability to change and want to support improvement (influencers[21]) is key.

In 2021/22, we want to add to the way in which we direct our quality improvement programme support. While we will continue our focused quality improvement programmes in the key areas we are working on, we will also develop a more flexible and responsive approach.

In particular, we will develop a model for facilitating or supporting quality improvement intervention responses when these are the most appropriate response to issues identified through the Quality Forum and Quality Alerts. Responses will be interventions that are appropriate for addressing the particular quality concern raised. These may be a mix of multi-year, multi-intervention programmes, smaller projects or individual, focused interventions. Each intervention will be designed to address the quality challenge within the context that requires improvement. Aligning our new quality improvement intervention work with the Quality Forum will ensure our work is well embedded and responsive to the needs being collectively identified and prioritised.

Figure 12: Measuring performance against deliverable 7, 2021/22



[21] An 'influencer' is an individual who, through their actions, can contribute to improvement.

Summary table of SPE deliverables and measures

	Deliverable	Timeliness	Quantity	Quality	Impact
1	Undertake patient experience surveys (primary health care, inpatient) and analyse and publish results	Update patient experience portals four times by 30 June 2022.	Analyse and report survey results across at least four different cohort groups (All, Māori, Pacific peoples, people with disabilities).	Facilitate a PES governance group meeting at least three times a year to provide governance and oversight and to monitor patterns of response and advise on actions to increase representativeness, as required.	Provide evidence, from DHB annual plans, that 100% of DHBs are drawing on the patient experience survey results to improve quality.
2	Pilot te ao Māori Improvement framework and implementation guide	The pilot will be completed by 1 January 2022.	At least three mainstream providers will be involved in the pilot to inform the approach to be used in the next phase.	An advisory group of Māori providers, experts and leaders, including Ministry of Health staff working to implement Whakamaua: Māori Health Action Plan will review pilot feedback and recommend changes to be made, if required, by 30 May 2022.	Surveys of (1) pilot particpants and (2) advisory group members undertaken by 30 June 2022 will show that 70% agree that the framework will effectively support *Whakamaua.* Once implemented, the framework will positively influence the experience of Māori whānau in health services and lead to improved health outcomes for Māori.
3	Quality Forum and Quality Alerts	Four updated Quality Alerts will be delivered by 30 June 2022. Four Quality Forums will be facilitated by 30 June 2022.		Feedback will be sought from DHBs after each Quality Alert and changes needed will be made twice in the year. Quality Forums will be attended by representatives	A qualitative evaluation of the Quality Alert and Quality Forum will assess effectiveness by May 2022. • Quality Alerts: The evaluation will show that these are useful for improving knowledge

			from the Ministry of Health, ACC, DHBs, Health and Disability Commissioner and other appropriate stakeholders. Information will be shared between participants to assist understanding of quality concerns in the health system and to inform Quality Alerts. Feedback will be sought after each Quality Forum and the method adjusted in response.	and are likely to support improvement. • Quality Forums: The evaluation will show that forums have improved information sharing, learning and understanding of quality concerns and are likely to become a coordination point for appropriate intervention. Evaluation will show that the Commission has responded to feedback provided since 1 July 2021.
4	Mortality review	Two mortality review committees will publish at least one report each by 30 June 2022.	The mortality review committees will consult with key internal and external stakeholders on their reports and recommendations. Two external subject matter experts will review all published reports and provide feedback to the committees and secretariat in writing. Reviewers will agree that recommendations, if implemented, are likely to impact on mortality and morbidity.	The committees will report on the progress of their recommendations every 6 months, using the Medical Research Council monitoring tool. Monitoring will show evidence of follow-up and details of the implementation of recommendations.

5	Analyse and report on the impacts of COVID-19 on the quality of health and disability services	The analysis and report will be completed and the report published by 31 December 2021.	The report will include analysis of indicators of access, availability, quality and experience of care, together with early outcomes where these are available, with appropriate sub-population analysis used to explore effect on equity.	Experts from relevant population groups will be engaged to provide oversight and advice for developing the report.	Providers will be surveyed by 30 March 2022. At least 70% of those who respond to the survey, and have read the report, will agree that the report provided useful intelligence regarding the impact of COVID–19 on the quality of health and disability services.
6	Quality improvement science capability building in the health and disability sector	Define and develop curriculum content for two courses (Frontline QI and Expert/Advisor QI) that will meet the quality improvement needs of staff, in partnership with Māori, by 1 January 2022. Deliver the Frontline QI course by 30 June 2022. Deliver the Expert/Advisor QI course by 30 June 2022.	Frontline staff (60) will attend the frontline staff QI training. Health sector staff (25) will attend the Expert/Advisor QI training.	Advice will be sought from independent experts in QI science on the QI needs of staff in services to inform curriculum development. They will agree that the course curriculum meets the needs of staff. High levels of interest and course enrolments will show that the courses are of interest and relevant to staff in services.	Surveys and interviews of participants will show that: • 70% have increased knowledge of improvement science • 70% feel that they will be able to apply the knowledge in their work.

7	Quality improvement programmes	At least two quality improvement planned intervention responses[22]/programmes will be progressed by 30 June 2022, in partnership with influencers.[23]	Quality improvement intervention responses/ programmes will all have a measurement plan to measure and monitor change, using quality improvement science approaches. Each planned response and measurement plan will be reviewed by relevant experts.	Influencers will be surveyed by 30 June 2022 and: • 70% will indicate increased knowledge of quality improvement science within the area of focus • 70% will indicate that they consider the intervention likely to lead to improvement.

[22] Responses are interventions that are appropriate for addressing the particular quality concern raised. These may be a mix of multi-year, multi-intervention programmes; smaller projects or individual, focused interventions. Each intervention will be designed to address the quality challenge within the context that requires improvement.
[23] An 'influencer' is an individual who, through their actions, can contribute to improvement.

3. Third-party partnerships | Ngā hononga whakahoa

In addition to carrying out the work that Government funds directly, the Commission partners with third parties when improvement goals fit with our priorities and mandate. DHBs, ACC and the Ministry of Health have contributed funding to our third-party revenue projects. These quality improvement projects have helped us expand the scope and scale of improvement work in specific areas.

In contributing to these projects, the Commission brings a focus on improving outcomes for Māori, equitable health outcomes for all and partnerships with consumers. The level of expansion through third-party partnerships within specific areas indicates how highly sector agencies value our role and work. The following are the current projects supported with third-party revenue.

Advance care planning

DHBs are funding the Commission to promote advance care planning within the health and disability sector and to the public. Advance care planning is the process of thinking about, talking about and planning for future health care and end-of-life care. Areas of focus for the programme are promotion; resources; education and training; monitoring and evaluation. Priority audiences include Māori and diverse communities.

Developing our 2023–28 strategy and roadmap of actions

The national advance care planning programme will work with DHBs and the wider health and disability sector this year to reflect on the progress made during the current five-year strategy and roadmap of actions, while we build the next one.

Māori partnership

The programme's Māori expert advisory group has been formed and met for the first time in March 2021. The rōpū will advise the programme on how to develop Māori partnerships to increase our collective understanding of the challenges Māori face in accessing advance care planning services. We will work together to look for solutions that will be built into the programme's 2023–28 strategy and roadmap.

End of Life Choice Act

The programme is working with the Ministry of Health to understand and respond to the workforce's clinical communication needs so they are prepared to respond to consumers who seek more information about options for assisted dying.

Australia and New Zealand Intensive Care Society – clinical register

The Australian and New Zealand Intensive Care Society (ANZICS) is the leading advocate on all matters related to intensive care. ANZICS leads the world in intensive care research through its clinical trials group and patient databases, including the Adult Patient Database, the Australian and New Zealand Paediatric Intensive Care registry and Critical Care Resources.

The Commission holds the contract for the ANZICS clinical register. ANZICS is devoted to all aspects of intensive care medical practice through ongoing professional education.

The Ministry of Health provides funding that goes directly and fully to ANZICS for it to provide the register to Aotearoa New Zealand intensive care units.

Healthcare-associated infections

The Commission has led a national programme on healthcare-associated infections (HAIs) in partnership with DHBs (and more recently ACC) since 2011. Initially the programme focused on a central line associated infection (CLAB) quality improvement collaborative and bundle and improving the compliance of health care workers with the World Health Organization's (WHO's) 'five moments for hand hygiene'. The New Zealand surgical site infection improvement programme was added in 2012.

In 2019, DHBs agreed to partner with the Commission to support a sustainable extension of the programme's scale and spread. As part of this work, infection prevention and control remain central to the work programme as a result of a changing health environment brought about by COVID-19. Hand hygiene is a key quality improvement criterion included in all DHB annual plans.

We are also working across DHBs and aged residential care to increase networking related to infection prevention and control practices, education and training.

In 2021/22, we will analyse data from the national HAI point prevalence survey (PPS) that is taking place across all 20 DHBs from March to June 2021. This national PPS is the first of its kind in Aotearoa New Zealand and will enable us to estimate the burden of HAI and where opportunities for improvement exist. The data from the survey will inform our future work plan. DHBs will benefit from having local data to assist with prioritising improvement at the local level as well as contributing to a national data set and national report. The results will show rates by ethnicity and can be used to identify any ethnic disparities in HAI prevalence and opportunities for reducing inequities.

We will also continue light surveillance for orthopaedic surgical site infection and the full/standard surveillance for cardiac surgery. Hand hygiene compliance will continue to be monitored and data collection related to healthcare-associated *Staphylococcus aureus* bacteraemia will be expanded to further identify specific opportunities for regional and national improvement.

Major trauma quality improvement programme

From March 2019 to June 2023, ACC is funding the Commission to provide intelligence and improvement support to Te Hononga Whētuki ā-Motu | National Trauma Network. This support will build on the work to date and support the network to move towards a sustainable business platform. Areas of focus for 2021/22 include: traumatic brain injury, rehabilitation services, a national patient reported outcomes survey and providing data and analysis for the network's annual report.

Mental health and addiction improvement programme

The Commission's DHB-funded national mental health and addiction quality improvement programme started in July 2017, with funding to end June 2022. Funding for a further three years is being sought from the sector.

An evaluation carried out in 2020 highlighted the strengths of the programme, including the focus on involving frontline staff in quality improvement, having respected leaders on the programme team and the usefulness of regional and national collaboration and sharing. The five priority areas selected as improvement projects were also endorsed. The evaluation also highlighted some areas for improvement that provide an opportunity to strengthen this work over the next three years, should funding be secured.

In 2021/22, we will:

- continue work on our Zero seclusion project, including a 'reset'
- transition Connecting care and Learning from adverse events as well as consumer, family and whānau experience projects to DHBs, while continuing to provide some support
- plan two projects: Maximising physical health and Medication management and prescribing.

Patient experience surveys

We hold the contract for the primary and secondary health care patient experience surveys on behalf of the Ministry of Health and DHBs, respectively. These national surveys are part of the System Level Measures plans that form part of all DHBs' annual plans. The importance of this work is reflected in deliverable 1, as discussed above.

4. Organisational health and capability | Te hauora me te kaha o te whakahaere

The Commission is an improvement organisation, and as such, we prioritise our own capability and capacity to be in the best position to help the health and disability sector improve. This section outlines our areas of focus for organisational health and capability in 2020/21.

Fulfilling our responsibilities under Te Tiriti o Waitangi

The Commission is clearly focused on our ability to enact Te Tiriti across all aspects of our work. We know we are not alone in this commitment. Achieving Māori aspirations, wellness and wellbeing goals is a priority across the whole health and disability system as well as the social, justice, economic and environmental sectors.

Supporting mātauranga and te ao Māori solutions and upholding mana motuhake are central to health system and service improvement in Aotearoa New Zealand. We recognise te ao Māori values and concepts can be better integrated across health and disability system design and practices in all health settings as a way of improving access, the quality of health services and health outcomes for all New Zealanders. We work to embed and reflect Māori world views and values in our own programmes of work.

Continuing to build our internal capability in specific areas

We are increasing the capability of our staff to identify inequity and design programmes to improve health equity. Examples of initiatives for this purpose are Health Equity Assessment Tool[24] (HEAT) training; implementing the learnings of Te Tiriti workshops; implementing the Kapasa | The Pacific Policy Analysis Tool[25] and assessing how we consider the perspectives of Pacific health and wellness; applying Yavu – Foundations of Pacific Engagement[26] to how we engage and work with Pacific peoples and communities; and committing to the Rainbow Tick[27] – including considering the views of those most disadvantaged in the development of a diversity and inclusion policy. We join several public sector agencies that have been successful in achieving the Rainbow Tick and assessed as meeting the New Zealand standard for gender and sexual diversity in employment.

We are committed to strengthening our capability in te ao Māori to embed this world view more strongly across all our work.

Like other government agencies, we are looking at ways to make our public-facing documents more accessible and have committed to the Accessibility Charter.[28] We will develop processes to support more accessible publications.

We will continue to work together to define and develop a culture that enables us to build the skills necessary to provide better support for improving health practices across the health and disability sector.

[24] See: www.health.govt.nz/publication/health-equity-assessment-tool-users-guide.
[25] Kapasa is a tool to navigate through the policy development process. For more information: www.mpp.govt.nz/assets/Resources/Kapasa-A3.pdf.
[26] Yavu provides guidance on how to have engagement with Pacific Peoples that is culturally responsive and sustainable. For more information: www.mpp.govt.nz/assets/Resources/Yavu-Booklet.pdf.
[27] Rainbow Tick is a certification mark for organisations that aim to create a more diverse and inclusive workplace and have completed a diversity and inclusion assessment process. For more information: www.rainbowtick.nz.
[28] The Accessibility Charter was launched by the Ministry of Social Development in 2018. For more information: https://msd.govt.nz/about-msd-and-our-work/work-programmes/accessibility/index.html.

Governance and strategic advice

The Commission's Board consists of at least seven members, who are appointed under section 28 of the Crown Entities Act 2004. Board members provide advice and direction on the Commission's strategic intentions and future direction.

In addition, the Commission gains support for our governance and strategic advice from:

- Te Rōpū Māori, our Māori advisory group
- our consumer advisory group.

The Commission's work programmes also receive specific programme-related content advice from expert advisory groups.

Environmental 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 Air New Zealand's FlyNeutral programme[29] from July 2018 and has also reduced travel by using technologies such as Zoom to hold meetings and conferences online rather than face to face.

The Commission uses the All-of-Government procurement templates and Government Electronic Tenders Service (GETS) templates, which require suppliers bidding to demonstrate their sustainability strategy.

In our efforts to consider other ways of improving sustainability, we have addressed such areas 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, reductions in printing and energy savings in the office as a matter of best practice.

We will implement an environmental sustainability strategy during the 2021/22 fiscal year that will outline our commitment to the Government's Carbon Neutral Government Programme, which requires the public sector to achieve carbon neutrality by 2025.[30]

Information technologies security

The Commission's information technologies (IT) and cyber security policy aims to keep information safe, with all cyber security practices focused on keeping electronic data free from unauthorised access. Our system focuses on protecting important data and is applicable to both digital and analogue information.

We regularly review our IT security systems and processes to ensure they are fit for purpose given the sensitivity of our information, including the requirement to assess insurance coverage needs for any possible IT breaches as requested in this year's Letter of Expectations.

[29] For more information on this carbon offset programme, see the Air New Zealand webpage FlyNeutral. Our carbon offset programme at: www.airnewzealand.co.nz/sustainability-customer-carbon-offset.
[30] For more information on this programme, see the Ministry for the Environment webpage About the Carbon Neutral Government Programme at: https://environment.govt.nz/what-government-is-doing/key-initiatives/carbon-neutral-government-programme.

5. Prospective financial statements for the four years ending 30 June 2024 | Ngā pūrongo tahua mō te whā tau nei atu ki te 30 o Pipiri 2024

In the 2020/21 financial year, the Commission combined the previous two output classes ‘improvement’ and ‘intelligence’ into one class called ‘supporting and facilitating improvement’. The change is due to the size of the organisation and because the majority of activities planned related to both output classes.

Prospective statement of comprehensive revenue and expense

	Planned	Forecast	Planned	Planned	Planned
	12 months to 30 June 2021	12 months to 30 June 2021	2021/22	2022/23	2023/24
	$'000	$'000	$'000	$'000	$'000
Revenue					
Revenue from Crown	14,253	14,404	15,653	15,653	15,653
Interest revenue	20	4	3	3	3
Other revenue	4,436	4,579	4,488	4,488	4,488
Total operating revenue	**18,709**	**18,987**	**20,144**	**20,144**	**20,144**
Expenditure					
Salaries	10,570	10,779	11,297	11,187	11,187
Travel	287	184	283	283	283
Consultants and contractors	214	416	287	237	237
Board	218	171	218	218	218
Committees	309	251	258	258	258
Printing/communication	214	202	249	249	249
Lease costs	525	560	555	555	555
Overhead and IT expenses	671	860	896	896	896
Other expenses	8	6	13	13	13
Total internal programme and operating expenditure	**13,016**	**13,429**	**14,056**	**13,896**	**13,896**
Quality and safety programmes	4,073	3,510	4,382	4,417	4,437
Mortality review programmes	1,890	1,802	1,643	1,643	1,643
Total external programme expenses	**5,963**	**5,312**	**6,025**	**6,060**	**6,080**
Depreciation and amortisation	175	151	183	188	168
Total expenditure	**19,154**	**18,892**	**20,264**	**20,144**	**20,144**
Operating surplus/deficit	**(445)**	**95**	**(120)**	**0**	**0**

Note: Numbers are rounded. See Key assumptions for proposed budget in 2021/22 and out years later in this section for explanations.

The Commission has worked hard to provide a balanced budget for 2021/22 that allows for the delivery of all the Commission's proposed SPE measures (and all other non-SPE programme activity) while also maintaining prudent levels of historical reserves. This has been achievable by maintaining previous year cost savings. Both the 2018/19 and 2019/20 SPEs highlighted the use of $0.400 million of historic balance sheet reserves and that $0.700 million was 'saved' by reducing the scope of existing quality improvement activity over the previous two years to address cost pressures. No new activity without a revenue stream is included and no out-year salary increases are included within the prospective financial statements.

The 2021/22 planned deficit of $0.120 million relates to revenue received and recognised in previous years for the mental health quality improvement.

For 2021/22, revenue assumptions include:

- $14.376 million core Crown revenue (up from 12.976 million in 2020/21)
- $0.312 million from the Ministry of Health per year for the primary care patient experience survey
- $0.750 million from the Ministry of Health for suicide mortality review[31]
- $0.215 million from the Ministry of Health for the Australian and New Zealand Intensive Care Society Centre for Outcome and Resource Evaluation (ANZICS CORE) registry
- $1.500 million per year from DHBs as revenue associated with mental health and addiction quality improvement
- $1.228 million for DHB funding of the national data warehouse and expansion of the surgical site infection improvement programme
- $0.795 million from ACC to provide support for the National Trauma Network
- $0.865 million from DHBs as revenue associated with advance care planning
- $0.025 million conference revenue
- $0.003 million interest.

[31] Includes both $0.750 million revenue and expenses until future funding levels are confirmed/known.

Prospective statement of changes in equity

	Planned	Forecast	Planned	Planned	Planned
	12 months to 30 June 2021	12 months to 30 June 2021	2021/22	2022/23	2023/24
	$'000	$'000	$'000	$'000	$'000
Opening balance	**1,208**	**1,173**	**1,268**	**1,148**	**1,148**
Capital contributions	500	500	500	500	500
Total comprehensive income:					
Net surplus / (deficit)	(445)	95	(120)	0	0
Balance at 30 June	**1,263**	**1,768**	**1,648**	**1,648**	**1,648**

Note: Numbers are rounded.

Prospective statement of financial position

	Planned	Forecast	Planned	Planned	Planned
	12 months to 30 June 2021	12 months to 30 June 2021	2021/22	2022/23	2023/24
	$'000	$'000	$'000	$'000	$'000
Accumulated funds	**1,263**	**1,768**	**1,648**	**1,648**	**1,648**
Represented by current assets					
Cash and cash equivalents	2,196	2,770	2,373	2,479	2,647
GST receivable	107	304	336	336	336
Debtors and other receivables	370	261	281	281	281
Prepayments	60	52	42	47	48
Total current assets	**2,733**	**3,387**	**3,032**	**3,143**	**3,312**
Non-current assets					
Property, plant and equipment	313	99	327	209	41
Intangible assets	0	0	0	0	0
Total non-current assets	**313**	**99**	**327**	**209**	**41**
Total assets	**3,046**	**3,486**	**3,359**	**3,352**	**3,353**
Current liabilities					
Creditors	1,173	1,114	1,143	1,143	1,144
Employee benefit liabilities	610	554	568	561	561
Revenue in advance	0	50	0	0	0
Total current liabilities	**1,783**	**1,718**	**1,711**	**1,704**	**1,705**
Total liabilities	**1,783**	**1,718**	**1,711**	**1,704**	**1,705**
Net assets	**1,263**	**1,768**	**1,648**	**1,648**	**1,648**

Note: Numbers are rounded.

Prospective statement of cash flows

	Planned	Forecast	Planned	Planned	Planned
	12 months to 30 June 2021	12 months to 30 June 2021	2021/22	2022/23	2023/24
	$'000	$'000	$'000	$'000	$'000
Cash flows used in operating activities					
Cash provided from:					
Crown Revenue	14,253	14,404	15,653	15,653	15,653
Interest received	20	4	3	3	3
Other income	4,296	4,581	4,418	4,488	4,488
Cash disbursed as:					
Payments to suppliers	(8,315)	(7,561)	(8,745)	(8,664)	(8,679)
Payments to employees	(10,671)	(11,027)	(11,283)	(11,304)	(11,297)
Net goods and services tax	(1)	(183)	(32)	1	0
Net cash flows from (used in) operating activities	**(418)**	**218**	**14**	**176**	**168**
Cash flows used in investing activities					
Cash disbursed as:					
Purchases of property, plant, equipment and intangibles	(290)	(30)	(411)	(70)	0
Net cash flows (used in) investing activities	**(290)**	**(30)**	**(411)**	**(70)**	**0**
Cash flows used in financing activity					
Equity injection	0	0	0	0	0
Net cash flows (used in) finance activities	**0**	**0**	**0**	**0**	**0**
Net increase / (decrease) in cash and cash equivalents	(708)	188	(397)	106	168
Plus, projected opening cash and cash equivalents	2,904	2,582	2,770	2,373	2,479
Closing cash and cash equivalents	**2,196**	**2,770**	**2,373**	**2,479**	**2,647**

Note: Numbers are rounded.

Declaration of the Board

The Board acknowledges its responsibility for the information contained in the Commission's forecast financial statements. The financial statements should also be read in conjunction with the statement of accounting policies on page 42.

Key assumptions for proposed budget in 2021/22 and out years

In preparing these financial statements, we have made estimates and assumptions about the future, which may differ from actual results.

Estimates and assumptions are continually evaluated and based on historical experience and other factors, including expectations of future events believed to be reasonable under the circumstances.

As we continue to face the effects of the COVID-19 pandemic in Aotearoa New Zealand, we will see both direct impacts on the health and disability sector and effects on our economy and businesses across the nation. In this time of uncertainty, as with others in the sector, our engagement with partners and consumers has been impacted. As such, the financials of this SPE may need to change to accommodate the viability and achievability of our deliverables as our health and disability sector recovers from the impacts of COVID-19.

The Commission's role and mandate have grown since we began in 2011/12, yet core Crown funding had remained unchanged at $12.96 million. In Budget 2021, Government provided additional funding of $1.400 million to support the Commission's work. This funding will enable us to sustain our augmented work programmes in response to Government and sector demands, while giving us room to respond appropriately to emerging quality issues. The funding will help us maintain our quality, safety and equity overview of the whole health and disability system as it recovers from its COVID-19 response, embarks on upcoming health sector reforms and undertakes the largest vaccination programme in our country's history

While we will continue to deliver our targeted quality improvement programmes – building quality improvement sector capability, improving sector data capability and strengthening relationships across the public sector and with Māori and Pacific peoples – the pace and delivery will be determined by funding.

The Commission is considered strong in its financial management, enabling it to deliver better services and outcomes for New Zealanders. The forecast financial statements for the 2021/22 year and out years are in line with generally accepted accounting practices. The statements include:

- an explanation of all significant assumptions underlying these financial statements
- any other information needed to reflect our forecast financial operations and financial statements fairly.

Key assumptions are listed below.

- While personnel costs have been assessed on the basis of expected staff mix and seniority, these may vary. Total expenditure will be maintained within forecast estimates, even if individual line items vary. There may be movements between salary, contractor and programme costs.
- Out year costs in the operating budget are based on a mix of no general inflationary adjustment and limited general inflationary adjustment.
- The timing of the receipt of Crown revenue is based on quarterly payments made at the beginning of the quarter on the fourth of the month.

- Salary budgets include no remuneration increases for higher earners and senior leaders for 2021/22 or out years. This may be a risk for staff retention, however, it is in line with the *Government Workforce Policy Statement on the Government's expectations for employment relations in the public sector*.[32]
- The 2021/22 planned deficit of $0.120 million relates to revenue received and recognised in previous years for mental health and addiction quality improvement ($0.100 million).
- The Commission continues to work within the assumption of keeping reserve levels of around $1.1 million to $1.3 million.
- IT hardware and furniture replacement is planned for 2021/22 ($0.380 million laptop fleet) and 2022/23 (other furniture and equipment).

[32] Public Service Commission. 2021. *Government Workforce Policy Statement on the Government's Expectations for Employment Relations in the Public Sector.* Wellington: Public Service Commission. URL: www.publicservice.govt.nz/assets/SSC-Site-Assets/Workforce-and-Talent-Management/Government-Workforce-Policy-Statement-on-employment-relations.pdf (accessed 14 May 2021).

6. Statement of accounting policies | Pūrongo o ngā kaupapahere kaute

Reporting entity

Kupu Taurangi Hauora o Aotearoa | Health Quality & Safety Commission (the Commission) is a Crown entity as defined by the Crown Entities Act 2004 and the New Zealand Public Health and Disability Act 2000 and is domiciled in New Zealand. As such, the Commission is ultimately accountable to the New Zealand Crown.

The Commission's primary objective is to provide public services to New Zealanders, rather than to make a financial return. Accordingly, the Commission has designated itself as a public benefit entity for the purposes of New Zealand equivalents to International Financial Reporting Standards (NZ IFRS).

Basis of preparation

Statement of compliance

These prospective financial statements have been prepared in accordance with the Crown Entities Act 2004. This includes meeting the Act's requirement to comply with the New Zealand generally accepted accounting principles (NZ GAAP).

The prospective financial statements have been prepared in accordance with tier 2 public benefit entity accounting standards.

The prospective financial statements have been prepared for the special purpose of this SPE to the New Zealand Minister of Health and Parliament. They are not prepared for any other purpose and should not be relied on for any other purpose.

These statements will be used in the annual report as the budgeted figures.

The preceding SPE narrative informs the prospective financial statements, and the document should be read as a whole.

The preparation of prospective financial statements requires management to make judgements, estimates and assumptions that affect the application of policies and reported amounts of assets and liabilities, income and expenses. Actual financial results achieved for the period covered are likely to vary from the information presented, and variations may be material.

Measurement system

The financial statements have been prepared on a historical cost basis.

Functional and presentation currency

The financial statements are presented in New Zealand dollars. The functional currency of the Commission is New Zealand dollars.

Significant accounting policies

The accounting policies outlined will be applied for the next year when reporting in terms of section 154 of the Crown Entities Act 2004 and will be in a format consistent with NZ GAAP.

The following accounting policies, which significantly affect the measurement of financial performance and of financial position, have been consistently applied.

Budget figures

The Commission has authorised these prospective financial statements for issue in June 2021.

The budget figures have been prepared in accordance with NZ GAAP and are consistent with the accounting policies the Commission adopted to prepare the financial statements. The Commission is responsible for the prospective financial statements presented, including the appropriateness of the assumptions underlying the prospective financial statements and all other required disclosure. It is not the Commission's intention to update the prospective financial statements after they have been published.

Revenue

Revenue is measured at fair value. It is recognised as income when earned and is reported in the financial period to which it relates.

Revenue from the Crown

The Commission is primarily funded through revenue received from the Crown, which is restricted in its use for the purpose of the Commission meeting its objectives as specified in this SPE. Revenue from the Crown is recognised as revenue when earned and is reported in the financial period to which it relates.

Interest

Interest income is recognised using the effective interest method.

Operating leases

Leases that do not transfer substantially all the risks and rewards incidental to ownership of an asset to the Commission are classified as operating leases. Lease payments under an operating lease are recognised as an expense on a straight-line basis over the term of the lease in the prospective statement of financial performance.

Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks and other short-term, highly liquid investments, with original maturities of three months or less.

Debtors and other receivables

Debtors and other receivables are measured at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment.

Bank deposits

Investments in bank deposits are initially measured at fair value plus transaction costs. After initial recognition, investments in bank deposits are measured at amortised cost using the effective interest method.

Inventories

Inventories held for sale are measured at the lower of cost (calculated using the first-in first-out basis) and net realisable value.

Property, plant and equipment

- Property, plant and equipment asset classes consist of building fit-out, computers, furniture and fittings, and office equipment.
- Property, plant and equipment are shown at cost, less any accumulated depreciation and impairment losses.
- The cost of an item of property, plant and equipment is recognised as an asset only when it is probable that future economic benefits or service potential associated with the item will flow to the Commission and the cost of the item can be measured reliably.
- Gains and losses on disposals are determined by comparing the proceeds with the carrying amount of the asset. Gains and losses on disposals are included in the prospective statement of financial performance.
- Costs incurred after initial acquisition are capitalised only when it is probable that future economic benefits or service potential associated with the item will flow to the Commission and the cost of the item can be measured reliably.
- The costs of day-to-day servicing of property, plant and equipment are recognised in the prospective statement of financial performance as they are incurred.

Depreciation

Depreciation is provided using the straight-line (SL) basis at rates that will write off the cost (or valuation) of the assets to their estimated residual values over their useful lives. The useful lives and associated depreciation rates of major classes of assets have been estimated as follows:

Computers	3 years	33% SL
Office equipment	5 years	20% SL
Furniture and fittings	5 years	20% SL

Intangibles

Software acquisition

- Acquired computer software licences are capitalised on the basis of the costs incurred to acquire and bring to use the specific software.
- Costs associated with maintaining computer software are recognised as an expense when incurred.
- Costs associated with developing and maintaining the Commission’s website are recognised as an expense when incurred.

Amortisation

- Amortisation begins when the asset is available for use and ceases at the date the asset is de-recognised.
- The amortisation charge for each period is recognised in the prospective statement of financial performance.
- The useful lives and associated amortisation rates of major classes of intangible assets have been estimated as follows:

Acquired computer software	3 years	33% SL

Impairment of non-financial assets

Property, plant and equipment, and intangible assets that have a finite useful life are reviewed for impairment whenever events or changes in circumstances indicate the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less costs to sell and value in use.

Appendix 1: Commission objectives and functions | Āpitihanga 1: Ngā whāinga me ngā āheinga

Objectives of the Commission[33]

The objectives of the Commission are to lead and coordinate work across the health and disability sector for the purposes of:

1. monitoring and improving the quality and safety of health and disability support services
2. helping providers across the health and disability sector to improve the quality and safety of health and disability support services.

Functions of the Commission

The functions of the Commission are:

1. to advise the Minister on how quality and safety in health and disability support services may be improved; and
2. to advise the Minister on any matter relating to —
   - health epidemiology and quality assurance; or
   - mortality; and
3. to determine quality and safety indicators (such as serious and sentinel events) for use in measuring the quality and safety of health and disability support services; and
4. to provide public reports on the quality and safety of health and disability support services as measured against —
   - the quality and safety indicators; and
   - any other information that the Commission considers relevant for the purpose of the report; and
5. to promote and support better quality and safety in health and disability support services; and
6. to disseminate information about the quality and safety of health and disability support services; and
7. to perform any other function that —
   - relates to the quality and safety of health and disability support services; and
   - the Commission is for the time being authorised to perform by the Minister by written notice to the Commission after consultation with it.

In performing its functions, the Commission must, to the extent it considers appropriate, work collaboratively with —

- the Ministry of Health; and
- the Health and Disability Commissioner; and
- providers; and
- any groups representing the interests of consumers of health or disability support services; and
- any other organisations, groups or individuals that the Commission considers have an interest in, or will be affected by, its work.

[33] Section 59B–C, New Zealand Public Health and Disability Act 2000.

Appendix 2: How SPE deliverables align with Government expectations | Āpitihanga 2: Te hono o ngā mahi a SPE ki ā te Kāwanatanga

Expectations specified in the Government's Letter of Expectations	Where our work supports the expectations: SPE deliverable number or response page number							
	1	2	3	4	5	6	7	Other, see page:
Ensuring a safe and equitable recovery from COVID-19 by working to minimise adverse impacts on quality and safety		✓		✓				
Careful monitoring of quality, safety and equity through system changes		✓		✓	✓			
Providing advice on mortality review structures								See Considering mortality review systems and structures (Appendix 3, page 49)
Continuing to meet Te Tiriti o Waitangi obligations: evaluating how to strengthen and actively demonstrate commitment			✓		✓			
Supporting Whakamaua[34] and Ola Manuia[35] action plans		✓	✓		✓			
Continuing commitment to an equitable health and disability system	✓		✓			✓		
Supporting the implementation of system-level measures by raising quality improvement science capability in primary and secondary health care						✓	✓	
Continuing quality improvement programmes	✓	✓					✓	
Providing a collaborative learning platform for capability and capacity in quality improvement science (across primary and secondary health care)	✓							
Providing governance, analysis and monitoring of patient experience surveys (primary and secondary health care)		✓						
Actively supporting and contributing to the Ministry of Health's work on better capturing performance information about quality and safety of health services, including work related to publishing data		✓		✓		✓		
Working collaboratively to ensure publications reflect a comprehensive, contextualised and joined-up picture of the national health and disability system		✓		✓	✓	✓		
Developing a national approach to identifying and responding to quality and safety issues				✓				
Ensuring IT security and insurance coverage if required								Page 35

[34] See the Ministry of Health webpage Whakamaua: Māori Health Action Plan 2020–2025 at: www.health.govt.nz/our-work/populations/maori-health/whakamaua-maori-health-action-plan-2020-2025
[35] See the Ministry of Health webpage Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025 at: www.health.govt.nz/publication/ola-manuia-pacific-health-and-wellbeing-action-plan-2020-2025

Strategic priorities	SPE deliverable number or response page number							
	1	2	3	4	5	6	7	Other, see page:
Improving the health services experience for consumers and whānau	✓	✓	✓	✓	✓	✓	✓	Third-party improvement programmes (page 31)
Embedding and enacting Te Tiriti o Waitangi, supporting mana motuhake	✓		✓	✓	✓		✓	Advance care planning (page 31)
Achieving health equity	✓	✓	✓	✓	✓	✓	✓	Advance care planning (page 31)
Strengthening systems for high-quality services	✓	✓	✓	✓	✓	✓	✓	Healthcare-associated infections (page 32) and ANZICS clinical register (page 31)

Enduring priorities based on Te Tiriti o Waitangi	SPE deliverable number or response page number							
	1	2	3	4	5	6	7	Other, see page:
Kāwanatanga – partnering and shared decision-making	✓	✓	✓	✓	✓	✓	✓	Advance care planning (page 31)
Tino rangatiratanga – recognising Māori authority			✓		✓		✓	Advance care planning (page 31)
Ōritetanga – equity	✓	✓	✓	✓	✓	✓	✓	Advance care planning (page 31)
Wairuatanga – upholding values, belief systems and world views	✓		✓		✓	✓	✓	Advance care planning (page 31)

Government's expectations: key priorities for the health and disability services system	SPE deliverable number or response page number							
	1	2	3	4	5	6	7	Other, see page:
Improving child wellbeing					✓	✓		Mortality review committees (page 22)
Improving mental wellbeing, including a focus on the transformational direction for our approach to mental health and addiction through the agreed actions from the Government Inquiry into Mental Health and Addiction				✓		✓		Mental health and addiction improvement (page 32)
Improving wellbeing through prevention	✓	✓	✓	✓		✓	✓	Third-party improvement programmes (page 31)
Improving population outcomes, supported by a strong and equitable public health and disability system	✓	✓	✓	✓	✓	✓	✓	Third-party improvement programmes (page 31)
Improving population health and outcomes supported by primary health care services	✓	✓	✓	✓		✓	✓	Third-party improvement (page 31)

Appendix 3: Details of our strategic priorities and how we assess progress| Āpitihanga 3: He pitopito kōrero ā-rautaki, ā-aromatawai kauneke

Progressing our four strategic priorities/outcomes

Our four strategic priorities are strongly integrated and aligned, with many crossovers and areas of common interest. Our SPE deliverables progress one or more of our strategic priorities, and many of them progress all four.

Improving the experience for consumers and whānau

Embedding and enacting Te Tiriti o Waitangi, supporting mana motuhake

Achieving health equity

Strengthening systems to provide high-quality health and disability services

Priority 1: Improving the experience for consumers and whānau | Kaupapa matua 1: Te whakapai wheako mō ngā kiritaki me ngā whānau

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

Established evidence shows that engaging consumers and whānau is related to better health and care outcomes.[36] Through our work with the health and disability 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 supports the health and disability system to engage more effectively with consumers and their whānau.

As well as prioritising consumer engagement and partnerships in all our work, in 2021, we have focused workstreams for developing co-design capability in the health and disability sector, supporting implementation of the consumer engagement quality and safety marker[37] and running patient experience surveys.[38]

We will know that we have contributed to improved experiences for consumers and whānau when we see **improvement in patient experience survey results from baselines** and **improvements in patient and whānau measures and reporting across our programme areas**.

[36] See: 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. URL: https://bmjopen.bmj.com/content/3/1/e001570 (accessed 26 June 2020).
[37] See the Health Quality & Safety Commission webpage Consumer engagement quality and safety marker at: www.hqsc.govt.nz/our-programmes/partners-in-care/consumer-engagement-qsm.
[38] See the Health Quality & Safety Commission webpage Patient experience at: www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/patient-experience.

Priority 2: Embedding and enacting Te Tiriti o Waitangi, supporting mana motuhake | Kaupapa matua 2: Kia mau kia whakature i Te Tiriti o Waitangi e mana motuhake ai

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

A central part of our health and disability system and services must be relationships that are founded on the principles of Te Tiriti and that support mātauranga and te ao Māori solutions and uphold mana motuhake. 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 all health and disability settings can better use te ao Māori values and concepts and integrate them across system design and practices to improve access to health care, the quality of services and the health outcomes for all New Zealanders.

A useful definition of mana motuhake was provided by a contributor to the Commission's Performance Improvement Framework (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.'

In 2021, in addition to working to enact Te Tiriti and uphold mana motuhake across all that we do, we have a specific focus on rolling out our te ao Māori quality improvement framework and implementation guide in the health and disability sector.

We will know we have contributed to embedding and enacting Te Tiriti and supporting mana motuhake when we can see **improvements in Māori patient and whānau experiences** and, over time, in **Māori health outcome measures**, both at the system level and within our programme areas. However, we recognise that improving wider determinants of health is another key aspect of improving Māori health outcomes.

Priority 3: Achieving health equity | Kaupapa matua 3: Kia whakaōrite te hauora

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

The Commission's work, along with the work of many others, has demonstrated 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 (most notably for Māori[39] and Pacific peoples[40]). 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.[41] 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, they will help achieve health equity. High-quality health services

[39] 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).
[40] 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/our-programmes/health-quality-evaluation/publications-and-resources/publication/3364 (accessed 5 May 2020).
[41] 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/our-programmes/other-topics/publications-and-resources/publication/3093 (accessed 26 April 2020).

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

Pacific focus
In July 2021, the Commission will complete *Bula Sautu: A Pacific perspective on health in New Zealand* to 'shine the light' on the inequities Pacific peoples are experiencing in health care in New Zealand. We will be working through the most appropriate strategic follow-up for this work in 2021/22, which supports *Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025*.[42]

Living with disability focus
In 2021/22, we will also turn our attention to another group of people experiencing health inequity. We will focus on health equity for people living with disabilities, analysing available health system data.

We will know our work has contributed to health equity when we highlight **reductions in unwarranted health care variation and inequities across population groups**, and we see **greater health equity in our health and disability system and programme measures**.

Priority 4: Strengthening systems to provide high-quality health and disability services | Kaupapa matua 4: Te whakakaha pūnaha hei kounga ngā ratonga

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

Around the world, health quality and safety work has made great progress through using quality improvement approaches in focused interventions and 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. Proactive approaches and more complex systemic quality improvement challenges, such as institutional racism and health inequity, require a greater focus on partnerships and open and transparent communication between consumers and whānau and those delivering health care. A high-quality health and disability system needs the relevant tools, intelligence and capability to identify emerging issues at all levels so it can prevent harm. The health and disability system needs a capable and skilled workforce that is well positioned to manage the quality challenges it faces. The system also needs to look beyond its own structural and systemic biases in order to 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 health and disability system for Aotearoa New Zealand.

In 2021/22, all the Commission's work and deliverables contribute to stronger systems for quality services and a more resilient system. We will be considering how we improve New Zealand's mortality review system while we also strengthen consumer engagement throughout the health and disability system, build workforce capability in a range of key quality improvement and patient safety areas and build knowledge understanding and capability in measurement for improvement. The Quality Alert and Quality Forum process will bring organisations together to better understand emerging issues, with a goal of developing rapid response systems to improve quality, safety and equity.

Considering mortality review systems and structures
The Commission will initiate a review of New Zealand's national mortality review approaches in 2021. Mortality review committees have contributed to many changes over the last 10 years, and it is timely to consider how mortality review can be supported to be as effective as possible for influencing change to

[42] See the Ministry of Health webpage Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025 at: www.health.govt.nz/publication/ola-manuia-pacific-health-and-wellbeing-action-plan-2020-2025.

reduce preventable mortality and morbidity and contribute to greater equity of outcomes across groups into the future. The review will be planned and initiated by the end of 2021.

We know our work is contributing to a stronger system for high-quality health and disability services when we see:

- more whānau involvement in adverse event reviews, learning and communication
- DHBs addressing issues raised in relevant Quality Alerts
- **reduced mortality over time in mortality review cohort groups**
- improved capability in data and measurement, quality improvement science and clinical governance within the health and disability system and workforce
- **improved quality and safety measures across the health and disability system and in our programmes.**

New Zealand Government