



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa

Health Quality & Safety Commission –
Self-review report based on the
Performance Improvement Framework

Kupu Taurangi Hauora o Aotearoa –
Pūrongorongo arotake whaiaro i whai i
te Anga Whakapiki Whakaaturanga

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Section 1: Introduction | Wāhanga 1: Tīmatanga

In 2019, the Health Quality & Safety Commission (the Commission) completed a self-review, based on the State Services Commission's (SSC's) Performance Improvement Framework (PIF). We conducted the self-review with the two goals of:

- reviewing our performance and finding out how our stakeholders, staff and those within the health sector see us
- seeking guidance on how to best support the health system to advance Māori health, put Te Tiriti o Waitangi (Te Tiriti) into practice and achieve health equity.

This report details the process and the findings of our self-review.

Structure of this report

This report is divided into four sections.

Section 1: Introduction: In this section, we give an overview of why the Commission completed the self-review, how we did the self-review, and our approach to rating our performance. We highlight how we modified the SSC PIF to support our specific goals.

Section 2: The Commission's response to the self-review: This section describes the Commission's response to both the four-year excellence horizon¹ and the internal component of the self-review, including the ratings.

Section 3: The four-year excellence horizon:² Here the external reviewers set out the four-year excellence horizon they developed for the Commission, in consultation with our stakeholders.

Section 4: The internal self-review and ratings: The final section provides an overview of the Commission's self-review findings and ratings against the four-year excellence horizon.

Why the Commission did this self-review

The Commission used the PIF for the first time in 2015. The process was beneficial in that it gave us guidance on key stakeholder expectations, supporting our work in developing our Statement of Intent (SOI)³ 2017-21. From this experience, we planned to use the PIF process again, to seek guidance on key stakeholder expectations in the development of next SOI (2020-24).

In late 2018, the Commission's board made a commitment on behalf of the organisation to be bolder in its work towards advancing Māori health. In developing our 2019/20 Statement of Performance Expectations (SPE),⁴ we added a new, primary strategic priority, 'Advancing Māori health', demonstrating that we are committed to and prioritise Te Tiriti o Waitangi and health equity for Māori. The Minister of Health explicitly supported this priority in his 2019/20 Letter of Expectation to the Commission.⁵

The changing political landscape and a refocus on the central role of Te Tiriti in improving Māori health help to shape the Commission's organisational journey. Part of that journey involves revising our approach by identifying how we can better contribute to advancing Māori health and improving health equity.

Therefore, this self-review aims to support us in developing our organisational strategy. It draws on staff and stakeholder reflections on and expectations of our work and how it contributes to the health sector, both generally and specifically, in terms advancing Māori health, operationalising Te Tiriti and achieving health equity. Understanding our strengths and opportunities for further improvement will support us in developing our SOI 2020-24 and in refreshing Te Whai Oranga (our Māori advancement framework).

1. A 'four-year excellence horizon' provides guidance on what excellent performance will look like for an agency in four years' time. It is developed by external reviewers, chosen for their ability to add specific value to the agency, in consultation with a range of agency stakeholders. See page 8 for more detail.
2. The four-year excellence horizon is highlighted with a blue background to differentiate it from the rest of the report and to make it easy to find.
3. A Statement of Intent (SOI) provides the direction of an agency's work for the next four years and is agreed with the Government.
4. A Statement of Performance Expectations specifies the Government's expectations for the Commission's work and delivery in a given year. It usually follows the SOI.
5. Hon Dr David Clark, Minister of Health: Letter of Expectation to the Health Quality & Safety Commission, 13 March 2019.

How the Commission adapted the Performance Improvement Framework

In this self-review, we specifically amended the SSC PIF to include a strong focus on how the Commission can contribute to advancing Māori health, within the scope of our mandated role.

The Commission used the SSC PIF structure (Appendix 1) and question bank (Appendix 2) as the foundation for this self-review, but modified them to meet our specific needs. We followed the three key steps in the SSC PIF.

1. Develop a 'four-year excellence horizon' to provide guidance on what excellent performance will look like for an agency in four years' time. Usually external reviewers undertake this task, who are chosen for their ability to add specific value to the agency, in consultation with a range of agency stakeholders.
2. An internal review team of agency staff undertakes interviews within the agency, considering the agency's work and contribution to Government priorities, its own core business priorities and its own organisational management systems and processes.
3. Bringing together the previous two steps, the internal review team rates the agency's work against the vision provided in the four-year excellence horizon.

The central question in a standard PIF review is: **What is the contribution New Zealand needs from this agency (or sector or system) in the medium term?** After using this question to develop a four-year excellence horizon, the agency matches this vision to its current performance to identify the performance challenge(s) it faces. For this self-review, the Commission added a second question: **What is the Commission's performance challenge to drive forward a Māori health advancement and equity agenda and meet its responsibilities, as a Crown entity, to Te Tiriti o Waitangi?**

Below we describe our specific approach to this self-review.

1. In deciding on external reviewers to lead the development of our four-year excellence horizon, the Commission actively sought those with extensive knowledge and experience of Māori

health and state sector organisations' responsibilities in regard to Te Tiriti o Waitangi. Dr Karen Poutasi (chief executive officer of the New Zealand Qualifications Authority and commissioner for Waikato District Health Board), Darrin Sykes (deputy chief executive, Organisational Services, Office for Māori Crown Relations - Te Arawhiti) and Teresa Wall (director at Wall Consultants Limited) undertook 40 interviews over a period of four months to gather stakeholder views with the aim of determining and describing what excellent performance will look like for the Commission in four years' time.⁶ The external review team made specific efforts to make the views of Māori stakeholders central to the development of the four-year excellence horizon.

2. With the help of the external reviewers, the Commission added questions to the PIF question bank to focus specifically on Māori health equity and advancement. These questions guided semi-structured interviews with internal staff and health sector stakeholders when both developing the four-year excellence horizon and conducting the full organisation self-review.⁷
3. The members of the internal review team were Heidi Cannell (senior policy analyst Māori), Shelley Hanifan (principal policy advisor), Alexis Wevers (analyst/data scientist) and Roz Sorensen (programme manager, mental health and addiction). They undertook 25 interviews with staff over four weeks, ensuring representation of Māori, Pacific peoples, the rainbow community and the work teams across the Commission. The team based its semi-structured interviews on questions from the modified question bank, varying them from interviewee to interviewee according to their role and experience in the Commission.
4. When we drew the information together, we found the traffic-light rating system within the SSC PIF did not meet our needs well. The Commission is conducting a wide range of work within each area considered, and different elements of work are at different stages when rated against the four-year excellence horizon. For this reason, we looked for a more detailed understanding and presentation of work, to better reflect the strategic focus of work the Commission needs to do to continue our improvement journey toward the four-year excellence horizon.

6. For the list of stakeholder agencies interviewed, see Appendix 4.

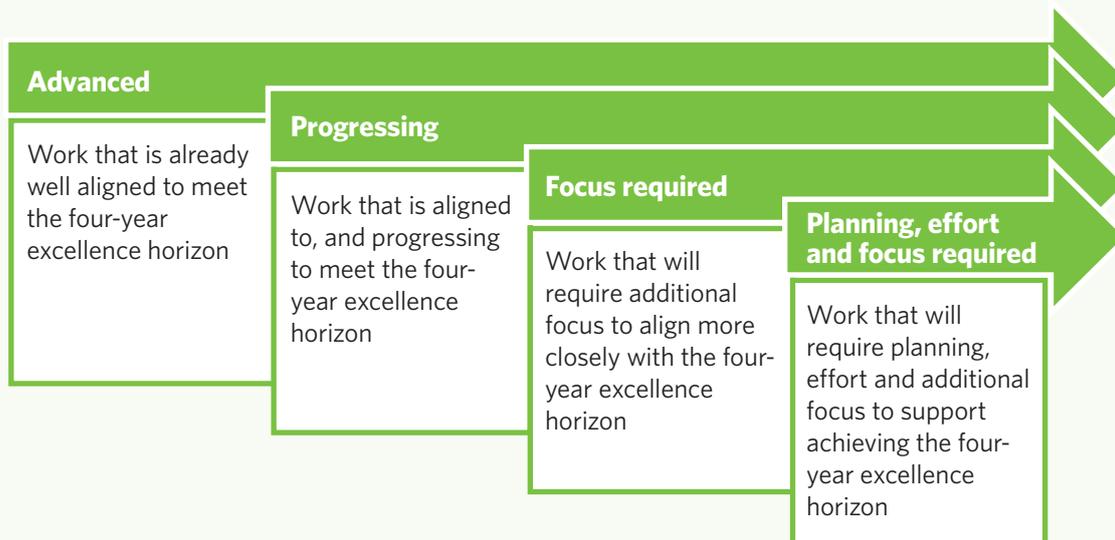
7. For the full question bank, see Appendix 3.

The Commission's approach to rating our performance

The internal review team developed a rating system to align with the four-year excellence horizon, along with an approach to presenting review findings that allows more detailed explanations.

Approach to ratings

Overview of the Commission's four levels of ratings



The rating framework consists of four levels: advanced; progressing; focus required; and planning, effort and focus required. The infographic above provides an overview of how to interpret each of these ratings. The length of each arrow reflects how closely the rated work is aligned to the Commission's efforts to achieve the four-year excellence horizon or how much it brings specific strengths that will support those efforts. Advanced work is aligned well or brings specific strengths, forming a backbone of support to help in those areas where more effort will be required to reach the vision outlined in the four-year excellence horizon. Work rated as progressing is aligned to the four-year excellence horizon and already underway. Work requiring focus will require closer alignment to the four-year excellence horizon, and work that requires planning, effort and focus is work the Commission will need to prioritise if it is to achieve the four-year excellence horizon in the next four years.

Approach to presenting findings

We set out findings in three areas of focus that align with the SSC PIF – Government priorities, core business priorities and organisational management – presenting each of them in tables that give greater detail than is possible with a single traffic-light display. For example, the table below gives a sample of Table of findings 1: Government priorities, which reports on Government priority 1: Meet Treaty of Waitangi responsibilities (see page 22 for the full table). Our approach to presentation highlights that the

Commission's Te Tiriti work ranges from advanced (in governance, leadership and organisational commitment and ministerial support) through to more challenging work requiring the Commission to commit thought, planning and effort in partnership with Māori to align with the vision in the four-year excellence horizon (ceding power; enabling mana motuhake; operationalising Te Tiriti across systems, strategies and processes). The sample table demonstrates how work within a single priority can spread across the rating scale and highlights the limitations of assigning a single traffic-light rating.

Sample of the Commission's approach to presenting findings – from Table of findings 1: Government priorities

Heading and relevant quotes from staff interviews	Advanced	Progressing	Focus required	Planning, effort and focus required
<p>1. Meet Treaty of Waitangi responsibilities</p> <p>'There's a mixed understanding in the staff of what the Treaty has to do with their role. Embedding the Treaty in work programmes and implementing it needs to be multi-layered.'</p> <p>'Up until now, we have sought authentic input from the health sector groups that we need to facilitate improvement, because we have needed them to do the work. There is genuine relationship-building and collaboration. However, with Māori this has only just started. The first step is face-to-face meetings, then we need to gain a common understanding and then we work in partnership on the ways forward.'</p>	<ul style="list-style-type: none"> Governance, leadership and organisational commitment to Te Tiriti is strong, and will support the Commission to advance our work, both within this Government priority area and toward the four-year excellence horizon. Ministerial direction and support are strong and align well with the Commission's direction. 	<ul style="list-style-type: none"> Staff and organisational capability relevant to Te Tiriti is growing and developing. Māori health advancement is an agreed strategic priority for the Commission (2019-20 SPE). Window 2019⁸ provides useful direction to support the Commission's approach to Te Tiriti. The Commission has undertaken this self-review to learn more about how to improve its work to put Te Tiriti into practice. Interviews with staff highlighted work that has begun aimed at better understanding the strengths, requirements and gaps that exist within the Commission. 	<ul style="list-style-type: none"> A refresh of Te Whai Oranga (Māori advancement framework) is required and is planned. The self-review will help this process. Partnerships with Māori are required across all work. These are already in place in some areas and require building and strengthening in others. Wai 2575 recommendations provide useful guidance that the Commission can draw on further. 	<ul style="list-style-type: none"> The Commission will need to work with Te Tiriti partners to work out how it can cede power appropriately, as a Crown agency. The Commission will need to work with Te Tiriti partners to work out how it can best enable and support mana motuhake. A Te Tiriti-focused strategy is currently in development. Work will be required to ensure that the Commission's strategy directs systems, processes, operating models and resourcing to put Te Tiriti into practice.

Note: For the full table, see Section 4, page 19.

8. Health Quality & Safety Commission. 2019. *A window on the quality of Aotearoa New Zealand's health care 2019: A view on Māori health equity*.

Section 2: The Commission's response to the self-review | Wāhanga 2: Te urupare a te Kōmihana ki te arotake whaiaro

We have undertaken this PIF self-review, while we are intentionally accelerating our work in advancing Māori health and improving health equity, to inform the development of our SOI and our refresh of Te Whai Oranga, our Māori advancement framework. Both these strategies will provide Commission staff and stakeholders with a clear view of the pathway we intend to follow to increase our impact on the health system, specifically to advance Māori health and improve health equity.

To develop our strategy, we saw the absolute importance of working closely with our stakeholders and experts in advancing Māori health and Te Tiriti o Waitangi for guidance. In deciding on who would lead the development of the Commission's vision (the four-year excellence horizon), we actively sought and benefited from external reviewers with extensive knowledge and experience of Māori health and state sector organisations' responsibilities in regard to Te Tiriti o Waitangi. Dr Karen Poutasi (chief executive officer of the New Zealand Qualifications Authority and commissioner for Waikato District Health Board), Darrin Sykes (deputy chief executive, Organisational Services, Office for Māori Crown Relations - Te Arawhiti) and Teresa Wall (director at Wall Consultants Limited) made up the external review team, who worked with key stakeholders to determine and describe what excellent performance will look like for the Commission in four years' time.

We are grateful for and humbled by the vision our external reviewers and stakeholders have given us to work toward. The Commission has embraced the vision outlined in the four-year excellence horizon. The external reviewers also congratulated us for taking these steps, which they suggested could provide leadership and modelling to health sector organisations and services that are yet to take their own first steps into what may seem unfamiliar territory.

We want to sincerely thank Karen, Darrin and Teresa for their work and their support and encouragement.

We have been set four key performance challenges to:

- embed and enact Te Tiriti o Waitangi within the Commission and all its work, supporting mana motuhake⁹
- set out a clear strategy that places equity at the centre of quality (and cultural safety at the centre of safety)
- develop a new operating model - moving from targeted quality improvement projects to supporting and facilitating system improvement
- build a system more strongly centred on consumers and whānau.

We have strengths that will help us address our challenges, as well as areas that we will need to intentionally plan for and make specific effort to address if we are to improve them. The work of the internal review team has also contributed to our understanding of where and what we will need to do. We are carrying this understanding through into our work to develop a strategy that will support us to reach our performance horizon.

Building on our strengths

Our board, Te Rōpū Māori, our Māori advisory group, and our executive leadership team are committed and determined to work to reach our performance horizon. Our staff are highly engaged and the levels of commitment across the Commission match those of our governance and leadership.

We are also supported by strong Māori leadership: within our board and our executive leadership team; from Te Rōpū Māori, our Māori advisory group; from Ngā Pou Arawhenua, the Māori caucus that works across the mortality review committees; from the Mental Health and Addiction Māori Advisory Group; across our advisory groups and mortality review committees, and within our new Māori health outcomes team. These groups and functions all provide Māori leadership and guidance that can support the Commission to extend relationships and work more effectively from the foundation of Te Tiriti o Waitangi, in all our work.

9. Mana motuhake is defined in Section 3, page 8.

Other work areas that demonstrate progress toward our horizon include: the work undertaken for Window 2019; the new, revised online Equity View, which compares Māori with non-Māori on a range of measures of health equity; the mental health and addiction quality improvement programme; primary care; advance care planning; and the current redevelopment of our clinical governance framework to embed Te Tiriti. We have already started to place equity and Te Tiriti at the centre of quality, and we will continue to do this, with renewed emphasis, and include cultural safety as a key component of safety and therefore of quality. Through Window 2019, we have started to communicate the historical and systemic causes of inequity to shift understanding among the health sector and the public, and we will broaden this practice to apply it in all our work. We will build on our successful Partners in Care programme to focus more broadly on whānau and collective community wellbeing and need.

Planning and partnering with Māori

We must commit to extensive thought, planning and partnering with Māori and consumers so the Commission can develop approaches that enable mana motuhake and cede power. We will need to work through how we can do this effectively, as a Crown agency, within our mandate and within the requirements we must meet as a part of government. We will need advice and guidance from our Māori leadership and from stakeholders through partnered

approaches, as we work out what the approaches required will mean for our organisation. Another need is to develop new measurement approaches, in partnership with Māori and consumers, that are able to demonstrate the difference our work is making in ways that are meaningful for them.

Essential features of our performance journey are a clearly stated vision, strategy and measures of success, supported by the shaping of a new operating model, genuinely underpinned by Te Tiriti o Waitangi and te ao Māori. Our partnerships will be vital to establishing models that will work for us, for Māori and for the health sector. New models of operating will help us make the shift from leading focused quality improvement in the system to facilitating and supporting improvement of the system itself. We also have the challenge of more securely underpinning our systems, processes and resourcing approaches with Te Tiriti o Waitangi, once strategy and operating models are clear.

The four-year excellence horizon provides a powerful vision that we wholeheartedly embrace. We are already on the first steps of our performance journey and we look forward to making progress over the coming months. We have asked Karen, Darrin and Teresa to continue to advise and guide us, as we work to meet the challenge and the vision that they, and the stakeholders they worked with, have set for us and they have kindly agreed.

Section 3: Four-year excellence horizon - report of the external reviewers | Wāhanga 3: Tauriparipa kounga whā tau - pūrongorongo a ngā kaiarotake o waho

Ko te pae tawhiti whāia kia tata,

Ko te pae tata

whakamaua kia tīna

Strive to bring the horizon, the vision, closer to a realisation. Let the achievements to date be strengthened and nurtured. For the dreams of yesterday are the hopes of today and the realities of tomorrow.

Background to the review

In undertaking this review, we considered: What is the contribution that New Zealanders, in particular Māori, need from the Commission and, therefore, what is its performance challenge? If the Commission is to successfully meet the performance challenge, what would success look like in four years' time?

The Commission's purpose is to support the health system to meet the needs and enable the wellbeing of all New Zealanders, their children and their mokopuna.

The Commission has undertaken this PIF self-review within a wider context where Aotearoa New Zealand and countries around the world are increasingly acknowledging the role of colonisation and decades of structural racism in shaping the social, economic and physical development processes in indigenous communities, contributing to their poorer outcomes and greater unmet needs. Some initiatives within Aotearoa New Zealand's health sector that shine a light on such ongoing disparities include the Wai 2575 Health Services and Outcomes Kaupapa Inquiry; the government inquiry into mental health and addictions, and the broader New Zealand Health and Disability System Review: Hauora Manaaki ki Aotearoa Whānui. More than that, they throw the centrality of Te Tiriti o Waitangi into sharp focus, and demand change and improvement. Further aspects of

this background are that expectations for addressing disparities are growing among both Māori and non-Māori, and the Government has made a commitment to advancing equity.

At the Commission's request, this PIF self-review has been tailored to respond to this specific context. That context contains two key elements: the centrality of Te Tiriti o Waitangi; and the way the health system perpetuates inequity between different population groups - particularly Māori and Pākehā.

Te Tiriti o Waitangi is central

As with any state sector organisation, the Commission has a responsibility to honour and uphold Te Tiriti o Waitangi. The Commission was writing its report *A window on the quality of Aotearoa New Zealand's health care 2019: A view on Māori health equity* (Window 2019) while we were conducting interviews for this review. Window 2019 emphasises that upholding these commitments means seeing Te Tiriti as a living document that is enacted daily, and that needs to be woven through Aotearoa's culture - the systems, processes, practices, behaviours and symbols of the institutions that shape our lives.

Fundamentally, Te Tiriti o Waitangi is central to the functioning of our health system, whether there are inequities or not. (Window 2019)

Te Tiriti o Waitangi is the overarching framework within which all Crown action takes place. It gives Māori a right to monitor health, including disparities in population-level outcomes between Māori and non-Māori. It also gives Māori the rights to have self-determination and equity, which for Māori implies a duty to ensure the wellbeing of all people in Aotearoa - Māori and non-Māori alike. Te Tiriti o Waitangi is a guiding framework to advancing partnership, achieving equitable outcomes and unlocking the collective wellbeing of Aotearoa New Zealand.

The health system perpetuates inequity between different population groups – particularly Māori and Pākehā

Research, both in Aotearoa New Zealand and overseas, shows a complex, layered spectrum of factors that contribute to inequity. Putting an end to inequity requires a wide understanding of these complex factors and appropriate steps to address them.

Window 2019 shows that, while Māori have experienced some significant improvements, such as increased life expectancy and reduced childhood mortality, these gains have not been able to shift the underlying systemic conditions that perpetuate persistent gaps in health between Māori and non-Māori New Zealanders. In particular, Window 2019 shows that:

- health services are less accessible to Māori
- Māori are not receiving the same benefits from health services and treatments as non-Māori
- health system efforts to improve do not always improve equity for Māori.¹⁰

Summary of feedback from stakeholders

A broad range of stakeholders, although not all of them, agrees that the Commission has come a long way since it was established as a standalone Crown entity in November 2010. The general view is that its overall performance is moving in the right direction.

‘HQSC [the Commission] has solidified its reputation and its place in the sector which is good. I think also it’s supported and it’s showing value to the sector.’¹¹

Since 2010, the Commission has earned the trust and confidence of partner organisations and health care professionals alike. Many respect it as a credible system leader with a significant and enduring role as an agent for quality improvement. This response is particularly notable given the Commission began small (with only 10 people) and has maintained the same baseline funding over the last nine years.

‘I’m a really big fan of the work that the Commission has done over the years, I think it’s made an enormous amount of improvement about making things more open and transparent and applying an improvement focus, as opposed to when things go wrong, the blame, and the root cause analysis can equally be applied as a framework or an activity to get clinicians and people to think a little bit about why do inequalities exist.’

Understandably, in the context of its outward-facing work, the Commission has tended to focus on the ‘shining the light’ element of its role – being known mostly for gathering, monitoring and publishing data on health and health care. It is known also for its ‘lending a helping hand’ work, in particular for quality improvement programmes within the hospital setting. The Commission works through positive relationships and influence, and can show measurable, concrete results from its work.

While these roles remain important, the shifting context and feedback from stakeholders suggest the Commission needs to consider more deeply how it performs these roles and clarify its approach. People spoke of a need for the Commission to shift from simply providing data and information towards a greater emphasis on co-design and implementation.

‘My view is shining the light’s only half the job. The next part of the job is how do we take the learnings from shining the light on something and put them into practice.’

Others spoke of the need for the Commission to shift its attention away from highlighting or fixing problems, towards enabling the creation of solutions and highlighting the work of others who are already doing this.

In our interviews, stakeholders expressed many different views about how the Commission should be acting to have the greatest impact. While many people wanted the Commission to continue to move towards becoming more supportive and enabling – a manaakitanga approach – others suggested it needs to remain firm and almost authoritarian in its stance, highlighting poor behaviour and practice, and creating pressure for change. Feedback also portrayed the Commission’s ‘shining the light’ role in several

10. Health Quality & Safety Commission 2019, *op.cit.*

11. Quotes from interviews with external reviewers are highlighted with a dark blue background and white text as indicated with this quote, and are included throughout the four-year excellence horizon.

different ways: from shining the light on poor outcomes or practice through publishing data and reports, to shining the light on the parts of the system that are already demonstrating the kinds of behaviours and practices that support equity. Others suggested that the focus should be on shining the light on the ways that the system, as opposed to individuals, perpetuates inequity.

The differences in opinion might reflect the shifts that have happened since the Commission was established in 2010 as a separate Crown entity. The view in 2010 was that the most effective ways of achieving meaningful and lasting quality improvement were to provide advice to government, publicly report health, quality and safety measures, and disseminate information to people working in the health sector.

Some stakeholders had concerns about the Commission's current operating model, which includes sharing data and tools with district health boards (DHBs) and service providers. They considered this model may be limited in achieving true equity by the degree to which it is sharing power with Māori, and how much its priorities, measurements and approaches reflect a Māori worldview. At present, generally the role of defining these priorities, measurements and approaches rests with the health system or the Commission, rather than individuals, their families and whānau, and their communities themselves.

Stakeholders also noted the sector would like the Commission to become more visible and to offer more tailored support. Such support would include modelling what cultural competence looks like, being involved in the co-design of equity-generating projects, highlighting examples, publishing and sharing stories of what does and doesn't work for equity, and connecting stakeholders across the system, especially in primary care.

When asked what success would look like for the Commission in four years' time, and how to get there, particularly in relation to health equity, most stakeholders responded that the Commission would show it was successful if it made a tangible impact on reducing the disparity of outcomes between Māori and non-Māori, as defined by the current clinically focused measures of health.

A number of stakeholders were concerned, however, that focusing solely on shifting outcomes in the current measures and operating within the current frameworks would not achieve true equity, because this approach may ignore equity of access, equity of experience and equity of power to influence what the system focuses

on. A clear example of the last is that current measures of health reflect a largely Pākehā worldview, and therefore may not reflect the needs and aspirations of Māori. Work to shift just these outcomes may ignore other elements of wellbeing that Māori care about, meaning true equity is not achieved.

'Just focusing on equity within the current set of proxy indicators that we use to manage or monitor the performance of the system is reinforcing the status quo. The majority of those indicators are related to clinical practice or system practice or service delivering. If you're looking at it from an *oranga, pae ora, wai ora, whānau ora* perspective, we're limiting ourselves if we only focus on equity from that perspective. I think there's a much broader set of indicators still to be developed, still to be discussed, still to be evolved.'

Some stakeholders noted that although the Commission's quality improvement purpose is clear and its strategic intentions include a focus on equity and Māori outcomes, the link between equity and quality and how it relates to the health sector strategy is not always clear to the sector. The broad vision does not appear to flow through all of the work the Commission prioritises. Some Commission staff acknowledged that, because of this lack of clarity around how equity fits into the strategy and operating models, decisions on whether to focus on something that may advance equity or to continue with an existing workstream or begin a non-equity-focused project are not clear cut. Perhaps as a result of this uncertainty, some stakeholders noted a gap between the Commission's rhetoric around equity, on the one hand, and what it chooses to act on and how it works, on the other.

Other stakeholders noted that many people among the Aotearoa New Zealand public and those working in the health system do not understand the concept of equity. These stakeholders were concerned that, as a result, the Commission may not sustain its equity focus if the leadership or focus within the system as a whole changes. Some people wondered whether the Commission needs to find new ways to communicate the 'equity value proposition'.

Since the Commission began the PIF self-review process in 2015, staff and stakeholders alike have noticed a marked increase in its focus on Māori health equity, and we noted that most Commission staff spoke passionately on the subject. The Commission's leadership and drive in this area, at both board and executive levels, are clear. The leadership team is highly

regarded and has played a significant role in championing this renewed focus, with a commitment to turning the lens on themselves and their own practices.

'When HQSC was initially established about 10 years ago, it certainly has come a long way in terms of developing a future focus and current work around meeting the needs of Māori.'

Sure signs of leadership commitment are: the existence of Te Rōpū, the Māori advisory group; changes to the make-up of the main board, which now has two Māori members out of eight; the increase in staff who identify as Māori; and the request for this PIF self-review to focus on Te Tiriti o Waitangi, advancing Māori health and achieving equity. However, some stakeholders pointed out that:

- the health system has a long way to go to realise its vision that all New Zealanders live well, stay well and get well
- the Commission's resources are currently spread across several priorities that differ in how much they contribute to the equity agenda
- some of the ways in which the Commission and the health system are working may be perpetuating structural inequities
- some people working in the health system still do not understand why equity is important and what it means
- there is even less understanding about the significance of Te Tiriti o Waitangi, what it would take to implement its true intent and how it relates to the Pākehā concept of equity
- views differ or are confused about how the Commission should be operating to have maximum impact, suggesting a need for the Commission to more clearly and visibly state its theory of change and its strategy for making that change.

The Commission's challenge

This is an exciting time for the Commission. It has grown its leadership credibility and has built strong partnerships across its health system networks. The Commission is determined to support the health sector to advance Māori health and achieve equity. To meet this challenge, its core task will be to build on its strong platform as a system leader, and to clarify and model for the rest of the sector what a new way of operating, based firmly on Te Tiriti o Waitangi, looks like.

The Commission's vision is:

New Zealand will have a sustainable, world-class, patient-centred health and disability system, which will attract and retain an excellent workforce through its commitment to continually improve health quality, and deliver equitable and sustainable care.¹²

We think it could also be useful to consider how the Commission could communicate its vision – its 'why' – in a more consumer- or whānau-centred way. For example, in recent years, the Ministry for the Environment shifted from the mission statement 'Environment Stewardship for a prosperous New Zealand' to the vision that 'New Zealand is the most liveable place in the world' and then to 'To make New Zealand the most liveable place in the world'. Most recently it has updated its vision to 'New Zealand is the most liveable place in the world for our children, their children and their mokopuna' to reflect its even longer-term focus and stewardship responsibilities.

We think the Commission now needs to refresh its brand – how it states its vision and purpose, and communicates its strategy and operating model – to better align with and operationalise Te Tiriti o Waitangi. The Commission has an opportunity to create a much clearer, more coherent and compelling story, that flows through into all of its decision-making. A refresh would be an opportunity to partner and co-create with key stakeholders in the system, and especially key Māori stakeholders, as the Commission develops an organisational narrative. In this way, any investment would be a core part of the work of advancing its equity and Te Tiriti commitments, as well as further enabling this work in future.

Our view is that, unless the health system's focus on quality and equity is framed by Te Tiriti o Waitangi and a systems-change lens, improvements will continue to disproportionately benefit Pākehā over other groups, failing to uphold Te Tiriti o Waitangi commitments, to achieve equity and to meet the sector's vision. This PIF self-review identifies that the Commission needs to take on four performance challenges, recognising that each is different, although they are strongly related, and work together to achieve the same outcome. Those performance challenges are to:

- embed and enact Te Tiriti o Waitangi within the Commission and all its work, supporting mana motuhake
- set out a clear strategy that places equity at the centre of quality

12. Health Quality & Safety Commission. 2017. *Statement of Intent 2017-21*. Wellington: Health Quality & Safety Commission, p 7. URL: <https://www.hqsc.govt.nz/publications-and-resources/publication/2971/> (accessed 15 November 2019).

- develop a new operating model – moving from targeted quality improvement projects to supporting and facilitating system improvement
- build a system more strongly centred on consumers and whānau.

The scale of the challenge is significant; in contrast, as many stakeholders noted, the Commission’s resources are limited. Our view is that the Commission’s issue is less concerned with scale than with focus, influence, creativity, courage and persistence. However, the Commission may have an opportunity – given the current review of the health system – to consider whether all parts of its business are aligned with this system transformation agenda and whether those parts might reach further with additional resourcing.

‘What additional role can the HQSC play that builds on the fact it’s become enduring and a solid part of the sector and has got a strategic advantage around equality and safety. It needs a bit of a rev up – a little bit more energy and a bit more amplification across the sector.’

Challenge 1: Embed and enact Te Tiriti o Waitangi within the Commission and all its work, supporting mana motuhake

The first challenge for the Commission is to embed and enact Te Tiriti o Waitangi in everything it does. Te Tiriti o Waitangi is not only the first challenge for the Commission, it is also interwoven through all the other challenges, reflecting the importance of Te Tiriti within the health system and across all its work.

‘HQSC should have an explicit strategy that says - We’re going to build an equity Treaty-compliant health system – and that is quality and safety.’

‘So my view is that if we’re taking a Treaty lens to our quality work, there’s a joint or shared process of determining what quality is and what those dimensions are, that then frames the actions that come underneath it. If we’re wanting to get ahead of the Treaty claims, we’re going to have to understand what living the Treaty actually looks like for an organisation like this and how we bring that to life.’

Te Tiriti o Waitangi is the foundation that should underpin our health system. However, much of the sector is at the start of the journey of truly enacting and living Te Tiriti. The Commission can provide a model of how to fully embrace this journey, which will support and guide the health system, leading change that will need to be widespread. This PIF self-review is a useful contribution to this work.

Enacting and operationalising Te Tiriti o Waitangi starts with relationships. The Commission already has many good relationships in place that it can build on. A number of stakeholders pointed out that, in order to truly uphold and operationalise Te Tiriti commitments, the Commission might need to reconsider how it cedes power and partners with Māori to co-create a vision, sets its priorities, targets and funding flows, makes decisions and acts across the organisation, as well as how it measures success. The notion of individual and collective self-determination resembles the concept of tino rangatiratanga, which the Crown guaranteed to Māori under article two of Te Tiriti o Waitangi. These days, many also use the term mana motuhake to give expression to this article.

‘What they’re talking about is mana motuhake, which 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 that is about aspirations for their own development. It is about building their capacity and capability.’

Challenge 2: Set out a clear strategy that places equity at the centre of quality

At the core of this challenge is the need for clear strategy and direction to guide the health sector and the Aotearoa New Zealand public to move past existing ideas and narratives around health equity and Te Tiriti o Waitangi.

‘One of the things that I think is going to help all of us, is showing while New Zealanders might have an immature understanding of equity, I think they like to believe they have a strong understanding of social justice and fairness. And we have to show those simple stories of unfairness.’

Part of the role of the Commission is to normalise the idea that equity is actually about fairness: fairness of access to and of experience of care, fairness of outcomes of care and of health outcomes. All of the people we spoke to understand the Commission’s purpose and approach are to drive improvements in quality in the health system. We also witnessed an increasing expectation from many stakeholders that advancing equity for all groups – particularly equity of access and outcomes for Māori – should be at the core of the Commission’s quality improvement agenda.

‘There is no quality without equity. So that could just be a statement or it could be a very defining characteristic of everything that HQSC does. And so how it can contribute is by making equity a defining characteristic of everything it does in the contribution that it makes to health quality in Aotearoa New Zealand.’

The concepts of fairness and justice are sometimes described as being deeply ingrained in our society. However, as one stakeholder pointed out, the mainstream Aotearoa New Zealand public – and indeed some within the health sector – do not have a good understanding of the concept of equity, its historical and systemic roots, and how systemic disadvantage limits the extent to which the disadvantaged can contribute to the economy now and in the future. Public narratives often present equity as the same as equality and see an individual’s decisions as the sole cause of their social and economic outcomes. As a result, members of the public may not recognise either the social justice and fairness arguments that support a focus on advancing equity (and therefore achieving equality of outcomes at a population health level) or the economic and wellbeing arguments that such a focus benefits everybody.

Supporting this shift in understanding is at the heart of all the Commission’s work. Without this shift, the Aotearoa New Zealand public and the health system simply will not buy in to taking up a different way of working and to investing in community-led solutions. In that context, if any changes are made they are likely to occur at the surface level only, and the system will quickly go back to its usual approach of perpetuating inequity and structural discrimination, because the narratives and the mental models shaping action have not changed.

To facilitate equity approaches, the health system must be consumer- and whānau-centred. Everyone within the system must be able to operate in ways that are culturally safe so the system can meet the needs of the diverse people it serves. Cultural safety is part of the whole concept of safety. Equity and safety are both fundamental to quality and core to sustainability and resilience in health systems.

In focusing on equity, it will be important for the Commission to consistently highlight the central role

of Te Tiriti o Waitangi in enabling national wellbeing. A necessary part of this is illuminating our colonial history and the systemic drivers of the inequality we see today. The way the Commission approaches this work is crucial to its success, so the Commission will need to think strategically about how it communicates the ideas to different audiences.

By acknowledging and accepting our shared history and inherent interdependence, we can begin to map a journey towards a future where we are all shareholders in or perhaps ‘shared holders’ of the collective health of our nation.

Challenge 3: Develop a new operating model – moving from targeted quality improvement projects to supporting and facilitating system improvement

Our view is that a clearer articulation of the Commission’s theory-of-change (or intervention logic) and its operating model would help both staff and the sector to prioritise ways of working that are going to have the greatest impact. We think the most important shift for the Commission to make is from trying to fix or improve the current state (‘the existing normal’) by working on small projects within the system, to enabling and creating a new and better state (‘the new normal’) by supporting system change.

We cannot solve our problems with the same thinking we used when we created them.
Albert Einstein

‘We really need quite a transformative approach if we want to make a big difference.’

Advancing Māori health and improving health equity nationally will require change across the whole health system that is large scale and multi-level. The Commission’s Window 2019 points out that inequity is a complex, system-wide problem that requires system-wide solutions. Drawing on international and local literature, Window 2019 shows how thinking about complex, long-standing issues is evolving. Traditional quality improvement approaches do not necessarily help to achieve equity. Instead, genuine partnerships with system users experiencing disadvantage are important, along with genuine power-sharing, within improvement interventions and right across the system.

'The system has a default setting that is at odds with our intention. And if we do nothing then we will continue to deliver inequity. But if we do something, and even if it's successful, if we take our eyes off it, it will revert to inequity.'

Window 2019 notes the similarities between systems-thinking approaches to improvement and an approach that fully upholds Te Tiriti o Waitangi.

Te Tiriti o Waitangi is central to the Aotearoa New Zealand health system, both as a requirement for how we operate and as an improvement tool. Te Tiriti can underpin the sustained, systemic and multilevelled approaches so clearly needed to improve Māori health and equity. Māori knowledge and worldviews, including Māori data and analysis approaches, can strengthen and broaden evidence bases for health care. In addition, Māori tools and resources can support and advance this work.¹³

We recommend the Commission builds on its strong commitment to equity and the excellent thinking Window 2019 showcases and strengthens this focus much more. The Commission now has an opportunity to play a stronger influencing role – shaping the Aotearoa New Zealand health system toward understanding and dissolving the systemic forces that perpetuate inequities. Stakeholders identified the need for the Commission to lift-up a level and operate as more of a facilitator and connector. This represents a shift from working with individual doctors or practices on particular quality improvement programmes like infection control or falls, towards greater system leadership.

Focused quality improvement initiatives might still occur. However, the approach would change. Any such initiatives would be time-limited and increasingly co-designed and co-led by the communities affected. They would also have stronger evaluation and communication processes in place so the health system achieves the greatest possible learning and growth through the experience.

We think the Commission can have three key roles as a system leader to help support and drive system change, while it also has choices about how and how much it works within each one. Those roles are to:

- shine the light on the way the current system perpetuates inequity, by highlighting what's not working and why it isn't working in 'the existing normal'

- shine the light on the Commission itself, modelling to the sector how to use Te Tiriti o Waitangi as a framework for change
- shine the light on, enable and support 'the new normal', where good work is making a difference to health outcomes for Māori.

Shine the light on the way the current system perpetuates inequity

The first role for a system leader like the Commission is to help the rest of the system see the systemic forces contributing to 'the existing normal'.

Most of the stakeholders we interviewed, including all of the Māori stakeholders, recognised the value in having data that gives evidence about inequity. However, some questioned whether the conventional approach the Commission takes to monitoring could be reinforcing problems. In particular, messages associated with individual accountability are not seen as promoting a system view. Narrative and dialogue that accompanies any statistics that show inequities must be very clear in telling the story of systemic drivers rather than individual contributing factors.

'The Commission needs to ensure that any statistics that highlight the inequalities in outcomes that exist between Māori and Pākehā are put in their historical and system context. In this way the Commission shifts to shining the light on the institutional racism that has enabled and continues to perpetuate these outcomes.'

'HQSC need to show people more clearly, in simple terms, the unfairness and injustice that they're addressing, and use that as the mechanism to get a wider level of support for why it is we have to make those equity choices. Because [for] whatever reason the equity stuff just doesn't resonate for the public. So I think we need to get them in to a place where they can see that simple unfairness – and for this Commission it might be showing those simple stories of where a lack of a focus on quality is resulting in those negative outcomes in Māori, those unjust outcomes, or those unfair outcomes, and using that as a way to drive why it is why we need to change.'

The Commission can also foster conscious conversations in the sector, which aim to shift narratives around Māori over-representation in socioeconomic statistics, support sector-wide and public understanding of colonisation, Te Tiriti o Waitangi,

13. Health Quality & Safety Commission 2019, *op cit*, p 49.

structural racism and inequities. The Commission might benefit from renewing its communications and social media strategy so it aligns with Te Tiriti o Waitangi and reflects these values in all content produced. It could also be useful to think carefully about how stakeholders may differ in their starting point for this conversation and how to generate a dialogue that will support connection rather than conflict, and greater understanding over time.

Shine the light on the Commission itself, modelling how to use Te Tiriti o Waitangi as a framework for change

The second role is for the Commission to recognise the ways in which its own thinking and acting must change. System thinking is about acknowledging both the external and internal dynamics of systems change. Any organisation's ability to lead change is constrained by all the same factors that limit a system's ability to change (for example, its internal policies, practices and prioritisation decisions, and its relationships and power imbalances).

System leaders cannot enable change that runs against their own mental models. By shining the light on itself and 'becoming the change it wishes to see', as it has demonstrated by undertaking this PIF self-review, the Commission can provide direction and be a model for the sector, which is itself a key enabler for 'the new normal'. In modelling to the sector how to operationalise Te Tiriti o Waitangi as a framework for change, the Commission will show the sector this is possible and how it can be done.

Shine the light on, enable and support 'the new normal'

Shining the light on good practice and good outcomes that reflect 'the new normal' we want to achieve will also be helpful. We believe the Commission has an important role to play here, seeking out and highlighting great work the sector is already doing to put into practice an approach to health equity and wellbeing based on Te Tiriti.

Some stakeholders pointed to Whānau Ora and He Korowai Oranga – the Māori Health Strategy as two great examples. Another stakeholder mentioned a North Island health practice where Pākehā staff in frontline services were learning te reo Māori. They had also sought guidance from their Māori colleagues about the culture and how to embed a kaupapa Māori approach in the practice, finding they much preferred to work in this way. It is valuable to identify and discuss successes such as these so others can learn from them.

Challenge 4: Build a system more strongly centred on consumers and whānau

The Commission's work on enhancing consumer engagement and participation in the health sector is well recognised. A number of stakeholders referred to work aimed at lifting the sector's capability to lead its own quality improvement work using co-design principles. The challenge now is to support the health sector to take this much further, recognising that having a health system centred on consumers and whānau is fundamental to culturally safe and equitable practice.

'One of the things that I enjoy about HQSC is that I think of all of the organisations in the health and disability system, they, I believe, are one of the clearest about the fact there is commonality and separation between improving equity for Māori and the Treaty.'

'Co-design doesn't mean you have an idea, you test it with a couple of people and then see if that's the right thing to do; it's got a much more integrated process. So if we were to build our capability in a true sense around co-design, not really what I think I see people doing and talking about being whānau-centred, which sounds quite good but when you dig down in terms of how did they get where they got, I think there's a lot of clinicians and people rushing into the "fix-it" phase of things rather than actually working with people to design what might be better. So there might be an opportunity for the Commission to kind of develop up the capability of the sector to work with their communities to be able to design things differently. Otherwise you just get what you've always got.'

At a community level, consumer-centred care would start with each health care practitioner seeking first to understand the needs, preferences and desires of the people seeking their help, and then working to meet those needs. We note that health equity is most likely to improve when the system involves consumers and whānau in all health care processes¹⁴ and, through being patient-centred, services and the system learn more about the needs of the population groups they serve and are better positioned to meet these needs.¹⁵

The system must work at all levels to understand and meet needs. Giving more power to communities to develop and lead their own priorities and solutions for health can also help services and the system to meet

14. Carman KL, Dardess P, Maurer M, et al. 2013. Patient and family engagement: a framework for understanding the elements and developing interventions and policies. *Health Affairs* 32(2): 223-31.

15. Barson S, Doolan-Noble F, Gray J, et al. 2017. Healthcare leaders' views on successful quality improvement initiatives and context. *Journal of Health Organization and Management* 31(1): 54-63. PubMed PMID: 28260409.

needs. We note that principles of consumer partnership and power-sharing in developing and designing services align closely with the intent of Te Tiriti o Waitangi.

If the system itself is to support a consumer- and whānau-centred system, any measures of success that the Ministry of Health, the Commission or individual DHBs take will need to reflect individual and community preferences and worldviews. The experience of consumers and whānau, and whether they believe the system is meeting their needs, should be central considerations in all decision-making, and should be measured and monitored appropriately, alongside other system measures. Examples of how the health and broader social service system is already responding to these shifts include the growth in community-led services like Healthy Families and Whānau Ora, and the health sector's use of patient experience surveys.

A number of our interviewees suggested the Commission focus efforts on supporting and enabling those working within the system who already have strong networks within their communities, along with a deep understanding of the needs of and buy-in from their communities to create their own solutions.

Through listening to the communities who have the greatest unmet needs and creating spaces and providing processes for them to collectively imagine a better future for themselves, it becomes possible to achieve a true co-creation that operationalises Te Tiriti o Waitangi and leads to better outcomes for everyone. The Commission can model this approach in its work with the sector and its consumer networks. The Commission can also drive expectations that services and the sector do the same with their communities, and can support sector and system capability, providing tools and resources for facilitating effective consumer partnership.

What success will look like

So far, we have described a bold, ambitious and important transformation agenda for the Commission. However, the Commission cannot achieve this agenda alone. Working effectively with other agencies to use the range of tools and resources for change that are available across the health system (including policy and legislation, quality assurance tools and accountability mechanisms) will be essential.

Stakeholders consistently agreed that success for the Commission in the medium and long term will be to achieve equity for Māori in their access to and experience of the health system, along with equity in their health outcomes. To be successful in the shorter term, the Commission will need to work with and through sector partners towards achieving indicators of success, such as the ones noted below.

What the Commission's successful actions will look like

In its successful future, the Commission has developed a longer-term vision that reflects its role in the system as a 'steward' for equity, quality and safety, catalysing change and facilitating improvement. The vision provides a clear and compelling direction for the organisation that flows on to visibly guide both the 'what' and the 'how' of the Commission's work. The vision also gives a clear message of the Commission's purpose and intent to the sector. The Commission has developed this vision in partnership with stakeholders, including – importantly – Māori stakeholders, using a Te Tiriti approach. The process of developing this vision and organisational narrative has strengthened and broadened partnerships between Māori and the Commission, as well as visibly demonstrating the value of Te Tiriti partnership to the wider sector.

Using as starting points its two cornerstone reports, Window 2019 and this PIF self-review report, and the vision it has developed, the Commission has made public its continued story of embracing Te Tiriti. The Commission has followed a transparent process of working with Māori to define and develop what it really looks like to implement the intent of Te Tiriti o Waitangi, so other health and government agencies can learn from its journey. The Commission has worked with Māori to understand how mana motuhake is best enacted in the context of its work and role as a Crown entity.

The process of developing the Commission's vision and organisational narrative has also provided the opportunity to highlight two important messages to the health sector. First, the health system reinforces health disparities, particularly for Māori, and the health system can and must change to resolve these disparities. Second, cultural safety (the ability to connect and communicate with consumers to understand their needs and preferences) and equity (meeting differential need) are fundamental

requirements to deliver high-quality health services and to place consumers and whānau at the centre of the health system. The Commission has carefully considered and developed strategies and communication approaches relevant to delivering these messages to the health sector, Government and the public.

- The Commission has co-hosted or sponsored a series of free, frank and fearless discussions about structural racism, colonisation, privilege and implicit biases in the health system. These conversations are shaped and captured in ways that enable different stakeholders with different existing mental models to hear the message and to extend their reach.
- Again, using itself as a model for the sector, the Commission has shifted its operating model so it is fully based on Te Tiriti. It has addressed implicit and systemic bias that exists within its older operating models and decision-making processes.
- Similarly, the Commission has worked with its partners to engage with the sector to illuminate the specific system settings, including the power dynamics and narratives in the health sector that support implicit and systemic bias. It has worked with partners to create a series of engaging resources, including case studies and videos, that make this understanding accessible to everyone in the system, helping 'the system to see itself'. As a result of this engagement, there is a widespread, shared understanding of the challenges, which forms the basis for individual and collective behaviour change.
- With the support of Te Rōpū, the Commission has led the development of a national network of health equity champions spread across the health sector and regions – people within different parts of the system who are committed to advancing equity and who are successfully doing so with behaviours and values that are a model to others. To shift the focus from problems to emerging solutions that support wellbeing, the Commission has developed a public platform that showcases the stories and work of these champions, facilitating connections and learning between different parts of the system.
- Led by Māori and working in partnership with the Ministry of Health, the Commission has been part of developing a joined-up approach to system monitoring, underpinned by a Te Tiriti o Waitangi framework. This framework includes measures of equity that consider access, experience, outcomes and power-sharing arrangements at different levels of the health system. It also includes a broader set

of measures that reflect a Māori worldview, as well as measures of Māori health practitioner experiences and engagement in their workplaces.

- The Commission has actively presented all equity measures and has framed all narratives within the context of structural bias and colonisation, so the full impacts of the system on individuals can be recognised.

What the system impacts of the Commission's successful work will look like

- Due to the Commission's work, government organisations have a better understanding of implicit bias and institutional racism, and therefore are better able to see those issues within their own structures and systems. With this understanding, they can act to remove both implicit bias and institutional racism.
- Other agencies, right across government, have started to follow the Commission's model in placing Te Tiriti o Waitangi at the centre of their work. As a result, appreciation of Te Tiriti in both organisational and system change is much more widespread. Te Tiriti o Waitangi is clearly effective in addressing inequity for Māori, and awareness is emerging that it is also effective in supporting equity for other groups.
- Partnerships with Māori, based on mana motuhake, are becoming an expectation of all Crown organisations, right across government, as other agencies and organisations follow the Commission's lead and the practice becomes widespread.
- All equity measures across the health system are placed in the context of colonisation and the structural factors that perpetuate inequity. Other sectors, such as education and social development, are following the lead that health has provided in how they provide information about their equity measures.
- All DHBs, all primary health care organisations and most primary care facilities have adopted measures of equity as part of their own monitoring, tailored for their own specific region or purposes – in partnership with Māori.

As a result of these efforts, and the collective efforts of other champions, the health system is 'resetting' itself to genuinely operate within a Te Tiriti o Waitangi framework, and to work in partnership with Māori, recognising mana motuhake. The system is better able to recognise institutional racism, call it out and remove it.

In addition, all those working within the system understand what cultural safety and equity are, and apply these concepts in their work, right across the system. The health system will be more consumer- and whānau-centred, recognising and responding appropriately to need at all levels.

As a result, health equity measures indicate improvement and people are confident that this improvement will continue and gather momentum.

A final word

The Commission has started its journey to becoming a Crown entity that truly operationalises Te Tiriti o Waitangi. Its determination, commitment and early steps (for example, doing this PIF self-review and publishing Window 2019) are being consolidated by the strategy it is already developing to meet its challenges and vision. Our message to the Commission is that you are well positioned to encourage, support and lead other agencies to take the pathway you have already started on. You have embraced our challenges and now we ask you to lead them forward, as a way to improve the health sector.

As our concluding point, we draw on the words of one of the stakeholders we interviewed, and the metaphor she gave us – the korowai. The stakeholder talked

about the important role of the Commission as facilitator, supporting system change; of bringing together the threads that make up the whole; of integrating and connecting the ideas and work that will create change; and importantly, of bringing together the many people who are needed to make the change our health system needs to make. This is the key role that we see the Commission taking to contribute to advancing Māori health and achieving health equity.

'I like the metaphor of HQSC as the korowai. The korowai is really a way of bringing together threads. In this case, you know, it takes a village, kind of idea, takes multiple strands of people, activity, to come together to wrap around and to provide that shelter and that wellbeing for whānau. It requires connection, weaving things together to create a whole. If you think about the tāniko which is at the top of the korowai, that's your basis, your foundation, and I think that's where good policy that's aligned to Treaty principles, health equity, that's what we hang everything from. And it also means that we've got something where people are integrated and trying to work together.'



Darrin Sykes
External advisor



Teresa Wall
External advisor



Dr Karen Poutasi
External advisor

Section 4: The internal self-review and ratings

| Wāhanga 4: Ko te arotake whaiaro o roto me ngā whakatauranga

This section provides the Commission's self-review ratings of current work, focusing on work processes and systems, against the vision and performance challenges provided in the four-year excellence horizon. We consider work across the three areas of the PIF: Government priorities, core business priorities and organisational management.

Overview of performance

As we described in Section 1, we have conducted this self-review within a changing external and internal environment, adding to the complexity and challenge of understanding and rating the Commission's work. This self-review has required active reflective practice and ongoing modification, to ensure we could meet our two goals (understanding how to improve our overall performance, and understanding how to improve our performance in advancing Māori health).

Although the PIF self-review process involves rating against the four-year excellence horizon, it is also worthwhile reflecting on the Commission's previous PIF self-review.

Reflecting on the Commission's previous PIF self-review

In our previous PIF self-review, we received almost universally positive feedback from stakeholders about the way we worked and our achievements to date.¹⁶ Briefly summarised, performance challenges included: developing a new, clear strategy with a long-term view of the Commission's future; developing tighter prioritisation of activity and resource; and improving measurement and evaluation of impact. Areas for improvement staff identified included: staff orientation; performance management; Commission values; internal communications; a refreshed stakeholder engagement strategy; and resource allocation processes.

All of the areas highlighted for attention in our previous self-review have had specific focus since then. In particular, we have:

- worked on improving staff induction processes and training managers in performance management; neither of these matters was raised again as an area of concern in this second self-review
- developed internal communication processes that Commission staff viewed very positively, with particular appreciation for the chief executive's regular updates
- developed values with staff
- developed a stakeholder database, with the intent for it to support more aligned stakeholder engagement
- used the self-review findings to develop a new organisational strategy in our SOI 2017-21.

This PIF self-review

This self-review identified more variation in stakeholder and staff feedback about expectations of the Commission. This variation probably reflects the specific efforts made to engage with Māori and the focus on the Commission's role and performance to date in the newly prioritised area of advancing Māori health, as well as how we should take this forward.

Stakeholder feedback

Briefly summarised, the challenges emerging from stakeholder feedback included the need for the Commission to: truly operationalise Te Tiriti in all that it does (including supporting mana motuhake); explicitly state that equity is central to quality in the health system and give it that central position; shift its operating model to focus on system improvement and embedding Te Tiriti in the health system; and build a health system that is more strongly centred on consumers and whānau.

Stakeholders also emphasised the need for a new vision and strategy, as well as noting the opportunity for the Commission to show leadership to the sector by 'shining the light' on itself as it models the change required to become a Crown agency that truly honours Te Tiriti.

16. Health Quality & Safety Commission. 2015. *Performance Improvement Framework: Self-review of the Health Quality & Safety Commission*. Wellington: Health Quality & Safety Commission. URL: <https://www.hqsc.govt.nz/publications-and-resources/publication/2397/> (accessed 16 November 2019).

Feedback from staff

Overall, staff were positive about working at the Commission and about the work that it does. They are highly engaged and highly committed to improving the health sector. They viewed the performance of the Commission as very strong. Staff, like leadership, are strongly committed to advancing Māori health and equity, but among staff there is some uncertainty as to how to progress.

'The Treaty focus is new, and responses are complex in terms of addressing Māori health gains. Working on new ways of working that account for complexity will be important.'¹⁷

'We need to embed equity and the Treaty into our DNA and our values.'

'There's a mixed understanding in the staff of what the Treaty has to do with their role. Embedding the Treaty in work programmes and implementing it needs to be multi-layered.'

Almost all staff recognised the need to develop strategy, systems, processes, operating and resource management approaches that put Te Tiriti into practice, right across the Commission's work. They saw this as a key step in progressing the Commission's work in the direction that the four-year excellence horizon sets.

The self-review itself, and the development of a strategy to underpin the Commission's SOI 2020–24, should help to provide clear direction. The Commission's recent move to establish a Māori Health Outcomes team and function within the Commission will also help staff to take this important work forward.

Government priorities

The Commission's work is well aligned with and contributes well to Government priorities. **Table of findings 1: Government priorities** shows each Government priority area along with key findings related to it from the self-review.

Table of findings 1 indicates the amount of work required to best support the Commission's journey to the four-year excellence horizon. Some of the work in Government priority areas is already strongly aligned to the four-year excellence horizon and other work is less so, requiring more focus, planning and effort.

Table of findings 1 reflects that good work is occurring in all areas, as well as indicating opportunities for additional focus. We also include key quotes from staff interviews, where they are specifically relevant, in the first (grey) column of the table.

Meet Treaty of Waitangi responsibilities

The Commission's governance, leadership and organisational support for the vision in the four-year excellence horizon aligns well with the Government priority and ministerial directive of meeting Te Tiriti responsibilities. We have already started a great deal of work in this area. We also recognise it is important to work further on partnerships. In particular, we see planning and effort needed to develop a Te Tiriti-based strategy that directs systems, processes, operating models and resourcing to put Te Tiriti into practice.

Achieve equity

Achieving equity is another Government and ministerial priority that aligns well with the four-year excellence horizon and the Commission's work. The Commission has worked with an equity priority since 2017, and has an equity action group that supports capability-building, sharing and learning. Our equity action plan requires updating and some staff members requested considering the centralisation of the Group's distributed budget.

Financial and clinical sustainability

The Commission's strong and well-evidenced contribution to the financial and clinical sustainability of the health system, and the measurable results that it shows, are considered huge strengths. Staff are proud of the difference the Commission is making. These strengths provide a solid foundation for moving toward the more complex system issues that are raised in the four-year excellence horizon. Staff clearly recognise the challenges presented in measuring change in these complex areas, and that addressing them will require considerable thought and work.

Primary care

In primary care, the Commission runs a quality improvement programme that staff view positively. Some highlighted recent broad stakeholder engagement in developing a 'roadmap' as useful and noted the focus

17. Quotes from interviews with Commission staff are highlighted in light grey boxes, as in the above quotes, and are used throughout this section.

on Māori stakeholders. Staff recognised that the programme has been doing useful work within its Whakakotahi intervention approach and has been building a record of success in supporting quality improvement within kaupapa Māori settings.

Another area staff highlighted as useful and important was patient experience surveys. Staff recognised that the primary care programme is still in development and more work will be required in this area, including programme planning. The need to encourage the broad and diverse primary care sector to embrace equity and Te Tiriti is recognised by staff as an area of challenge that requires focus and planning to address.

Mental health and addiction

Staff spoke highly of the mental health and addiction quality improvement programme. As well as having good support from the sector, the programme has strong Māori partnerships and capability. Staff recognised that the programme has a lot of work to do

in bringing much of the mental health and addiction sector to fully understand the importance of health equity and to put Te Tiriti o Waitangi into practice.

Child health

The Commission supports the Child and Youth Mortality Review Committee (the CYMRC) to make a strong contribution to child health through review, learnings and reports aimed at reducing child mortality. The CYMRC is actively working to improve its responsiveness to Māori health, supported by Ngā Pou Arawhenua, who provide advice and guidance to operationalise Te Tiriti and provide a Māori worldview.

Staff saw the CYMRC's large data collection as a strength, but many also asked how it might be better used to improve child health. Another area of opportunity they identified was to focus more strongly on cross-government relationships and action for improvement.

Table of findings 1: Government priorities

Priority area and relevant quotes from staff interviews	Advanced	Progressing	Focus required	Planning, effort and focus required
<p>1. Meet Treaty of Waitangi responsibilities</p> <p>'There's a mixed understanding in the staff of what the Treaty has to do with their role. Embedding the Treaty in work programmes and implementing it needs to be multi-layered.'</p> <p>'Up until now, we have sought authentic input from the health sector groups that we need to facilitate improvement, because we have needed them to do the work. There is genuine relationship-building and collaboration. However, with Māori this has only just started. The first step is face-to-face meetings, then we need to gain a common understanding and then we work in partnership on the ways forward.'</p>	<ul style="list-style-type: none"> Governance, leadership and organisational commitment to Te Tiriti is strong, and will support the Commission to advance our work, both within this Government priority area and toward the four-year excellence horizon. Ministerial direction and support are strong, and align well with the Commission's direction. 	<ul style="list-style-type: none"> Staff and organisational capability relevant to Te Tiriti is growing and developing. Māori health advancement is an agreed strategic priority for the Commission (2019-20 SPE). Window 2019 provides useful direction to support the Commission's approach to Te Tiriti. The Commission has undertaken this self-review to learn more about how it can improve its work to put Te Tiriti into practice. Interviews with staff highlighted work that has begun aimed at better understanding the strengths, requirements and gaps that exist within the Commission. 	<ul style="list-style-type: none"> A refresh of Te Whai Oranga (Māori advancement framework) is required and is planned. The self-review will help this process. Partnerships with Māori are required across all work. These are already in place in some areas and require building and strengthening in others. Wai 2575 recommendations provide useful guidance that the Commission can draw on further. 	<ul style="list-style-type: none"> The Commission will need to work with Te Tiriti partners to identify how it can transfer power appropriately, as a Crown agency. The Commission will need to work with Te Tiriti partners to identify how it can best enable and support mana motuhake. A Te Tiriti-focused strategy is currently in development. Work will be required to ensure that the Commission's strategy directs systems, processes, operating models and resourcing to put Te Tiriti into practice.
<p>2. Achieve equity</p> <p>'The equity priority of Government and voiced by the Minister makes a difference and takes us an important step forward.'</p>	<ul style="list-style-type: none"> Ministerial direction and support are strong and align well with the Commission's direction. 	<ul style="list-style-type: none"> The Commission has a strong focus on equity. The Commission has been developing equity capability among its staff. Equity has been a strategic priority since 2017. A cross-Commission equity action group is in place. 	<ul style="list-style-type: none"> Staff have raised questions about the way that resourcing is organised for equity work. Some asked for a centralised budget to replace the current distributed budget model. This is an issue for consideration. 	<ul style="list-style-type: none"> The equity action plan requires updating. The Commission's Te Tiriti and Māori health outcome priorities are new, and these require embedding and strengthening.

Priority area and relevant quotes from staff interviews	Advanced	Progressing	Focus required	Planning, effort and focus required
<p>3. Financial and clinical sustainability</p>	<ul style="list-style-type: none"> The Commission makes a strong contribution to the financial and clinical sustainability of the health system. The Commission can demonstrate measurable results, and has skill in measuring and analysing improvement problems. 		<ul style="list-style-type: none"> The ongoing inequity and variation in the health and disability system impacts both clinical and financial sustainability, and new ways to create measurable impacts are needed. The Commission will need to consider how and what measures can demonstrate improvement success in these complex areas that have many causes. However, we can build on our foundation of success to date, helping us to address this challenge. 	
<p>4. Primary care ‘There is a deliberate focus in Whakakotahi and in mental health and addictions on equity and on partnerships.’</p>	<ul style="list-style-type: none"> The Commission is active in primary care and is developing a primary care improvement programme. We have developed a primary care improvement ‘roadmap’ in consultation with stakeholders, including Māori stakeholders. Early evaluation of the work in primary care has been positive to date. 	<ul style="list-style-type: none"> The Whakakotahi component of the primary care improvement programme includes strong operational partnerships with Māori. There is a shared record of success in quality improvement in kaupapa Māori settings, through the Whakakotahi work. Primary care patient experience surveys provide valuable information about improvement in primary care. 	<ul style="list-style-type: none"> Even more work is required to ensure the whole primary health sector understands and values an equity focus. Even more work is required to ensure the whole primary health sector understands and values a Te Tiriti focus. 	<ul style="list-style-type: none"> The Commission needs to develop a plan based on the ‘roadmap’. Both a strategy and programme plan are required.

Priority area and relevant quotes from staff interviews	Advanced	Progressing	Focus required	Planning, effort and focus required
<p>5. Mental health and addiction</p> <p>'The Commission is making a determined effort [to get Māori involved]. Mental health and addictions [quality improvement programme] is more progressed than other areas.'</p>	<ul style="list-style-type: none"> The mental health and addiction quality improvement programme is in place and working to improve mental health services. The programme has the full support and backing of the sector and has DHB funding. The sector has strong confidence in the Commission's ability to improve the sector. The Commission has strong partnerships with Māori, including kaumātua, and cultural support is embedded in the programme. Kaupapa Māori project support is in place within the programme. 		<ul style="list-style-type: none"> Even more work is required to ensure the whole mental health sector understands and values an equity focus. Even more work is required to ensure the whole mental health sector understands and values a Te Tiriti focus. 	
<p>6. Child health</p>	<ul style="list-style-type: none"> The Child and Youth Mortality Review Committee (the CYMRC) contributes strongly to improving child health through review, learning and reports aimed at reducing child mortality. 	<ul style="list-style-type: none"> The CYMRC has Ngā Pou Arawhenua support to help it to put Te Tiriti and an equity focus into practice and to increase its responsiveness to Māori 	<ul style="list-style-type: none"> The CYMRC and the Commission may be able to use the large data collection more actively for improvement. 	<ul style="list-style-type: none"> Building cross-government relationships for change will be important for improving child health.

Core business priorities

Table of findings 2: Core business priorities shows our core business priorities and related key findings from the review. It indicates the amount of work required to best support the Commission's journey to the four-year excellence horizon. Some of the work in core business priorities is already strongly aligned or brings useful specific strengths to the work required for the four-year excellence horizon; other work requires more planning, effort and focus.

Consistently, right across our work, we note it is important for the Commission to work with Te Tiriti partners to identify how we can transfer power appropriately, as a Crown agency, and how we can support mana motuhake. Similarly the Te Tiriti-focused strategy that is currently in development must direct systems, processes, operating models and resourcing to put Te Tiriti into practice, right across all our work. The mid-green box in Table of findings 1 (page 22) gives the core message for improvement across the core business priorities as well as the Government priorities.

Intelligence – shining the light

Staff have positive views of the Commission's intelligence – 'shining the light' – function. We regularly report on over 250 indicators of the quality of the Aotearoa New Zealand health system. Partnership work is progressing, with partnerships with Māori noted in work on developing reports and online publications. Strengthening and broadening Te Tiriti partnerships in the Commission's intelligence work will further enhance that work. We are starting to highlight the systemic causes of inequity in our publications, for example Window 2019, and can extend this work further. The messages in the mid-green box in Table of findings 1 are important for the Commission's intelligence work also.

Improvement – a helping hand

The Commission's improvement – 'helping hand' – work creates measurable change in areas of focused quality improvement and has established strong relationships with clinicians and the sector. This work positions us well to tackle the more complex issues stakeholders and Government are asking us to address. Staff made particular note of the improvement work we are doing in primary care and mental health (see the 'Government priorities' section above), where positive partnerships

with Māori are enhancing both the equity focus and the focus on Te Tiriti and Māori health. However, more Te Tiriti-based partnerships will strengthen the improvement work. Staff highlighted the need for the 'helping hand' function to move away from an operating model that involves taking solutions into a context (which also includes attempted scale and spread of successful improvement from one context to another) toward power-sharing in identifying the problem, setting priorities and developing solutions, within the local context. This message aligns with the messages in the mid-green box in Table of findings 1.

Partnerships with consumers and whānau

Staff see the Commission's partnerships with consumers and whānau, its Partners in Care programme and co-design work as core strengths of our work and approach. The Commission has good consumer networks and processes that build understanding of how the system works for consumers and how it can be improved. Staff also see patient experience surveys as providing useful information that we could use more in our work. While recognising the good work that is already occurring in this area, additional benefit may come from extending and strengthening Te Tiriti-based partnerships within our consumer work. In particular, we have started to move the focus from the individual consumer to the collective whānau and to broader community engagement, and can build on this work.

Improving safety and reducing mortality

As the Commission's work on improving safety and reducing mortality includes our improvement work, this topic area crosses over considerably with our 'helping hand' priority. However, this priority also includes the Commission's mortality review committees, which carry out our mortality review function. The Commission's longer-serving mortality review committees can demonstrate reduction in mortality in their areas of focus, providing evidence that staff see as a strength.¹⁸

Staff pointed to Ngā Pou Arawhenua as providing useful tools and support for the Commission's mortality review work. As staff see it, the advice and support of Ngā Pou Arawhenua are important for Te Tiriti

18. Health Quality & Safety Commission. 2019. *Open4Results*. Wellington: Health Quality & Safety Commission. URL: <https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/publications-and-resources/publication/3763/> (accessed 17 November 2019).

partnerships and for better understanding Māori mortality inequities. However, staff also thought that an area for further focus is to extend and strengthen Te Tiriti-based partnerships within committees and advisory groups, and across all aspects of the operational work of mortality review. Again, this message aligns with the messages in the mid-green box in Table of findings 1.

Building capability in quality and safety

The Commission's work on building capability in quality and safety involves capability-building, education and training. It is in demand across the sector, and it is clearly well regarded. Staff noted that a key initiative in advancing Māori health is to develop the governance framework¹⁹ to incorporate Te Tiriti within health sector governance guidance. We can strengthen the sector's focus on these areas by increasing the focus on

leadership and governance, and teaching clearly that equity and cultural safety are core, foundational aspects of quality. Staff also considered it important to extend and strengthen Te Tiriti-based partnerships.

Reducing unwarranted variation

The Commission's work on reducing unwarranted variation also has considerable strengths, as staff discussed. In particular, each of the 20+ Atlas of Healthcare Variation domains shows improvement in at least one measure of variation over time, demonstrating that 'shining the light' on variation can lead to change. Staff recognise the Atlas is a useful starting point for a shared approach to identifying and resolving problems, and so can provide a useful starting point for partnership work. They consider that we can enhance this work by increasing our focus on Te Tiriti-based partnerships in decision-making around the Atlas.

19. Health Quality & Safety Commission. 2017. *Clinical governance – guidance for health and disability providers*. Wellington: Health Quality & Safety Commission. URL: <https://www.hqsc.govt.nz/our-programmes/building-leadership-and-capability/publications-and-resources/publication/2851>.

Table of findings 2: Core business priorities

Priority area and relevant quotes from staff interviews	Advanced	Progressing	Focus required	Planning, effort and focus required
<p>Intelligence – ‘shining the light’ ‘Flax Analytics, who do have a strong Māori focus, is a good investment.’²⁰</p>	<ul style="list-style-type: none"> The Commission publishes over 250 indicators of the quality of the health and disability system. We regularly report progress on quality indicators across the health system. 	<ul style="list-style-type: none"> The Commission has started to highlight systemic causes when showing inequity, and we are committed to telling this part of the data story. Partnership work on Window 19 and the Equity View are positive examples of partnership work that we need to further embed and strengthen across our intelligence work. 	<ul style="list-style-type: none"> Extending and strengthening Te Tiriti-based partnerships will support all of the Commission’s intelligence work. 	<p>Please refer to the mid-green box in Table of findings 1 (page 22).</p>
<p>Improvement – ‘a helping hand’ ‘We need to take a co-design approach. We need this to support and enable – not for us to lead.’</p>	<ul style="list-style-type: none"> The Commission’s helping hand work creates tangible, measurable change in areas of focused quality improvement.²¹ The improvement function operates through strong relationships with clinicians and the sector. 	<ul style="list-style-type: none"> Staff highlighted as strengths our partnership work with Māori in the areas of primary care and mental health and addiction. 	<ul style="list-style-type: none"> Extending and strengthening Te Tiriti-based partnerships across all the helping hand work will strengthen the work. We have begun to develop capability in equity approaches and could build on this work. Staff talked about the need to move away from taking a solution to a context (expert-driven solutions) to developing co-designed and partnered solutions together. 	
<p>Partnerships with consumers and whānau</p>	<ul style="list-style-type: none"> Staff see Partners in Care and co-design as strengths of the Commission’s work and approach. 	<ul style="list-style-type: none"> We have good networks and processes that build understanding of how the system works for consumers, and we can build on these. Staff see patient experience surveys as providing useful information that we could use more in our work. 	<ul style="list-style-type: none"> Extending and strengthening Te Tiriti-based partnerships within our consumer work would provide benefit. We have started to move the focus from the individual consumer to collective whānau and community engagement and can build on this work. 	

20. Flax Analytics is a group of contracted analytics experts, which includes Māori epidemiology expertise.

21. Health Quality & Safety Commission, 2019. *Open4Results*. Wellington: Health Quality & Safety Commission. URL: <https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/publications-and-resources/publication/3763/> (accessed 17 November 2019).

Priority area and relevant quotes from staff interviews	Advanced	Progressing	Focus required	Planning, effort and focus required
<p>Improving safety and reducing mortality</p>	<ul style="list-style-type: none"> The Commission has contributed to tangible improvements in areas of focus for reducing harm and mortality. These successes are a result of the work and commitment of the health sector or, for mortality reductions, the efforts of all of government. The Commission's strengths in influencing and/or partnering for change are clear in these areas. Commission work on capability-building, education and training is in demand across the sector. 	<ul style="list-style-type: none"> Ngā Pou Arawhenua provides useful tools and support for the Commission's mortality review work. Its advice and support will help address Māori mortality inequities. Work is progressing on including Te Tiriti within health sector governance guidance. 	<ul style="list-style-type: none"> We need to extend and strengthen Te Tiriti-based partnerships within mortality review committees and advisory groups and across all aspects of operational work. We need to extend and strengthen Te Tiriti-based partnerships. Focusing on leadership and governance culture of quality can build equity and cultural safety. We need to extend Te Tiriti-based partnerships. 	<p>Please refer to the mid-green box in Table of findings 1 (page 22).</p>
<p>Building capability in quality and safety</p>	<ul style="list-style-type: none"> Commission work on capability-building, education and training is in demand across the sector. 	<ul style="list-style-type: none"> Work is progressing on including Te Tiriti within health sector governance guidance. 	<ul style="list-style-type: none"> We need to extend and strengthen Te Tiriti-based partnerships. Focusing on leadership and governance culture of quality can build equity and cultural safety. 	
<p>Reducing unwarranted variation</p>	<ul style="list-style-type: none"> Each of the 20+ Atlas domains shows improvement in at least one measure of variation over time. The Atlas is a useful starting point for a shared approach to identifying and resolving problems. 		<ul style="list-style-type: none"> We need to extend Te Tiriti-based partnerships. 	

Organisational management

Five tables of findings reflect key messages from staff interviews, in each of the five organisational management critical areas of the PIF:

- Table of findings 3(a): Leadership and direction
- Table of findings 3(b): Delivery for customers and New Zealanders
- Table of findings 3(c): Relationships
- Table of findings 3(d): People development
- Table of findings 3(e): Financial and resource management.

Each of the five tables reports on how the elements of one critical area align with the Commission's work towards the four-year excellence horizon or contribute strengths to support that work. We also include key quotes from staff interviews, where these are specifically relevant, in the first (grey) column.

Overview

The broadly spread pattern of findings across the five tables shows that most of the key elements have areas of strength and alignment that will support the Commission in achieving the four-year excellence horizon, as well as areas where more focus is required. The many and varied strengths include:

- the shared focus and commitment of the board, chief executive and staff on Māori health advancement, equity and Te Tiriti
- the strength of Te Rōpū Māori and other Māori expertise within the Commission and its networks
- the Commission's success in demonstrating results
- its shared values
- its partnerships with consumers and within the sector
- its understanding of the public experience of the health system
- its strong relationships with Ministers and contribution to the sector
- staff engagement and development
- asset, financial and risk management.

In terms of the areas that need further planning, effort and focus, the message is again consistent with both Government priorities and core business priorities. Again, the messages in the mid-green box in Table of findings 1 (page 22) are also true for all the areas of the Commission's organisational management. That is, the Commission will need to:

- work with Te Tiriti partners to identify how we can transfer power appropriately, as a Crown agency, and how we can best enable and support mana motuhake
- work to ensure our developing strategy directs systems, processes, operating models and resourcing to put Te Tiriti into practice.

Work in developing a strategy and new SOI has already started. We expect this will inform work on a new operating model that more clearly operationalises Te Tiriti and enables the Commission to transfer power and support mana motuhake. The four-year excellence horizon has a clear expectation that we will develop the strategy and operating models within a Te Tiriti framework.

Leadership and direction

Leadership and direction formed a key area of discussion in the PIF self-review interviews, reflecting that staff are adjusting to the greater focus on Te Tiriti o Waitangi and Māori health equity among stakeholders, Government and the Commission. Staff were clear on the commitment of the board and chief executive to achieving a Te Tiriti-based organisation that can support the health sector to advance Māori health and health equity. Most staff were slightly uncertain as to what this may mean for them in their work. The need for the strategy currently in development was very clear. Staff saw Te Rōpū Māori as playing a crucial role in strategy development.

Overall, feedback on leadership and direction was positive. Staff concerns focused on the need for a strategy to support them to find their way in their work and for that strategy to support organisational operations that will embed and enable Te Tiriti-based practice, right across the organisation. Staff recognised the challenge of sharing power (required for both transferring power and enabling mana motuhake). A clear strategy and operating model developed in Te Tiriti partnership can help the Commission to resolve this challenge. For further information, please see **Table of findings 3(a): Leadership and direction** (page 31).

Delivery for customers and New Zealanders

Again, at a high level, the changing focus of the Commission's work impacted on staff interview discussions about delivery for customers.

Among its strengths, the Commission has established very strong relationships within the health sector and with a range of consumers, and is involved in active

partnerships that advance its work. Staff also talked about how our patient experience surveys and consumer networks help to connect the Commission with the experience of the public in the health system.

However, we have less understanding of the experience of Māori, either as the Commission's customers or as members of the public. This understanding would be enhanced with greater Te Tiriti partnerships. Most staff were clear that the operating model the Commission has been using would need to change, to enable and advance Te Tiriti partnerships and the transfer of power, and to support more distributed leadership and mana motuhake. For further information, please see **Table of findings 3(b): Delivery for customers and New Zealanders** (page 33).

Relationships

In the view of staff, the Commission's engagement with Ministers and contribution to the sector are both strengths. They recognised that the Commission is already progressing relationships and partnerships with Māori working within the health sector, and that further Te Tiriti-based relationships with Māori are required. For further information, please see **Table of findings 3(c): Relationships** (page 34).

People development

There were also many strengths that staff highlighted in the area of people development at the Commission. Staff pointed to: the open communication, particularly that modelled by the chief executive; the focus on building and supporting a diverse workforce; the

Commission's achievement of the Rainbow Tick; and the focus on staff training and development.

Most staff highlighted that having more Māori staff would add value to the Commission. Some suggested that perhaps the Commission could improve its recruitment and selection processes and documentation with the goal of appealing to Māori. Staff also acknowledged efforts the Commission is already making to recruit Māori skills and expertise to support the Commission's work. Several raised questions about workload and the distribution of work within teams, which should be another consideration. For further information, please see **Table of findings 3(d): People development** (page 34).

Financial and resource management

Staff clearly saw financial and resource management as an area of solid strength in the Commission's work. Their view was that our systems, processes and policies in place across asset, resource and risk management are sound. Staff also noted that management is receptive to feedback and open to amending policies and procedures when required.

The strategic management of information as an asset is another area where staff considered the Commission performs well. However, they noted that Te Tiriti partnerships are required in this area and that the Commission is progressing these. They also talked about data sovereignty as an area of challenge that the Commission will need to learn more about.

For further information, please see **Table of findings 3(e): Financial and resource management** (page 35).

Table of findings for organisational management 3(a): Leadership and direction

Feature of this critical area and relevant quotes from staff interviews	Advanced	Progressing	Focus required	Planning, effort and focus required
<p>Purpose, vision and strategy</p> <ul style="list-style-type: none"> • 'Te Rōpū are key in strategy for Māori health. They're good at this.' • 'Stakeholders that we work with understand our purpose and strategy and we are trusted to do good work.' 	<ul style="list-style-type: none"> • Most staff identified a strong, clear and shared focus on Māori health advancement, Te Tiriti and health equity. • The Commission has undertaken this PIF self-review to inform its strategy development. • Staff see Te Rōpū Māori as a strength for strategy development. 	<ul style="list-style-type: none"> • Many staff understand the Commission's purpose of quality improvement and patient safety and our role in the system. However, feedback indicated that our equity approaches need to be clearer in our strategy. 	<ul style="list-style-type: none"> • The Commission is developing its strategy and SOI and has the opportunity to model to the health sector how to build strategy on a Te Tiriti foundation. 	<p>Please refer to the mid-green box in Table of findings 1 (page 22).</p>
<p>Leadership and governance</p> <ul style="list-style-type: none"> • 'The equity action group is great. It's full of aroha, autonomy, mātauranga and own experience.' • 'We need to unlearn and do it differently.' 	<ul style="list-style-type: none"> • Staff acknowledged and appreciated strong board and chief executive commitment to advancing Māori health, equity and Te Tiriti. • As staff acknowledged, the role and advice of Te Rōpū Māori provide useful strategic leadership broadly across the Commission's work. 	<ul style="list-style-type: none"> • The leadership of 'equity champions' across the Commission is seen as strong. Everyone will ideally be developed to become an equity champion in the area they work in. 	<ul style="list-style-type: none"> • Distributed leadership will be needed to enact Te Tiriti and support mana motuhake. 	
<p>Values, behaviour and culture</p> <ul style="list-style-type: none"> • 'The Commission has invested time and energy on values, framing regular activities and discussion around values.' • 'With the start of marae days and te reo lessons, there is more knowledge of tikanga - and this is building a better understanding of values important to Māori.' 	<ul style="list-style-type: none"> • Two initiatives staff highlighted as promoting good practice are the outcomes framework and programme evaluation expectations. 		<ul style="list-style-type: none"> • It may be useful for the Commission to consider reducing the number of areas we focus on and doing the work that remains more thoroughly and thoughtfully, so that review and evaluation can lead to meaningful improvements in the work. • Review work would benefit from a strengthened Te Tiriti foundation and Te Tiriti partnerships. 	

Feature of this critical area and relevant quotes from staff interviews	Advanced	Progressing	Focus required	Planning, effort and focus required
<p>Review</p> <ul style="list-style-type: none"> • 'Evaluation is a core part of quality improvement methodology, so pockets of excellence exist.' 	<ul style="list-style-type: none"> • Staff developed the Commission's values after our previous self-review. These values represent a view shared throughout the organisation. 	<ul style="list-style-type: none"> • The values require strengthening to clarify their foundation in Te Tiriti. • The values also need to reflect te ao Māori. 		<p>Please refer to the mid-green box in Table of findings 1 (page 22).</p>

Table of findings for organisational management 3(b): Delivery for customers and New Zealanders

Feature of this critical area and relevant quotes from staff interviews	Advanced	Progressing	Focus required	Planning, effort and focus required
<p>Customers</p> <p>'When we look at customers on a project-by-project basis, we are very clear about who they are and how we work with them, and for what result.'</p> <p>'The Commission may have some small pockets where we are asking and working with Māori, but we have some way to go before we understand what Māori want from us.'</p>	<ul style="list-style-type: none"> The Commission's existing work is based on a strong understanding of customers. 		<ul style="list-style-type: none"> The Commission has less understanding of Māori as 'customers' or as 'partners' in our Māori health equity work. Te Tiriti partnerships are required to strengthen our understanding. 	<p>Please refer to the mid-green box in Table of findings 1 (page 22).</p>
<p>Operating model</p> <p>'Resources are not organised to support new approaches and continue to foster old ways. These must change.'</p> <p>'We need strategic management with Māori expertise, and relationships with those with expertise in Māori health in local areas, and with the GMs [general managers] Māori.'</p>	<ul style="list-style-type: none"> Strong partnerships within the health sector have supported excellent outcomes. Strong relationships with consumers have enhanced the Commission's work. 		<ul style="list-style-type: none"> The Commission has less understanding of Māori as 'customers' or as 'partners' in our Māori health equity work. Te Tiriti partnerships are required to strengthen our understanding. 	
<p>Collaboration and partnerships</p> <p>'Up until now, we have sought authentic input from the health sector groups that we need to facilitate improvement, because we have needed them to do the work. There is genuine relationship-building and collaboration. However, with Māori, this has only just started. The first step is face-to-face meetings, then we need to gain a common understanding and then we work in partnership on the ways forward.'</p>	<ul style="list-style-type: none"> The Commission's Partners in Care programme and consumer networks help us to understand the experiences of the public. Our patient experience survey work supports our understanding of experiences of the public. 		<ul style="list-style-type: none"> A stronger focus on Te Tiriti and needs of Māori whānau would enhance the Commission's work. 	
<p>Experiences of the public</p> <p>'More Māori staff, consultation and Māori hui are needed.'</p>			<ul style="list-style-type: none"> We have the opportunity to develop prioritisation processes and operating models in Te Tiriti partnerships with Māori. 	

Table of findings for organisational management 3(c): Relationships

Feature of this critical area and relevant quotes from staff interviews	Advanced	Progressing	Focus required	Planning, effort and focus required
<p>Engagement with Ministers</p> <p>'Ministers get what they want and are satisfied.'</p>	<ul style="list-style-type: none"> The Commission maintains strong relationships with Ministers. Ministers recognise the Commission's work and take its advice. 			Please refer to the mid-green box in Table of findings 1 (page 22).
<p>Sector contribution</p> <p>'People talk about Māori being customers, but they are also clinicians, managers [etc]. They feature at all levels.'</p>	<ul style="list-style-type: none"> The Commission makes a strong contribution to the sector. 	<ul style="list-style-type: none"> Work with Māori in the health sector is growing and strengthening. 	<ul style="list-style-type: none"> Te Tiriti partnerships are required. 	

Table of findings for organisational management 3(d): People development

Feature of this critical area and relevant quotes from staff interviews	Advanced	Progressing	Focus required	Planning, effort and focus required
<p>Leadership and workforce development</p> <p>'Our systems need to support attracting, recruiting, maintaining a Māori workforce.'</p>	<ul style="list-style-type: none"> Staff appreciate the Commission's commitment to staff development and support of capability building (in te reo Māori, tikanga, equity). 	<ul style="list-style-type: none"> Staff recognise the Commission's efforts to increase both the number of Māori staff and the overall diversity of staff. 	<ul style="list-style-type: none"> Recruitment systems, processes, documents and approaches require further thought to attract Māori. 	Please refer to the mid-green box in Table of findings 1 (page 22).
<p>Management of people performance</p> <p>'The Commission attracts committed people and is supportive of their development.'</p>		<ul style="list-style-type: none"> Work in this area has led to improvement, since the previous PIF self-review. Staff did not raise this as an area of concern in this self-review. 	<ul style="list-style-type: none"> Some staff raised workload differences and large workloads as areas for consideration. 	
<p>Engagement with staff</p> <p>'We need to help people feel valued and management and leadership has an important role in this.'</p> <p>'We are building diversity – culture, religion, age, gender.'</p> <p>'We are lucky to work here.'</p>	<ul style="list-style-type: none"> Staff commitment and engagement are high. Staff appreciate leadership commitment to communication 	<ul style="list-style-type: none"> The Commission has achieved the Rainbow Tick, which staff value. 		

Table of findings for organisational management 3(e): Financial and resource management

Feature of this critical area and relevant quotes from staff interviews	Advanced	Progressing	Focus required	Planning, effort and focus required
<p>Asset management</p> <p>'The board supports us to manage assets well and we have good feedback from Audit NZ.'</p>	<ul style="list-style-type: none"> The Commission's asset management is seen as strong and carefully considered. 			Please refer to the mid-green box in Table of findings 1 (page 22).
<p>Financial management</p> <p>'Overall it is evident that the Commission puts a lot of time and energy into planning, controlling and being efficient.'</p>	<ul style="list-style-type: none"> The Commission manages its finances well, through good systems. 			
<p>Information management</p> <p>'Our new Equity View has involved considerable work with Te Rōpū and the DHB Māori GMs.'</p>		<ul style="list-style-type: none"> The Commission manages information well as a strategic resource, and is developing Te Tiriti partnerships. 	<ul style="list-style-type: none"> The Commission needs to understand and respond to emerging thinking about Māori data sovereignty, and Commission focus and input may be useful. 	
<p>Risk management</p> <p>'We have good policy and process and it is followed. We are also open to feedback and will change it as required.'</p>	<ul style="list-style-type: none"> The Commission has strong systems and processes for risk management. 			

Appendix 1: Structure of the Performance Improvement Framework²² | Tāpirihanga 1: Te Hanganga o te Anga Whakapiki Whakatutukinga

Four-year excellence horizon

What is the agency's performance challenge?



Delivery of Government priorities

How well is the agency responding to Government priorities?



Delivery of core business

In each core business area, how well does the agency deliver value to its customers and New Zealanders?
In each core business area, how well does the agency demonstrate increased value over time?
How well does the agency exercise its stewardship role over regulation?



Organisational management

How well is the agency positioned to deliver now and in the future?

Leadership and direction	Delivery for customers and New Zealanders	Relationships	People development	Financial and resource management
<ul style="list-style-type: none"> Purpose, vision and strategy Leadership and governance Values, behaviour and culture Review 	<ul style="list-style-type: none"> Customers Operating model Collaboration and partnerships Experiences of the public 	<ul style="list-style-type: none"> Engagement with Ministers Sector contribution 	<ul style="list-style-type: none"> Leadership and workforce development Management of people performance Engagement with staff 	<ul style="list-style-type: none"> Asset management Information management Financial management Risk management

22. State Services Commission Performance Improvement Framework: <https://ssc.govt.nz/resources/pif-framework/>

Appendix 2: Question bank for the Performance Improvement Framework²³

| Tāpirihanga 2: Putunga pātai mō te Anga Whakapiki Whakatutukinga

Four-year excellence horizon

What is the agency's performance challenge?

Results

Critical area	Lead questions
Government priorities	1. How well is the agency responding to Government priorities?
Core business	2. In each core business area, how well does the agency deliver value to its customers and New Zealanders?
	3. In each core business area, how well does the agency demonstrate increased value over time?
	4. How well does the agency exercise its stewardship role over regulation?

Organisational management

Critical area	Element	Lead questions
Leadership and direction	Purpose, vision and strategy	5. How well do the staff and stakeholders understand the agency's purpose, vision and strategy? 6. How well does the agency consider and plan for possible changes in its purpose or role in the foreseeable future?
	Leadership and governance	7. How well does the senior team provide collective leadership and direction to the agency and how well does it implement change? 8. How effectively does the Board lead the Crown entity? (For Crown entities only)
	Values, behaviour and culture	9. How well does the agency develop and promote the organisational values, behaviours and culture it needs to support its strategic direction and ensure customer value?
	Review	10. How well does the agency encourage and use evaluative activity?
Delivery for customers and New Zealanders	Customers	11. How well does the agency understand who its customers are and their short- and longer-term needs and impact? 12. How clear is the agency's value proposition (the 'what')?
	Operating model	13. How well does the agency's operating model (the 'how') support delivery of Government priorities and core business? 14. How well does the agency evaluate service delivery options?
	Collaboration and partnerships	15. How well does the agency generate common ownership and genuine collaboration on strategy and service delivery with partners and providers? 16. How well do the agency and its strategic partners integrate services to deliver value to customers?
	Experiences of the public	17. How well does the agency employ service design, continuous improvement and innovation to ensure outstanding customer experiences? 18. How well does the agency continuously seek to understand customers' and New Zealanders' satisfaction and take action accordingly?
Relationships	Engagement with Ministers	19. How well does the agency provide advice and services to Ministers?
	Sector contribution	20. How effectively does the agency contribute to improvements in public sector performance?
People development	Leadership and workforce development	21. How well does the agency develop its workforce (including its leadership)? 22. How well does the agency anticipate and respond to future capacity and requirements?
	Management of people performance	23. How well does the agency encourage high performance and continuous improvement amongst its workforce? 24. How well does the agency deal with poor or inadequate performance?
	Engagement with staff	25. How well does the agency manage its employee relations? 26. How well does the agency develop and maintain a diverse, highly committed and engaged workforce?
Financial and resource management	Asset management	27. How well does the agency manage agency and Crown assets, and the agency's balance sheet, to support service delivery and drive performance improvement?
	Information management	28. How well does the agency manage and use information as a strategic asset?
	Financial management	29. How well does the agency plan, direct and control financial resources to drive efficient and effective output delivery?
	Risk management	30. How well does the agency identify and manage agency and Crown risk?

23. State Services Commission Performance Improvement Framework: Lead questions <https://ssc.govt.nz/resources/pif-framework/>

Appendix 3: The Commission's self-review question bank | Tāpirihanga 3: Putanga pātai arotake whaiaro a te Kōmihana

Four-year excellence horizon

What is the Commission's performance challenge? What is the Commission's performance challenge to drive forward an equity agenda and meet its obligations, as a Crown Entity, to Te Tiriti o Waitangi?

Results

Critical area	Lead questions
Government priorities	<ol style="list-style-type: none"> 1. How well is the Commission responding to Government priorities? 2. As a Crown agency, how well is the Commission responding to its Te Tiriti o Waitangi responsibilities?
Core business	<ol style="list-style-type: none"> 3. In each core business area, how well does the Commission deliver value to its customers, Māori and New Zealanders? 4. In each core business area, how well does the Commission demonstrate increased value to its customers, Māori and New Zealanders over time?

Organisational management

Critical area	Element	Lead questions
Leadership and direction	Purpose, vision and strategy	<ol style="list-style-type: none"> 5. How well do the staff and stakeholders understand the Commission's purpose, vision and strategy? 6. How well do staff and stakeholders understand the Commission's vision and strategy (Te Whai Oranga) in relation to achieving health equity for Māori? 7. How well does the Commission consider and plan for possible changes in its purpose or role in the foreseeable future?
	Leadership and governance	<ol style="list-style-type: none"> 8. How well does the senior team provide collective leadership and direction to the agency and how well does it implement change? 9. How well does the senior leadership team provide collective leadership and direction in relation to Te Whai Oranga? 10. How effectively does the Board lead the Commission? 11. How well does the Board understand its obligations as a Crown entity to te Tiriti o Waitangi and develop strategies and plans to advance Māori health? 12. How well does the Commission designate appropriate time, resources and information to enable Māori to have input into the design and implementation of health equity initiatives?
	Values, behaviour and culture	<ol style="list-style-type: none"> 13. How well does the Commission develop and promote the organisational values, behaviours and culture it needs to support its strategic direction and ensure customer value? 14. How well does the Commission develop and promote the organisational values, behaviours and culture it needs to support Te Whai Oranga?
	Review	<ol style="list-style-type: none"> 15. How well does the Commission encourage and use evaluative activity? 16. How well does the Commission partner with Māori on the development of review frameworks?

Organisational management (continued)

Critical area	Element	Lead questions
Delivery for customers, New Zealanders and iwi Māori	Customers	17. How well does the Commission understand who its customers are and their short- and longer-term needs and impact? 18. How clear is the agency's value proposition? and in relation to achieving Māori health equity? 19. How well does the Commission understand who its customers are in relation to achieving health equity for Māori, and their short and long-term needs and impacts?
	Operating model	20. How well does the Commission's operating model (the 'how') support delivery of core business activities that contribute to achieving Māori health equity/equity more broadly? 21. How well does the Commission's operating model (the 'how') support the delivery of Government priorities and core business? 22. How well does the Commission evaluate service delivery options? How well does this process consider Māori health equity and the principles of the Te Tiriti o Waitangi?
	Collaboration and partnerships	23. How well does the Commission generate common ownership and genuine collaboration on strategy and service delivery with partners and providers? 24. How well does the Commission work with/partner with other Māori health organisations to benefit Māori? 25. How well do the Commission and its strategic partners integrate services to deliver value to customers?
	Experiences of the public	26. How well does the Commission employ service design, continuous improvement and innovation to ensure outstanding customer experiences? 27. How well does the Commission seek to understand Māori stakeholders, and iwi Māori, satisfaction with its services and take action accordingly?
Relationships	Engagement with Ministers	28. How well does the Commission provide advice and services to Ministers? 29. How well does the Commission provide advice and services to Ministers in relation to health equity?
	Sector contribution	30. How effectively does the Commission work with Māori and the sector, on quality improvement priorities for Māori? 31. How effectively does the Commission contribute to improvements in public sector performance?
People development	Leadership and workforce development	32. How well does the Commission develop its workforce (including leadership)? 33. How well does the Commission anticipate and respond to future capacity and capability requirements? 34. How well does the Commission respond to the active recruitment of a Māori health workforce? 35. How well does the Commission invest in building and maintaining the capacity and capability of the organisational workforce to deliver programmes that advance Māori health and prioritise achieving equity?
	Management of people performance	36. How well does the Commission encourage high performance and continuous improvement amongst its workforce? 37. How well does the Commission deal with poor or inadequate performance?
	Engagement with staff	38. How well does the Commission manage its employee relations? 39. How well does the Commission develop and maintain a diverse, highly committed and engaged workforce?
Financial and resource management	Asset management	40. How well does the Commission manage its own and Crown assets? 41. How well does the Commission allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving health equity?
	Information management	42. How well does the Commission manage and use [information] as a strategic asset? 43. How well does the Commission partner with Māori in identifying and deciding which information is a strategic asset? 44. How well does the Commission engage the use of high-quality health information, for example, population health data and complete and consistent ethnicity data, to inform organisational decision-making? 45. How well does the Commission ensure data sovereignty is maintained across all Māori data?
	Financial management	46. How well does the Commission plan, direct and control financial resources to drive efficient and effective output delivery? 47. How does the Commission ensure robust health equity analysis in economic and funding decisions?
	Risk management	48. How well does the Commission identify and manage its own risk and risk to the Crown?

Appendix 4: List of external stakeholder agencies represented in interviews that external reviewers conducted | Tāpirihanga 4: Rārangitanga o ngā tari kāwanatanga o waho i whai reo ki ngā uiuinga i whakahaerehia e ngā kaiarotake o waho

Accident Compensation Corporation (ACC)
Council of Medical Colleges
DHB chairs
DHB chief executives
DHB chief medical officers
DHB chief operating officers
DHB Consumer Council
DHB directors allied health
DHB general managers planning and funding
DHB quality and risk managers
Ministry of Health
Nurse Executives of New Zealand
NZ Aged Care Association
Office of the Health and Disability Commissioner
Pasifika Futures (non-governmental organisation, Whānau Ora commissioning agency for Pacific families)
PHARMAC
Primary Health Federation
Private Surgical Hospitals Association
Te Ohu Rata o Aotearoa – Māori Medical Practitioners Association (Te ORA)
Te Rau Ora (previously Te Rau Matatini)
Te Rōpū Rangahau a Eru Pomare
Te Tumu Whakarae (DHB Māori general managers)
The Royal New Zealand College of General Practitioners (RNZCGP)
Victoria University of Wellington

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