Implementing the New Zealand Health Strategy 2009

The Minister of Health's report on progress on implementing the New Zealand Health Strategy, and on actions to improve quality

Citation: Minister of Health. 2009. *Implementing the New Zealand Health Strategy 2009*. Wellington: Ministry of Health.

Published in December 2009 by the
Ministry of Health
PO Box 5013, Wellington 6145, New Zealand

ISBN: 978-0-478-33981-9 (Print)
ISBN: 978-0-478-33982-6 (Online)
HP 5000

This document is available on the Ministry of Health's website:
http://www.moh.govt.nz

From the Minister of Health

New Zealanders should have timely, high-quality health care services when they need them. For many, confidence in the health system over recent years has been damaged by excessive waiting and delays. This Government is determined to turn this situation around. We want reduced waiting times, better individual experiences for patients and their families, and improved quality and performance.

The Government is committed to a strong and enduring public health service, but the health service in turn will need to ensure a strong and ongoing focus on value for money, with resources moving from administration and low-priority spending into more important front-line services. Achieving value for money is vital to ensuring we have sufficient resources to meet our main priority areas, including improving public hospital services and reducing waiting times for patients.

A slimmed-down set of Health Targets has been introduced to focus progress on the Government's goal of achieving better, sooner, more convenient services. Of the six Health Targets, three specifically focus attention on the urgent issue of excessive patient waiting times in public hospitals and seek to achieve genuine reductions in waiting times for patients. These targets focus on improving access to elective surgery, shorter waiting times for emergency department treatment, and reducing waiting times for critical cancer treatment. These targets have been published in national and local newspapers. The publication of these targets gives local communities a real view of how well their local DHB is doing and will, in turn, lead to DHBs seeking to improve their relative performance over time.

I am extremely pleased to note that considerable progress has already been made in improving access to elective surgery. We have seen an increase of 11,085 patients receiving elective procedures in the 2008/09 year. That is the largest increase yet, and demonstrates that this Government is delivering for patients.

We are committed to the vision of the Primary Health Care Strategy, and a package of services is proposed to accelerate change in primary care. This includes the establishment of multiple Integrated Family Health Centres to provide a full range of services in the community; nurses acting as case managers for patients with chronic conditions; providing a wider range of care and support for patients; and shifting some secondary care services to primary care.

Strong clinical leadership and engagement and greater workforce development are essential to the realisation of this Government's goals. A few months ago I announced the establishment of the Clinical Training Agency Board. This new, single agency will seek to unify workforce planning in New Zealand and ensure co-ordination of workforce training, planning and funding for our nurses and doctors and other health professionals. This is not the complete answer, but I am confident we are better placed to deal with the health workforce crisis.

I have also established a new National Health Board within the Ministry of Health. The new Board will focus on supervising the $9.7 billion of public health funding the 21 DHBs spend on hospitals and primary health care. It will manage national planning and funding of all IT, workforce planning and capital investment, and will also take national responsibility for vulnerable health services such as paediatric oncology.

Moving into 2010 the key themes of improved hospital productivity, reduced bureaucracy, moving resources to front-line services and greater clinical involvement in decision-making remain crucial to improving health services for all.

A further important focus for 2010 will be whānau ora – supporting Māori families to achieve their maximum health and wellbeing. This integration of health and social services represents the future trend of care for all New Zealanders.

Hon Tony Ryall
Minister of Health

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1. Introduction

This report details the actions taken throughout 2009 to progress the following priority areas that have been signalled to the sector:

- strengthening the workforce
- Health Targets
- better, sooner, more convenient primary health care
- improving productivity and value for money
- strengthening regional service planning and collaboration
- ensuring quality.

These priority areas remain consistent with the New Zealand Health Strategy and will continue to be priority areas for 2010/11.

This report fulfils the Minister of Health's responsibilities under Section 8 of the New Zealand Public Health and Disability Act 2000 to report annually on the implementation of the New Zealand Health Strategy (see sections 2–6 of this document). It also meets the requirements under Section 9 of the New Zealand Public Health and Disability Act 2000 to report annually on progress on implementing the National Strategy for Quality Improvement (see section 7).

2. Strengthening the Workforce

The health and disability sector employs approximately 130,000 people. DHBs employ approximately 65,000 health workers, with the remainder working in areas such as the private sector, home-based and residential care and support services, and non-government community services.

Recruitment and retention are considerable challenges for health and disability service providers, and shortages persist in key workforces such as midwifery and some medical and nursing specialities.

At a system level the immediate priority is to unify the co-ordination and national oversight of workforce development. The focus is also on increasing the capacity of the front line to deliver services to New Zealanders. A number of initiatives are under way to increase the size of the workforce and to attract workers to communities and specialities where the shortages are greatest. Another important area of work is to increase the involvement of clinicians in decisions that affect service delivery.

National overview

The Government has acted quickly to unify and strengthen the co-ordination and oversight of health workforce development at the national level. The Clinical Training Agency Board was established in September 2009 to oversee the rationalisation of workforce planning, training and purchasing within the public health sector. A key focus of the Board will be workforce innovations.

The National Health Board was established within the Ministry of Health in October 2009, and one of its functions is the infrastructure planning of IT, workforce and capital management across the health sector.

Clinical leadership

Clinical leadership is an important factor in lifting the performance of the health system and driving quality improvements. In February 2009 the Ministerial Task Group on Clinical Leadership was convened to determine how strong clinical leadership and governance can be established in the health system. The Task Group's report, *In Good Hands*,[1] was provided to DHBs and the report's recommendations are reflected in DHBs' district annual plans.

Increasing the supply of doctors

The number of undergraduate medical students is to increase by 200 per year, taking the annual intake from 365 to 565 students. The first 60 additional students begin in 2010.

The number of general practitioner registrar training places has also increased by 50 per year, to 154 from 2010.

1 Task Group 2009. *In Good Hands: Transforming clinical governance in New Zealand.* URL: http://www.beehive.govt.nz/release/clinical+leadership+039in+good+hands039.

Voluntary Bonding Scheme

The Voluntary Bonding Scheme was introduced in February 2009 to reward medical, nursing and midwifery graduates who agree to work in hard-to-staff communities or specialties for three to five years. Payments are made towards the graduate's student loan after three years in the hard-to-staff area, or as a direct payment if the graduate does not have a student loan.

The target for 2009 was 100 doctors and 250 nurses and midwives, covering graduates from 2005 to 2008 for the first year of the scheme. The popularity of the scheme exceeded expectations, however, with a total of 115 doctors, 683 nurses and 95 midwives confirmed on the scheme for 2009.

Increased training opportunities in rural areas

A total of $4 million has been allocated over the next four years to encourage more training of health professionals in rural areas. Rural areas have the lowest ratio of health professionals to population, and studies show that health professionals who have had positive training experiences in rural areas are more likely to return there to work.

The Ministry of Health is working with the Clinical Training Agency Board on a proposal to expand current rural immersion training programmes to include inter-professional learning.

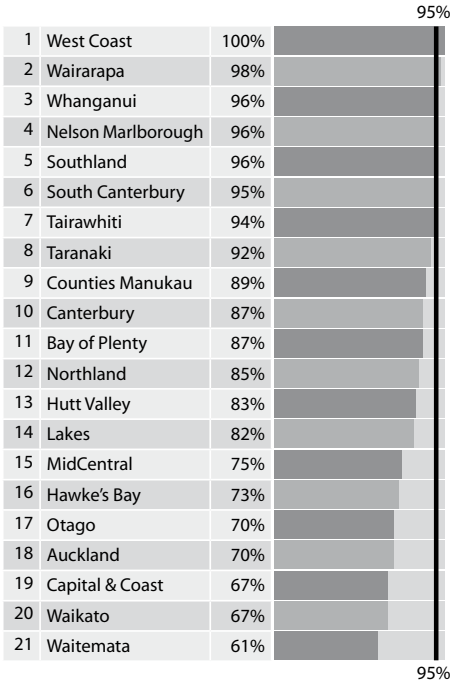
3. Health Targets

The six Health Targets for 2009/10 aim to focus efforts to improve health sector performance in these priority areas. To show our commitment to the public, Health Target national results for the first quarter of 2009/10 have been published in national and local newspapers. Detailed results by target are also updated regularly on the Ministry of Health website (see www.moh.govt.nz/healthtargets).

Overall results for first quarter 2009/10

Good progress has been made in immunisation, cancer and elective services areas. The emergency department target area has made an encouraging start. More work is needed in the tobacco area, especially in relation to data capture.

Shorter stays in emergency departments

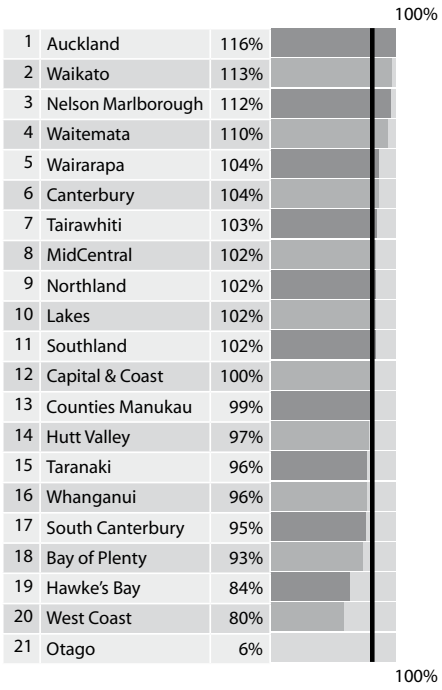


The target is that 95 percent of patients will be admitted, discharged or transferred from an emergency department within six hours. The target is a measure of the efficiency of flow of urgent patients through public hospitals and home again. It is expected that DHBs will take up to two years to achieve this target, while showing good, sustainable improvements.

Nationally, 81 percent of patients were admitted, discharged or transferred from emergency departments within six hours. Smaller hospitals are leading the performance in this area. Of the larger DHBs, Counties Manukau is the best performer.

Most DHBs are still implementing changes to achieve the target. Some DHBs noted the significant impact of influenza, in particular the influenza A H1N1 (swine flu), on their ability to improve emergency department length of stay in this quarter.

Improved access to elective surgery

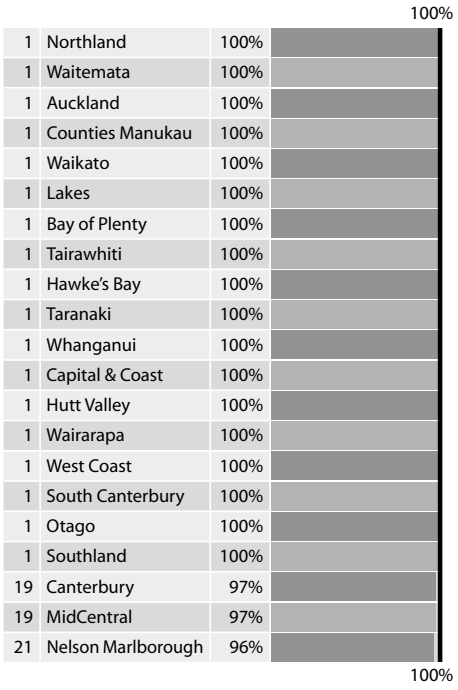


The target is an increase in the volume of elective surgery by an average of 4000 discharges per year.

In the first quarter DHBs delivered 98.4 percent of the planned national target, and 33,009 elective surgical discharges were delivered. Ten DHBs did not achieve their individual quarterly targets. These DHBs have been asked to submit reports to the Ministry of Health explaining the reasons for under-delivery and providing actions that will return the DHB to planned performance levels.

Otago DHB's new patient management system was unable to report volume information to national collections. However, internal data from Otago DHB shows that they are ahead of the target for delivering elective surgical discharges. If Otago's data had been included in national collections, the national delivery would have exceeded the quarterly target.

Shorter waits for cancer treatment

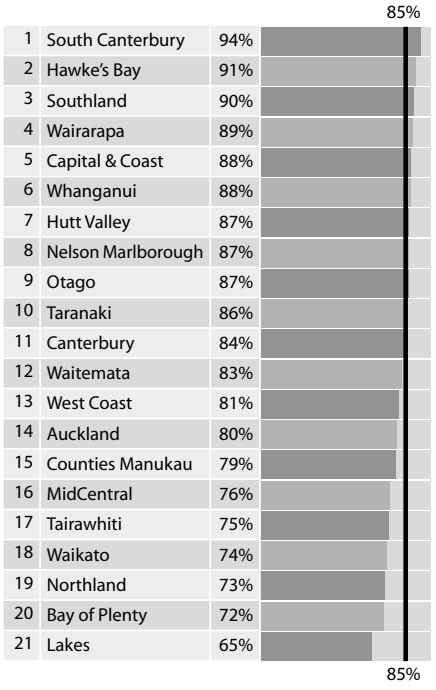


The target is that everyone needing radiation treatment will have this within six weeks of their first specialist assessment by the end of July 2010, and within four weeks by December 2010. Six regional oncology centres provide radiation oncology services. These centres are in Auckland, Hamilton, Palmerston North, Wellington, Christchurch and Dunedin.

In September 2009, 84 percent of patients started radiation treatment within four weeks and 99 percent started treatment within six weeks (excluding those who waited for reasons not related to facility constraints).

In the same period, only five patients waited longer than six weeks due to constraints related to a facility. This result reflects a pattern of continuing improvement that will see the target move to four weeks by December 2010.

Increased immunisation



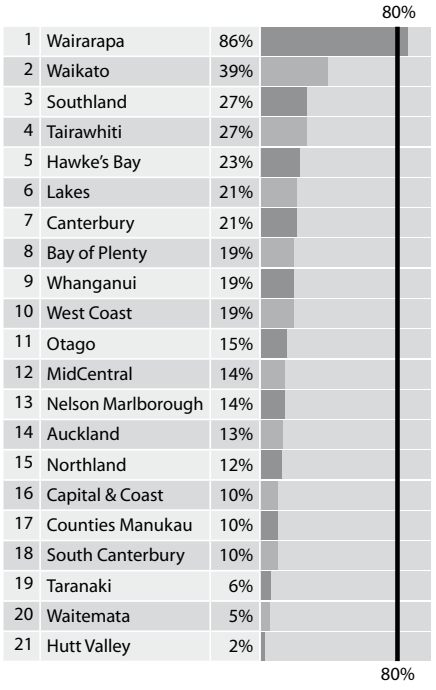
The target is that 85 percent of two-year-olds will be fully immunised by July 2010, 90 percent by July 2011 and 95 percent by July 2012. This result includes children who turned two years old in the first quarter and who were fully immunised before they turned two years old.

This target will be reported for Māori, Pacific (where relevant) and other ethnic groups.

Overall, there has been a 1 percent increase in the national immunisation coverage, to 81 percent, compared to the previous quarter. The national end-of-year target is 85 percent and DHBs are on track to reach it. Some DHBs have delivered outstanding results in this quarter. For example, Taranaki, Whanganui, Nelson Marlborough and South Canterbury all recorded a quarterly increase of 6 percent or more.

Ministry teams have developed a programme to visit and assist low-performing DHBs.

Better help for smokers to quit

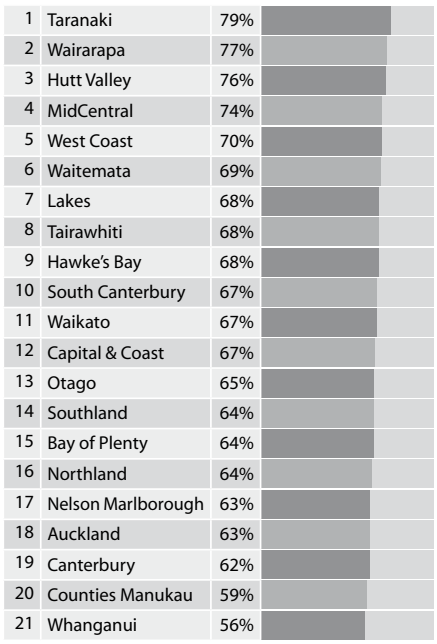


The target is that 80 percent of hospitalised smokers will be provided with advice and help to quit by July 2010, with 90 percent by July 2011 and 95 percent by July 2012.

The graph (left) represents only data coded in September. Nationally, 17 percent of hospitalised smokers have been provided with advice and help to quit. It was anticipated that first quarter results would be low, as this is a new target that requires new data collection, and a change in clinical and coding practice.

Nevertheless, some DHBs have made progress by ensuring that systems are in place to support clinical staff to make the practice changes needed, and to code and capture the data.

Better diabetes and cardiovascular disease services



1	Taranaki	79%
2	Wairarapa	77%
3	Hutt Valley	76%
4	MidCentral	74%
5	West Coast	70%
6	Waitemata	69%
7	Lakes	68%
8	Tairawhiti	68%
9	Hawke's Bay	68%
10	South Canterbury	67%
11	Waikato	67%
12	Capital & Coast	67%
13	Otago	65%
14	Southland	64%
15	Bay of Plenty	64%
16	Northland	64%
17	Nelson Marlborough	63%
18	Auckland	63%
19	Canterbury	62%
20	Counties Manukau	59%
21	Whanganui	56%

The graph represents the average progress made by a DHB towards three target indicators: (a) an increased percentage of the eligible population will have had their cardiovascular disease risk assessed in the last five years; (b) an increased percentage of people with diabetes will attend free annual checks; (c) an increased percentage of people with diabetes will have satisfactory or better diabetes management.

Good results require that doctors and nurses reach an increased proportion of people at risk of diabetes and cardiovascular disease, and then provide good-quality follow-up. The best-performing DHBs appear to have good-quality primary care and good integration between primary care and hospital-based diabetes services.

4. Better, Sooner, More Convenient Primary Health Care

The Government wants to make significant improvements to deliver a more personalised primary health care system that provides services closer to home and makes Kiwis healthier. The Better, Sooner, More Convenient primary health care initiative is also about realising the potential of primary health care that is beyond subsidising doctors' fees.

Progress on the Primary Health Care Strategy has been mixed since its launch in 2001. Although progress has been made on improving access, primarily through reducing co-payments, there has been limited progress in implementing the service delivery improvements envisaged under the Strategy. There have been pockets of change, but overall change has been slow and initiatives are sporadic, small-scale and limited to a locality or district, with limited spread regionally or nationally. Not enough New Zealanders are experiencing the potential benefits intended by more personalised primary health care closer to home.

Primary health care is the key gateway to secondary care and a major determinant of demand on hospital services. The performance of the primary health sector therefore has an important influence on the success of the health system as a whole. Better primary health care will make a significant contribution to each of the six priority areas described in the Government's 2009/10 Health Targets.

The volume and type of presentations to hospital emergency departments is in part influenced by the success of our primary health care system. Reducing the pressure on acute demand at public hospitals can free up capacity and resources for delivering other secondary services, including elective surgery. It can also help to reduce inappropriate referrals in high-cost growth areas (eg, pharmaceuticals, laboratory testing, specialist referrals) and can avoid unnecessary hospital admissions. In this way, primary health care can contribute to hospital productivity and help the health system as a whole to manage within a lower expenditure growth path.

The variable nature of the primary health care sector means that further consolidation of providers is needed to achieve efficiencies and advance the development of the Primary Health Care Strategy. The trend towards consolidated primary health practice is proceeding apace internationally, and the Government is looking at how providers who wish to consolidate can be assisted to do so.

Improved primary health care involves providers having improved access to specialist diagnostic testing; working in teams combining different disciplines; and playing a more proactive role in managing chronic conditions, preventing illness and providing services traditionally delivered in hospitals (eg, specialist cardiology outpatients clinics). The types of improvements we are seeking are:

- the development of co-located, multidisciplinary primary health care provision in Integrated Family Health Centres
- the ability for the public to access a wider range of services in their communities, including, for example, specialist assessments and procedures by GPs with special interests, minor surgery, and observation beds
- greater patient choice and convenience, including extended opening hours, walk-in access, and greater use of email or phone consultations
- increased co-ordination of services for those with chronic conditions, empowering people to manage their conditions and supporting self-care

- more collaborative working relationships with a wide range of health professionals and other social services
- allowing access to more treatment and diagnostic services for primary health care professionals
- increased clinical governance and leadership to improve multidisciplinary working
- improved opportunities for health practitioner training
- incorporating whānau ora and Pacific approaches, where appropriate.

Large-scale improvements

It is the Government's intention that improvements will begin to be implemented in this current financial year.

The Ministry of Health recently called for expressions of interest from primary health care providers who are ready and able to deliver large-scale changes to the way they deliver health care. More than 70 expressions of interest were received, and nine have been invited to develop more detailed plans of their proposed changes. The nine successful respondents are from across New Zealand including a range of small and large; urban and rural; Māori, Pacific and mainstream primary health care providers.

This first wave is aimed at those primary health care providers who are able to implement large-scale improvements so that more New Zealanders have the opportunity to experience a wider range of primary health care services sooner and more conveniently, and so that we can better utilise the skills of the whole primary health care workforce. Further waves of providers will be identified on an annual basis and supported to provide improved models of care with access to more flexible funding and contracting arrangements.

The intention over the coming years is to support a transformational improvement of the primary health care services experienced by New Zealanders, and in doing so finally realise the vision of the Primary Health Care Strategy.

5. Improving Productivity and Value for Money

The sector is facing a significantly tighter funding growth path. Meeting this challenge will require effective management of demand pressures, which include demographic changes, the rising prevalence of chronic conditions, and public expectations. It will also require effective management of cost growth pressures.

Continuous performance improvement

Living within a lower growth path requires a strong focus on improving productivity and value for money. The Ministry of Health is currently in the process of actively repositioning the whole of the health sector in an effort to significantly reduce the rate of health spending growth and enable improved service delivery within agreed baselines. This requires an active focus on performance improvement across a broad range of areas.

Delivering continuous performance improvements within a reduced rate of growth for Vote Health requires:

- a clear understanding and use of the mechanisms required to extract savings to move to front-line services
- excellent delivery, leadership and engagement with the sector
- a clear performance framework and accountabilities
- making the system more adaptable and resilient to deal with the challenges ahead.

A high-level summary of some planned performance improvement actions over the short to medium-term is provided in the table below.

Table 1. Performance improvement actions

Short-term impacts across Vote Health	A stronger funding framework to drive improvements across Vote Health, with continuous productivity expectations built into funding arrangements.
	Improved purchasing and prioritisation identified by rolling in-depth spending reviews, including options for funding devolution that optimises purchasing power.
	Stronger accountability, with monitoring and enforcement based on supported plans, streamlined reporting and rapid intervention when performance issues arise.
Short-term impacts across DHBs	Improved hospital productivity – a focus on hospital wards, theatre utilisation and emergency departments.
	Primary Care Implementation Action Plan – a strengthened focus on chronic disease management and reducing avoidable hospitalisation.
	Working with the sector to improve purchasing – including smarter contracting, collective procurement and shared back-office services.
	Maximum use of settings to enforce plans and deliver improved value against price, quantity and standards.
Medium-term impact across the sector	All Health Targets delivered to standard and on time.
	New models of care focused on innovative use of the workforce.
	National and regional service planning and decision-making to define national and regional services.
	Accelerated quality improvements including reductions and then elimination of avoidable variations and adverse events.

Ministerial Review Group

The Ministerial Review Group was established in January 2009 to provide independent advice on improving the performance of the public health system.[2] The Government is already implementing several of the Group's recommendations, including:

- establishing a National Health Board to provide more focused national supervision of the $9.7 billion spent on hospital and primary health services
- creating a Shared Services Establishment Board to begin consolidation of the administrative functions such as payroll and purchasing that are currently spread across 21 DHBs and regional shared agencies
- strengthening regional co-operation in service planning and delivery
- devolving programmes of funding of up to $2.5 billion, currently managed by the Ministry of Health, to DHBs, where appropriate.

These decisions will result in greater co-ordination of DHBs and stronger planning decisions in relation to infrastructure, especially IT, workforce and capital. Other significant work under way includes:

- by the end of 2009 the Ministry of Health will report on:
  - progressing the Ministerial Review Group's recommendations for increasing clinical leadership and clinical networks
  - collective prioritisation and procurement of medical devices, to improve value for money
  - organisational arrangements for strengthening quality improvement activities
  - strengthening the prioritisation of new health technology and interventions, to improve value for money and fiscal control
- reviewing funding and pricing.

Improving hospital productivity

Improving hospital productivity is aimed at releasing resources to improve front-line patient care. Targets for productivity improvements have been set for 2010/11, although a number of initiatives will provide benefits in a much shorter timescale.

The five areas of work are:

- more efficient and productive wards
- improved day surgery and theatre utilisation
- improved workforce productivity
- better use of joint procurement
- reduced cost of back-office functions.

2 Ministerial Review Group. 2009. *Meeting the Challenge: Enhancing sustainability and the patient and consumer experience within the current legislative framework for health and disability services in New Zealand*. URL: http://www.beehive.govt.nz/release/ministerial+review+group+report+released

6. Strengthening Regional Service Planning and Collaboration

One of the Government's intentions for the next phase of health system development is to strengthen and improve national and regional service planning and decision-making. This was reinforced by decisions made by Cabinet in October 2009 following consideration of the Ministerial Review Group's recommendations, whereby Cabinet agreed to the need for a stronger and more effective regional approach by DHBs.

During 2009/10 the Government will make decisions about the services that will be planned and funded at a regional level. In respect of regional service planning, the objectives for 2010/11 are to:

- maintain regional planning momentum
- support the development of a greater sense of common regional interests in ensuring the clinical and financial viability of services.

This will be reinforced to DHBs in 2010/11 by the Minister of Health through existing funding and accountability mechanisms, performance monitoring, and appropriate ministerial expectations and directions. Further advice will be received by the Government during 2010 on options for legislative change to support strengthened regional decision-making and collaboration. The new National Health Board will have a key role in strengthening regional service planning.

The current configuration of the DHB regions across the health system is as follows:

Region	DHBs
Northern	Northland, Waitemata, Auckland, Counties Manukau
Midland	Waikato, Bay of Plenty, Lakes, Tairawhiti, Taranaki
Central	Hawke's Bay, MidCentral, Whanganui, Wairarapa, Hutt Valley, Capital & Coast
Southern	Nelson Marlborough, Canterbury, West Coast, South Canterbury, Otago, Southland

The four DHB regions provide an organising and co-ordinating structure for regional planning and decision-making, but are not a limiting factor for DHBs designing appropriate clinical pathways and developing service initiatives, which may cross regional boundaries. All four regions have a wide range of regional planning and collaborative activity under way, albeit at different stages of development and implementation. Some of the work progressed by all regions over the last 12 months includes vulnerable service assessment and action, and progress with the development of regional service plans.

Approach in 2010/11

Each region is under way with the development of their initial regional service plans, but the regions are at different stages of development. For 2010/11 priority will be given to ensuring initial regional service plan development addresses:

- services that are currently vulnerable, or that can be expected to become so during the period of the plan, because of workforce shortages, demand growth and/or funding issues
- services related to significant capital investment proposals that are expected in the next three years
- service configuration changes that will contribute to financial viability.

The Ministry of Health is seeking draft regional service plans to be submitted in 2010.

7. Ensuring Quality

This section fulfils the requirements under section 9 of the New Zealand Public Health and Disability Act 2000 for the Minister of Health to report each year on progress in implementation the national strategy for quality improvement.

In July 2007, the Ministry of Health's Sector Capability and Innovation (SCI) Directorate was established to have a national role in supporting the spread and adoption of effective innovations and improvements that lead to improved system performance in the priority areas. The secretariat for the Quality Improvement Committee, which advises the Ministry of Health and Minister of Health on the national priorities for action, sits within the SCI Directorate.

The Quality Improvement Committee (QIC) was established to provide independent advice to the Minister of Health and to make recommendations on quality improvement. Throughout 2009 the QIC has undertaken a programme of collaborative work that includes:

- efforts to standardise and encourage open reporting of serious and sentinel events (through training of health care professionals and a national open disclosure policy), in order to learn from these cases so that improvement occurs at a national level
- optimising the patient's journey (aimed at eliminating waste and creating value)
- infection prevention and control (including the World Health Organization's hand hygiene programme)
- safe medication management
- implementation of the World Health Organization's safer surgery checklist
- initial relationship work with primary care
- relationship building with private hospitals.

The National Healthcare Incident Management Programme is the first of the programmes to finish having successfully completed all project components including: drafting a national policy for incident management, delivering an education and training programme to over 1800 DHB staff on a standardised mechanism for reporting and managing serious events (to prevent similar events from happening again), developing specifications for a central repository that will make reporting serious events simpler and allow alerts and recommendations for service improvements to be quickly distributed.

Optimising the Patient Journey has had high levels of DHB participation throughout the first phase. This programme places the patient at the centre of the journey and aims for more effective use of resources. Each DHB has developed at least one initiative that reduces waste and improves the quality of care that patients receive.

Safe Medication Management is a large programme of work that has progressed a number of areas including piloting medication chart standards, leading the development of the New Zealand Universal List of Medicines, reviewing how New Zealand should approach the purchase and operation of unit dose repackaging machines, piloting eMedicine Reconciliation and eCharting and developing strong linkages with the primary health care sector. All DHBs are active participants in this programme across a broad range of professional groups.

All DHBs have committed to rolling out the hand hygiene campaign as part of the *Infection Prevention and Control* programme. The benefits of the hand hygiene programme are compelling both in terms of lowering infection rates and downstream savings due to treating fewer infections. Guidance on the prevention of catheter-related bloodstream infections is being piloted in Auckland, Counties Manukau and Canterbury DHBs who will be submitting progress information and suggestions for refining the guidance material that will be published in December 2009. This programme is also developing recommendations for implementing a national surveillance system of procedural and surgical site infections. The proposal for a national system is currently out for sector consultation.

The QIC has also implemented enhanced national mortality review systems. This involves establishing a National Peri-operative Mortality Review Committee and local DHB Child and Youth Mortality Review Groups, including co-ordination at a national level. In addition, a business case to establish a much greater role for consumer input into health care delivery has recently been agreed. It is important to note that the QIC has no enforcement role and it has achieved its gains by building broad sector engagement and working collaboratively.

There have also been high levels of activity in the sector with the Ministry-led programmes to spread and sustain innovation. The SCI Directorate has engaged with the wider health sector to develop a framework where innovation is encouraged, adopted and shared.

The Releasing Time to Care Programme

The Productive Ward is an initiative developed by the United Kingdom NHS Institute for Innovation and Improvement and has been adopted here as the Releasing Time to Care Programme. It aims to motivate ward teams to review the way in which activities are undertaken in the workplace, with the goal of removing waste and releasing time to provide more direct patient care. The programme adopts the 'lean' principles that are used in the manufacturing industry to improve the quality, cost-effectiveness and delivery of goods and services. Health care organisations are beginning to adopt lean principles as a vehicle for continuous improvement. This programme has licensed 32 wards across New Zealand and engaged with 11 DHBs and trained 900 front-line staff.

Approach in 2010/11

High levels of quality and safety are the cornerstone of an effective, trusted and efficient health system. The New Zealand health system has many strengths, and dedicated health professionals strive to deliver high-quality, safe services. Achieving continuous quality improvement has, nonetheless, been difficult in New Zealand and has been hampered by the technical complexity and the rate of change in health care. Achieving the culture of reliability that exists in other high-risk sectors requires strong leadership and a commitment from all health professionals and provider organisations.

There is a clear moral and financial imperative to seek improvements in the quality and safety of health care delivery. Quality and safety improvement strategies should seek to reduce unwarranted variation in the delivery of health care, increase adherence to evidence-based practice, and reduce the incidence of adverse events, with the aim of improving both patient and system outcomes.

The quality challenge is one of several inherited by this Government. The advice from the Ministerial Review Group contained several specific proposals relating to quality and safety improvement. The Ministry of Health, in consultation with The Treasury and State Services Commission, is to report to Cabinet by the end of the year on the Group's proposals to establish a separate Quality Improvement Agency.