



Te Tāhū Hauora
Health Quality & Safety
Commission

Briefing to the Incoming Minister

November 2023



Foreword

Tēnā koe

Congratulations on your appointment as Minister of Health.

Te Tāhū Hauora Health Quality & Safety Commission (Te Tāhū Hauora) is the only dedicated national health quality and safety agency, working with clinicians, the wider health workforce, and consumers and whānau to improve health services, within our \$18.2 million Crown funding. We work collaboratively with health entities through avenues such as our national Quality Forum.

We are committed to supporting you in your role.

We can demonstrate that our influence and initiatives within the health system have reduced harm, saved lives and brought about financial savings to the system that can be reinvested in the care of New Zealanders.

Our health system is undergoing great change, while also experiencing immense pressure. Like in other countries, the system here has been disrupted due to the COVID-19 pandemic. Pressures on the workforce and an increasingly complex mix of illnesses among populations have increased barriers to access for some. The impact is not seen evenly in all groups and regions and may be worsened by the effects of system change. These factors have implications for health quality and safety, and we continue to monitor indicators closely.

While health entities around us continue to evolve to deliver on new and reformed functions, Te Tāhū Hauora remains relatively constant and fully committed to our vision of 'Quality health for all' by carrying out our legislative functions across our five strategic priorities:

- improving experience for consumers and whānau
- enabling the workforce as improvers
- strengthening systems for quality services
- leading health quality intelligence
- guiding improvement to prevent early mortality.

We note your interest in developing health targets across pressure points in the system, such as emergency departments and primary care. We have expertise in the evidence underpinning development and implementation of targets both here in Aotearoa New Zealand and internationally, and in considering unintended consequences, and can advise you in this area.

We can also strengthen our analytical tools and measures to give you information on areas of the system that you may wish to know more about.

We are available to meet with you at the earliest opportunity to discuss the material in this briefing and how we can best support you in your role as the Minister of Health.

Ngā mihi nui



Dr Peter Jansen

Chief Executive | Tumuaki

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Overview of Te Tāhū Hauora: ‘Quality health for all’

Te Tāhū Hauora Health Quality & Safety Commission (Te Tāhū Hauora) is a Crown entity established under a National-led government within 2010 amendments to the New Zealand Public Health and Disability Act 2000. We were established independently of delivery, commissioning, policy and regulation roles to improve the quality and safety of Aotearoa New Zealand’s health system. Our role was strengthened under Section 80 of the Pae Ora (Healthy Futures) Act 2022 (the Pae Ora Act).

As set out in legislation (see Appendix 1), we:

- provide advice to government on quality and safety in the health system
- monitor and report on quality of care in the health system
- promote safer, better-quality services through improvement initiatives and recommendations
- support engagement with consumers and whānau, ensuring they are involved in the design and delivery of services.

Te Tāhū Hauora holds legislative responsibility for Aotearoa New Zealand’s national mortality review function under section 82 of the Pae Ora Act. This function aims to influence system change to reduce mortality, identifying and recommending actions to prevent avoidable deaths and illness.

Te Tāhū Hauora collaborates with others to improve health quality and safety. We have formed and continue to build strong relationships with other agencies, including Manatū Hauora Ministry of Health (Manatū Hauora), Te Whatu Ora, Te Aka Whai Ora, the Accident Compensation Corporation (ACC), Whaikaha – Ministry of Disabled People and iwi-Māori partnership boards, as well as with consumers and whānau, and professional bodies.

Examples of our collaboration include the following.

- Supporting health entities to implement the code of expectations for health entities’ engagement with consumers and whānau (the code of expectations).¹
- Partnering with iwi-Māori partnership boards to provide meaningful data about their regions.
- Working with ACC on the design and delivery of national quality improvement programmes to improve patient safety.
- Funding from entities to provide improvement programmes, such as from ACC to provide quality improvement expertise, analytical support and project leadership for the National Trauma Network.²
- Working with Te Whatu Ora districts to implement the national paediatric early warning system.
- Convening the national Quality Forum, to address cross-system quality and safety challenges.

¹ Health Quality & Safety Commission. 2022. Code of expectations for health entities’ engagement with consumers and whānau. Wellington: Te Tāhū Hauora. URL: www.hqsc.govt.nz/resources/resource-library/code-of-expectations-for-health-entities-engagement-with-consumers-and-whanau.

² The [National Trauma Network](#) leads the establishment of a contemporary trauma system in Aotearoa New Zealand that aims to reduce the number of deaths and severity of disability for those who survive major trauma.

We are building connections with specific directorates within Te Whatu Ora, including the Service Improvement and Innovation Directorate, to support quality, safety and improvement across the sector.

Te Tāhū Hauora has a trusted role in our health system, as we heard from the sector in our recent independent performance review.³ Our reputation for leadership, coordination and facilitation is respected alongside our experience in monitoring and reporting on quality and safety.

This is demonstrated by our key quality improvement initiatives, which have provided an estimated value of \$400 million⁴ for the health system, resulting in a minimum return on investment of 2 to 1.⁵ This return increases over time as improvements are sustained. These improvements are a result of a reduced number of disability-adjusted life years (DALYs) lost due to complications and poor outcomes in areas such as in-hospital fractured neck of femur, infections following heart, hip and knee surgery and in-hospital cardiac arrests.

The leadership of Te Tāhū Hauora changed earlier this year, and information on our Board and Chief Executive is in Appendix 2.

The system around us

We monitor the quality and safety of the health system closely in response to the impact of the COVID-19 pandemic and the implementation and embedding of health system reforms. Our analysis draws on our quality indicators, including quality alerts, and ongoing intelligence received from consumers and whānau, the health workforce and other stakeholders.

While Aotearoa New Zealand's response to the COVID-19 pandemic was more successful than those of most other countries, COVID-19 further exposed and amplified long-standing weaknesses in our health system.⁶ There are long-term, amenable inequities in health status, health care quality and outcomes experienced by Māori, Pacific peoples and disabled people. These are worsened by the inability of the health system to meet demand, at all levels of the system.

³ Te Tāhū Hauora. 2023. *Te Tāhū Hauora Health Quality & Safety Commission independent performance review report 2023 | Te arotakenga mahi motuhake a Te Tāhū Hauora 2023*. Wellington: Te Tāhū Hauora. URL: www.hqsc.govt.nz/resources/resource-library/te-tahu-hauora-health-quality-and-safety-commission-independent-performance-review-report-2023-tearotakenga-mahi-motuhake-a-te-tahu-hauora-2023.

⁴ \$400 million is made up of \$29 million avoided costs of harm, \$163 million value of avoided disability-adjusted life years (DALYs), \$211 million of improved trauma care reducing DALYs loss. This was calculated using ACC DALYs, further explained in: <https://silo.tips/download/new-zealand-estimates-of-the-total-social-and-economic-cost-of-injuries-for-all>.

⁵ This is based on return of key quality improvement programmes against our total funding of approximately \$170 million since 2011.

⁶ Health Quality & Safety Commission. 2022. *A window on quality 2022: COVID-19 and impacts on our broader health system (Part 2) | He tirohanga kounga 2022: Me ngā panga ki te pūnaha hauora whānui (Wāhanga 2)*. Wellington: Health Quality & Safety Commission. URL: www.hqsc.govt.nz/resources/resource-library/a-window-on-quality-2022-part-2-whakarapopotanga-matua-he-tirohanga-kounga-2021-wahanga-2.

Some specific examples follow.

- Shortages persist in areas of the health workforce, such as nursing, allied health and medicine, especially in primary and community care settings. There are indications that the primary and community care sector is under stress.⁷
- Our patient surveys within primary care (see page 10) show that experience of care has remained consistently high in recent months. However, access barriers continue to increase, worsening health inequity.
 - Our survey data shows that Māori, Pacific peoples and disabled people are more likely to report a time in the last 12 months when they wanted care but could not get it.⁸
 - Immunisation rates for 2-year-olds have decreased and become more inequitable since 2016. Despite small improvements in overall uptake and equity in 2019, the impact of COVID-19 has reversed these improvements. There is currently an 83 percent immunisation rate for 2-year-olds, with a 15 percent gap between Māori and non-Māori, non-Pacific children.
 - There have also been negative impacts on screening for breast and cervical cancer for Māori and Pacific peoples. For example, since 2016, cervical screening coverage has declined from 74 percent to 55 percent for Māori women, and from 76 percent to 54 percent for Pacific women. Coverage for non-Māori, non-Pacific women also declined in the same period, but much less, from 80 percent to 75 percent.
- Poor access to primary care is associated with inadequate prevention and management of chronic diseases, delayed diagnoses and less effective treatment. As a result, pressures in primary and community care are causing flow-on effects to other areas within the health system.
- There is increased pressure on our emergency departments, with less than 70 percent of patients being treated within 6 hours. This is due to a combination of factors, particularly hospital flow challenges arising from reduced capacity. Seventy-five percent of survey respondents who attend an emergency department stated they did so because they were experiencing a serious or life-threatening episode, while issues of waiting time elsewhere are mentioned by 8 percent of respondents. These responses are confirmed by data from hospitals.
- Ambulatory sensitive (avoidable) hospital admission rates for children aged 0–4 years in some parts of the country are increasing around 30 percent.
- Access to community mental health services following discharge is reducing. We are also observing that demand for specialist mental health services is pushing care back onto primary care, which is unable to meet patient needs.
- The mismatch of supply and demand is made worse by the impact of the current health system restructures, which have resulted in a loss of local quality structures that were built into district health boards, with key staff holding interim positions. Most notably, there has been a delay in the development of local, regional and national clinical governance, limiting escalation of clinical governance concerns.

⁷ *Ibid.*

⁸ Te Tāhū Hauora. (nd). Adult primary care patient experience explorer. Wellington: Te Tāhū Hauora. URL: <https://reports.hqsc.govt.nz/APC-explorer>.

- One impact of instability in the sector can be seen in the decreased capacity of those within the health system to engage with quality improvement and assurance activities, such as the reporting of quality indicators, responding to quality alerts and attending quality improvement education programmes. There is also decreased capacity and capability to engage with consumers and whānau, and give effect to the code of expectations. The next phase of the health reforms will be an important period for addressing these challenges so the intended benefits of change can be achieved.
- Te Tāhū Hauora has hospital improvement programmes with outcome measures. These show that, despite the current pressures and challenges in health care workers undertaking quality activities, rates of postoperative infection, cardiac arrests in hospital associated with patient deterioration and falls causing a fractured neck of femur have reduced in recent years (see page 11). This speaks to a commitment among our health workforce to provide high-quality care. However, the pressures of engaging with quality activities makes this situation relatively delicate. We also know that these indicators have a time lag and may not accurately reflect the current state of the system.

We have heard from consumers and whānau that the challenges outlined above, combined with the current increase in the 'cost of living', have created barriers to adequate quality and quantity of food, housing and health services. Significant future health impacts are therefore likely.

We have work underway to address the mentioned challenges, as outlined below. We will continue to monitor and report on significant trends and support you to develop solutions (including targets) across key areas, where relevant.

Many of these complex challenges cannot be addressed by one health agency. We learned through the COVID-19 response the importance of local and cross-sector initiatives in bringing about effective solutions. Collaboration and collective effort will be essential for creating meaningful progress and solutions. We will support you as the Minister of Health to draw on the strengths of all agencies, and consumers and whānau, to respond to quality challenges.

How we work and how we support you

One of our core functions is to give you, the Minister of Health, an independent, credible assessment of the quality and safety of health services to support your leadership of the health system.

We can provide advice and guidance on opportunities for quality improvement and, when possible, support for their implementation. We directly support the system's quality by providing insights, expertise and tools, collaborative relationships, and operating as an independent and trusted advisor. We are drawing on the learnings and experience of our national mortality review function to make recommendations on system-wide quality and safety challenges.

Over the last 10 years we can demonstrate we have supported improvements to our health system that have provided 1,600 years of healthy life to New Zealanders.

We adapt and refine our measures, monitoring and improvement support in response to sector and consumer feedback, ensuring our ongoing commitment towards a shared goal of improved health quality and safety.

Our strategic direction summarises how we work towards our vision of 'Quality health for all' (Figure 1).

Figure 1: The strategic direction of Te Tāhū Hauora



The Pae Ora Act sets a clear direction for the health system to give effect to the principles of Te Tiriti o Waitangi, and work towards health equity for all.

Embedding and enacting Te Tiriti o Waitangi and pursuing health equity underpin our work as our enduring priorities. Our health equity focus supports improved health quality for Māori and other groups experiencing persisting inequities, such as Pacific peoples, disabled people, migrants, refugees, women, rainbow communities and people living in rural areas.

We have strong partnerships and actively collaborate with other agencies and key stakeholders (involve) to measure, analyse, share and advise (inform); to influence thinking and action (influence); and to coordinate, support and facilitate measurable improvement (improve). This is our mission and defines the way we work.

Our work programme is structured to meet our legislative objectives and functions and align with our five strategic priorities. Key priority areas of work are outlined below. More

information on our ongoing work programmes within our strategic priorities is in our Statement of Intent 2023–27⁹ and Statement of Performance Expectations 2023/24.¹⁰

Improving experience for consumers and whānau

Consumer engagement

The Pae Ora Act formalises our role in consumer engagement, directing us to support the health sector to actively engage with consumers and whānau so their perspectives can be incorporated into the design, delivery and assessment of services.

Section 59 of the Pae Ora Act also directs Te Tāhū Hauora to develop a code of expectations for the purpose of supporting consumer and whānau engagement in the health sector and enabling consumer and whānau voices to be heard. The code of expectations was launched in August 2022. We have published implementation guidance and other resources to help the sector implement the code and continue to support health entities to use these resources.

We have established the consumer health forum Aotearoa, which has around 900 members and aims to increase the diversity of consumer and whānau voices involved in the health sector. We continue to prioritise membership for groups who experience inequity such as Māori, Pacific peoples and disabled people.

Our national forum event, 'Ō mātou reo | Our voices' will take place on 15 May 2024 in Auckland. We welcome you to open this event with a keynote address and will contact your office with more information in early 2024.

We are committed to ensuring the voices of consumers and whānau are integral to our activities. As an example, concerns about surgical mesh, raised by consumers over several years, prompted our involvement in efforts led by Manatū Hauora to reduce the risk of harm from surgical mesh.

In late 2022, we became aware of continued harm from surgical mesh insertion, including challenges in obtaining treatments for these harms. Together with the Health and Disability Commissioner, we formally wrote to Manatū Hauora and Te Whatu Ora about this and continue to support the system to action our recommendations through the Surgical Mesh Roundtable.

The Director-General of Health recommended a time-limited pause on the use of mesh for stress urinary incontinence, effective 23 August 2023. This pause will remain until specified conditions, aligned with the recommendations made by Te Tāhū Hauora and the Health and Disability Commissioner to minimise related harm for women, are met.

⁹ Te Tāhū Hauora. 2023. *Tauākī Koronga | Statement of Intent 2023–27*. Wellington: Te Tāhū Hauora. URL: www.hqsc.govt.nz/resources/resource-library/tauaki-koronga-statement-of-intent-202327.

¹⁰ Te Tāhū Hauora. 2023. *Statement of Performance Expectations | Ngā Paearu Mahi 2023/24*. Wellington: Te Tāhū Hauora. URL: www.hqsc.govt.nz/resources/resource-library/statement-of-performance-expectations-nga-paearu-mahi-202324.

Patient experience surveys

Te Tāhū Hauora collects patient-reported measures through validated and standardised quarterly surveys, which enable systematic collection, analysis, and reporting.

- The adult hospital inpatient experience survey has been running since 2014; it invites around 50,000 patients per year and receives feedback from around 12,000.
- The adult primary care patient experience survey has been running since 2016; it invites nearly 1 million patients per year and receives around 140,000 responses.
- The adult hospital outpatient experience survey began in June 2023.

The programme is being expanded to include patient-reported outcome measures for the first time, which will provide important information on the health of our enrolled population.

Enabling the workforce

To advance quality improvement, we support the health workforce to use quality improvement knowledge, methods, skills, tools and measurement.

We are also building capability in system safety and restorative approaches through our healing, learning and improving from harm: national adverse events policy 2023,¹¹ which advocates for hohou te rongo (peace-making from a te ao Māori world view).¹²

Strengthening systems for quality services

We provide support and facilitate programmes aimed at directly addressing specific quality and safety challenges. Examples of improvements resulting from these programmes are shown in the table below, and more information is in our Annual Report 2022/23.¹³

¹¹ Te Tāhū Hauora. 2023. Healing, learning and improving from harm: National adverse events policy 2023. Wellington: Te Tāhū Hauora. URL: www.hqsc.govt.nz/resources/resource-library/national-adverse-event-policy-2023.

¹² These restorative responses are a shift from an approach perceived to be punitive to a more relational, empathetic and healing-centred approach in the aftermath of harm.

¹³ Te Tāhū Hauora. 2023. *Annual Report 2022/23 | Pūrongo ā-tau 2022/23*. Wellington: Te Tāhū Hauora. URL: www.hqsc.govt.nz/resources/resource-library/annual-report-202223-purongo-a-tau-202223/.

Improvements	Avoided direct cost (\$ m)	Avoided disability-adjusted life years (DALYs) lost ¹⁴	Value of avoided DALYs loss (\$ m) ¹⁵
242 avoided in-hospital fractured neck of femurs since 2014	\$11.4	397	\$90
138 avoided infections from heart surgery since 2018	\$5.5	69	\$16
130 avoided infections from hip and knee surgery since 2016	\$5.2	65	\$15
308 avoided postoperative deep-vein thrombosis/pulmonary embolism cases between 2013 and 2020 ¹⁶	\$6.5	185	\$42
Improved trauma care reducing DALYs loss ¹⁷		932	\$211
266 avoided in-hospital cardiac arrests since 2019 through consistent use of early warning scores	We are currently working to calculate the estimated cost savings and DALY implications of this 20 percent reduction in in-hospital cardiac arrests		

We have a mental health and addiction quality improvement programme underway. Priority focus areas, developed with stakeholders from the mental health sector, include reducing seclusion episodes and duration in adult units, improving screening and treatment for consumers at increased risk of diabetes and heart disease due to their medication and supporting medication management following discharge from mental health and addiction inpatient settings.

Convening the Quality Forum

Many of the challenges facing the system today cannot be addressed fully by a single health entity; instead, they necessitate collaboration among agencies.

Alongside Manatū Hauora, we convene the national Quality Forum, agreed by the Health Leadership Forum. It is the peak body that brings together key national agencies¹⁸ and consumer and whānau representatives to share, discuss and address system-wide quality

¹⁴ This is a measure of the number of years of healthy life gained as a result of avoiding harm. These are based on estimations of DALY loss associated with a range of complications calculated by:

- Jha et al. 2013. The global burden of unsafe medical care: analytic modelling of observational studies, *BMJ Qual Saf* 22: 809–15. URL: <https://qualitysafety.bmj.com/content/22/10/809>
- Cassani et al. 2016. Burden of six healthcare associated infections on European population health: estimating incidence-based disability adjusted life years through a population prevalence based modelling study. *PLOS Medicine* 13(1): e1002150. URL: <https://pubmed.ncbi.nlm.nih.gov/27755545>.

¹⁵ Based upon a method for turning Value of a Statistical life into DALYs developed by ACC in O’Dea D and Wren J: New Zealand estimates of the total social and economic cost of ‘all injuries’ and the six priority areas (see: <https://silo.tips/download/new-zealand-estimates-of-the-total-social-and-economic-cost-of-injuries-for-all>) respectively, at June 2008 prices.

¹⁶ Since 2021, an effect of COVID-19 has been an increase in the number of postoperative deep-vein thrombosis/pulmonary embolism cases.

¹⁷ Gabbe BJ, Isles S, McBride P, et al. 2022. Disability-Adjusted Life Years and cost of health loss of hospitalised major trauma patients in New Zealand. *NZ Med J* 135(1563): 62–9.

¹⁸ National agencies represented at the Quality Forum include Te Whatu Ora, Te Aka Whai Ora, Manatū Hauora, the Health and Disability Commissioner, New Zealand Blood Service and Pharmac.

and safety issues. Our independence from policy, regulatory, funding, commissioning and service delivery roles is essential for us to convene the forum.

The Quality Forum meets every quarter and acts as an escalation point for quality concerns that cannot be managed within localities or regions, or that require cross-health sector or cross-government attention and intervention.

At the request of the Health Leadership Forum, an extraordinary Quality Forum will be held in early December 2023 focused on issues in maternity care. A range of central agencies, clinical associations and consumer groups are attending.

We can provide a briefing on the Quality Forum upon request.

Clinical governance framework development

We are developing an updated clinical governance framework to help embed the health system's clinical governance infrastructure, so clear and consistent escalation pathways can be developed locally, regionally and nationally.

The framework meets the expectations of the Pae Ora Act and builds on the foundations and strengths of our previous clinical governance guidance.¹⁹ It will incorporate principles articulated in the 2019 *Hauora* report.²⁰ It will also reflect the reformed health system and draw on insights gained from the COVID-19 response and from the development of our Te Ao Māori Framework.²¹

We continue to engage closely with Te Whatu Ora and Te Aka Whai Ora on this work.

We will provide the clinical governance framework for your noting before it is published.

Leading health quality intelligence

Te Tāhū Hauora is the central point in the health system for analysing and reporting on health quality, safety and improvement, and monitoring key quality indicators over time.

We provide interactive online tools for sector and public use, spanning 300 measures of health care quality, and we know that these are well used. We are committed to measurement that prioritises health inequity and clearly identifies the population groups that experience these inequities.

¹⁹ Health Quality & Safety Commission. 2017. *Clinical Governance – guidance for health and disability providers*. Wellington: Health Quality & Safety Commission. URL: www.hqsc.govt.nz/resources/resource-library/clinical-governance-guidance-for-health-and-disability-providers.

²⁰ Waitangi Tribunal. 2019. *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry*. Wellington: Waitangi Tribunal.

²¹ Due to time constraints in the health sector caused by workforce pressures and a focus on the health reforms, we have discontinued development and promotion of the Te Ao Māori Framework. We are concentrating on supporting existing frameworks and using insights from the framework's development to inform other initiatives, in particular the clinical governance framework.

We analyse risk of harm through:

- quality alerts, which bring together widespread sources of data
- quality and safety markers, which are a more comprehensive form of targets from the early 2010s, which linked process targets to expected safety outcomes²²
- mortality surveillance systems to support improvements to our national mortality review function.

Equity and variation are a particular focus of:

- the Atlas of Healthcare Variation, a multi-indicator, online-only approach to presenting data that remains highly used by the system²³
- many other bespoke reporting tools covering specific issues commissioned by third parties.

Overall system performance is covered by:

- the dashboard of health system quality,²⁴ which brings together aspects of safety, effectiveness, patient experience and equity, showing patterns of results for related measures, changes over time and variation between different parts of the country
- a detailed series of narrative reports (including our 'window on quality' series), which cover different aspects of health service quality.

We are currently working in partnership with three iwi-Māori partnership boards and one locality to develop ways to provide meaningful data and intelligence about their specific regions. This work supports their analysis of issues and trends to then improve services to best meet the needs of their populations.

Te Tāhū Hauora is well placed to support you in monitoring the effects of system change. We can expand our measures to focus on specific areas of the system that you wish to know more about.

Developing health targets

We have a track record of designing measurement systems for the quality and safety of health care that are meaningful and useful and have led to genuine improvement. We have advised and supported Manatū Hauora and Te Whatu Ora in developing measurement frameworks. For example, our advice informed a 2019 Cabinet paper on the development of the Health System Indicators Framework.

We also recently created a measures library for quality measures, which supports the sector by providing data, methodologies and rationale for nearly 200 measures published by Te Tāhū Hauora and ACC. We will expand the measures library in coming years, collaborating with the sector to make this a hub for all relevant health quality measures.

²² Te Tāhū Hauora. (nd). Quality & Safety Markers. Wellington: Te Tāhū Hauora. URL: www.hqsc.govt.nz/our-data/quality-and-safety-markers.

²³ Te Tāhū Hauora. (nd). Atlas of Healthcare Variation. Wellington: Te Tāhū Hauora. URL: www.hqsc.govt.nz/our-data/atlas-of-healthcare-variation.

²⁴ Te Tāhū Hauora. (nd). Dashboard of health system quality. Wellington: Te Tāhū Hauora. URL: www.hqsc.govt.nz/our-data/quality-dashboards/dashboard-of-health-system-quality.

As part of our role, we have observed and learnt from targets that have been implemented overseas and in Aotearoa New Zealand. In our observations, targets work over short periods of time when connected closely to policy goals. If they are not regularly reviewed, or closely linked to a coherent policy framework, targets can become less useful and are more likely to lead to unintended consequences, such as the development of gaming behaviours.

We understand how measurement align with wider system processes to work successfully. Through our independent role in the system, we are well placed to monitor performance against targets.

We can advise you on the development of health targets, and how they can be implemented to maximise benefits and minimise potential risks.

Guiding improvement to prevent early mortality

Te Tāhū Hauora has held legislative responsibility for the national mortality review function since our establishment. Until 30 June 2023, we carried out this function through five mortality review committees, which focused on reviewing and reporting on data regarding specific types of premature deaths, with the aim of preventing such deaths in the future.²⁵

In response to the Minister of Health's 2021/22 Letter of Expectations, we conducted an independent review of our mortality review structures. As a result, we reformed the national mortality review function and established the single National Mortality Review Committee on 1 July 2023. Information on the eight current committee members, appointed by the Board of Te Tāhū Hauora, is on our website.²⁶

Section 82 of the Pae Ora Act gives the National Mortality Review Committee powers to acquire and use information and set up the regime that applies to that information and those accessing it. This includes obligations of confidentiality and offence provisions for non-compliance.

The reformed national mortality review function strengthens the core structure of our mortality review process by enabling the committee to address inequitable and preventable mortality that cut across specific populations and causes, and to strengthen the uptake and impact of resulting recommendations. The function is now more consolidated, and we are modernising how data is stored and presented so information on preventable mortality is up-to-date and more accessible.

We can provide a further briefing on the history, current state and future direction of the national mortality review function on request.

There is a range of mortality review reports planned for publication in 2024. We will share these with you for noting before publication, where appropriate.

²⁵ The five mortality review committees in place until 30 June 2023 were the Child and Youth Mortality Review Committee, Family Violence Death Review Committee, Perinatal and Maternal Mortality Review Committee, Perioperative Mortality Review Committee and Suicide Mortality Review Committee.

²⁶ See: www.hqsc.govt.nz/our-work/mortality-review-committees/national-mortality-review-committee/meetings-and-members.

Financial information

Our role in the health system has grown over the last 13 years, and so too has our organisation.

In 2023/24, Te Tāhū Hauora received Crown funding of \$18.2 million (including \$1.4 million of historic cost pressure funding ending 2023/24). This is a total of around 0.069 percent of Vote: Health.

Between 2011 (when we were established) and 2021, Te Tāhū Hauora did not receive any uplifts in core funding.

Following a successful budget bid in 2021/22, we received \$1.4 million per annum towards addressing historic cost-pressure funding, appropriated for a 3-year period ending 2023/24. This allowed us to sustain existing work programmes we developed in response to sector needs and deliver on our new functions when the Pae Ora Act was enacted.

Our overview of quality and safety in the health system has never been more important, and our current baseline funding is insufficient to carry out our work programmes in alignment with the Pae Ora Act. We are working with Manatū Hauora and Treasury through the Budget '24 process for the \$1.4 million historical cost-pressure funding continuing into outyear baselines so our work programme can continue in its current form.

In addition to our core funding, specific improvement programme revenue from ACC, Manatū Hauora and Te Whatu Ora is budgeted at \$4.7 million for 2023/24.²⁷

We are committed to cost and growth control and are prioritising our work within our funding levels, so we best deliver on our objectives under the Pae Ora Act. We have 110 full-time equivalent staff to carry out our functions.

We maintain sound management of public funding by complying with relevant requirements of the Public Service Act 2020, the Public Finance Act 1989 and applicable Crown entity legislation. We continue to be prudent and work within our agreed Crown funding levels set out in our Statement of Performance Expectations 2023/24.

²⁷ Third-party funded programmes for the 2023/24 financial year are advance care planning, healthcare-associated infections, major trauma quality improvement programme, mental health and addiction quality improvement programme and patient experience surveys. More information can be found in our Statement of Performance Expectations 2023/24.

Appendix 1: Summary of our organisational objectives and functions in the Pae Ora (Healthy Futures) Act 2022

1. Our objectives in legislation are:
 - a. **monitoring and improving** the quality and safety of services; and
 - b. **helping providers** to improve the quality and safety of services.²⁸
2. Our functions in legislation can be summarised as to:
 - a. **advise the Minister** on health quality, epidemiology and mortality
 - b. determine measures and other key quality information
 - c. **publicly report and disseminate information** about the quality and safety of services
 - d. **promote and support** better quality and safety in services
 - e. **support the health sector to engage with consumers and whānau to ensure their perspectives are reflected in the design, delivery and evaluation of services**
 - f. **make recommendations related to health quality.**²⁹
3. Te Tāhū Hauora is also charged with **appointing mortality review committees and directing their functions**, supporting their administration, legal framework, work programme and reporting on their progress.³⁰
4. Importantly, in performing our functions, Te Tāhū Hauora must, to the extent we see as appropriate, **work collaboratively with a wide range of stakeholders**: Manatū Hauora; the Health and Disability Commissioner; Te Whatu Ora; Te Aka Whai Ora; providers, professional bodies; consumer groups and any other organisations, groups or individuals with an interest in our work.³¹

²⁸ Section 79, Pae Ora (Healthy Futures) Act 2022, see: www.legislation.govt.nz/act/public/2022/0030/latest/versions.aspx

²⁹ Section 80 (1), Pae Ora (Healthy Futures) Act 2022, see: www.legislation.govt.nz/act/public/2022/0030/latest/versions.aspx

³⁰ Section 82, Pae Ora (Healthy Futures) Act 2022, see: www.legislation.govt.nz/act/public/2022/0030/latest/versions.aspx

³¹ Section 80 (2), Pae Ora (Healthy Futures) Act 2022, see: www.legislation.govt.nz/act/public/2022/0030/latest/versions.aspx

Appendix 2: Who we are

Our te reo Māori name

Our legislative name is the Health Quality and Safety Commission. In early 2023, we launched our new te reo Māori name, Te Tāhū Hauora. This name reflects how we see ourselves within the reformed health system, our intent on embedding and enacting Te Tiriti o Waitangi, and our leadership in quality, safety and improvement across the health sector.

More information about our te reo Māori name is on our website.³²

Te Tāhū Hauora Board

Te Tāhū Hauora is governed by a Board of up to nine members appointed by the Minister of Health under section 28 of the Crown Entities Act 2004.

Rae Lamb is the current Board Chair, beginning in the role in June 2023. She was previously Deputy Chair, appointed in October 2019. She has an extensive background in journalism and has worked in statutory roles as New Zealand's Deputy Health and Disability Commissioner and as Australia's Aged Care Commissioner. She is now chief executive officer of Te Pou and Blueprint for Learning, a non-governmental organisation focused on developing the mental health, addiction and disability workforce.

More information on our Board members is on our website.³³



Board of Te Tāhū Hauora. From left: Shenagh Gleisner, Dr Tristram Ingham, Tereki Stewart, Professor Peter Crampton, Rae Lamb (Chair), David Lui, Professor Ron Paterson, Dr Andrew Connolly [seated] (Deputy Chair), Dr Jenny Parr.

³² See: www.hqsc.govt.nz/about-us/our-name-and-visual-identity.

³³ See: www.hqsc.govt.nz/about-us/our-people/board-members.

Te Tāhū Hauora Chief Executive

Te Tāhū Hauora is led by Chief Executive Dr Peter Jansen (Ngāti Hinerangi, Ngāti Raukawa), who took up the role in May 2023.

He is a specialist medical practitioner with extensive experience in health service governance, management, research and service delivery. He was most recently the medical advisor to the Accident Compensation Corporation (ACC).

Dr Jansen is a distinguished Fellow of the Royal New Zealand College of General Practitioners for his work on cultural competence and health equity for Māori. He was also one of the first Board members when Te Tāhū Hauora was established in late 2010 as the Health Quality & Safety Commission.

