

**Te Tāhū Hauora**  
Health Quality & Safety  
Commission



# Tauākī Koronga

STATEMENT OF INTENT

2023-27



Presented to the House of Representatives pursuant to section 150 of the Crown Entities Act 2004

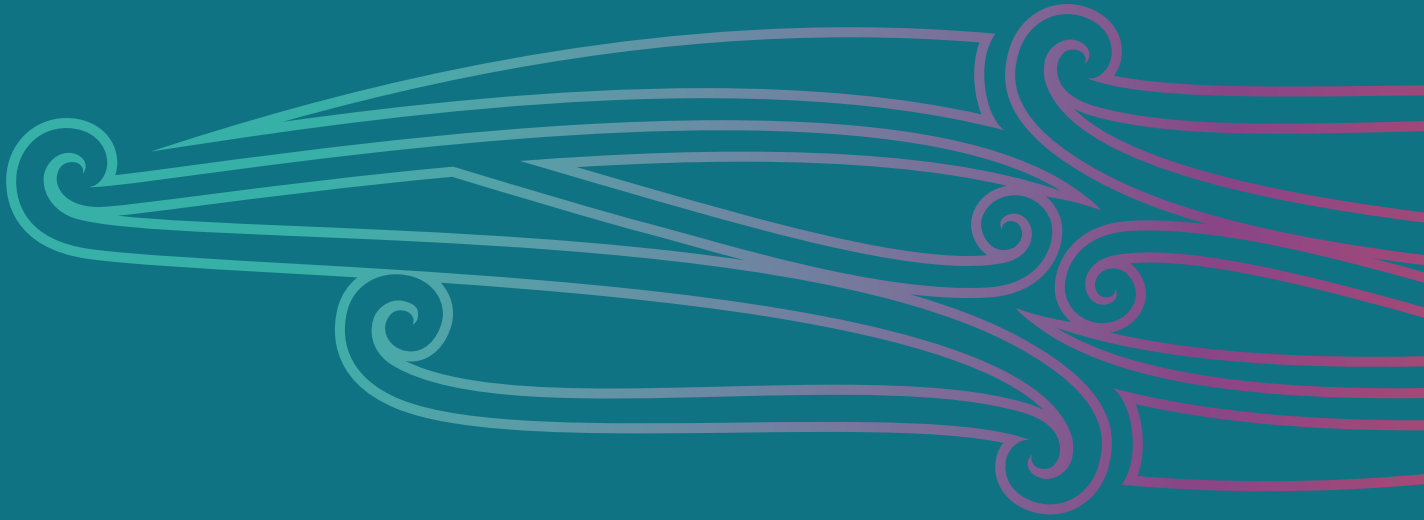
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## Whakataukī

Ma mua ka kite a muri,  
ma muri ka ora a mua.

Those who lead give sight to those who follow,  
those behind give life to those ahead.

# Rārangi take

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# Tauākī a te poari

## Board statement

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

**Rae Lamb**

Chair

29 June 2023

**Dr Andrew Connolly**

Deputy Chair

29 June 2023



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# Kupu whakataki

## Foreword

This is an exciting time for health quality in Aotearoa New Zealand. We are embedding the Pae Ora (Healthy Futures) Act 2022 (the Pae Ora Act)<sup>1</sup> and health system reform. These system shifts will require the whole health sector to work in new ways, building stronger relationships and partnerships both with each other and with the people we serve.

We welcome these changes and the improvement opportunities they will bring. Reforms have confirmed the central role of Te Tāhū Hauora Health Quality & Safety Commission (Te Tāhū Hauora) in health quality improvement and further strengthened our ability to lead and guide the health sector to improve.

This Te Tāhū Hauora Statement of Intent (SOI) 2023–27 begins with our whakapapa, discussing where we have come from and the journey we have been on. We discuss the context we are currently working in, how we are responding and the strategic intent we are setting for our next steps.

Our new te reo Māori name, Te Tāhū Hauora, marks the start of the next phase for our organisation. It is an honour for us to carry this name. Our name reflects how we see ourselves within the reformed health system, our intent on being a Te Tiriti o Waitangi partnership organisation and our work in quality, safety and improvement across the health sector. The tāhū forms the ridge pole in a whareniui, providing strength and protection to those inside. Like the tāhū, Te Tāhū Hauora provides a constant, strong centre for health quality improvement, guiding increased protection and better health services for those who use health care.

Te Tāhū Hauora cannot improve quality alone. Instead, we work with and through others to influence improvement. We influence by monitoring and reporting measures of quality and safety; by providing advice, tools and resources that are respected and valued; by providing improvement results that are measurable; and through strong reciprocal relationships and partnerships with those who can improve health services and systems.

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<sup>1</sup> Pae Ora (Healthy Futures) Act 2022. URL: [www.legislation.govt.nz/act/public/2022/0030/latest/versions.aspx](http://www.legislation.govt.nz/act/public/2022/0030/latest/versions.aspx) (accessed 23 April 2023).

Our recent organisation review, undertaken to inform the development of this SOI, recommended that we push harder for change.<sup>2</sup> Our reviewers recommended that Te Tāhū Hauora should strengthen and increase its influence in the reformed system. In addition to identifying areas for improvement and providing support as before, the reviewers suggest taking a more proactive and visible role to ‘lead out with influence’ to drive sector-wide improvement and impact.

This SOI sets out our commitment to embed the key foundations of health quality into the health system of Aotearoa New Zealand as it changes, reforms and resets. In our SOI, both our enduring and our strategic priorities directly reflect what we see as these foundations. We will draw on all our strengths, including the new ones gained from the Pae Ora Act, to lead out with influence, actively championing these health quality foundations through our reformed health system over the next 4 years.

Finally, we are farewelling leaders who shaped and guided Te Tāhū Hauora on our journey to become what we are today. At the same time, we are welcoming back another leader, who will take us into the future.

This year, we farewelled Dr Dale Bramley, who was appointed by the Minister of Health to our board in 2014 and as Te Tāhū Hauora Board Chair in 2019. Dr Bramley led the governance, direction and oversight of Te Tāhū Hauora through this time.

We also farewelled Dr Janice Wilson, the chief executive who guided and shaped Te Tāhū Hauora since our inception in 2011, developing and supporting the strong team that makes up Te Tāhū Hauora today.

We recognise the huge contribution that both these key leaders have made to our organisation’s success and wish them well in their future endeavours. We are confident that both these leaders will maintain close links with Te Tāhū Hauora and continue to support our important work.

We also have the pleasure of welcoming back one of the first board members of Te Tāhū Hauora, Dr Peter Jansen (Ngāti Hinerangi and Ngāti Raukawa), as our tumuaki chief executive. Dr Jansen brings broad health sector leadership expertise extending across primary care, the Accident Compensation Corporation, clinical governance, cultural competence and health equity for Māori. Dr Jansen will bring his leadership to guide and shape the contribution of Te Tāhū Hauora, assisting us in our future work, leading out with influence, across the health sector.



**Rae Lamb**

Board Chair | Te Tāhū Hauora

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2 Te Tāhū Hauora Health Quality & Safety Commission. 2023a. *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 Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/independent-performance-review-report-2023](http://www.hqsc.govt.nz/resources/resource-library/independent-performance-review-report-2023). (To be published 13 July 2023.)



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# 1. Kupu arataki

## Introduction

The Pae Ora Act sets a clear direction for the reformed health system and health quality.<sup>3</sup> It requires the health system to give effect to the principles of Te Tiriti o Waitangi,<sup>4</sup> to engage with consumers<sup>5</sup> and whānau,<sup>6</sup> and to work for health equity.

These are key health quality goals that Te Tāhū Hauora, in our work to improve health quality and safety across Aotearoa New Zealand, has also been focused on advancing.

The Pae Ora Act has confirmed our role in health quality and safety and strengthened our functions so we can do even more to guide improvement in the reformed system. This SOI discusses the direction we have set for the next 4 years.



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3 Health and Disability System Review. 2020. *Health and Disability System Review – Final Report – Pūrongo Whakamutunga*. Wellington: Health and Disability System Review. URL: [www.health.govt.nz/publication/health-and-disability-system-review-final-report](http://www.health.govt.nz/publication/health-and-disability-system-review-final-report) (accessed 20 April 2023).

4 See 'Embedding and enacting Te Tiriti o Waitangi' in Section 3: Heke, for more information

5 Te Tāhū Hauora recognises there are many views about who a 'health consumer' is. We use 'consumer' across our work to refer to anyone who has used, is currently using or is likely to use a health service. This includes but is not limited to individuals, community members, whānau and family, carers, patients and tangata whaiora. It includes voices of Māori, Pacific peoples, disabled people, migrants, refugees, rainbow communities and people living in rural areas. This term resonates with some people more than others. It is important that people and communities use the language they feel most comfortable with and whichever term resonates with them.

6 The term 'whānau' can include the direct family group, the extended family group, the primary unit of support and, sometimes, friends with no kinship ties to other members. It is a concept that supports inclusive relationships between people. Whanaungatanga is an active expression of whānau, conveying connection and a sense of belonging through close relationships with each other. It is up to the consumer and those closest to them to communicate who is in their 'whānau'. It is important that health staff never assume who is in or outside of the consumer's whānau.



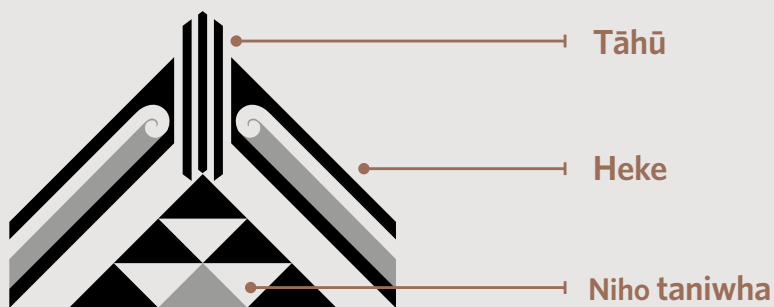
## Engaging with stakeholders and taking their advice

As an improvement organisation, we actively review and reflect on our own performance and how we can have the greatest impact on health quality and safety. We draw on the knowledge and experience of expert external reviewers and stakeholders to guide us.

In 2019, we completed an extensive self-review process<sup>7</sup> to inform our SOI 2020–24. We have completed a second, more focused performance review with the same external reviewers, Dame Karen Poutasi,<sup>8</sup> Darrin Sykes MNZM<sup>9</sup> and Teresa Wall,<sup>10</sup> to inform the development of this SOI.

The external reviewers engaged with key stakeholders to assess how our efforts are viewed across the health sector and where and how we most need to focus our efforts over the next 4 years to guide health quality and safety in our reformed system. The review findings have underpinned the development of our strategic intent within this SOI.<sup>11</sup>

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- 7 Health Quality & Safety Commission. 2019a. *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*. Wellington: Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/self-review-report-based-on-the-performance-improvement-framework-purongorongo-arotake-whaiaro-i-whai-i-te-anga-whakapiki-whakaaturanga](http://www.hqsc.govt.nz/resources/resource-library/self-review-report-based-on-the-performance-improvement-framework-purongorongo-arotake-whaiaro-i-whai-i-te-anga-whakapiki-whakaaturanga) (accessed 20 April 2023).
  - 8 Dame Karen Poutasi is an experienced director, is currently on the board of Te Whatu Ora and chairs both Taumata Arowai and Kāpuhipuhi/Wellington Uni-Professional. She has held senior management roles in the public service, including as director-general of Health and most recently as chief executive of the New Zealand Qualifications Authority. Her background is as a medical practitioner, specialising in public health medicine.
  - 9 Darrin Sykes MNZM JP CMinstD (Ngāti Rangitahi and Ngāti Awa) is currently the deputy chief executive, organisational capability and services at the Department of Internal Affairs Te Tari Taiwhenua. He was most recently the deputy chief executive, organisational services at the Office for Māori Crown Relations – Te Arawhiti. Darrin has worked in the Māori Crown relations space for over 20 years, including as chief executive, Crown Forestry Rental Trust; acting deputy secretary support services, Te Puni Kōkiri; and director, Waitangi Tribunal. Darrin has also held several directorships on governing boards, including as director and chair for a national sporting body for 23 years; Capital & Coast District Health Board government appointee 2010–19, where he was deputy chair and then chair of the finance, risk and audit committee; and Sport New Zealand board member government appointee 2013–20.
  - 10 Teresa Wall (Te Rarawa, Te Aupōuri) started her professional life as a nurse specialising in renal care at Wellington regional hospital. She has spent many years as a health official working in central government, starting in a policy analyst role progressing to being a member of the Ministry of Health executive team as the deputy director-general Māori Health as well as serving for a short period as the deputy director-general of Policy and Strategy. Since leaving the Ministry of Health, as director of Wall Consultants she has focused on providing consultancy services to organisations to strengthen their Māori health and equity focus.
  - 11 Te Tāhū Hauora Health Quality & Safety Commission 2023a, *op. cit.*



## The structure of this SOI

This SOI has been structured based on our tohu,<sup>12</sup> or visual identity, which is aligned to our te reo name, Te Tāhū Hauora. Both reflect how we see ourselves within the reformed health system.

Our tohu visually demonstrates our commitment to Te Tiriti o Waitangi-based partnerships and to providing leadership and guidance to catalyse quality, safety and improvement across the health sector. Our tohu is made up of three key components: the tāhū, the heke and the niho taniwha.



The **tāhū** is the ridge pole in a whareniui, which provides strength and protection to those inside. Like the tāhū, Te Tāhū Hauora is at the centre of health quality and safety in Aotearoa New Zealand. Section 2 of this SOI, titled Tāhū, shares our whakapapa, outlining how we have strengthened and broadened our expertise over time so that we can guide health services, systems and the entire sector to improve. This section details how the Pae Ora Act has confirmed our role and further strengthened our ability to influence quality so that people benefit from improved services.



The **heke** are the rafters that uphold the tāhū and secure it in place. The heke represent the mission and priorities of Te Tāhū Hauora. Our priorities reflect the foundations of health quality and safety that we work to embed and progress. The two koru on the heke represent enactment of Te Tiriti o Waitangi through Māori and Crown partnerships, which we are on a journey towards. Section 3, titled Heke, shares our strategic intent, which builds on our strengths to take our work forward.



The **niho taniwha** is the protection that the tāhū and heke create for the people. Section 4, titled Niho taniwha, reflects how we link our role, strengths and expertise (tāhū) with our strategic direction (heke) to focus our efforts. In this section, we explain the work that we do across our strategic priorities to guide services and the system to improve. We also discuss how we measure our progress toward our goals.

Section 5, the final section in this SOI, discusses our organisation's health and capability and our efforts to continually strengthen these.

<sup>12</sup> Tohu design by Len Hetet. See: [www.hqsc.govt.nz/about-us/our-name-and-visual-identity](http://www.hqsc.govt.nz/about-us/our-name-and-visual-identity)



## 2. Tāhū

The **tāhū** is the ridge pole in a wharengū, which provides strength and protection to those inside. The lines running through the centre represent the three strands that, when woven together, create a strong bind. This represents the three strands that make up Te Tāhū Hauora: quality, safety and improvement. The tāhū also relates to strength and unity, which gives it integrity.

This section discusses our whakapapa, the journey that has led our organisation to become what it is today. Like the tāhū, we form a central point for health quality and safety in Aotearoa New Zealand, guiding improvement across health systems and services so that people benefit from equitable quality health care. Our vision of 'Hauora kouniga mō te katoa | Quality health for all' remains constant. As we work toward this vision, we draw on the new functions that we have been given through the Pae Ora Act, strengthening our contribution and influence further.



## Where we have come from

When Te Tāhū Hauora was established, quality experts argued that an organisation like ours was crucial if Aotearoa New Zealand was to have sustained, better-quality and better-value health care. A health quality organisation would need a strong mandate to catalyse quality-related activities, the ability to coordinate quality initiatives at a national level and strong clinical engagement and support. That vision was the start of our organisation's journey.

Te Tāhū Hauora was developed to stand and operate independently of health quality roles associated with delivery, commissioning, regulation and performance management.<sup>13</sup> Our independence has underpinned our ability to work with the sector in effective partnerships for improvement. We have built strong and trusted relationships across government and the sector and with consumers and whānau. These relationships are essential to our work and to our success, and our mission is built on them (see Section 3: Heke). Te Tāhū Hauora has always aimed to understand and work with others in the health system, focusing on areas where quality improvement is needed and supporting improvement efforts. We also help by providing and encouraging effective measurement of change.

We know and can measure that our efforts have had a positive impact, saving New Zealanders from harm and time in hospital, reducing morbidity and mortality and adding healthy years to people's lives. We can show that improving the quality and safety of health services and systems can generate savings, which are then available to be reinvested in other areas of the health system.<sup>14</sup> Our specific position and functions in the system have also complemented the activities of Manatū Hauora Ministry of Health (Manatū Hauora) and other organisations in the sector in the past. In the reformed system, with our additional functions, we expect that we can be even more helpful.

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<sup>13</sup> New Zealand Public Health and Disability Amendment Act 2010.

<sup>14</sup> In financial terms, we conservatively estimate that the quality improvement initiatives we have worked on with the sector have provided value of close to \$350 million, made up of \$196 million avoided costs of bed-days, \$27 million avoided costs of harm and the equivalent of \$122 million in avoided disability-adjusted life-years (DALYs). The latter was calculated using Accident Compensation Corporation DALYs. Further explained in: O'Dea D, Wren J. 2012. *New Zealand Estimates of the Total Social and Economic Cost of Injuries: For all injuries, and the six injury priority areas, for each of years 2007 to 2010, in June 2010 dollars*. Report to New Zealand Injury Prevention Strategy. Wellington. URL: [silo.tips/download/new-zealand-estimates-of-the-total-social-and-economic-cost-of-injuries-for-all](https://silo.tips/download/new-zealand-estimates-of-the-total-social-and-economic-cost-of-injuries-for-all) (accessed 20 April 2023). This amounts to a return on investment of at least two to one, based on our total funding of approximately \$170 million since 2011, applied against only the value resulting from four of our programmes. This is a very conservative estimate as we run many more programmes.

## Evolving over time to meet new and more complex challenges

In 2001, the Institute of Medicine established six aims, or domains, of health care quality: safe, effective, patient-centred, timely, efficient and equitable.<sup>15</sup> These domains formed a strong basis for thinking about health quality around the world and in Aotearoa New Zealand when we were established,<sup>16</sup> and they influenced the early development of our work programmes.

Thinking about health quality, both internationally and locally, has evolved considerably over time. We have drawn on this thinking, expanding and broadening our knowledge and expertise over the last 12 years. Today, in Aotearoa New Zealand, we draw on te ao Māori frameworks, knowledge and thinking,<sup>17</sup> alongside Pacific models,<sup>18</sup> to inform health quality and safety. We share and learn from leading Māori and Pacific interventions and approaches, such as those shared with us, to develop four case studies highlighting key learning and innovation within the Aotearoa New Zealand COVID-19 response.<sup>19</sup> We also listen to those who use health services to understand their needs and their views on what is important for quality, and what they need from us, to decide how and where we focus our efforts.

Figure 1 shows how the strategic priorities of Te Tāhū Hauora have evolved from our first SOI for 2010–13 to this SOI for 2023–27. The figure also shows how we have built ‘enduring priorities’, which underpin our work in the long term, into our strategy. Our enduring priorities are woven into, and progressed through, our strategic priorities.

Our analysis of health system quality information over time, along with international and local knowledge and thinking and feedback from stakeholders, has shaped these priorities. Because we are trusted<sup>20</sup> and have demonstrated that we successfully lead measurable improvement,<sup>21</sup> our stakeholders called on us in our 2019 organisation review to shift our focus from quality and safety problems within the system to addressing more complex, systemic challenges.<sup>22</sup> Our priority areas (as outlined in Figure 1) reflect where we have focused our efforts and built up our organisation’s strengths over time. We also refer to these as the foundations of health quality and safety.

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15 Agency for Healthcare Research and Quality. 2022. Six Domains of Healthcare Quality. URL: [www.ahrq.gov/talkingquality/measures/six-domains.html](http://www.ahrq.gov/talkingquality/measures/six-domains.html) (accessed 21 April 2023).

16 Minister of Health. 2003. *Improving Quality (IQ): A systems approach for the New Zealand health and disability sector*. Wellington: Ministry of Health. URL: [www.health.govt.nz/system/files/documents/publications/improvingqualitysystemsapproach.pdf](http://www.health.govt.nz/system/files/documents/publications/improvingqualitysystemsapproach.pdf) (accessed 21 April 2023).

17 For example, see: Te Tāhū Hauora Health Quality & Safety Commission. 2023b. Te Ao Māori Framework | Te Anga Ao Māori. URL: [www.hqsc.govt.nz/resources/resource-library/te-ao-maori-framework/](http://www.hqsc.govt.nz/resources/resource-library/te-ao-maori-framework/) (accessed 21 April 2023).

18 For example, see: Ministry for Pacific Peoples. 2021. *Kapasa: The Pacific Policy Analysis Tool*. Wellington: Ministry for Pacific Peoples. URL: [www.mpp.govt.nz/assets/Resources/Kapasa.pdf](http://www.mpp.govt.nz/assets/Resources/Kapasa.pdf) (accessed 21 April 2023).

19 See *COVID-19 care in the community system learning opportunities | KŌWHEORI-19 he whai wāhi hei ako pūnaha manaaki i te hapori*, at [www.hqsc.govt.nz/resources/resource-library/covid-19-care-in-the-community-system-learning-opportunities-kowheori-19-he-whai-wahi-hei-ako-punaha-manaaki-i-te-hapori](http://www.hqsc.govt.nz/resources/resource-library/covid-19-care-in-the-community-system-learning-opportunities-kowheori-19-he-whai-wahi-hei-ako-punaha-manaaki-i-te-hapori)

20 Health Quality & Safety Commission 2019a, *op. cit.*

21 Examples include 223 avoided in-hospital fractured necks of femur since 2014; 118 avoided infections from cardiac surgery since 2018; 127 avoided infections from hip and knee surgery since 2016; 308 avoided cases of post-operative deep vein thrombosis or pulmonary embolism between 2013 and 2020; and 266 avoided in-hospital cardiac arrests since 2019.

22 Health Quality & Safety Commission 2019a, *op. cit.*

Figure 1: How our focus and priorities have evolved over time



In 2020, Te Tāhū Hauora set our vision, which remains current.

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

### The new context we work in and our response

Our role has largely remained constant within the reform of the health system.<sup>23</sup> However, much of the system landscape around us has changed. By being flexible and adaptive, we can continue to influence health quality improvement in ways that work within new contexts and meet the needs of those in new roles, organisations and structures around us.

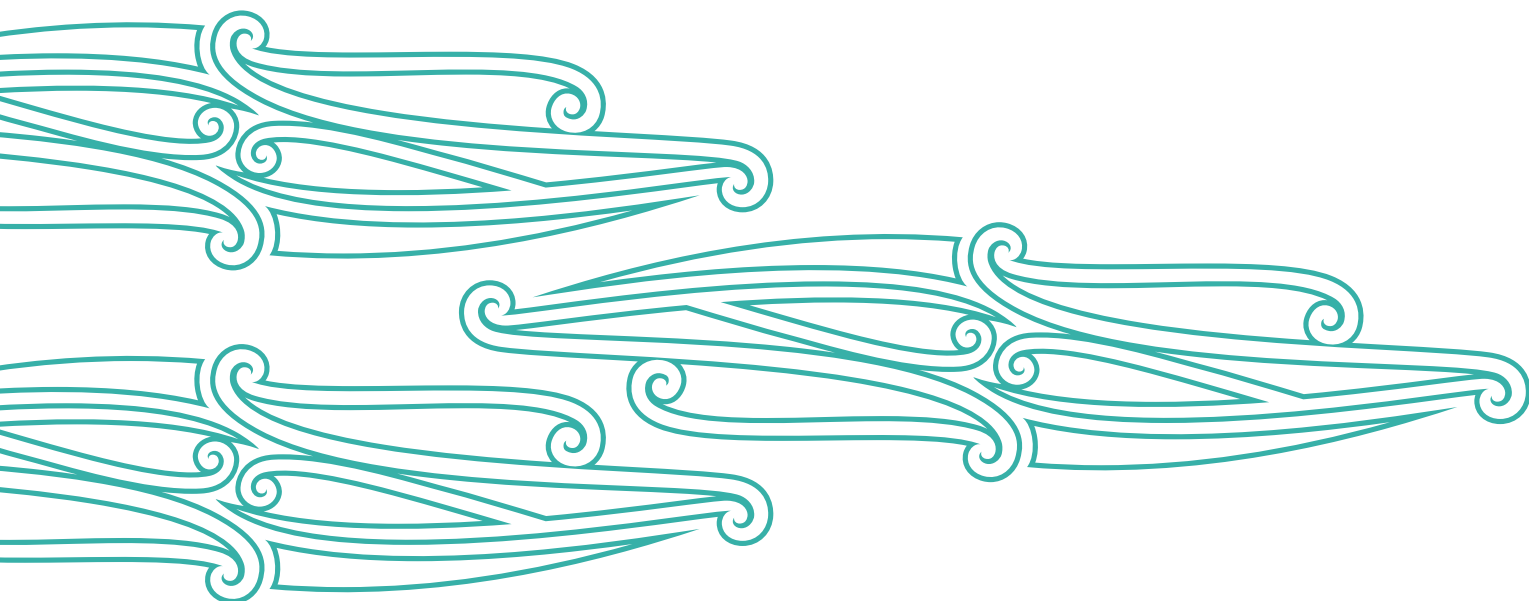
#### Impact of new legislation

The purpose of the Pae Ora Act is to provide for the public funding and provision of services to:

- protect, promote and improve the health of all New Zealanders
- achieve equity in health outcomes among Aotearoa New Zealand's population groups, including by striving to eliminate health disparities, in particular for Māori
- build towards pae ora (healthy futures) for all New Zealanders.

Te Tiriti o Waitangi and health equity are both central to working towards pae ora for all New Zealanders and to our strategic intent. We have made these key areas 'enduring priorities' within our SOI (see Section 3: Heke).

<sup>23</sup> Health and Disability System Review 2020, *op. cit.*



### Embracing new and expanded functions under the Pae Ora Act

The Pae Ora Act has confirmed our organisational objectives and expanded our functions, adding to our toolkit for leading and guiding improvement. The details of our organisation's objectives and functions are provided in Appendix 1, along with information about the national mortality review function, which is also within our mandate.

We are beginning to use the tools that the Pae Ora Act has given us, alongside those we were already using, to increase our impact in health quality, safety and improvement.

- We can now make recommendations regarding health quality, safety and improvement to anyone who has the ability to influence these. We are committed to doing this well to ensure maximum impact. We can draw on the learnings and experience of the national mortality review function, as well as other organisations and sectors, to understand what helps to make a recommendation effective and incorporate this learning into our practice. We can learn from and improve our recommendation practice as we apply it.
- We were given the role of developing a code of expectations for health entities' engagement with consumers and whānau (code of expectations), and our existing role in leading the sector to engage with consumers and whānau was formalised. We have developed the code of expectations<sup>24</sup> and have a work programme to develop guidance for providers and to lead and guide them to implement the code (see 'Strategic priority 1: Improving experience for consumers and whānau' in Section 4: Niho taniwha).

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<sup>24</sup> Health Quality & Safety Commission. 2022. Code of expectations for health entities' engagement with consumers and whānau | Te tikanga mō te mahi tahi a ngā hinonga hauora ki ngā kiritaki me ngā whānau. URL: [www.hqsc.govt.nz/resources/resource-library/code-of-expectations-for-health-entities-engagement-with-consumers-and-whanau](http://www.hqsc.govt.nz/resources/resource-library/code-of-expectations-for-health-entities-engagement-with-consumers-and-whanau) (accessed 21 April 2023).



## Strengthening relationships, partnerships and collaboration with new and reformed key organisations alongside us

Te Tāhū Hauora has always worked closely with and alongside organisations in the health sector, and we continue to do so. We are all more effective when we work together as an integrated and collaborative health quality system.

We are working alongside four new or reformed key organisations that contribute to health quality:

- New organisations Te Aka Whai Ora | Māori Health Authority (Te Aka Whai Ora) and Te Whatu Ora – Health New Zealand (Te Whatu Ora) both have central roles in health service delivery and health quality. We are assisting them with their quality measurement, monitoring and efforts to improve.
- Manatū Hauora has undergone a reform to better focus on its role in policy and system oversight. We continue our work alongside Manatū Hauora, supporting its system leadership.
- Whaikaha – Ministry of Disabled People has been established to help shape the future in partnership with the disabled community and whaikaha Māori. The health of disabled people remains a health system responsibility, and we are committed to working alongside Whaikaha to improve the quality of health services for disabled people.

## Raising quality challenges and working to ‘close the loop’ through measurable improvement

Our access to soft and hard intelligence means we have early insights into emerging quality and safety challenges within the health sector. When people across the health system are concerned about quality, they share their concerns with us. We monitor the quality and safety challenges shown in our data and communicated to us through our networks. We work with the new and reformed agencies and others to address these challenges and to influence appropriate interventions.<sup>25</sup>

We expect to see interventions result in measurable improvement. If improvement does not occur, more work is required. When improvement occurs, we can ‘close the loop’, showing the Government, consumers and whānau that Te Tāhū Hauora and health sector partners have heard their feedback and taken it seriously.

## Guiding the foundations of health quality

A new system structure for service delivery emphasises local (locality), regional and national components of delivery. Much of the change to this new structure has occurred while the sector has continued to manage the impacts of the COVID-19 pandemic on our communities and our health system.

<sup>25</sup> We work through the National Quality Forum, which facilitates collaborative quality governance at a national level. We also work directly with agencies to partner with them and to influence improvement that is needed. Examples of areas that we have worked on recently include fetal anticonvulsive syndrome, the use of anticoagulants, test result follow-up, informed consent and encouraging faster action to prevent harm to patients from surgical mesh.

Changing and improving systems and services, particularly when under pressure, requires the essential foundations of quality to be solidly embedded in operations. We have designed our SOI strategic and enduring priorities to emphasise the foundations of health quality and safety required throughout the reformed system, which Te Tāhū Hauora works to lead and guide.

### **Increasing focus on health quality within localities**

We recognise that localities, as the places where most health care is delivered, are an important area of focus for improving health quality and safety. As the locality model progresses, we are working alongside Te Whatu Ora and Te Aka Whai Ora to consider how we can guide and support health quality in maternity (alongside Kahu Taurima<sup>26</sup>) and in primary and community care, and how we can support effective collective quality improvement (clinical governance) processes<sup>27</sup> that are fit to meet the expectations of the Pae Ora Act. We will work to help embed the health quality foundations that are required into locality structures.

We work in partnership to shape tools, measures and programmes that are useful to support those who can influence quality within localities. We are engaging with iwi-Māori partnership boards to consider what quality support they want from Te Tāhū Hauora and how we can help them in their core role in health quality and safety.

### **Applying mortality review with greater agility and focus for more impact**

National mortality review is one of the core strengths that Te Tāhū Hauora has built over time. A review of the mortality review function was undertaken to inform improvement.<sup>28</sup> It focused on the Crown's responsibilities to Māori under the principles and obligations of Te Tiriti o Waitangi; the value and contribution of the national mortality review function in improving our health system and other social sectors; and how to strengthen the impact of this function.

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26 Kahu Taurima is the joint Te Aka Whai Ora and Te Whatu Ora approach to maternity and early years (pre-conception to 5 years old, or the 'first 2,000 days of life') for all whānau in Aotearoa New Zealand. See: Te Aka Whai Ora. 2023. Kahu Taurima. URL: [www.teakawhaiora.nz/our-work/kahu-taurima](http://www.teakawhaiora.nz/our-work/kahu-taurima) (accessed 21 April 2023).

27 Many terms have been and are used to describe the process of coming together to collaboratively oversee and facilitate quality improvement on an ongoing basis, such as continuous quality improvement, continuous improvement, clinical governance and quality (or quality and safety) governance. These processes need to be shaped and refined to meet the requirements of the Pae Ora Act. Te Tāhū Hauora is currently engaging with the sector to develop guidance to help facilitate this and is requesting feedback on terms to be used for this process in Aotearoa New Zealand.

28 See: [www.hqsc.govt.nz/our-work/mortality-review-committees/review-of-the-national-mortality-review-function/#:~:text=In%20September%202021%2C%20Francis%20Health,T%C4%81h%C5%AB%20Hauora%20board%20to%20consider](http://www.hqsc.govt.nz/our-work/mortality-review-committees/review-of-the-national-mortality-review-function/#:~:text=In%20September%202021%2C%20Francis%20Health,T%C4%81h%C5%AB%20Hauora%20board%20to%20consider) (accessed 23 May 2023).

The board of Te Tāhū Hauora agreed to four key recommendations from the review:

- Within Te Tāhū Hauora, a single strategic National Mortality Review Committee will be established.
- Current mortality review committee members will be invited to become subject matter experts within the workstreams of the NMRF.
- All current secretariat staff will transition and form part of the NMRF business unit, which will support the NMRF to fulfil its purpose.
- Data will be brought together under the NMRF to ensure more integrated mortality data surveillance.

Resulting changes will enable greater agility and focus to maximise improvement impact from this key tool across services and systems (see 'Strategic priority 5: Guiding improvement to prevent early mortality' in Section 4: Niho taniwha).

We are working to develop stronger, more formal process expectations for the development of recommendations across Te Tāhū Hauora, to ensure we are well positioned to lead out on successful implementation, through influence. This will also be useful for application within mortality review.

### **Leading out with influence to propel improvement across the sector**

In our 2023 organisation review, reviewers interviewed stakeholders and reflected on how those stakeholders see our strengths and weaknesses and the opportunities that we have to influence improvement more effectively.

Our reviewers recommended that Te Tāhū Hauora work to boost our influence, becoming more visible and driving harder with evidence to inform and underpin policy and decision-making processes across the agencies within the health sector. In addition to 'shining a light' where improvement is needed or even 'lending a hand' to support improvement as we have done in the past, we are being asked to take a more active role, to 'lead out with influence', to propel improvement right across the sector.



### 3. Heke

The **heke** are the rafters that uphold the tāhū and secure it in place. The heke represent the mission and priorities of Te Tāhū Hauora. The two koru on the heke represent the enactment of Te Tiriti o Waitangi through Māori and Crown partnerships.

This section outlines our strategic intent, including our enduring priorities, our strategic priorities and our mission. Our enduring priorities represent our long-term and ongoing commitments to Te Tiriti o Waitangi and health equity. Our strategic priorities define what we focus on over the next 3-4 years. Our mission reflects how we work within our work programmes to lead and guide health quality improvements.



Figure 2: A summary of our strategic intent

Vision: Hauora kounga mō te katoa   Quality health for all					
Enduring priorities	Embedding and enacting Te Tiriti o Waitangi				
	Pursuing health equity				
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
Mission: Whakauru. Whakamōhio. Whakaawe. Whakapai ake. Involve. Inform. Influence. Improve.					

Our strategic intent contributes toward the Government’s wellbeing priority for health: ‘Physical and mental wellbeing – Supporting improved outcomes for all New Zealanders, particularly the mental wellbeing of our young people’.

Our strategic intent contributes to the six priorities set for the health system in the *Interim Government Health Policy Statement on Health 2022-2024* (Figure 3).<sup>29</sup>



29 Ministry of Health. 2022. *Interim Government Policy Statement on Health 2022-2024*. Wellington: Ministry of Health. URL: [www.health.govt.nz/system/files/documents/publications/hp8132-igps-v28.pdf](http://www.health.govt.nz/system/files/documents/publications/hp8132-igps-v28.pdf) (accessed 21 April 2023).

**Figure 3: Interim Government Health Policy Statement on Health 2022-2024 priorities**



**Our enduring priorities**

In our last SOI 2020-24, we developed our first enduring priority, which emphasised the articles of Te Tiriti o Waitangi and the Ritenga Māori Declaration.<sup>30</sup> This enduring priority articulated that we saw Te Tiriti o Waitangi as the foundation of health quality, safety and improvement in Aotearoa New Zealand and that this would be ongoing. Te Tiriti o Waitangi is our nation’s founding document and will remain central in the work of Te Tāhū Hauora.

In 2023, we are amending our existing enduring priority to become ‘Embedding and enacting Te Tiriti o Waitangi’. The purpose of this change is to include and embrace the principles of Te Tiriti o Waitangi that are broadly used across the sector and referred to in the Pae Ora Act (see the following discussion under ‘Embedding and enacting Te Tiriti o Waitangi’).

We are adding another enduring priority that is critical to the impact of the work of Te Tāhū Hauora – ‘Pursuing health equity’. We recognise that equity is central to quality and that there is ‘no quality without equity’.<sup>31</sup> Again, we need engagement and leadership from those experiencing inequity so we can understand, prioritise and propel effective improvement to benefit them. We can pursue health equity best through our strategic priorities in combination with our strong relationships with groups experiencing health inequity.

While both enduring priorities were previously strategic priorities, their importance within the sector, their place and emphasis in the Pae Ora Act and their key role in driving the work of Te Tāhū Hauora give them an elevated position across our strategic intent. Each of our strategic priorities requires active and focused advancement of both enduring priorities. These enduring priorities are brought to life through our strategic priorities.

**Embedding and enacting Te Tiriti o Waitangi**

We continue to prioritise our commitment to Te Tiriti o Waitangi as our nation’s founding document. Te Tiriti o Waitangi is central in the strategic intent and work of Te Tāhū Hauora. Meeting our obligations under Te Tiriti o Waitangi is necessary if we are to realise the overall vision of pae ora (healthy futures) for Māori.

By actively embedding and enacting Te Tiriti o Waitangi, we honour and value tangata whenua. By doing this we support the health to have greater ability to recognise and prioritise Māori aspirations, te ao Māori and mātauranga Māori. Te Tāhū Hauora bases our approach on the articles of Te Tiriti of Waitangi and the Ritenga Māori Declaration, as Figure 4 outlines.

30 Often referred to as the fourth article or the oral article.  
 31 Poynter M, Hamblin R, Shuker C, et al. 2017. Quality improvement: no quality without equity? Wellington: Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/quality-improvement-no-quality-without-equity](http://www.hqsc.govt.nz/resources/resource-library/quality-improvement-no-quality-without-equity)

**Figure 4: The foundations of how Te Tāhū Hauora approaches Te Tiriti o Waitangi**

Kāwanatanga – partnering and shared decision-making	Tino rangatiratanga – recognising Māori authority	Ōritetanga – equity	Wairuatanga – upholding values, belief systems and world views
Informed and shaped equally by tangata whenua and tangata Te Tiriti world views and perspectives	Recognising the importance of tangata whenua authority and autonomy. Supporting tangata whenua-led processes, actions and decision-making, through shared power and resources	Undertaking specific actions to ensure equitable outcomes for tangata whenua and recognising that these actions can also support equitable outcomes for other groups	Prioritising tangata whenua values, belief systems and world views

We recognise that we need to have strong Te Tiriti o Waitangi-based partnerships with Māori to be able to contribute to health quality improvement that will meet Māori aspirations. The strong knowledge and expertise that we can bring from our strategic priority areas are the value that we can contribute as a Te Tiriti o Waitangi partner for Māori. Our enactment of Te Tiriti o Waitangi within these priorities will enable us to work with our partners effectively and to support their leadership in guiding health quality improvement that they prioritise.

The health system can better prioritise and recognise te ao Māori values and concepts and integrate them across design and practice in all health settings to improve access to health care, the quality and safety of health services and the health outcomes of all New Zealanders.<sup>32</sup>

Analyses show that Māori do not benefit from health service access, treatment or even efforts to improve as much as non-Māori do, with the result that Māori experience worse health outcomes than non-Māori.<sup>33</sup>

Systemic or institutional racism that advantages non-Māori over Māori occurs because western monocultural knowledge, world views and practices dominate the design and delivery of our health system.<sup>34</sup>

32 Te Tāhū Hauora has worked in partnership to develop the Te Ao Māori Framework to assist improvement in general services. See Te Tāhū Hauora Health Quality & Safety Commission 2023b, *op. cit.*

33 Health Quality & Safety Commission. 2019b. *A Window on the Quality of Aotearoa New Zealand’s Health Care 2019 – a view on Māori health equity*. Wellington: Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/our-programmes/health-quality-evaluation/publications-and-resources/publication/3721](http://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/publications-and-resources/publication/3721) (accessed 30 April 2020).

34 Waitangi Tribunal. 2019. *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry*. Wellington: Waitangi Tribunal, p 21.

Evidence shows that Māori-driven design and delivery of services result in improved outcomes for Māori and can effectively support all New Zealanders.<sup>35</sup> Co-designed initiatives in general services that centre on health equity and Te Tiriti o Waitangi-based partnerships, along with services led by and for Māori, will provide options that support self-determination. By supporting mana motuhake,<sup>36</sup> we support Māori solutions that work for Māori to advance Māori health, helping to address both institutional racism and inequity, with an aim to rebalance power within the health system.

Te Tāhū Hauora is committed to enacting and embedding Te Tiriti o Waitangi by drawing on the principles articulated by the courts and by the Waitangi Tribunal (2019) in *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry*.<sup>37</sup> The following principles guide the ongoing commitment of Te Tāhū Hauora and the wider health sector to give effect to Te Tiriti o Waitangi.

- **Tino rangatiratanga (self-determination):** The guarantee of tino rangatiratanga provides for Māori self-determination and mana motuhake in the design, delivery and monitoring of health services.
- **Ōritetanga (equity):** The principle of equity requires the Crown to commit to achieving equitable health outcomes for Māori.
- **Whakamaru (active protection):** The principle of active protection requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that the Crown, its agents and its Te Tiriti partner are well informed on the extent and nature of both Māori health outcomes and efforts to achieve Māori health equity.
- **Kōwhiringa (options):** The principle of options requires the Crown to provide for and properly resource kaupapa Māori health services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.
- **Pātuitanga (partnership):** The principle of partnership requires the Crown and Māori to work in partnership in the governance, design, delivery and monitoring of health services. Māori and the Crown must be co-designers of the primary health system for Māori.

In applying these principles, we will continue to strengthen and build Te Tiriti o Waitangi-based partnerships with Māori across each of our strategic priorities, so that our work benefits from Māori leadership and direction, driving effective improvement for Māori in areas that Māori prioritise.

35 Ahuriri-Driscoll A, Williams M, Vakalalabure-Wragg U. 2022. *Evolution of Racism and Anti-racism – Lessons for the Aotearoa New Zealand Health System (Stage One Literature Review)*. Wellington: Ministry of Health. URL: [www.health.govt.nz/publication/evolution-racism-and-anti-racism-lessons-aotearoa-new-zealand-health-system-stage-one-literature](http://www.health.govt.nz/publication/evolution-racism-and-anti-racism-lessons-aotearoa-new-zealand-health-system-stage-one-literature)

36 In simple terms, mana motuhake '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.' Health Quality & Safety Commission 2019a, *op. cit.*, p 13.

37 Waitangi Tribunal 2019, *op. cit.*



## Pursuing health equity

Equity is about treating people fairly. It is about being prepared to work differently to help people achieve the same outcomes.<sup>38</sup>

Health equity means that everyone has the opportunity to achieve good health outcomes, regardless of their background or circumstances. Health equity requires different approaches to meet the diverse needs of different individuals, their families, whānau and communities. In contrast, health equality means that everyone receives the same care, regardless of their individual or whānau needs or circumstances.

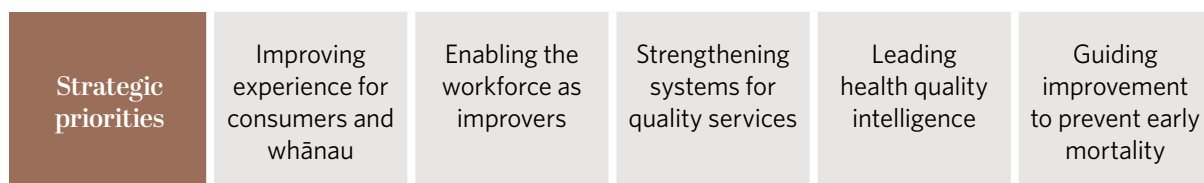
By supporting the health system to provide high-quality, culturally safe and accessible health services to populations experiencing health inequities, we contribute to greater equity of health outcomes across all population groups. All of our strategic priorities will have a health equity focus, and we will use the strengths and tools within each of these priorities to push harder for health equity throughout the health system.

The work of Te Tāhū Hauora and other health organisations and researchers in Aotearoa New Zealand has highlighted significant health inequities faced by certain populations, notably Māori,<sup>39</sup> Pacific peoples and disabled people.<sup>40</sup> Over the next 4 years, we will focus on building our relationships and strengthening our ability to influence health equity for Pacific peoples and disabled people.

## Our strategic priorities

Our strategic priorities outline what we are working towards, over the next 3–4 years, to contribute toward our vision – ‘Hauora kounga mō te katoa | Quality health for all’ (Figure 5). The work that we do across each strategic priority actively applies and advances both enduring priorities.

**Figure 5: Our strategic priorities**



We provide our value to Aotearoa New Zealand and to the people who use health services through the work we do to advance these priorities. This work brings together the strength of our organisational knowledge, expertise and role in health quality (explained in Section 2: Tāhū) and our strategy (outlined in this section).

We discuss the detail of what we do within each priority in Section 4: Niho taniwha.

38 Health Navigator. 2022. Equity for healthcare providers. URL: [www.healthnavigator.org.nz/clinicians/e/equity](http://www.healthnavigator.org.nz/clinicians/e/equity) (accessed 21 April 2023).

39 Health Quality & Safety Commission 2019b, *op. cit.*

40 Health Quality & Safety Commission. 2018. *A Window on the Quality of Aotearoa New Zealand's Health Care 2018*. Wellington: Health Quality & Safety Commission. URL [www.hqsc.govt.nz/resources/resource-library/a-window-on-the-quality-of-new-zealands-health-care-2018](http://www.hqsc.govt.nz/resources/resource-library/a-window-on-the-quality-of-new-zealands-health-care-2018) (accessed 10 May 2023).

## Our mission: How we work

**Whakauru. Whakamōhio. Whakaawe. Whakapai ake.  
Involve. Inform. Influence. Improve.**

Te Tāhū Hauora works with others, within strong partnerships and collaboration (involve), to: measure, analyse, share and advise (inform); influence thinking and action (influence); and coordinate, support and facilitate measurable improvement (improve) (Figure 6). We see the four areas of our mission as areas of strength for Te Tāhū Hauora that we have developed over time and continue to build.

**Figure 6: Our mission and how we apply it to progress our functions**

Involve	Inform	Influence	Improve
We work alongside people who can influence health quality improvement, including people in government agencies; clinicians, providers and the wider workforce; and consumers, whānau and communities, particularly those experiencing health inequity; and we work in partnership with Māori.	We work to inform those who can influence the quality and safety of services, and we gather and use the information that they have to share for improvement. We share knowledge and data, and we make information transparent and available.	We work to influence people's understanding, knowledge, awareness and capability, strengthening their ability to understand and act for improvement. We encourage them to use their influence to improve health services.	We build improvement capability and provide expertise to support quality improvement programmes in the sector, and we lead improvement in specific agreed areas.

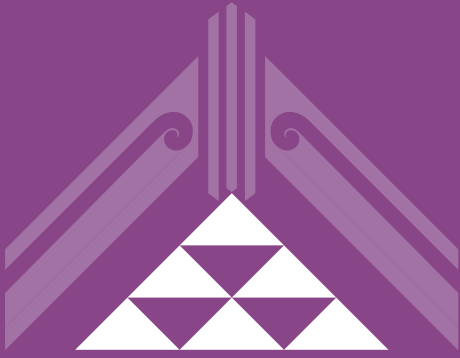
The general public has an interest in the quality and safety of the health services and systems that they and their whānau use. We make efforts to help people understand health quality and safety and how they can influence it.

We value and seek to benefit from expertise based on lived experience, cultural expertise, clinical expertise, quality improvement expertise and other skills, knowledge and experience that can help to improve health services and systems. We recognise that improvement is applied within particular contexts. Therefore, having contextual knowledge and expertise from the specific context being improved is essential.

We work to ensure that a broad range of expertise is involved in advancing shared health quality goals. We encourage people to engage and to work to improve health quality and safety alongside us and each other.

In developing this SOI, stakeholders called on us to boost our efforts to 'lead out with influence' by being stronger and more assertive when championing improvement. We will actively reach out to involve more people, including the general public, in health quality improvement. We will build more relationships and partnerships to catalyse action for improvement. We will share information, tools and resources that clearly identify where change is required, and we will call, even more clearly, for improvement. We will use our information and evidence to make recommendations for improvement, using our new function. We will draw on all of our strengths, including those we have gained from the Pae Ora Act, to influence using all our tools, techniques, relationships and partnerships.

Each year, our Statement of Performance Expectations expands on our mission, providing more specific detail on how we intend to work in the coming year.



## 4. Niho taniwha

The **niho taniwha** pattern represents the village or pā structure, where whānau and hapū live together within a safe environment. This relates to the protection that the tāhū and heke create for the people. People are central to all we do within the key facets of all our work including leadership, relationships, partnerships, facilitation, knowledge and information.

In this section, we discuss our key areas of focus and how we help enhance and improve the quality and safety of services. We detail how we take our strategic priorities forward, drawing on the expertise of the many people that we partner with and work alongside, to benefit the people who use health services in our reformed system.

Each of our strategic priorities requires active and focused advancement of both enduring priorities. These enduring priorities are brought to life through our strategic priorities.

## Strategic priority 1: Improving experience for consumers and whānau

Consumer engagement is a pillar of health quality and safety.<sup>41</sup> Established evidence shows that engaging consumers and whānau leads to:

- better health and care outcomes<sup>42</sup>
- enhanced service delivery and governance
- culture change within the organisation
- meaningful change and mutual learning<sup>43</sup>
- lower cost of care delivery.<sup>44</sup>

Under the Pae Ora Act, Te Tāhū Hauora has a central and leading role in supporting the sector to improve how it engages with consumers and whānau through implementing the requirements of the code of expectations. Our central role requires us to champion authentic reflection and action based on consumer and whānau engagement across the health sector. We lead and guide through our work in the following areas.

- **Ngā Pae Hiranga (pathways towards excellence):** Through Ngā Pae Hiranga, Te Tāhū Hauora demonstrates how to engage and reflect community perspectives in the design, delivery and evaluation of services by providing information and guidance resources to assist health entities. We model partnership and shared leadership with consumers, whānau and their communities, at all levels.
- **Consumer health forum Aotearoa.** We have established, and continue to support, a diverse network of consumers within the consumer health forum Aotearoa. The forum is designed to amplify the voices of Māori and other populations experiencing persistent inequities in today's system to guide active partnerships between communities and the health sector. The forum promotes and advances the engagement of consumer and whānau voices in the health system by linking health system entities to diverse consumer groups at the right level, in the right way.

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41 Doyle C, Lennox L, Bell D. 2013. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open* 3: e001570. DOI: 10.1136/bmjopen-2012-001570.

42 *Ibid.*

43 Consumer engagement improves access to services. See: Bombard Y, Baker GR, Orlando E, et al. 2018. Engaging patients to improve quality of care: a systematic review. *Implementation Science* 13(1): 98. DOI: 10.1186/s13012-018-0784-z.

44 The Health Foundation. 2016. *Person-centred Care Made Simple: What everyone should know about person-centred care*. London: The Health Foundation. URL: [www.health.org.uk/sites/default/files/PersonCentredCareMadeSimple.pdf](http://www.health.org.uk/sites/default/files/PersonCentredCareMadeSimple.pdf) (accessed 21 April 2023).

- **Measuring successful consumer, whānau and community engagement.** Our information sources help us to gain an understanding of what is occurring nationally, and how and where improvements to services can be made, from a community perspective. Our consumer engagement quality and safety marker is a framework to measure what successful consumer engagement looks like and how it improves the quality and safety of services. The quality and safety marker is considered alongside consumer, whānau and community stories. We are drawing on the knowledge gained from our tools, networks and partnerships to develop guidance for the sector to improve how it engages with consumers and whānau, encouraging meaningful dialogue and challenging assumptions and biases that may exist.

As a result of our work, we expect key documents will shift their narratives to demonstrate equitable and active partnerships with consumers and whānau across the health sector. We expect the voices of consumers and whānau to be amplified and prioritised in health sector design, delivery and evaluation. Over time, we expect to see improved health outcomes and experiences for consumers and whānau.

We can track our progress by measuring improvement in patient experience surveys from baselines, and we can further guide health services' work with consumer and whānau groups by showing how to monitor the results and learn from and respond to them.

We partner with Manatū Hauora to understand how we can best help the sector to implement the code of expectations, and we are working alongside Te Whatu Ora and Te Aka Whai Ora as their consumer engagement and whānau voice programme is developed.

### How we advance our enduring priorities

Changes to the health system require us to work together to increase equity and better serve our community. Working with iwi-Māori partnership boards will be integral as they are tasked with collecting whānau voices to inform health providers in this work. Gathering information from the whānau voice is critical to improving services to better meet whānau needs and aspirations.

Māori are a collective people, and the concept of whānau reflects this collectivism. Acknowledging, respecting and encouraging the individuality of whānau members is equally important. This way of being and living ensures a variety of perspectives are considered in the collective approach and in decision-making. To better serve whānau, we need to understand the people within the whānau by listening to who they are, what they need and what they want health providers to know. Collecting the whānau voice requires us to gather information with our ears, eyes, hearts and minds to understand the collective experiences and aspirations of whānau.

Complementary to our work with consumer voice, we provide support and guidance for whānau and, where needed, gather their voice to understand their experience of engagement with health services. It is expected that this work will clarify what health quality and safety look like for whānau Māori.

We prioritise and amplify the voices of Māori and other populations experiencing persistent inequities, including Pacific peoples, disabled people, migrants, refugees, rainbow communities and people living in rural areas.



## Strategic priority 2: Enabling the workforce as improvers

The health workforce<sup>45</sup> makes a critical contribution to improving the quality and safety of care.<sup>46</sup> To reflect the key role of the workforce in health quality, we are including an additional strategic priority, 'Enabling the workforce as improvers'. Through this priority, we will build the leadership, capability, culture and systems to actively advance health quality, safety and improvement.

We recognise that the significant challenges over recent years, including the COVID-19 pandemic, health sector reforms and workforce shortages, have put extra pressure on an already stretched workforce. In 2022, as part of our work to understand the impact of the Omicron variant, we spoke with members of the health workforce across primary care, aged residential care, emergency departments and ambulance services, intensive care, planned care, Māori community providers, Pacific providers, home and community care and consumer councils. Workforce members we engaged with expressed concerns about how workforce shortages, patient flow and reduced access to services exacerbated inequity in health care; their inability to prioritise work that supports quality; and wellbeing impacts on themselves and their whānau. They called for strategic approaches to workforce planning, ensuring partnerships with Māori and the involvement of Pacific, community and primary care in future planning in the longer term. The need for a system reset was raised. We shared their concerns, thoughts and ideas with decision-makers to support effective decision-making through this time.

Our work with Te Whatu Ora and Te Aka Whai Ora supports their efforts to build the workforce of the future. We are exploring new ways of linking in with the broader health workforce, such as through education providers and regulatory bodies. Through our Ako tahi hei whakapai ake i te kōunga | Improving together programme, we will build health care quality improvement leadership and capability so that staff are enabled and empowered to drive change and improve the quality of care they provide to patients and whānau. By empowering our health care professionals through building greater capacity and capability in quality improvement across the whole of the sector, we can help shape a stronger culture of quality and safety in our reformed system.<sup>47</sup> We need to build a system that enables the workforce to be active improvers and that facilitates and supports them so they can see the difference their efforts make.

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45 Under the Pae Ora Act, provider means a person who provides or arranges for the provision of services. When we use the term 'workforce', we are referring to the provider workforce. The workforce therefore includes the clinicians, leaders, managers, quality improvers and everyone else involved in providing health care to people in Aotearoa New Zealand. The term includes the workforce nationally, regionally and locally across hospitals, primary care, community care, Māori and Pacific services and specialist health services.

46 Nundy S, Cooper LA, Mate KS. 2022. The quintuple aim for health care improvement: a new imperative to advance health equity. *Journal of the American Medical Association* 327(6): 521–22. DOI: 10.1001/jama.2021.25181.

47 IHI Multimedia Team. 2017. Lessons for building a strong quality improvement culture. Institute for Healthcare Improvement. URL: [www.ihl.org/communities/blogs/lessons-for-building-a-strong-quality-improvement-culture](http://www.ihl.org/communities/blogs/lessons-for-building-a-strong-quality-improvement-culture) (accessed 21 April 2023).

### How we advance our enduring priorities

Our leadership development and capability building are driven by our enduring priorities. We help to guide the workforce to embed and enact Te Tiriti o Waitangi and to build partnerships with Māori to improve systems and services for Māori. We aim to draw on Māori methodologies and approaches that have been shown to be effective, and we encourage learning from these. We developed the Te Ao Māori Framework to assist the workforce to improve the quality and safety of care given to whānau Māori and encourage the uptake of te ao Māori and mātauranga Māori concepts in general health system design and practice.

We build workforce skill and confidence in engaging with consumers, whānau and communities that experience health inequity, so the workforce can collaborate with and learn from these groups. We promote and support health equity and cultural safety practice throughout the system through our capability building and leadership development.

We also work to increase the improvement capability of those in the workforce who represent groups that experience health inequity, so they are enabled to lead change to benefit those groups. In particular, we acknowledge and respect the rights of Māori to actively participate, and further prioritise the participation of Pacific peoples and disabled workforce representatives in our quality improvement education and training.





### Strategic priority 3: Strengthening systems for quality services

We need strong system foundations to provide people with quality, safe and equitable health services that meet their needs. We need to build and strengthen systems that:

- support and prioritise relationships and develop shared understandings of safety, quality and processes of quality governance
- actively monitor patient safety and emerging quality issues and can respond quickly to avoid or reduce health care harm<sup>48</sup>
- enable resilient and adaptive health care that can respond to needs and challenges as they arise
- can look beyond their own structural and systemic biases so they can better address ongoing patterns of harm such as health inequity.

At all levels, quality health care requires strong partnerships of trust, open communication, a willingness to share and learn and capability and support to use information faster and more proactively. This is particularly important as the sector adjusts to the reforms and the new health agencies embrace their roles within it. Work is under way to understand how Te Tāhū Hauora, Manatū Hauora, Te Aka Whai Ora and Te Whatu Ora work most effectively together to advance the quality agenda for Aotearoa New Zealand.

The Pae Ora Act requires new cultures, structures and systems where government agencies, tangata whenua, the workforce and consumers and whānau can work together collaboratively to guide and direct improvement. The Government has asked Te Tāhū Hauora to develop guidance for shared quality governance that meets the expectations of the Pae Ora Act, building on our previous clinical governance guidance foundations.<sup>49</sup> We are revising this and weaving together the enduring principles of quality governance with the principles of the Waitangi Tribunal Health Services and Outcomes Inquiry (Wai 2575). This guidance will provide a framework that responds to the new structures and context of Aotearoa New Zealand's health system and will be applicable across the whole system from community care to hospital care.

Te Tāhū Hauora convenes the National Quality Forum, a collaboration of health agencies and stakeholders in which complex cross-sector quality issues are raised and multiagency interventions are planned. The National Quality Forum has tasked Te Tāhū Hauora with coordinating a system safety strategy for the health and disability sector informed by the World Health Organization's Global Patient Safety Action Plan.<sup>50</sup> Improving quality and safety in the health sector by actively reducing harm and preventable mortality is a critical component of providing safe and effective care to all New Zealanders. Quality health care builds systems to identify areas where harm is most likely to occur and takes steps to prevent it from happening.

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48 Health care harm is a physical, psychological, social or spiritual injury or experience that occurs as a result of providing or receiving health care.

49 Referred to in the 'Letter of Expectations 2023/24 for the Health Quality and Safety Commission | Kupu Taurangi Hauora o Aotearoa (HQSC)' from the Minister of Health.

50 World Health Organization. 2021. *Global Patient Safety Action Plan 2021–2030: Towards eliminating avoidable harm in health care*. Geneva: World Health Organization.

Te Tāhū Hauora maintains an active role in identifying opportunities to reduce harm. We are working with Manatū Hauora and Te Whatu Ora to rethink and restructure the cross-system approaches to governance for the use of medication and infection prevention and control. Both of these were issues discussed first at the National Quality Forum. Our work on national quality improvement initiatives, such as the paediatric early warning system and reducing harm from anticoagulants, remains key. We will continue to support efforts to reduce healthcare-associated infections and are looking to scope a project on reducing harm from sepsis with a community focus.

We recognise that the workforce adapts to challenges and changes to maintain high-quality care. We use this understanding to develop approaches to creating safe, high-quality care in Aotearoa New Zealand, within a programme we refer to as he toki ngao matariki Aotearoa (Resilient Health Care Aotearoa).<sup>51</sup> We also work to build capability in restorative approaches and hohou te rongo (peace-making from a te ao Māori world view), an important component of the revised policy on healing, learning and improving from harm. Restorative approaches further embed consumer voices in the way adverse events are managed.

A high-quality health system needs to build the capability to look beyond inbuilt structural and systemic biases. This will mean that ongoing patterns of harm - including inequitable access, effectiveness and outcomes - for particular population groups can be understood and addressed. Drawing on the strengths of diverse world views, approaches and methodologies, particularly of groups experiencing health inequity, can also support improvement.

We developed the Te Ao Māori Framework<sup>52</sup> in partnership with Māori health providers, Whānau Ora providers and participating district health boards (now Te Whatu Ora districts) across Aotearoa New Zealand. The aim of the framework is to help services improve the quality and safety of care given to whānau Māori and advance the uptake and implementation of te ao Māori and mātauranga Māori concepts in general health system design and health practice for all.

We can build a more resilient and stronger health system if we broaden our thinking, methodologies and approaches and if we combine our hard data with soft intelligence from our workforce, partners and networks, to build our understanding of and effective response to complex challenges.



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51 Te Tāhū Hauora. 2022. Mō mātou | About us. URL: [www.hqsc.govt.nz/our-work/system-safety/resilient-healthcare/about-us](http://www.hqsc.govt.nz/our-work/system-safety/resilient-healthcare/about-us)

52 Te Tāhū Hauora Health Quality & Safety Commission 2023b, *op. cit.*

### How we advance our enduring priorities

Our work to improve quality and strengthen safety drives health equity and seeks to enact and embed Te Tiriti o Waitangi in services and systems. We work to guide general services in building their quality systems to enact Te Tiriti o Waitangi and to draw on te ao Māori world views to inform improvement.

We recognise that to effectively address institutional racism and advance health equity for Māori, Pacific peoples and others experiencing inequity, systems must actively support:

- cultural safety and anti-racism practice
- Te Tiriti o Waitangi-based partnerships to strengthen mātauranga Māori and support mana motuhake.

Our work on improving quality and strengthening safety seeks to drive the provision of this support, both directly through our programmes and by supporting the excellent work of others, such as Ao Mai te Rā, the anti-racism kaupapa led by Manatū Hauora.

In areas of identified health care harm, Te Tāhū Hauora ensures that equity is a priority in system safety interventions. We acknowledge and respect the rights of Māori to participate, and further prioritise the active participation of Pacific peoples and disabled people as we make health care safer for the people who use it.

## Strategic priority 4: Leading health quality intelligence

One of the core building blocks the health sector needs for data-informed quality improvement, identified in the Health and Disability System Review and in Wai 2575, is meaningful, useable health quality intelligence.

The health sector relies on data and information, in multiple forms, to understand health quality. Te Tāhū Hauora provides a central point for analysing and reporting on health quality, safety and improvement and for monitoring key quality indicators over time.

By performing rigorous measurement and analysis of health data, Te Tāhū Hauora identifies current health care quality and safety changes and gaps, which can then contribute to evidence-informed quality improvement initiatives. Providing transparent and accessible health quality and safety analysis is crucial to ensure that the health care system is accountable and responsive to the needs of patients and the public.

We provide a health quality and safety 'measures library', a centralised reference library that publishes a range of quality-focused measures and resources to create a common understanding of health system and service quality and safety measurement. The library supports the reformed health system goals of improving equity in outcomes and experiences of care by highlighting specific measures that can be used across the sector to support better health service design and delivery.

Other key health quality intelligence tools to support the sector are shown in Table 1. These tools underpin and are widely used to prioritise equity-driven and co-designed improvement initiatives and services.

**Table 1: Te Tāhū Hauora data intelligence sources**

Analytical tools	<b>Health quality and safety indicators</b> measure the quality and safety of services.
	<b>The Atlas of Healthcare Variation</b> shows variations in the health care received by people in different geographical regions.
	The <b>dashboard of health system quality</b> brings a range of measures together in one place, including quality priorities at a national level and a Māori health equity report.
	<b>Quality and safety markers</b> focus on driving improvement in key safety priorities: consumer engagement, falls, healthcare-associated infections, surgical harm and medication safety.
Patient-reported experience measures (PREMs) and patient-reported outcome measures (PROMs)	National <b>patient experience surveys</b> enable the regular collection, measurement and use of patient experience information. The two surveys are the 'Adult hospital inpatient experience survey' and the 'Adult primary care patient experience survey.'
Publications	Public reporting within the <b>Window on the quality of health care reports</b> draws on national data sets via robust and validated indicators and other evidence to provide insight into the quality and safety of Aotearoa New Zealand's health care.
Capability building	The <b>Measures Library</b> is a centralised reference 'library' that publishes a range of quality- and safety-focused measures and resources to create a common understanding of health system and service measurement.

**Supporting government and local data processes and measurement**

Our collaborative work with Te Whatu Ora and Te Aka Whai Ora, and engagement with key stakeholders across government and the workforce, support us to establish data and information collection and analysis processes that support improvement. These relationships help us understand where our longer-term measures are most usefully directed to result in health gains.

We are building our relationships to support iwi-Māori partnership boards, localities, community health care (including primary care) and communities. We are here to support and arm them with meaningful, useable health quality intelligence to use in their design and decision-making processes and to enable them to drive and influence the health outcomes of their communities.



### How we advance our enduring priorities

Our measures and intelligence include analysis by population groups to help us understand health equity and how the health sector is progressing toward it. We monitor the impact, and equity of impact, of health quality improvement within the health system so that we can understand whether efforts to improve health quality also improve equity. We make efforts to focus our data and analysis on groups experiencing inequity, particularly Pacific peoples and disabled people.

We are also developing our measures to support Māori aspirations. We have started work with iwi-Māori partnership boards to develop measures and analysis to support their key role within localities, driving improvement to meet the needs of their communities.

As a quality improvement organisation, we prioritise the review and refinement of our approaches and tools to pursue equity and apply the Wai 2575 principles of Te Tiriti o Waitangi.

## Strategic priority 5: Guiding improvement to prevent early mortality

Mortality review is a specific quality improvement tool that involves learning from preventable mortality to improve systems and practice within services and communities in ways that reduce morbidity and mortality. Te Tāhū Hauora holds legislative responsibility for Aotearoa New Zealand's national mortality review functions under section 82 of the Pae Ora Act.<sup>53</sup>

Our leading role in national mortality review requires us to have strong relationships that extend beyond the health sector to the social, education and judicial systems and across government. We know from our experience of mortality review over the years that much preventable mortality is grounded within inequity in the wider determinants of health, 'upstream' from the health system itself. Therefore, we must be able to inform and influence improvement to propel better health outcomes and reduce preventable mortality upstream of the health system, as well as within it. We work collaboratively across government, health care providers, policy makers, patients and whānau on improvement to reduce harm and preventable mortality.

A single national mortality review committee is now in place to take a strategic approach to providing an overview of all mortality and prioritising areas of focus for in-depth review and reporting. The National Mortality Review Committee has been established as part of a reformed and improved national mortality review function to be more agile in its approaches and decision-making than was possible within previous mortality review structures. Mortality review can be applied strategically to align with the needs of the health sector and priorities of the Government as well as the people of Aotearoa New Zealand. The National Mortality Review Committee has the flexibility to focus on both current and emerging priority areas for more impact, informed by an all-mortality prioritisation process.

53 Pae Ora (Healthy Futures) Act 2022, section 82. URL: [www.legislation.govt.nz/act/public/2022/0030/latest/LMS575587.html](http://www.legislation.govt.nz/act/public/2022/0030/latest/LMS575587.html) (accessed 22 April 2023).

This work includes an active focus on understanding and addressing the inequitable and preventable mortality experienced by Māori and other population groups and people, where inequity exists in Aotearoa New Zealand. The National Mortality Review Committee itself has equal Māori representation at a minimum, and the prioritisation process includes a deliberate focus on areas of mortality where Māori experience the poorest outcomes. Whānau voices are an integral and needed aspect to inform review processes, and mortality review is guided by Te Pou – Māori responsive rubric and guidelines.<sup>54</sup>

Alongside Te Tāhū Hauora, the National Mortality Review Committee can develop specific, actionable and evidence-based recommendations to influence system changes to reduce preventable mortality and improve services. We work to build strong partnerships with key stakeholders and others who can influence uptake of our recommendations from mortality review.

We are currently working to explore new areas of mortality review, with the aims of introducing new ways to disseminate findings and recommendations and deepening relationships with key health and social system entities to enable us to guide and influence improvement.

Existing mortality review workstreams across child and youth, perinatal and maternal deaths, perioperative deaths, will continue in the 2023/24 financial year under the transformed national mortality review function. The suicide mortality review work will continue in 2023/24 per the contract with the Suicide Prevention Office within Manatū Hauora. Family violence death review remains in place for the long term. Unique functions currently being performed by the other committees (such as mortality surveillance) will continue to be supported, and where appropriate, more closely integrated with wider health system policy and quality activities.

We continue to support local multisectoral mortality review systems to learn from preventable mortality and to influence local system improvement to reduce preventable mortality.

### How we advance our enduring priorities

Mortality review has an active focus on understanding and addressing the inequitable and preventable mortality experienced by Māori and other population groups and cohorts where inequity exists in Aotearoa New Zealand.

The National Mortality Review Committee itself has equal Māori representation at a minimum, and the prioritisation process includes a deliberate focus on areas of mortality where Māori experience the poorest outcomes.

Whānau voices are an integral and needed aspect to inform review processes, and mortality review is guided by Te Pou – Māori responsive rubric and guidelines.<sup>55</sup>

### How we measure our progress

We maintain a close eye on specific measures that provide us with assurance that our work is contributing to improvement. Table 2 highlights the specific medium-term indicators that we have been measuring over the last 3 years. These have been reported each year in our annual report, and we will continue to measure them to understand how our work is progressing over the next 3–4 years.

Partnering with Te Whatu Ora, Te Aka Whai Ora and key stakeholders, particularly within the workforce, is required to establish medium- and longer-term indicators that can measure our progress against our new strategic priority, 'Strategic priority 2: Enabling the workforce as improvers'. We need to develop data and information collection processes to facilitate measurement, and work is to begin on this over the next year.

54 Te Tāhū Hauora. 2022. Te Pou – Māori responsive rubric and guidelines. URL: [www.hqsc.govt.nz/resources/resource-library/te-pou-maori-responsive-rubric-and-guidelines](http://www.hqsc.govt.nz/resources/resource-library/te-pou-maori-responsive-rubric-and-guidelines) (accessed 22 April 2023).

55 *Ibid.*

**Table 2: The medium- to long-term impact and outcome measures for our enduring priorities and strategic priorities**

Enduring priorities	What impacts and outcomes we expect to see and have been measuring and reporting in our annual reports (and the time anticipated to be able to see change)
<b>Embedding and enacting Te Tiriti o Waitangi</b>	Improved Māori patient experience survey results (percentages) from baselines (3-5 years)
	Qualitative and quantitative measures and reporting across programme areas that show improved health equity for Māori (3-5 years)
	Improved Māori health outcome measures (5-10 years)
<b>Pursuing health equity</b>	Maintained or improved patient experience survey representativeness, particularly for groups experiencing health inequity (3-5 years)
	Reductions in unwarranted health care variation measures across population groups (3-5 years)
	Greater health equity in our system and programme measures (3-5 years)
Strategic priorities	What impacts and outcomes we expect to see and have been measuring and reporting in our annual reports (and the time anticipated to be able to see change)
<b>Improving experience for consumers and whānau</b>	Improved consumer and whānau experience as a result of improvements made by providers, which they were supported to make by learning from patient experience surveys (3-5 years)
	Consumer and whānau measures and reporting across our programme areas (qualitative and quantitative) indicating improvement in engagement and experience (3-5 years)
<b>Developing the workforce as improvers</b>	To be developed over 2023-24
<b>Strengthening systems for high-quality services</b>	Improved quality and safety measures within our programme areas (2-5 years or longer)
	Reduced bed-days within our programme areas (2-5 years or longer)
<b>Leading health quality intelligence</b>	Health sector has increased capability in using data to improve quality and safety. Survey measures will be developed in the first year of this SOI (3-5 years)
<b>Reducing harm and preventable mortality</b>	Reduced number of disability-adjusted life-years lost due to complications and poor outcomes within our programme areas (2-5 years)
	Reduced mortality over time in mortality review cohort groups (long term, intergenerational)

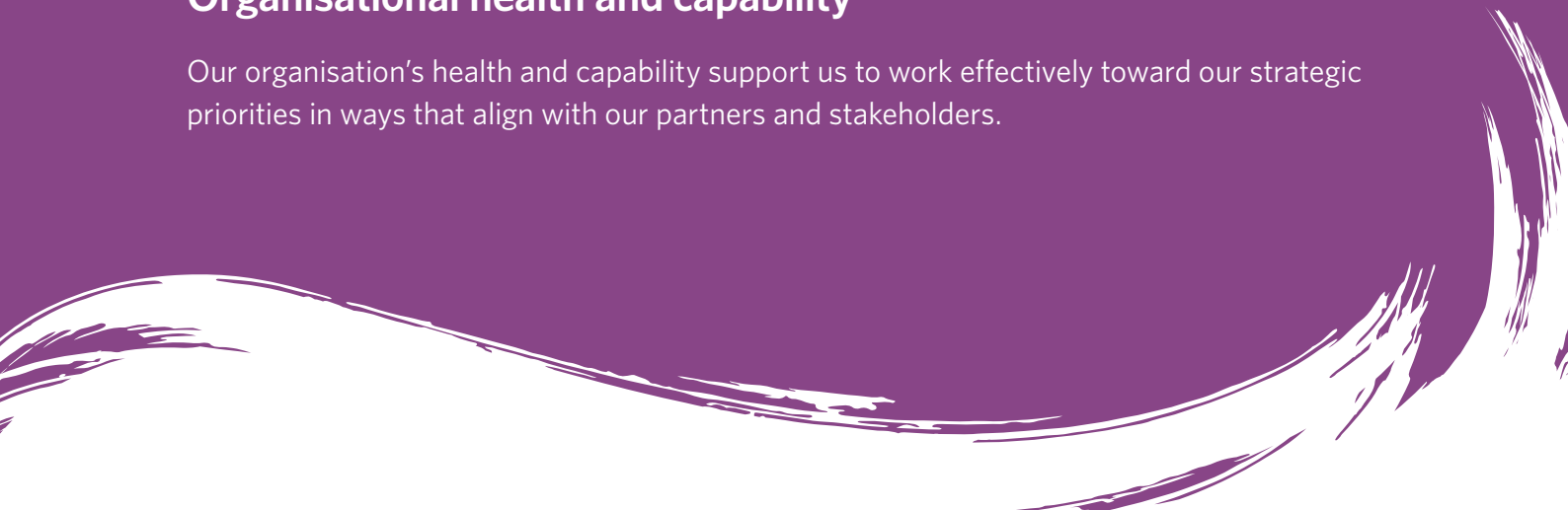


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## 5. Te hauora me te kaha o te whakahaere

### Organisational health and capability

Our organisation's health and capability support us to work effectively toward our strategic priorities in ways that align with our partners and stakeholders.



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





## Our governance

We are governed by a board of 10 members who are appointed by the Minister of Health. Rae Lamb is our board chair.<sup>56</sup>

The board of Te Tāhū Hauora works alongside its governance advisory partners, Te Kāhui Piringa and Te Kāhui Mahi Ngātahi, to ensure Māori world views and lived experience are at the centre of our work. The board also has an audit sub-committee, which provides assurance on and assistance with our financial statements and internal control systems.

A range of expert advisory groups and the National Mortality Review Committee also support and direct the work of Te Tāhū Hauora.

### Te Kāhui Piringa

Te Kāhui Piringa partners with the board of Te Tāhū Hauora to provide advice, guidance and direction on strategic priorities regarding the enactment of Te Tiriti o Waitangi. This includes bringing Māori worldview knowledge and the perspectives of Māori consumer, whānau, hapū, and Iwi to improve the quality and safety of the health system to better meet the needs of Māori.

Membership consists of up to eight Māori health sector experts who are recognised for their rangatiratanga (their mana, leadership, matauranga and te ao Māori) and their health and hauora knowledge, skills and expertise.

Te Kāhui Piringa meets up to five times a year and sits in joint sessions with our board to support and shape our strategic direction to ensure that our work supports the best possible health outcomes for Māori.

### Te Kāhui Mahi Ngātahi

Te Kāhui Mahi Ngātahi (formerly named the Consumer Advisory Group) was established to carry out the following functions.

- Advise the board and chief executive on strategic issues, priorities and frameworks from a consumer perspective.

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- Identify key issues for consumers and organisations, such as:
  - the responsiveness of existing providers to patients, consumers, families and whānau
  - the strategic direction of Te Tāhū Hauora programmes
  - measuring and examining quality and safety.

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- Engage with the consumer network kōtuinga kiritaki of Te Tāhū Hauora, national and international clinical advisory groups and the wider health sector on consumer engagement activities and interests.

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<sup>56</sup> Te Tāhū Hauora. (nd). Ngā kanohi o te Poari | Board members. URL: [www.hqsc.govt.nz/about-us/our-people/board-members](http://www.hqsc.govt.nz/about-us/our-people/board-members) (accessed 21 June 2023).



## Supporting our Ministers

Our independence from commissioning and accountability roles means that we can rapidly identify quality, safety and improvement issues emerging across the health system and at all levels. We actively scan the sector for emerging quality and safety issues, and we work to understand how these should be addressed. We also regularly review our own performance, engaging with the sector to understand their quality challenges and how we can help, so that we can maximise our impact and our value.

We can advise Ministers on emerging and complex quality issues, drawing on our broad quality, safety and improvement expertise; our hard data and analysis; and the soft intelligence we draw from our broad networks (across government agencies, the workforce, consumers and whānau, Māori partners and population groups experiencing inequity). Many complex quality issues cannot be solved by one health agency alone. We can support Ministers to draw on the strengths of all the agencies with health quality functions to ensure an appropriate response that resolves quality, safety and improvement issues quickly and effectively.

We are also responsive to Government priorities for Aotearoa New Zealand as a whole and for the health system specifically (see Figure 3 in Section 3: Heke, which outlines how our strategy is aligned with the interim Government policy statement for health).

## Supporting our people

Our people are our greatest asset, and we emphasise the value of kotahitanga – working together. We will be reviewing and considering our new organisational values, under new leadership, in coming months. Our staff will actively participate in this process to ensure that our values are shared and meaningful for us all.

The board of Te Tāhū Hauora works alongside its governance partners to ensure both Māori world views and lived experience are at the centre of our work.

Alongside the people who direct and influence us, Te Tāhū Hauora has a workforce of more than 110 people who operationalise our work within and across the health sector. We value our staff and work to provide them with opportunities to further build their capability, which in turn strengthens both the capability and the capacity of our organisation.

Our staff are passionate about their work and invest a lot of energy and time into working for Te Tāhū Hauora. Their wellbeing is important to us, and it enables them to do the best job they can. We see immense value in supporting staff so they can carry out their work and still have time for their families, whānau and external interests. We proactively support our staff to manage stresses associated with work and with broader life. We want to be an employer of choice, and operating with this recognition helps us attract and retain the best people for our work.

We invest in continued learning, skill and knowledge development of our people across a range of areas, including strengthening capability to give effect to Te Tiriti o Waitangi (discussed below).



## Equal opportunities

Te Tāhū Hauora remains committed to equal employment for all groups of people and has an equality and diversity policy in place. We have already made advances in promoting equal employment opportunities and increasing the diversity of our staff through recruitment plans, with a particular focus on attracting Māori, Pacific peoples and disabled people to our teams. Te Tāhū Hauora remains committed to supporting our rainbow staff.

## Flexibility and work design

Te Tāhū Hauora supports flexible work arrangements for employees who have carer responsibilities<sup>57</sup> and for other reasons, such as study and career development. Flexible arrangements may include:

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

Our information technology and modern communication technologies also enable work flexibility. During the lockdowns in response to the COVID-19 pandemic, staff were able to work remotely, and we continue to support a hybrid approach to working from the office and elsewhere.

## Ongoing improvement

We work to improve our own performance, alongside our health quality improvement approaches and tools, through regular review, evaluation and reflective practice.

## Strengthening our Te Tiriti o Waitangi capability


We are committed to developing our organisation to be an effective Te Tiriti o Waitangi partner for Māori. We have a Māori health outcomes directorate (Ahuahu Kaunuku), which supports our organisation by providing Te Tiriti o Waitangi-based leadership, expertise and advice on key pieces of work.

We have committed to staff development, including in te reo Māori, tikanga, waiata and Te Tiriti o Waitangi education. We have had staff training on te ao Māori and are strengthening our skills in critical policy analysis to give effect to Te Tiriti o Waitangi by using the Wai 2575 principles and tikanga Māori.

We have confirmed a work programme, Te Whāinga Amorangi, to support our contribution (as a Crown entity) to embody the Government's good-faith and collaborative approach to Māori-Crown relationships, by building staff and organisational capability.

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<sup>57</sup> Meeting the provisions of Part 6AA of the Employment Relations Act 2000.



Most importantly, we are making efforts to partner with Māori where appropriate to develop our understanding of how we need to work to be effective Te Tiriti o Waitangi partners and how we can support mana motuhake. We have solid foundations in place, including:

- Te Kāhui Piringa, which works to support, advise and partner with our board

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- Ngā Pou Arawhenua, which works alongside and supports our national mortality review function<sup>58</sup>

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- Te Hiringa Kounga Māori, which advises the mental health and addictions quality improvement programme

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- Mana Enhancing Design Partners, who function as a Te Tiriti o Waitangi partnership rōpū for our advanced care planning programme.

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## Environmental sustainability

In December 2020, the Government announced a climate change emergency and established the Carbon Neutral Government Programme to accelerate emissions reductions in the public sector so that it can become carbon neutral by 2025. The programme set a target of a 21 percent reduction in gross carbon emissions intensity by 2025.

Te Tāhū Hauora is committed to fully reducing our carbon footprint and becoming carbon neutral by 2025, and we contracted Toitū Envirocare to audit our annual carbon emissions report. We recently became certified as a Toitū carbonreduce organisation for the base year of 2018/19.

Through Toitū Envirocare's carbonreduce programme, we record our annual greenhouse gas emissions and develop targets for reducing those emissions. Our baseline figure is 736 tonnes for 2018/19. An approximate 3.5 percent reduction per year enables us to meet our overall 21 percent gross carbon emissions reduction by 30 June 2025.

We have seen a significant reduction in carbon emissions since our base year, mainly due to reduced travel associated with the COVID-19 pandemic restrictions but also due to changes to more sustainable electricity providers, reduced paper use and more sophisticated reporting of freight costs and waste management. We continue to sort our office waste, including by separating composting and recycling. Although travel restrictions have now been lifted nationally, we remain committed to ensuring our travel emissions are sustainable.

Te Tāhū Hauora uses all-of-government procurement templates and the Government electronic tender service templates, which require suppliers bidding to demonstrate their sustainability strategy.

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<sup>58</sup> Te Tāhū Hauora. 2021. Ngā Pou Arawhenua. URL: [www.hqsc.govt.nz/our-work/mortality-review-committees/nga-pou-arawhenua](http://www.hqsc.govt.nz/our-work/mortality-review-committees/nga-pou-arawhenua) (accessed 22 April 2023).



## Managing our finances

Te Tāhū Hauora prudently works within our funding levels and annually delivers on the Government's expectations. Each year when developing our Statement of Performance Expectations, Te Tāhū Hauora board and management ensure delivery to expectations while we look for ways of making savings, reprioritise to match programme activity back to Crown funding levels and absorb growing cost pressures. As resourcing becomes available from areas where work is concluding, it is reallocated towards our priority areas.

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

We maintain sound management of public funding by complying with relevant requirements of the Public Service Act 2020,<sup>59</sup> the Public Finance Act 1989<sup>60</sup> and applicable Crown entity legislation. The annual audit review from Audit New Zealand provides useful recommendations on areas for improvement. We implement these recommendations, with oversight from our audit sub-committee.

### Compliance

We meet our good employer requirements and obligations under the Public Finance Act 1989, the Public Records Act 2005, the Public Service Act 2020, the Health and Safety at Work Act 2015, the Crown Entities Act 2004 and other applicable Crown entity legislation through our governance, operational and business rules. We continue to use the ComplyWith cloud-based legislative compliance information, monitoring and reporting programme, which shows that we have a consistently high level of overall legislative compliance. We continue to comply with all legislative requirements and proactively implement processes wherever possible to address any issues that arise.

### Risk management

All Te Tāhū Hauora staff are aware of the process for risk identification and management. The board, chief executive, senior management and programme managers regularly identify strategic and operational risks in consultation with their teams. Programme managers recognise that they are accountable for raising the risks in their programme areas with management.

Risk management is a standing agenda item at each board meeting. Our audit sub-committee provides the board with independent assurance on and assistance with our financial statements and the adequacy of systems of internal controls. We have recently had a specific focus on reviewing data use and data storage risks.

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59 Public Service Act 2020. URL: [www.legislation.govt.nz/act/public/2020/0040/latest/LMS106159.html](http://www.legislation.govt.nz/act/public/2020/0040/latest/LMS106159.html) (accessed 22 April 2023).

60 Public Finance Act 1989. URL: [www.legislation.govt.nz/act/public/1989/0044/latest/DLM160809.html](http://www.legislation.govt.nz/act/public/1989/0044/latest/DLM160809.html) (accessed 22 April 2023).

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# Āpiti hanga 1: Ngā whāinga me ngā āheinga

## Appendix 1: Our objectives and functions

### Objectives of the Health Quality & Safety Commission<sup>61</sup>

The objectives of the Health Quality & Safety Commission (HQSC) are to lead and coordinate work across the health sector for the purposes of:

1. monitoring and improving the quality and safety of services; and
2. helping providers to improve the quality and safety of services.

### Functions of HQSC

The functions of HQSC are:

1. to advise the Minister on how quality and safety in services may be improved; and
2. to advise the Minister on any matter relating to –
  - health epidemiology and quality assurance; or
  - mortality; and
3. to determine quality and safety indicators (such as serious and sentinel events) for use in measuring the quality and safety of services; and
4. to provide public reports on the quality and safety of services as measured against –
  - the quality and safety indicators; and
  - any other information that HQSC considers relevant for the purpose of the report; and
5. to promote and support better quality and safety in services; and
6. to disseminate information about the quality and safety of services; and
7. to support the health sector to engage with consumers and whānau for the purposes of ensuring that their perspectives are reflected in the design, delivery and evaluation of services; and

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61 Subpart 3, Pae Ora (Healthy Futures) Act 2022.

8. to develop a code of expectations for consumer and whānau engagement in the health sector for approval by the Minister; and

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  9. to make recommendations to any person in relation to matters within the scope of its functions; and

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  10. to perform any other function that -
    - relates to the quality and safety of services; and
    - HQSC is for the time being authorised to perform by the Minister by written notice to HQSC after consultation with it.
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In performing its functions, HQSC must, to the extent it considers appropriate, work collaboratively with -

- the Ministry of Health; and

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  - Health New Zealand; and

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  - the Health and Disability Commissioner; and

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  - the Māori Health Authority; and

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  - providers; and

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  - health care professional bodies (for example, colleges); and

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  - any groups representing the interests of consumers of services; and

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  - any other organisations, groups or individuals that HQSC considers have an interest in, or will be affected by, its work.
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### **Responsibility for mortality review committees**

Te Tāhū Hauora holds legislative responsibility for Aotearoa New Zealand's national mortality review functions.

We can establish and direct mortality review committees to review and advise and report on mortality for the purposes of reducing mortality and morbidity. Under the Pae Ora Act, Te Tāhū Hauora can appoint one or more committees to undertake review, advise and report as directed. Mortality review committees have specific powers and responsibilities within the Pae Ora Act regarding how they can collect, manage and hold information securely.

Te Tāhū Hauora must report once a year to the Minister on the progress of mortality review committees and include the report in our annual report.

From 2023, there will be a single national mortality review committee, which will take a strategic approach, overseeing all mortality and prioritising areas of focus for in-depth review and reporting.

