



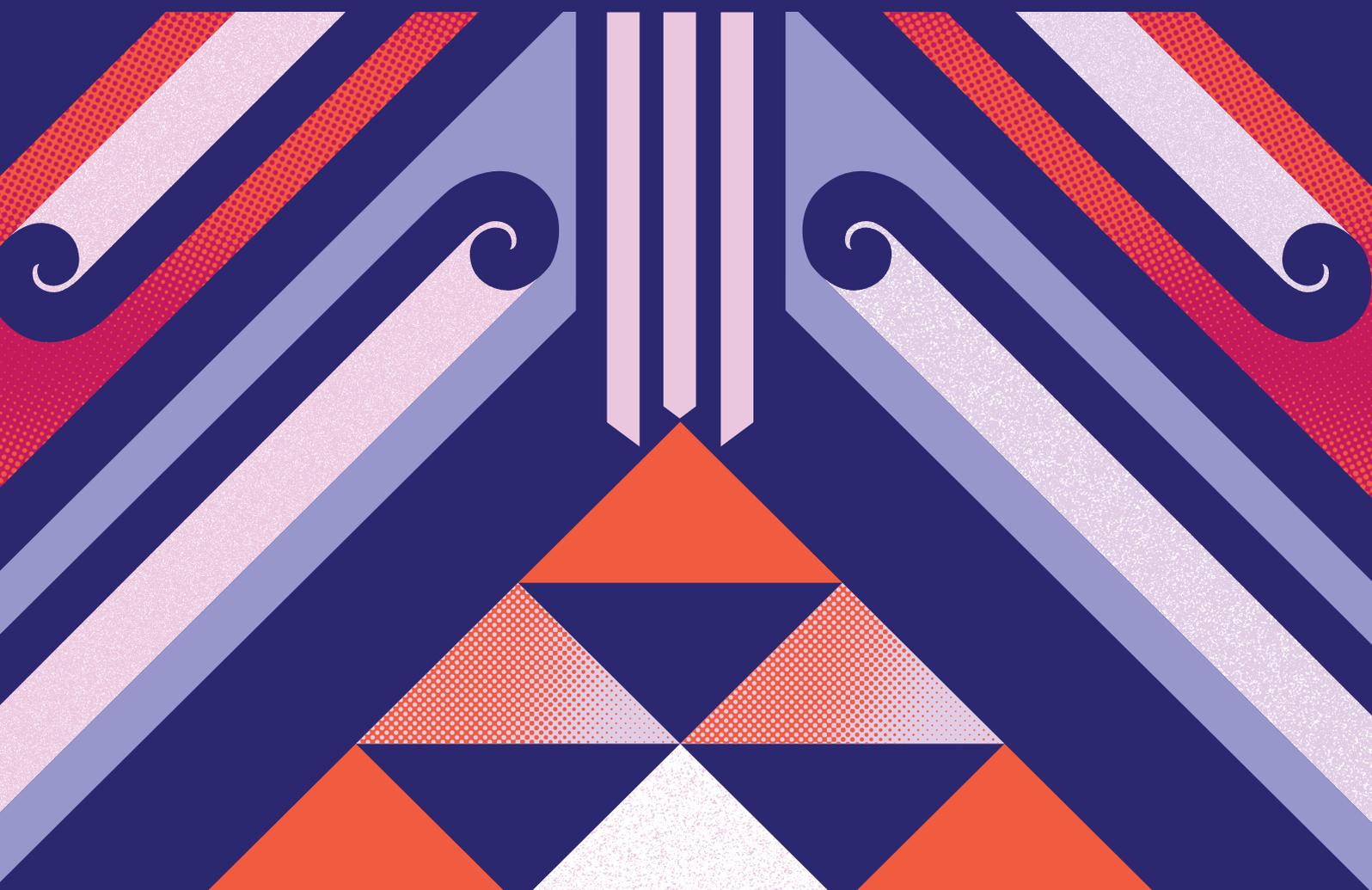
**Te Tāhū Hauora**  
Health Quality & Safety  
Commission

# Statement of Performance Expectations

## Ngā Paearu Mahi

### 2023/24

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



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# Foreword | Kōrero takamua

While the system and its structures around us have changed considerably over the last 12 months, Te Tāhū Hauora Health Quality & Safety Commission (Te Tāhū Hauora) has remained a beacon of stability for the health system, with a firm mandate to improve the quality and safety of health services. The Pae Ora (Healthy Futures) Act 2022 (Pae Ora Act) confirmed our core and important role within the health system and strengthened our functions.

While our mandate remains firm, the previous year has seen some key transitions, as the foreword of our latest Statement of Intent (SOI) 2023–27 outlines. First, we have farewelled our board Chair Dr Dale Bramley and our Chief Executive, Dr Janice Wilson, who have led our organisation to become what it is today. We have welcomed a previous board member, Dr Peter Jansen, as our new Chief Executive and look forward to Te Tāhū Hauora evolving under his capable leadership.

Second, we recently launched a new te reo Māori name, Te Tāhū Hauora, and a new visual identity including an updated logo and tohu. These reflect how we see ourselves today. They underline our strong commitment to embedding and enacting Te Tiriti o Waitangi and to driving quality, safety and improvement across all levels of the health system.

Third, our recent organisation review, undertaken to inform the development of our SOI 2023–27, has recommended that Te Tāhū Hauora takes a new approach to influencing change.<sup>1</sup> Along with ‘shining a light’ where improvement is needed and ‘lending a hand’ to support improvement, we are now being asked to take the next step to ‘lead out with influence’, right across the sector. Our SOI sets our intent for the next four years, and our commitment to pushing harder and faster to ‘lead out with influence’ for improvement.

This is our first year of producing a Statement of Performance Expectations aligned with our new SOI. Our vision remains as important as ever, and our mission continues to be the basis of how we work. Embedding and enacting Te Tiriti o Waitangi and pursuing health equity are our enduring priorities – they underpin everything we do at Te Tāhū Hauora. Our strategic priorities now more closely reflect the work programmes of Te Tāhū Hauora, and, for the first time, we have a priority focused specifically on the health workforce. We recognise the impacts of COVID-19, staff shortages and increased demand on health services and are committed to enabling the workforce, within the scope of our functions, to do what they do best – providing high-quality care to all New Zealanders.

In this changing and reforming health system of 2023/24, we push for improvement in new ways and in new areas. This includes developing the recommendations function that the Pae Ora Act has given us and supporting iwi–Māori partnership boards with our health quality intelligence, to improve the quality and safety of services in their localities. We will assist the sector to implement the code of expectations for health entities’ engagement with consumers and whānau, while modelling the code within our own organisation. We are on a journey to support the system as a whole, particularly primary and community care and within localities.

This is the first year in which we have our reformed national mortality review function. We will be exploring new approaches to mortality review, introducing new ways to disseminate findings and recommendations, and further deepening relationships with key health and social sector entities.

We continually review the terms of reference and the operating processes of our Quality Forum so that it continues to provide the platform for discussing and addressing system-wide issues. We strengthen our commitment to quality for Pacific peoples and disabled people across all areas of our work and are building

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<sup>1</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2023. *Te Tāhū Hauora Health Quality & Safety Commission independent performance review report 2023 | Te arotakenga mahi motuhake a Te Tāhū Hauora 2023*. Wellington: Te Tāhū Hauora 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.]

new partnerships across the system. We continue to grow system capability as the only national agency delivering education and training programmes, from introductory to expert levels, in quality improvement science.

With this Statement of Performance Expectations 2023–24, Te Tāhū Hauora is beginning an exciting new chapter of our story. We continue our journey with a focus on leading out with influence to ensure quality health for all New Zealanders, under new leadership and with a strengthened mandate in the reformed health system.

## Board statement | Tauākī a te poari

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



Rae Lamb

**Chair**

30 June 2023



Dr Andrew Connolly

**Deputy Chair**

30 June 2023

# Introduction | Kupu whakataki

Te Tāhū Hauora Health Quality & Safety Commission (Te Tāhū Hauora) leads and coordinates work across the health sector to:<sup>2</sup>

- monitor and improve the quality and safety of services
- help providers to improve the quality and safety of services.

In 2010, Te Tāhū Hauora was established to stand and operate independently of quality roles associated with delivery, commissioning, regulation and performance management. From our unique position of independence, we have been able to build strong relationships of trust across the sector, lending a helping hand when needed. Working collaboratively across agencies, providers and iwi Māori and with the people who use health services, we have been able to strengthen and continuously advance health quality, safety and improvement.

The health system landscape looks different now to what it did when we were established. While the system structures around us have changed considerably, we have remained an organisation constantly focused on health quality improvement. We have a strengthened role under section 80 of the Pae Ora (Healthy Futures) Act 2022 (the Pae Ora Act).

- We are now able to make recommendations about health quality, safety and improvement to anyone who has the ability to contribute to improvement. We are committed to doing this effectively to ensure maximum impact.
- A new role is to develop a code of expectations for health entities' engagement with consumers and whānau (code of expectations). The Pae Ora Act has also formalised our existing role in leading the sector to engage with consumers and whānau.

The health system has worked incredibly hard over the last year to recover from the continuing effects of the COVID-19 pandemic and to embed the structure of the health reforms in the system. It is important to acknowledge that this work is ongoing, and we see this time of change as a key opportunity to strengthen our leadership in the system. As the system adapts and responds to the emergent needs of Aotearoa New Zealand, so too do we.

We are being asked to 'lead out with influence' to help build the foundations of quality improvement into operations in the new health system.<sup>3</sup> We use the new tools the Pae Ora Act has given us, alongside those we have already been using, to increase our impact in advancing health quality, safety and improvement so that we can achieve our vision of 'Hauora kounga mō te katoa | Quality health for all'. We particularly see an opportunity to support our health workforce to provide the highest quality of care to all.

## Evidence-based, measurable improvement

Evidence underpins all our work. We draw that evidence from careful measurement and analysis, literature, and the knowledge and understanding of those we work with.

We can demonstrate that our efforts have a measurable impact. We also teach and encourage the health sector to measure and monitor their improvement efforts.

In previous years, with our core funding of \$14.376 million, we estimate that our work has saved around \$66 million in unnecessary expenditure and added around \$153 million in value through avoiding harm and reducing mortality.

Just four of our programmes have together saved 673 disability-adjusted life years (DALYs). Our trauma programme has saved another 1,248 DALYs.<sup>4</sup>

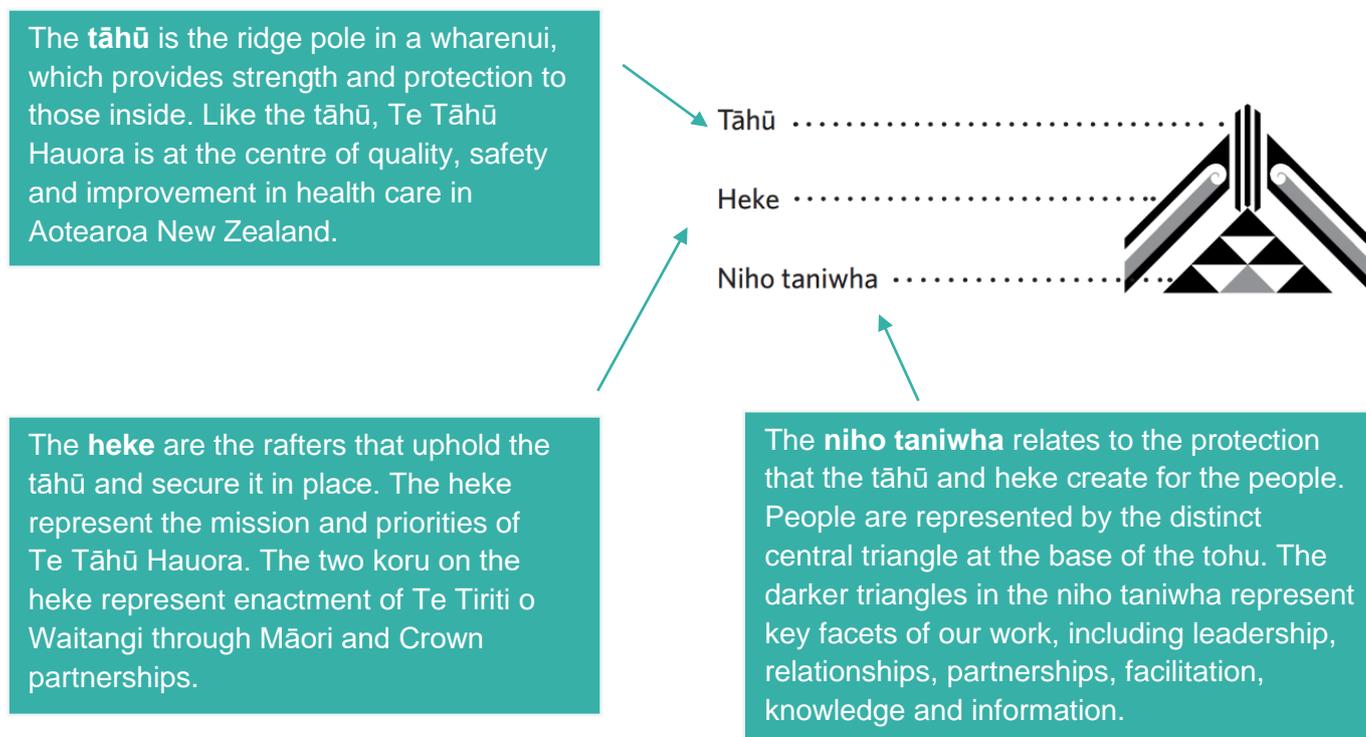
<sup>2</sup> Pae Ora (Healthy Futures) Act 2022. URL: [www.legislation.govt.nz/act/public/2022/0030/latest/LMS575405.html#LMS575583](http://www.legislation.govt.nz/act/public/2022/0030/latest/LMS575405.html#LMS575583). See Appendix 1.

<sup>3</sup> Te Tāhū Hauora Health Quality & Safety Commission 2023, *op. cit.*

<sup>4</sup> Gabbe BJ, Isles S, McBride P, et al. 2022. Disability-adjusted life years and cost of health loss of hospitalised major trauma patients in New Zealand. *New Zealand Medical Journal* 135(1563): 62–9.

This is the first year in which Te Tāhū Hauora is setting our Statement of Performance Expectations (SPE) against our new Statement of Intent (SOI) 2023–27. The structure of our SOI is based on the tohu that is part of our new visual identity and links to our name in te reo Māori that we recently launched, Te Tāhū Hauora. These changes reflect how we see ourselves within the reformed health system.

Our tohu is made up of three key elements – tāhū, heke and niho taniwha.



In this SPE, we acknowledge our living visual identity and draw on its three key elements as we set out our expectations for our work in 2023/24.

- **Section 1** introduces our organisation’s vision, mission and enduring and strategic priorities, drawn from the **tāhū** and **heke** sections of our SOI. We consider the important outcomes that our organisation contributes to, like the many others who work alongside us to influence ‘Hauora kounga mō te katoa | Quality health for all’.

This section shows how our work supports the goals and directions of Government. We describe how the Government’s priorities and the directions the Minister of Health’s Letter of Expectations sets for us influence our work and how our priorities contribute to these.

We also consider what else has influenced our work planned for 2023/24 and how we work according to our mission ‘Whakauru. Whakamōhio. Whakaawe. Whakapai ake. | Involve. Inform. Influence. Improve’.

- **Section 2** describes how we measure our performance.
- **Section 3** gives an overview of how we will progress our work in 2023/24, aligning with the **niho taniwha** section of the SOI. We detail our deliverables for advancing and achieving our vision of ‘Hauora kounga mō te katoa | Quality health for all’. For each deliverable, we describe how we will assess and monitor our progress and performance against our planned work (timeliness, quantity and quality) and how we will assess the impact of our planned work.
- **Section 4** outlines the work we do in partnership with third parties.
- **Section 5** focuses on our organisational health and capability.
- **Section 6** provides our financial details for the four years ending 30 June 2026 (revenue and proposed expenses).
- **Section 7** sets out our financial policy details.

# 1. Leading health quality improvement and measuring and monitoring health quality | Te ārahi whakapai kounga hauora, te aromatawai me te aro turuki hoki

Te Tāhū Hauora works toward our vision:

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

Our role is to guide and support the health sector to address the quality issues that exist today and prepare for those of the future. Our extended functions under the Pae Ora Act have strengthened our ability to lead out with influence, and guide quality improvement with evidence-based solutions.

**We do not do this alone.** Our mission makes this clear:

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

As a small organisation with a constant mandate in a changing, complex health system, we lead out with influence, supporting and working collaboratively alongside others so that together we can better understand and improve health quality for all.

## ***Enduring priorities***

Our enduring priorities underpin all of our work, and ways of working, within Te Tāhū Hauora.

## **Embedding and enacting Te Tiriti o Waitangi**

We continue to prioritise our commitment to Te Tiriti o Waitangi as our nation's founding document. The Pae Ora Act provides for the Crown's intention to give effect to the principles of Te Tiriti o Waitangi that the courts and the Waitangi Tribunal have set out in the 2019 in *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* (2019 Hauora Report).<sup>5</sup>

We acknowledge its place as a foundation of the health system<sup>6</sup> by actively embedding and enacting Te Tiriti o Waitangi. Through this, we support the health system to strengthen its ability to recognise and prioritise Māori aspirations, te ao Māori and mātauranga Māori. At Te Tāhū Hauora, we base our approach about Te Tiriti o Waitangi on the three articles of Te Tiriti and the Ritenga Māori Declaration.<sup>7</sup>

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<sup>5</sup> Waitangi Tribunal. 2019. *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry*. Wellington: Waitangi Tribunal.

<sup>6</sup> Section 6, Pae Ora Act.

<sup>7</sup> Often referred to as the fourth article or the oral article.

### Kāwanatanga – partnering and shared decision-making

Informed and shaped equally by tangata whenua and tangata Te Tiriti world views and perspectives

### Tino rangatiratanga – recognising Māori authority

Recognising the importance of tangata whenua authority and autonomy. Supporting tangata whenua-led processes, actions and decision-making, through shared power and resources

### Ōritetanga – equity

Undertaking specific actions to ensure equitable outcomes for tangata whenua and recognising that these actions can also support equitable outcomes for other groups

### Wairuatanga – upholding values, belief systems and world views

Prioritising tangata whenua world views, values and belief systems

To enact and embed Te Tiriti o Waitangi, we draw on these principles to guide both our actions and the actions of the wider health sector.

- **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. Further, 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 must be co-designers with the Crown of the primary health system for Māori.

We continue to prioritise trusted and constructive partnerships with Māori leaders who work as experts and within advisory groups alongside us. We recognise that we, like others in the health sector and across government, are on a journey towards a genuine and mutually beneficial partnership under Te Tiriti o Waitangi.

Four groups in particular are critical to our journey. Te Kāhui Piringa supports, advises and partners with our board; Ngā Pou Arawhenua works alongside and supports our national mortality review function; Te Hiringa Kounga Māori advises the mental health and addictions quality improvement programme; and Mana Enhancing Design Partners functions as a Te Tiriti o Waitangi-based partnership rōpū for our advance care planning programme.

Our recent work on developing the code of expectations for health entities' engagement with consumers and whānau (the code of expectations) included numerous discussions with whānau, hapū and marae for the specific purpose of incorporating Māori voices and views. The members of Te kāhui mahi ngātahi (consumer advisory group), Kōtuinga kiritaki (consumer network) and specifically the consumer and whānau voice framework reference group, including Te Aka Whai Ora, continue to advise and aid our approach to engaging and supporting the sector to implement the code of expectations.

We are building on this work in partnership with Te Aka Whai Ora Māori Health Authority (Te Aka Whai Ora), so that we can help to support the governance role of iwi–Māori partnership boards in determining health priorities for iwi and Māori across localities.

Our National Mortality Review Committee will be established on 1 July 2023 as part of our reformed national mortality review function. It will work actively to reduce inequitable and preventable mortality in Aotearoa New Zealand, in particular that experienced by Māori. The committee will have equal Māori representation at a minimum. Its decision-making process includes a deliberate focus on areas of mortality where Māori experience the poorest outcomes and we are working to ensure that whānau voices inform review processes, drawing on Te Pou – Māori responsive rubric and guidelines.<sup>8</sup>

## Pursuing health equity

Equity forms a core part of the health sector principles set out in the Pae Ora Act, which guides all health entities in carrying out their functions.

In our work, we describe health inequities as avoidable and unfair differences in health outcomes. Health equity means that everyone has the opportunity to achieve good health outcomes, no matter what their background or circumstances. In contrast, health equality means that everyone receives the same care, no matter what their individual or whānau needs or circumstances. To achieve health equity rather than equality, we may need to take a range of approaches so that we can meet the diverse needs of different individuals, their families, whānau and communities.

With our support for providing high-quality, culturally safe and accessible health services to populations experiencing health inequities, the health system and services are better placed to help address inequities and contribute to greater equity of health outcomes across all population groups. We recognise that equity is central to quality and that there 'is no quality without equity'.

We can pursue health equity best by both fulfilling our strategic priorities and drawing on our strong relationships with groups experiencing health inequity.

Our **five strategic priorities** (below) are based on what we see as the foundations of the role of Te Tāhū Hauora in health quality today. They outline how we contribute to our vision – 'Hauora kounga mō te katoa | Quality health for all'. Because our enduring priorities underpin our strategic priorities, we expect that the work we do to achieve each strategic priority advances our enduring priorities.



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<sup>8</sup> Health Quality & Safety Commission. 2022. *Te pou – Māori responsive rubric and guidelines*. Wellington: Health Quality & Safety Commission. 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).

## ***Our outcomes framework and how we contribute to the Government's objectives***

Figure 1 (on page 13) shows how our work (our output class) contributes to our mission. That mission defines the way we work, which then leads to our strategic priorities. This all feeds into our vision of 'Hauora kouna mā te katoa | Quality health for all'.

Figure 1 also shows that our work aligns well with the priorities stated in the Interim Government Policy Statement on Health 2022–2024<sup>9</sup> and the budget area of focus for the health system. We are committed to working alongside the rest of the health sector, and across the broader social sector, to achieve the shifts in how our system works and what it delivers for all New Zealanders. Both our work and the work of others contributes upwards towards the wellbeing objective of 'physical and mental wellbeing'.

## ***Our directions from the Minister of Health***

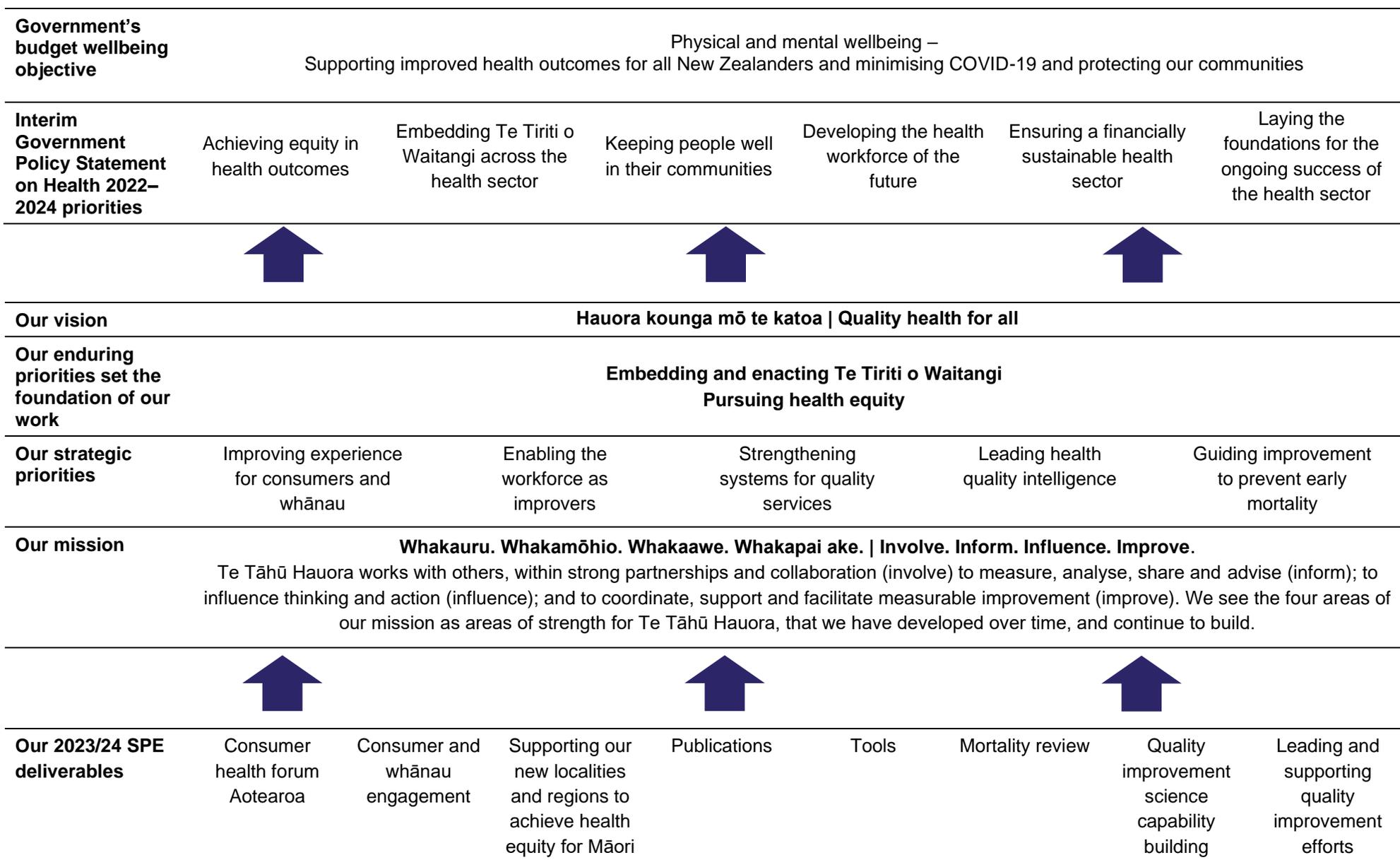
While the alignment of our work with the Government's priorities is clear, we also have specific expectations that the Minister of Health sets for us in the Letter of Expectations for the year. The Minister has directed us to:

- maintain and improve our good performance of functions that the Pae Ora Act has confirmed, in keeping with the aspirations of the reforms
- consider how we can contribute to the priorities of the Interim Government Policy Statement on Health 2022–2024
- identify and pursue any opportunities to work collaboratively and collectively with other entities where this results in health gains
- focus on strengthening longer-term financial planning and forecasting in line with the Government's shift to multi-year budgets
- continue collaborating and sharing information with Manatū Hauora Ministry of Health (Manatū Hauora)
- strengthen our role in monitoring of quality and safety in the reformed system in our priorities, such as by considering how we can contribute to improved quality and safety in areas that we highlight in our reports
- include primary and community care in our work programme, such as by supporting improved capability and improvement projects in both these areas
- consider reviewing current tools and resources to find out how the entities are using these resources and whether they are having a positive impact in the sector
- show progress on the Te Ao Māori Framework and the Clinical Governance Framework and how both frameworks are being used across the sector
- provide an update on how the Quality Forum model is working and whether it is achieving its intended outcomes.

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<sup>9</sup> Manatū Hauora Ministry of Health. 2022. *Interim Government Policy Statement on Health 2022–2024*. Wellington: Manatū Hauora. 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).

**Figure 1: How our work aligns with and contributes to the Government health policy priorities and objectives**



## ***Our mission is central to how we work***

### **Partnership and collaboration (involve)**

We support active partnership within the health sector, based on Te Tiriti o Waitangi and the ethos of co-design. The sector can only provide high-quality, safe and equitable services if everyone has the opportunity to be actively engaged in this work.

We are committed to robust Te Tiriti o Waitangi partnerships with tangata whenua across our work, and we encourage everyone across the sector to be active partners in enacting Te Tiriti o Waitangi. We are committed to giving Māori leaders, experts and whānau the opportunity to provide Māori world view solutions based on mana motuhake that improve our health system and services. As a small organisation, we aim to work with iwi and hapū through the organisations that hold direct relationships with them.

We work closely with Te Aka Whai Ora and are committed to supporting it to make the transformational change needed to achieve the vision of the Pae Ora Act, in which whānau Māori have a greater range of health and wellbeing options and services. We continue to build our relationships with iwi–Māori partnership boards. This includes sharing who we are and what we do, and working with them to determine how we might best support them to get the data and information they need for locality planning. In turn, iwi–Māori partnership boards can then lead the provision of high-quality services to their populations. This approach brings to life our commitment to pātuitanga – meaningful partnership – and to advancing mana motuhake.

Consumer engagement is a foundation of health quality and safety. From the start, Te Tāhū Hauora has championed consumer engagement at all levels of the health sector. Our work to support consumer and whānau voices has grown over the last few years, most recently because of our expanded role under the Pae Ora Act. We continue this focus in 2023/24.

We are also committed to working with consumers, whānau and population groups who experience health inequity. We have a work programme specifically focused on hearing the voices of Pacific peoples, disabled people, migrants, refugees, rainbow communities and people living in rural areas to make their world views, needs and experiences central to improvement initiatives.

Our consumer and whānau advisory groups represent engagement at all levels of the organisation. Our groups include representation from Māori and other groups experiencing inequity such as Pacific peoples and disabled people. In terms of governance, Te kāhui mahi ngātahi (consumer advisory group) advises our board and other advisory groups and networks such as Kōtuinga kiritaki (consumer network), who participate in programme planning. Our advisory groups also act as a link between Te Tāhū Hauora and wider consumer groups, proactively promoting consumer engagement within the sectors they represent.

The consumer health forum Aotearoa was established in November 2021 to increase the diversity of consumer and whānau voices engaged in the health sector and to guide active partnerships between communities and the sector. More information on the consumer health forum Aotearoa is provided under deliverable 1, page 22. Under our obligations to Te Tiriti o Waitangi, a specific focus for the coming year is increasing the representation of Māori within the consumer health forum Aotearoa. We also continue to prioritise membership of Pacific peoples, disabled people and others who experience inequities in this group in alignment with our enduring priorities. Additionally, we are committed to providing support for our two recently established consumer groups: the Bula Satu | Pacific consumer group and the Kaitiaki group of the consumer health forum Aotearoa. We are also looking to bring together a young voices group.

In 2023/24, we will actively review and strengthen the representation of our consumer groups in alignment with our enduring priorities to embed and enact Te Tiriti o Waitangi and pursue health equity. This will provide a strong foundation to enable Te Tāhū Hauora to give effect to the code of expectations (more information on page 24).

We have a strong focus on working with and supporting clinical and quality leadership to increase the emphasis on quality, safety and improvement among health services. We also work with those who can more broadly influence the quality of services, including government agencies and the Government.

To influence quality across the system, we are developing relationships with the new agencies to establish the foundations for collaborative work in the future. We look to strengthen these relationships over this coming year.

We continue to provide quality measures and improvement knowledge and capability that other health agencies need to deliver high-quality, safe and equitable services.

We are growing the Quality Forum, which brings health agencies together to coordinate system quality and safety.

In 2023/24 we will continue to monitor and strengthen the diversity of representation on our consumer advisory groups.

### **Measuring, analysing, sharing and advising (inform)**

Te Tāhū Hauora has a unique role in measuring, analysing and sharing data and information about, and advising on the quality and safety of health services. Our broad suite of over 300 quality measures helps us in this role. We also work to make our data, information and evidence accessible to all, both within and beyond the health sector. Our regular Quality Alerts update the sector on quality, safety and improvement across our system, and we have built and continue to add to a measures library so the sector can understand, use and interpret quality measures more consistently.

We also know that those we work with hold valuable intelligence that can help improve quality and safety in the health sector. Their experiences provide useful information to support improvement. We work alongside those who influence improvement, to share and spread the intelligence they hold, and we share what we know with them. We have previously undertaken 'real-time' monitoring reports, and we are looking to consider how these can continue to support our data and intelligence. When change is rapid, our usual time-lagged measures cannot keep us up to date in the way that shared soft intelligence with the sector can.

Te Tāhū Hauora also gains insights from consumers and whānau. They offer an important way for us to understand the experiences of those receiving care. These insights are shared with our board and form a core part of our soft intelligence.

Our measurement and analysis work gives us a 'helicopter view' of the quality of our health system. We support the health sector by sharing our information so they can understand where improvement is needed.

We are working towards including in all our information and intelligence a lens focused on enacting Te Tiriti o Waitangi, as well as making health equity priorities central in our work. We are committed to using information that prioritises Māori world views, experiences and solutions. We are also committed to measurement that overtly prioritises health inequity and clearly identifies the population groups that experience these inequities. We are committed to aligning our expert advisory groups with our enduring priorities of embedding Te Tiriti o Waitangi and pursuing equity.

## **Influencing thinking and action (influence)**

As Te Tāhū Hauora is small relative to all the other health agencies, and we work within a complex and dynamic system, our ability to influence change is essential to our success. We lead out with influence by:

- developing advice, tools and techniques
- using our measures and intelligence to identify areas for improvement
- raising awareness of areas for improvement
- measuring the impact of our change and improvement work.

We influence through modelling, demonstrating and working alongside others in the sector to show what people can do. We recognise that the articles of Te Tiriti o Waitangi provide a framework to guide and influence improvement.

We also work to influence health policy by providing evidence-based advice to the Government. We continue advising our Minister and other decision-makers about issues related to the quality, safety and improvement of health care and services so that they can make informed decisions.

We have been asked to take a stronger approach in our influencing role, in which we 'lead out with influence' to drive improvement. As a part of our response, in 2023/24 we are going to start making quarterly reports to our Minister's office on current trends that our data and intelligence are identifying.

## **Coordinating, supporting and facilitating measurable improvement (improve)**

Te Tāhū Hauora works widely across the sector to build workforce capability in quality improvement science and coordinates and supports many local and national quality improvement initiatives. We work alongside individuals, agencies and services that are seeking to improve and lead improvement in specific areas. Through our work we look to strengthen our engagement with consumers and whānau, iwi-Māori partnership boards, kaupapa Māori and Pacific service providers, and tāngata whaikaha and tagata sa'ilimalo (Māori and Pacific peoples with disabilities). Having partnerships and relationships based on Te Tiriti o Waitangi to drive change within the health sector is central in our work to improve.

Critical to driving quality improvement is building workforce capability to use quality improvement knowledge, methods, skills, tools and measurement. Our Ako tahi hei whakapai ake i te kounga | Improving together education programme builds knowledge sequentially from the online introduction through to the courses for advisors and leaders. We have been embedding our enduring priorities in our programme design and delivery and have developed an Ako tahi programme specifically for Māori providers.

In addition to building capability, we help the sector to improve through growing and supporting clinical leadership and providing guidance on the governance of quality and safety with our advice and frameworks. We are actively collaborating to establish better national quality governance for the optimal use of medication and for infection prevention and control.

Our targeted quality improvement efforts reduce harm in specific areas of the sector such as hospitals, mental health and addiction settings or aged residential and primary care. On a broader scale, the work we are leading to develop the health system safety strategy for Aotearoa New Zealand spans the whole sector.<sup>10</sup>

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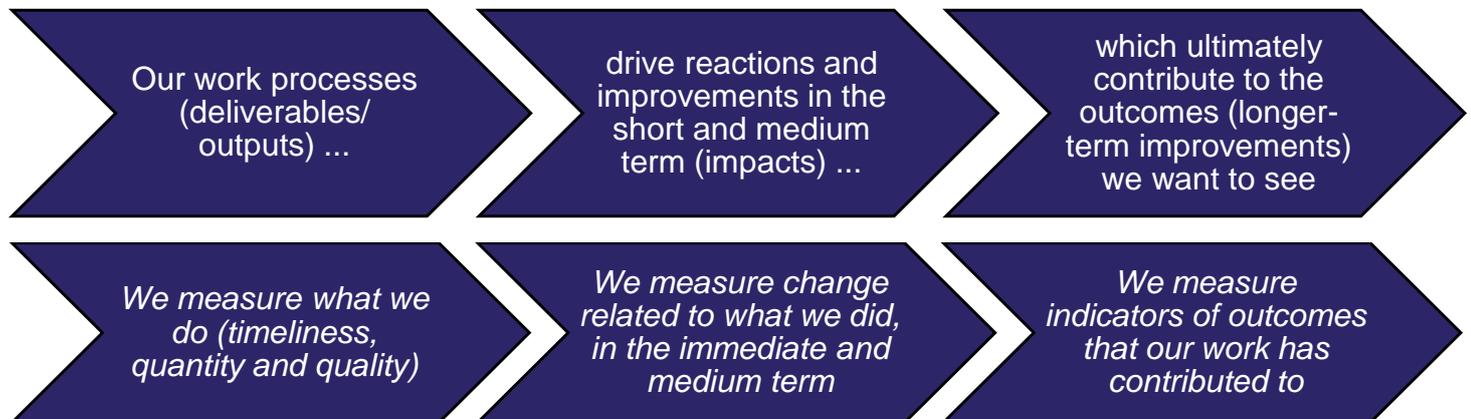
<sup>10</sup> The Quality Forum has tasked Te Tāhū Hauora with coordinating a system safety strategy for the health and disability sector based on the World Health Organization's global patient safety action plan.

Measuring improvement and addressing inequity are vital to what we do. Equally a core component of our education and training courses is to support and encourage others to measure improvement. Ongoing measurement is essential to understand whether improvement efforts are working, and many of our improvement initiatives are linked to published measures available on our website. We encourage the sector to use our published data both to identify improvement opportunities and to measure change.

We will continue to foster improvement in the reformed health system through capability building, quality improvement programmes and working alongside those who seek to improve.

## 2. How we measure our performance | Me pēhea mātou e aromatawai ai i ā mātou mahi

This section describes our organisational performance plan and highlights how we assess the success of our work. We select measures at each level (process, impact and outcome) to help us track our progress.



### **Outcomes: Did our work contribute to the change we aimed for?**

Figure 1 (page 13) shows how our work aligns with and contributes to Government health policy priorities and objectives. It also illustrates how our strategic focus fits within wider system priorities.

Appendix 4 provides a framework of what Te Tāhū Hauora does and how that makes the health system work better. The three left-hand columns of the framework, in green, set out our work and its direct impact. Most of this is easily measurable, within the timeframes provided in an SPE. Our broad areas of work are reflected in the deliverables we undertake during this year, as well as the measures that we use to reflect on our delivery (our **process measures** as well as our **impact measures**).

The three right-hand columns, in purple, reflect how the system changes in response to our work (and the work of others) in areas such as experience, harm, unwarranted variation and equity. These changes are more challenging to measure and generally happen over a longer time span than an SPE.

For Te Tāhū Hauora, the outcomes (or the longer-term improvements) that our work, along with the work of others, contributes to, are aligned with our five strategic priority areas. We maintain a close eye on areas we can measure that provide assurance that our work is contributing to improvement. The table below (page 19) highlights the specific medium-term indicators we have been measuring over the last three years. We have reported on these each year in our annual report, and we will continue to measure them to understand how our work is progressing over the next three to four years. Some have been realigned to our new strategic priorities.

Partnering with Te Whatu Ora – Health New Zealand (Te Whatu Ora), Te Aka Whai Ora and key stakeholders, particularly within the workforce, we will establish medium- and longer-term indicators to measure our progress against our new strategic priority 'Enabling the workforce as improvers'. We will begin to develop processes for data and information collection to facilitate measurement over the next year.

Strategic priorities	What impacts and outcomes we expect to see and have been measuring and reporting on in our annual reports (and the time anticipated to be able to see change)
<b>Improving experience for consumers and whānau</b>	Improved patient and whānau experience as a result of improvements made by providers, which they were supported to make by learning from patient experience surveys (3–5 years)
	Patient and whānau measures and reporting across our programme areas (qualitative and quantitative) indicating improvement in engagement and experience (3–5 years)
<b>Enabling the workforce as improvers</b>	<i>To be developed over 2023/24</i>
<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. Survey measures will be developed this year 2023/24 (3–5 years)
<b>Guiding improvement to prevent early mortality</b>	Reduced number of disability-adjusted life-years (DALYs) 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)
Enduring priorities	What impacts and outcomes we expect to see and have been measuring and reporting on 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)

Appendix 2 provides our most recent reporting information from our 2021/22 Annual Report. However, accurately measuring many of these outcomes is challenging for the following reasons.

## Contribution to change

When you work through and closely with others, it is difficult to understand and explain whether your initiative directly caused an outcome (attribution) or contributed to it, along with other influences, including the work that others do alongside you (contribution). We are very clear that our work, together with the work of the many influencers and improvers we collaborate with, contributes to the shared outcomes that we all want to see.

## **Measuring and monitoring quality and performance is complex in itself**

Our measures themselves are complex. Currently, they differ in their stage of development and we may need to develop some further over time. We have developed many of them for use in our wider work within the health system. Many are long-term measures that we expect will only show a shift in quality and performance after a number of years. However, we know that our work is contributing to the outcomes we seek when we see changes starting to occur.

## **We use 'proxy' or 'impact' measures as indicators that we are on the right track**

It is clear that many of our outcome measures are longer-term, challenging and complex to shift, and influenced by many factors beyond our control. For this reason, we also use proxy (impact) indicators for our outcome measures, which can show change in the immediate and medium term. These measures of the 'impact' of our work are matched more directly to our work, enabling us to track our progress toward our outcome goals with greater confidence. We describe the nature of these impact measures next.

## ***Impacts: Did our work impact people and create change in the way we hoped?***

As a small organisation, we achieve much of our impact through influence, as our mission statement recognises: 'Whakauru. Whakamōhio. Whakaawe. Whakapai ake. | Involve. Inform. Influence. Improve'.

Our work requires others to be interested and involved so they work alongside us, as we work alongside them, to achieve change. As set out in Appendix 4, the direct measurable impacts of our work are empowered and engaged consumers and whānau and increased knowledge and skills in the sector. This means that our impact measures are designed to assess how many people access our work and how they react and respond to it. They are also indicators of whether we are headed in the right direction for achieving our longer-term outcomes, which we have presented in our SOI.

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

We will work over the coming year to strengthen our impact measures so that the ones we choose for our next SPE provide the strongest indicators of the impact of our work.

## ***Deliverables: Did we do what we set out to do?***

Our five strategic priorities are strongly integrated and aligned, with many crossovers and areas of common interest. Our SPE deliverables in 2023/24 are designed to further embed our enduring priorities, contribute to progress and have impact on one or more of our strategic priorities.

Our processes are the steps we take to progress each deliverable.

To assess our performance within the processes of completing work, we plan measures of timeliness, quantity and quality.

- **Timeliness – when will the work be done?**

We set a clear timeframe or date for completing the work.

- **Quantity – how many or what volume will we deliver?**

We set an expected number of delivery units (for example, three education and training courses) or measures of expected volume of delivery (for example, 300 people will attend an education and training course). We can also combine the approaches (for example, three courses with 100 people attending each one).

- **Quality – how will we know that we did it well, with a focus on delivering quality?**

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

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

### ***Our SPE deliverables for 2023/24***

Our SPE is made up of deliverables that contribute to our one output class, covering the functions outlined within our mission:

- partnership and collaboration (involving)
- measuring, analysing, sharing and advising (informing)
- influencing thinking and action (influencing)
- coordinating, supporting and facilitating measurable improvement (improving).

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

Our SPE deliverables for 2023/24 are outlined in Section 3 (pages 22 to 35).

### 3. Priority work areas of focus in 2023/24 | Ngā mahi hei aronga mō 2023/24

This section introduces the specific areas our work will focus on in 2023/24. Our enduring priorities have been the key influence on our approach to developing our work programmes in 2023/24.

- Our enduring priorities confirm our commitment to progressing our work to embed and enact Te Tiriti o Waitangi and support mana motuhake so that it advances Māori health outcomes. This includes supporting the health sector to do the same.
- We remain focused on improving the quality of health care for people who experience health inequity. We are growing our health equity focus to increase the capacity and capability within Te Tāhū Hauora to prioritise and support the practice of improved health quality for groups who experience inequity. We are also strengthening our focus on understanding and increasing health service quality, safety and improvement for disabled people.

#### Our deliverables for 2023/24

##### Deliverable 1: Consumer health forum Aotearoa

Deliverable 1 contributes to strategic priority 1: **Improving experience for consumers and whānau.**



Consumer engagement is a pillar of health quality and safety.<sup>11</sup> Established evidence shows that engaging consumers and whānau leads to:

- better health and care outcomes<sup>12</sup>
- enhanced service delivery and governance
- culture change within the organisation
- meaningful change and mutual learning<sup>13</sup>
- lower cost of care delivery.<sup>14</sup>

From the start, Te Tāhū Hauora has championed consumer engagement at all levels of the health sector. The Pae Ora Act has formalised this role as a key function of Te Tāhū Hauora. It directs us to support the health sector to engage with consumers and whānau in order to reflect their perspectives in the design, delivery and evaluation of services. To support this function, we have developed Ngā Pae Hiranga as the centre of excellence for consumer and whānau engagement of Te Tāhū Hauora.

<sup>11</sup> 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.

<sup>12</sup> *Ibid.*

<sup>13</sup> 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: 98. DOI: 10.1186/s13012-018-0784-z.

<sup>14</sup> 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).

Also contributing to this function is the consumer health forum Aotearoa, established in November 2021 to increase the diversity of consumer and whānau voices engaged in the health sector and to guide active partnerships between communities and the sector. We aim to prioritise the rights and address the inequity experienced by Māori and amplify the voices of other populations who experience persisting inequities in today's system, including Pacific peoples, disabled people, migrants, refugees, rainbow communities and people living in rural areas. As at the end of the 2022/23 financial year, 19 percent of the consumer health forum Aotearoa primarily self-identify as Māori, 11 percent as Pacific peoples, 6 percent as Asian, 73 percent as Pākehā/Caucasian, 4 percent as Other and 4 percent have chosen not to specify their ethnicity.

Over 2023/24, Te Tāhū Hauora will actively seek to build the representation of groups in alignment with our enduring priorities and increase their visibility and membership in the forum. We track the representation of different groups in the forum and assess our efforts to attract and retain key groups. As a result of this work, the system will reflect a more diverse range of needs and priorities.

The consumer health forum Aotearoa has more than 800 members from across the country. Te Tāhū Hauora links these members with opportunities to be involved in actively shaping the health sector at all levels. We also facilitate forums and workshops with members based on their priorities.

Deliverable 1	Timeliness/quantity	Quality (process)	Impact
Plan and facilitate events for the consumer health forum Aotearoa.	<p>Plan and facilitate two regional workshops and one national forum for the consumer health forum Aotearoa by 30 June 2024.</p> <p>The two regional workshops will have a target audience of a specific equity group, with at least 60 percent of attendees identifying with that equity group.</p>	<p>We will engage with Te kāhui mahi ngātahi (consumer advisory group), Kōtuinga kiritaki (consumer network) and members of the forum to develop the purpose and agenda of these events so that they are meaningful to consumers and whānau. We will use the feedback to develop the focus of each forum or workshop.</p>	<p>We will survey attendees of the events to measure the extent to which each event met its purpose and increased their confidence to engage with the health system.</p> <p>Seventy percent of respondents will confirm that they felt the events met their purpose.</p> <p>Seventy percent of consumer respondents will confirm that the events increased their confidence to engage with the health system.</p>

## Deliverable 2: Consumer and whānau engagement

Deliverable 2 contributes to strategic priority 1: **Improving experience for consumers and whānau.**

In 2021/22, Te Tāhū Hauora developed and consulted on a code of expectations for health entities' engagement with consumer and whānau (the code). Then in 2022/23 we provided an implementation guide and additional resources to help the sector implement the code. This year, we will support health entities to use the implementation guide to give effect to the code.

### Process

Our work in supporting the implementation of the code of expectations for health entities' engagement with consumers and whānau ...

### Impact

will guide the new and reformed health entities to involve consumers and whānau at all levels of the health system ...

### Outcome

which will improve consumer and whānau experience and enable services to better meet their needs over time.

Launched in August 2022, the code of expectations sets the expectations for how health entities must work with consumers, whānau and communities in planning, designing, delivering and evaluating health services. The code is underpinned and guided by the health sector principles that incorporate Te Tiriti o Waitangi principles identified in the 2019 Hauora Report. Among others, the code expects engagement with those with greater health inequity, particularly Māori, Pacific peoples and disabled people.

Under the Pae Ora Act, the health entities that must give effect to the code are Te Whatu Ora, Te Aka Whai Ora, Pharmac, the New Zealand Blood Service and Te Tāhū Hauora. The implementation of the code has an immediate impact on these health entities and broader implications for the wider system. The immediate impact is resourcing and strengthening the system to prioritise and embed patient and whānau voice, recognising that some regions require more support than others.

As part of our role of supporting the health sector to engage with consumers and whānau so that their perspectives are reflected in the design, delivery and evaluation of services, Te Tāhū Hauora has progressively developed implementation guidance on applying the code. The guidance includes a focus on involving consumers, whānau and communities with a view to embedding the principles of Te Tiriti o Waitangi and reducing inequities experienced by Pacific peoples and disabled people in particular.

Te Tāhū Hauora is working with health entities as they review adherence to the code of expectations across all levels of their organisations as well as reviewing and reporting on our own adherence to the code. As the organisation tasked with periodically reviewing the code, we need to meet an additional expectation that we advise on reporting tools for health entities, working alongside Manatū Hauora. We have updated the consumer and whānau engagement quality and safety marker (QSM) to include the code, Te Tiriti o Waitangi and health equity. We will roll out the revised QSM in the new financial year. The health entities that must report each year on how they have given effect to the code will be required to report against this QSM. Te Tāhū Hauora will continue to communicate regularly with Manatū Hauora on how we are supporting the sector to engage with and report against the code. This support includes our own QSM reporting, which will be publicly available. In 2023/24, we will focus on developing and implementing a process to review our adherence to the code of expectations at an organisational level, and across all programmes to identify areas of excellence and areas for improvement. We currently engage with consumers and whānau in the design, delivery and evaluation of our work programmes through the groups stated on pages 14 and 15, and this will be evidenced in our reporting.

We are mindful of the pressures on the system at this time and are supporting the health workforce to build the leadership and systems required to embed the code. We expect our work over the coming year will not only help health entities to implement the code generally but also give us insight into how we can more specifically support the development of clinical capability to engage with consumers and whānau.

Deliverable 2	Timeliness/quantity	Quality (process)	Impact
<p>Support the health sector to give effect to the code of expectations for health entities' engagement with consumers and whānau.</p>	<p>At least once a quarter by 30 June 2024, discuss with each of the health entities that need to give effect to the code how their implementation of the code is going and how we can best support them to implement the code and develop clinical capability in this area.</p>	<p>We use feedback from health entities to consider how we can best support the entities.</p> <p>A plan is developed and discussed with an internal advisory group. These are then shared with the relevant health sector organisation.</p> <p>We will survey health entity staff who participated in engagements by 30 January 2024 to find out whether we need to make any changes to the implementation guide. We use the survey results to change the implementation guide as needed.</p>	<p>We will survey health entity staff who participated in engagements over the year to support the implementation of the code. At least 70 percent of respondents will agree that our support has helped them to give effect to the code.</p>

## Deliverable 3: Supporting our new localities and regions to achieve health equity for Māori

Deliverable 3 contributes to strategic priority 4: **Leading health quality intelligence.**



As the landscape of the health system is changing, it will take some time to fully implement the health system reforms. Along with Te Whatu Ora and Te Aka Whai Ora, 11 iwi-Māori partnership boards have been formally built into the system and are recognised under the Pae Ora Act. Iwi-Māori partnership boards have decision-making roles at a local level and are the primary source of whānau voice in the system. The Pae Ora Act recognises iwi-Māori partnership boards so that Māori governance determines health priorities for iwi and Māori across localities.

Te Tāhū Hauora has an important role in supporting iwi-Māori partnership boards to be best equipped to improve the quality and safety of services in their localities. Our health quality intelligence function is widely recognised as adding value to the health system. Through this function, we can provide data and intelligence to iwi-Māori partnership boards about their specific regions so they can identify trends and then improve services to best meet the needs of their populations. Alongside this work, we will support iwi-Māori partnership boards in their role to collect whānau voices.

It is not practical to think these outcomes will happen in a year or two. Relationships and connections are central to Māori and to Māori wellbeing. For the work to succeed, it is important to spend time building relationships, which serves as a bond that keeps people together, even when the work is challenging.

We imagine our work towards this deliverable over the next four years will look like this.

1. Establish a prototype relationship with two iwi-Māori partnership boards to develop a shared vision and work programme priorities.
2. Identify and re-imagine existing tools and methodologies of analysis to support the needs of these two iwi-Māori partnership boards.
3. Test and evaluate the usefulness of new methods and tools with other iwi-Māori partnership boards.
4. Implement and use the methods and tools within iwi-Māori partnership boards that see value in the work.

This is only the beginning of an area of work that will contribute to improving health equity and making a genuine difference and impact to the reformed health system.

Deliverable 3	Timeliness/quantity	Quality (process)	Impact
<p>Establish a prototype relationship with two iwi–Māori partnership boards to develop a shared vision and work programme priorities.</p>	<p>Work with two iwi–Māori partnership boards to identify priorities and key intelligence tool deliverables for this work by 30 June 2024.</p>	<p>We undertake wānanga with key iwi–Māori partnership board members to support the ongoing testing and real-time development of the work for relevance and usefulness.</p> <p>We work with Te Aka Whai Ora and engage with others while we are considering, developing and testing priorities and intelligence tools.</p>	<p>With the two iwi–Māori partnership boards, we will identify and agree on a method for evaluating the effectiveness of the relationship developed over the year. Using this method, we will be able to show the relationship built trust, enabling us to take the next steps toward identifying existing tools or building new ones to support iwi–Māori partnership boards.</p>

## Deliverable 4: Provide publications that report on the quality, safety and improvement of health services and the health system<sup>15</sup>

Deliverable 4 contributes to strategic priority 4: **Leading health quality intelligence.**



The Minister’s Letter of Expectations explicitly recognises the importance of the role of Te Tāhū Hauora in monitoring quality in the health system. Part of our work in fulfilling this role is to publish insights that we gain from our analysis to inform policy and practice in our health system.

We publish for a variety of audiences (professionals, experts and the public) in a range of publications (academic journals, popular press and formal Te Tāhū Hauora publications – such as our ‘Window’ on the quality of health care series<sup>16</sup>). In each case, we consider the most appropriate format and approach in view of our target audience and what we want to achieve through publication, such as to influence public debate, change professional practice or recommend particular policies.

We use multiple channels of influence (including social media) to promote these publications to their target audience so that we can maximise their reach and influence.

Where relevant, our publications cover issues of workforce, planned care and resilience through the winter period. We aim to produce at least one publication that discusses health equity challenges for disabled people.

We will engage with Manatū Hauora where appropriate as we scope and define the areas of focus for our publications. If a publication makes recommendations, we will consider how the recommendations can be implemented.

Deliverable 4	Timeliness/quantity	Quality (process)	Impact
Provide publications that report on the quality, safety and improvement of health services and the health system.	We will provide three publications by 30 June 2024.	Each publication will explore effects on equity, such as for Māori and Pacific peoples and disabled people.  We will have evidence of robust sign-off processes before publication.	We will survey a sample of stakeholders who are sent each publication. At least 70 percent of respondents who have read the publication will agree that the publication provided useful information on the quality, safety and improvement of health services and the health system.

<sup>15</sup> This measure relates to our Estimate measures for 2023/24: ‘A publication on the quality of Aotearoa New Zealand’s health care is provided by 30 June’.

<sup>16</sup> Every year, Te Tāhū Hauora publishes *A Window on the quality of Aotearoa New Zealand’s health care*. The ‘Window’ provides a snapshot of the quality of health care in the country. For more information, see: [www.hqsc.govt.nz/our-data/window-on-the-quality-of-health-care](http://www.hqsc.govt.nz/our-data/window-on-the-quality-of-health-care).

## Deliverable 5: Provide tools to allow the health system and the public to explore the quality and safety of health services<sup>17</sup>

Deliverable 5 contributes to strategic priority 4: **Leading health quality intelligence.**



Te Tāhū Hauora provides the sector with numerous analytic and reporting tools, most of which are publicly available through our website. These include the:

- QSMs<sup>18</sup>
- health system quality dashboard<sup>19</sup>
- Atlas of Healthcare Variation<sup>20</sup>
- patient experience explorers<sup>21</sup>
- Measures Library<sup>22</sup>
- adverse events dashboard.<sup>23</sup>

In addition, we provide quarterly Quality Alerts to the sector, outlining emerging areas of concern.

We know that the longest-running tools, namely the QSMs, Atlas of Healthcare Variation and patient experience surveys, have shown improvement in the specific issues we have focused on. This observation further reinforces the well-established notion of a reputational pathway that serves as an incentive for driving improvement.<sup>24</sup> For example, nearly half of the questions<sup>25</sup> in the patient experience survey show sustained improvement from baseline at a national level, all regularly updated Atlases had measures that improved or had reduced variation and most<sup>26</sup> QSMs have shown reduced patient harm. This helps to explain why patient experience of quality has been maintained during recent years when the system has been under immense strain and access has been a major issue.

We regularly update our tools so that we can continue to monitor quality in a timely way.

<sup>17</sup> This measure relates to our Estimate measures for 2023/24: 'Provide tools (for example the atlas of healthcare variation, quality and safety markers, and quality dashboard) to allow the system and public to explore the quality and safety of services by 30 June'.

<sup>18</sup> Health Quality & Safety Commission. nd. Ngā tohu kounga, tohu haumarū | Quality & safety markers. Wellington: Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/our-data/quality-and-safety-markers](http://www.hqsc.govt.nz/our-data/quality-and-safety-markers).

<sup>19</sup> Te Tāhū Hauora Health Quality & Safety Commission. nd. Dashboard of health system quality. Wellington: Te Tāhū Hauora Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/our-data/quality-dashboards/dashboard-of-health-system-quality](http://www.hqsc.govt.nz/our-data/quality-dashboards/dashboard-of-health-system-quality).

<sup>20</sup> Health Quality & Safety Commission. nd. Mapi hauora kē | Atlas of Healthcare Variation. Wellington: Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/our-data/atlas-of-healthcare-variation](http://www.hqsc.govt.nz/our-data/atlas-of-healthcare-variation).

<sup>21</sup> Health Quality & Safety Commission. 2022. The Health Quality & Safety Commission launches Experience Explorer. Wellington: Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/news/the-health-quality-and-safety-commission-launches-experience-explorer](http://www.hqsc.govt.nz/news/the-health-quality-and-safety-commission-launches-experience-explorer).

<sup>22</sup> Health Quality & Safety Commission. 2022. He Kete Rauemi | Measures Library. Wellington: Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/our-data/measures-library](http://www.hqsc.govt.nz/our-data/measures-library).

<sup>23</sup> Health Quality & Safety Commission. 2021. Te tuku kōrero mai i ngā aituā | Reporting from adverse events. Wellington: Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/our-work/system-safety/adverse-events/learning-from-adverse-events-reports](http://www.hqsc.govt.nz/our-work/system-safety/adverse-events/learning-from-adverse-events-reports).

<sup>24</sup> Hibbard JH, Stockard J, Tusler M. 2003. Does publicizing hospital performance stimulate quality improvement efforts? *Health Affairs* 22: 84–94.

<sup>25</sup> 11 of 24.

<sup>26</sup> 5 of 8.

Our measures and intelligence work includes analysis by population groups to help us understand how the health sector is progressing toward health equity. We monitor the impact, and equity of impact, of efforts to improve health quality within the health system so we can learn whether those efforts improve equity. A deliberate focus of our data and analysis is on prioritising the rights of Māori under Te Tiriti o Waitangi, and on groups experiencing inequity, particularly Māori, Pacific peoples and disabled people.

We routinely record and analyse how users are responding to the tools through various means, including case files. We use a judgement-based approach that adapts to the context of the tool. In this way, our tools constantly evolve and improve, as the system and its needs change.

Tools such as the QSMs, patient experience explorers and Quality Alerts provide insights into issues associated with planned care and resilience through winter.

Deliverable 5	Timeliness/quantity	Quality (process)	Impact
Provide tools to allow the health system and the public to explore the quality and safety of health services.	We will update three tools each quarter, across the year ending 30 June 2024.	Each tool will analyse and report results with an equity lens, considering Māori and Pacific peoples and other populations experiencing inequity.  There will be evidence of robust sign-off processes before publication.	We will monitor webpage hits (as a proxy measure for use) for the tools that we have updated to ensure that we maintain the level of historical use from 2022/23.

## Deliverable 6: Mortality review

Deliverable 6 contributes to strategic priority 5: **Guiding improvement to prevent early mortality.**



Mortality review aims to guide and support improvement of systems and practice within services and communities in ways that reduce morbidity and mortality. The single National Mortality Review Committee will be in place on 1 July 2023. The formal statutory powers that existing mortality review committees have under Schedule 5 of the Pae Ora Act will transfer to the National Mortality Review Committee.

Existing mortality review workstreams across child and youth, and perinatal and maternal deaths continue in the 2023/24 financial year under the transformed national mortality review function. Family violence death review remains in place for the long term. A national expert group provides oversight and advice on national trends in perioperative deaths with health quality intelligence.

Beyond this, the National Mortality Review Committee will have the flexibility to focus on both current and emerging priority areas, informed by an all-mortality prioritisation process. As the first year of operations under the transformed structure, 2023/24 will see further refinements, including exploring new areas of mortality review, introducing new ways to share findings and recommendations, and further deepening relationships with key health and social system entities.

The National Mortality Review Committee will continue to report and publish regularly on mortality, with the aim of influencing system changes and reducing mortality and morbidity. We intend to engage with the other health agencies (particularly Manatū Hauora, Te Whatu Ora and Te Aka Whai Ora) on the topics and areas we are considering for review, early in the process.

Deliverable 6	Timeliness/quantity	Quality (process)	Impact
Publish National Mortality Review Committee publications that report on mortality.	Complete two publications by 30 June 2024.	Relevant National Mortality Review Committee members and other subject matter experts will review each publication before its submission to the board.	We will carry out an evaluation survey of a sample of key stakeholders in each area who are provided with the publications. At least 70 percent will confirm that the information will be useful to effect change.

## Deliverable 7: Building capability in quality improvement science in the health sector<sup>27</sup>

Deliverable 7 contributes to strategic priority 2: **Enabling the workforce as improvers** and strategic priority 3: **Strengthening systems for quality services**.



The Ako tahi hei whakapai ake i te kounga | Improving together: Building capability for quality and safety education programme provides an effective foundation for affordable and accessible capability building in quality improvement and system safety for the health workforce. The programme has five options aimed at supporting all levels of the health workforce with all health providers.

We recognise that the health system can benefit from support in applying te ao Māori values and concepts and integrating them in practice in all health settings. By making mātauranga Māori and te ao Māori approaches central in quality improvement capability, we help the system to draw on these approaches in its improvement efforts, making services work better for Māori. Equity is an important part of the selection criteria for our education programmes (in line with our strategic priorities and other national priorities). We give preference to Māori organisations and tāngata Māori who apply.

We offer scholarships and prioritise projects that support:

- kaupapa Māori and mātauranga Māori approaches to enable mātauranga Māori and elevate Māori health and wellbeing
- Pacific families to thrive in Aotearoa New Zealand
- disabled people, including tāngata whaikaha Māori, to gain the highest standards of health and wellbeing that they can
- improving equity of access and health outcomes for populations that have been historically underserved – such as Māori, Pacific peoples, disabled peoples (including tāngata whaikaha Māori), LGBTQI+ communities, Asian peoples, refugee and migrant communities, rural communities and people with lived experience of mental health and addiction
- kaupapa Māori or Pacific health care providers.

As well as providing quality improvement and system safety education, we help achieve our strategic priorities by: supporting teams across the health system to build capability in consumer engagement and co-design; embedding Te Tiriti o Waitangi; achieving health equity; understanding bias in health care; healing, learning and improving from harm; and using and promoting restorative approaches | hohou te rongo.

Te Tāhū Hauora will strengthen our position by supporting a collaborative approach to further build sector leadership and capability within Aotearoa New Zealand. This approach will support a sustainable health workforce that is capable and confident to actively improve the quality and experience of care of consumers and whānau, which in turn will contribute to our vision of 'Hauora kounga mō te katoa | Quality health for all'.

<sup>27</sup> This measure relates to our Estimate measures for 2023/24: 'Support the health workforce to build capability in quality improvement through provision of a course by 30 June'.

We will start to work with representatives of the Pacific and disabled workforce and consumers to scope and develop quality improvement capability building that is useful for them. We will consider both adapting the content of our existing courses and developing a specific course for these groups.

We are in the process of implementing the New World Kirkpatrick model to evaluate the education programmes we deliver.<sup>28</sup> At level three of this model, we will be able to assess whether people are applying their learning back on the job and to their quality improvement activities over time.

Deliverable 7	Timeliness	Quantity	Quality (process)	Impact
Build capability in quality improvement science in the health sector.	Deliver two programmes (Improving together – advisors’ programme; Improving together – facilitators’ programme) by 30 June 2024.	For each programme, 25 health sector staff will attend.	At least 70 percent of participants who complete the programmes will meet the learning objectives.	<p>A pre- and post-programme self-assessment of knowledge and skills will show that at least 70 percent of participants who complete each of the programmes have better knowledge of quality improvement methodology and of mātauranga Māori and te ao Māori approaches to improvement as a result of the programme.</p> <p>We will carry out an evaluation to show that 70 percent of participants who completed each of the programmes reported how they will apply knowledge they gained through the programme to support services to work better.</p>

<sup>28</sup> Kirkpatrick J, Kirkpatrick WK. 2021. *An Introduction to the New World Kirkpatrick Model*. Newnan, GA: Kirkpatrick Partners. URL: [www.kirkpatrickpartners.com/wp-content/uploads/2021/11/Introduction-to-the-Kirkpatrick-New-World-Model.pdf](http://www.kirkpatrickpartners.com/wp-content/uploads/2021/11/Introduction-to-the-Kirkpatrick-New-World-Model.pdf) (accessed 9 June 2023).

## Deliverable 8: Leading and supporting quality improvement efforts

Deliverable 8 contributes to strategic priority 3: **Strengthening systems for quality services.**



Te Tāhū Hauora is known for developing focused quality improvement programmes. We support and facilitate programmes to directly address particular quality challenges. Working closely with those in the health sector who can change and want to support improvement is key to the effectiveness of these programmes.

Serious adverse events, including death, affect paediatric patients in hospital. Some of these events, or their outcomes, are preventable. Limited published evidence is available on the exact frequency or consequence of failure to recognise or respond to acute deterioration in tamariki in Aotearoa New Zealand hospitals. However, a common recommendation is to use paediatric early warning tools and a systematic approach to escalation and response to tamariki at risk of deterioration.<sup>29,30,31,32</sup> Evidence also suggests hospitals have opportunities to improve their care processes through recording vital signs, escalating to experienced clinicians, conducting timely senior review and documentation, and communicating about episodes of acute paediatric deterioration.<sup>33,34,35,36</sup>

A 2017 literature review and environmental scan of hospital inpatient paediatric services in Aotearoa New Zealand recognised that many inpatient paediatric services have paediatric vital signs charts and escalation processes, but many of them vary in their approach. Having a national approach – ‘common language’ – to recording and interpreting vital signs would be helpful when tamariki travel between locations for care and when staff move from one place of work to another.

Between August 2021 and June 2022, Te Tāhū Hauora worked with what were then district health boards (DHBs) – Auckland DHB, Bay of Plenty DHB and Nelson Marlborough Health – to test the components of a national paediatric early warning system (PEWS). The formative evaluation aimed to learn whether a national system to meet the needs of deteriorating tamariki is fit for purpose and operates effectively in a selection of settings.

<sup>29</sup> ACSQHC. 2012. *National Safety and Quality Health Service Standards (September 2012)*. Sydney: Australian Commission on Safety and Quality in Health Care. URL: [www.safetyandquality.gov.au/sites/default/files/migrated/NSQHS-Standards-Sept-2012.pdf](http://www.safetyandquality.gov.au/sites/default/files/migrated/NSQHS-Standards-Sept-2012.pdf).

<sup>30</sup> NCEPOD. 2011. *Are we there yet? A review of organisational and clinical aspects of children's surgery*. London: National Confidential Enquiry into Patient Outcome and Death. URL: [www.ncepod.org.uk/2011report1/downloads/SIC\\_fullreport.pdf](http://www.ncepod.org.uk/2011report1/downloads/SIC_fullreport.pdf).

<sup>31</sup> Royal College of Paediatrics and Child Health. 2016. *A Safe System for Recognising and Responding to Children at Risk of Deterioration*. NHS Improvement. URL: [cdn.ps.emap.com/wp-content/uploads/sites/3/2016/07/A-safe-system-for-children-at-risk-of-deterioration-ver-4h.pdf](http://cdn.ps.emap.com/wp-content/uploads/sites/3/2016/07/A-safe-system-for-children-at-risk-of-deterioration-ver-4h.pdf).

<sup>32</sup> Roland D, Tilwelee P, Fortune P, et al. 2021. Case for change: a standardised inpatient paediatric early warning system in England. *Archives of Disease in Childhood* 106: 648–51. DOI: 10.1136/archdischild-2020-320466.

<sup>33</sup> Tume L. 2007. The deterioration of children in ward areas in a specialist children's hospital. *Nursing in Critical Care* 12: 12–19.

<sup>34</sup> Health and Disability Commissioner. 2009. Case 08HDC04311 Paediatric House Officer, Dr B; Bay of Plenty District Health Board. Wellington: Health and Disability Commissioner.

<sup>35</sup> Health and Disability Commissioner. 2015. Case 13HDC00482 Anaesthetist, Dr B; Registered Nurse, RN D; Registered Nurse, RN C; West Coast District Health Board. Wellington: Health and Disability Commissioner.

<sup>36</sup> Roland D, Powel C, Lloyd A, et al. 2023. Paediatric early warning systems: not a simple answer to a complex question. *Archives of Disease in Childhood* 108: 338–43. DOI: 10.1136/archdischild-2022-323951.

Overall, the test sites found the proposed national system was fit for purpose in that it supported staff to recognise deterioration and guided appropriate escalation. All sites supported rolling out a national system to the sector.

In general terms, sites also considered that a national PEWS offers opportunities for reducing inequity. They suggested that, when fully implemented, the system should promote more equitable outcomes for tamariki in hospital because their care is tailored in response to their individual clinical need. In addition, a consistent system would help to identify inequities and reduce them because it acknowledges whānau concern as a priority. The mandatory inclusion of ‘whānau concern’ in the paediatric vital signs charts will ensure staff ask families of all ethnicities if they have a concern about their child. This approach will remove bias and reduce inequities.

The aim of the national roll-out of the PEWS is to reduce adverse outcomes by improving the early recognition of and response to acutely deteriorating tamariki in Aotearoa New Zealand hospitals.

Deliverable 8	Timeliness/quantity	Quality (process)	Impact
<p>Support Te Whatu Ora to implement a national PEWS across Aotearoa New Zealand public hospitals using standardised paediatric vital signs charts.</p>	<p>We will support Te Whatu Ora to implement a PEWS using standardised paediatric vital signs charts and resources in 80 percent of main hospitals across 19 districts by 30 June 2024.<sup>37</sup></p>	<p>We will contract clinical subject matter experts as part of our internal working group to support Te Whatu Ora to ensure that the roll-out is consistent with clinical needs.</p> <p>We will use feedback from Te Whatu Ora hospital teams to improve the roll-out on an ongoing basis.</p>	<p>We will survey project team members from the main hospitals using the PEWS by 30 June 2024. At least 70 percent of those surveyed will demonstrate, through examples, that the PEWS is improving the recognition of and response to deteriorating patients.</p> <p>Data collected at a national level by June 2024 for districts implementing the PEWS will show that at least:</p> <ul style="list-style-type: none"> <li>• 70 percent of patients had a complete core vital signs set for the most recent set of vital signs</li> <li>• 70 percent of patients had whānau concern recorded for the most recent vital signs set</li> <li>• 50 percent of patients who triggered an escalation had a response that followed the PEWS pathway.<sup>38</sup></li> </ul>

<sup>37</sup> Main hospitals are public hospitals that have specialist paediatric cover and/or provide inpatient paediatric services. A total of 22 hospitals across Aotearoa New Zealand are main hospitals.

<sup>38</sup> We chose a 50 percent target based on preliminary data from hospitals that piloted the PEWS in 2022. Based on the adult early warning system, we know districts will vary in their use of the PEWS, and the aim is to achieve more than 50 percent over time.

## ***Our developing areas of work***

### **Identify and pursue any opportunities to work collaboratively and collectively with other entities where this will result in health gains**

In the reformed health system, we continue to strengthen our strong networks, partnerships and collaboration so we can maintain, and even grow, the impact of our work throughout the system. We advise and assist in the development of processes for 'collective quality oversight' that will be required across each level of the health system. Te Whatu Ora and Te Aka Whai Ora have broad key roles in improving service delivery and outcomes at all levels. They will be responsible for ensuring effective collective quality oversight processes are in place right across the system. Our focus is on making our relationships with these organisations work well so we can support them to undertake their roles in quality.

The Quality Forum is a core part of our work in collaboration with other entities to achieve health gains. It brings together key national agencies and stakeholder representatives to share and discuss 'soft intelligence' and analysed information from across the sector on issues of concern about the quality and safety of the system. The next step is for the relevant agencies to take action to resolve the issues and for the Quality Forum to undertake shared monitoring of the outcomes. If the action does not resolve the issues, the agencies amend their approaches until they achieve the intended result. In continuing our role in convening the Quality Forum over the coming year, we will look for opportunities to strengthen its position in the system.

As part of our ongoing commitment to strengthening systems for quality services, we will lead a collaborative approach in developing a system (patient) safety strategy for the health sector. This strategy will build on Aotearoa New Zealand's responsibility, as an active member state, to align with the World Health Organization's global patient safety action plan. It will reflect the unique context of health care in Aotearoa New Zealand.

Te Tāhū Hauora will work with the other health agencies to improve health quality and safety in the system over the coming year.

- With Te Aka Whai Ora, we will:
  - develop a joint working relationship and work programme on whānau voice
  - share our data collection and distribution methods and current platforms and tools to help the development of Indigenous-led measures.
- With Te Whatu Ora, we will collaborate on projects agreed through national sector leadership, such as:
  - achieving zero seclusion: safety and dignity for all mental health and addiction services
  - implementing the medication management and prescribing project
  - establishing the anticoagulant stewardship programme by building on a similar programme from the USA
  - rolling out the PEWS nationally
  - scoping a project to reduce harm from sepsis and potentially extending it to primary and community care
  - reducing *Staphylococcus aureus* bacteraemia from peripheral intravenous lines
  - widely implementing advance care planning, shared goals of care and skills for discussing serious illness
  - scoping the establishment of another national programme to look at mental health advanced preferences, which will enable mental health patients to make explicit their preferences for treatment at a later time if, during an acute episode of illness, they do not have the capacity to make a choice
  - continuing the surgical site infection improvement programme for orthopaedic and cardiac surgery
  - continuing the Hand Hygiene New Zealand programme.

We also look for opportunities to work collaboratively with Whaikaha – Ministry of Disabled People (Whaikaha) to understand how we can support the disability sector.

## **Include a focus on primary and community care in our work programme, including how we can support improved capability and improvement projects in both these areas**

Patient experience is a vital but complex area. One of the two patient experience surveys Te Tāhū Hauora conducts is in primary care. This survey has been an invaluable source of intelligence about what patients experience in primary care, and it grows year on year.

Going into 2023/24, we will focus on localities, particularly through supporting: health quality in primary and community care; iwi–Māori partnership boards in their core role in health quality; and effective shared quality improvement processes. We work in partnership to strengthen and develop new tools, measures and programmes that can help to support those working on health quality within localities. This includes developing a prototype quality improvement and system safety programme for iwi–Māori partnership boards. We recognise the important roles of new entities – Te Whatu Ora and Te Aka Whai Ora – in helping to achieve the vision of the Pae Ora Act within each locality, and we look forward to supporting them in their work.

We continue to support local multisectoral mortality reviews to influence system changes and reduce preventable mortality.

In May 2023, Te Tāhū Hauora published the framework for He Maungarongo ki Ngā Iwi: Envisioning a Restorative Health System in Aotearoa New Zealand on behalf of the National Collaborative for Restorative Initiatives in Health.<sup>39</sup> Agencies will be working together to action the framework's recommendations. This includes socialising the framework with primary and community care providers. Te Tāhū Hauora is sponsoring mental health sector staff, including those working in mental health community care settings, to attend micro-credentialling courses.

We are supporting home and community care because these sectors come under the Ngā paerewa standard<sup>40</sup> with the revised national adverse events policy. Although primary care is not covered by the Ngā paerewa standard, we are supporting this sector as well because the national adverse events policy is included in its foundation modules.

In 2022/23, Te Tāhū Hauora began the process of reviewing and updating 26 aged residential care frailty care guides, which we had originally published in 2019.<sup>41</sup> Nurses working in aged care use these guides as point of reference tools on matters of care covering the spectrum of frailty from deterioration to communication and advance care planning. The guides and accompanying decision support tools are designed to complement best practice and promote early intervention and communication with the person's health care team. The 32 revised frailty care guides will include mātauranga Māori (cultural concepts) as important components in caring for (manaaki) kaumātua and update the evidence supporting the guidance. We will publish the guides and promote them across the sector in 2023/24.

There is limited evidence to support the use of existing deterioration detection tools in the aged residential care population. Te Tāhū Hauora will start working with aged care facilities to test a new tool that nurses can use to identify and respond to the acute deterioration of residents.

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<sup>39</sup> The National Collaborative for Restorative Initiatives in Health. 2023. *He Maungarongo ki Ngā Iwi: Envisioning a Restorative Health System in Aotearoa New Zealand*. Wellington: The National Collaborative for Restorative Initiatives in Health. URL: [www.hqsc.govt.nz/resources/resource-library/he-maungarongo-ki-nga-iwi-envisioning-a-restorative-health-system-in-aotearoa-new-zealand/](http://www.hqsc.govt.nz/resources/resource-library/he-maungarongo-ki-nga-iwi-envisioning-a-restorative-health-system-in-aotearoa-new-zealand/) (accessed 9 June 2023).

<sup>40</sup> Standards New Zealand. 2021. NZS 8134:2021: Ngā paerewa Health and disability services standard. Wellington: Standards New Zealand.

<sup>41</sup> See: [www.hqsc.govt.nz/resources/resource-library/frailty-care-guides-nga-aratohu-maimoa-hauwarea/](http://www.hqsc.govt.nz/resources/resource-library/frailty-care-guides-nga-aratohu-maimoa-hauwarea/)

## **Consider reviewing current tools and resources to find out how entities are using them and whether they are having a positive impact on the sector**

Te Tāhū Hauora produces a range of tools and resources across many of our areas of work. Soft intelligence indicates that these are having a positive impact in the sector.

However, because we work ‘through’ and closely with others, it is often difficult to distinguish the extent to which our initiatives directly caused an outcome (attribution) or contributed to it, along with other influences such as the work that others do alongside us (contribution). One area of evidence that demonstrates our influence on system quality is that we are not seeing a spike in most of the patient harms associated with poor-quality care, even during the period of intense pressure on the system since the COVID-19 pandemic. Further, during this same period, the patient experience measures associated with experience of care (other than access) have not deteriorated.

In 2023/24, we begin scoping what reviewing our tools and resources could look like and how we can best assess their impact.

### **Develop our recommendations function**

We embrace our new function of making recommendations on health quality, safety and improvement. We can make recommendations to anyone that is able to contribute to improvement. We are committed to doing this well to achieve maximum impact. This includes considering the role that Te Tāhū Hauora has in the recommendations we develop. We have already started learning about how other organisations and sectors make recommendations, as well as what helps to make a recommendation effective.

Making a recommendation requires considerable preparation. We will need a thorough understanding of the context to develop simple, clear, evidence-based and well-directed recommendations. We will need to plan ahead so that when we make a recommendation it has support and champions – both within other agencies and in our own organisation. Work after making a recommendation will include responding to feedback, following up and reviewing its impact.

We will learn from our recommendation practice as we apply it and improve it on an ongoing basis.

### **Te Ao Māori Framework and the Clinical Governance Framework, and how these are being used across the sector**

We have developed a Te Ao Māori Framework 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 of care given to whānau Māori across Aotearoa New Zealand and advance the uptake and implementation of te ao Māori and mātauranga Māori concepts in general health system design and health practice for all.

All documents and tools for the Te Ao Māori Framework have been published and are available on the Te Tāhū Hauora website, along with five socialisation videos.<sup>42</sup> The next steps are to continue to socialise the Te Ao Māori Framework.

It is important that the roll-out of the Te Ao Māori Framework includes accountability for using it. We also recognise that providers may vary greatly in their willingness and readiness to apply it. To address these issues, we are taking a dual-faceted approach to the roll-out. One approach is to support a small number of community and primary care providers who are interested and willing to implement the framework. We will be attending several different forums such as Our voices | O mātou reo and other health conferences to identify providers who are willing to implement the framework. A second approach in the 2023/24 year will

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<sup>42</sup> Health Quality & Safety Commission. 2023. Te Ao Māori Framework | Te Anga Ao Māori. Wellington: Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/te-ao-maori-framework](http://www.hqsc.govt.nz/resources/resource-library/te-ao-maori-framework).

be on building our relationships and using existing system levers to incentivise uptake and use across the sector. A key enabler for this work is the relationships we continue to develop with Te Whatu Ora, specifically its quality improvement and innovation team, and Te Aka Whai Ora. Also ongoing is our work with iwi-Māori partnership boards to enable them to use the Te Ao Māori Framework as a tool that can assist their districts in enacting Te Tiriti o Waitangi in tangible ways across their localities and within their health provider networks.

We are intending to evaluate the effectiveness of the Te Ao Māori Framework with up to five identified mainstream providers that agree to implementing it. We will be offering support throughout the evaluation process to both the providers and the contracted evaluator. The evaluation will result in a published report that includes implementation learnings and findings to help other providers as they implement the Te Ao Māori Framework.

We are continuing to develop a 'framework and guidance for shared quality and safety governance' that meets the expectations of the Pae Ora Act, building on our previous clinical governance guidance foundations<sup>43</sup> and its strengths. We intend to engage with a wide range of stakeholders in its ongoing development. The framework will embed Te Tiriti o Waitangi and the 2019 Hauora Report principles and reflect the reformed health system. We will engage closely with Te Whatu Ora and Te Aka Whai Ora as these agencies have a key role in embedding its principles. Following the release of the framework, we envisage that implementation tools and examples of best practice will be developed to support providers to apply the framework.

### **Focus on areas of equity, particularly for Pacific and disabled communities**

We are working closely with tertiary institutions to deliver lectures, workshops and tutorials on equity, cultural safety and anti-racism for clinical programmes such as medicine and nursing. Programmes provide this content early in health professional training to influence, from the beginning, the factors that will improve the quality of care that the workforce provides. Early interventions such as these are more likely to lead to sustained culture change.

Our work to influence culture change within the sector will be a significant aspect of what we do. Measuring cultural change across the sector needs to be both thoughtful and purposeful. In the context of historically under-served communities like Pacific peoples and disabled people, the sector needs to make a strategic shift away from collecting quantitative data only and explore more appropriate methods of monitoring and evaluation. Our work with Whaikaha has highlighted the need to formulate alternative methods for gaining the stories and experiences of communities in order to support disabled people to have good lives.

Other areas of work in development are in primary care, particularly potential collaborations with localities. With our equity group newly established, a focus is on building and extending relationships and networks with government agencies. We will work closely with Whaikaha to develop a strong understanding of the role of Te Tāhū Hauora in catalysing quality improvements for disabled people within the context of the Pae Ora Act and the reformed health system. We will also build relationships with Te Whatu Ora and other

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<sup>43</sup> Health Quality & Safety Commission. 2017. *Clinical Governance: Guidance for health and disability providers*. Wellington: Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/clinical-governance-guidance-for-health-and-disability-providers](http://www.hqsc.govt.nz/resources/resource-library/clinical-governance-guidance-for-health-and-disability-providers).

groups such as the Disability Data and Evidence Group,<sup>44</sup> the Pacific Data Sovereignty Network,<sup>45</sup> Te Ao Mārama Group<sup>46</sup> and pan-Pacific health organisations and trusts across the motu.

Our focus for 2023/24 will be on establishing foundational processes that will together form an effective platform from which to influence, develop capability with and measure equity across the system from 2024/25 onwards. We are working towards an SPE deliverable for this purpose in 2024/25.

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<sup>44</sup> The Disability Data and Evidence Working Group comprises government officials, representatives from disabled peoples' organisations and groups interested in disability research, hosted by the Office for Disability Issues. See the Office for Disability Issues description at: [www.odi.govt.nz/guidance-and-resources/the-disability-data-and-evidence-working-group-ddewg](http://www.odi.govt.nz/guidance-and-resources/the-disability-data-and-evidence-working-group-ddewg).

<sup>45</sup> The committee leading the Pacific Data Sovereignty Network consists of 12 independent representatives from across the Pacific network and ex-officio members representing government agencies such as the Ministry for Pacific Peoples and Stats NZ. Moana Connect serves as the secretariat.

<sup>46</sup> The Te Ao Mārama Group is a group of community-based experts who provide advice on health and related areas that influence the wellbeing of tāngata whaikaha Māori. See Whaikaha – Ministry of Disabled People. URL: [www.whaikaha.govt.nz/support-and-services/maori-and-pacific/maori-disability-support-services](http://www.whaikaha.govt.nz/support-and-services/maori-and-pacific/maori-disability-support-services).

## 4. Third-party partnerships | Ngā hononga whakahoā

In addition to carrying out the work the Government funds directly, Te Tāhū Hauora partners with third-party agencies when their improvement goals fit with our priorities and mandate. Te Whatu Ora, the Accident Compensation Corporation (ACC) and Manatū Hauora have contributed funding to our third-party projects. These quality improvement projects have helped us expand the scope and scale of improvement work in specific areas.

In contributing to these projects, Te Tāhū Hauora prioritises improving outcomes for Māori, achieving equitable health outcomes for all and partnering with consumers and whānau. The significant expansion of our activity through third-party partnerships within specific areas indicates how highly sector agencies value our role and work. The following are the current projects that have support from third-party revenue.

### ***Advance care planning***

DHBs had committed to two years of interim funding for the advance care planning programme, until June 2024. Funding responsibility for this work now sits with Te Whatu Ora. The advance care planning programme has begun delivering on its strategy and roadmap for 2022–2028:<sup>47</sup>

- Mana whakahaere | Governance and leadership – supporting cultural safety
- Ngā whakatairanga | Promotion – normalise person- and whānau-centric care planning
- Ngā rauemi | Tools and resources – advance care planning is available to all
- Whakangungu | Education and training – a prepared workforce and community
- Aroturuki me te aromatawai | Monitoring and evaluation – care is based on what matters to consumers
- Whakakaupapa | Implementation – maximising value.

### ***Healthcare-associated infections***

Te Whatu Ora supports the infection prevention and control programme, with its focus on reducing healthcare-associated infections.

The following are key activities for the programme in 2023/24.

- Hand Hygiene New Zealand programme: Continue surveillance programme. Action recommendations from the 2022 programme review to increase sector capacity for hand hygiene auditing and auditor training.
- Healthcare-associated *Staphylococcus aureus* bacteraemia: Continue infection source reporting that began in 2022 and complete analysis at one year.
- Reducing peripheral intravenous catheter-associated blood stream infections: Scope and start a pilot quality improvement collaborative.
- Surgical site infection improvement programme: Continue surveillance programme. Evaluate findings of the five-year cardiac and orthopaedic surgical site infection data analysis to identify improvement opportunities.

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<sup>47</sup> Health Quality & Safety Commission. 2021. *Mō te hōtaka whakamahere tiaki i mua i te wā taumaha me te hōtaka whakawhiti kōrero ā-haumanu 2022–28 | Strategy and road map of actions for advance care planning and clinical communication programme 2022–28*. Wellington: Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/advance-care-planning-five-year-strategy](http://www.hqsc.govt.nz/resources/resource-library/advance-care-planning-five-year-strategy).

- Scope an expansion of the healthcare-associated infection (HAI) surveillance and improvement programme based on data from the 2021 HAI point prevalence survey.
- Work with Te Pou Hauora Tūmatanui – the Public Health Agency within Manatū Hauora, Te Whatu Ora and Te Aka Whai Ora to improve the collection and warehousing of national HAI surveillance data.

### ***Major trauma quality improvement programme***

From July 2023 to June 2025, ACC is funding Te Tāhū Hauora to provide intelligence and improvement support to Te Hononga Whētuki ā-Motu | National Trauma Network. This support will transition and spread previous initiatives and foster improvements in trauma care and rehabilitation while supporting the network to move towards a sustainable business platform. Areas of focus for 2023/24 are as follows.

- Spread priority initiatives from the 2019–23 work programme to bring improvement across the country. These initiatives include: major haemorrhage; serious traumatic brain injury assessment and management; increasing culturally safe care for Māori by trauma teams; and improving the transition from acute services to community rehabilitation, in collaboration with health and ACC services.
- Provide data and analytic resources to strengthen the value of the National Trauma Registry to build a greater understanding of variation in, and outcomes of, trauma rehabilitation using data from ACC and other relevant agencies.
- Start a new quality improvement workstream on improving the management of care for blunt chest injuries and complex extremity injuries.

### ***Mental health and addiction quality improvement programme***

The mental health and addiction quality improvement programme has agreed funding from Te Whatu Ora to the end of the 2023/24 financial year to continue its work of supporting the mental health and addiction sector to improve. In 2023/24, the programme will:

- scope and start the maximising physical health project, which will focus on cardiovascular disease screening and treatment
- continue the zero seclusion project, with specific focus on reducing the number of occurrences and the length of seclusion within adult units and episodes of violence resulting in seclusion within forensic units
- continue to provide important capability-building training in quality improvement within the mental health and addiction sector
- work with the advance care planning team on the mental health advance preferences project to develop a business case on national implementation.

### ***Patient experience surveys***

Te Tāhū Hauora holds the contract for conducting the primary care and adult hospital inpatient experience surveys on behalf of Te Whatu Ora.

Surveys are the most effective way of understanding the experience of a large population such as people receiving health care. Evidence shows that regularly undertaking, sharing and publishing the results of surveys is a way of improving performance both directly and indirectly.<sup>48</sup> Confirming this finding, over the first five years of Aotearoa New Zealand’s inpatient experience survey (2014–19), around half of all

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<sup>48</sup> Fung C, Lim Y, Matke S, et al. 2008. Systematic review: the evidence that publishing patient care performance data improves quality of care. *Annals of Internal Medicine* 148: 111–23. DOI: 10.7326/0003-4819-148-2-200801150-00006.

measures in the survey showed a significant, sustained improvement in patient experience when compared with the baseline year of the survey.<sup>49</sup>

Te Tāhū Hauora is actively involved in finding ways to use the survey results to make improvements. We have aligned the surveys with the consumer QSM,<sup>50</sup> which aims to improve consumer involvement (one of the weakest-scoring areas of the survey). We have worked with Manatū Hauora to include a requirement for Te Whatu Ora to incorporate patient experience as key performance measures in Te Pae Tata (the New Zealand Health Plan), so we know the sector is encouraged to use and respond to the surveys in its quality work. One of our key areas of focus (set out in our medium- to long-term impact table on page 19) is to improve patient experience survey representativeness, particularly for groups experiencing health inequity.

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<sup>49</sup> Health Quality & Safety Commission. 2020. *Adult Hospital Patient Experience Survey: What have we learned from 5 years' results?* Wellington: Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/adult-hospital-patient-experience-survey-what-have-we-learned-from-5-years-results](http://www.hqsc.govt.nz/resources/resource-library/adult-hospital-patient-experience-survey-what-have-we-learned-from-5-years-results) (accessed 14 May 2020).

<sup>50</sup> See Health Quality & Safety Commission. 2022. Te tohu hononga ā-kiritaki kōunga | Consumer engagement quality and safety marker. Wellington: Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/consumer-hub/consumer-engagement-quality-and-safety-marker](http://www.hqsc.govt.nz/consumer-hub/consumer-engagement-quality-and-safety-marker).

## 5. Organisational health and capability | Te whakahaere hauora me te matatau

As an improvement organisation, Te Tāhū Hauora prioritises our own capability and capacity so we can be in the best position to support the health sector to improve. This section outlines our areas of focus for organisational health and capability in 2023/24.

### *Fulfilling our responsibilities under Te Tiriti o Waitangi*

Te Tāhū Hauora first set 'Embedding and enacting Te Tiriti o Waitangi, supporting mana motuhake' as a strategic priority in our SOI 2020–24. Our SOI 2023–27 elevates this to an enduring priority, including and embracing the principles of Te Tiriti o Waitangi that are broadly used across the sector and referred to in the Pae Ora Act. We prioritise our commitment to Te Tiriti o Waitangi as our nation's founding document across all aspects of our work.

We are committed to developing our organisation to be a more 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.

All staff have competency requirements in their job descriptions. We are committed to staff development, including in te reo Māori, tikanga training and practice, waiata and training on Te Tiriti o Waitangi. We have multiple offerings of beginner and advanced te reo class options, and two waiata sessions each week. This training is available to all staff, and leadership provides both expectations and support for all staff to attend.

During 2023/24, Te Tāhū Hauora will continue to run the weekly classes in these areas. We also integrate te reo Māori into our weekly staff hui with mihimihi and karakia.

We have developed our own karakia for the opening and closing of hui and encourage staff to use them on these occasions. We use them widely across Te Tāhū Hauora.

Te Tāhū Hauora has a two-day foundational training workshop on Te Tiriti o Waitangi that we provide regularly to all staff.

We have confirmed a work programme, Te Whāinga Amorangi, to support our contribution (as a Crown entity) to the Government's good-faith and collaborative approach to Māori–Crown relationships. The programme builds the capability of our staff and organisation in this area.

We have an ongoing contractual agreement with te reo Māori experts for translation services and have built strong working relationships with them.

Ahuahu Kaunuku meets with the communications team monthly to see that we use Māori world view concepts across the development of all our publications and integrate te reo Māori throughout all events and educational material. The team develops publications in discussion with Ahuahu Kaunuku so a Māori world view and Māori concepts inform their nature, look and feel. A te reo Māori translator who is Te Taura Whiri registered translates English into te reo Māori, for some of our publications.

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

- Te Kāhui Piringa, which partners with our board<sup>51</sup>
- Ngā Pou Arawhenua, which works alongside and supports our national mortality review function<sup>52</sup>
- Te Hiringa Kounga Māori, which advises the mental health and addiction quality improvement programme
- Mana Enhancing Design Partners, which functions as a Te Tiriti o Waitangi partnership rōpū for our advance care planning programme.

We partner with Te Aka Whai Ora on specific work programmes when we can add value to the work it is leading. We are also working to develop our partnerships with iwi–Māori partnership boards so we can support them in their important role in contributing to health quality.

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

### ***Continuing to build our internal capability in specific areas***

In addition to capability building in te reo Māori, tikanga Māori and Te Tiriti o Waitangi, Te Tāhū Hauora is developing internal capacity and capability in working with tangata o le moana (Pacific peoples) and disabled people. In 2022/23 we appointed a director of health equity and established a dedicated equity team. We will continue building this internal capability in 2023/24 so all teams across Te Tāhū Hauora are confident in delivering Pacific and disability equitable outcomes as business as usual in their own programmes.

We have developed an equity scorecard, based on the 2019 Hauora Report principles, which we can use to develop and ask fundamental questions and deliver on them to progress work programmes towards health equity. The following are examples of these questions.

- How does this work contribute to eliminating inequity?
- Will this work deliver for Māori, Pacific peoples and disabled people? How will we know?
- What impact will this work have?

Alongside this, other internal capability-building initiatives are under way to complement the use of the scorecard.

- We are dedicating time and resource to meet communities where they are, at community events. We are committed to building a community with Pacific peoples and disabled people who are willing to share their experiences and stories. Safe spaces for community storytelling supports Te Tāhū Hauora equity practices and community accountability, as we work towards achieving equity.
- We are committed to respecting data sovereignty by sharing and highlighting the experiences and stories of Pacific and disabled communities through case studies, academic publications and conference/cross-sector presentations. These initiatives allow the voices of these communities to be heard and lead to ongoing change.
- We are building foundational knowledge around Pacific and disabled communities through introductory workshops and learning resources. These equip Te Tāhū Hauora staff with understanding and awareness of Pacific methodologies, social models of disability and pro-Tiriti actions that support equity, diversity and inclusion to the greatest extent possible within their own work sphere of influence.

<sup>51</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2023. Te Kāhui Piringa. Wellington: Te Tāhū Hauora Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/about-us/te-kahui-piringa](http://www.hqsc.govt.nz/about-us/te-kahui-piringa).

<sup>52</sup> Health Quality & Safety Commission. 2021. Ngā Pou Arawhenua. Wellington: Health Quality & Safety Commission. 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).

- We are building an organisational equity agenda that reflects Pacific and disability social structures, realities and aspirations by providing cultural coaching and brokering community networks for Te Tāhū Hauora work programmes and projects to strengthen their equity lens.
- We will be continuing Te Tāhū Hauora dialogue through wānanga, thought exchanges and talanoa with 'Equity Power Hours'. Here, internal leadership, management and staff can talk to one another and break down their own conscious and unconscious biases.
- We will partner with Manatū Hauora in the Houhia: Equity by Design work. This aims to design practical, valuable and impactful health equity and Te Tiriti tools and solutions to shape and embed pro-equity and Te Tiriti-centred thinking, practice and behaviour across the entire health system.<sup>53</sup>

Te Tāhū Hauora has a pivotal role in improving the quality and safety of the health and disability system. Our work for 2023/24 strengthens our position as a lead organisation in influencing the wider disability sector and initiatives for Pacific peoples.

We continue our 'Writing for your audience' courses, to support staff to write in plain language. In addition, our ongoing 'machinery of government' courses teach new staff about the processes of government.

We have signed the Government Accessibility Charter, which is a commitment to providing accessible information and online tools to all disabled people. We progressed our work relating to accessibility in various ways. Some of the highlights include launching a new website, which was designed in accordance with the New Zealand Web Accessibility Standard, changing our practices so that all videos we produce contain captions and transcripts and providing publications for consumers in alternative formats, such as Braille and Easy Read.

Each year we publish our pay equity data in our annual report and will continue to do so for the coming year. We are also progressing actions and recommendations from the Kia Toipoto Public Service Gender Pay Gap Action Plan.

At Te Tāhū Hauora, we continue to work together to define and develop a culture that enables us to build the skills we need to provide better support and the capability we need to improve health practices across the health sector.

## ***Developing and strengthening our organisation through our people***

Our people are our greatest asset. As of 20 June 2023, Te Tāhū Hauora has 115 staff, with 106 full-time equivalents (FTE). Of these:

- 51 percent identify as New Zealand European
- 15 percent identify as Māori
- 6 percent identify as Pacific peoples
- 29 percent identify as other or have not disclosed their ethnicity
- 9 percent have disclosed they have a disability.

The representation of Māori, Pacific and disabled individuals within Te Tāhū Hauora falls slightly below the national population averages in Aotearoa New Zealand.<sup>54</sup> We recognise the Crown's obligations under Te Tiriti o Waitangi and the aspirations of Māori, and the importance of human resources, infrastructure and leadership reflecting this. We must also ensure a representative and equitable workforce across other ethnic or minority groups and disabled people. We have done a significant amount of work in this area in recent years and continue to do so.

<sup>53</sup> Manatū Hauora. 2023. Briefing to the incoming Minister of Health. URL: [www.beehive.govt.nz/sites/default/files/2023-03/BIM%20-%20Minister%20of%20Health%20-Manat%C5%AB%20Hauora.pdf](http://www.beehive.govt.nz/sites/default/files/2023-03/BIM%20-%20Minister%20of%20Health%20-Manat%C5%AB%20Hauora.pdf).

<sup>54</sup> See [www.stats.govt.nz/tools/2018-census-ethnic-group-summaries](http://www.stats.govt.nz/tools/2018-census-ethnic-group-summaries) and [www.beehive.govt.nz/sites/default/files/2017-12/Disability%20Issues.pdf](http://www.beehive.govt.nz/sites/default/files/2017-12/Disability%20Issues.pdf).

In 2023/24, we are developing a people and culture strategy which will focus on outcomes across the people and culture function that reflect our enduring priorities, to embed and enact Te Tiriti o Waitangi and pursue health equity. The strategy will build upon work that is already underway to strengthen these areas, such as the implementation of a new recruitment tool that will support us to reduce bias during the shortlisting phase by allowing us to anonymously shortlist candidates so they are only assessed on their skills, experience and knowledge as it relates to the role they have applied for. We will also continue to improve the collection and reporting of data we gather from our staff, so we know progress is being made in the diversity of our workforce.

## ***Governance and strategic advice***

We are governed by a board of 10 members who the Minister of Health appoints under section 28 of the Crown Entities Act 2004. Rae Lamb is the Chair of the board. Te Tāhū Hauora board members provide advice and direction on our strategic intentions and future direction.

The board works alongside its governance partners, Te Kāhui Piringa (formerly Te Rōpū Māori) and Te Kāhui Mahi Ngātahi (our consumer advisory group) to put both Māori world views and lived experience at the centre of our work. The board also has an audit sub-committee, which provides assurance and assistance to the board on our financial statements and internal control systems.

Work programmes of Te Tāhū Hauora also receive specific programme-related content advice from expert advisory groups and the National Mortality Review Committee.

## ***Environmental sustainability strategy***

In December 2020, the Government announced a climate change emergency. It also established the Carbon Neutral Government Programme to accelerate emissions reductions in the public sector so that it will be 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. We have 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 them. Our baseline figure is 736 tonnes for 2018/19. By reducing our emissions by about 3.5 percent a year, we will be able to meet our overall 21 percent gross carbon emissions reduction by 30 June 2025. We continue to regularly report our progress in 2023/24.

We have seen a significant reduction in carbon emissions since our base year. The main reason is that staff reduced their travel due COVID-19 restrictions. Other reasons are that we have changed to use more sustainable electricity providers, reduced paper use and are undertaking more sophisticated reporting of freight costs and waste management. We continue to sort our office waste, including by separating out composting and recycling. Although travel restrictions have now been lifted nationally, we remain committed to keeping our travel emissions sustainable.

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

## ***Information technologies security***

Information technologies (IT) and the cyber security policy of Te Tāhū Hauora aim to keep information safe, with all cyber security practices focused on keeping electronic data free from unauthorised access. Our system focuses on protecting important data and applies to both digital and analogue information.

A detailed security and storage review of Te Tāhū Hauora found no significant issues but did make several recommendations for quality improvement. We are following up these recommendations. Te Tāhū Hauora has embedded an ongoing organisation-wide IT security 'phishing' education programme called KnowBe4.

We regularly review our IT security systems and processes to check they are fit for purpose, given the sensitivity of the information we hold.

Furthermore, in our commitment to embedding Te Tiriti o Waitangi, we are undertaking work to apply Māori data sovereignty principles<sup>55</sup> to our IT security to protect and respect Māori data and information, and use it in a manner that aligns with Māori cultural values and aspirations. We are working to build trust, foster meaningful relationships and promote responsible and ethical use of Māori data within our IT security context and policies.

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<sup>55</sup> Te Mana Rauranga | Māori Data Sovereignty Network. 2018. *Principles of Māori Data Sovereignty. Brief #1*. URL: [static1.squarespace.com/static/58e9b10f9de4bb8d1fb5ebbc/t/5bda208b4ae237cd89ee16e9/1541021836126/TMR+Ma%CC%84ori+Data+Sovereignty+Principles+Oct+2018.pdf](https://static1.squarespace.com/static/58e9b10f9de4bb8d1fb5ebbc/t/5bda208b4ae237cd89ee16e9/1541021836126/TMR+Ma%CC%84ori+Data+Sovereignty+Principles+Oct+2018.pdf).

## 6. Prospective financial statements for the four years ending 30 June 2026 | Ngā pūrongo tahua mō te whā tau nei atu ki te 30 o Pipiri 2026

### Prospective statement of comprehensive revenue and expense

	Planned	Forecast	Planned	Planned	Planned
	12 months to 30 June 2023	12 months to 30 June 2023	2023/24	2024/25	2025/26
	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Revenue</b>					
Revenue from Crown	18,006	18,006	18,887	17,487	17,487
Interest revenue	6	180	190	190	190
Other revenue	4,662	4,842	4,717	4,717	4,717
<b>Total operating revenue</b>	<b>22,674</b>	<b>23,028</b>	<b>23,794</b>	<b>22,394</b>	<b>22,394</b>
<b>Expenditure</b>					
Salaries	13,541	13,716	14,860	14,110	14,110
Travel	305	450	460	410	410
Consultants and contractors	283	385	304	304	304
Board	218	218	218	218	218
Committees	203	292	253	253	253
Printing/communication	217	187	223	223	223
Lease costs	555	555	555	555	555
Overhead and IT expenses	796	1,191	1,082	982	982
Other expenses	13	13	23	23	23
<b>Total internal programme and operating expenditure</b>	<b>16,131</b>	<b>17,007</b>	<b>17,978</b>	<b>17,078</b>	<b>17,078</b>
Quality and safety programmes	4,955	4,440	4,231	3,757	3,793
Mortality review programmes	1,413	1,338	1,333	1,333	1,333
<b>Total external programme expenses</b>	<b>6,368</b>	<b>5,778</b>	<b>5,564</b>	<b>5,090</b>	<b>5,126</b>
Depreciation and amortisation	175	243	252	226	190
<b>Total expenditure</b>	<b>22,674</b>	<b>23,028</b>	<b>23,794</b>	<b>22,394</b>	<b>22,394</b>
<b>Operating surplus/deficit</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Note: Numbers are rounded.

Te Tāhū Hauora has put forward a balanced budget for 2023/24 that allows for the delivery of all our proposed SPE measures (and all other non-SPE programme activity) while also maintaining prudent levels of historical reserves. Approximately \$0.700 million of reserves is available as a contingency around any additional one-off costs or activity associated with the health sector reforms. No new activity (without a revenue stream) is included within these assumptions.

For 2023/24, revenue assumptions include:

- \$14.959 million Crown revenue (this includes cost pressure funding of \$0.583 million per year, received in 2022/23)
- \$0.692 million additional new Crown revenue cost pressure funding for 2023/24
- \$2.300 million Crown revenue for continued funding for the consumer and whānau voices programme
- \$1.500 million from Te Whatu Ora as revenue associated with mental health and addiction quality improvement programme
- \$1.228 million from Te Whatu Ora for the national data warehouse and expansion of the surgical site infection improvement programme
- \$1.081 million from Te Whatu Ora as revenue associated with advance care planning
- \$0.858 million from ACC to provide support for the National Trauma Network
- \$0.400 million from Manatū Hauora for suicide mortality review
- \$0.321 million from Te Whatu Ora for the primary care patient experience survey
- \$0.215 million for the Australian and New Zealand Intensive Care Society Centre for Outcome & Resource Evaluation (ANZICS CORE) registry
- \$0.050 million conference and event revenue
- \$0.190 million interest.

## Prospective statement of changes in equity

	Planned	Forecast	Planned	Planned	Planned
	12 months to 30 June 2023	12 months to 30 June 2023	2023/24	2024/25	2025/26
	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Contributed capital</b>					
Balance at 1 July	500	500	500	500	500
Repayment of capital	0	0	0	0	0
Balance at 30 June	500	500	500	500	500
<b>Accumulated surplus/(deficit)</b>					
Balance at 1 July	2,023	2,235	2,235	2,235	2,235
Net surplus/(deficit) for the year	0	0	0	0	0
Balance at 30 June	2,023	2,235	2,235	2,235	2,235
<b>Total equity</b>	<b>2,523</b>	<b>2,735</b>	<b>2,735</b>	<b>2,735</b>	<b>2,735</b>

Note: Numbers are rounded.

## Prospective statement of financial position

	Planned	Forecast	Planned	Planned	Planned
	12 months to 30 June 2023	12 months to 30 June 2023	2023/24	2024/25	2025/26
	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Accumulated funds</b>	<b>2,523</b>	<b>2,735</b>	<b>2,735</b>	<b>2,735</b>	<b>2,735</b>
<b>Represented by current assets</b>					
<b>Cash and cash equivalents</b>	3,215	3,269	3,599	3,352	3,463
<b>GST receivable</b>	342	349	335	311	311
<b>Debtors and other receivables</b>	291	303	295	295	295
<b>Prepayments</b>	60	52	60	62	64
<b>Total current assets</b>	<b>3,908</b>	<b>3,973</b>	<b>4,289</b>	<b>4,020</b>	<b>4,133</b>
<b>Non-current assets</b>					
<b>Property, plant and equipment</b>	427	532	360	534	424
<b>Intangible assets</b>	0	0	0	0	0
<b>Total non-current assets</b>	<b>427</b>	<b>532</b>	<b>360</b>	<b>534</b>	<b>424</b>
<b>Total assets</b>	<b>4,335</b>	<b>4,505</b>	<b>4,649</b>	<b>4,554</b>	<b>4,557</b>
<b>Current liabilities</b>					
<b>Creditors</b>	1,100	1,090	1,057	1,005	1,008
<b>Employee benefit liabilities</b>	713	680	857	814	814
<b>Revenue in advance</b>	0	0	0	0	0
<b>Total current liabilities</b>	<b>1,813</b>	<b>1,770</b>	<b>1,914</b>	<b>1,819</b>	<b>1,822</b>
<b>Total liabilities</b>	<b>1,813</b>	<b>1,770</b>	<b>1,914</b>	<b>1,819</b>	<b>1,822</b>
<b>Net assets</b>	<b>2,523</b>	<b>2,735</b>	<b>2,735</b>	<b>2,735</b>	<b>2,735</b>

Note: Numbers are rounded.

## Prospective statement of cash flows

	Planned	Forecast	Planned	Planned	Planned
	12 months to	12 months to	2023/24	2024/25	2025/26
	30 June 2023	30 June 2023	2023/24	2024/25	2025/26
	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Cash flows used in operating activities</b>					
<b>Cash provided from:</b>					
<b>Crown revenue</b>	18,006	17,826	18,887	17,487	17,487
<b>Interest received</b>	6	180	190	190	190
<b>Other income</b>	4,707	5,066	4,725	4,717	4,717
<b>Cash disbursed to:</b>					
<b>Payments to suppliers</b>	(9,042)	(8,940)	(8,723)	(8,112)	(8,093)
<b>Payments to employees</b>	(13,508)	(13,987)	(14,683)	(14,153)	(14,110)
<b>Net GST</b>	(8)	(272)	14	24	0
<b>Net cash flows from (used in) operating activities</b>	<b>161</b>	<b>(127)</b>	<b>410</b>	<b>153</b>	<b>191</b>
<b>Cash flows used in investing activities</b>					
<b>Cash disbursed to:</b>					
<b>Purchase of property, plant, equipment and intangibles</b>	(70)	(65)	(80)	(400)	(80)
<b>Net cash flows (used in) investing activities</b>	<b>(70)</b>	<b>(65)</b>	<b>(80)</b>	<b>(400)</b>	<b>(80)</b>
<b>Cash flows used in financing activity</b>					
<b>Equity injection</b>	0	0	0	0	0
<b>Net cash flows (used in) finance activities</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>91</b>	<b>(192)</b>	<b>330</b>	<b>(247)</b>	<b>111</b>
<b>Plus, projected opening cash and cash equivalents</b>	<b>3,124</b>	<b>3,461</b>	<b>3,269</b>	<b>3,599</b>	<b>3,352</b>
<b>Closing cash and cash equivalents</b>	<b>3,215</b>	<b>3,269</b>	<b>3,599</b>	<b>3,352</b>	<b>3,463</b>

Note: Numbers are rounded.

## ***Declaration of the board***

The board acknowledges its responsibility for the information contained in the Te Tāhū Hauora forecast financial statements. The financial statements should also be read in conjunction with the statement of accounting policies on page 56.

## ***Key assumptions for proposed budget in 2023/24 and out years***

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

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

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

The role and mandate of Te Tāhū Hauora has grown since we began in 2011/12. In Budget 2021, the Government provided additional cost pressure funding of \$1.400 million per year<sup>56</sup> to support our work and a further \$0.583 million in Budget 2022. Additional cost pressure funding of \$0.692 million has been included for 2023/24. This additional funding has enabled us to sustain our work programmes in response to Government and sector demands while giving us room to respond appropriately to emerging quality issues. The funding will help us maintain our quality, safety and improvement overview of the whole health and disability system as it recovers from its COVID-19 response and embarks on health sector reforms, having also undertaken the largest vaccination programme in our country's history.

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

Te Tāhū Hauora is considered strong in its financial management, enabling it to deliver better services and outcomes for New Zealanders. The forecast financial statements for the 2023/24 year and out years are in line with generally accepted accounting practices. The statements include:

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

Key assumptions are listed below.

- While personnel costs have been assessed on the basis of expected staff mix and seniority, these may vary. Total expenditure will be maintained within forecast estimates, even if individual line items vary. There may be movements between salary, contractor and programme costs.
- Out-year costs in the operating budget are based on a mix of no general inflationary adjustment and limited general inflationary adjustment.
- The timing of the receipt of Crown revenue is based on quarterly payments made at the beginning of the quarter on the fourth of the month.
- Salary budgets currently include minimal general remuneration increases for 2023/24 or out years. Any increases that do occur would have to be funded from within existing budgeted salary levels for 2023/24. Limited salary increase may be a risk for staff retention; however, Te Tāhū Hauora is following

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<sup>56</sup> Three-year funding of \$1.400 million finishing at the end of 2023/24. Te Tāhū Hauora will work with Manatū Hauora and the Treasury to determine the approach to cost pressures for 2024/25 and out years as a part of Budget 2024 for Vote Health.

the *Government Workforce Policy Statement on the Government's Expectations for Employment Relations in the Public Sector*.<sup>57</sup>

- Te Tāhū Hauora is working within the assumption of keeping reserve levels of around \$1.500 million. This means approximately \$0.700 million to \$1.000 million of reserves is available as a contingency around any additional one-off costs or activity associated with the health sector reforms.
- A total of \$0.030 million per year of furniture and other equipment replacement is planned across 2023/24 to 2025/26. Also planned is IT replacement of \$0.050 million in 2023/24 and \$0.350 million for the full laptop fleet in 2024/25.

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<sup>57</sup> Public Service Commission. 2021. *Government workforce policy statement on the government's expectations for employment relations in the public sector*. Wellington: Public Service Commission. URL: [www.publicservice.govt.nz/assets/Statement-Government-Workforce-Policy-Statement-on-Employment-Relations.pdf](http://www.publicservice.govt.nz/assets/Statement-Government-Workforce-Policy-Statement-on-Employment-Relations.pdf) (accessed 19 May 2022).

## **7. Statement of accounting policies | Pūrongo o ngā kaupapa here kaute**

### ***Reporting entity***

Te Tāhū Hauora is a Crown entity as defined by the Crown Entities Act 2004 and the Pae Ora Act and is domiciled in Aotearoa New Zealand. As such, Te Tāhū Hauora is ultimately accountable to the New Zealand Crown.

The primary objective of Te Tāhū Hauora is to provide public services to New Zealanders rather than to make a financial return. Accordingly, Te Tāhū Hauora has designated itself as a public benefit entity for the purposes of New Zealand equivalents to International Financial Reporting Standards.

### ***Basis of preparation***

#### **Statement of compliance**

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

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

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

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

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

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

#### **Measurement system**

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

#### **Functional and presentation currency**

The financial statements are presented in New Zealand dollars. The functional currency of Te Tāhū Hauora is New Zealand dollars.

### ***Significant accounting policies***

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

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

## **Budget figures**

Te Tāhū Hauora has authorised these prospective financial statements for issue in June 2023.

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

## **Revenue**

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

### **Revenue from the Crown**

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

## **Interest**

Interest income is recognised using the effective interest method.

## **Operating leases**

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

## **Cash and cash equivalents**

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

## **Debtors and other receivables**

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

## **Bank deposits**

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

## **Inventories**

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

## Property, plant and equipment

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

## Depreciation

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

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

## Intangibles

### *Software acquisition*

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

### *Amortisation*

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

Acquired computer software	3 years	33% SL
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## **Impairment of non-financial assets**

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

# Appendix 1: Our objectives and functions | Āpitihangā 1: Ngā whāinga me ngā āheinga

## Objectives of the Health Quality & Safety Commission<sup>58</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
8. to develop a code of expectations for consumer and whānau engagement in the health sector for approval by the Minister; and
9. to make recommendations to any person in relation to matters within the scope of its functions; and
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.

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

- the Ministry of Health; and
- Health New Zealand; and
- the Health and Disability Commissioner; and
- the Māori Health Authority; and
- providers; and
- health care professional bodies (for example, colleges); and
- any groups representing the interests of consumers of services; and
- any other organisations, groups or individuals that HQSC considers have an interest in, or will be affected by, its work.

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<sup>58</sup> Subpart 3, Pae Ora (Healthy Futures) Act 2022.

## **Responsibility for mortality review committees**

HQSC 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, HQSC 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, for how they can collect, manage and hold information securely.

HQSC 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, overviewing all mortality and prioritising areas of focus, for in-depth review and reporting.

## Appendix 2: Our outcome measures and progress, as reported in our Annual Report 2020/21 and Annual Report 2021/22 | Āpitianga 2: Te ine putanga me te kauneke ki tā te pūrongo ā-tau 2020/21, 2021/22 hoki

Strategic priorities	What we expect to see when our work is contributing to our strategic priority outcomes	What outcomes we hope to see	Key achievements in 2020/21 (bold) <i>What we achieved prior to 2020/21 (italic)</i>	Key achievements in 2021/22
Improving experience for consumers and whānau	We will know we have contributed to improved experiences for consumers and whānau when we see improvements in patient experience survey results from baselines and improvements in patient and whānau measures and reporting across our programme areas.	Improved patient and whānau experience as a result of improvements made by providers, which they were supported to make by learning from patient experience surveys (3–5 years)	<i>Between 2014 and 2019, 20 percent of questions asked in the hospital patient experience survey showed sustained improvements in reported experience.</i>  In 2020, both inpatient and primary care surveys were refreshed.  Since August 2020, baselines for a total of 31 new questions in the hospital survey and 49 new questions in the primary care survey were established.  <b>New baseline established.</b>	Continued collection and monitoring of data and creation of a new tool Experience Explorer. We will evaluate whether improvements have occurred in 2023/24.
		Patient and whānau measures and reporting across our programme areas (qualitative and quantitative) indicating improvement in engagement and experience (3–5 years)	A baseline has been established for the consumer quality and safety marker.  <b>Baselines established.</b>	Continued collection, monitoring and publication of data. We will evaluate whether improvements have occurred in 2023/24.
Embedding and enacting Te Tiriti o Waitangi, supporting	We will know we have contributed to embedding and enacting Te Tiriti o Waitangi and supporting mana motuhake when we can see	Improved Māori patient experience surveys results (percentages) from baselines (3–5 years)	Baseline measures established for Māori respondents for the 31 and 49 questions in our two patient experience surveys.  <b>Baselines established.</b>	Continued collection, monitoring and publication of data. We will evaluate whether improvements have occurred in 2023/24.

Strategic priorities	What we expect to see when our work is contributing to our strategic priority outcomes	What outcomes we hope to see	Key achievements in 2020/21 ( <b>bold</b> ) <i>What we achieved prior to 2020/21 (italic)</i>	Key achievements in 2021/22
mana motuhake	improvements in Māori patient and whānau experiences and, over time, in Māori health outcome measures, both at the system level and within our programme areas. However, we recognise that improving wider determinants of health is another key aspect of improving Māori health outcomes.	Qualitative and quantitative measures and reporting across programme areas that show improved health equity for Māori (3–5 years)	<i>Reduction in inequity for surgical site infections following hip and knee replacements from a rate twice as high as for non-Māori, non-Pacific, to statistically identical between 2014 and 2016.</i>	Continued collection of data and monitoring of outcomes. Results remain low and equitable.
		Improved Māori health outcome measures (5–10 years)	<b>Baselines established.</b>	Continued collection, monitoring and publication of data.
Achieving health equity	We will know our work has contributed to health equity when we highlight reductions in unwarranted health care variation and inequities across population groups and we see greater health equity in our health and disability system and programme measures.	Maintained or improved patient experience survey representativeness, particularly for groups experiencing health inequity (3–5 years)	A series of technical fixes, including provision of free data and coupling of text and email invitations, led to increased survey response rates. <ul style="list-style-type: none"> <li>• <b>The Māori primary care survey response rate increased from 11 percent to 20 percent (equal with non-Māori, non-Pacific) between August 2020 and May 2021.</b></li> <li>• <b>The Pacific primary care survey response rate increased from 9 percent to 15 percent between August 2020 and May 2021.</b></li> </ul>	Due to the challenges of the COVID-19 Omicron period, survey responses fell for all ethnic groups. However, Māori response rates remained identical to those for non-Māori, non-Pacific (16% for both groups) and the gap between Pacific and non-Māori, non-Pacific fell from 5% to 3%.
		Reductions in unwarranted health care variation measures across population groups (3–5 years)	All Atlas of Healthcare Variation measures are broken down by ethnicity, of which there are well over 100.	Continued collection of data. The direct effects of the COVID-19 period on access to health care are substantial, so no

Strategic priorities	What we expect to see when our work is contributing to our strategic priority outcomes	What outcomes we hope to see	Key achievements in 2020/21 ( <b>bold</b> ) <i>What we achieved prior to 2020/21 (italic)</i>	Key achievements in 2021/22
			<i>There are numerous examples of significant increases in equity, including asthma inhaled corticosteroid dispensing, gout hospital admissions, non-steroidal anti-inflammatory drug use with no urate-lowering therapy and maternity low birth-rate babies. However, interpretation is complex because many factors are contributing to unwarranted variation.</i>	further publication of 2020 data has been undertaken.
		Greater health equity in our system and programme measures (3–5 years)	<i>Reduction in inequity for surgical site infections following hip and knee replacements from a rate twice as high as non-Māori, non-Pacific to statistically identical between 2014 and 2016, and the reduction has been maintained.</i>	Continued collection of data and monitoring of outcomes. Results remain low and equitable.
Strengthening systems for high-quality services	<p>We will know our work is contributing to a stronger system for high-quality health and disability services when we see:</p> <ul style="list-style-type: none"> <li>• greater whānau involvement in adverse event reviews, learning and communication</li> <li>• Health New Zealand addressing issues raised in relevant Quality Alerts</li> </ul>	Reduced mortality over time in mortality review cohort groups (long term, intergenerational)	<i>There was a steep reduction in child and youth deaths between 2011 and 2014 – equivalent to around 100 deaths per year.</i>	
		Improved quality and safety measures within our programme areas (2–5 years or longer)	<p><i>Since their inception, the following improvements in outcomes and processes associated with Te Tāhū Hauora quality and safety programmes have been identified.</i></p> <ul style="list-style-type: none"> <li>• <i>Falls – 25 percent reduction in falls with a fractured neck of femur, equating to 175 avoided fractured necks of femur.</i></li> <li>• <i>The patient deterioration programme has resulted in a 40 percent increase in rapid response team escalations and a statistically significant decrease in in-</i></li> </ul>	<p>In the period to March 2022, we achieved the following results.</p> <ul style="list-style-type: none"> <li>• A further 37 falls with fractured neck of femur were avoided, making 212 in total.</li> </ul> <p>Patient deterioration rapid response team escalations have further increased to stand around 50% above baseline, while the decrease in in-hospital</p>

Strategic priorities	What we expect to see when our work is contributing to our strategic priority outcomes	What outcomes we hope to see	Key achievements in 2020/21 ( <b>bold</b> ) <i>What we achieved prior to 2020/21 (italic)</i>	Key achievements in 2021/22
	<ul style="list-style-type: none"> <li>reduced mortality over time in mortality review cohort groups</li> <li>improved capability in data and measurement, quality improvement science and clinical governance within the health and disability system and workforce</li> <li>improved quality and safety measures across the health and disability system and in our own measures.</li> </ul>		<p><i>hospital cardiopulmonary arrests, avoiding around 200 to date.</i></p> <ul style="list-style-type: none"> <li><b>Safe surgery – 673 post-operative deep vein thromboses (DVTs)/pulmonary embolisms (PEs) avoided.</b></li> <li><b>Infection prevention and control – 17 percent reduction in post-operative infections for hips and knees, equating to 92 avoided infections; 18 percent reduction in post-operative infections for cardiac surgery, equating to 81 avoided infections.</b></li> <li><b>Te Tāhū Hauora supported 18 improvement projects in primary care, and 14 of 18 showed measurable improvement.</b></li> </ul>	<p>cardiopulmonary arrests is now around 240; an additional 28 avoided infections following hip and knee surgery so that the total avoided infections stand at 120; for cardiac surgery, there are now 95 avoided infections.</p>
		<p>Reduced number of disability-adjusted life-years (DALYs) lost due to complications and poor outcomes within our programme areas (2–5 years)</p>	<p><i>Based on published estimates of the DALY loss associated with specific health care-related harms, we can estimate the following DALYs avoided to date:</i></p> <ul style="list-style-type: none"> <li><b>falls in hospital – 175 avoided fractured necks of femur = 287 DALYs avoided</b></li> <li><b>safe surgery – 673 post-operative DVT/PEs avoided = 397 DALYs avoided</b></li> <li><b>infection prevention and control – 173 avoided post-operative infections = 87 DALYs avoided.</b></li> </ul>	<p>Updated DALY estimates now stand at:</p> <ul style="list-style-type: none"> <li>falls – 348 DALYs avoided</li> <li>post-operative infections – 108 DALYs avoided.</li> </ul>

Strategic priorities	What we expect to see when our work is contributing to our strategic priority outcomes	What outcomes we hope to see	Key achievements in 2020/21 ( <b>bold</b> ) <i>What we achieved prior to 2020/21 (italic)</i>	Key achievements in 2021/22
		Reduced bed-days within our programme areas (2–5 years or longer)	<b>Re-admission (second admission) of older people as a result of an emergency was reduced, resulting in 98,000 fewer bed-days between June 2014 and June 2019.</b>	At June 2021, reduction in bed-days associated with readmission (second admission) of older people as a result of an emergency stood at 250,000 bed-days.

## Appendix 3: How our work aligns with Government expectations | Āpitianga 3: Te hono o ngā mahi a SPE ki ā te Kāwanatanga wawata

Expectations specified in the Minister’s Letter of Expectations	Where our work supports the expectations: SPE deliverable number or response page number								
	1	2	3	4	5	6	7	8	Other, see page:
Expectations as part of the reformed health system									
Continue to maintain and improve good performance of our functions under the Pae Ora Act in keeping with the aspirations of the reforms	✓	✓	✓	✓	✓	✓	✓	✓	
Support the health system to:									
<ul style="list-style-type: none"> <li>meet its obligations under Te Tiriti o Waitangi</li> </ul>	✓	✓	✓	✓	✓	✓	✓	✓	Pages 9–11 outline our enduring priority ‘Embedding and enacting Te Tiriti o Waitangi’
<ul style="list-style-type: none"> <li>achieve equitable health outcomes</li> </ul>	✓	✓	✓	✓	✓	✓	✓	✓	Page 11 outlines our enduring priority ‘Pursuing health equity’
<ul style="list-style-type: none"> <li>be accessible, cohesive and whānau-centred</li> </ul>	✓	✓	✓						
Ministerial priority areas									
Support and develop the health workforce	✓	✓		✓	✓		✓	✓	
Address ongoing planned care challenges				✓	✓				
Plan for winter resilience				✓	✓		✓	✓	
Other areas of focus									
Identify and pursue opportunities to work collaboratively and collectively with other entities where this will result in health gains		✓	✓				✓	✓	See pages 36–37 for our response to this area

Strengthen longer-term financial planning and forecasting									See pages 49–55
Code of expectations for health entities' engagement with consumers and whānau									
• Acting in accordance with the code when engaging with consumers and whānau	✓	✓							
• Embedding Te Tiriti into engagement	✓	✓							
Interim Government Policy Statement priorities									
Achieving equity in health outcomes	✓	✓	✓	✓	✓	✓	✓	✓	Page 11 outlines our enduring priority 'Pursuing health equity'
Embedding Te Tiriti o Waitangi across the health sector	✓	✓	✓	✓	✓	✓	✓	✓	Pages 9–11 outline our enduring priority 'Embedding and enacting Te Tiriti o Waitangi'
Keeping people well in their communities	✓	✓	✓						
Developing the health workforce of the future	✓	✓					✓	✓	
Ensuring a financially sustainable health sector									See pages 49 to 55
Laying the foundations for the ongoing success of the health sector	✓	✓	✓	✓	✓	✓	✓	✓	
Expectations specific to Te Tāhū Hauora									
Strengthen our monitoring of quality and safety in the reformed health system			✓	✓	✓	✓			Page 38 outlines the development of our recommendations function
Focus on primary and community care			✓	✓	✓				<ul style="list-style-type: none"> <li>• Page 37 outlines our approach to supporting primary and community care</li> <li>• Pages 42–3 provide an update on our patient experience survey programme with third-party funding</li> </ul>
Review current tools and resources to find out how entities are using them and whether they are having a positive impact in the sector				✓					Page 38 outlines our response to this area

Ongoing focus on mental health, addiction and suicide prevention						✓			Page 42 provides an update on our mental health and addiction programme with third-party funding
Benefits of a move to the single National Mortality Review Committee						✓			
Progress on the Te Ao Māori Framework and the Clinical Governance Framework and how these are being used across the sector									Pages 38–39 provide a summary of this work
Whether the Quality Forum is achieving its intended outcomes									Page 36 provides a summary of this work

Strategic priorities	SPE deliverable number or response page number								
	1	2	3	4	5	6	7	8	Other, see page:
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						✓		✓	

Enduring priorities	SPE deliverable number or response page number								
	1	2	3	4	5	6	7	8	Other, see page:
Embedding and enacting Te Tiriti o Waitangi	✓	✓	✓	✓	✓	✓	✓	✓	
Pursuing health equity	✓	✓	✓	✓	✓	✓	✓	✓	

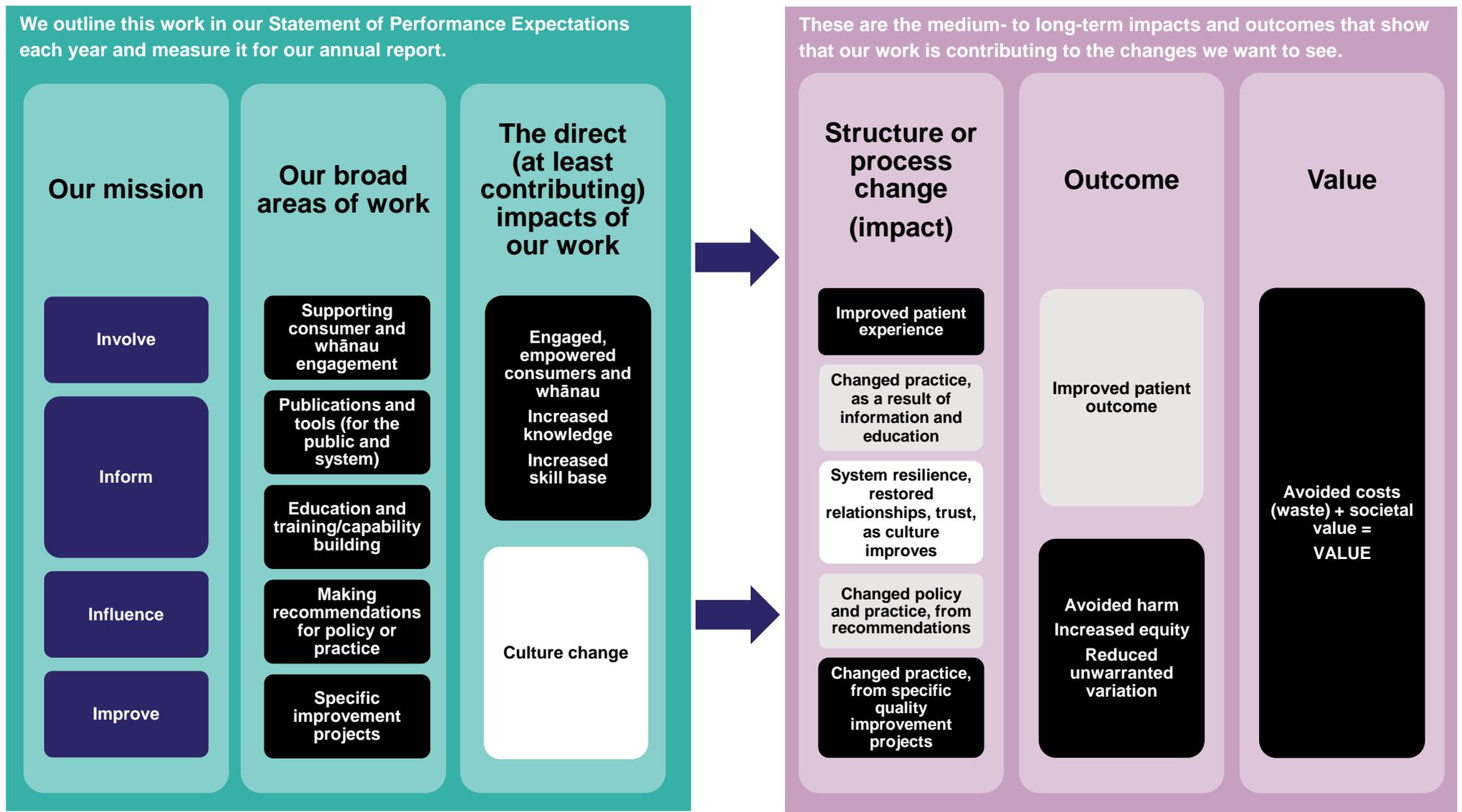
# Appendix 4: Our outcomes and value framework | Āpitihangā 4: Ā mātou putanga me te anga uara

KEY

Easily measurable

Measurable

Challenging to measure



Te Tiriti o Waitangi and health equity underpin this framework, as our enduring priorities