



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

# Pūrongo ā-tau

**Annual report**  
2023/24



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Representatives pursuant to section  
150 of the Crown Entities Act 2004



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

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# Strategic intent, set out in our Tauākī Koronga Statement of Intent 2023–27

## **Tā mātau matakitenga** **Our vision**

**Hauora kouna mō te katoa**  
Quality health for all

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## **Tā mātau uaratanga** **Our mission**

**Whakauru | Whakamōhio | Whakaawe | Whakapai Ake**  
Involve | Inform | Influence | Improve

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## **Ā mātau kaupapa matua pūmau** **Our enduring priorities**

- » Embedding and enacting Te Tiriti o Waitangi
  - » Pursuing health equity
- 

## **Ā mātau kaupapa rautaki matua** **Our strategic priorities**

- » Improving experience for consumers and whānau
- » Enabling the workforce as improvers
- » Strengthening systems for quality services
- » Leading health quality intelligence
- » Guiding improvement to prevent early mortality

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# Kōrero takamua

## Foreword



We are pleased to present our annual report for 2023/24. This report showcases our expertise in bringing together a broad range of consumers and whānau and health sector stakeholders to achieve our vision 'Quality health for all'. We highlight our achievements and progress over the past year, and how we have managed our business to fulfil our enduring and strategic priorities outlined in our *Tauākī Koronga | Statement of Intent 2023-27*.<sup>1</sup>

We report on our performance against the deliverables set within our *Statement of Performance 2023/24*<sup>2</sup> and track the medium- and long-term outcomes we have been measuring over the last four years (for more information see Table B and Part 1).

We prioritise our engagement with consumers and whānau, valuing their experiences and insights within the health sector. Their involvement is central to what we do and how we work.

In May, we brought consumers, whānau and community providers together with health sector representatives at the consumer health forum 'Our voices: Shaping health care together | Ō mātou reo: He tārai tahi i te tauwhiro Hauora'. The forum helped attendees understand how to further implement the *code of expectations for health entities' engagement with consumers and whānau*.<sup>3</sup> It boosted consumer confidence to engage in system design through the consumer health forum Aotearoa.

We actively collaborate and strengthen our relationships with other agencies, clinicians and the wider health sector. We have increased our focus on primary and community care. This is demonstrated in the clinical governance area, where we extended our scope to include the broader health workforce and primary care needs. Additionally, we have developed a new home and community support services experience survey in close collaboration with the sector.

This year, we continued to collaborate with other health entities and leaders to provide insights and recommendations on system-wide challenges, helping implement the *Interim Government Policy Statement on Health 2022-2024*.<sup>4</sup> We provided analytic expertise and reporting tools to support Te Whatu Ora | Health New Zealand (Health New Zealand), Te Aka Whai Ora | Māori Health Authority, iwi-Māori partnership boards, and the broader sector in rapidly addressing emerging quality risk areas.

Since the change of government in November 2023, we have been collaborating with Manatū Hauora | Ministry of Health and Health New Zealand to support the development of Health New Zealand's internal performance framework and the implementation of the Government's new health targets.

As with many organisations over the past year, we have undergone a significant change process to ensure we are structured to deliver on our priorities in the years ahead, within the resources we have available. This marks a new chapter for us, with a sharper focus on monitoring and improving the quality and safety of services, a more defined programme of work, and enhanced support for the sector's efforts to advance these aspects within the health system in 2024/25.

<sup>1</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2023. *Tauākī koronga | Statement of Intent, 2023-27*. Wellington: Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/assets/Core-pages/About-us/SOI-2023-27\\_final.pdf](http://www.hqsc.govt.nz/assets/Core-pages/About-us/SOI-2023-27_final.pdf)

<sup>2</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2023. *Statement of performance expectations | Tauākī o ngā mahi ka whāia*. Wellington: Te Tāhū Hauora Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/statement-of-performance-expectations-ngapaearu-mahi-202324/](http://www.hqsc.govt.nz/resources/resource-library/statement-of-performance-expectations-ngapaearu-mahi-202324/)

<sup>3</sup> Health Quality & Safety Commission. 2022. *Code of expectations for health entities' engagement with consumers and whānau*. URL: [www.hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/code-of-expectations-for-health-entities-engagement-with-consumers-and-whanau](http://www.hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/code-of-expectations-for-health-entities-engagement-with-consumers-and-whanau)

<sup>4</sup> Manatū Hauora Ministry of Health. 2022. *Interim Government Policy Statement on Health 2022-2024*. Wellington: Ministry of Health

Our increased emphasis on leadership in the sector is demonstrated by our role in leading the National Quality Forum, where health and disability entities engage to address important safety issues. We monitor key quality indicators over time to drive quality improvement initiatives and raise concerns with the forum to ensure they are appropriately prioritised, with clear responsibilities, outcomes and actions.

We have also worked closely with health agencies to prevent duplication and realign programmes with each organisation's roles. Consequently, some of our programmes funded by Health New Zealand, such as the successful 'Tō tatou reo | Advance Care Planning' and the 'Ako tahi hei whakapai ake i te kōunga: Improving together' education programme have been transferred for delivery by Health New Zealand. Supporting Health New Zealand and the continued success of these programmes remains a priority for us.

We want to acknowledge and thank the staff who have led and contributed to the work presented in this report. Their dedication, expertise and innovative approaches have been instrumental in advancing the priorities and mission of Te Tāhū Hauora Health Quality & Safety Commission. Their hard work has not only driven significant improvements but has also set a high standard for excellence within our organisation and the health sector. We are deeply grateful for their commitment and the positive impact they will continue to make on our health system from within Te Tāhū Hauora or elsewhere.

Further, thank you to all those who have worked with us over 2023/24. We hope you see yourselves in the achievements and progress detailed in this report. Your contributions have been vital to our success. We look forward to continuing our collaboration as we strive for quality health for all.



**Rae Lamb**  
Chair  
31 October 2024



**Dr Peter Jansen**  
Chief Executive  
31 October 2024

# He kupu whakataki

## Introduction



Te Tāhū Hauora Health Quality & Safety Commission (Te Tāhū Hauora) leads and coordinates work across the health sector to monitor and improve the quality and safety of services and to help providers improve the quality and safety of services.<sup>5</sup>

In 2010, Te Tāhū Hauora was established independently of quality roles associated with the delivery, commissioning and regulation of health services. Confirmed and strengthened under the enactment of the Pae Ora (Healthy Futures) Act 2022 (the Pae Ora Act), we have remained an organisation focused on improving health quality and safety, and are now able to make recommendations and lead the sector to engage with consumers<sup>6</sup> and whānau.<sup>7</sup> Drawing on our independence, we have been able to build strong relationships of trust across the sector.

We are working collaboratively with government agencies, health providers, iwi Māori and the consumers and whānau who use health services to help strengthen and continuously advance health quality and safety.

The interventions Te Tāhū Hauora has led over the past decade have improved outcomes and reduced harm. These interventions have contributed to avoided harms in the year leading up to March 2024. For example:<sup>8</sup>

- » falls with a fractured neck of femur (broken hip) remain 35 percent below baseline – the equivalent of 52 fewer falls
- » wound infections following hip and knee surgery remain 12 percent below baseline – the equivalent of 14 fewer infections
- » wound infections following heart surgery remain 32 percent below baseline – the equivalent of 41 fewer infections
- » in-hospital cardiac arrests have further reduced to 30 percent below baseline – the equivalent of 227 fewer cardiac arrests.

All of these harms have serious consequences for patients, in terms of both greater mortality and increased ill health. Conversely, avoiding these harms leads to longer, healthier lives. It is for this reason that we have concentrated our efforts on them. The disability adjusted life-year (DALY) is a measure that helps us estimate the effect of our work on mortality and ill health. Each DALY represents a year of healthy life lost, so each DALY avoided is a year of healthy life gained. In the year to March 2024, the year for which the most recent data is available, Aotearoa New Zealand avoided:

- » 83 DALYs associated with falls with a fractured neck of femur
- » 7 DALYs associated with wound infections following hip and knee surgery
- » 21 DALYs associated with wound infections following heart surgery.

Similarly, patients' reported experience of care has maintained the improvements shown since late 2020.

Our strategic intent, set out in our *Tauākī Koronga | Statement of Intent 2023–27*,<sup>9</sup> defines our goals within our two enduring priorities and five strategic priorities. It provides an overview of the medium- and long-term outcomes we seek to achieve, along with how our work contributes to government priorities.

<sup>5</sup> Pae Ora (Healthy Futures) Act 2022. Section 79: Objectives of HQSC. URL: [www.legislation.govt.nz/act/public/2022/0030/latest/whole.html](http://www.legislation.govt.nz/act/public/2022/0030/latest/whole.html)


<sup>6</sup> Te Tāhū Hauora recognises there are many views about who a 'health consumer' is. We use 'consumer' across our work to refer to anyone who has used, is currently using or is likely to use a health service.

<sup>7</sup> The term 'whānau' can include the direct family group, the extended family group, the primary unit of support and, sometimes, friends with no kinship ties to other members. It is up to the consumer and those closest to them to communicate who is in their 'whānau'.

<sup>8</sup> Data comes from the latest Quality & Safety Markers data updates available at the time of writing this report, through to the quarter ending March 2024. Our quality and safety markers are updated every quarter (end of March, June, September and December) with data from the previous quarter. Historical and updated information can be found at URL: [www.hqsc.govt.nz/our-data/quality-and-safety-markers](http://www.hqsc.govt.nz/our-data/quality-and-safety-markers)

<sup>9</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2023. *Tauākī Koronga | Statement of Intent 2023–27*. Wellington: Te Tāhū Hauora Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/tauaki-koronga-statement-of-intent-202327/](http://www.hqsc.govt.nz/resources/resource-library/tauaki-koronga-statement-of-intent-202327/)





This annual report describes the work of Te Tāhū Hauora from 1 July 2023 to 30 June 2024 and our progress against the plans that we set out in our *Statement of Performance Expectations (SPE) 2023/24*.

It contains how we are measuring the impact of our work (pages 22 to 29), Te Tāhū Hauora service performance information in **Wāhanga 1: Tā mātou mahi | Part 1: Our performance statement** (pages 31 to 44). Significant judgements on selection, aggregation, measurement and presentation are on pages 45 and 46. **Wāhanga 2: He mahi anō hei whakakaha i tā mātou mahi | Part 2: Other work that strengthens our performance** includes our Governance, reporting requirements, strengthening our organisation and third-party funded work programmes (pages 47 to 61). **Wāhanga 3: Pūrongo pūtea | Part 3: Our financial statements** (pages 62 to 84) offers further performance information: the reporting of revenue/expenses for output class on page 63 and the reporting of performance against the Estimates of Appropriations on pages 83 and 84. The report concludes with **Wāhanga 4: He kupu haepapa | Part 4: Statement of responsibility and the Auditor's report** from page 85.



# 2023/24 year in review

**Throughout 2023/24, we strengthened our leadership and influence in the health sector to achieve greater impact and improved outcomes for the health and safety of all New Zealanders.**

## Delivering on our planned work

We successfully met most of our SPE 2023/24 deliverables, along with other planned initiatives. We fully achieved six of the eight deliverables, with two partially achieved due to health sector workforce shortages and broader health system pressures (Table A). Part 1 of this report outlines the deliverables we set, including the areas that did not meet our expectations.

**Table A: Statement of Performance Expectations 2023/24 deliverable status**

1	2	3	4	5	6	7	8
Fully achieved	Fully achieved	Fully achieved	Fully achieved	Fully achieved	Fully achieved	Partially achieved	Partially achieved

Deliverables marked in green are fully achieved, while those in light purple indicate partial achievement.

# Our achievements and progress

This year, as we focus on advancing our strategic priorities, we have demonstrated our commitment to embedding and enacting Te Tiriti o Waitangi, pursuing health equity, and implementing the code of expectations across all our work programmes and activities. These commitments have guided our organisation's approach and decision-making, ensuring we remain accountable to our communities and responsive to their needs.

Here is an overview of our activities and the successful work we have led and supported to achieve our goals this year.

## Improving experience for consumers and whānau

We have led efforts to support consumers and whānau, building their confidence in engaging with the health sector, and supporting health entities to implement the code of expectations.

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**'By embedding the voice of consumers, whānau and communities in health system planning, evaluation, governance and delivery, we can have a safer and higher-quality health system for all of Aotearoa New Zealand.'**

— DEON YORK, FORMER DIRECTOR OF CONSUMER ENGAGEMENT, TE TĀHŪ HAUORA

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## ***'Our voices: Shaping health care together' consumer health forum Aotearoa***

The consumer health forum 'Our voices: Shaping health care together | Ō mātou reo: He tārai tahi i te tauwhiro hauora' was held in Tāmaki Makaurau Auckland on 15 May 2024. In planning this event, we incorporated feedback from last year's national event to provide consumers with the opportunity to hear directly from health entities about progress on the code of expectations.

Welcomed by Ngāti Paoa and a performance by Pacific youth, over 170 attendees participated in the forum. They represented diverse groups - health consumers, whānau, community organisations, health care professionals and policy makers - coming together with a collective interest in helping the health system to design services for the communities they serve.

Participating in the event boosted attendees' confidence and gave them insights into how they might contribute to consumer and whānau engagement in health initiatives. Senior leaders of the health entities responsible for implementing the code of expectations discussed its impact on the health sector, and how consumers, whānau and community perspectives are influencing the design and delivery of health services.



Consumer and whānau voice panel members of the 'Our voices: Shaping health care together' forum: Brian Sagala QSM (facilitator), Zechariah Reuelu, Edna Tu'itupou-Havea, Tofilau Bernadette Pereira, Jaden Hura-White and Toni Trinick-Pritchard.

THE FOLLOWING ARE SOME SURVEY RESPONSES FROM ATTENDEES AT THE 'OUR VOICES' FORUM:

**'It was a good variety of workshops, panel and speakers very relevant to the now.'**

**'Hearing from consumers and whānau was the ultimate outcome of the forum that I really appreciated; this reinforced what I needed to focus on in future.'**

**'The opportunity to engage with sector leaders was very welcome as there are so many uncertainties around the voice of lived experience currently.'**

### Enhancing regional consumer engagement

We also held regional workshops across the year to support consumers, whānau and community leaders to develop their skills and understanding of the health system to influence local health services. These workshops were held in Northland (Kaitiaki and Whangārei) and in Hawke's Bay (Heretaunga Hastings) in collaboration with the office of the Health and Disability Commissioner. Workshop agendas were developed with local representatives to prioritise their local needs.

For more information, see Part 1, SPE deliverable 1.

### Implementation of the code of expectations

Te Tāhū Hauora leads and supports the implementation of the code of expectations, in partnership with Manatū Hauora | Ministry of Health (Ministry of Health). Under the Pae Ora Act, named health entities, including Te Tāhū Hauora<sup>10</sup> are required to implement the code.

We have guided these health entities and the broader health sector to actively collaborate with consumers, whānau and communities in designing, delivering and evaluating the Aotearoa New Zealand health system.

Managed by Te Tāhū Hauora, health entities report through the consumer and whānau engagement quality and safety marker (QSM),<sup>11</sup> providing examples of progress in involving consumers, whānau and communities in designing, delivering and evaluating the Aotearoa New Zealand health system. All submissions and progress ratings are publicly available.<sup>12</sup>

### Reporting on our efforts

Along with championing consumer and whānau engagement within the health sector, we also reflect on our own practices and efforts to enhance consumer and whānau engagement through the consumer QSM.

Te Tāhū Hauora supports consumer and whānau engagement at all levels of the organisation. Our reporting demonstrates our ongoing support for consumer representation on advisory groups and forums, with careful consideration given to methods of engagement, meeting set-up and mode of delivery. We prioritise gathering of consumer experiences and developing consumer resources.

To ensure the integrity of our reporting, our external consumer advisory groups review our submission and ratings within the consumer QSM. Our goal with this

<sup>10</sup> Under the Pae Ora Act, the health entities that must give effect to the code of expectations are Te Whatu Ora | Health New Zealand, Pharmac Te Pātaka Whaioranga, the NZ Blood and Organ Service and Te Tāhū Hauora (and Te Aka Whai Ora | Māori Health Authority prior to its disestablishment).

<sup>11</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2024. Consumer and whānau engagement quality and safety marker. URL: [www.hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/consumer-engagement-quality-and-safety-marker/](http://www.hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/consumer-engagement-quality-and-safety-marker/)

<sup>12</sup> Te Tāhū Hauora Health Quality & Safety Commission. (nd). Consumer and whānau engagement quality and safety marker self-assessment summary. URL: [reports.hqsc.govt.nz/content/ce4ea63e-68e6-4ac1-93ae-32ace685bdc6/\\_w\\_8b35e930/#!/supporting-self-assessment](http://reports.hqsc.govt.nz/content/ce4ea63e-68e6-4ac1-93ae-32ace685bdc6/_w_8b35e930/#!/supporting-self-assessment)

self-assessment is to evaluate our activities and establish consistency in consumer and whānau engagement within Te Tāhū Hauora processes.

Consumers and whānau are engaged and involved across the organisation, representing both the population served and over-represented communities who experience poorer health outcomes. This guides our approach to recruitment of members to our various consumer networks, recognising that each member not only links to a broader whānau, hapu, iwi, community or network, but also has lived experiences across a range of health and disability services. Te Tāhū Hauora has a consumer and whānau engagement team to support all consumer engagement-related strategies and activities across all of its work programmes.

While most of our work in this annual report demonstrates our efforts to improve consumer and whānau engagement within the health sector, here are examples from within our organisation.

- » We ensure consumers and whānau representatives contribute directly to the development of our events and meet the needs of attendees. The 'Our voices' forum was designed in collaboration with our established consumer advisory groups, and the regional workshops were co-designed with local representatives, allowing each session to prioritise the specific health needs and concerns of the region. We routinely survey attendees of each of our events to measure the extent to which each event met its purpose and increased their confidence to engage with the health system.
- » We champion the consumer and whānau voice at all levels both internally and externally. We have established consumer groups integrated into our organisational structure to support consumer and whānau engagement at all levels. This includes:
  - Te Kāhui Piringa, our Māori advisory group, and Te kāhui mahi ngātahi, our consumer advisory group engage directly with the board to ensure both Māori and consumer voices are considered in our strategic planning and decision-making processes. Consumer experience stories are on the agenda for each meeting, and an 'environmental scan' from consumers across the sector is summarised and provided to the board at each meeting for discussion. Some recommendations are for Te Tāhū Hauora itself, while others are directed to the relevant agency and followed up by the consumer and whānau engagement team.

- Kōtuinga kiritaki, our consumer network<sup>13</sup> contributes to the planning and oversight of the consumer and whānau engagement work programme, ensuring consumer and whānau perspectives inform all aspects of our work. A further young voices advisory group provides a young adult consumer lens to our work programme and complements that provided by Kōtuinga kiritaki.

- » We established a consumer co-chair role at the National Quality Forum to elevate the consumer voice at a leadership level. This role, alongside the chief executive of Te Tāhū Hauora, helps identify areas where improvements can be made. We have sought the consumer co-chairs' feedback on their experience to understand where we can improve our support and increase consumer engagement. Further, the forum draws from a range of measures of consumer and whānau experience, including quantitative (patient experience surveys) and qualitative (the experience of networks of representatives on the National Quality Forum), which we will continue to strengthen in the future.
- » Our reports and projects have been developed with guidance, input and review from consumer and whānau representatives, for example, the 16th report on perinatal and maternal mortality review, the better cardiopulmonary resuscitation conversations project and safer use of anticoagulants.

### Supporting health sector implementation

We support and work closely with health entities in giving effect to the code of expectations. Our regular meetings have progressed the socialisation and implementation of the code, allowing us to gather insights on how we can further help these health entities.

As a result, health entities' understanding of the code of expectations continues to increase, with consumer engagement training leading to positive shifts in organisational culture. Structural changes have been implemented to enhance consumer engagement, including development and implementation of a new consumer engagement policy that supports a consistent experience for consumers. Additionally, opportunities for collaboration, such as a cross-agency consumer voice reference group, are being supported.

For more information, see Part 1, SPE deliverable 2.

<sup>13</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2023. Kōtuinga kiritaki: Our consumer network. URL: [www.hqsc.govt.nz/consumer-hub/partners-in-care/our-consumer-network/](http://www.hqsc.govt.nz/consumer-hub/partners-in-care/our-consumer-network/)

## Enabling the workforce as improvers

The health workforce<sup>14</sup> is a critical enabler to improving the quality and safety of care.<sup>15</sup> Our work has enhanced the knowledge, skills and confidence of the health workforce in quality improvement. It has also strengthened the ability of the workforce to engage with consumers, whānau and communities to improve the quality and safety of health services.

### ***Ako tahi hei whakapai ake i te kounga | Improving together education programme***

We supported the health sector in building capability in quality improvement science and system safety through the education programme *Ako tahi hei whakapai ake i te kounga: Improving together*. It offers separate programmes for facilitators and advisors.

#### **Improving together: Facilitators programme**

The Improving together: Facilitators programme aims to develop and expand the quality improvement skills and knowledge required to become an effective facilitator of change and improvement within a team or work area. Twenty-seven participants from across the health sector completed this course, graduating in August 2023. Each participant has been awarded the Intermediate health quality improvement micro-credential that has been assessed to be equivalent to 20 credits at level 4 on the New Zealand Qualifications and Credentials Framework.

The Improving together: Facilitators trauma programme began in February 2024 and runs through to October 2024. The 15 participants are completing a range of projects across the major trauma patient journey, from pre-hospital and acute management through to rehabilitation and community care.

#### **Improving together: Advisors programme**

The Improving together: Advisors programme aims to develop and expand the quality improvement skills and knowledge required to become an effective facilitator of change. This includes gaining an understanding of elements of the broader complexity of the system of health and disability care delivery, and strategies to lead quality improvement activities within this complexity. It is designed for health care professionals who have a major portion of their work focused on improvement and who will be viewed by senior leadership as assets for quality improvement in their organisations.

Twenty-two participants from across the health sector completed this course, graduating in May 2024. Each participant has been awarded the Advanced health quality improvement micro-credential that has been assessed to be equivalent to 40 credits at level 5 on the New Zealand Qualifications and Credentials Framework.

*Te Tāhū Hauora staff and graduates of the Improving together: Advisors programme.*



<sup>14</sup> Under the Pae Ora Act, 'provider' means a person who provides or arranges for the provision of services. When we use the term 'workforce', we are referring to the provider workforce. The workforce therefore includes the clinicians, leaders, managers, quality improvers and everyone else involved in providing health care to people in Aotearoa New Zealand. The term includes the workforce nationally, regionally and locally across hospitals, primary care, community care, Māori and Pacific services and specialist health services.

<sup>15</sup> Nundy S, Cooper LA, Mate KS. 2022. The quintuple aim for health care improvement: a new imperative to advance health equity. *Journal of the American Medical Association* 327(6): 521-22. DOI: 10.1001/jama.2021.25181.

PARTICIPANTS FROM OUR IMPROVING TOGETHER: ADVISORS PROGRAMME HAVE COMMENTED ON WHAT THEY LEARNT.

**'I plan to apply the knowledge gained through the programme to enhance our service delivery by implementing efficient strategies, applying new tools, and promoting a culture of continuous improvement. This will enable us to work more effectively, resulting in improved outcomes for our networks. The knowledge gained will also be shared with colleagues in order to support or start their QI journey.'**

**'This programme has taught me the skills necessary to make this analysis well rounded and accurate. I'm certain I'll be applying this knowledge going forward. These modules encourage me to always think about the interconnectedness of the system, and how changes I make impact other areas of the system.'**

For more information, see Part 1, SPE deliverable 7.

### **Delivery of Pacific cultural intelligence workshops**

In February 2024, we partnered with Health New Zealand – Hauora a Toi Bay of Plenty to deliver Pacific cultural intelligence workshops for staff. The workshops increased awareness and understanding of Pacific peoples, what equity for Pacific peoples looks like in health care and how to increase the number of people championing this work in the region.

Around 50 staff attended the workshops. Among the range of roles represented were clinical nurse specialists, doctors, clinical social workers, audit leads, clinical psychologists and consumer advisory group members.

### **Additional education resources**

- » We launched and promoted **Tōfā Fetāla'i: Advance care planning**,<sup>16</sup> a guide to advance care planning by Samoans for Samoans. We also piloted and finalised an advance care planning training package for Māori community champions.
- » We developed and launched free e-learning courses on **co-design in health, for both health care professionals and consumers**.<sup>17</sup> These explore the six stages of a co-design process, and how it can be used to engage with consumers and whānau, staff

and other stakeholders to design and provide health services that better meet the needs of people.

- » We published our **updated frailty care guides**.<sup>18</sup> The 2023 edition includes mātauranga Māori (Māori knowledge) and cultural concepts relevant to caring for kaumātua (Māori elders). The guides are focused on the aged residential care environment and can also be helpful in other health care settings serving older people living with frailty.



<sup>16</sup> *Tōfā Fetāla'i: Advance care planning*. URL: [www.myacp.org.nz/your-plan](http://www.myacp.org.nz/your-plan)

<sup>17</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2023. Co-design in health: free e-learning courses available | He hoahoa-tahi: He kaupapa ako-i utu kore. URL: [www.hqsc.govt.nz/resources/resource-library/co-design-in-health-free-e-learning-courses-available/](http://www.hqsc.govt.nz/resources/resource-library/co-design-in-health-free-e-learning-courses-available/)

<sup>18</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2023. *Frailty care guides* | *Ngā aratohu maimoa hauwarea* (2023 edition). URL: [www.hqsc.govt.nz/resources/resource-library/frailty-care-guides-nga-aratohu-maimoa-hauwarea-2023-edition/](http://www.hqsc.govt.nz/resources/resource-library/frailty-care-guides-nga-aratohu-maimoa-hauwarea-2023-edition/)

- » We launched a new audio **interview series featuring health care professionals and researchers in trauma care and rehabilitation**, for those working in the sector.<sup>19</sup> The interviews cover a range of topics, including the state of trauma research and Māori experiences of trauma care and rehabilitation.
- » Our **'Zero seclusion: safety and dignity for all' project launched a consumer kit** as part of the zero seclusion change package. Its aim is to ensure insights and strategies from those with lived experience drive efforts to eliminate seclusion and improve mental health care.
- » On 17 November 2023, we joined many health care providers to celebrate **Aotearoa Patient Safety Day | Te Rā Haumarū Tūroro o Aotearoa**. This year, the theme was 'Engaging patients for patient safety' with the tagline 'Elevate the voice of patients'.<sup>20</sup> We took the focus on patient voice as an opportunity to promote and increase understanding of the code of expectations and released a video focused on the importance of using co-design.
- » As the lead agency for the national Hand Hygiene New Zealand programme, Te Tāhū Hauora supported **World Hand Hygiene Day** (5 May 2024) by sharing information and resources with the health sector. The theme for 2024 was about promoting ongoing knowledge building through training and education.



Images: WHHD 2024 social static images. WHO Media Library: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO.

## Strengthening systems for high-quality services

Collaboration is essential to our efforts to influence and enhance health quality and safety across all areas of the health system.

## National Quality Forum

We convene the National Quality Forum, which brings together key national agencies and stakeholder representatives.<sup>21</sup> In its quarterly meetings throughout 2023/24, the forum addresses and prioritises quality and safety challenges in health that require escalation and cross-agency engagement. Such topics include the additional challenges of fiscal restraint and growing demand for health care services.

From 2022/23, a consumer representative has co-chaired the forum, alongside our chief executive, to strengthen the consumer voice. The forum has continued to have good representation from multiple agencies at the quarterly forum. This includes the involvement of Whaikaha – Ministry of Disabled People.

We have supported the forum by highlighting emerging issues, providing up-to-date data analysis, and helping establish better collaboration across agencies. The forum is continuing to evolve and aims to establish better ways to collaborate across agencies.

### National Quality Forum focus on maternity care

As agreed with the Health Leadership Forum,<sup>22</sup> an extraordinary National Quality Forum was held on 6 December 2023, focusing on issues in maternity care. Attendees were health professionals, health agencies, policy makers, colleges, regulatory bodies, and consumer and whānau representatives. Stakeholder presentations outlined current and future challenges facing the maternity sector, and opportunities for improvement.

Health New Zealand is working with the Ministry of Health within the broader maternity environment to prevent duplication of efforts and support ongoing initiatives. This work includes building on the activity of Kahu Taurima | Maternity and Early Years,<sup>23</sup> which is the Health New Zealand (and previously Te Aka Whai Ora) approach to maternity and the early years (first 2,000 days of life). The National Quality Forum is monitoring progress.

<sup>19</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2023. New audio interviews highlight improvements in trauma care and rehabilitation. URL: [www.hqsc.govt.nz/news/new-audio-interviews-highlight-improvements-in-trauma-care-and-rehabilitation/](http://www.hqsc.govt.nz/news/new-audio-interviews-highlight-improvements-in-trauma-care-and-rehabilitation/)

<sup>20</sup> For more information, see: Te Tāhū Hauora Health Quality & Safety Commission. 2023. Elevate the voice of consumers and whānau on Aotearoa Patient Safety Day | Te Rā Haumarū Tūroro o Aotearoa 2023. URL: [www.hqsc.govt.nz/news/elevate-the-voice-of-consumers-and-whanau-on-aotearoa-patient-safety-day-2023/](http://www.hqsc.govt.nz/news/elevate-the-voice-of-consumers-and-whanau-on-aotearoa-patient-safety-day-2023/)

<sup>21</sup> Members of the National Quality Forum currently include: consumer representation; Te Tāhū Hauora executive team members; Manatū Hauora Ministry of Health – Office of the Chief Clinical Officers, and senior leaders; Office of the Health and Disability Commissioner; Whaikaha – Ministry of Disabled People; Accident Compensation Corporation; Pharmac Te Pātaka Whaiora, primary care representation; Te Whatu Ora Health New Zealand; and Te Whatu Ora Health New Zealand district professional groups.

<sup>22</sup> The Health Leadership Forum is chaired by the Director-General of Health and attended by chief executives of key national agencies. It fosters cross-agency engagement and provides an opportunity for whole-system leadership and oversight at the chief executive level. This ensures appropriate visibility and input into the delivery of actions by health sector entities.

<sup>23</sup> Te Whatu Ora Health New Zealand. 2024. Kahu Taurima | Maternity and Early Years. URL: [www.tewhatauora.govt.nz/for-health-professionals/health-workforce-development/maternity/kahu-taurima/](http://www.tewhatauora.govt.nz/for-health-professionals/health-workforce-development/maternity/kahu-taurima/)



## Quality Improvement Scientific Symposium Whole-systems quality: Better together

On 8 November 2023, the Quality Improvement Scientific Symposium 2023 was held in Tāmaki Makaurau Auckland. This year's theme was Whole-systems quality: Better together. A total of 240 people registered from across the sector, and 34 abstracts were submitted. Highlights from the day included the following keynote speakers:

- » Professor Jeffrey Braithwaite (Founding Director, Australian Institute of Health Improvement), who presented on 'The learning health system - implications for quality of care in Aotearoa New Zealand' and 'The future of health care to 2030 and the Aotearoa New Zealand context'
- » Angie Smith (Co-chair, Te kāhui mahi ngātahi, consumer advisory group of Te Tāhū Hauora), who shared reflections from the perspective of a consumer co-chair
- » Professor Janet Anderson (Professor of Human Factors, Department of Anaesthesiology and Perioperative Medicine, Monash University), who shared 'Improving systems of care using resilient health care principles: Facilitating family escalation of concerns in paediatric emergency care'.

The symposium was well received. It generated a valued opportunity for quality improvers in the health and disability sector to come together and learn about quality improvement activity around Aotearoa New Zealand and internationally. A final comment from a survey respondent summed up the day.

**'Bringing such a vast and diverse group of health care professionals together to learn and be updated is phenomenal. Getting the appropriate guest speakers and including all previous participants of the programme to present and be part of the programme.'**

## Collaborating to achieve quality in clinical governance

Development of *Collaborating for quality: A framework for clinical governance* continued over 2023/24. The framework provides an approach to clinical governance in identifying its essential components that those working in the health sector can use to develop their own clinical governance, appropriately adapted to their context. It also facilitates ongoing continuous quality improvement in the delivery of consumer- and whānau-centred health services within the context of enacting Te Tiriti o Waitangi.

We have sought feedback throughout its development from stakeholders across the health system, ranging widely from those in primary and community care, public and population health, to stakeholders in hospital and palliative settings. Their extensive feedback has informed changes to the framework so that it has broad utility across the health sector. We have collaborated with Health New Zealand to align the clinical governance framework with its developing model and clinical settings in preparation for its release in 2024/25.

Following its release, we will be working with the sector to support services to apply it, in particular within primary and community health care settings.



*Te Tāhū Hauora facilitators of the Quality Improvement Scientific Symposium 2023 from left: Susan Melvin, Doug Edwards, Gilliam Bohm, Caroline Tilah, Alana Clark, Corry Joseph, Gillian Allen, Dr Carl Horsley and Carol Harley.*

### **Point prevalence survey for healthcare-associated infections**

The infection prevention and control team had an article published in the *New Zealand Medical Journal* on 20 October 2023, in which they outlined how they planned for and executed a point prevalence survey for healthcare-associated infections.<sup>24</sup> The article includes a useful planning strategy to support providers of health care services who are considering similar surveys.

For more information, see Part 2, 'Third-party-funded work programmes'.

### **Healing, learning and improving from harm policy**

On 1 July 2023, the *Healing, learning and improving from harm: National adverse events policy 2023 | Te whakaora, te ako me te whakapai ake i te kino: Te kaupapa here ā-motu mō ngā mahi tūkinō 2023* came into effect.<sup>25</sup>

To build sector capability and capacity in restorative practice, we have helped establish a restorative practice facilitator pathway that Health New Zealand and other providers can access.

We have socialised the policy across the sector during the one-year transition period and promoted the use of the system learning review. This work includes running our eight regular workshops (virtual and in-person) along with a series of 14 in-person bespoke workshops as requested by different organisations.

### **Maternity thematic analysis to increase understanding of adverse events**

We completed a maternity thematic analysis of adverse event recommendations for a five-year period (1 July 2018 to 30 June 2023). Using the National Adverse Events Policy 2017, health care providers managed and reviewed events in this timeframe. The analysis highlights how the underpinning safety model and tools used in the past have led to a focus on individual actions, while considerations of the wider system influences have been largely overlooked.

The revised National Adverse Events Policy 2023 has changed the underpinning safety model and tools to support a better understanding of the context and influences that shape care, which will inform sustainable system-focused improvements.



**Ao Mai te Rā**

### **Ao Mai te Rā | The Anti-Racism Kaupapa**

We recognise the need to address racism to achieve health equity and the vision of pae ora, healthy futures for all New Zealanders.

A high-quality health system needs to build the capability to look beyond inbuilt structural and systemic biases. This will mean that ongoing patterns of harm – including inequitable access, effectiveness and outcomes – for certain population groups can be understood and addressed.

From October 2023, we have worked with Tokona te Raki in piloting the Whiria te Muka Tangata anti-racism maturity model within Ao Mai te Rā | The Anti-Racism Kaupapa.<sup>26</sup> Ao Mai te Rā was an initiative developed by the Ministry of Health to support the way the health system understands, reacts and responds to racism in health.

### **Learning review workshop for system learning**

To support a wider understanding of system learning, we invited Dr Ivan Pupulidy and Professor Crista Vesel to host two events with the sector in February 2024. The first was a virtual discussion with health leaders on 19 February 2024 to support the development of learning



*Dr Ivan Pupulidy (left) and Professor Crista Vesel*

<sup>24</sup> Roberts SA, Barratt R, Morris AJ, et al. 2023. Planning and executing a national point prevalence study: A blueprint for the future. *New Zealand Medical Journal* 136(1584): 84–90. URL: [nzmj.org.nz/media/pages/journal/vol-136-no-1584/planning-and-executing-a-national-point-prevalence-study-a-blueprint-for-the-future/590ea065ff-1699231796/planning-and-executing-a-national-point-prevalence-study-a-blueprint-for-the-future.pdf](https://www.nzmj.org.nz/media/pages/journal/vol-136-no-1584/planning-and-executing-a-national-point-prevalence-study-a-blueprint-for-the-future/590ea065ff-1699231796/planning-and-executing-a-national-point-prevalence-study-a-blueprint-for-the-future.pdf)

<sup>25</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2023. *Healing, learning and improving from harm: National adverse events policy 2023 | Te whakaora, te ako me te whakapai ake i te kino: Te kaupapa here ā-motu mō ngā mahi tūkinō 2023*. Wellington: Te Tāhū Hauora Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/national-adverse-event-policy-2023/](https://www.hqsc.govt.nz/resources/resource-library/national-adverse-event-policy-2023/)

<sup>26</sup> Manatū Hauora Ministry of Health. 2023. *Ao Mai te Rā | The Anti-Racism Kaupapa*. URL: [www.health.govt.nz/our-work/populations/maori-health/ao-mai-te-ra-anti-racism-kaupapa](https://www.health.govt.nz/our-work/populations/maori-health/ao-mai-te-ra-anti-racism-kaupapa)

organisations. The second was an in-person, one-day workshop with the wider sector on 20 February 2024, which focused on how to facilitate learning reviews, develop sense-making skills and undertake event mapping.

Dr Pupulidy and Professor Vesel both teach at the University of Alabama, Birmingham, USA and are the developers of the learning review methodology. Their work has provided the basis for the learning from harm approach that Te Tāhū Hauora has adapted for the health sector in Aotearoa New Zealand. The events were very well attended, with over 90 attendees at the virtual discussion and over 60 registering for the in-person workshop.

## Leading health quality intelligence

One of our key roles is to publish information about the quality of health care in Aotearoa New Zealand.

### **Monitoring quality and safety**

This year, we continued to be the central point for the health sector, analysing and reporting on health quality and safety while monitoring key quality indicators over time.

We have continued to collaborate with key stakeholders in the health workforce and government, enhancing our data collection and analysis processes to support improvements. We are working with Ministry of Health and Health New Zealand on the design and implementation approach to monitoring health targets and wider system performance.

Our rigorous measurement and analysis of health data helps the health system to understand whether improvement efforts are working across the identified targets and where our longer-term measures are most usefully directed to result in health gains. For more information on our analytical tools see Part 1, SPE deliverable 5.

### **Patient experience surveys**

The adult primary care patient experience survey<sup>27</sup> provides information about what patients' experience in primary care is like and how their overall care is managed between their general practice and other parts of the health system.

The survey results are one way we have contributed to the Interim Government Policy Statement on Health 2022–2024, Priority 6.<sup>28</sup> Every three months, a sample of adult patients (15 years and older) enrolled with and seen by participating general practices is invited to take part. This year, we continued to deliver the three current patient experience surveys:

- » adult hospital inpatient experience survey
- » adult hospital outpatient experience survey
- » adult primary care patient experience survey.

The national surveys continued to provide data that helped us to monitor the quality of services by identifying which services are performing at higher levels or lower levels than others, providing the opportunity for comparing and learning.

We have also developed a new home and community support services experience survey in close collaboration with the sector. This work is progressing well and we plan to launch the survey in 2024/25.

For more information, see Part 2, 'Third-party-funded work programmes'.

### **Working with iwi-Māori partnership boards**

This year we started working with three iwi-Māori partnership boards to develop ways of providing meaningful data and intelligence about their regions. This work supports each board's analysis of issues and trends, which it then uses to improve services to best meet the needs of its populations.

With Ātiawa Toa Hauora (Greater Wellington/Hutt) and Te Karu o te Ika Poari Hauora (Wairarapa), we have developed an advanced prototype of a mapping tool that brings together data on demographic, socioeconomic and commercial determinants of health.

With Te Tauraki – Ngāi Tahu, we are convening a collaboration with All of New Zealand, Acute Coronary Syndrome – Quality Improvement (ANZACS-QI) (the interventional cardiology national improvement collaborative) to undertake a similar pathway analysis for its populations.

For more information, see Part 1, SPE deliverable 3.

<sup>27</sup> Te Tāhū Hauora Health Quality & Safety Commission patient experience surveys. URL: [www.hqsc.govt.nz/our-data/patient-reported-measures/patient-experience/](http://www.hqsc.govt.nz/our-data/patient-reported-measures/patient-experience/)

<sup>28</sup> Manatū Hauora Ministry of Health. 2022. *Interim Government Policy Statement on Health 2022-2024*. Wellington: Ministry of Health.

## Release of Window on quality 2024: Turbulence, quality and the future

A series of publications on the quality of Aotearoa New Zealand's health care<sup>29</sup> provides insights into the key issues affecting the quality and safety of the healthcare system and makes suggestions for change. Each publication draws on robust and validated indicators and other evidence in national data sets.

On 26 June 2024, we released our eighth report in the series, *A window on quality 2024: Turbulence, quality and the future* | *He tirohanga kounga 2024: He hūkeri, he kounga ki anamata hoki*.<sup>30</sup>

The four-part report explores the impact of the global COVID-19 pandemic and the transformation of the health care system, changes in patient safety over 20 years, and how the system has evolved since the pandemic. It then draws conclusions about priority areas of focus. The 2024 Window shows that access to primary and secondary care has worsened. One measure of access to primary care is the percentage of people who report not going to a general practitioner because wait times are too long. That percentage has roughly doubled in the past three years, which has in turn created further inequity for Māori.

**'The healthcare system has undergone extensive changes in recent years, influenced by the global pandemic and health system restructure. It is concerning that wait times are increasing, preventing people from accessing timely health care, which in turn contributes to higher acuity and worse health outcomes downstream. The commitment of the healthcare workforce to provide high-quality safe care for patients has been maintained during these challenging times, as evidenced in the data.'**

— DR PETER JANSEN, TUMUAKI CHIEF EXECUTIVE



Here's what some readers of the Window 2024 report have said:

**'I absolutely love these windows reflections, incredibly useful, thank you!'**

**'This data is so helpful in highlighting about what lies underneath and a need to dig deeper.'**

For more information, see Part 1, SPE deliverable 4.

## Guiding improvement to prevent early (and avoidable) mortality

We have continued to report and publish on mortality, with the aim of influencing system changes and reducing morbidity. This is guided by the decision-making tool, He Puna Whakatau<sup>31</sup> and Te Pou – Māori responsive rubric and guidelines.<sup>32</sup>

### National mortality review function

On 1 July 2023, the National Mortality Review Committee was established, transforming the national mortality review structure.<sup>33</sup> The first year of operations under this new structure involved a significant focus on exploring new areas for mortality review in 2024/25. Other significant areas of work were to establish a strategic

<sup>29</sup> Health Quality & Safety Commission. 2021. *Window on the quality of health care* | *Te kounga o te tauwhiro hauora*. URL: [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)

<sup>30</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2024. *A window on quality 2024: Turbulence, quality and the future* | *He tirohanga kounga 2024: He hūkeri, he kounga ki anamata hoki*. Wellington: Te Tāhū Hauora Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/a-window-on-quality-2024-turbulence-quality-and-the-future-he-tirohanga-kounga-2024-he-hukeri-he-kounga-ki-anamata-hoki/](http://www.hqsc.govt.nz/resources/resource-library/a-window-on-quality-2024-turbulence-quality-and-the-future-he-tirohanga-kounga-2024-he-hukeri-he-kounga-ki-anamata-hoki/)

<sup>31</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2024. Overview of He Puna Whakatau. URL: [www.hqsc.govt.nz/assets/Our-work/Mortality-review-committee/Images/HePunaWhakatau.png](http://www.hqsc.govt.nz/assets/Our-work/Mortality-review-committee/Images/HePunaWhakatau.png)

<sup>32</sup> Health Quality & Safety Commission. 2022. Te Pou – Māori responsive rubric and guidelines. URL: <http://www.hqsc.govt.nz/resources/resource-library/te-pou-maori-responsive-rubric-and-guidelines>

<sup>33</sup> Health Quality & Safety Commission. 2022. Changes planned to improve Aotearoa New Zealand's mortality review function. URL: [www.hqsc.govt.nz/news/changes-planned-to-improve-aotearoa-new-zealands-mortality-review-function/](http://www.hqsc.govt.nz/news/changes-planned-to-improve-aotearoa-new-zealands-mortality-review-function/)

plan for the new committee, introduce new ways to share findings and recommendations, and enhance relationships with key health and social system entities.

In October 2023, we held a workshop, titled 'Strengthening connections – the new landscape for reducing preventable deaths', for district-level personnel involved in perinatal, maternal and child and youth mortality review.

The workshop provided an opportunity to offer support and education, and for local coordinators and chairs to strengthen relationships with their colleagues working in mortality review in different parts of Aotearoa New Zealand.

### **Release of 16th report on perinatal and maternal mortality review**

The *Sixteenth Annual Report of the Perinatal and Maternal Mortality Review Committee | Te Pūrongo ā-Tau Tekau mā Ono o te Komiti Arotake Mate Pēpi, Mate Whaea Hoki* was published on 30 June 2024.<sup>34</sup>

The report monitors and tracks trends in perinatal mortality from 2007 to 2021, maternal mortality from 2006 to 2021, and neonatal encephalopathy from 2010 to 2021. It also examines the impact of the COVID-19 pandemic on perinatal mortality.

The report is the first to examine the impact of reported COVID-19 infection during pregnancy in Aotearoa New Zealand. It also highlights how, because of unaddressed inequities, perinatal death rates have not fallen for 15 years.

A media release was distributed, which emphasised concerns across the sector over the unchanged mortality rates year on year, including persistent inequitable disparities between ethnic groups in almost all areas.<sup>35</sup> This resulted in coverage by a number of news outlets, including New Zealand Doctor.<sup>36</sup> The Health and Disability Commissioner further released a statement expressing shared concern and highlighting the report's release.<sup>37</sup>

Like our other publications, we surveyed key stakeholders to find out whether the report provided valuable insights and that the information will be useful to effect change. Here's what some readers of the report have said:

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**'The report is both valuable as a benchmark of performance and as a tool to focus on areas for improvement activities.'**

**'A valuable report which is well utilised in ACC. We find this a rich source of info and expert recommendations. So important for health equity in Aotearoa NZ.'**

**'Great to have data we can trust. Honours the māmā and pēpi who are in the report. Holds health and decision-makers to account.'**

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For more information, see Part 1, SPE deliverable 6.

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<sup>34</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2024. *Sixteenth Annual Report of the Perinatal and Maternal Mortality Review Committee | Te Pūrongo ā-Tau Tekau mā Ono o te Komiti Arotake Mate Pēpi, Mate Whaea Hoki*. Wellington: Te Tāhū Hauora Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/sixteenth-annual-report-of-the-perinatal-and-maternal-mortality-review-committee-te-purongo-a-tau-tekau-ma-ono-o-te-komiti-arotake-mate-pepi-mate-whaea-hoki/](http://www.hqsc.govt.nz/resources/resource-library/sixteenth-annual-report-of-the-perinatal-and-maternal-mortality-review-committee-te-purongo-a-tau-tekau-ma-ono-o-te-komiti-arotake-mate-pepi-mate-whaea-hoki/)

<sup>35</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2024. Unaddressed inequities mean Aotearoa New Zealand's perinatal death rates have remained static for 15 years: Media release.

<sup>36</sup> New Zealand Doctor. 1 July 2024. URL: [www.nzdoctor.co.nz/article/undoctored/unaddressed-inequities-mean-aotearoa-new-zealands-perinatal-death-rates-have](http://www.nzdoctor.co.nz/article/undoctored/unaddressed-inequities-mean-aotearoa-new-zealands-perinatal-death-rates-have)

<sup>37</sup> Health and Disability Commissioner. 2024. Commissioner remains concerned by lack of progress in addressing inequities in maternity care. URL: [www.hdc.org.nz/news-resources/news/commissioner-remains-concerned-by-lack-of-progress-in-addressing-inequities-in-maternity-care/](http://www.hdc.org.nz/news-resources/news/commissioner-remains-concerned-by-lack-of-progress-in-addressing-inequities-in-maternity-care/)

# Measuring the impact of our work

As well as progressing our planned work, we are keen to understand how our work helps to improve outcomes, in keeping with the priorities of both governments across 2023/24.

Table B outlines our enduring and strategic priorities and the medium- and long-term outcomes we have been measuring over the past four years. It includes what we anticipate our work contributes to and in what timeframes, the changes we can see now, and the progress made this year. We have also included achievements from previous years that are relevant for each area and for the future.

**Table B: Progress towards achieving our strategic priorities and enduring priorities**

Strategic priority					
What we expect to see when our work is contributing to our strategic priority outcomes	What outcomes we hope to see <sup>38</sup>	What we achieved in 2020/21  <i>What we achieved before 2020/21 (in italics)</i>	What we achieved in 2021/22 <sup>39</sup>	What we achieved in 2022/23 <sup>40</sup>	What we achieved in 2023/24
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% 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.  New baseline established.	We continued to collect and monitor data and created a new tool, Experience Explorer. We will evaluate whether improvements have occurred in 2023/24.	We piloted an outpatient experience survey. We continued to collect and monitor data and to update Experience Explorer.  Early indications show that, despite system pressures and barriers to accessing care, patients continue to report a positive experience of care.  We will continue to monitor this closely as pressure resulting from the COVID-19 pandemic eases, and will evaluate improvements in 2023/24.	Primary care and inpatient surveys continue to be run quarterly. The outpatient survey is now being run successfully each quarter.  In both hospital and primary care measures of quality experience have been maintained despite the widely identified pressures on the healthcare system as reported in the Experience Explorer. <sup>41</sup>

<sup>38</sup> Health Quality & Safety Commission. 2021. *Pūrongo ā-tau 2020/21 | Annual report 2022/21*. Wellington: Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/annual-report-202021-purongo-a-tau-202021](http://www.hqsc.govt.nz/resources/resource-library/annual-report-202021-purongo-a-tau-202021)

<sup>39</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2023. *Pūrongo ā-tau 2021/22 | Annual report 2021/22*. Wellington: Te Tāhū Hauora Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/annual-report-202122-purongo-a-tau-202122/](http://www.hqsc.govt.nz/resources/resource-library/annual-report-202122-purongo-a-tau-202122/)

<sup>40</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2023. *Pūrongo ā-tau 2022/23 | Annual report 2022/23*. Wellington: Te Tāhū Hauora Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/annual-report-202223-purongo-a-tau-202223/](http://www.hqsc.govt.nz/resources/resource-library/annual-report-202223-purongo-a-tau-202223/)

<sup>41</sup> Health Quality & Safety Commission. 2022. The Health Quality & Safety Commission launches Experience Explorer. 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)

Strategic priority					
What we expect to see when our work is contributing to our strategic priority outcomes	What outcomes we hope to see	What we achieved in 2020/21  <i>What we achieved before 2020/21 (in italics)</i>	What we achieved in 2021/22	What we achieved in 2022/23	What we achieved in 2023/24
<b>Improving experience for consumers and whānau</b>					
	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 and whānau engagement quality and safety marker (QSM).  Baselines established.	We continued to collect, monitor and publish data. We will evaluate whether improvements have occurred in 2023/24.	We continued to collect, monitor and publish data through our consumer QSM.  We established the baselines for this measure at the conclusion of the 2020/21 financial year. Data needs to be collected over three to five years to create an adequate data set for conducting a rigorous analysis, especially in determining changes since the baseline.  As we continue to monitor the data, we highlight any unusual changes or areas of concern with districts.  We will evaluate whether improvements have occurred in 2023/24.	We continued to collect and report data through our consumer QSM.  Across 19 districts who have been reporting since 2021 there are 18 improved measures and seven deteriorating measures. Information can be found at the consumer and whānau QSM tool self-assessment summary. <sup>42</sup>
<b>Enabling the workforce as improvers</b>					
We will know our work is contributing to enabling the health workforce to improve quality of care when we see increased use of quality improvement evidence and knowledge that leads to improved care and outcomes for consumers and whānau.	Health sector has increased use of quality improvement evidence from Te Tāhū Hauora tools, publications and education (1-3 years)				In 2023/24, we determined the measure 'Health sector has increased use of quality improvement evidence from Te Tāhū Hauora tools, publications and education (1-3 years)'. We expect to report in 2024/25.
	Improvement in outcomes as a result of quality improvement approaches (3-5 years)				As above.

<sup>42</sup> Te Tāhū Hauora Health Quality & Safety Commission. (nd). Consumer and whānau quality and safety marker self-assessment summary. Wellington: Te Tāhū Hauora Health Quality & Safety Commission. URL: [reports.hqsc.govt.nz/content/ce4ea63e-68e6-4ac1-93ae-32ace685bdc6/\\_w\\_8b35e930/#!/supporting-self-assessment](https://reports.hqsc.govt.nz/content/ce4ea63e-68e6-4ac1-93ae-32ace685bdc6/_w_8b35e930/#!/supporting-self-assessment)

Strategic priority					
What we expect to see when our work is contributing to our strategic priority outcomes	What outcomes we hope to see	What we achieved in 2020/21  <i>What we achieved before 2020/21 (in italics)</i>	What we achieved in 2021/22	What we achieved in 2022/23	What we achieved in 2023/24
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> <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>Improved quality and safety measures within our programme areas (2-5 years or longer)</p>	<p><i>Since their inception, the following improvements in outcomes and processes associated with the quality and safety programmes of Te Tāhū Hauora have been identified.</i></p> <ul style="list-style-type: none"> <li>» <i>Falls with a fractured neck of femur have decreased by 25%, equating to 175 avoided fractured necks of femur.</i></li> <li>» <i>The patient deterioration programme has resulted in a 40% increase in rapid response team escalations and a statistically significant decrease in hospital cardiopulmonary arrests, avoiding around 200 to date.</i></li> <li>» <i>Safe surgery - 673 post-operative deep vein thromboses (DVTs)/pulmonary embolisms (PEs) have been avoided.</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> <li>» An additional 28 infections following hip and knee surgery were avoided so that the total avoided infections stands at 120.</li> <li>» For cardiac surgery, there are now 95 avoided infections.</li> </ul>	<p>Surgical site infections, in-hospital cardiac arrests and in-hospital falls with a fractured neck of femur continue to decline. By March 2023, reductions in these harms stood as follows.</p> <ul style="list-style-type: none"> <li>» A further 35 falls with fractured neck of femur were avoided, making 242 avoided in total.</li> <li>» A further 125 in-hospital cardiac arrests were avoided, making 378 avoided in total.</li> <li>» A further 18 infections following hip and knee surgery were avoided, making 138 avoided in total.</li> <li>» A further 25 infections following heart surgery were avoided, making 130 avoided in total.</li> </ul> <p>We are not observing a further decline in post-operative DVT/PE across the country, likely due to a rise of COVID-19 cases in the community over the past 18 months.</p>	<p>Surgical site infections, in-hospital cardiac arrests and in-hospital falls with a fractured neck of femur continue to decline. In the 12 months to March 2024, reductions in these harms stood as follows.</p> <ul style="list-style-type: none"> <li>» A further 52 falls with fractured neck of femur were avoided, making 283 avoided in total.</li> <li>» A further 226 in-hospital cardiac arrests were avoided, making 538 avoided in total.</li> <li>» A further 14 infections following hip and knee surgery were avoided, making 182 avoided in total.</li> <li>» A further 41 infections following heart surgery were avoided, making 200 avoided in total.</li> </ul> <p>We are not observing a further decline in post-operative DVT/PE across the country, likely due to a rise of COVID-19 cases in the community over the last 18 months.</p>



Strategic priority					
What we expect to see when our work is contributing to our strategic priority outcomes	What outcomes we hope to see	What we achieved in 2020/21 <i>What we achieved before 2020/21 (in italics)</i>	What we achieved in 2021/22	What we achieved in 2022/23	What we achieved in 2023/24
<b>Strengthening systems for high-quality services</b>					
		<ul style="list-style-type: none"> <li>» <i>Infection prevention and control – post-operative infections for hips and knees reduced 17%, equating to 92 avoided infections; post-operative infections for cardiac surgery reduced 18%, equating to 81 avoided infections.</i></li> </ul> <p>The Commission supported 18 improvement projects in primary care, and 14 of 18 showed measurable improvement.</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>DALYs are a measure of the years of healthy life lost for any reason. These can be estimated for each of the harms.</p>	<p>Based on published estimates of the DALYs loss associated with specific healthcare related harms, we can estimate the following DALYs avoided to date:</p> <ul style="list-style-type: none"> <li>» falls: 175 avoided fractured necks of femur = 287 DALYs avoided</li> <li>» safe surgery: 673 post-operative DVT/PEs avoided = 397 DALYs avoided</li> <li>» infection prevention and control: 173 avoided post-operative infections = 87 DALYs avoided.</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>	<p>As at March 2023, the years of healthy life added (DALYs avoided) because of the reduction in these harms stood at:</p> <ul style="list-style-type: none"> <li>» infections following hip and knee surgery: 69 DALYs avoided</li> <li>» infections following heart surgery: 65 DALYs avoided</li> <li>» falls with a fractured neck of femur: 398 DALYs avoided.</li> </ul>	<p>As at March 2024, the years of healthy life added (DALYs avoided) because of the reduction in these harms stood at:</p> <ul style="list-style-type: none"> <li>» infections following hip and knee surgery: 91 DALYs avoided</li> <li>» infections following heart surgery: 100 DALYs avoided</li> <li>» falls with a fractured neck of femur: 453 DALYs avoided.</li> </ul>
	<p>Reduced bed-days within our programme areas (2-5 years or longer)</p>	<p>Re-admission (second admission) of older people as a result of an emergency reduced, resulting in 98,000 fewer bed-days between June 2014 and June 2019.<sup>43</sup></p>	<p>At June 2021, there was a reduction of 250,000 bed-days associated with re-admission (second admission) of older people as a result of an emergency.</p>	<p>At June 2022, there was a reduction of 303,000 bed-days associated with re-admission (second admission) of older people as a result of an emergency.</p>	<p>At June 2023, bed-days per capita remained at the same reduced rate as 2022.</p>

<sup>43</sup> Health Quality & Safety Commission. 2021. Open4Results – June 2019. Wellington: Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/open4results-june-2019/](http://www.hqsc.govt.nz/resources/resource-library/open4results-june-2019/)

Strategic priority					
What we expect to see when our work is contributing to our strategic priority outcomes	What outcomes we hope to see	What we achieved in 2020/21  <i>What we achieved before 2020/21 (in italics)</i>	What we achieved in 2021/22	What we achieved in 2022/23	What we achieved in 2023/24
Leading health quality intelligence					
	Health sector has increased capability in using data to improve quality. Survey measures will be developed this year 2023/24 (3-5 years)				<p>We supported the health sector in building capability in quality improvement science and system safety through delivery of the education programme Ako tahi hei whakapai ake i te kōunga:</p> <ul style="list-style-type: none"> <li>» Improving together, offering separate programmes for facilitators and advisors.</li> <li>» All participants rated their knowledge and confidence as higher post-programme than pre-programme.</li> </ul>
Guiding improvement to prevent early mortality					
We will know our work is contributing to a stronger system for high-quality health and disability services when we see reduced mortality over time in mortality review cohort groups.	Reduced mortality over time in mortality review cohort groups (long term, intergenerational)	<i>Child and youth deaths reduced sharply between 2011 and 2014 – equivalent to around 100 deaths per year.</i>		Reductions in child and youth deaths have been maintained since 2014. This is based on the Child and Youth Mortality Review Committee report for 2015–2019, which provides the most recent available data. <sup>44</sup>	<p>No update was published in 2024 for child and youth deaths. This reflects the changes to the national mortality function and its areas of focus.</p> <p>A 16th perinatal and maternal mortality review report was published in June 2024. The report showed that there are no statistically significant changes reported for perinatal mortality from 2007–2021, and a small reduction for maternal mortality from 2006–2021.</p>

<sup>44</sup> Health Quality & Safety Commission. 2022. *Child and Youth Mortality Review Committee mortality data reports*. Wellington: Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/child-and-youth-mortality-review-committee-mortality-data-reports](http://www.hqsc.govt.nz/resources/resource-library/child-and-youth-mortality-review-committee-mortality-data-reports)

Strategic priority					
What we expect to see when our work is contributing to our strategic priority outcomes	What outcomes we hope to see	What we achieved in 2020/21  <i>What we achieved before 2020/21 (in italics)</i>	What we achieved in 2021/22	What we achieved in 2022/23	What we achieved in 2023/24
Embedding and enacting Te Tiriti o Waitangi					
We will know we have contributed to embedding and enacting Te Tiriti o Waitangi when we can see 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.	Improved Māori patient experience surveys results (%) from baselines (3-5 years)	We established baseline measures for Māori respondents for the questions (31 and 49 questions respectively) in our two patient experience surveys.  Baselines established.	We continued to collect, monitor and publish data. We will evaluate whether improvements have occurred in 2023/24.	We continued to collect, monitor and publish data through our Experience Explorer.  We established the baselines for this measure at the end of the 2020/21 financial year. Data needs to be collected over three to five years to create an adequate data set for conducting a rigorous analysis, especially in determining changes since the baseline.  As we continue to monitor the data, we highlight any unusual changes or areas of concern with districts.  We will evaluate whether improvements have occurred in 2023/24.	We continued to collect, monitor and publish data through our Experience Explorer. <sup>45</sup>  Patient experience and the variations between different groups have remained largely consistent over the past four years.
	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 non-Māori, non-Pacific to statistically identical between 2014 and 2016.</i>	We continued to collect data, monitor outcomes and publish findings or surgical site infections following hip and knee replacements. Results remain low and equitable.	There has been no statistically significant difference between Māori and non-Māori, non-Pacific since 2016. We continue to collect data, monitor outcomes and publish findings in this area through our dashboard of health system quality and our QSMs.	There has been no statistically significant difference between Māori and non-Māori, non-Pacific since 2016. We continue to collect data, monitor outcomes and publish findings in this area through our dashboard of health system quality and our QSMs. <sup>46</sup>

<sup>45</sup> Health Quality & Safety Commission. 2022. Ngā hua o te tiro whānui | Survey results. URL: [www.hqsc.govt.nz/our-data/patient-experience/survey-results](http://www.hqsc.govt.nz/our-data/patient-experience/survey-results)

<sup>46</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2024. Ngā tohu kōunga, tohu haumarū | Quality & Safety Markers. URL: [www.hqsc.govt.nz/our-data/quality-and-safety-markers](http://www.hqsc.govt.nz/our-data/quality-and-safety-markers)

Strategic priority					
What we expect to see when our work is contributing to our strategic priority outcomes	What outcomes we hope to see	What we achieved in 2020/21 <i>What we achieved before 2020/21 (in italics)</i>	What we achieved in 2021/22	What we achieved in 2022/23	What we achieved in 2023/24
Embedding and enacting Te Tiriti o Waitangi					
	Improved Māori health outcome measures (5-10 years)	Baselines established.	We continued to collect, monitor and publish data.	We continued to collect, monitor and publish data through our dashboard of health system quality.  We established the baselines for this measure at the end of the 2020/21 financial year. Data needs to be collected over 5 to 10 years to create an adequate data set for conducting a rigorous analysis, especially in determining changes since the baseline.  As we continue to monitor the data, we highlight any unusual changes or areas of concern with districts.	We continued to collect, monitor and publish data through our dashboard of health system quality. <sup>47</sup>  We established the baselines for this measure at the end of the 2020/21 financial year. Data needs to be collected over 5 to 10 years to create an adequate data set for conducting a rigorous analysis, especially in determining changes since the baseline.  As we continue to monitor the data, we highlight any unusual changes or areas of concern with districts.
Pursuing 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 to provide free data and couple text and email invitations, led to increased survey response rates.  » The Māori primary care survey response rate increased from 11% to 20% (equal with non-Māori, non-Pacific) between August 2020 and May 2021.  » The Pacific primary care survey response rate increased from 9% to 15% between August 2020 and May 2021.	Due to the challenges of the 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%.	Response rates for Māori (17%) are now higher than for non-Māori, non-Pacific (16%).	Average response rates across the past four surveys are identical for Māori and non-Māori, non-Pacific, both at 16%.

<sup>47</sup> Te Tāhū Hauora Health Quality & Safety Commission. (nd). Dashboard of health system quality. 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)

Strategic priority					
What we expect to see when our work is contributing to our strategic priority outcomes	What outcomes we hope to see	What we achieved in 2020/21  <i>What we achieved before 2020/21 (in italics)</i>	What we achieved in 2021/22	What we achieved in 2022/23	What we achieved in 2023/24
Pursuing health equity					
	Reductions in unwarranted health care variation measures across population groups (3-5 years)	All Atlas of Healthcare Variation measures (which number well over 100) are broken down by ethnicity.  <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 contribute to unwarranted variation.</i>	We continued to collect data, monitor outcomes and publish findings. The direct effects of the COVID-19 period on access to health care are substantial, so no further publication of 2020 data has been undertaken.	Atlas of Healthcare Variation updates were put on hold in 2022/23 to allow for additional development of Quality Alerts, patient surveys and the Measures Library. <sup>48</sup>  A programme of updates is in place for 2023/24.	The first refreshed Atlas of Healthcare Variation was for diabetes. It shows small improvements in access since 2018. Differences since then have been relatively small and have stayed consistent. <sup>49</sup>
	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, inequity reduced 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>	We continued to collect data, monitor outcomes and publish findings for surgical site infections following hip and knee replacements. Results remain low and equitable.	There has been no statistically significant difference between Māori and non-Māori, non-Pacific since 2016.	There has been no statistically significant difference between Māori and non-Māori, non-Pacific since 2016.

### Table B disclosure:

1. The avoided harms are calculated by applying the harm rate for the baseline period (eg, for falls with fractured neck of femur, this is from July 2010 to July 2012) to the denominator for all quarters that follow a statistically significant reduction in harm rate and calculating what the number of harms would have been had there been a reduction and subtracting of the actual number of harms.
2. All approaches have limitations and three affect these estimates.
  - a. In most cases, rates are not separately risk adjusted. As we know from other analyses (eg, mortality analyses), patients are becoming sicker and more complex to treat and, for these reasons, more likely to suffer harm. This is likely to lead to a conservative estimate of 'expected' harm and therefore a low estimate of harms avoided.
  - b. Delay in data for the most recent quarters. The data sets are live and the past four quarters (ie, the year under consideration) may still change. The records can only be completed once someone is discharged from hospital, which means that people who may have had harms in the last quarter may not be in the data set extract we are working with. This means estimates for the final 12 months will change over time.
  - c. These calculations use data from national collections, primarily the National Minimum Dataset (hospital events) (NMDS). While any data set can be incomplete or inaccurate, NMDS represents a national gold standard of coding-based data (with nationally applied data collection rules and data quality checks). In addition, the measures used are ones that measure only major harms, because we have greater confidence that most of these would be picked up. This has the effect that less serious harms are excluded (eg, other falls without such major harms, more minor surgical complications, extended length of stay associated with more minor deteriorations) meaning that effects of total avoided harm on DALY loss and avoided expenditure will be greater than the figures reported here.  
  
The net effect of these is that we are likely to be understating total benefits that derive from our quality-improvement programmes but we have confidence in these minimal estimates.

<sup>48</sup> Te Tāhū Hauora Health Quality & Safety Commission. (nd). Dashboard of health system quality. 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>49</sup> Te Tāhū Hauora Health Quality & Safety Commission. (nd). Atlas of Healthcare Variation. URL: [www.hqsc.govt.nz/our-data/atlas-of-healthcare-variation/](http://www.hqsc.govt.nz/our-data/atlas-of-healthcare-variation/)

# Te raupapa o te pūrongo nei

## How this report is organised

In our SPE 2023/24, we describe deliverables through a single output class: **supporting and facilitating improvement**. This output class covers our mission of:

- » partnership and collaboration (involve)
  - » measuring, analysing, sharing, educating and advising (inform)
  - » influencing thinking and action (influence)
  - » coordinating, supporting and facilitating measurable improvement (improve).
- 

## We have organised our reporting on our single output class into four parts.

### 1 Tā mātou mahi Our performance statement

covers the standards of delivery performance we achieved compared with the standards forecast in our SPE 2023/24.

### 2 He mahi anō hei whakakaha i tā mātou mahi Other work that strengthens our performance

covers broader information on organisation performance, showing how we enhance and develop our organisation's performance, along with our activities or initiatives outside of our SPE 2023/24.

### 3 Pūrongo pūtea Our financial statements

covers the actual revenue we earned and output expenses incurred over 2023/24 compared with the expected revenues and proposed output expenses included in our SPE 2023/24.

### 4 He kupu haepapa Statement of responsibility

completes our annual report.

Audit New Zealand's report on our work follows our reporting, and we include our outcomes framework, as clarified in our 2023/24 SPE.

# 1



## Tā mātou mahi **Our performance statement**

**This part provides detail on performance reporting compared with our 2022/23 annual report and detail of our performance against the work and deliverables we planned in our SPE 2023/24.**

### Detailed report on our deliverables

On the following pages, we report on each of our eight planned deliverables. We also use a simple colour-coding system (see key below) to readily identify our performance.

All our deliverables align to all our strategic priorities, as stated in our SPE 2023/24.

<b>Fully achieved</b> Every requirement of this section of the deliverable was fully achieved.	<b>Partially achieved</b> This requirement of the deliverable was partially achieved.	<b>Not achieved</b> This deliverable was not achieved.
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## Work plan and report table 1: Consumer health forum Aotearoa (SPE 1)

Te Tāhū Hauora has championed consumer engagement at all levels in the health sector. Since we established the consumer health forum Aotearoa in November 2021, we have actively sought to build the diversity of the consumer and whānau voice within the forum, and to guide an increase in partnerships between communities and the sector, as required by the code of expectations.

Following the success of the forum ‘Our voices: The journey to healthy futures | Ō mātou reo: Te huarahi kia pae ora’ in May 2023, we created a new deliverable for 2023/24, to plan and facilitate events for the consumer health forum Aotearoa. We delivered a scaled-back national forum and some regional workshops in response to the fiscal environment.<sup>50</sup>

Our work plan for deliverable 1 was **fully achieved**.

1	Deliverable	Timeliness and quantity	Quality (process)	Impact
<b>Plan (from our SPE 2023/24)</b>	Plan and facilitate events for the consumer health forum Aotearoa.	Plan and facilitate two regional workshops and one national forum for the consumer health forum Aotearoa by 30 June 2024.  The two regional workshops will have a target audience of a specific equity group, with at least 60% of attendees identifying with that equity group.	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.	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.  Seventy percent of respondents will confirm that they felt the events met their purpose.  Seventy percent of consumer respondents will confirm that the events increased their confidence to engage with the health system.
<b>Report</b>	We delivered a national event and three regional events for the consumer health forum Aotearoa.	‘Our voices: Shaping health care together   Ō mātou reo: He tārai tahi i te tauwhiro hauora’ was a one-day national event for the consumer health forum Aotearoa. It was held in Tāmaki Makaurau Auckland on 15 May 2024 with over 170 attendees.  In March 2024, two regional workshops were completed in Northland (Kaitiāia on 15 March 2024 and Whangārei on 16 March 2024), and another in Hawke’s Bay (Hastings, 23 March 2024). The workshops included significant representation from priority populations (over 70% for each workshop).	Members of Te kāhui mahi ngātahi and Kōtuinga kiritaki have been involved in developing the purpose and the programme for the national forum through scheduled meetings and programming discussions.	We surveyed attendees of each of the events to measure the extent to which each event met its purpose and increased their confidence to engage with the health system.  More than 73% of respondents to a post-consumer health forum Aotearoa evaluation agreed or strongly agreed that the event was valuable and met its purpose.  Post-workshop surveys demonstrated the value of the workshops. Over 85% agreed or strongly agreed that the workshop met its purpose; and 75% agreed or strongly agreed that the workshop increased their confidence to engage with the health system. Many participants also preferred to provide their views in person, which we have collated alongside the survey responses to learn from and help us improve our approaches.
<b>Result</b>	This component is <b>fully achieved</b> .	This component is <b>fully achieved</b> .	This component is <b>fully achieved</b> .	This component is <b>fully achieved</b> .

<sup>50</sup> Due to the nature of the deliverable no prior period comparator is available.



## Work plan and report table 2: Consumer and whānau engagement (SPE 2)

In 2022/23, we fully achieved delivery of an implementation guide<sup>51</sup> to support health entities to give effect to the code of expectations.

In 2023/24, we have worked closely with the other health entities named in the Pae Ora Act, as required, to give effect to the code. We have met with them regularly to progress the socialisation and implementation of the code, and find out how Te Tāhū Hauora can further support the health entities to implement it.

Our work plan for deliverable 2 was **fully achieved**.

2	Deliverable	Timeliness and quantity	Quality (process)	Impact
<b>Plan (from our SPE 2023/24)</b>	Support the health sector to give effect to the code of expectations for health entities' engagement with consumers and whānau.	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.	We use feedback from health entities to consider how we can best support the entities.	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.
<b>Report</b>	We have regularly engaged with and supported representatives from each health entity (Consumer Voice Reference Group).	In 2022/23 we published an implementation guide on 19 June 2023. In 2023/24 quarterly meetings were held with the named health entities on 16 August 2023 and 25 October 2023, and 22 February 2024 and 18 April 2024.	In 2022/23 we developed a communications toolkit for health entities implementing the code of expectations, and conducted sector engagements and multiple presentations and meetings. In 2023/24, feedback gathered from the health entities has informed updates to the online guide for implementing the code of expectations. We have also made progress with socialising the code of expectations. We developed a communications toolkit for health entities implementing the code, and conducted sector engagements and multiple presentations and meetings.	In 2022/23 we surveyed entity representatives and consumers. 86% of respondents indicated that the implementation guide would be useful for implementing the code of expectations. In 2023/24, a SurveyMonkey-based was sent to health entity representatives on the quality of support they received across the year. Four of five (80%) respondents agreed or strongly agreed that Te Tāhū Hauora effectively assisted their specific health entity to in implementing the code of expectations.
<b>Result*</b>	This component is <b>fully achieved</b> .	This component is <b>fully achieved</b> .	This component is <b>fully achieved</b> .	This component is <b>fully achieved</b> .

\* All measures were fully achieved in 2022/23 for deliverable 1.

The following are two examples of SurveyMonkey based survey responses.

**'The team has given comprehensive support and the quality of the other members has also helped me enormously in my overall understanding of pae ora and Te Tiriti.'**

— NZ BLOOD AND ORGAN SERVICE

**'The team do a fantastic job supporting us to achieve this work.'**

— TE WHATU ORA | HEALTH NEW ZEALAND

<sup>51</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2023. *Code of expectations implementation guide*. URL: [www.hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/implementing-the-code/](http://www.hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/implementing-the-code/)

### Work plan and report table 3: Supporting our new localities and regions to achieve health equity for Māori (SPE 3)

Te Tāhū Hauora recognises its important role in supporting iwi-Māori partnership boards. For 2023/24, we created a new deliverable to demonstrate our work with three iwi-Māori partnership boards to develop ways of providing meaningful data and intelligence about their regions.<sup>52</sup> Alongside the technical aspects of this work, we have prioritised building these relationships to learn and understand their needs and aspirations for their communities.

This multi-year programme will continue in 2024/25, to further test and evaluate these new data intelligence methods and tools.

Our work plan for deliverable 3 was **fully achieved**.

3	Deliverable	Timeliness and quantity	Quality (process)	Impact
<b>Plan (from our SPE 2023/24)</b>	Establish a prototype relationship with two iwi-Māori partnership boards to develop a shared vision and work programme priorities.	Work with two iwi-Māori partnership boards to identify priorities and key intelligence tool deliverables for this work by 30 June 2024.	<p>We undertake wānanga with key iwi-Māori partnership board members to support the ongoing testing and real-time development of the work so that it is relevant and useful.</p> <p>We work with Te Aka Whai Ora<sup>53</sup> and engage with others while we are considering, developing and testing priorities and intelligence tools.</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.
<b>Report</b>	We have built relationships with Ātiawa Toa Hauora (Greater Wellington/Hutt), Te Karu o te Ika Poari Hauora (Wairarapa) and Te Tauraki - Ngāi Tahu.	<p>With Ātiawa Toa Hauora (Greater Wellington/Hutt) and Te Karu o te Ika Poari Hauora (Wairarapa), we have developed an advanced prototype of a mapping tool that brings together data on demographic, socioeconomic and commercial determinants of health. We are also progressing development of a visualisation tool that shows the diabetes pathway for these two iwi-Māori partnership boards.</p> <p>With Te Tauraki - Ngāi Tahu, we are convening a collaboration with All of New Zealand, Acute Coronary Syndrome - Quality Improvement (ANZACS-QI) (the interventional cardiology national improvement collaborative) to undertake a similar pathway analysis for its populations. We are also providing Te Tauraki - Ngāi Tahu with data from the adult primary care patient experience survey.</p>	<p>We have met multiple times with each of the iwi-Māori partnership boards to understand their data needs and priorities for their communities. Regular meetings have taken place to feed back on design, development and required testing.</p> <p>Representatives of Te Aka Whai Ora, Health New Zealand and the Ministry of Health have also been engaged, to support the development and testing of priorities and intelligence tools.</p>	<p>The following are some questions we developed with iwi-Māori partnership boards to evaluate the effectiveness of the relationship and improve our approach over the 2024/25 year.</p> <p><i>Process</i></p> <ul style="list-style-type: none"> <li>» Have we acted as partners throughout, responding to suggestions and requests and working together to constantly improve the products?</li> <li>» Have we kept each other informed about developments?</li> </ul> <p><i>Outputs</i></p> <ul style="list-style-type: none"> <li>» Have we developed the product as we discussed with the data and functionality needed?</li> <li>» Have we developed the product in a way that can support appropriate protection and access rights by iwi, iwi-Māori partnership boards and other key partners and stakeholders?</li> <li>» Have we identified what is needed to maintain and update the tool in the longer term?</li> </ul> <p><i>Outcomes:</i></p> <ul style="list-style-type: none"> <li>» Have we produced something that iwi-Māori partnership boards can use to undertake their role successfully?</li> </ul> <p>These questions will be reviewed in 2024/25.</p>
<b>Result</b>	This component is <b>fully achieved</b> .	This component is <b>fully achieved</b> .	This component is <b>fully achieved</b> .	This component is <b>fully achieved</b> .

<sup>52</sup> Due to the nature of the deliverable no prior period comparator is available.

<sup>53</sup> Te Whatu Ora | Health New Zealand and Te Aka Whai Ora | Māori Health Authority (now disestablished) were referred to as Te Whatu Ora and Te Aka Whai Ora, respectively, at the time of publication of our SPE 2023/24. These entities are now referred to by their English names or te reo Māori names, so the naming approach in our SPE 2023/24 may differ from that used elsewhere in this report.



#### **Work plan and report table 4: Provide publications that report on the quality, safety and improvement of health services and the health system (SPE 4)<sup>54</sup>**

In 2022/23, we fully achieved delivery of the second report of a two-part series exploring critical aspects of the impacts of the COVID-19 pandemic. It dealt with selected aspects of the functioning of the country's health system that part 1 in the series, published in 2021/22, had not covered.

Each year we publish a report in the 'Window on the quality of health care' series,<sup>55</sup> along with a range of other publications for a variety of audiences. In addition, we scope and define areas of focus for publications that report further on the quality and safety of health services.

In 2023/24, we published two articles and one report:

- » 'Closing the equity gap as we move to the elimination of seclusion: Early results from a national quality improvement project'<sup>56</sup>
- » 'Patient experience surveys are vital in the twenty-first century: Let's put some myths to rest'<sup>57</sup>
- » *A window on quality 2024: Turbulence, quality and the future | He tirohanga kouna 2024: He hūkeri, he kouna ki anamata hoki.*<sup>58</sup>

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<sup>54</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>55</sup> The 'Window' reports provide a snapshot of the quality of health care in Aotearoa New Zealand. For more information, see: Health Quality & Safety Commission. 2021. Te kouna o te tauwhiro hauora | Window on the quality of health care. URL: [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)

<sup>56</sup> Bensemman C, Maxwell D, O'Keeffe K, et al. 2023. Closing the equity gap as we move to the elimination of seclusion: Early results from a national quality improvement project. *Australasian Psychiatry* 31(6): 786–90. DOI: 10.1177/10398562231202125.

<sup>57</sup> Gerard C, O'Brien I, Shuker C, et al. 2024. Patient experience surveys are vital in the twenty-first century: Let's put some myths to rest. *New Zealand Medical Journal* 137(1588): 80–9. URL: [nzmj.org.nz/journal/vol-137-no-1588/patient-experience-surveys-are-vital-in-the-twenty-first-century-let-s-put-some-myths-to-rest](http://nzmj.org.nz/journal/vol-137-no-1588/patient-experience-surveys-are-vital-in-the-twenty-first-century-let-s-put-some-myths-to-rest)

<sup>58</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2024. *A window on quality 2024: Turbulence, quality and the future | He tirohanga kouna 2024: He hūkeri, he kouna ki anamata hoki*. Wellington: Te Tāhū Hauora Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/a-window-on-quality-2024-turbulence-quality-and-the-future-he-tirohanga-kouna-2024-he-hukeri-he-kouna-ki-anamata-hoki/](http://www.hqsc.govt.nz/resources/resource-library/a-window-on-quality-2024-turbulence-quality-and-the-future-he-tirohanga-kouna-2024-he-hukeri-he-kouna-ki-anamata-hoki/)

Our work plan for deliverable 4 was **fully achieved**.

4	Deliverable	Timeliness and quantity	Quality (process)	Impact
<b>Plan (from our SPE 2023/24)</b>	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% 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.
<b>Report</b>	We published a peer-reviewed paper in <i>Australasian Psychiatry</i> titled 'Closing the equity gap as we move to the elimination of seclusion: Early results from a national quality improvement project'. It described the work of our Mental Health and Addictions programme team on the zero seclusion priority area.	'Closing the equity gap as we move to the elimination of seclusion: early results from a national quality improvement project' was published on 29 September 2023.	Both articles explored the effects of a healthcare project on inequity: the 'Patient experience surveys' article measured those effects in terms of how well the patient experience survey represented the experience of Māori and Pacific peoples; while the 'Closing the equity gap' article focused on the equity gap. Following approval by the director of health quality intelligence, both articles received extensive peer review (up to six reviewers) before they were accepted for publication in their respective journals.	Eighteen of 18 (100%) respondents to an email survey completely agreed or mostly agreed that the report provided useful information about the zero seclusion project of Te Tāhū Hauora and helped them understand how the project contributed towards improving the quality and safety of health services and the health system.
	We published a peer-reviewed article in the <i>New Zealand Medical Journal</i> , titled 'Patient experience surveys are vital in the twenty-first century: let's put some myths to rest'. It outlined the most prevalent myths of patient experience survey data.	'Patient experience surveys are vital in the twenty-first century: Let's put some myths to rest' was published on 19 January 2024.		Eight of eight (100%) respondents to an email survey completely agreed or mostly agreed that the report provided useful information about the Patient Experience Survey programme of Te Tāhū Hauora and provided information that helped them understand how the survey measures the quality, safety and improvement of health services and the health system.
	The 2024 publication in our annual 'Window on the quality of health care' series, <i>A window on quality 2024: Turbulence, quality and the future   He tirohanga kounga 2024: He hūkeri, he kounga ki anamata hoki</i> , highlights issues affecting the quality and safety of Aotearoa New Zealand's healthcare system and makes suggestions for change.	In 2022/23, we published the second <i>Window on COVID-19</i> on 27 October 2022. In 2023/24, <i>A window on quality 2024: Turbulence, quality and the future   He tirohanga kounga 2024: He hūkeri, he kounga ki anamata hoki</i> was released on 26 June 2024.	In 2022/23, the COVID-19 report included analysis of various indicators including sub-population analysis to explore effects on equity; and sign-off provided by the director of health quality intelligence. In 2023/24 report, <i>A window on quality 2024</i> , sub-population analysis is included throughout the Window report to explore the effects on equity, such as for Māori, Pacific peoples and disabled people. The sign-off processes for the report included the director of health quality intelligence, the chief executive and the board. Feedback was provided and changes made at each stage of the process.	In 2022/23, we surveyed provider representatives. 100% of respondents agreed that the report provided useful information about the impact of COVID-19 and the response on the quality of health and disability services. In 2023/24, six of six (100%) respondents to an email survey completely agreed or mostly agreed that the report provided useful information about the impact of the turbulence experienced from 2020-2024 on aspects of the quality of health and disability services; and all mostly agreed (17%) or completely agreed (83%) that the report provided information that helped them understand the effects of the turbulence from 2020-2024 on health care.
<b>Result*</b>	This component is <b>fully achieved</b> .	This component is <b>fully achieved</b> .	This component is <b>fully achieved</b> .	This component is <b>fully achieved</b> .

\* All measures were fully achieved in 2022/23 for deliverable 3.

THE FOLLOWING ARE SOME RESPONSES TO THE SURVEY ON THE 'CLOSING THE EQUITY GAP' ARTICLE.

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**'Thank you for the opportunity to gain further insights and understanding from the publication of the research article that supports equity.'**

**'It is uplifting to see that the authors of the research document sought cultural expertise and guidance.'**

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THE FOLLOWING ARE SOME RESPONSES TO THE SURVEY ON THE 'PATIENT EXPERIENCE SURVEYS' ARTICLE.

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**'Definitely contributed to understanding for those that weren't in the know. I already felt like I had a good understanding of the process and have been defending HQSC's rigour re the survey.'**

**'I use and quote from this paper in my talks. Thanks for clarifying things with this publication.'**

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### **Work plan and report table 5: Provide tools to allow the health system and the public to explore the quality and safety of health services (SPE 5)<sup>59</sup>**

In 2022/23, we fully achieved delivery of Quality Alerts that support identifying emerging areas of concern in quality and safety across the health sector (2022/23 SPE 4). We also developed a measures library to help establish quality and safety measures that are clear and consistent (2022/23 SPE 6).

In 2023/24, we have covered more of our tools to demonstrate how Te Tāhū Hauora enables the health system and public to explore the quality and safety of health services. These tools include quality and safety markers (QSMs),<sup>60</sup> the dashboard of health system quality,<sup>61</sup> the Atlas of Healthcare Variation,<sup>62</sup> the patient Experience Explorer,<sup>63</sup> Measures Library<sup>64</sup> and the adverse events dashboard.<sup>65</sup>

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<sup>59</sup> This measure relates to our Estimate measures for 2023/24: 'Provide tools (for example, the Atlas of Healthcare Variation 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>60</sup> Te Tāhū Hauora Health Quality & Safety Commission. (nd). Ngā tohu kounga, tohu haumaruru | Quality & safety markers. URL: [www.hqsc.govt.nz/our-data/quality-and-safety-markers](http://www.hqsc.govt.nz/our-data/quality-and-safety-markers)

<sup>61</sup> Te Tāhū Hauora Health Quality & Safety Commission. (nd). Dashboard of health system quality. 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>62</sup> Health Quality & Safety Commission. (nd). Mapi hauora kē | Atlas of Healthcare Variation. URL: [www.hqsc.govt.nz/our-data/atlas-of-healthcare-variation](http://www.hqsc.govt.nz/our-data/atlas-of-healthcare-variation)

<sup>63</sup> Health Quality & Safety Commission. 2022. The Health Quality & Safety Commission launches Experience Explorer. 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>64</sup> Health Quality & Safety Commission. 2022. He Kete Rauemi | Measures Library. URL: [www.hqsc.govt.nz/our-data/measures-library](http://www.hqsc.govt.nz/our-data/measures-library)

<sup>65</sup> Health Quality & Safety Commission. 2021. Te tuku kōrero mai i ngā aituā | Reporting from adverse events. 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)

Our work plan for deliverable 5 was **fully achieved**.

5	Deliverable	Timeliness and quantity	Quality (process)	Impact
<b>Plan (from our SPE 2022/23)</b>	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 we maintain the level of historical use from 2022/23.
<b>Report</b>	We updated analytical tools, allowing the health system and the public to explore the quality and safety of health services.	In 2022/23, we updated and released Quality Alerts quarterly. Te Tāhū Hauora provides numerous tools to the sector and the public, updating and releasing (at least) three tools each quarter in 2023/24.  <b>Quarter 1:</b> Adult hospital survey - 30 September 2023 Adult primary care survey - 30 September 2023 Quality Alert - 4 October 2023  <b>Quarter 2:</b> Quality Alert - 8 December 2023 QSM national report - 18 December 2023 QSM local report - 18 December 2023  <b>Quarter 3:</b> Adult hospital survey - 7 March 2024 Health system quality dashboard - 5 April 2024* Quality Alert - 5 April 2024*  <b>Quarter 4:</b> Adult hospital survey - 28 May 2024 Adult primary care survey - 28 May 2024 Quality Alert - 27 June 2024	In 2022/23, Quality Alert updates were designed with clinical and other experts and used the most recent data. In 2023/24, sub-population analysis is included in the quarterly updates to explore the effects on equity, such as for Māori, Pacific peoples and disabled people.  All updates to analytical tools were peer reviewed by internal data specialists and approved by the director of health quality intelligence and the chief executive before release.	In 2022/23, we surveyed Quality Alert recipients to evaluate the usefulness of the Quality Alerts. 78% agreed the Quality Alert is very useful or useful. In 2023/24, we have maintained the historical level of use of these tools.  <i>Health system quality dashboard.</i> The March 2024 update has drawn over 2,500 views within three months. We expect this number will continue to rise throughout the year, so that the 12-month views match or exceed the 5,000 views achieved by the 2023 update over the same period.  <i>QSM reports.</i> Quarterly views were at their highest (2,310) in the July–September 2023 updates. In updates for other quarters, views have remained at the 2022/23 level, in the range of 1,200–1,700.  <i>Adult hospital and primary care surveys.</i> Both survey explorers were upgraded in 2022/23, resulting in a surge in the number of visits that year. In 2023/24, the design of both tools remained the same, leading to a decrease in visits compared with the upgrade year. However, an annual level of 3,000–5,000 visits was maintained. We will continue to monitor this in 2024/25.  <i>Quality Alert.</i> Information on the number of visits is not available because the way we provided the report transitioned from an interactive tool to a chartpack. <sup>66</sup>
<b>Result**</b>	This component is <b>fully achieved</b> .	This component is <b>fully achieved</b> .	This component is <b>fully achieved</b> .	This component is <b>fully achieved</b> .

\* The Quality Alert and health system quality dashboard for quarter 3 were released on 5 April 2024, due to a delay in receiving the national data collection.

\*\* All measures were fully achieved in 2022/23 for deliverable 4.

<sup>66</sup> The Quality Alert report is distributed quarterly as an attached chartpack and communication letter to each Health New Zealand district. As a result, the number of visits is not available. Previously, we had a platform for users to interact with this report as an interactive tool. However, feedback from our users indicated they preferred to have direct results rather than interactive exploration. In response, we transitioned to creating the report as a chartpack along with a communication letter that highlights the key results of the quarter in 2023/24. This new form of Quality Alert reports has improved sector engagement and use. To demonstrate how the sector has used the tool, we have collected feedback and communication from the users as qualitative evidence.

## Work plan and report table 6: Mortality review (SPE 6)

In 2022/23, we successfully delivered two mortality review committee reports. We measured the 'impact' of the reports on feedback from the sector as to whether the information improves knowledge in the relevant area, and where outcomes could be improved.

In 2023/24 we published:

- » the *Sixteenth Annual Report of the Perinatal and Maternal Mortality Review Committee | Te Pūrongo ā-Tau Tekau mā Ono o te Komiti Arotake Mate Pēpi, Mate Whaea Hoki* on 30 June 2024<sup>67</sup>
- » a research paper, 'Burden and distribution of mortality due to sepsis and severe infection in children and adolescents in Aotearoa/New Zealand'.<sup>68</sup>

We continue to measure the direct impact of the publications using surveys. This enables immediate feedback from the sector on the publications and if they are fit for purpose. We know that improved results and outcomes take place over time, and the effects of our data intelligence on policy and service provision may not be seen until several years later. We use medium- to long-term indicators to measure this progress (see Table B).

Our work plan for deliverable 6 was **fully achieved**.

6	Deliverable	Timeliness and quantity	Quality (process)	Impact
<b>Plan (from our SPE 2023/24)</b>	Publish National Mortality Review Committee publications that report on mortality.	Complete two publications by 30 June 2024.	Relevant National Mortality Review Committee (NMRC) 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% will confirm that the information will be useful to effect change.
<b>Report</b>	<p>The 16th report on perinatal and maternal mortality (PMMR) was released and received widespread media coverage. The report covers 2006–21 data and is the first report to examine reported COVID-19 infection in pregnancy in Aotearoa New Zealand. It also shows that unaddressed inequities have kept Aotearoa New Zealand's perinatal death rates static for 15 years.</p> <p>The child and youth workstream produced a research paper titled 'Burden and distribution of mortality due to sepsis and severe infection in children and adolescents in Aotearoa/New Zealand', which was published in the <i>Journal of Paediatrics and Child Health</i>. The article provides an estimate of the burden and distribution of mortality due to sepsis and severe infection in children and adolescents in Aotearoa New Zealand.</p>	<p>In 2022/23, we published the PMMRC 15th report on 6 December 2022 and the Perioperative Mortality Explorer was released on 15 December 2022. In 2023/24, the 16th PMMR report was published on 30 June 2024 and the child and youth research paper was published on 6 April 2024.</p> <p>The child and youth sepsis research paper was published on 6 April 2024.</p>	<p>In 2022/23, both publications were peer reviewed by subject matter experts. In 2023/24, the 16th PMMR report was reviewed at multiple points in the development process. It was peer reviewed by sector matter experts, including those with lived experience, or experience in Māori health and equity, paediatric, epidemiology or midwifery. The NMRC provided further subject-matter expertise in reviewing the report. Final sign-off was provided by the NMRC and the board.</p> <p>The child and youth sepsis research paper was reviewed at multiple points in the development process. It was reviewed by the Child and Youth Mortality Review subject-matter experts. It was also presented to the New Zealand Sepsis Trust Conference and reviewed by the director of mortality review before final sign-off by the NMRC and the board. The paper was further reviewed following feedback from six different reviewers from the <i>Journal of Paediatrics and Child Health</i>.</p>	<p>In 2022/23, we surveyed key stakeholders and consumers. 81% of respondents agreed that the information provided in the 15th PMMRC report would improve knowledge of areas of perinatal and maternal outcomes; and 58% agreed or strongly agreed that it improves knowledge of areas where perioperative outcomes could be improved.</p> <p>In 2023/24, key stakeholders who were provided with the 16th PMMR report were sent a SurveyMonkey-based survey on 1 July 2024. In total, 18 of 23 (78%) responses agreed that the information is useful to effect change and 18 of 22 (82%) responses supported the recommendations included in the report and will share with others.</p> <p>We emailed a sample of stakeholders who had read the child and youth sepsis research paper with an invitation to complete a survey. At the time of reporting, all five respondents agreed or strongly agreed that the paper provides new knowledge about the burden of sepsis and severe infection mortality in children and adolescents in Aotearoa New Zealand and how the paper is useful to effect change.</p>
<b>Result*</b>	This component is <b>fully achieved</b> .	This component is <b>fully achieved</b> .	This component is <b>fully achieved</b> .	This component is <b>fully achieved</b> .

<sup>67</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2024. *Sixteenth Annual Report of the Perinatal and Maternal Mortality Review Committee | Te Pūrongo ā-Tau Tekau mā Ono o te Komiti Arotake Mate Pēpi, Mate Whaea Hoki*. Wellington: Te Tāhū Hauora Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/sixteenth-annual-report-of-the-perinatal-and-maternal-mortality-review-committee-te-purongo-a-tau-tekau-ma-ono-o-te-komiti-arotake-mate-pepi-mate-whaea-hoki/](http://www.hqsc.govt.nz/resources/resource-library/sixteenth-annual-report-of-the-perinatal-and-maternal-mortality-review-committee-te-purongo-a-tau-tekau-ma-ono-o-te-komiti-arotake-mate-pepi-mate-whaea-hoki/)

<sup>68</sup> McDonald G, Hayman R, Hill J. 2024. Burden and distribution of mortality due to sepsis and severe infection in children and adolescents in Aotearoa/New Zealand. *Journal of Paediatrics and Child Health* 60(4-5): 113-7. DOI: [10.1111/jpc.16538](https://doi.org/10.1111/jpc.16538)

\* All measures were fully achieved in 2022/23 for deliverable 5.

THE FOLLOWING ARE SOME RESPONSES TO THE SURVEY ON THE CHILD AND YOUTH SEPSIS RESEARCH PAPER.

**'It is critically important that we have in-depth analysis of child deaths within Aotearoa New Zealand if we are going to improve the health of tamariki in this country.'**

**'This research highlights both the significant rates of sepsis, and the uneven and unfair distribution across our communities. It adds value at a policy level to advise for whom the resources need to be focused and how the approach might be adapted to address the undue risk for populations with the highest rates. Practically I plan to share it with Manatū Hauora clinical team to engage their attention on this.'**

**'What was crystal clear from their analysis is that Māori and Pacific disproportionately carry the burden of sepsis deaths, regardless of definition, and that it is appropriate that further research should focus on this disparity and improving sepsis outcomes for all tamariki.'**

#### **Work plan and report table 7: Building capability in quality improvement science in the health sector<sup>69</sup> (SPE 7)**

In 2023/24, we continued to offer capability-building programmes in quality improvement science to the sector. The delivery of the Improving Together: Advisors programme and Improving Together: Facilitators programme was only partially achieved, like 2022/23,<sup>70</sup> due to delays in commencement and participant availability.

Both programmes were launched in 2023/24. The Advisor programme was completed as planned. The Facilitator programme was delayed due to employer constraints and workforce shortages across the health sector, which meant many potential participants were unable to attend. As a result, the Facilitator programme was focused on and funded by the Trauma programme, with a reduced number of participants, a later start date and an extended programme timeframe (15 February to 17 October 2024). Ongoing demands on the health workforce also led to further participants having to withdraw from both of these programmes. Despite these challenges, post-evaluation responses from the Advisors programme indicate significant interest and value in learning about quality improvement and system safety.

We have started exploring ways to improve the delivery methods of our education programmes for greater impact in 2024/25.

<sup>69</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'.

<sup>70</sup> In 2022/23, we delivered two programmes (deliverable 7). The first programme, completed 28 April 2023, sponsored 40 hospital mental health and addiction staff from Health New Zealand to complete the restorative practice micro-credentialling programme. 100% of participants met the learning objectives and were able to demonstrate how they apply the learning to their own professional context. The second programme, Improving together: Improvers programme, comprised of an in-person workshop and two zoom sessions. 100% of participants met the learning objectives and 88.24% show improved knowledge through pre- and post-assessment survey results.



Our work plan for deliverable 7 was **partially achieved**.

7	Deliverable	Timeliness	Quantity	Quality (process)	Impact
<b>Plan (from our SPE 2023/24)</b>	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% of participants who complete the programmes will meet the learning objectives.	A pre- and post-programme self-assessment of knowledge and skills will show that at least 70% 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.  We will carry out an evaluation to show that 70% 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.
<b>Report</b>	Programme 1: Improving together: Advisors programme aims to develop and expand the quality improvement skills and knowledge required to become an effective facilitator of change. This includes gaining an understanding of elements of the broader complexity of the system of health and disability care delivery, and learning strategies to lead quality improvement activities within this complexity.	Launched on 23 August 2023, Improving Together: Advisors programme had its final course day on 22 May 2024. All graduates of the course received the NZQA-approved Intermediate Health Quality Improvement (Micro-credential) (Level 4) credit.	Initially offering 29 places, the course began with 22 registered participants. The main reasons why people withdrew or declined related to a change in roles or their employer being unable to release them. The final course day was on 22 May 2024 and all 22 participants completed the course requirements.	100% of participants who completed the programme completed all course requirements and therefore met the learning objectives.	The results of a pre- and post-programme self-assessment of knowledge and skills showed that the course achieved its intended impact on the 22 participants.  » 100% of participants who completed the programme rated their knowledge as higher post-programme than pre-programme. The average increase was 1.77 out of 5.  » 100% of the participants who completed the programme rated their post-programme confidence level at 4 out of 5 (somewhat confident) or above
	Programme 2: Improving together: Facilitators programme aims to develop and expand the quality improvement skills and knowledge required to become an effective facilitator of change and improvement within a team or work area.	The Improving together: Facilitators programme for the trauma cohort was launched on 15 February 2024. The first in-person workshop was held over 28–29 February 2024 in Te Whanganui-a-Tara Wellington with 15 participants. The trauma programme runs for eight months, so it will not be completed before 30 June 2024.	The facilitators programme trauma cohort continues to be delivered with 15 participants.	All participants who complete the programme in October 2024 will be assessed as to whether they have met the course requirements and therefore met the learning objectives.	The pre-programme self-assessment of knowledge and skills has been completed but the post-programme self-assessment has not because the course does not finish until October 2024.
<b>Result</b>	This component is <b>fully achieved</b> (and fully achieved in 2022/23).	This component is <b>partially achieved</b> (and partially achieved in 2022/23).	This component is <b>partially achieved</b> (and partially achieved in 2022/23).	This component is <b>partially achieved</b> (and fully achieved in 2022/23).	This component is <b>partially achieved</b> (and fully achieved in 2022/23).



### **Work plan and report table 8: Leading and supporting quality improvement efforts (SPE 8)**

In 2022/23, we successfully delivered two of our focused quality improvement programmes: optimising the use of antibiotics for urinary tract infections in aged residential care; and the national rehabilitation major trauma collaborative. During this time, we also worked with Health New Zealand districts to test components of a national paediatric early warning system (PEWS).

Following the success of the PEWS programme in terms of it being fit for purpose and its effectiveness in a selection of settings, we created a new deliverable for 2023/24, to implement a national PEWS across Aotearoa New Zealand. The roll-out of a national system to the sector was delivered in 2023/24.<sup>71</sup>

Our work plan for deliverable 8 was **partially achieved**.

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<sup>71</sup> Due to the nature of the deliverable no prior period comparator is available.

8	Deliverable	Timeliness and quantity	Quality (process)	Impact
<b>Plan (from our SPE 2023/24)</b>	Support Te Whatu Ora   Health New Zealand to implement a national paediatric early warning system (PEWS) across Aotearoa New Zealand public hospitals using standardised paediatric vital signs charts.	We will support Te Whatu Ora   Health New Zealand to implement a PEWS using standardised paediatric vital signs charts and resources in 80% of main hospitals across 19 districts by 30 June 2024. <sup>72</sup>	<p>We will contract clinical subject matter experts as part of our internal working group to support Te Whatu Ora   Health New Zealand to ensure that the roll-out is consistent with clinical needs.</p> <p>We will use feedback from Te Whatu Ora   Health New Zealand 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% 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% of patients had a complete core vital signs set for the most recent set of vital signs</li> <li>» 70% of patients had whānau concern recorded for the most recent vital signs set</li> <li>» 50% of patients who triggered an escalation had a response that followed the PEWS pathway.<sup>73</sup></li> </ul>
<b>Report</b>	We have successfully supported Health New Zealand to implement a national PEWS across Aotearoa New Zealand.	<p>We supported Health New Zealand to implement a PEWS using standardised paediatric vital signs charts and resources. Ninety-five percent of main public hospitals across 19 districts successfully launched the national PEWS by 30 June 2024.</p> <p>This support has included in-person meetings and workshops with Health New Zealand district teams, alongside the provision of resources (e-learning module, guide<sup>74</sup> and video<sup>75</sup>) to support implementation and its ongoing sustainability. We collected process measure data from districts and provided quarterly graphs to each district project lead.</p>	<p>Clinical subject-matter experts (medical and nursing) were contracted until December 2023 as part of our internal working group to support Health New Zealand to ensure that the roll-out is consistent with clinical needs.</p> <p>Feedback from hospital teams highlighted the need for guidance and support in taking blood pressure in children. In response to feedback from project leads, we published an instructional video about how to accurately record blood pressure in children in February 2024. This video had 1,500 views on YouTube as at 30 June 2024.</p>	<p>We conducted a survey with the target of at least 70% of those surveyed will demonstrate, through examples, that the PEWS is improving the recognition of and response to deteriorating patients. Among those surveyed, 72% agreed or strongly agreed that the national PEWS is improving recognition and response in their hospital. Even those who were neutral about PEWS improving recognition and response were able to provide examples of how it has positively affected paediatric care in their hospital. Examples of this are provided below.</p> <p>We feed quarterly results back to PEWS project leads, outlining how their district is tracking against the national average for each of the three measures. Project leads have stated that receiving this quarterly feedback is very helpful for their ongoing improvement work and that, where results are below the national average, they are being escalated through their local clinical governance committees for action.</p> <p>Districts submitted audit data quarterly over the 2023/24 period. One of the three measures has met the target, while the other two are performing well throughout the year but remain slightly below the target percentage (for more information see below). Aggregated annual 2023/24 results are outlined below:</p> <ul style="list-style-type: none"> <li>» 62.9% of patients had a complete core vital signs set for the most recent set of vital signs (marker 1)</li> <li>» 43.5% of patients who triggered an escalation had a response that followed the PEWS pathway (marker 2)</li> <li>» 71.9% of patients had whānau concern recorded for the most recent vital signs set (marker 3).</li> </ul>
<b>Result</b>	This component is <b>fully achieved.</b>	This component is <b>fully achieved.</b>	This component is <b>fully achieved.</b>	This component is <b>partially achieved.</b>

<sup>72</sup> Main hospitals are public hospitals that have specialist paediatric cover and/or provide inpatient paediatric services. Twenty-two hospitals across Aotearoa New Zealand are main hospitals.

<sup>73</sup> We chose a 50 percent target based on preliminary data from hospitals that piloted the PEWS in 2022/23. 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.

<sup>74</sup> Guide to recording blood pressure in acutely unwell Tamariki. URL: [www.hqsc.govt.nz/resources/resource-library/guide-to-recording-blood-pressure-in-acutely-unwell-tamariki-he-aratohu-hei-tuhi-i-te-taukapa-o-te-toto-i-te-tamariki-e-mauui-ana/](http://www.hqsc.govt.nz/resources/resource-library/guide-to-recording-blood-pressure-in-acutely-unwell-tamariki-he-aratohu-hei-tuhi-i-te-taukapa-o-te-toto-i-te-tamariki-e-mauui-ana/)

<sup>75</sup> How to take blood pressure accurately in unwell children - video. URL: [www.hqsc.govt.nz/resources/resource-library/video-how-to-take-blood-pressure-accurately-in-unwell-children/](http://www.hqsc.govt.nz/resources/resource-library/video-how-to-take-blood-pressure-accurately-in-unwell-children/)

The PEWS programme has faced challenges in achieving two of the three 'impact measures' in some hospitals due to health system changes over the past year, with staff being redeployed to other tasks. Some districts have lost personnel responsible for audits and improvements, and no one has been assigned to take over these duties.

In comparison with the baseline measured in early 2023, the aggregated annual 2023/24 results show a significant improvement in markers 1 and 3, while marker 2 has remained relatively stable. Specifically:

- » marker 1 improved from 29.4 percent to 62.9 percent, showing a substantial increase
- » marker 2 remained nearly the same, with a slight increase from 43.4 percent to 43.5 percent
- » marker 3 saw a significant improvement, rising from 17.1 percent to 71.9 percent.

Overall, two of the three markers show notable progress, with marker 2 remaining constant. We will continue monitoring these measures, though some districts have reported a lack of capacity for future audits.

Survey examples of how the implementation of the national PEWS is improving the recognition of and response to deteriorating patients include the following:

- » The national PEWS offered a valuable opportunity for education and refinement of the escalation pathway, which was necessary. It also helped strengthen relationships and communication between acute teams, such as paediatrics and patient at risk.<sup>76</sup>
- » Documenting 'whānau concern' has prompted more staff to consider it as an important indicator for action, even though it is not formally scored.
- » Standardised parameters across the country have supported staff (e.g., Resident Medical Officers/ Registrars) transitioning from other paediatric areas across Aotearoa New Zealand in recognising deteriorating patients.
- » Paediatric nurses feel more empowered to request care plans for patients with high PEWS, ensuring the safe transfer from emergency departments to paediatrics.
- » There is now more frequent measurement and documentation of blood pressure, contributing to the vital sign score.

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<sup>76</sup> Patient at risk are often critical care nurses who respond when care needs to be escalated due to a patient deteriorating.

# Significant judgements

## Statement of compliance

Our performance statement has been prepared in accordance with:

- » the Crown Entities Act 2004, which requires compliance with New Zealand Generally Accepted Accounting Practice (NZ GAAP)
- » Tier 2 Public Benefit Entity (PBE) financial reporting standards, consistently applied throughout the period.

## Selection of measures

The performance measures were selected to cover a range of qualitative and quantitative measures aligned with the functions of Te Tāhū Hauora set out in the Pae Ora Act and with our SPE 2023/24.

Te Tāhū Hauora undertook a review of the appropriateness of the performance measures as part of developing the SPE 2023/24. Each measure was reviewed to confirm it accurately reflected the performance of Te Tāhū Hauora, was meaningful and able to be measured, as per the requirements of the Service Performance Reporting Standard PBE FRS 48.<sup>77</sup> We also consider that the overall suite of performance measures selected provides a complete picture of Te Tāhū Hauora performance over the reporting period.

The following deliverables from 2022/23 are not deliverables in 2023/24.

- » **Te ao Māori improvement framework and implementation guide (2022/23 SPE 2).** The development and release of the framework and guide were a time-limited programme of work.

- » **Analyse and report on the impacts of COVID-19 on the quality of health services (2022/23 SPE 3).** In 2022/23, we published *A window on quality 2022: COVID-19 and the broader impacts on our health system (Part 2) | He tirohanga kounga 2022: Me ngā pānga ki te pūnaha hauora whānui (Wāhanga 2)*, the second report of a two-part series exploring critical aspects of the impacts of COVID-19. It dealt with selected aspects of the functioning of the country's health system that part 1 in the series, published in 2021/22, had not covered (*A window on quality 2021: COVID-19 and impacts on our broader health system – Part 1: March 2020 to August 2021 | He tirohanga kounga 2021: COVID-19 me ngā pānga ki te pūnaha hauora whānui – Wāhanga 1: Poutū-te-rangi 2020 ki Here-turi-kōkā 2021*). In 2023/24, our delivery of the annual 'Window on the quality of health care' series is part of the deliverable 'Provide publications that report on the quality, safety and improvement of health services and the health system (SPE 4) (see page 35).
- » **Quality Alerts (2022/23 SPE 4) and Measures Library (2022/23 SPE 6).** In 2022/23, we reported on our provision of Quality Alerts that support outlining emerging areas of concern in quality and safety across the health sector (2022/23 SPE 4). We also developed a measures library to help establish quality and safety measures that are clear and consistent (2022/23 SPE 6). In 2023/24, the delivery of these two analytic and reporting tools is part of the deliverable 'Provide tools to allow the health system and the public to explore the quality and safety of health services' (SPE 5) (see page 37).

<sup>77</sup> Service Performance Reporting Standard PBE FRS 48 establishes new requirements for selecting and presenting service performance information.

The following deliverables are new in 2023/24.

- » **Consumer health forum Aotearoa** (SPE 1) (see page 32). After establishing the consumer health forum Aotearoa in November 2021, we have actively sought to build the diversity of consumer and whānau voices within the forum, and to guide an increase in partnerships between communities and the sector, as required by the code of expectations. Work to support these outcomes includes planning and facilitating events for the forum.
- » **Supporting our new localities and regions to achieve health equity for Māori** (SPE 3) (see page 34). Te Tāhū Hauora recognises our important role in supporting iwi-Māori partnership boards, established under the Pae Ora Act, to develop ways to provide meaningful data and intelligence about their specific regions.
- » **Provide publications that report on the quality, safety and improvement of health services and the health system** (SPE 4) (see page 35). This deliverable focuses on the range of publications we publish each year for a variety of audiences, in addition to our annual 'Window on the quality of health care' series.
- » **Provide tools to allow the health system and the public to explore the quality and safety of health services** (SPE 5) (see page 37). In 2023/24, we have brought together our provision of numerous analytic and reporting tools into one deliverable to demonstrate how Te Tāhū Hauora enables the health system and the public to explore the quality and safety of health services.
- » **Leading and supporting quality improvement efforts** (SPE 8) (see pages 42 to 44). This deliverable focuses on the national roll-out of a PEWS across Aotearoa New Zealand, following the successful testing in 2022/23.

For the other areas of work that we have continued as deliverables from 2022/23, individual measurement components remain similar unless they are the next phase of a work programme. We explain this work in further detail within the deliverables section.

## Measurement and aggregation of measures

Measurement is relatively straightforward, and we provide additional measurement information within individual performance measures where relevant. There are no significant judgements on aggregation.

# 2



## He mahi anō hei whakakaha i tā mātou mahi **Other work that strengthens our performance**

**This part details the governance structure of Te Tāhū Hauora (our board) and how advisory groups support the board by helping inform decision-making. It also details our monitoring and reporting processes, which ensure that our Minister and the Government know about our work and the quality, safety and equity of the country's health and disability system.**

Here we detail work we are doing, in addition to the areas of work and deliverables within the 2023/24 SPE covered in Part 1, to strengthen and build our performance and to influence and improve the health system. This work includes embedding our enduring priorities across all that we do. This involves strengthening our partnerships and engagement abilities, working sustainably, increasing the accessibility of the information we publish, supporting and developing our people, and expanding our diversity.

Finally, in this part, we briefly report on our third-party-funded work that we undertake with the support and collaboration of partners to deliver on our functions under the Pae Ora Act.

## Governance – our board

We are governed by a board of no fewer than seven members who are appointed by the Minister of Health. Rae Lamb is our board chair,<sup>78</sup> and Dr Andrew Connolly is our deputy chair.

Our website provides the most up-to-date information about our board.<sup>79</sup> The board of Te Tāhū Hauora works alongside its governance advisory partners, Te Kāhui Piringa, our Māori advisory group, and Te kāhui mahi ngātahi, our consumer advisory group, to place Māori world views and lived experience at the centre of our work.

The board also has an audit sub-committee, which provides assurance on and assistance with our financial statements and internal control systems.

### Te Kāhui Piringa, our Māori advisory group

Te Kāhui Piringa provides advice, guidance and direction on strategic priorities regarding the enactment of Te Tiriti o Waitangi to both Te Tāhū Hauora and the board. As part of this role, it brings in te ao Māori knowledge, including the perspectives of Māori consumers and whānau, to improve the quality and safety of the health system so that it better meets the needs of Māori.

The group's membership consists of up to eight Māori health sector experts who are recognised for their rangatiratanga (their mana, leadership, mātauranga and te ao Māori perspectives) and their health and hauora knowledge, skills and expertise. Te Kāhui Piringa meets up to five times a year, including in a joint session with the board to support and shape strategic direction so that all our work contributes to the best possible health outcomes for Māori. The chair of Te Kāhui Piringa attends all Te Tāhū Hauora board meetings.



Board members of Te Tāhū Hauora, left to right: Shenagh Gleisner, Dr Tristram Ingham, Tereki Stewart, Professor Peter Crampton, Rae Lamb (chair), David Lui, Professor Ron Paterson, Dr Andrew Connolly (deputy chair), Dr Jenny Parr.

<sup>78</sup> Rae Lamb's appointment is until June 2026.

<sup>79</sup> Te Tāhū Hauora Health Quality & Safety Commission. (nd). Ngā kanohi o te Poari | Board members. URL: [www.hqsc.govt.nz/about-us/our-people/board-members/](http://www.hqsc.govt.nz/about-us/our-people/board-members/)



## Te kähui mahi ngātahi, our consumer advisory group

Te kähui mahi ngātahi was established to:

- » advise the board and chief executive on strategic issues, priorities and frameworks from a consumer perspective
- » identify key issues for consumers and organisations, such as:
  - the responsiveness of existing providers to patients, consumers, families and whānau
  - the strategic direction of Te Tāhū Hauora programmes
  - measuring and examining quality and safety
- » engage with Kōtuinga kiritaki, as well as with national and international clinical advisory groups and the wider health sector, on consumer engagement activities and interests.

Throughout its work, Te kähui mahi ngātahi recognises its obligations to iwi and Māori in line with the articles of Te Tiriti o Waitangi. The group currently comprises members representing Māori, Pacific peoples, disabled people, mental health and addiction, and rural areas.

Over 2023/24, Te kähui mahi ngātahi, alongside Kōtuinga kiritaki, has also supported our reporting on the implementation of the code of expectations. As well, it has supported the review and moderation of submissions from the other health entities that are required to report on how they have given effect to the code of expectations within the consumer QSM.

## Audit committee

The audit committee provides assurance and support to the board on our financial statements and internal control systems.

In 2023/24, the audit committee has been made up of Andrew Boyd (an independent member), Shenagh Gleisner (chair), Rae Lamb, Jenny Parr and Te Tāhū Hauora senior management staff. A representative from Audit New Zealand also attends these meetings.

The committee's focus continued to be on reviewing risk and financial stability, risks arising from management and use of data, and active involvement with our SPE. This work included measuring non-financial performance and incorporating the Service Performance Reporting Standard PBE FRS 48.

# Monitoring and reporting requirements

In 2023/24, we continued to provide regular briefings on our work and quality issues, along with quarterly update reports on performance against our SPE, to the Minister with delegated responsibility for Te Tāhū Hauora. We kept the Minister of Health and the Ministry of Health informed of any potentially contentious events or issues, in a timely and appropriate manner.

Over the year to 30 June 2024, we provided the Minister of Health and Ministry of Health with information to allow monitoring of our performance. This information included:

- » quarterly statements of financial performance, financial position and contingent liabilities
- » quarterly reports on progress against our performance measures
- » quarterly reports on emerging quality and safety risks as part of the 'no surprises' expectation
- » an annual report in accordance with the Crown Entities Act 2004 and Public Finance Act 1989.

# Strengthening and developing our organisation

In 2023/24, we continued to strengthen our organisation so that we can effectively facilitate and contribute to the vision of 'quality health for all'.

## Our commitment to public service

As public servants within a Crown entity, our vision and values reflect our commitment to serving the public's best interests and to influence improved quality and safety across the health system and services.

We encourage our employees to work collaboratively and effectively across government to achieve better outcomes for the people of Aotearoa New Zealand. We recognise our duty to uphold high standards of integrity and conduct.<sup>80</sup>

We provide training sessions for our staff to renew their understanding of public service and the responsibilities inherent in their roles. This encompasses training on the machinery of government and keeping our staff well informed and well equipped to effectively influence and navigate the health system landscape.

## Embedding Te Tiriti o Waitangi and pursuing equity in everything we do

This year, we continued our work to embed Te Tiriti o Waitangi and pursue equity in all that we do. We sought te ao Māori perspectives in all areas of our work, raised mātauranga Māori alongside Western models, and partnered with Māori and priority population leaders, clinicians, providers, consumers and whānau.

Our publications and resources are developed using a Te Tiriti o Waitangi critical analysis, supported by te ao Māori expertise, to explore equity impacts on Māori and other priority populations.<sup>81</sup>

We undertook ongoing capability building in:

- » te reo, waiata and tikanga Māori for all our staff; Te rā o Waitangi, Matariki, Te Wiki o te Reo Māori and kawa whakawātea are highlights, and we encourage all staff to get involved in them
- » Pacific cultural capability and engagement approaches within Te Tāhū Hauora, to place Pacific cultural values, principles and models at the heart of our work
- » learning through real-life stories of the experiences of tāngata whaikaha and how the health system interacts with them and their needs and aspirations.

We continued to explore ways to actively strengthen our role as a committed partner to Te Tiriti o Waitangi, and address inequity including by:

- » working with iwi-Māori partnership boards to support them with meaningful data and intelligence relevant to their needs and aspirations
- » working alongside the Ministry of Health in its Ao Mai te Rā | The Anti-Racism Kaupapa
- » partnering with Health New Zealand - Hauora a Toi Bay of Plenty to deliver Pacific cultural intelligence workshops for staff.

<sup>80</sup> Te Kawa Mataaho Public Service Commission. 2023. *He Aratohu: A guide for public servants on matters of integrity and conduct*. Wellington: Te Kawa Mataaho Public Service Commission. URL: [www.publicservice.govt.nz/guidance/guide-he-aratohu](http://www.publicservice.govt.nz/guidance/guide-he-aratohu)

<sup>81</sup> Other priority populations include Pacific peoples, disabled people, women and people living rurally.

## Environmental sustainability

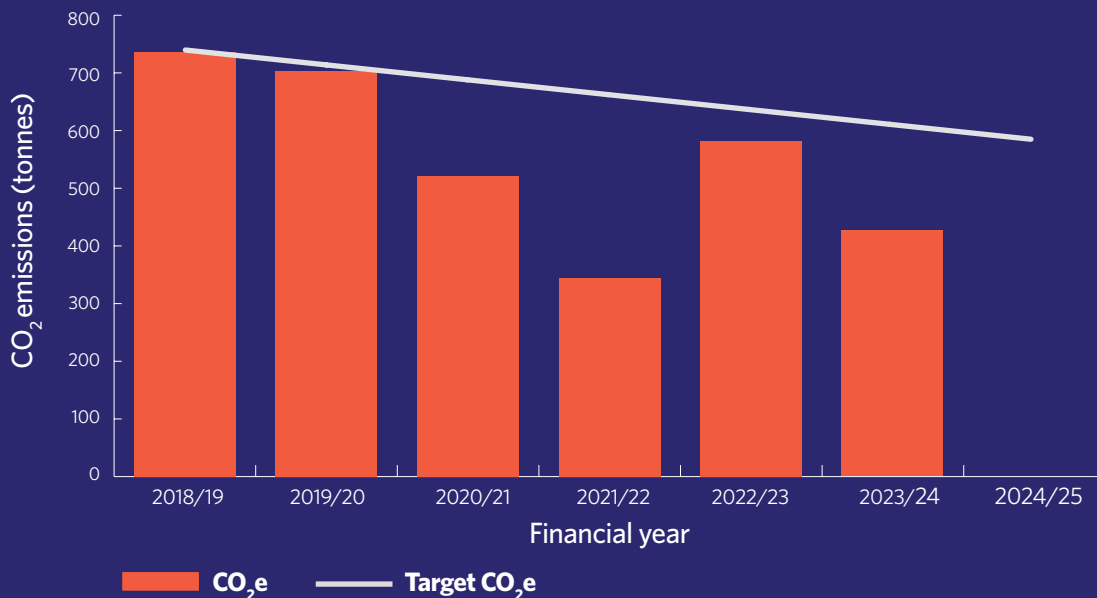
In December 2020, the Government announced a climate change emergency and the establishment of the Carbon Neutral Government Programme to accelerate emissions reductions in the public sector and become carbon neutral by 2025. The programme set a target of a 21 percent reduction in gross carbon emissions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

Toitū Envirocare audits our annual carbon emissions report. We have held the Toitū Envirocare carbonreduce certification mark from 2018/19 through to 2023/24.<sup>82</sup>

Through Toitū Envirocare’s carbonreduce programme, we record our annual greenhouse gas emissions and develop targets for reducing those emissions. Our baseline figure is 736 tonnes for 2018/19. By reducing our emissions by about 3.5 percent per year (and offsetting what we cannot reduce), we will be able to meet our overall 21 percent gross carbon emissions reduction by 30 June 2025, which will make us carbon neutral.

We have seen a significant reduction in carbon emissions since our base year due to reduced travel from COVID-19 restrictions, use of sustainable electricity providers, reduced paper use and lower freight costs (Figure A). We continue to sort our office waste, including by separating out composting and recycling. Although travel restrictions have now been lifted nationally, we remain focused on making financial savings in this area and in that way keeping our travel emissions sustainable.

Figure A: Target 21% carbon emission reduction



<sup>82</sup> The Toitū carbonreduce certification mark is a voluntary climate impact programme that helps organisations measure, manage and reduce their greenhouse gas emissions. It is the only certification in Aotearoa New Zealand that is accredited by the Joint Accreditation System of Australia and New Zealand (JASANZ) to certify to international standards (ISO 14064-1:2018). Achieving and maintaining certification is an annual requirement for organisations that must demonstrate they are meeting the certification rules.

## Accessibility

We are a signatory to the government Accessibility Charter, which is a commitment to providing information and online tools that are accessible to disabled people.

We continued to promote the importance of accessible resources and consumer opportunities to the health sector. In addition, where we develop information for consumers and whānau, we make it available in alternative formats so they can understand the information and interact with us in a way that meets their individual needs and promotes their independence and dignity.

We have also continued to make sector-facing information as plain and accessible as possible and provide consumer-friendly summaries where accessible formats are a challenge.

We ran an intranet 'teaser' series on accessibility. A toolkit also guides our staff on accessible communications and complements existing guidance and templates.

Our assistant director of communications continued to serve as our plain language officer, to comply with the Plain Language Act 2022 and to report annually to the Public Service Commissioner. We delivered our second report in June 2024.

We have complied with the Plain Language Act 2022 across all reporting areas, as we have long-standing policies and processes in place and provide relevant information and resources to staff.

# Our people

At Te Tāhū Hauora, we recognise that our strength lies in our people. We prioritise building a capable and diverse workforce to effectively deliver our commitments now and into the future. Embracing diversity in backgrounds, experiences, beliefs and capabilities strengthens our connection to all New Zealanders.

Upholding equal employment opportunities (EEO), fair practices and policies is fundamental to our commitment. We recognise our responsibilities under Te Tiriti o Waitangi and actively support the aspirations of Māori, ethnic or minority groups, and disabled people.

At Te Tāhū Hauora, our people are our greatest asset, driving us towards excellence in health equity, quality and safety for all. Table C gives an overview of staff numbers. The figures that follow give breakdowns by gender (Figure B), age (Figure C) and ethnicity (Figure D).

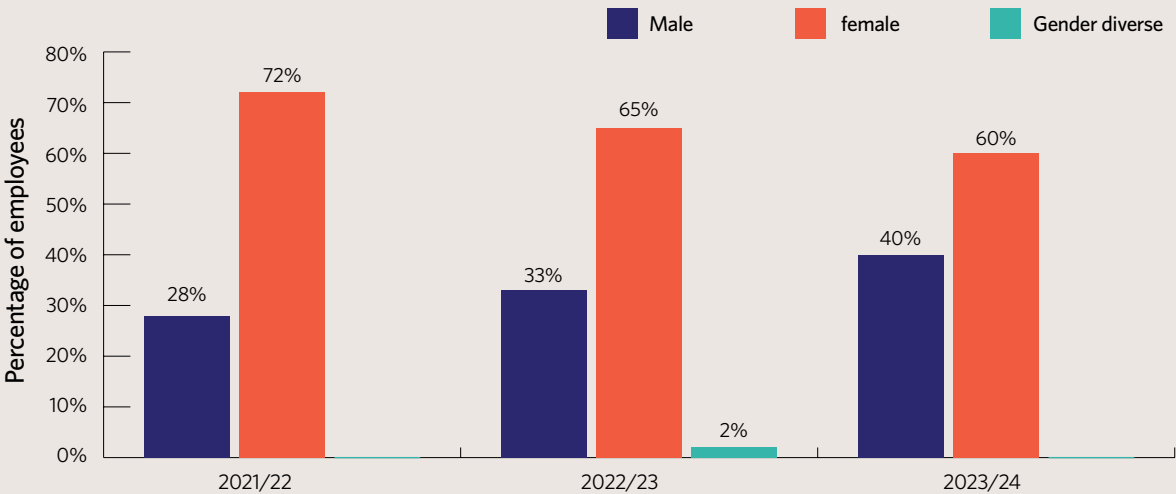
**Table C: Staff information (2023/24 figures as at 30 June 2024)**

	2021/22	2022/23	2023/24
Headcount	109	115	87
Full-time equivalent	99	105	81
Full time	81	86	72
Part time*	28	29	15
Male	28%	33%	40%
Female	72%	65%	60%
Gender diverse	Nil	2%	Nil
Disability (self-identified)**	6%	9%	3%

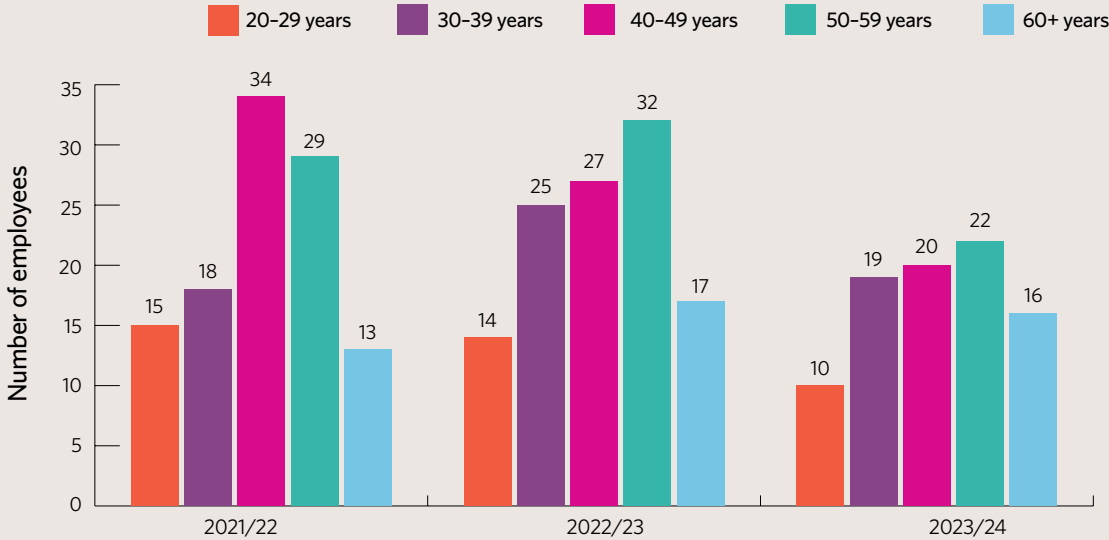
\* Part time = 0.8 full-time equivalent or less

\*\* Wherever possible, we ensure our workplace environment is suitable for our people with disabilities.

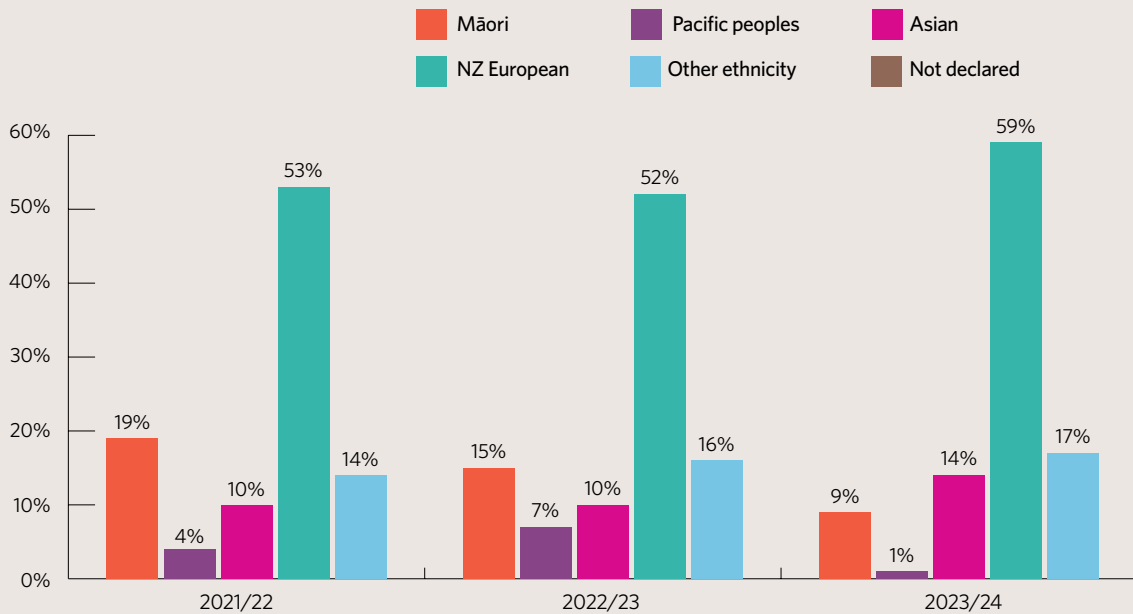
**Figure B: Gender of Te Tāhū Hauora staff, 2021/22-2023/24**



**Figure C: Age of Te Tāhū Hauora staff, 2021/22-2023/24**



**Figure D: Ethnicity of Te Tāhū Hauora staff, 2021/22–2023/24**



## Organisational change

In 2023/24, we embarked on a journey of organisational transformation and change. This change was driven by fiscal responsibility, and with an added commitment to enhancing the way we deliver our work. The concept of mahitahitanga was central to this change in determining how we work.

- » **Mahi** embodies the concept of industriousness, diligence and purposeful activity with a sense of responsibility and commitment to an organisation, community or whānau.
- » **Tahi** embodies the idea of being together as one entity, working in harmony or moving forward with a shared purpose.
- » **Tanga** embodies the sense of connection and action moving forward.

This transformation upholds our ambition to continue to enhance our ability to partner, collaborate and cooperate, internally and externally, so that we increase our impact and influence in measurable ways.

This period of restructuring included a reduction in our workforce. The new structure aims to build a culture of cohesive teamwork. This organisational change underscores our dedication to continuous improvement and ensuring that we remain effective in our goal to promote health equity, quality and safety for all New Zealanders.

## People, culture and capability

As part of the organisational transformation, we established a new people, culture and capability group. This group was instrumental in the ongoing delivery of change management. It will continue to partner closely with leaders to build and grow a workplace culture that increases our capability and understanding of Te Tiriti o Waitangi and te ao Māori in the workplace as well as fostering engagement, professional development and organisational effectiveness.

This group is essential in building on past efforts focused on EEO, remuneration, and health and safety to ensure that we meet our commitments and obligations.



## Strategic support and accountability

As part of the same transformation, we established a new strategic support and accountability team. The purpose of this group is to ensure we consistently and efficiently deliver a range of legislative and accountability processes and strategic priorities.

## Equal employment opportunities

In actioning our equal employment opportunities (EEO) programme, we have aligned our hiring practices and workplace policies with principles of fairness, diversity and inclusion.

We are committed to creating and enabling a supportive and inclusive work environment. The Rainbow network provides valuable subject-matter expertise and collaborates to produce inclusive and representative initiatives.

In establishing the people, culture and capability team, we aim to continue to build capability and provide training sessions focused on EEO principles. This approach helps to inform our workforce about EEO and reinforce its commitment to maintaining an equitable environment.

## Gender and ethnic pay gap

In 2023/24, we completed an analysis of our gender and ethnic pay gap. We then used its findings, in collaboration with our people, to develop and publish our action plan on 19 December 2023.<sup>83</sup>

Our plan aligns closely to Kia Toipoto – Public Service Pay Gaps Action Plan 2021–24.<sup>84</sup> The action plan requires public service organisations to meet several goals between 2022 and 2024, including setting up plans and targets to improve gender and ethnic representation in their workforce and leadership. The average gender pay gap for 2023/24 increased to 16 percent (up from 13 percent in 2022/23).

We are working on the plan's principles and will progress this work further by continuing to identify and close any unexplained pay gaps between employees in like-for-like roles.

## Health, safety and wellbeing

The health, safety and wellbeing of our people continue to be a priority. We support our people with a range of initiatives, including health and wellbeing tips and tricks, intranet bulletins, webinars and guest speakers. We support flexible working arrangements for all employees<sup>85</sup> and believe that flexible working can improve our people's experience at work and their overall engagement.

We take collective responsibility for proactively promoting and encouraging safe and healthy work practices. Managers, staff, contractors, facilities contractors and the health, safety and wellness committee all have a role in supporting health, safety and wellbeing within Te Tāhū Hauora.

<sup>83</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2023. *Kia Toipoto: Closing gender, Māori, Pacific and ethnic pay gaps | Pinea ngā āputa utu ā-ira, ā-Māori, ā-Pasifika*. Wellington: Te Tāhū Hauora Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/kia-toipoto-closing-gender-maori-pacific-and-ethnic-pay-gaps-kia-toipoto-pinea-nga-aputa-utu-a-ira-a-maori-a-pasifika/](http://www.hqsc.govt.nz/resources/resource-library/kia-toipoto-closing-gender-maori-pacific-and-ethnic-pay-gaps-kia-toipoto-pinea-nga-aputa-utu-a-ira-a-maori-a-pasifika/)

<sup>84</sup> Te Kawa Mataaho Public Service Commission. 2021. *Kia Toipoto – Public Service Pay Gaps Action Plan 2021–24*. Wellington: Te Kawa Mataaho. URL: [www.publicservice.govt.nz/system/public-service-people/pay-gaps-and-pay-equity/kia-toipoto/](http://www.publicservice.govt.nz/system/public-service-people/pay-gaps-and-pay-equity/kia-toipoto/)

<sup>85</sup> Supporting these arrangements meets the provisions of Part 6AA of the Employment Relations Act 2000.

# Third-party-funded work programmes

We partner with other organisations that share common interests to undertake work that contributes to 'quality health for all'. We are working across a range of programmes that are funded through partnerships with third parties.

## Mental health and addiction improvement

The mental health and addiction improvement programme continued to work with Health New Zealand project teams over 2023/24 on priority areas agreed through national sector leadership.

Our 'Zero seclusion: safety and dignity for all' project launched a consumer kit as part of the zero seclusion change package<sup>86</sup> so that insights from those with lived experience drive efforts to eliminate seclusion and improve mental health care. The project made good progress against its aim this year, to the extent that the target for seclusion rates has now been revised down from 5 percent to 3 percent and has a specific focus on reducing inequities and geographical variation.

The 'Maximising physical health' project continued with learning sessions and coaching provided to Health New Zealand district teams. The teams began testing change ideas and monitoring process measures to assess their impact. Successful changes will be collated into a 'Maximising physical health change package' in 2024/25.

The mental health and addiction quality improvement programme's Te Hiringa Kounga Māori group, and Te kāhui mahi ngātahi, our consumer advisory group, continued to provide advice on and support for programme activities.

After an external provider conducted a programme evaluation in October 2023, we made the report available to stakeholders.<sup>87</sup> The evaluation recognised that the programme fills a gap in supporting the mental health and addiction sector, focuses on sector priorities and uses proven quality improvement methodology. It noted that practice improvement is evident but that further investment is needed to achieve system change.

## Major trauma quality improvement

We have continued our work with the Health New Zealand Trauma National Clinical Network and Accident Compensation Corporation (ACC) to support the improvement, intelligence and research priorities for major trauma. The three agencies continue to work towards the end goal of achieving a world-leading contemporary trauma system in Aotearoa New Zealand that reduces variation in care and improves outcomes from major trauma.

<sup>86</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2024. Zero seclusion: Safety and dignity for all - change package. URL: [www.hqsc.govt.nz/resources/resource-library/zero-seclusion-change-package/](http://www.hqsc.govt.nz/resources/resource-library/zero-seclusion-change-package/)

<sup>87</sup> Litmus. 2023. *Ngā poutama oranga hinengaro-mahitahi | Mental Health and Addiction Quality Improvement Programme outcomes evaluation*. Wellington: Te Tāhū Hauora Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/assets/Our-work/Mental-health-and-addiction/Resources/MHA\\_QI\\_summative\\_evaluation\\_report.pdf](http://www.hqsc.govt.nz/assets/Our-work/Mental-health-and-addiction/Resources/MHA_QI_summative_evaluation_report.pdf)

In the 12 months following the conclusion of the serious traumatic brain injury national collaborative, a summary of the improvement work was published<sup>88</sup> and teams developed resources to improve the screening for and assessment of post-traumatic amnesia in trauma patients.

In 2023, a focus group with the project leads from the major trauma rehabilitation national collaborative examined what improvement work has been sustained and spread within the sector. The report showcases that effective service improvement initiatives were sustained for 90 percent of projects since the end of the collaborative.

We have supported a trauma cohort to complete the Improving together: Facilitators programme (see Part 1, SPE deliverable 7).

A new quality improvement project was launched with a focus on reducing variation in the management of serious chest trauma patients, from injury through to rehabilitation and return to work.

The analytics team continues to develop and maintain a number of dashboards to facilitate data-driven decision-making across the motu. These include visualisation of the New Zealand Trauma Registry data, patient-reported outcome measures and ACC claims data. Additionally, Te Tāhū Hauora continues to support Health New Zealand analysts to provide regional- and hospital-level data to trauma teams.

## Advance care planning

The Tō tātou reo | Advance care planning programme supported providers to bring the whānau voice into clinical conversations for shared decision-making across all levels of health care. Advance care planning is a practical enactment of the principles of rangatiratanga and mana motuhake for consumers and their whānau.

By the end of June 2024, all 20 districts were engaged with shared goals of care in their acute hospital environments. Some districts have fully implemented shared goals of care; others have recently launched; and a third group is piloting in selected sites or is focusing on educating staff in the use of the serious illness conversation guide<sup>89</sup> to prepare for implementing shared goals of care.

We accredited 31 new district trainers to deliver serious illness conversation workshops, and 11 new district trainers to deliver one-day advance care planning workshops. Through these initiatives, in the last 12 months 162 clinicians attended a one-day advance care planning skills workshop and 527 clinicians attended the serious illness conversation guide training.

In addition, 2,604 health care staff completed the shared goals of care online training and 4,732 staff successfully completed all four modules of the level one advance care planning e-learning.

In June 2024, we launched and promoted *Tōfā Fetāla'i: Advance care planning*,<sup>90</sup> a guide to advance care planning by Samoans for Samoans, and piloted and finalised an advance care planning training package for Māori community champions. We also partnered with 'understandable'<sup>91</sup> to promote a suite of resources to support people with intellectual disability in advance care planning. These resources can be accessed from [understandable.org.nz](http://understandable.org.nz) or directly from our [myacp.org.nz](http://myacp.org.nz) website.

The team co-designed a consumer and whānau resource along with learning modules for clinicians to enable 'better CPR [cardiopulmonary resuscitation] conversations' and has handed the modules over to Health New Zealand for launching.

This programme of work was transferred back into Health New Zealand on 30 June 2024.

<sup>88</sup> Serious traumatic brain injury in Aotearoa New Zealand: Summary of improvement work. April 2024. URL: [www.hqsc.govt.nz/resources/resource-library/serious-traumatic-brain-injury-in-aotearoa-new-zealand-summary-of-improvement-work/](http://www.hqsc.govt.nz/resources/resource-library/serious-traumatic-brain-injury-in-aotearoa-new-zealand-summary-of-improvement-work/)

<sup>89</sup> *Serious illness conversations — Advance care planning*. URL: [www.myacp.org.nz/serious-illness-conversations](http://www.myacp.org.nz/serious-illness-conversations)

<sup>90</sup> Tōfā Fetāla'i: Advance care planning. URL: [www.myacp.org.nz/your-plan](http://www.myacp.org.nz/your-plan)

<sup>91</sup> Understandable. (nd). Advance care planning. URL: [www.understandable.org.nz/advance-care-planning](http://www.understandable.org.nz/advance-care-planning)

## Healthcare-associated infections

The infection prevention and control team continues to lead the national Surgical Site Infection Improvement Programme for orthopaedic and cardiac surgery, the Hand Hygiene New Zealand (HHNZ) programme and the national healthcare-associated *Staphylococcus aureus* bacteraemia (HA-SAB) surveillance programme.

The team completed an analysis of the first three years of light surveillance monitoring for orthopaedic surgery. Findings showed no statistically significant difference in infection rates between districts following traditional surveillance practices and those using lighter practices.

An electronic dashboard for HHNZ audit results was introduced in November 2023 to replace paper reports, allowing districts to better visualise and analyse their results. To capture patient experience of the programme, we added a question on hand hygiene to the national inpatient survey.

In December 2023, we published a report on the first 12 months of HA-SAB source surveillance.<sup>92</sup> Peripheral intravenous catheters are a major and increasingly common source of HA-SAB infections in Aotearoa New Zealand. In response to this issue, the infection prevention and control team has worked with an external advisory group to develop a bundle of care to reduce bloodstream infections associated with peripheral intravenous catheters. The aim is to pilot the infection prevention bundle in 2024/25.

We published stories from three consumers who shared their experience of developing a healthcare-associated infection and the impact the infection had on them and their whānau. These stories are available on our website.<sup>93</sup>

## Patient experience surveys

The adult primary care patient experience survey provides information about what patients' experience in primary care is like and how their overall care is managed between their general practice and other parts of the health system. Every three months, a sample of adult patients (15 years and older) enrolled with and seen by participating general practices is invited to take part.

The Patient Reported Measures Steering Group oversees the patient reported measures programme (PROMS), meeting three times across the year. The expert advisory group supporting the PROMS programme also continued to meet regularly.

In each quarter of 2023/24, we continued to deliver the three current patient experience surveys: the adult hospital inpatient experience survey (AHS-I), adult hospital outpatient experience survey (AHS-O) and adult primary care patient experience survey (APCS). Communicating survey results involved quarterly updates through the sector reporting portal and public reporting via Experience Explorer.

Over the year, we sent:

- » 61,029 invitations for the AHS-I and received 16,429 responses
- » 164,128 invitations for the AHS-O and received 35,020 responses
- » 867,940 invitations for the APCS and received 128,410 responses.

We have developed a new home and community support services experience survey in close collaboration with the sector. This work has included developing both the methodology and a questionnaire and is progressing well, so we will have the survey in the field in 2024/25.

<sup>92</sup> Te Tāhū Hauora Health Quality & Safety Commission. 2023. *Healthcare-associated Staphylococcus aureus bacteraemia: Te Whatu Ora - Health New Zealand districts | Te tauwhiro hauora e hāngai ana ki te huakita ā-toto Staphylococcus aureus: Te Whatu Ora - rohe Hauora o Aotearoa*. Wellington: Te Tāhū Hauora Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/healthcare-associated-staphylococcus-aureus-bacteraemia-te-whatu-ora-health-new-zealand-districts/](http://www.hqsc.govt.nz/resources/resource-library/healthcare-associated-staphylococcus-aureus-bacteraemia-te-whatu-ora-health-new-zealand-districts/)

<sup>93</sup> Te Tāhū Hauora Health Quality & Safety Commission. (nd). Ngā kōrero: Consumer stories. URL: [www.hqsc.govt.nz/our-work/infection-prevention-and-control/our-work/consumer-stories/](http://www.hqsc.govt.nz/our-work/infection-prevention-and-control/our-work/consumer-stories/)

As part of our work to develop PROMs for the Aotearoa New Zealand context, we added two PROM tools to the August 2023 APCS survey round. These two tools are generic, widely used instruments: the EQ-5D<sup>94</sup> and Hua Oranga,<sup>95</sup> an Indigenous wellbeing tool that was developed by Māori for Māori. A total of 25,066 people completed EQ-5D, and 4,815 Māori completed both EQ-5D and Hua Oranga. This study provided insights into the health of the general practice population and highlighted how the concept of health from a Māori perspective differs from standard Western models. The results, presented at the EuroQol Academy meeting in Copenhagen in March 2024, generated international interest. This proof-of-concept will be repeated in the August 2024 APCS survey round.

In addition, we began to scope a pilot project to test a method for capturing PROMs in general practice. Our intention is to explore methods for collecting PROMs in a general practice population that allows a variety of PROMs tools to be available for use at the point of care. Findings from these tools will facilitate shared decision-making and symptom monitoring and help services to tailor care to consumer needs. We chose primary care as the focus for the pilot on the basis of a gap analysis that showed the most gains are likely to be made by improving long-term condition management, particularly for Māori.

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<sup>94</sup> The EQ-5D is a standardised measure of health-related quality of life, involving a simple, generic questionnaire for use in clinical and economic appraisal and population health surveys. Brooks R, Boye KS, Slaap B. 2020. EQ-5D: a plea for accurate nomenclature. *Journal of Patient-reported Outcomes* 4: 52. URL: [www.ncbi.nlm.nih.gov/pmc/articles/PMC7334333](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7334333)

<sup>95</sup> Hua Oranga is a brief, one-page Māori health outcome measure. Te Rau Ora. (nd). Hua Oranga. URL: [www.oradatabase.co.nz](http://www.oradatabase.co.nz)

# 3



## Pūrongo pūtea Our financial statements

### Managing our finances

Te Tāhū Hauora has always worked carefully within its funding levels and to deliver annually on the Government's expectations.

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

#### Compliance

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

#### Risk management

All our staff are aware of the process for risk identification and management. Our board, chief executive, senior management team and programme managers identify strategic and operational risks in consultation with their teams, as appropriate. Programme managers are accountable for risks in their programmes.

Risk management is a standing agenda item at each board meeting. Our audit committee provides independent assurance and support to the board on our financial statements and the adequacy of systems of internal controls.

# Financial statements

## Revenue and expenses for output class for the year ended 30 June 2024

	Output class: Supporting and facilitating improvement \$000s		Total \$000s	
	Actual	Budget	Actual	Budget
<b>Revenue</b>				
Crown revenue	18,122	18,887	18,122	18,887
Interest revenue	320	190	320	190
Other revenue	5,135	4,717	5,135	4,717
<b>Total revenue</b>	<b>23,577</b>	<b>23,794</b>	<b>23,577</b>	<b>23,794</b>
<b>Expenditure</b>				
Operational and internal programme costs	18,799	18,250	18,799	18,250
External programme costs	4,690	5,544	4,690	5,544
<b>Total expenditure</b>	<b>23,489</b>	<b>23,794</b>	<b>23,489</b>	<b>23,794</b>
Surplus/(deficit)	88	0	88	0

Statement of comprehensive revenue and expenses for the year ended 30 June 2024

Actual 2023 \$000		Notes	Actual 2024 \$000	Budget 2024 \$000
<b>Revenue</b>				
17,701	Revenue from Crown	2	18,122	18,887
203	Interest revenue		320	190
5,218	Other revenue	3	5,135	4,717
<b>23,122</b>	<b>Total revenue</b>		<b>23,577</b>	<b>23,794</b>
<b>Expenditure</b>				
14,107	Personnel costs	4	14,960	14,860
245	Depreciation and amortisation	12, 13	233	252
3,814	Other expenses	6	3,606	3,118
<b>3,939</b>	External quality and safety programmes		3,864	4,231
<b>1,548</b>	External mortality programmes		826	1,333
<b>23,653</b>	<b>Total expenditure</b>		<b>23,489</b>	<b>23,794</b>
<b>(531)</b>	<b>Surplus/(deficit)</b>		<b>88</b>	<b>0</b>

Explanations of major variances against budget are provided in note 27. The accompanying notes form part of these financial statements.



## Statement of financial position as of 30 June 2024

Actual 2023 \$000		Notes	Actual 2024 \$000	Budget 2024 \$000
<b>Assets</b>				
Current assets				
2,653	Cash and cash equivalents	7	4,053	3,599
140	Goods and services tax receivable		129	335
915	Debtors and other receivables	8	64	295
424	Prepayments		508	60
<b>4,132</b>	<b>Total current assets</b>		<b>4,754</b>	<b>4,289</b>
Non-current assets				
352	Property, plant and equipment	12	107	360
0	Intangible assets	13	0	0
<b>352</b>	<b>Total non-current assets</b>		<b>107</b>	<b>360</b>
<b>4,484</b>	<b>Total assets</b>		<b>4,861</b>	<b>4,649</b>
<b>Liabilities</b>				
Current liabilities				
1,137	Creditors and other payables	14	550	1,057
1,056	Employee entitlements	16	1,704	857
0	Revenue in advance		250	0
<b>2,193</b>	<b>Total current liabilities</b>		<b>2,504</b>	<b>1,914</b>
Non-current liabilities				
87	Employee entitlements	16	65	0
<b>87</b>	<b>Total non-current liabilities</b>		<b>65</b>	<b>0</b>
<b>2,280</b>	<b>Total liabilities</b>		<b>2,569</b>	<b>1,914</b>
<b>2,204</b>	<b>Net assets</b>		<b>2,292</b>	<b>2,735</b>
<b>Equity</b>				
		<b>17</b>		
500	Contributed capital		500	500
1,704	Accumulated surplus		1,792	2,235
<b>2,204</b>	<b>Total equity</b>		<b>2,292</b>	<b>2,735</b>

Explanations of major variances against budget are provided in note 27. The accompanying notes form part of these financial statements.

### Statement of changes in equity for the year ended 30 June 2024

Actual 2023 \$000	Notes	Actual 2024 \$000	Budget 2024 \$000
2,735	Balance at 1 July 2023	2,204	2,735
	Comprehensive revenue and expenses for the year		
(531)	Surplus/(deficit)	88	0
	Owner transactions		
	Capital contribution		
<b>2,204</b>	<b>Balance at 30 June 2024</b>	<b>2,292</b>	<b>2,735</b>

Explanations of major variances against budget are provided in note 27. The accompanying notes form part of these financial statements.

## Statement of cash flows for the year ended 30 June 2024

Actual 2023 \$000		Notes	Actual 2024 \$000	Budget 2024 \$000
<b>Cash flows from operating activities</b>				
17,421	Receipts from Crown		18,122	18,887
4,930	Other revenue		6,236	4,725
203	Interest received		320	190
(9,497)	Payments to suppliers		(8,979)	(8,723)
(13,915)	Payments to employees		(14,310)	(14,683)
(63)	Goods and services tax (net)		11	14
(921)	Net cash flow from operating activities	18	1,400	410
<b>Cash flows from investing activities</b>				
(89)	Purchase of property, plant and equipment		0	(80)
0	Purchase of intangible assets		0	0
(89)	Net cash flow from investing activities		0	(80)
<b>Capital flows from financing activities</b>				
0	Capital contribution		0	0
0	Net cash flows from financing activities		0	0
(1,010)	Net (decrease)/increase in cash and cash equivalents		1,400	330
<b>3,663</b>	<b>Cash and cash equivalents at the beginning of the year</b>		<b>2,653</b>	<b>3,269</b>
<b>2,653</b>	<b>Cash and cash equivalents at the end of the year</b>	<b>7</b>	<b>4,053</b>	<b>3,599</b>

Explanations of major variances against budget are provided in note 27. The accompanying notes form part of these financial statements.

# Notes to the financial statements

## Note 1: Statement of accounting policies

### Reporting entity

Te Tāhū Hauora Health Quality & Safety Commission (Te Tāhū Hauora) is a Crown entity as defined by the Crown Entities Act 2004 and is domiciled in Aotearoa New Zealand. The ultimate parent of Te Tāhū Hauora is the New Zealand Crown.

The primary objective of Te Tāhū Hauora is to provide services to the public of Aotearoa New Zealand. Te Tāhū Hauora does not operate to make a financial return. Accordingly, Te Tāhū Hauora has designated itself as a public benefit entity (PBE) for financial reporting purposes.

The financial statements for Te Tāhū Hauora are for the year ended 30 June 2024 and were approved by the board on 31 October 2024.

### Basis of preparation

The financial statements of Te Tāhū Hauora have been prepared on a going-concern basis. The accounting policies have been applied consistently throughout the period.

### New or amended standards adopted

#### 2022 Omnibus Amendments to PBE Standards, issued June 2022

The 2022 Omnibus Amendments issued by the External Reporting Board include several general updates and amendments to Tier 1 and Tier 2 PBE accounting standards, effective for reporting periods starting 1 January 2023. Te Tāhū Hauora has adopted the revised PBE standards, and the adoption did not result in any significant impact on Te Tāhū Hauora financial statements.

### Standards issued not yet effective and not early adopted

Standards and amendments issued but not yet effective that have not been early adopted and that are relevant to Te Tāhū Hauora are as follows.

#### Disclosure of Fees for Audit Firms' Services (Amendments to PBE IPSAS 1)

Amendments to PBE IPSAS 1 Presentation of Financial Reports change the required disclosures for fees relating to services provided by the audit or review provider, including a requirement to disaggregate the fees into specified categories. The amendments to PBE IPSAS 1 aim to address concerns about the quality and consistency of disclosures an entity provides about fees paid to its audit or review firm for different types of services. The enhanced disclosures are expected to improve the transparency and consistency of disclosures about fees paid to an entity's audit or review firm. This is effective for the year ended 30 June 2025.

#### PBE IFRS 17 Insurance Contracts

This new standard sets out accounting requirements for insurers and other entities that issue insurance contracts and applies to financial reports covering periods beginning on or after 1 January 2026.

Te Tāhū Hauora has not yet assessed the effect of these amendments and the new standard in detail. These amendments and the new standard are not expected to have a significant effect.

### Statement of compliance

These financial statements have been prepared for Te Tāhū Hauora in accordance with the requirements of the Crown Entities Act 2004, which includes the requirement to comply with New Zealand generally accepted accounting practice (NZ GAAP).

These financial statements have been prepared in accordance with and comply with Tier 2 PBE accounting standards. These financial statements comply with the PBE Standards Reduced Disclosure Regime.

### **Measurement base**

The financial statements have been prepared on a historical cost basis, except where modified by the revaluation of certain items of property, plant and equipment and the measurement of equity investments and derivative financial instruments at fair value.

### **Budget figures**

The budget figures are derived from the SPE as approved by the board at the beginning of the financial year. The budget figures have been prepared in accordance with NZ GAAP using accounting policies that are consistent with those adopted by the board in preparing these financial statements.

### **Functional and presentation currency**

The functional currency of Te Tāhū Hauora is New Zealand dollars (NZ\$). The financial statements are presented in NZ\$, and all values are rounded to the nearest thousand dollars (\$000).

### **Changes in accounting policies**

There have been no changes in accounting policies.

### **Critical accounting estimates and assumptions**

In preparing these financial statements, the board has made estimates and assumptions concerning the future. These estimates and assumptions might differ from the subsequent actual results. Estimates and assumptions are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

There are no estimates and assumptions for 2023/24 that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

### **Significant accounting policies**

#### **Revenue**

Revenue is measured at the fair value of consideration received or receivable.

#### **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 meeting the objectives of Te Tāhū Hauora as specified in its *Tauākī Koronga | Statement of Intent 2023-27*. Te Tāhū Hauora considers no conditions are attached to the funding, and it is recognised as revenue at the point of entitlement. The fair value of Crown revenue has been determined to be equivalent to the amounts due in the funding arrangements.

#### **Other revenue**

Other revenue is recognised as revenue when it becomes receivable unless there is an obligation in substance to return the funds if conditions of the other revenue are not met. If there is such an obligation, the other revenue is initially recorded as other revenue received in advance and recognised as revenue when conditions of the other revenue are satisfied.

#### **Interest**

Interest income is recognised using the effective interest method.

#### **Foreign currency transactions**

Foreign currency transactions (including those for which forward foreign exchange contracts are held) are translated into NZ\$ (the functional currency) using the exchange rates prevailing at the dates of the transactions. Foreign exchange gains and losses resulting from the settlement of such transactions and from the translation at year-end exchange rates of monetary assets and liabilities denominated in foreign currencies are recognised in the surplus or deficit.

#### **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 and its useful life.

#### **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 face value less any provision for impairment. No provisions for impairment are in place in the 2023/24 year.

Short-term receivables are recorded at the amount due, less an allowance for credit losses. Te Tāhū Hauora applies the simplified expected credit loss model of recognising lifetime expected credit losses for receivables. In measuring expected credit losses, we have assessed short-term receivables on a collective basis because they possess shared credit-risk characteristics. They have been grouped based on the days past due. Short-term receivables are written off when there is no reasonable expectation of recovery. Indicators that there is no reasonable expectation of recovery include the debtor being in liquidation or a failure to make contractual payments for a period of greater than 90 days past due.

### 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, less any provision for impairment.

### 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 measured 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 reported in the surplus or deficit.

Costs incurred subsequent to 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 surplus or deficit as they are incurred.

### *Impairment of property, plant and equipment*

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

Value in use is determined using an approach based on a depreciated replacement cost approach, a restoration cost approach or a service units approach. The most appropriate approach used to measure value in use depends on the nature of the impairment and availability of information.

If an asset's carrying amount exceeds its recoverable service amount, the asset is regarded as impaired, and the carrying amount is written down to its recoverable amount. For revalued assets, the impairment loss is recognised in other comprehensive revenue and expense and decreases the revaluation reserve for that class of asset. Where that results in a debit balance in the revaluation reserve, the balance is recognised in surplus or deficit.

For assets not carried at a revalued amount, the total impairment loss is recognised in surplus or deficit. The reversal of an impairment loss on a revalued asset is recognised in other comprehensive revenue and expense and increases the asset revaluation reserve for that class of asset. However, to the extent that an impairment loss for that class of asset was previously recognised in surplus or deficit, a reversal of an impairment loss is also recognised in surplus or deficit.

For assets not carried at a revalued amount, the reversal of an impairment loss is recognised in surplus or deficit.

## 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:

- » building fit-out (over the term of building lease)  
10 years                      10 percent SL
- » leasehold improvements  
10 years                      10 percent SL
- » computers  
3 years                        33 percent SL
- » office equipment  
5 years                        20 percent SL
- » furniture and fittings  
5 years                        20 percent 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 the development and maintenance of the website of Te Tāhū Hauora are recognised as an expense when incurred.

Costs associated with staff training are recognised as an expense when incurred.

### Amortisation

Amortisation begins when the asset is available for use and stops at the date the asset is de-recognised. The amortisation charge for each period is recognised in the surplus or deficit.

The useful lives and associated amortisation rates of major classes of intangible assets have been estimated as:

- » acquired computer software  
3 years                        33 percent SL.

### Impairment of property, plant and equipment and intangible assets

Te Tāhū Hauora does not hold any cash-generating assets. Assets are considered cash-generating where their primary objective is to generate a commercial return.

## Non-cash-generating 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 that 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 its value in use.

## Goods and services tax

All items in the financial statements are presented exclusive of goods and services tax (GST), except for receivables and payables, which are presented on a GST-inclusive basis. Where GST is not recoverable as input tax, it is recognised as part of the related asset or expense.

The net amount of GST recoverable from, or payable to, Inland Revenue is included as part of receivables or payables in the statement of financial position. The net GST paid to or received from Inland Revenue, including the GST relating to investing and financing activities, is classified as a net operating cash flow in the statement of cash flows.

Commitments and contingencies are disclosed exclusive of GST.

## Income tax

Te Tāhū Hauora is a public authority and consequently is exempt from paying income tax. Accordingly, no provision has been made for income tax.

## Creditors and other payables

Short-term creditors and other payables are recorded at their fair value.

## Employee entitlements

Salary and wages are recognised as the employees provide services.

## Short-term employee entitlements

Employee benefits due to be settled wholly within 12 months after the end of the reporting period in which the employee renders the related service are measured based on accrued entitlements at current rates of pay. These include salaries and wages accrued up to balance date, annual leave earned but not yet taken at balance date, and sick leave.

A liability for sick leave is recognised to the extent that absences in the coming year are expected to be greater than the sick leave entitlements earned in the coming year. The amount is calculated based on the unused sick leave entitlement carried forward at balance date, to the extent that it will be used by staff to cover those future absences.

A liability and an expense are recognised for bonuses where there is a contractual obligation or past practice that has created a constructive obligation.

### Long-term employee entitlements

Employee entitlements that are not expected to be settled wholly before 12 months after the end of the reporting period that the employees provide the related service in, such as long-service leave and retirement gratuities, have been calculated on an actuarial basis. The calculations are based on:

- » likely future entitlements accruing to employees, based on years of service, years to entitlement, the likelihood that employees will reach the point of entitlement, and contractual entitlements information
- » the present value of the estimated future cash flows.

### Presentation of employee entitlements

Sick leave, annual leave and vested long-service leave are classified as current liabilities. Non-vested long-service leave and retirement gratuities expected to be settled within 12 months of balance date are classified as current liabilities. All other employee entitlements are classified as non-current liabilities.

### Superannuation schemes

#### Defined contribution schemes

Obligations for contributions to KiwiSaver, the government superannuation fund and the State Sector Retirement Savings Scheme are accounted for as defined contribution superannuation schemes and are recognised as an expense in the surplus or deficit as incurred.

## Note 2: Revenue from the Crown

Te Tāhū Hauora has been provided with funding from the Crown for specific purposes as set out in the Pae Ora Act and the scope of the 'National Contracted Services - Other' appropriation.

Apart from these general restrictions, no unfulfilled conditions or contingencies are attached to government funding.

## Note 3: Other revenue

Total other revenue received was \$5.135 million (2023: \$5.218 million), consisting of:

- » \$1.250 million (2023: \$1.500 million) from Health New Zealand (districts) for the mental health and addiction quality improvement programme. A further \$0.250 million is revenue in advance and will be applied in 2024/25
- » \$1.228 million (2023: \$1.228 million) from Health New Zealand districts for infection prevention and control
- » \$1.081 million (2023: \$0.1.081 million) from Health New Zealand districts for the advance care planning programme
- » \$0.838 million (2023: \$0.903 million) from ACC for the Trauma National Clinical Network
- » \$0.562 million (2023: \$0.315 million) from Health New Zealand for the patient experience surveys (was from Ministry of Health in 2022)
- » \$0.063 million (2023: nil) from ACC for contribution to analytical services
- » \$0.050 million (2023: \$0.046 million) from additional workshop and event revenue
- » \$0.49 million (2023: \$0.013 million) in other revenue
- » \$0.017 million (2023: \$0.015 million) from adverse events training workshops.



#### Note 4: Personnel costs

	Actual 2023 \$000	Actual 2024 \$000
Salaries and wages	13,083	14,054
Recruitment	165	65
Temporary personnel	323	445
Membership, professional fees and staff training and development	169	137
Defined contribution plan employer contributions	260	382
Increase/(decrease) in employee entitlements	107	(123)
<b>Total personnel costs</b>	<b>14,107</b>	<b>14,960</b>

Employer contributions to defined contribution plans include KiwiSaver, the government superannuation fund.

#### Note 5: Capital charge

Te Tāhū Hauora is not subject to a capital charge because its net assets are below the capital charge threshold.

## Note 6: Other expenses

	Actual 2023 \$000	Actual 2024 \$000
Audit fees to Audit New Zealand for financial audit	54	59
Staff travel and accommodation	534	487
Printing and communications	236	162
Consultants and contractors	489	274
Board costs	179	193
Mortality review and other committees	328	296
Lease rental	594	676
Outsourced corporate services and overheads	1,387	1,435
Other expenses	13	24
<b>Total other expenses</b>	<b>3,814</b>	<b>3,606</b>

## Note 7: Cash and cash equivalents

	Actual 2023 \$000	Actual 2024 \$000
Cash at bank and on hand	2,653	4,053
<b>Total cash and cash equivalents</b>	<b>2,653</b>	<b>4,053</b>

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

While cash and cash equivalents at 30 June 2024 are subject to the expected credit loss requirements of PBE IFRS 9, no loss allowance has been recognised because the estimated loss allowance for credit losses is trivial.

## Note 8: Debtors and other receivables

	Actual 2023 \$000	Actual 2024 \$000
Debtors and other receivables	915	64
Less: provision for impairment	0	0
<b>Total debtors and other receivables</b>	<b>915</b>	<b>64</b>

### **Fair value**

The carrying value of receivables approximates their fair value.

### **Impairment**

The impairment of short-term receivables is now determined by applying an expected credit loss model. All receivables greater than 30 days in age are considered to be past due.

## Note 9: Investments

Te Tāhū Hauora had no term deposit or equity investments at balance date.

## Note 10: Inventories

Te Tāhū Hauora had no inventories for sale in 2023/24.

## Note 11: Non-current assets held for sale

Te Tāhū Hauora had no current or non-current assets held for sale in 2023/24.

## Note 12: Property, plant and equipment

Movements for each class of property, plant and equipment are as follows.

	Computer \$000	Furniture and office equipment \$000	Leasehold improvements \$000	Total \$000
<b>Cost or valuation</b>				
Balance at 1 July 2022	703	311	72	1,086
Additions	51	26	12	89
Disposals	0	0	0	0
<b>Balance at 30 June/1 July 2023</b>	<b>754</b>	<b>337</b>	<b>84</b>	<b>1,175</b>
Additions	0	0	0	0
Disposals	(300)	0	0	(300)
<b>Balance at 30 June 2024</b>	<b>454</b>	<b>337</b>	<b>84</b>	<b>875</b>
<b>Accumulated depreciation and impairment losses</b>				
Balance at 1 July 2022	256	257	65	578
Depreciation expense	214	23	8	245
Elimination on disposal	0	0	0	0
<b>Balance at 30 June/1 July 2023</b>	<b>470</b>	<b>280</b>	<b>73</b>	<b>823</b>
Depreciation expense	210	21	2	233
Elimination on disposal	(288)	0	0	(288)
<b>Balance at 30 June 2024</b>	<b>392</b>	<b>301</b>	<b>75</b>	<b>768</b>
<b>Carrying amounts</b>				
At 1 July 2022	447	54	7	508
At 30 June and 1 July 2023	284	57	11	352
At 30 June 2024	62	36	9	107

Te Tāhū Hauora does not own any buildings or motor vehicles. There are no restrictions over the title of Te Tāhū Hauora assets nor any assets pledged as security for liabilities.

### Note 13: Intangible assets

Te Tāhū Hauora has no intangible assets.

### Note 14: Creditors and other payables

	Actual 2023 \$000	Actual 2024 \$000
<b>Creditors</b>	<b>778</b>	<b>166</b>
Accrued expenses	352	374
Other payables	8	10
<b>Total creditors and other payables</b>	<b>1,138</b>	<b>550</b>

Creditors are non-interest bearing and are normally settled on 30-day terms. Therefore, the carrying value of creditors and other payables approximates their fair value.

### Note 15: Borrowings

Te Tāhū Hauora does not have any borrowings.

### Note 16: Employee entitlements

	Actual 2023 \$000	Actual 2024 \$000
<b>Current portion</b>		
Accrued salaries and wages	368	400
Annual leave and long-service leave	688	586
Redundancy provisions	0	718
Total current portion	1,056	1,704
<b>Non-current portion long-service leave</b>	<b>87</b>	<b>65</b>
<b>Total employee entitlements</b>	<b>1,143</b>	<b>1,769</b>

No provision for sick leave or retirement leave was made in 2023/24 as these leave provisions have been assessed as immaterial. Provision for long-service leave was made in 2023/24.

## Note 17: Equity

	Actual 2023 \$000	Actual 2024 \$000
<b>Contributed capital</b>		
Balance at 1 July	500	500
Capital contributions	0	0
Repayment of capital	0	0
Balance at 30 June	500	500
<b>Accumulate surplus/(deficit)</b>		
Balance at 1 July	2,235	1,704
Surplus/(deficit) for the year	(531)	88
Balance at 30 June	1,704	1,792
<b>Total equity</b>	<b>2,204</b>	<b>2,292</b>

There are no property revaluation reserves because Te Tāhū Hauora does not own property.

## Note 18: Reconciliation of net surplus/(deficit) to net cash flow from operating activities

	Actual 2023 \$000	Actual 2024 \$000
<b>Net operating surplus/(deficit)</b>	<b>(531)</b>	<b>88</b>
Non-cash items		
Depreciation and fixed asset write off	245	244
Add/movements in working capital items		
(Increase)/decrease in receivables	(388)	852
(Increase)/decrease in prepayments	(291)	(84)
Increase/(decrease) in GST receivables	(63)	11
Decrease/(increase) in payables and accruals	95	(587)
Increase/(decrease) in employee entitlements	192	626
Increase/(decrease) in revenue in advance	(180)	250
<b>Net movements in working capital</b>	<b>(635)</b>	<b>1,068</b>
<b>Net cash flow from operating activities</b>	<b>(921)</b>	<b>1,400</b>

## Note 19: Capital commitments and operating leases

### Capital commitments

There were no capital commitments at balance date (2023: nil).

### Operating leases as lessee

The future aggregate minimum lease payments to be paid under non-cancellable operating leases are as follows.

	Actual 2023 \$000	Actual 2024 \$000
Not later than 1 year	599	507
Later than 1 year and not later than 5 years	422	37
Later than 5 years	0	0
<b>Total non-cancellable operating leases</b>	<b>1,022</b>	<b>544</b>

At balance date, Te Tāhū Hauora leased a property (from 1 March 2014) at levels 8 and 9, 17 Whitmore Street, Wellington. The lease expires in March 2025. The value of the lease to March 2025 is \$0.428 million.

Te Tāhū Hauora does not have the option to purchase the asset at the end of the lease term.

Te Tāhū Hauora subleases an office space at 650 Great South Road, Penrose, Auckland, from the Ministry of Health for up to 10 staff. The sublease expiry date is December 2025.

There are no restrictions placed on Te Tāhū Hauora by its leasing arrangement.

## Note 20: Contingencies

### **Contingent liabilities**

Te Tāhū Hauora has no contingent liabilities (2023: \$nil).

### **Contingent assets**

Te Tāhū Hauora has no contingent assets (2023: \$nil).

## Note 21: Related party transactions

All related party transactions have been entered into on an arm's length basis. Te Tāhū Hauora is a wholly owned entity of the Crown.

Related party disclosures have not been made for transactions with related parties that are within a normal supplier or client recipient relationship on terms and conditions no more or less favourable than those that it is reasonable to expect Te Tāhū Hauora would have adopted in dealing with the party at arm's length in the same circumstances. Further, transactions with other government agencies (eg. government departments and Crown entities) are not disclosed as related party transactions when they are consistent with the normal operating arrangements between government agencies and undertaken on the normal terms and conditions for such transactions.

### **Key management personnel**

Salaries and other short-term employee benefits to key management personnel<sup>96</sup> totalled \$1.543 million, five full-time equivalent (2023: \$1.293 million, four FTE).

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<sup>96</sup> Key management personnel for 2023/24 included the chief executive, director of health quality intelligence, medical director and executive lead, director of finance and digital, and director of engagement and impact. Board members are reported separately.



## Note 22: Board member remuneration and committee member remuneration (where committee members are not board members)

The total value of remuneration paid or payable to each board member (or their employing organisation\*) during the full 2023/24 year was as follows.

	Actual 2023 \$000	Actual 2024 \$000
Raewyn Lamb (chair)	22	29
Dr Andrew Connolly (deputy chair)	15	18
Dr Dale Bramley* (chair) – until March 2023	22	0
Dr Jennifer Parr	15	15
Dr Collin Tukuitonga – until April 2023	12	0
Professor Peter Crampton*	15	8
Shenagh Gleisner	15	15
Dr Tristram Ingham	15	15
Dr Wil Harrison – until April 2023	15	0
David Lui	0	15
Tereki Stewart	0	15
Professor Ron Paterson	0	15
<b>Total board member remuneration</b>	<b>146</b>	<b>145</b>

\* This member was paid by their employing organisation.

Fees were in accordance with the Cabinet's Fees Framework.

Te Tāhū Hauora has provided a deed of indemnity to board members for certain activities undertaken in the performance of Te Tāhū Hauora functions.

Te Tāhū Hauora has taken directors' and officers' liability and professional indemnity insurance cover during the financial year regarding the liability or costs of board members and employees.

No board members received compensation or other benefits in relation to cessation.

Members of other committees and advisory groups established by Te Tāhū Hauora are paid according to the Cabinet's Fees Framework, where they are eligible for payment. Generally, daily rates for these committees and advisory groups are \$463 per day for chairs and \$330 per day for committee members.

## Note 23: Employee remuneration

Total actual remuneration paid or payable in the 2023/24 year was as follows. This includes staff who started and left in the period.

	Employees 2023	Employees 2024
\$100,000-\$109,999	11	13
\$110,000-\$119,999	11	6
\$120,000-\$129,999	9	11
\$130,000-\$139,999	6	14
\$140,000-\$149,999	2	5
\$150,000-\$159,999	3	3
\$160,000-\$169,999	3	2
\$170,000-\$179,999	2	3
\$180,000-\$189,999	1	2
\$190,000-\$199,999	1	1
\$200,000-\$209,999	1	0
\$210,000-\$219,999	0	0
\$220,000-\$229,999	2	1
\$230,000-\$239,999	0	0
\$240,000-\$249,999	1	0
\$250,000-\$259,999	0	1
\$260,000-\$269,999	0	2
\$270,000-\$279,999	0	0
\$280,000-\$289,000	2	1
\$290,000-\$299,999	0	0
\$300,000-\$309,999	0	1
\$310,000-\$319,999	1	0
\$320,000-\$329,999	0	1
\$350,000-\$359,999	1	0
\$430,000-\$439,999	0	1
<b>Total employees</b>	<b>57</b>	<b>68</b>

During the 2023/24 year, figures include staff who received four months of redundancy payments.

## Note 24: Events after the balance date

There were no material events after the balance date.

## Note 25: Financial instruments

The carrying amounts of financial assets and liabilities are shown in the statement of financial position.

## Note 26: Capital management

The capital of Te Tāhū Hauora is its equity, which comprises accumulated funds. Equity is represented by net assets.

Te Tāhū Hauora is subject to the financial management and accountability provisions of the Crown Entities Act 2004, which impose restrictions in relation to borrowing, acquisition of securities, issues of guarantees and indemnities, and the use of derivatives.

Te Tāhū Hauora manages its equity as a by-product of prudently managing revenue, expenses, assets, liabilities, investments and general financial dealings to ensure Te Tāhū Hauora effectively achieves its objectives and purpose while remaining a going concern.

## Note 27: Explanation of major variances against budget

Explanations for major variances from the Te Tāhū Hauora budgeted figures in the 2023/24SPE follow.

### **Statement of comprehensive revenue and expenses**

The financial results for the 12 months to 30 June 2024 show a small year-end surplus variance of \$0.088 million.

Staffing costs are \$0.100 million unfavourable for the year. This result includes \$0.950 million of agreed redundancy provisions and payments and these costs were offset by a reduction of FTEs over the financial year.

Other operating costs were \$0.418 million above budgeted levels for the year. Leasing costs were \$0.122 million over budget, and other operating costs (including IT costs) are over budget by approximately \$0.389 million for the year. These overspends are due to rent increases

and ongoing core IT costs. This area remained over budget for the full financial year (as SPE budgets cannot be changed). However, these overspends were offset by fewer external programme expenses during the year and additional interest revenue received. This meant that it was still possible to obtain an overall break-even (slight surplus) position for year-end.

### **Statement of financial position**

Cash and cash equivalents were higher than budgeted because debtors and other receivables from Health New Zealand for all quarters had been received by year-end.

Prepayments are significantly higher than budget by \$0.448 million as insurance and IT licensing costs (paid on a 12-month subscription) relate to the following year.

Employee entitlements are \$0.883 million higher than budgeted due to the year-end provisions associated with staff redundancies.

### **Statement of changes in cashflow**

Cash and cash equivalents were higher than budget by \$0.454 million because debtors and other receivables from Health New Zealand for all quarters had been received by year-end.

## Note 28: Acquisition of shares

Before Te Tāhū Hauora subscribes for purchase or otherwise acquires shares in any company or other organisation, it will first obtain the written consent of the Minister of Health to do so. Te Tāhū Hauora did not acquire any such shares and currently does not plan to do so.

## Note 29: Responsibilities under the Public Finance Act

To comply with responsibilities under the Public Finance Act 1989, Te Tāhū Hauora reports here the activities funded through the Crown Vote Health and how performance is measured against the forecast information contained in the Estimates of Appropriations 2023/24 and as amended by the Supplementary Estimates.

### **Monitoring and protecting health and disability consumer interests (M36)**

This appropriation is intended to achieve provision of services to monitor and protect health consumer interests by: the Health and Disability Commissioner; district mental health inspectors and review tribunals; and Te Hīringa Mahara | Mental Health and Wellbeing Commission. Below is the proportion of the total Monitoring and protecting health and disability consumer interests appropriation that was given to Te Tāhū Hauora in 2023/24.

<b>Output class financials</b>	<b>Actual 2023/24 \$000</b>	<b>Budget 2023/24 \$000</b>	<b>Location of end-of-year 2023/24 performance information</b>
Crown funding (Vote Health – Monitoring and Protecting Health and Disability Consumer Interests (M36))	18,122	18,122	The end-of-year performance information for this appropriation is reported in Part 1: Our performance statement.

The end-of-year performance information for this appropriation is reported in Part 1: Our performance statement.

### **Budget significant initiatives**

<b>Name of initiative</b>	<b>Budget year funded</b>	<b>Location of performance information</b>
n/a	2023/24	No new initiatives
Health reform – consumer/whānau voice framework	2022/23	Funding for the consumer and whānau voice initiative was received for the resources, capability and supporting infrastructure to develop, implement and maintain the consumer and whānau voice framework that will support the health system to continuously use consumer and whānau voices in the design, delivery and evaluation of health services. This initiative includes: <ul style="list-style-type: none"> <li>» developing and maintaining the code of expectations for health entities' engagement with consumers and whānau</li> <li>» the centre of excellence for consumer and whānau engagement (Ngā Pae Hiranga)</li> <li>» the consumer health forum Aotearoa</li> <li>» the expansion of our survey programme.</li> </ul>
Additional resourcing	2021/22	This was the final year of this three-year funding. Funding was not ongoing, and we reduced overall resources during the year in preparation for a \$1.4 million decrease.

# 4



## He kupu haepapa **Statement of responsibility**

**The board is responsible for the preparation of the financial statements and statement of performance of Te Tāhū Hauora and for the judgements made in them.**

The board is responsible for any end-of-year performance information provided under section 19A of the Public Finance Act 1989.

Te Tāhū Hauora is responsible for establishing and maintaining a system of internal controls designed to provide reasonable assurance as to the integrity and reliability of financial reporting.

In the board's opinion, these financial statements and statement of performance fairly reflect the financial position and operations of Te Tāhū Hauora for the year ended 30 June 2024.

Signed on behalf of the board:

**Rae Lamb**  
Chair, Board  
31 October 2024

**Shenagh Gleisner**  
Chair, Audit Committee  
31 October 2024

# Pūrongo tātari

## Auditor's report

### Independent Auditor's Report

#### To the readers of Health Quality and Safety Commission's financial statements and performance information for the year ended 30 June 2024

The Auditor-General is the auditor of Health Quality and Safety Commission (the Commission). The Auditor-General has appointed me, Stephen Usher, using the staff and resources of Audit New Zealand, to carry out the audit of the financial statements and the performance information, including the performance information for an appropriation, of the Commission on his behalf.

### Opinion

We have audited:

- the financial statements of the Commission on pages 64 to 83 that comprise the statement of financial position as at 30 June 2024, the statement of comprehensive revenue and expenses, statement of changes in equity and statement of cash flows for the year ended on that date and the notes to the financial statements including a summary of significant accounting policies and other explanatory information; and
- the performance information which reports against the Commission's statement of performance expectations and appropriation for the year ended 30 June 2024 on pages 22 to 29, 31 to 46, 63 and 84.

In our opinion:

- the financial statements of the Commission:
  - present fairly, in all material respects:
    - its financial position as at 30 June 2024; and
    - its financial performance and cash flows for the year then ended; and

- comply with generally accepted accounting practice in New Zealand in accordance with Public Benefit Entity Standards Reduced Disclosure Regime; and
- the Commission’s performance information for the year ended 30 June 2024:
  - presents fairly, in all material respects, for each class of reportable outputs:
    - its standards of delivery performance achieved as compared with forecasts included in the statement of performance expectations for the financial year; and
    - its actual revenue and output expenses as compared with the forecasts included in the statement of performance expectations for the financial year.
  - Presents fairly, in all material respects, for the appropriations:
    - what has been achieved with the appropriation; and
    - the actual expenses or capital expenditure incurred as compared with the expenses or capital expenditure appropriated or forecast to be incurred; and
  - complies with generally accepted accounting practice in New Zealand.

Our audit was completed on 31 October 2024. This is the date at which our opinion is expressed.

The basis for our opinion is explained below. In addition, we outline the responsibilities of the Board and our responsibilities relating to the financial statements and the performance information, we comment on other information, and we explain our independence.

## **Basis for our opinion**

We carried out our audit in accordance with the Auditor-General’s Auditing Standards, which incorporate the Professional and Ethical Standards and the International Standards on Auditing (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board. Our responsibilities under those standards are further described in the Responsibilities of the auditor section of our report.

We have fulfilled our responsibilities in accordance with the Auditor-General’s Auditing Standards.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## **Responsibilities of the Board for the financial statements and the performance information**

The Board is responsible on behalf of the Commission for preparing financial statements and performance information that are fairly presented and comply with generally accepted accounting practice in New Zealand. The Board is responsible for such internal control as it determines is necessary to enable it to prepare financial statements and performance information that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements and the performance information, the Board is responsible on behalf of the Commission for assessing the Commission's ability to continue as a going concern. The Board is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless there is an intention to merge or to terminate the activities of the Commission, or there is no realistic alternative but to do so.

The Board's responsibilities arise from the Crown Entities Act 2004 and the Public Finance Act 1989.

## **Responsibilities of the auditor for the audit of the financial statements and the performance information**

Our objectives are to obtain reasonable assurance about whether the financial statements and the performance information, as a whole, are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit carried out in accordance with the Auditor-General's Auditing Standards will always detect a material misstatement when it exists. Misstatements are differences or omissions of amounts or disclosures and can arise from fraud or error. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of readers, taken on the basis of these financial statements and the performance information.

For the budget information reported in the financial statements and the performance information, our procedures were limited to checking that the information agreed to the Commission's Statement of Performance Expectations 2023/24.

We did not evaluate the security and controls over the electronic publication of the financial statements and the performance information.

As part of an audit in accordance with the Auditor-General's Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. Also:

- We identify and assess the risks of material misstatement of the financial statements and the performance information, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.



- We obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Commission’s internal control.
- We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board.
- We evaluate the appropriateness of the performance information which reports against the Commission’s statement of performance expectations and appropriations.
- We conclude on the appropriateness of the use of the going concern basis of accounting by the Board and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Commission’s ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor’s report to the related disclosures in the financial statements and the performance information or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor’s report. However, future events or conditions may cause the Commission to cease to continue as a going concern.
- We evaluate the overall presentation, structure and content of the financial statements and the performance information, including the disclosures, and whether the financial statements and the performance information represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Our responsibilities arise from the Public Audit Act 2001.

## **Other information**

The Board is responsible for the other information. The other information comprises the information included on pages 1 to 21, 30 and 47 to 62, but does not include the financial statements and the performance information, and our auditor’s report thereon.

Our opinion on the financial statements and the performance information does not cover the other information and we do not express any form of audit opinion or assurance conclusion thereon.

In connection with our audit of the financial statements and the performance information, our responsibility is to read the other information. In doing so, we consider whether the other information is materially inconsistent with the financial statements and the performance information or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on our work, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

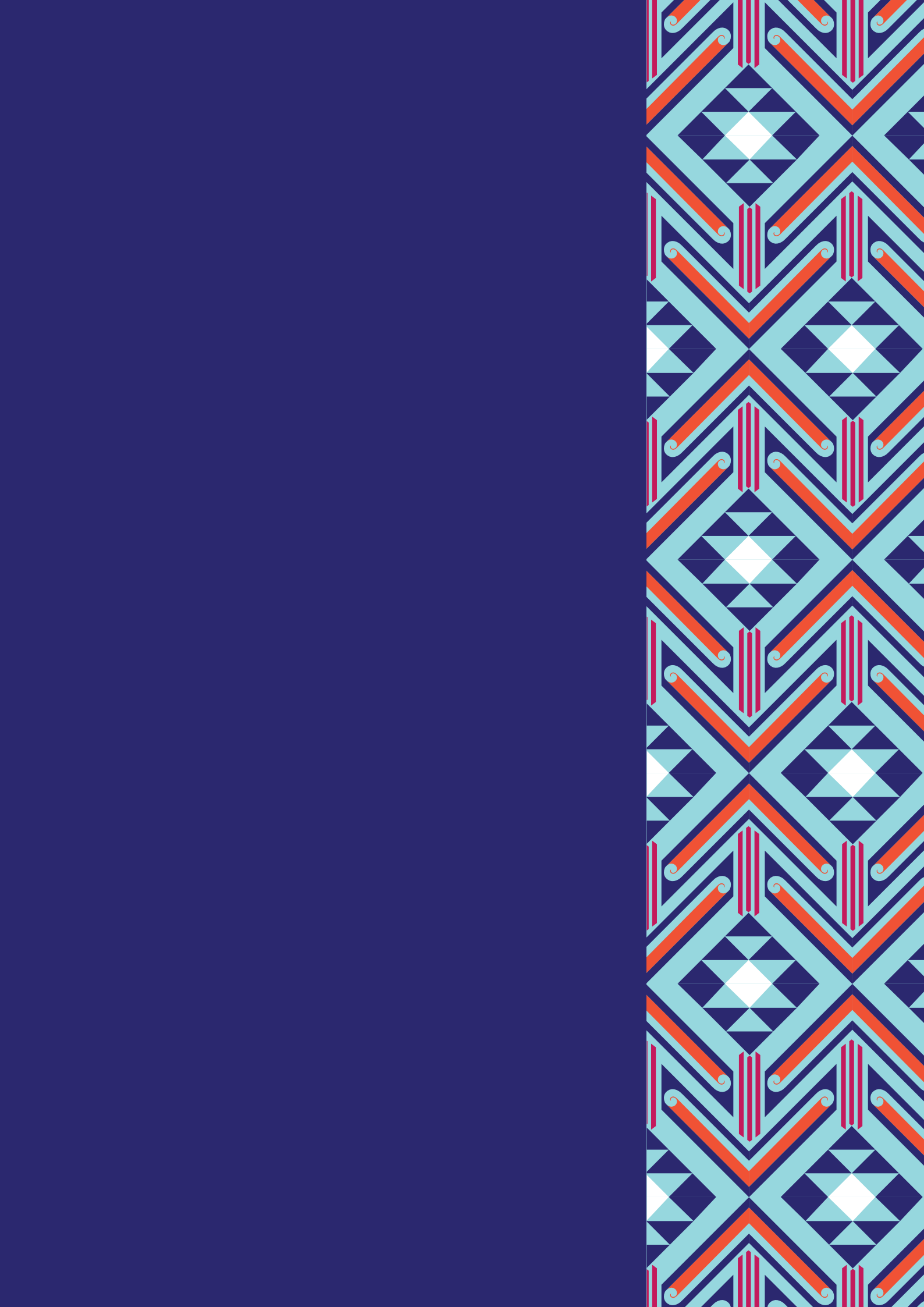
## Independence

We are independent of the Commission in accordance with the independence requirements of the Auditor-General's Auditing Standards, which incorporate the independence requirements of Professional and Ethical Standard 1: International Code of Ethics for Assurance Practitioners (including International Independence Standards) (New Zealand) (PES 1) issued by the New Zealand Auditing and Assurance Standards Board.

Other than in our capacity as auditor, we have no relationship with, or interests, in the Commission.



Stephen Usher  
Audit New Zealand  
On behalf of the Auditor-General  
Wellington, New Zealand





**Te Kāwanatanga o Aotearoa**  
New Zealand Government

