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Health Quality & Safety Commission
Te Tāhū Hauora

Annual report

Pūrongo ā-tau

2024/25

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

Health Quality & Safety Commission
Te Tāhū Hauora

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Strategic intent

Our strategic intent, set out in our *Statement of Intent 2023–27* (updated October 2024),[1] outlines our vision, mission and focus on five strategic and two enduring priorities. These priorities set out the medium- and long-term outcomes we aim to achieve to fulfil our legislative objectives and functions while aligning with Government priorities (see Figure 1).

Figure 1: Our strategic intent

OUR **VISION**

Quality health for all

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 avoidable mortality

OUR **MISSION**

Involve. Inform. Influence. Improve.

OUR **WORK**

Supporting and facilitating improvement
Improving the quality of health services for consumers and whānau by leading and facilitating efforts in the health and disability system, including:

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

OUR **ENDURING PRIORITIES**

Embedding and enacting Te Tiriti o Waitangi

Pursuing health equity

[1] Te Tāhū Hauora Health Quality & Safety Commission. 2024a. Tauākī Koronga | Statement of Intent 2023–27 (updated). Wellington: Te Tāhū Hauora Health Quality & Safety Commission. URL: www.hqsc.govt.nz/resources/resource-library/statement-of-intent-2023-27/ (accessed 30 August 2025).

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Foreword
Kōrero takamua

We are proud to present this report, outlining the achievements of the Health Quality & Safety Commission Te Tāhū Hauora (the Commission) over the past year.

In a complex system with many moving parts, achieving change can be challenging. Yet the Commission has remained a steady force in both providing stability and oversight and driving improvements that deliver real benefits for New Zealanders.

Our leadership and support include expert analysis of health data, quality improvement programmes such as early warning systems for patient deterioration and strengthened clinical governance for accountability in care. Through these means, we continue to embed best practice, share learning and help to raise the standard of care across the health system.

Our work championing consumer and whānau engagement, together with patient experience surveys that are growing in scale and impact, provides powerful insights. These directly inform improvements in care and keep the voices of those using health services at the centre of service design and delivery.

Guided by the Minister of Health's Letter of Expectations, we have supported the Minister and key stakeholders by delivering quarterly assessments of health system quality and safety. These provide accountability and a clear picture of progress. They highlight health needs and areas demanding attention from both the Commission and the wider health sector.

This year saw the resignation of our Chief Executive, Dr Peter Jansen, who had been in this role since April 2023. We recognise Peter's significant contribution and leadership, while looking ahead with confidence to the opportunities that lie under new leadership. It has also been a year that saw some changes to our governing board. As well as gaining three new members, we farewelled Professor Peter Crampton, Dr Jenny Parr and Dr Andrew Connolly. The Commission has benefited from the expertise and wisdom of these past members and we thank them for it.

We extend our gratitude to Commission staff, whose dedication and expertise are fundamental to the successful delivery of our programmes. Thanks are due also to our partner agencies and stakeholders over many years for their support and guidance.

Finally, we remain grateful for the tireless commitment of the health workforce, as well as for the willingness of consumers to contribute to improvement activities. The work and insights of both these groups are central to the improvements we achieve together.

Rae Lamb
Board Chair

Professor Sunny Collings
Chief Executive

Introduction
He kupu whakataki

The Health Quality & Safety Commission Te Tāhū Hauora (the Commission) is the independent expert monitor of quality and safety in New Zealand's health system.

Our role

The Commission, as a Crown agent under the Crown Entities Act 2004, leads and coordinates efforts across the health sector to monitor and improve the quality and safety of services, and to support providers to improve the services and care they deliver. We work closely with clinicians, health services, policy makers and communities to identify opportunities for driving improvement and minimising harm in the sector.

In a system as complex as health, achieving meaningful and sustained improvement depends on having the right structures and conditions in place. This includes having the ability to identify problems early, apply proven solutions and embed change across services, leading to better outcomes, improved experiences and more efficient use of resources.

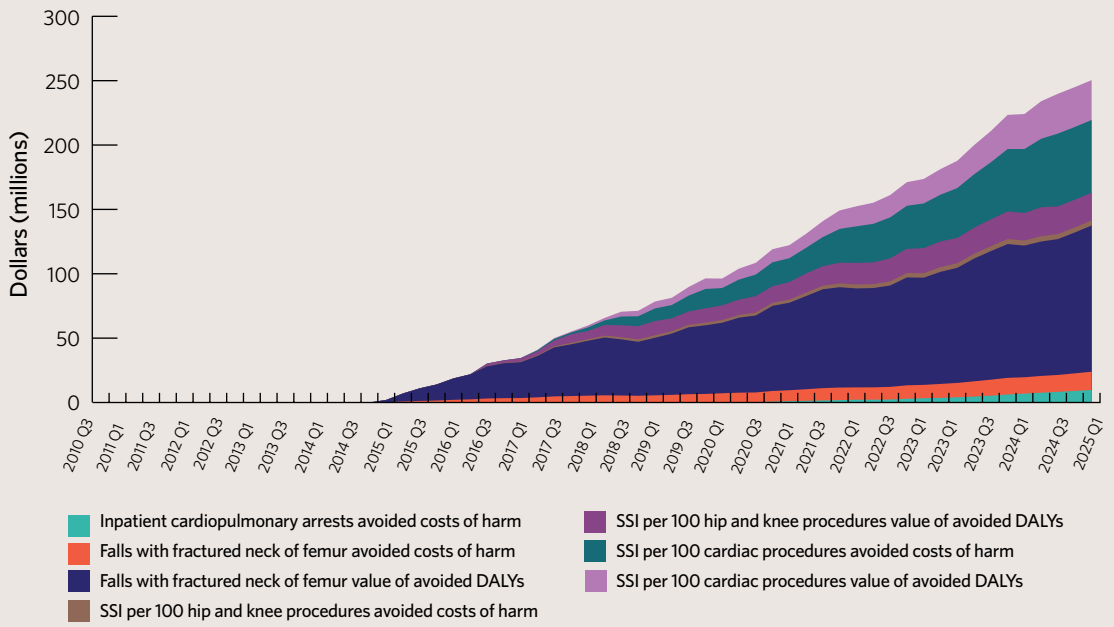
While we do not provide direct care or hold regulatory powers or commissioning budgets, our targeted interventions over more than a decade have helped the health system respond more effectively, equitably and efficiently. These efforts have reduced harm, saved lives, improved access to care and driven meaningful, long-term impact and savings, supporting a more financially sustainable health system.

Over the past decade, our quality improvement initiatives have added 1,672 healthy life years for New Zealanders and generated an estimated $454 million in value[2] – at least doubling our $200 million investment since 2011.

[2] $454 million is made up of $44 million avoided costs of harm, $410 million value of avoided disability-adjusted life years (DALYs). For more information, see: O'Dea D. 2012. *New Zealand Estimates of the Total Social and Economic Cost of Injuries: For all injuries and the six priority injury areas.* Wellington: Report to New Zealand Injury Prevention Strategy.
URL: silo.tips/download/new-zealand-estimates-of-the-total-social-and-economic-cost-of-injuries-for-all (accessed 30 August 2025).

Figure 2 shows the total value gained from four of our quality improvement programmes addressing hip and knee surgeries, post-cardiac surgical site infections (SSI), and falls causing fractured neck of femur (hip fracture).

Figure 2: Towards return on investment: cumulative value realised from four quality improvement programmes



We have made these achievements by consistently applying a set of strategic levers in targeted ways, across our programmes. With these levers, we:

» **measure and publish data** on health care quality and safety to highlight where improvements are needed for rapid response and action

» **deliver direct improvement programmes**, nationally and locally, to address specific challenges such as the need to reduce seclusion, recognise patient deterioration early and prevent infection

» **build national frameworks** to strengthen the foundations of high-quality care, particularly in areas like consumer engagement, clinical governance, improvement science[3] and learning from harm

» **provide expert advice** on complex, system-wide issues as well as targeted local insights to drive change, ranging from making operational improvements to informing legislation, such as our work underpinning the case for mortality review.

This work, along with our leadership and support across the health sector, contributes to the delivery of the Government's priorities, so that all New Zealanders have timely access to high-quality health care.

[3] Berwick DM. 2008. The science of improvement. *JAMA* 299(10): 1182–4.

Our achievements over 2024/25

We gained valuable feedback from health consumers through:

- our patient experience surveys, in which over **200,000 people** provided insights into how they access and navigate the health system. These findings help highlight what's working well and where challenges remain in both hospital and primary care services
- a new survey on **home and community support services,** with results that providers can use to improve service quality and better meet people's needs.

We supported the health workforce by:

- delivering learning from harm capability education to more than **260 health care professionals across the sector** through workshops, online learning modules, master classes and one-to-one coaching
- educating an additional **22 health care workers** from across the country through a comprehensive quality improvement science programme and so further strengthening the health sector's capability in this area (with a total of 94 workers now qualified in this area since the Commission began delivering the programme in 2021)
- supporting **18 opportunities** for consumer participation in health service design, delivery and evaluation, which helps services better reflect the needs of those they serve
- providing **guides for best practice and communication** to support consistent, clear and culturally safe messaging among health care professionals, patients and communities.

Our publications to support the health sector included:

- **three Insights reports** for the Minister of Health, offering independent assessments of the quality and safety of New Zealand's health services to guide action on emerging quality and safety issues
- **Quality Alerts** through the National Quality Forum and other platforms, enabling early escalation of risks and supporting evidence-based responses
- over **900 updates** to our data intelligence tools, helping to keep health system insights current and relevant
- a new **Atlas of Healthcare Variation domain** on chronic obstructive pulmonary disease (COPD), highlighting regional and demographic differences in prevalence, hospitalisation and medication use
- **over 45 key reports and educational resources**, including articles in internationally recognised journals. These covered priority areas such as:
  - **surgery and risk** in New Zealand, providing the public with access to surgical mortality data
  - **people affected by major trauma**, with the 2023/24 National Trauma Annual Report highlighting significant progress in improving their outcomes
  - **maternity adverse events** through a qualitative thematic analysis of the events reported from 1 July 2018 to 30 June 2023
  - **partnership in care** guide helping primary and community health care providers to strengthen consumer, whānau and community engagement
  - **deaths resulting from gender-based violence**, in a report on femicide and the prevention and response strategies that are urgently required.

We influenced system-level change by:

- developing **Collaborating for quality: a framework for clinical governance**, which is now used across the sector to strengthen accountability and improve patient care and experience
- facilitating and co-leading **four meetings of the National Quality Forum**, sharing insights on emerging issues and identifying opportunities for intervention and collaboration.

We delivered measurable impact on quality improvement through:

- targeted programmes that reduced harm from hip and knee surgeries, infections after cardiac surgery, and falls resulting in fractured neck of femur (April 2024 to March 2025), which together gained over **700 healthy life years** (DALYs avoided) for New Zealanders
- the **Zero Seclusion** quality improvement project, which achieved successes once considered unachievable
- a new **early warning system in aged residential care,** enabling faster identification and treatment of acutely unwell residents. The first of its kind internationally, it is due for a national roll-out in 2025/26
- the national roll-out of the **paediatric early warning system** which has improved compliance with documenting vital signs and supported consistent recognition and recording of concerns raised by family and their whānau
- the National Trauma Programme, which led to **significant progress in trauma care**, including improved detection of brain injuries through consistent use of post-traumatic amnesia assessments.

How this report is organised

In our Statement of Performance Expectations (SPE) 2024/25, 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 five parts.

1 Progress on strategic intentions
Te kauneke rautaki

This part demonstrates our achievements and progress towards our strategic intentions, including our work funded by third parties that we undertake with the support and collaboration of partners to deliver on our functions under the Pae Ora (Healthy Futures) Act 2022 (pages 12 to 31). How we measure the impact of our work and the results of those measures are on pages 32 to 42.

2 Assessment of operations and performance
He aromatawai whakahaere me ngā mahi

This part covers how we are implementing the Government's priorities and assesses our delivery and performance against the measures set out in the 2024/25 SPE. It also presents the judgements that have the most significant effect on the selection, measurement, aggregation and presentation of service performance information on pages 43 to 56.

3 Organisational capability
Te āheinga o te whakahaere

This part outlines the Commission's governance and our reporting requirements, as well as how we have maintained and strengthened our organisational health and capability (pages 57 to 65).

4 Financial statements
Pūrongo pūtea

This part presents the actual revenue earned and output expenses incurred over 2024/25 for the output class. It also reports on performance against the Estimates of Appropriations, compared with the expected revenues and proposed output expenses included in our SPE 2024/25 (page 66).

5 Statement of responsibility
He kupu haepapa

The report concludes with our statement of responsibility and the auditor's report from page 87.

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Progress on strategic intentions
Te kauneke rautaki

Throughout 2024/25, we have remained focused on progressing our strategic priorities:

» improving experience for consumers and whānau

» enabling the workforce as improvers

» strengthening systems for high-quality services

» leading health quality intelligence

» guiding improvement to prevent avoidable mortality.

Our enduring priorities – embedding and enacting Te Tiriti o Waitangi and pursuing health equity – are woven into, and progressed through, our strategic priorities.

Improving experience for consumers and whānau

We help embed consumer and whānau voice as a core element in the design of health systems and services so that they become more responsive and effective.

Consumer, whānau and community engagement is essential to improving quality and safety within the health system.[4]

Since our establishment, the Commission has championed and led efforts to embed the voice of consumers and whānau in health sector design and decision-making.

Supporting consumers and whānau to engage confidently with the health system, while also guiding health entities and the wider sector to actively partner with them, is helping shift the sector from a culture of consultation to a culture of co-design and shared decision-making. Health services are increasingly tailoring their approaches to reflect the lived experiences and priorities of those they serve, leading to improved and sustainable outcomes across the sector, as evidenced within the consumer quality and safety marker (QSM)[5] discussed on the following pages.

Role in implementing the Code of expectations

We lead and support the implementation of the Code of expectations for health entities' engagement with consumers and whānau (the Code of expectations),[6,7] in partnership with the Ministry of Health – Manatū Hauora (the Ministry). Under the Pae Ora (Healthy Futures) Act 2022 (the Pae Ora Act), named health entities are required to implement the Code of expectations. In addition to the Commission, these entities are Health New Zealand | Te Whatu Ora (Health NZ), Pharmac and the NZ Blood and Organ Service.

Managed by the Commission, these health entities report six-monthly through the consumer QSM to demonstrate actions they are taking to involve consumers, whānau and communities in the design, delivery and evaluation of health sector initiatives or services. All submissions and progress ratings are publicly available.[8]

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4 Doyle C, Lennox L, Bell D. 2013. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open* 3: e001570. DOI: 10.1136/bmjopen-2012-001570 (accessed 30 August 2025).

5 Te Tāhū Hauora Health Quality & Safety Commission. 2024b. 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 (accessed 30 August 2025).

6 Te Tāhū Hauora Health Quality & Safety Commission. 2022a. Code of expectations for health entities' engagement with consumers and whānau. URL: www.hqsc.govt.nz/resources/resource-library/code-of-expectations-for-health-entities-engagement-with-consumers-and-whanau/ (accessed 30 August 2025).

7 The Code of expectations is secondary legislation for the purposes of the Legislation Act 2019.

8 Health Quality & Safety Commission Te Tāhū Hauora. (nd-a). 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/ (accessed 30 August 2025).

Our own progress in implementing the Code of expectations

Together with other health entities, we have reported our efforts to enhance consumer and whānau engagement through the consumer QSM. Engagement with consumers and whānau is embedded in our work.

In selecting consumers to include in our work, we promote representation of the population served and communities who experience poorer health outcomes. In March 2025, we submitted our fourth round of reporting to the consumer QSM, reflecting our implementation of the Code of expectations. This ongoing process of reporting within the consumer QSM supports practices and efforts to enhance consumer and whānau engagement.

We gather evidence of how we apply the Code of expectations in practice across the organisation. For example:

- » our governance approach works alongside a consumer advisory group (see Part 3)
- » we continue to build a collection of patient experiences through survey questionnaires and invitations and share them through resources such as posters and flyers that we have pre-tested with consumers to ensure that these resources are culturally appropriate and that consumers easily understand and are likely to respond to them
- » we co-design resources to support consumers with our consumer advisory group, including tools like the consumer toolkit from the Zero Seclusion project
- » initiatives such as the system safety strategy and regional workshops with consumers and providers reinforce our engagement.

Our reporting also identifies opportunities for improvement, such as by planning further ahead to better incorporate consumer voices. To ensure the integrity of our reporting, our external consumer advisory groups review our submission.

Supporting the health sector to implement the Code of expectations

Health entities

Submissions made to the consumer QSM from the named health entities and the regions demonstrate a commitment across the sector to improving consumer engagement by applying the Code of expectations.

The agencies report on how they are improving and expanding consumer engagement, what support is needed to keep this work going in the long term, and how useful the consumer engagement QSM submissions are as a way to measure their progress.

In 2024/25, health entities reported on their ongoing development and implementation of consumer engagement. This included introducing policy and processes that enable consumer engagement at all levels of their organisation and demonstrating a good understanding of the environment that supports consumer and whānau engagement.

We are seeing a wider range of projects that prioritise consumer engagement. In previous reporting periods, some entities submitted work from just a few teams. In contrast, the most recent submissions (March 2025) had examples from a much wider range of teams working across many different areas of the reporting entity.

Primary and community health care

We are also supporting the primary and community health care sector to implement the Code of expectations. We developed *Partnership in Care: Consumer, whānau and community engagement in primary and community health care*[9] to help these services to strengthen their engagement with consumers, whānau and communities, in line with the Code of expectations. We also started conversations with several primary care providers who are interested in using the consumer and whānau QSM to report on their progress in strengthening engagement.

[9] Health Quality & Safety Commission Te Tāhū Hauora. 2025. *Partnership in Care: Consumer, whānau and community engagement in primary and community health care.* Wellington: Health Quality & Safety Commission Te Tāhū Hauora. URL: www.hqsc.govt.nz/resources/resource-library/partnership-in-care-consumer-whanau-and-community-engagement-in-primary-and-community-health-care/ (accessed 30 August 2025).

Disability sector and community

We continued to strengthen our relationship with the Ministry of Disabled People – Whaikaha and our support for the disability community. In June 2025, we sponsored and took part in three events[10] led by and for the disability community. These events created a platform for disabled people to share their voices, influence change and help drive better health outcomes for all New Zealanders, especially disabled people.

Consumer health forum Aotearoa

Since establishing the Consumer health forum Aotearoa in November 2021, the Commission has supported its members to participate in health service improvement activities.

The Commission facilitates opportunities across a range of health sector agencies and groups, primarily through expressions of interest. Health services, including hospitals, government agencies and other services, seek consumer representatives to co-design the planning, design, delivery and evaluation of services. To showcase the success and impact of these contributions, we have published a series of case studies on our website.[11]

We hope these stories encourage others to use their lived experience and skills to contribute to the design, development, delivery and evaluation of services in the health system.

Further, we continue to widen the diversity of consumer and whānau voices within the forum and to support stronger partnerships between communities and the sector, in line with the Code of expectations.

Regional consumer and provider engagement

Regional workshops across the year further supported consumers, whānau, community leaders and providers to develop their skills and understanding of the health system so they can influence local health services. In 2024/25, we expanded our reach from national events or central urban settings by delivering workshops on the West Coast, at which we connected with more remote and rural communities.

Workshop agendas were co-developed with local representatives to reflect regional priorities and build from valuable insights into their experiences, challenges and successes within the health system.

For more information, see Part 2, SPE deliverables 1 and 2.

[10] The three events were: Access Matters, 11 June 2025 (www.accessmatters.org.nz/k_rero_or_change_on_health_webinar); I.Lead conference, 17–18 June 2025 (www.ilead.org.nz/conference-edition-2025/); and Deaf Blind conference – focus on strengthening disabled people consumer engagement in 2025/26, 26 June 2025 (deafblindassociation.nz/2025-conference/).

[11] Te Tāhū Hauora Health Quality & Safety Commission. 2022b. Consumer opportunity case studies. URL: www.hqsc.govt.nz/consumer-hub/consumer-health-forum-aotearoa/consumer-opportunities/ (accessed 30 August 2025).

Enabling the workforce as improvers

Our education initiatives strengthen the health workforce's capability in quality and safety, contributing to a health system focused on learning and continuous improvement.

In 2024/25, we supported the health workforce through formal education programmes and by actively engaging workers in our quality improvement initiatives.

We also developed tailored resources that addressed the specific needs of various programmes. These efforts helped to strengthen capability and drive improvements across the sector, promoting best practice and supporting continuous improvement at both national and local levels.

By supporting the health workforce in this way, we enhanced workers' ability to identify risks, reduce harm and continuously improve services. Ultimately the result is safer care and better health outcomes for patients.

Below are some examples of forms of this support that this report does not cover elsewhere.

Improving together education programme

In partnership with Health NZ, we delivered the education programme Improving together: Advisors programme.

The programme develops and expands the quality improvement skills and knowledge required to become an effective facilitator of change within the health sector.

This involves developing an understanding of the wider complexities of the health and disability care system, along with approaches for leading quality improvement within this environment.

This year, 22 health care workers from across the health sector completed this course, graduating in May 2025. 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. From 2025/26, Health NZ will continue to run the programme and taking responsibility for this initiative.

For more information, see Part 2, SPE deliverable 3.

Professional development workshops

Building on our ongoing partnership with the Australasian Institute of Clinical Governance (AICG), we supported 20 health sector staff, from both hospital and community-based services, to attend the Institute's professional development online workshops.

Before this, the AICG incorporated our guidance document *Collaborating for quality: a framework for clinical governance*[12] (see page 19) and the *Healing, learning and improving from harm: National adverse events policy 2023*[13] into its educational content (see page 17). These resources helped equip participants with current knowledge and practices aligned with our quality and safety priorities across the health system.

[12] Te Tāhū Hauora Health Quality & Safety Commission. 2024c. *Collaborating for quality: a framework for clinical governance.* Wellington: Te Tāhū Hauora Health Quality & Safety Commission. URL: www.hqsc.govt.nz/resources/resource-library/collaborating-for-quality-a-framework-for-clinical-governance (accessed 30 August 2025).

[13] Te Tāhū Hauora Health Quality & Safety Commission. 2023a. Healing, learning and improving from harm: National adverse events policy 2023. Wellington: Te Tāhū Hauora Health Quality & Safety Commission. URL: www.hqsc.govt.nz/resources/resource-library/national-adverse-event-policy-2023 (accessed 30 August 2025).

Aotearoa Patient Safety Day

On 15 November 2024, we once again promoted Aotearoa Patient Safety Day. The World Health Organization's World Patient Safety Day theme for 2024, 'Supporting diagnosis', focused on improving outcomes through listening, kindness, respect and support.

To mark this date, we shared digital resources on our website for health professionals to use in their workplace and online. On our website we also released an interview sharing how this worldwide theme was important within health care in New Zealand.[14]

Learning from harm capability building

To support the health sector to follow the *Healing, learning and improving from harm: National adverse events policy 2023*,[15] we provided learning from harm capability education through online learning modules and a workshop. The modules and workshops are recognised as contributing to continuing professional development hours, which may be applied towards registration requirements.

We have facilitated four in-person workshops on learning from harm capability. Another eight were bespoke workshops (five of them virtual) for specific groups of providers in the health sector (eg, telehealth; aged residential care; home and community; New Zealand College of Midwives resolution support team; general practice; disability support services).

We provided three virtual masterclass sessions and one-to-one coaching on learning review. The purpose of a learning review is to learn and improve in a way that allows the reviewer to understand the realities of everyday work so that they can uncover how harm occurs, minimise risk in the system and support health care workers to do the right thing. We facilitated an additional virtual masterclass on leadership to promote this methodology across the sector.

Additional development opportunities include completing the in-person engagement series for the Zero Seclusion project, supporting districts with higher seclusion rates; and engaging aged residential care staff in implementing the Deterioration Early Warning System (see the following section, page 20).

[14] Health Quality & Safety Commission Te Tāhū Hauora. 2025b. Aotearoa Patient Safety Day 2024 resources. URL: www.hqsc.govt.nz/our-work/system-safety/aotearoa-patient-safety-day/aotearoa-patient-safety-day-2024 (accessed 30 August 2025).

[15] Te Tāhū Hauora Health Quality & Safety Commission 2023a, *op. cit.*

Strengthening systems for high-quality services

We help shape the national focus on health quality and safety, leading to measurable improvements in areas where data has highlighted the greatest need.

We influence and guide the quality and safety of health services across all areas of the health system. Alongside convening forums of key leaders to identify emerging issues and risks, we develop policies, resources and quality improvement initiatives to strengthen system structures and processes for high-quality care.

We work closely with health sector agencies, primary and community care providers, professional bodies, consumers and whānau to build a broad and inclusive understanding of the health needs of all New Zealanders.

For patients, this means experiencing safer, more consistent care – no matter where or how they access the health system. By focusing national attention on the areas of greatest need and strengthening system-wide structures, we contribute to care that is guided by evidence, responsive to risks and continually improving. Patients benefit from services that are not only clinically effective, but also more coordinated, equitable and responsive to people's needs.

National Quality Forum

We convene the National Quality Forum (NQF), which brings together key national agencies and stakeholder representatives in the health sector.[16] In its quarterly meetings throughout 2024/25, the NQF addressed and prioritised quality and safety challenges in health that require cross-agency engagement.

Our chief executive co-chairs the NQF with one of the co-chairs of the Commission's consumer advisory group. We further support the NQF by providing up-to-date data analysis and intelligence to identify emerging issues.

The NQF has helped advance initiatives such as reducing harm from the use of anticoagulants and strengthening national medication safety governance. It has also had a major role in supporting a programme to improve maternity care, as outlined below.

Focus on maternity care

In September 2024, a cross-agency Maternity Steering Group was established under the NQF to strengthen visibility of activity to improve maternity care across the sector and identify opportunities for collaboration. The group brings together consumer and agency representatives and meets monthly to maintain momentum between NQF meetings. The Commission coordinates this group and supports reporting to the wider NQF.

The Steering Group is progressing work across the 7+3 maternity priorities[17] in maternity care. This has enabled clearer system-wide understanding of progress, supported connections across related initiatives, and helped identify opportunities for further cross-agency coordination or resourcing, such as addressing variation in the escalation of care.

The NQF's role in endorsing maternity outcomes as a shared system priority has supported agencies to progress work within their own mandates, while providing a platform for alignment, visibility and shared accountability. This collaborative approach reflects the value of the NQF in enabling system-level action on complex issues that cut across organisational boundaries.

[16] Current members of the NQF include consumer representatives, Commission executive leadership team members, the Ministry's Office of the Chief Clinical Officers and senior leaders, Office of the Health and Disability Commissioner, Ministry of Disabled People – Whaikaha, ACC, Pharmac, primary care representatives, Health NZ, and Health NZ district professional groups.

[17] These are the seven original maternity care issues identified and prioritised at the extraordinary NQF meetings on 6 December 2023, plus the three additional priorities from Health NZ the NQF collectively endorsed later. In total, the 10 priorities are: workforce retention and morale; access to appropriate ultrasound scans; whānau experience of care; joined-up data systems; addressing variation in escalations of care; cultural safety; informed consent; pre-term birth; implementing national guidelines; and maternal suicide and mental health.

Collaborating for quality – clinical governance

On 20 November 2024, we released the revised clinical governance framework *Collaborating for quality: a framework for clinical governance*.[18] Replacing the one released in 2017, the new framework reflects recent changes in the health sector. It is an aspirational framework that enables health organisations to develop their own context-specific clinical governance models for supporting high-quality care for everyone.

Following its release, we have collaborated with various parts of the health sector to support them in applying the framework. Health NZ, the Accident Compensation Corporation (ACC) and the National Public Health Service have used this framework to inform their clinical governance frameworks.

Reporting on harm (adverse) events

Harm that happens when health care is provided has wide-ranging negative impacts on wellbeing and relationships for consumers and their whānau, health workers and communities. It is important that when such harm occurs, there is the opportunity to heal, learn and improve.

The Commission actively supports the sector with capability building and co-designed resources to follow the *Healing, learning and improving from harm: National adverse events policy 2023*.[19] There has been a continued increase in serious harm (adverse) events reported to us as the policy is applied more broadly across the system. This improved transparency of these harm (adverse) events enables us all to identify and respond to opportunities to strengthen a culture of system learning.

To support these providers with reporting, we have launched a new harm (adverse) event submission portal to make reporting easier and more user-friendly.[20] We have also given large providers access to their own detailed dashboards. For Health NZ, the data is accessible at national, regional and local levels. Dashboards include graphing tools such as control charts to identify statistically significant changes (patterns).

Further, we began to develop a project focused on improving non-hospital acquired pressure injuries at stages 3 and 4 for those aged 75 years and over who are at greatest risk. As part of this work, we collaborated with other agencies to develop an annual system safety report, which will incorporate harm events reported to us from 2022 onwards.

System safety strategy development

In 2024/25, we began coordinating development of a system-wide safety strategy, as required by the *Government Policy Statement on Health 2024–2027*.

The strategy will set high-level principles to strengthen quality and safety, reflecting a shared commitment to learning, Te Tiriti o Waitangi, the Code of Health and Disability Services Consumers' Rights,[21] the Code of expectations and the *Healing, learning and improving from harm policy*. [22]

A leadership group is co-designing the strategy with consumers, whānau, the health workforce and providers, emphasising transparency and shared responsibility.

The strategy will be finalised in 2025/26. For more information, see Part 2, SPE deliverable 7.

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[18] Te Tāhū Hauora Health Quality & Safety Commission 2024c, *op. cit.*

[19] Te Tāhū Hauora Health Quality & Safety Commission 2023a, *op. cit.*

[20] Health Quality & Safety Commission Te Tāhū Hauora. (nd-b). Harm (adverse) event submission portal. URL: www.hqsc.govt.nz/our-work/system-safety/harm-adverse-event-submission-portal (accessed 31 August 2025).

[21] Health and Disability Commissioner. 1996. Code of Health and Disability Services Consumers' Rights. Wellington: Health and Disability Commissioner. URL: www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights (accessed 31 August 2025).

[22] Te Tāhū Hauora Health Quality & Safety Commission 2023a, *op. cit.*

Improving outcomes for people affected by major trauma

We worked in partnership with the Trauma National Clinical Network and ACC to improve the care provided across the country to people who experience physical trauma.

Trauma National Clinical Network annual report for 2023/24

In March 2025, the Trauma National Clinical Network marked an important milestone with the release of the national *Annual Trauma Report 2023/24*.[23] This report highlighted significant progress in improving outcomes for people affected by major trauma.

The report shows a continued decline in the case fatality rate for major trauma. In 2023/24, 172 New Zealanders died from major trauma, which is a case fatality rate of 6.5 percent. This marks the lowest rate recorded since the establishment of the national trauma system in 2012.

While the reduction in trauma-related mortality is promising, ongoing work is needed to sustain these improvements. Priorities for the future include reducing the time from injury to hospital and improving trauma 'survivorship' – quality of life after surviving major trauma – for those affected by major trauma.

Serious Traumatic Brain Injury Collaborative progress report

In December 2024, we published the *Serious Traumatic Brain Injury Collaborative progress report.*[24] The report highlights the work of nine hospital teams from across the country who participated in a national serious traumatic brain injury quality improvement initiative. The collaboration focused on improving the identification of brain injury in major trauma patients through the consistent use of post-traumatic amnesia assessments, a key indicator of injury severity and a predictor of functional outcomes.

Teams implemented simple and cost-effective solutions, while reducing the burden of work on busy staff. For example, they placed visual reminders on hospital computer screensavers and in wards, added checklists to existing essential assessment tools and embedded the traumatic brain injury pathway into electronic clinical records.

Aged residential care Deterioration Early Warning System

We published Aged residential care *Deterioration Early Warning System (DEWS): Feasibility study*[25] to support New Zealand's aged residential care sector to implement DEWS.

The use of this early warning system helps staff working in aged residential care to recognise when a resident may be getting acutely unwell and respond early. It is the first of its kind internationally. DEWS comprises three tools co-designed with the aged residential care sector.

The study found that participants strongly endorsed using DEWS and it concluded that implementing the system sector-wide is feasible. It recommended further development, including digital integration and e-learning support. Implementing DEWS is a key deliverable for 2025/26, beginning with an online learning package to support providers.

Details on our work on DEWS, including a recorded webinar presenting the results of the feasibility study, are available on our website.[26]

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[23] Health New Zealand | Te Whatu Ora. 2025. *Annual Trauma Report 2023/24. New Zealand Trauma Registry and Trauma National Clinical Network.* URL: www.tewhatuora.govt.nz/corporate-information/news-and-updates/trauma-annual-report-202324-published-today (accessed 31 August 2025).

[24] Health Quality & Safety Commission Te Tāhū Hauora. 2025c. *Serious Traumatic Brain Injury Collaborative progress report.* Wellington: Health Quality & Safety Commission Te Tāhū Hauora. URL: www.hqsc.govt.nz/assets/Our-work/National-trauma-network/Publications-resources/STBI-Collab-progress-report/HQSC_STBI_Collab_FullReport.pdf (accessed 31 August 2025).

[25] Daltrey J, Boyd M, Robinson J, et al. 2025. *Aged residential care Deterioration Early Warning System (DEWS): Feasibility study.* Wellington: Health Quality & Safety Commission Te Tāhū Hauora. URL: www.hqsc.govt.nz/our-work/improved-service-delivery/aged-residential-care/deterioration-early-warning-system/deterioration-early-warning-system/ (accessed 31 August 2025).

[26] Health Quality & Safety Commission Te Tāhū Hauora. 2025d. Deterioration Early Warning System (DEWS) – a feasibility study in aged residential care. URL: www.hqsc.govt.nz/our-work/improved-service-delivery/aged-residential-care/deterioration-early-warning-system-dews/deterioration-early-warning-system (accessed 31 August 2025).

Paediatric Early Warning System

Impact of national roll-out

In 2024/25, we continued to monitor improvements achieved through the nationally implemented Paediatric Early Warning System (PEWS) from 2023/24.

Our three key performance measures showed the following national trends (from quarters 1 to 4) (see also Figure 3).

» Measure 1 – percentage of patients with a complete set of core vital signs for the most recent observation – improved from 65 to 73 percent. This indicates more staff were complying with the required documentation of vital signs.

» Measure 2 – percentage of patients who triggered an escalation for whom the response followed the mandatory escalation pathway – improved from 55 to 58 percent. This result varied between districts, suggesting that there is still room for improvement in compliance with the escalation pathways of individual districts.

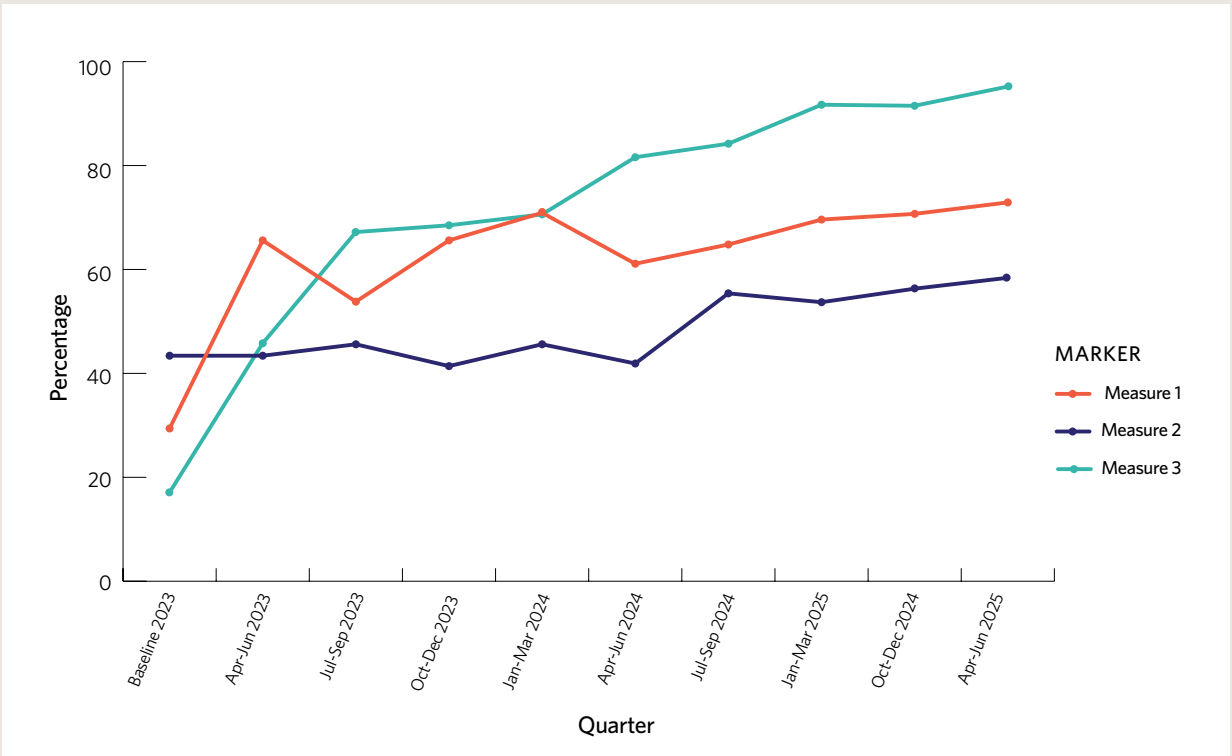
» Measure 3 – percentage of patients for whom whānau concern was documented – rose from 84 to 95 percent, reflecting that staff were consistently recognising and recording concerns from family and whānau.

National stocktake

To embed this work within districts, we conducted a national PEWS stocktake. The aim was to understand how providers across New Zealand are currently using PEWS and to identify areas requiring further support, education or improvement. The survey was sent to district PEWS leads, and received responses from clinical, education and quality teams across 14 districts with inpatient paediatric services.

The stocktake also included a reminder question prompting districts to review their local escalation processes, particularly considering ongoing variation in Measure 2 performance. Responses indicated strong support for the PEWS framework, and many districts requested updates to the PEWS vital sign charts for those aged 5–11 years and 12+ years.

Figure 3: Paediatric Early Warning System measures for all Health NZ districts



The changes introduced through the national roll-out aim to make the charts easier to use and fit into daily workflows. The PEWS charts are being updated based on agreement with PEWS stakeholders.

Improving sepsis care

The Commission focused on opportunities to improve sepsis care in New Zealand. We have been working in partnership with Sepsis Trust NZ and technical advisory group that includes representatives from from paediatrics, maternity, general medicine, emergency medicine, intensive care and infectious diseases to develop a comprehensive quality improvement package of tools and resources.

The national package will support hospital-based health professionals to improve the early recognition and timely treatment of patients with sepsis. Updated sepsis pathway tools for adult, maternity, and paediatric patients along with clinical, measurement and implementation guides and supporting learning material will be published in 2025/26.

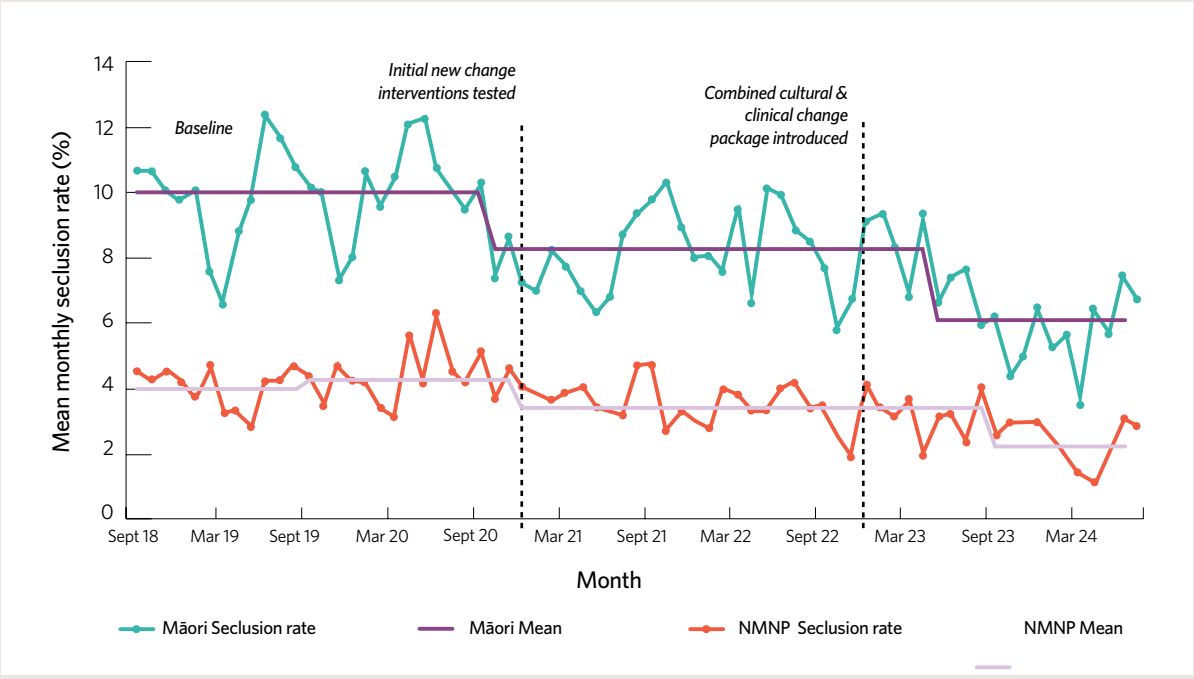
In addition, we released a video featuring a patient and his wife sharing their lived experience of sepsis.[27]

Mental health and addiction improvement programme

A key achievement of the mental health and addiction improvement programme has been to reduce seclusion rates across all ethnicities, from 6.4 percent at baseline in 2018/19 to 4.3 percent as of September 2024. This includes significant reductions in rates of seclusion for Māori, from 9.9 percent to 6.0 percent, and for non-Māori, non-Pacific, from 4.0 percent to 2.5 percent (see Figure 4).

We launched seclusion as an Always Report and Review (ARR) event this year – that is, an adverse event that can result in serious harm or death but is preventable with strong clinical and organisational systems. Seclusion as an ARR has been in effect since 1 July 2024. This decision ensures a mechanism for national oversight is in place for ongoing learning and accountability, which are critical to sustaining the gains that have been achieved.

Figure 4: Reductions in rates of seclusion for Māori and non-Māori, non-Pacific, by half year, 2018–2024



Note: NMNP = non-Māori, non-Pacific.

[27] Navigating sepsis diagnosis in Aotearoa (video). 2024. URL: www.hqsc.govt.nz/our-work/improved-service-delivery/sepsis/patient-stories-about-sepsis/bennett-and-pepas-story-navigating-sespsis-diagnosis-in-aotearoa/

Two publications – in *Australasian Psychiatry and the New Zealand Medical Journal* – have recognised the programme's impact and progress (for more information, see Part 2, deliverable 4). Further, coverage in the Spinoff has highlighted the success of the Zero Seclusion project.

From 30 June 2025, following eight years of the Commission's strong leadership, the mental health and addiction improvement programme has transitioned to Health NZ so that system improvements are sustained and continue to benefit people and communities.

Infection prevention and control

After it began in 2011, the Infection Prevention and Control (IPC) programme was fully funded by the Commission through to 2019. Since then, it has led a range of IPC initiatives funded by Health NZ.

These include the surgical site infection (SSI) improvement programme, hand hygiene compliance monitoring, and healthcare-associated *Staphylococcus aureus* bacteraemia (HA-SAB) surveillance.

In 2024/25, we facilitated three meetings with the national Strategic IPC Advisory Group who provided guidance and feedback on the national programmes. We also facilitated regular network meetings with hand hygiene leads and SSI champions from both Health NZ districts and private surgical hospitals to share successes and discuss system-wide improvements. We distributed letters on hand hygiene compliance for each district to senior leadership teams in each region and district hospital. We also transitioned the quarterly HA-SAB surveillance reports to a dashboard in October 2024, making the information more accessible and timely for users.

From 30 June 2025, the IPC programme is being delivered by Health NZ, supporting the best-practice IPC approaches across the country. We will continue reporting on IPC quality and safety markers as part of our quality and safety monitoring role.

Some key achievements

Over the years since the first programme began in 2011 through to June 2025, we note the following key achievements of our infection prevention and control programmes.

- We delivered and maintained three national surveillance and quality improvement programmes: Surgical Site Infection Improvement Programme, Hand Hygiene New Zealand, and Healthcare-associated *Staphylococcus aureus* bacteraemia (HA-SAB) surveillance since the programme's inception.
- We developed five data dashboards for the IPC programmes (cardiac SSI, orthopaedic SSI, ortho SSI VLAD, HA-SAB, and hand hygiene) that were updated quarterly. We published 14 journal articles related to the IPC programmes since 2016.
- High compliance with process measures for orthopaedic (hip and knee arthroplasty) and cardiac surgery has been maintained for many years. Approximately 188 orthopaedic SSIs have been avoided since 2016 and 226 cardiac SSIs have been avoided since 2018, resulting in $7.5 million and $9 million in avoided costs, respectively.
- We performed New Zealand's first national point prevalence survey of healthcare-associated infections in 2021 and follow up analysis was published. This survey helped us understand the prevalence of healthcare-associated infections in New Zealand hospitals and assess their economic impact on the health system.[28] Building on this work, we published a paper outlining the burden of healthcare-associated infections in public hospitals.[29] This survey and subsequent reports will help guide Health NZ as it takes the programme forward.
- The national hand hygiene compliance rate has improved by 35 percent and has consistently been above 80 percent since 2015. We have offered support for those districts failing to sustain the programme.
- Based on the increasing HA-SAB rate, we partnered with the sector and developed a bundle and supporting resources for reducing peripheral intravenous catheter (PIVC)-related bloodstream infections.

[28] The national HAI point prevalence survey, led by the Commission, indicates the economic burden of HAIs in New Zealand is approximately $955 million each year.

[29] Morris AJ, Hensen M, Graves N, et al. 2024. The burden of healthcare-associated infections in New Zealand public hospitals 2021. *Infection Control & Hospital Epidemiology* 45(10):1176–82. DOI: 10.1017/ice.2024.95.

Leading health quality intelligence

We strengthen the system's ability to respond quickly to emerging quality and safety risks by providing timely insights into the quality of health service delivery.

Our collection and rigorous analysis of health data and information, in multiple forms, helps the Government and health sector to understand whether improvement efforts are making a difference to key quality indicators over time.

With this information, it is possible to rapidly identify and respond to risks, helping to keep care safe and effective for patients. By providing timely, reliable insights into how services are performing, we support the sector to make improvements based on evidence and address issues before they escalate.

We continue to collaborate with key stakeholders in the health workforce and government to enhance our data collection and analysis processes that support ongoing improvements.

Monitoring quality and safety

Our data collection and analysis tools include:

» quality and safety markers[30]

» the dashboard of health system quality[31]

» the Atlas of Healthcare Variation[32]

» the patient Experience Explorer[33]

» the harm (adverse) events submission portal.[34]

We identify current and emerging changes, challenges and gaps in health care quality and safety, in order to inform evidence-based quality improvement initiatives. Transparent and accessible analysis is essential to keep the health system accountable and responsive to the needs of patients and the public.

Our insights draw on Quality Alerts and other quality indicators, as well as ongoing intelligence received from consumers and whānau, the health workforce and other stakeholders. Quality Alerts analyse a wide range of our data and reports, including measures derived from National Minimum Dataset (hospital events), to signal potential risks and issues within the health system. They drive further analysis and collaboration and support the generation of actionable insights to improve the quality and safety of health care in New Zealand.

In 2024/25, we worked with Health NZ to formalise how Quality Alerts were used within its emerging clinical governance processes. We also expanded our wide range of tools (eg, the outpatient experience surveys and surgery-related mortality dashboard) while continuing to deliver and incrementally improve on existing tools.

Assessing quality and safety

This year, at the request of the Minister of Health, we introduced Insights reports to provide an independent assessment of the quality and safety of health services.

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30 Health Quality & Safety Commission Te Tāhū Hauora. (nd-c). Quality & safety markers. URL: www.hqsc.govt.nz/our-data/quality-and-safety-markers (accessed 31 August 2025).

31 Health Quality & Safety Commission Te Tāhū Hauora. (nd-d). Dashboard of health system quality. URL: www.hqsc.govt.nz/our-data/quality-dashboards/dashboard-of-health-system-quality (accessed 31 August 2025).

32 Health Quality & Safety Commission Te Tāhū Hauora. (nd-e). Atlas of Healthcare Variation. URL: www.hqsc.govt.nz/our-data/atlas-of-healthcare-variation (accessed 31 August 2025).

33 Health Quality & Safety Commission. 2022c. Experience explorer dashboards. URL: www.hqsc.govt.nz/our-data/patient-reported-measures/patient-experience/survey-results (accessed 31 August 2025).

34 Te Tāhū Hauora Health Quality & Safety Commission. 2023b. Harm (adverse) event submission portal. URL: www.hqsc.govt.nz/our-work/system-safety/harm-adverse-event-submission-portal (accessed 31 August 2025).

These reports offer credible analysis of complex health system issues and create opportunities for deeper collaboration and joint action with our partner agencies.

We develop Insights reports by collating, analysing and interpreting data sets we hold, additional data from Health NZ and insights gained through interviews with clinicians, other health workers and consumers. All interview input is anonymised to encourage free and frank feedback.

To date, we have produced three Insights reports. The first outlined our overall view of quality and safety in the health system, drawing on routine data and insights from the health workforce and consumers.[35] The second focused specifically on general practice.[36] The third, delivered to the Minister of Health on 30 June 2025, provided updated data on key quality and safety indicators and will be published on our website in 2025/26.

We share each report with the Ministry and Health NZ at the same time as we provide it to the Minister, so that it can inform analysis and action on emerging issues through the NQF.

For more information, see Part 2, SPE deliverable 4.

Patient-reported measures

The Commission collects patient-reported measures through validated and standardised surveys, enabling systematic data collection, analysis and reporting.

With the national Census now ended, these surveys are the largest of their kind in New Zealand's public sector, gathering feedback from over 50,000 patients every quarter.[37] Publicly reported, they provide valuable information on what is working well and where improvements are needed from the perspective of patients and whānau.[38]

Over 2024/25, people shared their experiences and thoughts through:

» the **adult hospital inpatient experience survey** (AHS-I), which heard from 16,843 people who had a hospital admission

» the **adult hospital outpatient experience survey** (AHS-O), which heard from 54,665 people who attended an outpatient appointment[39]

» the **adult primary care patient experience survey** (APCS), which heard from 131,679 people who received care from their general practice.

We are seeing sustained and continuing improvements in several important areas. Notably, more patients are feeling involved in decisions about their care (see Figures 5 and 6). The proportion of inpatients with this response has grown by 15 percent over the last 10 years (to reach over 80 percent currently). Given over 700,000 publicly funded inpatient discharges (excluding day cases) occur each year,[40] this represents an extra 100,000 inpatients each year feeling as involved as they want to be.

Gathered at local, regional and national levels, this information is recognised as a good indicator of the quality of health services and helps drive quality improvement to deliver better care. This work is partly funded by Health NZ.

These surveys report experience by ethnic group, age group, gender, and disability status. Collecting data on disability status is particularly important as this information is often missing from national reporting and yet it gives important insights into the experience of disabled people.

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35 Te Tāhū Hauora Health Quality & Safety Commission. 2024d. *Assessing system quality and safety: Insights report* – September 2024. URL: www.hqsc.govt.nz/assets/Core-pages/About-us/Insights-reports/Te-Tahu-Hauora-Assessing-system-quality-and-safety-insights-report-September-2024.pdf (accessed 31 August 2025).

36 Te Tāhū Hauora Health Quality & Safety Commission. 2024e. *Assessing system quality and safety: Insights report* – November 2024. URL: www.hqsc.govt.nz/assets/Core-pages/About-us/Insights-reports/Te-Tahu-Hauora-Assessing-system-quality-and-safety-insights-report-November-2024.pdf (accessed 31 August 2025).

37 Health Quality & Safety Commission Te Tāhū Hauora. 2025e. Survey results. URL: www.hqsc.govt.nz/our-data/patient-reported-measures/patient-experience/survey-results/ (accessed 31 August 2025).

38 Health Quality & Safety Commission Te Tāhū Hauora. (nd). Patient experience. URL: www.hqsc.govt.nz/our-data/patient-reported-measures/patient-experience/ (accessed 31 August 2025).

39 The results from the AHS-O were publicly reported for the first time in June 2025, with the launch of the Outpatient Experience Explorer. See URL: www.hqsc.govt.nz/our-data/patient-reported-measures/patient-experience/taking-part/outpatient/

40 Health New Zealand | Te Whatu Ora. 2024. Hospital events web tool. URL: www.tewhatuora.govt.nz/for-health-professionals/data-and-statistics/hospital-event/web-tool (accessed 31 August 2025).

Figure 5: Improvements in adult hospital patient experience

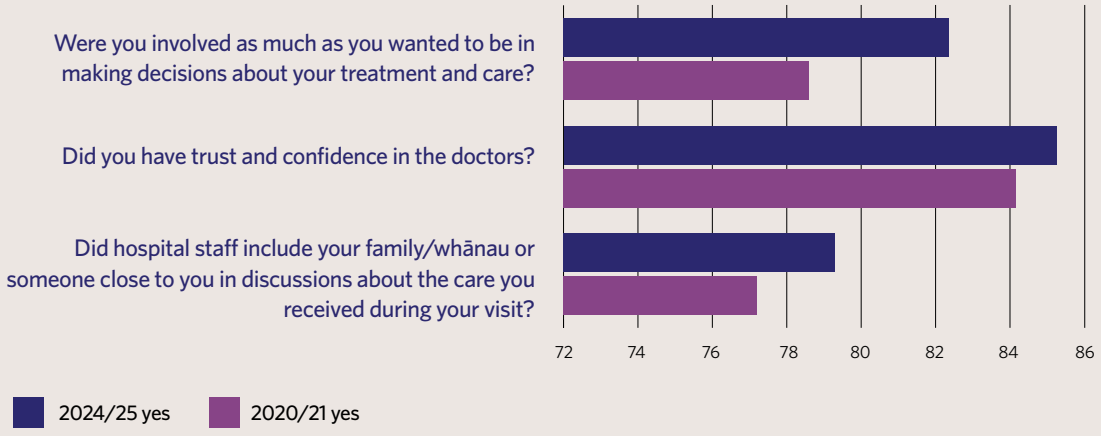
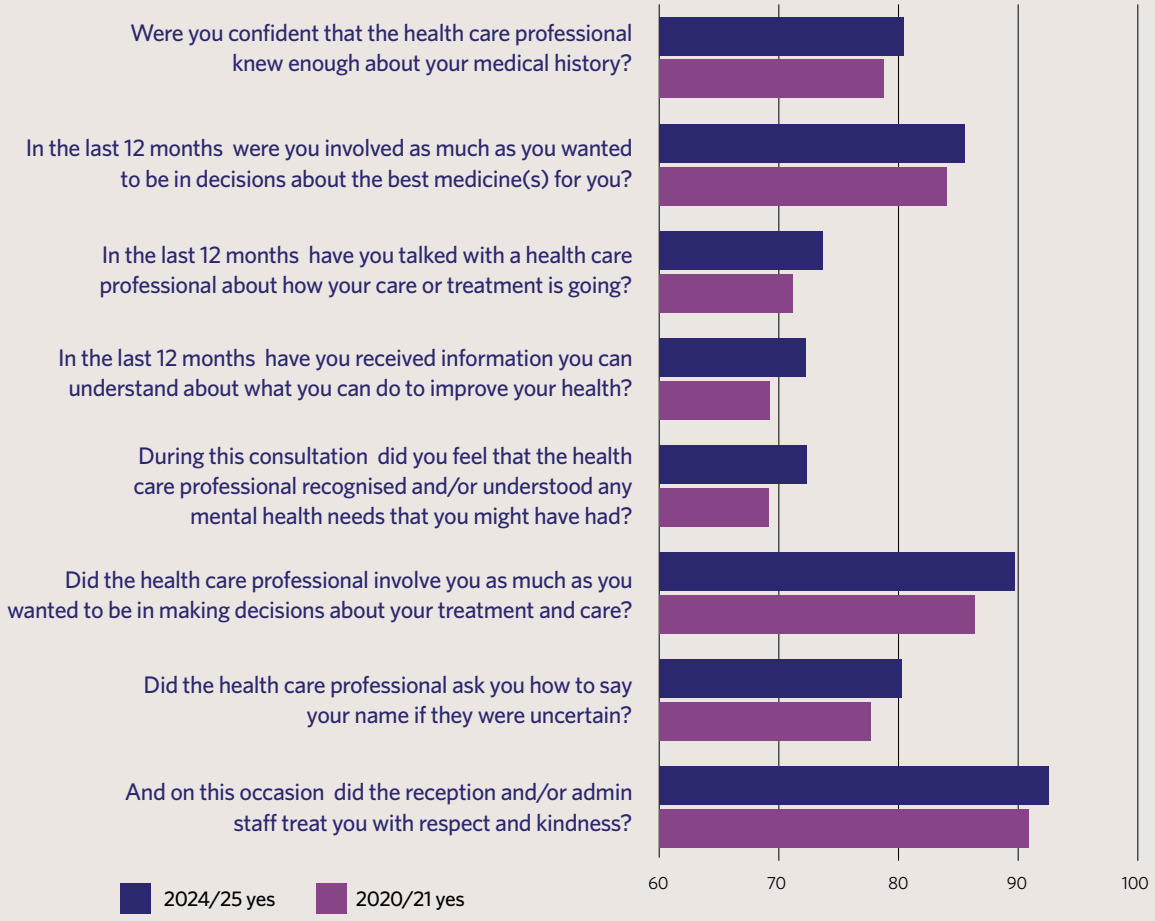


Figure 6: Improvements in adult primary care patient experience



We use this data in a variety of ways including to inform policy, in annual reporting, for research purposes and for lay media reporting. We also break it down by districts, particularly where a district is seeking to compare its performance against other districts and to provide public transparency on people's experience of care.

Developing new survey tools

To further understand whether health care is providing value, decision-makers in New Zealand's health system need to know more about what patients and people seeking wellness think about their health care outcomes. To this end, the Commission is expanding our survey programme in the following ways.

» An **annual home and community support services experience (HCSS) survey**, launched in September 2024, is designed to capture people's experiences of their home and community support services. We developed the survey in partnership with the Home and Community Health Association, the New Zealand Health Group and HCSS providers who opted to participate. Over 5,500 clients responded to the survey, 82 percent of whom were aged 65 years or over, making the findings particularly relevant for those involved in aged care services. The most positive responses related to inclusivity and respect. Areas needing improvement related to scheduling appointments and communication. A report on the 2024 national results is available on our website.[41]

» We have progressed work to strengthen insights into the **experience of those receiving maternity services**. We worked with an expert advisory group (including the co-leads from the maternity clinical network) to establish:

  - a district-level report on hospital maternity inpatient experience to outline where districts are doing well and where there is room to improve the experience for people who receive hospital inpatient maternity care, using feedback collected in the AHS-I
  - new maternity-specific questions for the hospital inpatient experience survey, launched as part of the May 2025 AHS-I survey round. The existing inpatient experience survey already covers key aspects of hospital maternity care. Results from the new questions will be available in mid-2026 after a year of data collection.

Further, under a contract with the Commission, Te Tātai Hauora o Hine – National Centre for Women's Health Research Aotearoa will undertake the qualitative analysis of maternity comments with te ao Māori as its perspective. Its results will feed into the design of future maternity-focused reports.

These initiatives reflect our ongoing commitment to embedding the patient voice in service design and delivery, and to supporting continuous improvement across the health and disability system.

New Atlas of Healthcare Variation domain

The Atlas of Healthcare Variation (Atlas) displays maps, graphs, tables and commentaries that highlight variations by geographic area in the provision and use of specific health services and people's health outcomes.

In December 2024, we published a new Atlas domain focused on chronic obstructive pulmonary disease (COPD).[42] The domain aims to highlight regional and demographic variation in the prevalence of COPD, as well as in hospital admissions and medicine use among people with this condition. This new Atlas domain provides valuable insights to support conversations about health care differences and possible reasons for those differences.

Key findings highlight that an estimated 66,000 people who were aged 45 years or over and enrolled with a primary health organisation (PHO) had COPD in 2023. Māori had the highest estimated rate. Two findings warrant further investigation to determine whether they represent under-use of effective treatment (triple therapy). We have shared these findings with the sector and developed audit tools to support improvement.

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41 Health Quality & Safety Commission Te Tāhū Hauora. 2025f. Home and community support services experience survey: National results 2024. URL: www.hqsc.govt.nz/resources/resource-library/hcss-experience-survey-results-2024/ (accessed 31 August 2025).

42 Health Quality & Safety Commission Te Tāhū Hauora. 2025g. Atlas of Healthcare Variation – Chronic Obstructive Pulmonary Disease in people aged over 45 and over. URL: www.hqsc.govt.nz/our-data/atlas-of-healthcare-variation/chronic-obstructive-pulmonary-disease (accessed 31 August 2025).

Exploring planned procedures data with New Zealand Institute Economic Research

As prioritised by the Government, access remains a major issue affecting the quality and equity of health services. To fully understand the implications of this issue, we have commissioned the New Zealand Institute of Economic Research to explore the potential harm that may be occurring as a result of limited or delayed access to care. Its findings will help build a clearer picture of the impact on individuals, whānau and communities, and inform targeted actions to address any gaps and improve outcomes.

Early findings show how changes in access for specific types of surgeries and identified key procedures are needing further analysis. The work also looks at acute admissions that come from people on waiting lists for planned procedures, providing a broader view of system pressures and patient outcomes.

This initiative will continue to generate insights into the potential benefits of improving access to care in terms of both quality and safety. It will also inform the development of appropriate metrics for ongoing monitoring and improvement.

Guiding improvement to prevent avoidable mortality

Our mortality reviews identify opportunities and influence system change to improve systems and services with the goal of preventing avoidable mortality and morbidity.

Our mortality reviews help make care safer by identifying where preventable deaths and illnesses occur and prompting changes to stop them from happening again. This means patients receive care in a system that is continuously learning and improving, reducing the risk of harm and increasing the chances of better health outcomes.

Since the Commission's establishment, we have held legislative responsibility for the national mortality review function, now governed by section 82 of the Pae Ora (Healthy Futures) Act 2022. The National Mortality Review Committee He Mutunga Kore (the Committee), appointed by the Commission's board, has the authority to access and use information to provide independent advice. This role includes strict obligations around confidentiality and penalties for non-compliance.

Engagement with the health and wider sectors, stakeholders, and people with lived experience is central to our work, as it leads to improvements that are informed by real-world insights and tailored to the needs of communities across New Zealand. As well as sharing district-level information with Health NZ and its clinical teams, we collaborate with the Centre for Family Violence and Sexual Violence Prevention[43] on family violence, and more generally with the Ministry, the Health and Disability Commissioner and the Coronial office, to take a comprehensive, coordinated approach to preventing avoidable mortality.

These combined efforts have informed the following reports and activities that share learnings, highlight progress in reducing avoidable mortality and identify areas for improvement.

Surgery and risk in New Zealand

Established in October 2024, the surgery mortality outcomes project includes data current to December 2023, presented in two formats: a public infographic summary[44] (for an example, see Figure 7) and an interactive dashboard available for approved users.[45]

The infographic highlights survival rates and the overall safety of surgeries in New Zealand. It presents accessible, public-facing information that offers a high-level summary of surgical procedures and the people undergoing them. The data confirms that surgery in New Zealand is safe and that surgical mortality rates are not increasing.[46]

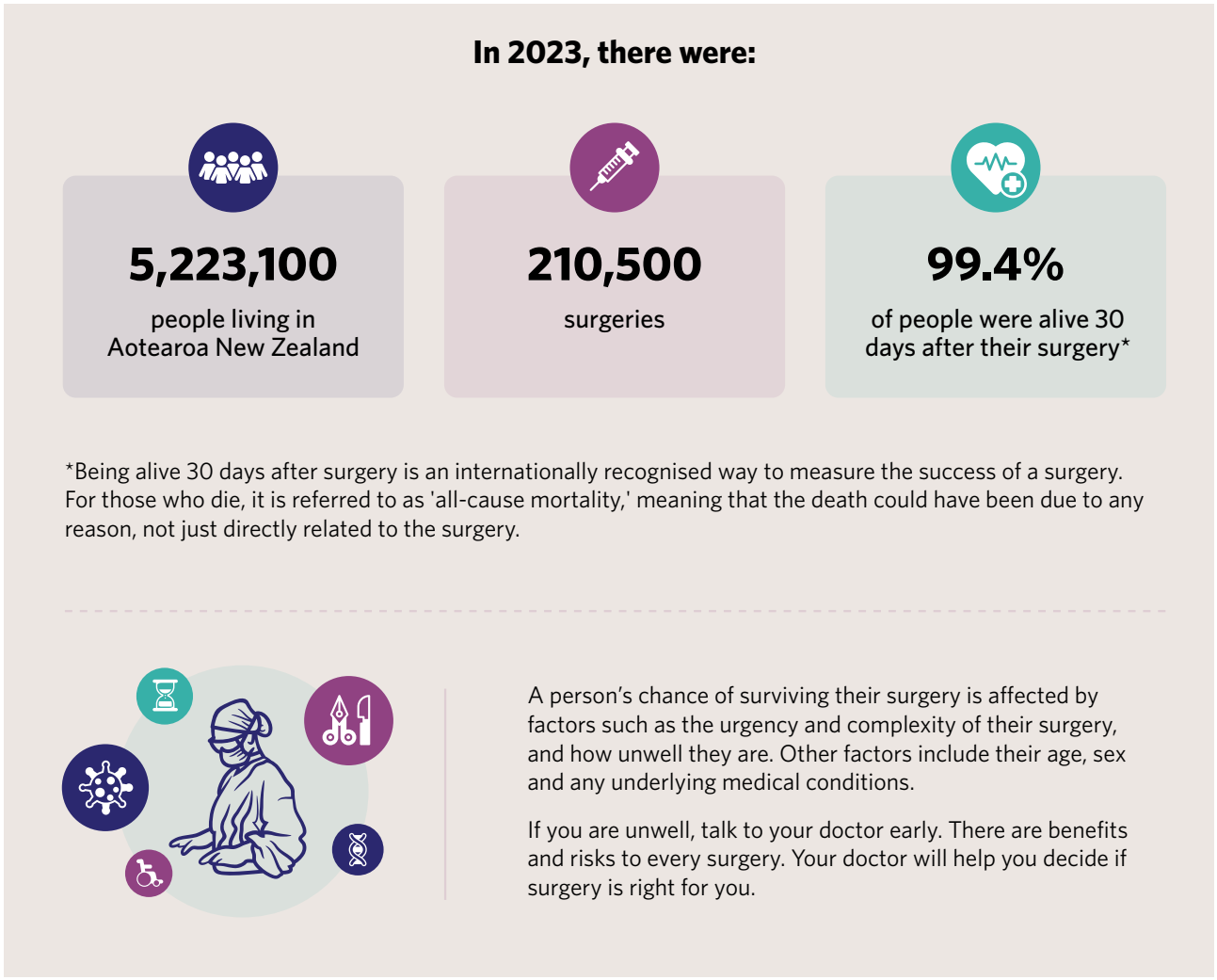
[43] The Centre for Family Violence and Sexual Violence Prevention brings government agencies together to align whole-of-government strategy, policy and investment aimed at eliminating family violence and sexual violence. See: preventfvsv.govt.nz/ (accessed 24 October 2025).

[44] Te Tāhū Hauora Health Quality & Safety Commission. 2024f. Surgery and risk in Aotearoa New Zealand. URL: www.hqsc.govt.nz/resources/resource-library/surgery-and-risk-in-aotearoa-new-zealand (accessed 1 September 2025).

[45] Approved users included clinicians, quality and risk managers, and researchers to interrogate mortality data associated with publicly funded surgeries.

[46] Te Tāhū Hauora Health Quality & Safety Commission. 2024g. New data shows surgery mortality outcomes improving. URL: www.hqsc.govt.nz/news/new-data-shows-surgery-mortality-outcomes-improving (accessed 1 September 2025).

Figure 7: Excerpt from Surgery and risk in New Zealand infographic



For more information, see Part 2, SPE deliverable 6.

Family violence death review findings

Understanding femicide, the gender-based killing of women and girls

Femicide: Deaths resulting from gender-based violence in Aotearoa New Zealand was published on 30 June 2025.[47] The report takes a broad approach to understanding femicide, the gender-based killing of women and girls. Our aim is to spark a national conversation about the impact of gender-based violence and the strategies needed to prevent and respond to it. The report received widespread media coverage.

[47] Health Quality & Safety Commission Te Tāhū Hauora. 2025h. *Femicide: Deaths resulting from gender-based violence in Aotearoa New Zealand | Kōhuru Wahine: nā te ririhau ā-ira i te whenua o Aotearoa.* Wellington: Health Quality & Safety Commission Te Tāhū Hauora. URL: www.hqsc.govt.nz/resources/resource-library/femicide-deaths-resulting-from-gender-based-violence-in-aotearoa-new-zealand (accessed 1 September 2025).

The data shows an increase in the number of perinatal deaths[48] associated with violence in pregnancy in 2020–2022, compared with 2018–2019. While the reason for this increase may be that health professionals are now more likely to record violence in pregnancy, we also note the potential to prevent these deaths by effectively responding to this violence.

The report highlights inequities in the rates of family violence homicide for Māori women and girls compared with non-Māori women and girls between 2018 and 2022. If these inequities had not existed, there would be approximately 25 more wāhine and kōtiro Māori alive today.

Along with the need for effective preventive action and response, a clear message from our stakeholder engagement was the need to provide ongoing support for victims.

For more information, see Part 2, SPE deliverable 6.

Stalking behaviours report

In October 2024, we released 'Findings from Family Violence Death Review data relating to stalking: January 2020 – June 2024'.[49] The purpose of the paper was to assist in the development of new legislation to make stalking a criminal offence. It brings together a number of cases to highlight the different ways stalking can occur and contributes to a wider understanding of what stalking might look like and how it can impact victims and their wider whānau.

Reporting on sudden unexpected death of infants

In September 2024, the Commission convened a meeting of 22 experts from across the health sector to address the high rates of sudden unexpected death of infants (SUDI) and explore the system-level issues hampering progress.

The expert group believes a wider systems approach is required because SUDI cannot be solely considered a health issue given that the rates are higher among whānau from socioeconomically deprived neighbourhoods.

Following the 2024 meeting and subsequent report to the Minister of Health, Health NZ is leading a coordinated, sector-wide approach to addressing SUDI. The Commission's report along with a report by the Ministry to the Minister of Health has contributed to a closer look at SUDI at the regional and district level.

[48] A perinatal death is any death of a baby from 20 weeks' gestation (ie, at or after 20 weeks or, if gestation is unknown, birthweight of 400 grams or more), including all terminations, to before 28 completed days of life (ie, up to midnight on the 27th day).

[49] Te Tāhū Hauora Health Quality & Safety Commission. 2024h. Findings from Family Violence Death Review data relating to stalking: January 2020 – June 2024. URL: www.hqsc.govt.nz/resources/resource-library/findings-from-family-violence-death-review-data-relating-to-stalking-january-2020-june-2024 (accessed 1 September 2025).

Measuring the impact of our work

Alongside delivering our planned work, we are focused on understanding how it contributes to improved outcomes. We see evidence that suggests we are on the right track to achieving our strategic priorities and making a meaningful impact.

Table 1 outlines our enduring and strategic priorities and the medium- and long-term outcomes we have been measuring over the last 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 1: Progress towards achieving our strategic priorities and enduring priorities, 2021/22–2024/25

What we expect to see when our work is contributing to our strategic priority outcomes	What outcomes we hope to see[50]	What we achieved			
		2021/22[51] *(2020/21 and earlier in italics)*	2022/23[52]	2023/24[53]	2024/25
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)	We continued to collect and monitor data and created a new tool, Experience Explorer. We will evaluate whether improvements have occurred in 2023/24. *Between 2014 and 2019, 20% of questions asked in the hospital patient experience survey showed sustained improvements in reported experience.* *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 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 health care system as reported in the Experience Explorer. [54]	Primary care, inpatient and outpatient surveys continue to be run quarterly and all three surveys are now published as Experience Explorers. At a national level since 2020, we have een statistically significant improvements in 9 out of 26 questions in the primary care survey (compared with declines in three – all related to access). Results for 7 out of 31 questions from the inpatient survey have similarly improved since 2020, including patient involvement in care and communication. Notably patient involvement, the focus of many of the programmes reported under the consumer QSM, has also improved.

[50] Health Quality & Safety Commission. 2021. *Annual report 2020/21*. Wellington: Health Quality & Safety Commission. URL: www.hqsc.govt.nz/resources/resource-library/annual-report-202021-purongo-a-tau-202021 (accessed 1 September 2025).

[51] Te Tāhū Hauora Health Quality & Safety Commission. 2023c. *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 (accessed 1 September 2025).

[52] Te Tāhū Hauora Health Quality & Safety Commission. 2023d. *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 (accessed 1 September 2025).

[53] Te Tāhū Hauora Health Quality & Safety Commission. 2024i. *Annual report 2023/24*. Wellington: Te Tāhū Hauora Health Quality & Safety Commission. URL: www.hqsc.govt.nz/resources/resource-library/annual-report-202324 (accessed 1 September 2025).

[54] Health Quality & Safety Commission 2022c, *op. cit.*

What we expect to see when our work is contributing to our strategic priority outcomes	What outcomes we hope to see	What we achieved			
		2021/22 *(2020/21 and earlier in italics)*	2022/23	2023/24	2024/25
Improving experience for consumers and whānau					
	Patient and whānau measures and reporting across our programme areas (qualitative and quantitative) indicating improvement in engagement and experience (3–5 years)	We continued to collect, monitor and publish data. We will evaluate whether improvements have occurred in 2023/24. *A baseline has been established for the consumer QSM.*	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 Quality and safety marker tool self-assessment summary.	We continued to collect and report data through our consumer QSM. Four Health NZ regions report across 19 districts, setting a regional baseline. From reporting in September 2024 and March 2025, there are four improved measures and zero deteriorating measures. For more information, see the Consumer and whānau quality and safety marker self-assessment summary.[55]

[55] Health Quality & Safety Commission Te Tāhū Hauora. (nd-h). Consumer and whānau quality and safety marker self-assessment summary. URL: reports.hqsc.govt.nz/content/ce4ea63e-68e6-4ac1-93ae-32ace685bdc6/_w_8b35e930/#!/supporting-self-assessment (accessed 1 September 2025).

What we expect to see when our work is contributing to our strategic priority outcomes	What outcomes we hope to see	What we achieved			
		2021/22 *(2020/21 and earlier in italics)*	2022/23	2023/24	2024/25
Enabling the workforce as improvers					
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 the Commission tools, publications and education (1–3 years) Improvement in outcomes as a result of quality improvement approaches (3–5 years)			In 2023/24, we determined the measure 'Health sector has increased use of quality improvement evidence from the Commission's tools, publications and education (1-3 years)'. We expect to report in 2024/25. As above.	In 2024/25, we successfully completed a feasibility study for a new early warning system to support staff in aged residential care to recognise when a resident may be getting acutely unwell and respond early (see page 20) » The 2023/24 national implementation of the Paediatric Early Warning System (PEWS) led to improvements on three key performance measures (see page 21). » Seclusion rates reduced across all ethnicities, from 6.4 percent at baseline in 2018/19 to 4.3 percent as of September 2024 (see page 22).

What we expect to see when our work is contributing to our strategic priority outcomes	What outcomes we hope to see	What we achieved			
		2021/22 *(2020/21 and earlier in italics)*	2022/23	2023/24	2024/25
Strengthening systems for high-quality services					
We will know our work is contributing to a stronger system for high-quality health and disability services when we see: » greater whānau involvement in harm (adverse) event reviews, learning and communication » Health NZ addressing issues raised in relevant Quality Alerts » reduced mortality over time in mortality review cohort groups » improved capability in data and measurement, quality improvement science and clinical governance within the health and disability system and workforce » improved quality and safety measures across the health and disability system and in our own measures.	Improved quality and safety measures within our programme areas (2–5 years or longer)	In the period to March 2022, we achieved the following results. » A further 37 falls with fractured neck of femur were avoided, making 212 in total. » Patient deterioration rapid response team escalations have further increased to stand around 50% above baseline, while in-hospital cardiopulmonary arrests have now decreased by around 240. » An additional 28 infections following hip and knee surgery were avoided so that the total avoided infections stands at 120. » For cardiac surgery, there are now 95 avoided infections. *Since their inception, the following improvements in outcomes and processes associated with the Commission's quality and safety programmes have been identified.* » *Falls with a fractured neck of femur have decreased by 25%, equating to 175 avoided fractured necks of femur.* » *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.*	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. » A further 35 falls with fractured neck of femur were avoided, making 242 avoided in total. » A further 125 in-hospital cardiac arrests were avoided, making 378 avoided in total. » A further 18 infections following hip and knee surgery were avoided, making 138 avoided in total. » A further 25 infections following heart surgery were avoided, making 130 avoided in total. 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.	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. » A further 52 falls with fractured neck of femur were avoided, making 283 avoided in total. » A further 226 in-hospital cardiac arrests were avoided, making 538 avoided in total. » A further 14 infections following hip and knee surgery were avoided, making 182 avoided in total. » A further 41 infections following heart surgery were avoided, making 200 avoided in total. 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.	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 2025, reductions in these harms stood as follows. » A further 16 falls with fractured neck of femur were avoided, making 291 avoided in total. » A further 243 in-hospital cardiac arrests were avoided, making 820 avoided in total. » A further 6 infections following hip and knee surgery ere avoided, making 187 avoided in total. » A further 58 infections following heart surgery were avoided, making 263 avoided in total. We are not observing a further decline in post-operative DVT/ PE across the country over the last 18 months.

What we expect to see when our work is contributing to our strategic priority outcomes	What outcomes we hope to see	What we achieved			
		2021/22 *(2020/21 and earlier in italics)*	2022/23	2023/24	2024/25
Strengthening systems for high-quality services					
		» *Safe surgery – 673 post-operative deep vein thromboses (DVTs)/pulmonary embolisms (PEs) have been avoided.* » *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.* *The Commission supported 18 improvement projects in primary care, and 14 of 18 showed measurable improvement.*			
	Reduced number of disability adjusted life years (DALYs) lost due to complications and poor outcomes within our programme areas (2–5 years) DALYs are a measure of the years of healthy life lost for any reason. These can be estimated for each of the harms.	Based on published estimates of the DALYs loss associated with specific health care related harms, we can estimate the following DALYs avoided to date: » falls: 175 avoided fractured necks of femur = 287 DALYs avoided » safe surgery: 673 post-operative DVT/PEs avoided = 397 DALYs avoided » infection prevention and control: 173 avoided post-operative infections = 87 DALYs avoided. Updated DALY estimates now stand at: » falls – 348 DALYs avoided post-operative infections – 108 DALYs avoided.	As at March 2023, the years of healthy life added (DALYs avoided) because of the reduction in these harms stood at: » infections following hip and knee surgery: 69 DALYs avoided » infections following heart surgery: 65 DALYs avoided » falls with a fractured neck of femur: 398 DALYs avoided.	As at March 2024, the years of healthy life added (DALYs avoided) because of the reduction in these harms stood at: » infections following hip and knee surgery: 91 DALYs avoided » infections following heart surgery: 100 DALYs avoided » falls with a fractured neck of femur: 453 DALYs avoided.	As at March 2025, the years of healthy life added (DALYs avoided) because of the reduction in these harms stood at: » infections following hip and knee surgery: 94 DALYs avoided » infections following heart surgery: 132 DALYs avoided » falls with a fractured neck of femur: 477 DALYs avoided.

What we expect to see when our work is contributing to our strategic priority outcomes	What outcomes we hope to see	What we achieved			
		2021/22 *(2020/21 and earlier in italics)*	2022/23	2023/24	2024/25
Strengthening systems for high-quality services					
	Reduced bed-days within our programme areas (2–5 years or longer)	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. *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.*[56]	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.	At June 2023, bed-days per capita remained at the same reduced rate as 2022.	As at June 2024, bed-days per capita have increased, reflecting system pressures from older people being admitted two or more times. This has been reported to the Minister of Health.
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)			We supported the health sector in building capability in quality improvement science and system safety through delivery of the education programme: Improving together, offering separate programmes for facilitators and advisors. All participants rated their knowledge and confidence as higher post-programme than pre-programme.	We supported the health sector in building capability in quality improvement science and system safety in these ways. » We delivered the education programme, Improving together. All participants rated their knowledge and confidence as higher post-programme than pre-programme. (For more information, see Part 2, SPE deliverable 3.) » We successfully completed a feasibility study for a new early warning system to support staff in aged residential care to recognise when a resident may be getting acutely unwell and respond early (see page 20).

[56] Health Quality & Safety Commission. 2021. Open4Results – June 2019. Wellington: Health Quality & Safety Commission. URL: www.hqsc.govt.nz/resources/resource-library/open4results-june-2019/ (accessed 1 September 2025).

What we expect to see when our work is contributing to our strategic priority outcomes	What outcomes we hope to see	What we achieved			
		2021/22 *(2020/21 and earlier in italics)*	2022/23	2023/24	2024/25
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)	*Child and youth deaths reduced sharply between 2011 and 2014 – equivalent to around 100 deaths per year.*	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.[57]	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. 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 morality from 2007–2021, and a small reduction for maternal mortality from 2006–2021.	No formal update was published in 2024/25 for child and youth deaths or perinatal and maternal deaths. However, updated national data on SUDI was shared with the health sector to support collaboration in identifying and addressing system-level challenges (see page 31). Additionally, child and youth deaths were considered within the scope of femicide-related family violence deaths (see page 30). Data updated to December 2023 (released 22 October 2024) shows overall surgical mortality rates in New Zealand are not increasing even though the population is ageing and more complex surgeries are being performed (see page 29). The risk adjusted surgical mortality rate has decreased by 10% over the last decade.

[57] Te Tāhū Hauora Health Quality & Safety Commission. 2022d. Summary of Child and Youth Mortality Review Committee (CYMRC) reports. URL: www.hqsc.govt.nz/resources/resource-library/child-and-youth-mortality-review-committee-mortality-data-reports (accessed 1 September 2025).

What we expect to see when our work is contributing to our strategic priority outcomes	What outcomes we hope to see	What we achieved			
		2021/22 *(2020/21 and earlier in italics)*	2022/23	2023/24	2024/25
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 continued to collect, monitor and publish data. We will evaluate whether improvements have occurred in 2023/24. *We established baseline measures for Māori respondents for the questions (31 and 49 questions respectively) in our two patient experience surveys.*	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.[58] Patient experience and the variations between different groups have remained largely consistent over the last four years.	In the primary care survey, 10 measures have improved for Māori responders and 5 (4 related to access) have deteriorated.
	Qualitative and quantitative measures and reporting across programme areas that show improved health equity for Māori (3–5 years)	We continued to collect data, monitor outcomes and publish findings or surgical site infections following hip and knee replacements. Results remain low and equitable. *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.*	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.	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.[59]

[58] Te Tāhū Hauora Health Quality & Safety Commission. 2023e. Survey results. URL: www.hqsc.govt.nz/our-data/patient-experience/survey-results (accessed 1 September 2025).

[59] Te Tāhū Hauora Health Quality & Safety Commission. 2023f. Quality & Safety Markers. URL: www.hqsc.govt.nz/our-data/quality-and-safety-markers (accessed 1 September 2025).

What we expect to see when our work is contributing to our strategic priority outcomes	What outcomes we hope to see	What we achieved			
		2021/22 *(2020/21 and earlier in italics)*	2022/23	2023/24	2024/25
Embedding and enacting Te Tiriti o Waitangi					
	Improved Māori health outcome measures (5–10 years)	We continued to collect, monitor and publish data. *Baselines established.*	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.[60] 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.[60] 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)	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%. *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.*	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%.	Average response rates across the past four surveys are identical for Māori and non-Māori, non-Pacific, both at 16%.

[60] Health Quality & Safety Commission Te Tāhū Hauora (nd-d), *op. cit.*

What we expect to see when our work is contributing to our strategic priority outcomes	What outcomes we hope to see	What we achieved			
		2021/22 *(2020/21 and earlier in italics)*	2022/23	2023/24	2024/25
Pursuing health equity					
	Reductions in unwarranted health care variation measures across population groups (3–5 years)	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. All Atlas measures (which number well over 100) are broken down by ethnicity. *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.*	Atlas updates were put on hold in 2022/23 to allow for additional development of Quality Alerts, patient surveys and the Measures Library.[61] A programme of updates is in place for 2023/24.	The first refreshed Atlas was for diabetes. It shows small improvements in access since 2018. Differences since then have been relatively small and have stayed consistent.[62]	There are no updates to the Altas in 2024/25. A programme of updates is in place for 2025/26.
	Greater health equity in our system and programme measures (3–5 years)	We continued to collect data, monitor outcomes and publish findings surgical site infections following hip and knee replacements. Results remain low and equitable. *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.*	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.	There has been no statistically significant difference between Māori and non-Māori, non-Pacific since 2016.

[61] Ibid.

[62] Health Quality & Safety Commission Te Tāhū Hauora (nd-e), *op. cit.*

Table 2 disclosure:

1. The avoided harms were calculated by comparing the actual harms this year to the theoretical number of harms for the same period. The predicted harms were calculated by taking the actual harms across the baseline period (July 2010 - July 2012) relative to the number of admissions across the period and applying this rate of harms to the actual admissions this year. Where the actual harms were less than the theoretical harms this is considered a reduction in 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. There has been a delay in finalising 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. The result was generated In July 2025.
    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. Because this approach excludes less serious harms (eg, other falls without such major harms, more minor surgical complications, extended length of stay associated with more minor deteriorations), the effects of total avoided harm on DALY loss and avoided expenditure will be greater than the figures reported here.

The net effect of these limitations is likely to be that we are understating the total benefits of our quality improvement programmes. However, we have confidence in these minimal estimates.

2

Assessment of operations and performance

He aromatawai whakahaere me ngā mahi

This part outlines how, in carrying out our functions and objectives, we focus on delivering the Government's priorities, meeting the Minister of Health's expectations and achieving the outcomes defined in our planned work and deliverables.

Implementing the Government's priorities

As a trusted partner to the health system, the Commission **supports the delivery of services** that are safe, easy to navigate, responsive and continuously improving for all New Zealanders.

Our work aligns with and supports the Minister of Health's priorities for improving **access, timeliness and quality** of health services, as outlined in the Government Policy Statement on Health 2024–2027.

We support the implementation of these priorities across many areas of our work, aligned with our mission to involve, inform, influence and improve. In 2024/25, this support includes the following.

» We provided **independent, expert analysis and transparent reporting and advice** on health care quality and safety, grounded in robust data and evidence (see pages 24-28).

» We monitored **key indicators and performance targets** over time, helping the Minister of Health and the health sector to develop health targets and their performance measures. We support agencies along with districts and communities to identify challenges they need to address and opportunities for improvement across the sector (see page 24).

» We explored **planned procedures data** to measure the cost of harms associated with delayed access to care, from which we provide insights into the potential quality and safety benefits of improving access to and timeliness of care and inform the development of appropriate metrics for ongoing monitoring and improvement (see page 28).

» We used this intelligence to escalate emerging risks or system pressures to the appropriate agencies through the **National Quality Forum** and other relationship forums (see page 18), as well as to inform and guide the actions of evidence-based **quality improvement initiatives** such as our capability education, trauma, mental health and addiction, and infection prevention and control programmes (see pages 20-23).

» We led the collaborative **development of a system safety strategy** (see page 19) and supporting the implementation of **clinical governance** structures and systems in national and district settings and primary and community health care settings (see page 19).

» We elevated the **voice of consumers and whānau** by promoting a consumer- and whānau-centred approaches (see pages 13-15), and supporting health agencies and services to be more responsive to the needs, values and preferences of the people they serve through the use of patient experience surveys (see pages 25-27) – as a key enabler of high-quality care. We also facilitate making lived experience part of policy and service design such as through the consumer health forum Aotearoa (see page 15) and by bringing consumers and providers together to develop their skills and understanding of the health system.

This part provides detail of our performance against the work and deliverables we planned in our SPE 2024/25.

Assessment of operations

We fully achieved all of our SPE 2024/25 deliverables, along with our other planned initiatives.

1	Ongoing implementation of the Code of expectations for health entities' engagement with consumers and whānau
2	Supporting the consumer health forum Aotearoa
3	Building capability in quality improvement science in the health sector
4	Influence improvement through the reporting and publication of health information
5	Supporting iwi–Māori partnership boards with meaningful data and intelligence
6	Mortality review – addressing inequities in avoidable mortality
7	Development of a system safety strategy

On the following pages, we report on each of our seven planned deliverables. We outline the deliverables, the achievement of the measures we set for quantity/timeliness and quality, and outline any barriers we faced and the lessons we learned. All our deliverables align to all our strategic priorities, as stated in our SPE 2024/25.

Work plan and report table 1: *Ongoing implementation of the Code of expectations for health entities' engagement with consumers and whānau (SPE 1)*

We work closely with the other health entities named in the Pae Ora Act that are required to give effect to the Code of expectations. Like last year (2023/24 SPE 2), we have continued to meet with them regularly this year to support the implementation and monitoring of the Code of expectations within the QSM, and to discuss how health entities are reporting on improvements.

In addition, this year we reviewed the Code of expectations to ensure it remains relevant and effective. Respondents to our review strongly supported the Code of expectations in its current form, while highlighting common priorities and strategic opportunities to improve how it is promoted and supported. We will publish findings of our review in 2025/26, and we are now developing a targeted action plan.

1	Deliverable	Timeliness and quantity	Quality (process)	Impact
Plan	Guide health entities to involve consumers and whānau at all levels of the health system through the implementation of the Code of expectations for health entities' engagement with consumers and whānau	Engage at least quarterly with the relevant health entities that need to give effect to the Code of expectations, support its implementation and develop capability in this area Include guidance on consumer and whānau engagement in the primary care context in the implementation guide for the Code of expectations by 30 June 2025	Develop the approach for supporting the sector with an advisory group comprising consumers, whānau and health entity representatives. Use feedback from health entities in developing an approach for how we can best support the entities	We will report on health entities' self-assessment of their maturity in engaging with consumers and whānau to ensure their perspectives are reflected in the design, delivery and evaluation of the health system over time We will publish at least four case studies from health entities and primary care providers on the implementation and impact of the Code of expectations
Report	We have regularly engaged with and supported representatives from each health entity (Consumer Voice Reference Group).	We met at least quarterly with the named health entities on the following dates: 29 August 2024, 17 October 2024, 12 December 2024, 29 January 2025, 4 March 2025, 3 April 2025 and 22 May 2025. Published on 26 June 2025, *Partnership in care: consumer, whānau and community engagement in primary and community health care*[63] will help primary and community health care providers strengthen their engagement with consumers, whānau and communities.	We engaged with health entities to inform the development and finalisation of the online guide for implementing the Code of expectations in primary care. We also engaged with our consumer advisory groups and invited feedback from Te Kāhui Piringa and the primary care sector.	On 26 June 2025 we sent the Ministry of Health a summary report on health entities' self-assessment of their maturity in engaging with consumers and whānau. We published four case studies that provide examples of improvement in consumer engagement practice and practical guidance for the health sector.[64]
Result*	This component is ***fully achieved***.	This component is ***fully achieved***.	This component is ***fully achieved***.	This component is ***fully achieved***.

* All measures were fully achieved in 2023/24 for deliverable 2.

[63] Health Quality & Safety Commission Te Tāhū Hauora 2025a, op. cit.

[64] Health Quality & Safety Commission Te Tāhū Hauora. 2025i. Understanding consumer engagement – Consumer engagement examples. URL: www.hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/understanding-consumer-engagement/ (accessed 1 September 2025).

Work plan and report table 2: *Supporting the consumer health forum Aotearoa (SPE 2)*

Each year, we prioritise engaging directly with consumers and health care providers through face-to-face meetings. This may take the form of a national forum that brings together a large group of people passionate about strengthening consumer engagement in the health system, or smaller workshops that allow for more focused support.

In 2023/24, we successfully held both a national forum and regional workshops in Northland (2023/24 SPE 1). In 2024/25, we held workshops on the West Coast, connecting with consumers and whānau in more remote and rural communities. These workshops provided valuable opportunities to hear their perspectives and experiences of the health system, and to better understand the challenges and successes unique to their region.

2	Deliverable	Timeliness and quantity	Quality (process)	Impact
Plan	Support and equip consumers and whānau to enable increased engagement with the health system and health service improvement activities through the consumer health forum Aotearoa	Plan and facilitate two regional workshops to support consumers to engage in health service improvement activities, including in primary care, by 30 June 2025. These workshops will focus on priority populations; at least 60 percent of attendees will identify with one or more of these priority populations Provide consumer health forum Aotearoa members with opportunities to engage in health service improvement activities	Engage widely with the health sector and consumer groups, specifically with primary care and priority populations, to develop content for the regional workshops so they are meaningful to consumers and whānau	We will publish three case studies reporting on the impact of, and consumer experience with, engagement in the health service through opportunities provided via the consumer health forum Aotearoa. Case studies will cover both the experience for the consumer(s) and the impact of their involvement on the success of the advertised opportunity
Report	We delivered regional events to support consumers, whānau and providers with consumer engagement.	In February 2025, we held two consumer regional workshops and one health provider workshop on the West Coast Te Tai o Poutini. The consumer regional workshops were held in Hokitika (19 February 2025) and in Reefton (20 February 2025). The health provider workshop was held in Greymouth (20 February 2025). All participants in the consumer workshop were representatives from priority populations. We facilitated 18 opportunities for consumers to be engaged in health sector projects and initiatives through an Expression of Interest process.	Members of te kāhui mahi ngātahi, kōtuinga kiritaki and those who registered for the events were involved in developing the purpose and the agendas for the workshops.	We published three case studies that describe how consumers have responded to opportunities promoted with the consumer health forum Aotearoa.[65] Consumers share their experience of the application process and onboarding, and their contribution to the work.
Result*	This component is ***fully achieved***.	This component is ***fully achieved***.	This component is ***fully achieved***.	This component is ***fully achieved***.

* All measures were fully achieved in 2023/24 for deliverable 1.

[65] Health Quality & Safety Commission Te Tāhū Hauora. 2025j. Consumer opportunities – Consumer opportunity case studies. URL: www.hqsc.govt.nz/consumer-hub/consumer-health-forum-aotearoa/consumer-opportunities/ (accessed 1 September 2025).

Work plan and report table 3: *Building capability in quality improvement science in the health sector (SPE 3)*[66]

Since 2021, the Commission has delivered quality improvement education programmes to the health sector. In 2023/24 (SPE 7), we expanded our offerings by delivering both advisor and facilitator courses, building on a previously piloted facilitator course.

This year, through a memorandum of understanding we collaborated with Health NZ to deliver the Improving together: Advisors programme. The Commission's capability-building expertise and training resources were used by Health NZ to deliver the programme and enabled the education initiative to be closer to districts, enhancing their relevance and impact.

This work also marked the beginning of a formal transition process. The intention is for Health NZ to take over sole delivery of the quality improvement education programme in the coming years.

3	Deliverable	Timeliness and quantity	Quality (process)	Impact
Plan	Build the capability of the health workforce in quality improvement science in the health sector through education programmes	Deliver quality improvement programme, Improving together, by 30 June 2025. At least 20 health sector staff will enrol in the programme	Ensure that at least 70 percent of participants who complete the programme meet the learning objectives	A pre- and post-programme Self-assessment of knowledge and skills will show that at least 70 percent of participants who completed the programme have better knowledge of quality improvement methodology and approaches to improvement We will carry out an evaluation to show that 70 percent of participants who completed the programme reported how they will apply knowledge they gained through the programme to support services to work better
Report	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 within 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 2 October 2024, the Improving together: Advisors programme began with enrolled 41 registered participants. Of these, 22 continued to graduation. The main reasons why others withdrew related to a change in roles.* The final course days were held in Wellington (17 June 2025) and Auckland (19 June 2025). All 22 participants completed the course requirements. The Improving together: Advisors programme has been assessed for equivalency with the New Zealand Qualifications and Credentials Framework (NZQCF) as Advanced health quality improvement (Micro-credential) (Level 4) 20 credits.	100% of participants who completed the programme completed all course requirements and therefore met the learning objectives.	Participants completed a pre- and post-programme self-assessment via the online learning platform (LearnOnline) of knowledge and skills. The results showed that the course had its intended impact on the 22 graduates. 100% of participants who completed the programme rated their knowledge of quality improvement methodology and approaches to improvement as higher post-programme than pre-programme. The average increase was 1.96 on a scale from 0 to 5. 21 out of 22 (95%) have reported how they will apply the knowledge gained through the programme to make their service work better.
Result*	This component is ***fully achieved*** (and fully achieved in 2023/24).	This component is ***fully achieved*** (and partially achieved in 2023/24).	This component is ***fully achieved*** (and partially achieved in 2023/24).	This component is ***fully achieved*** (and partially achieved in 2023/24).

* Ongoing changes within Health NZ had a significant impact on the programme as a number of participants left their employment, which in turn led them to withdraw from the programme and affected quality improvement roles across the country. Despite these challenges, post-evaluation responses from the programme were encouraging, indicating participants continued to be interested in and to value learning about quality improvement and system safety.

[66] This measure relates to our Vote Health Estimate measures for 2024/25: 'Support the health workforce to build capability in quality improvement through provision of a course by 30 June'. From 2025/26, this will no longer be a deliverable and Vote Health estimate measure for the Commission with the full transfer over to Health NZ.

Work plan and report table 4: *Influence improvement through the reporting and publication of health information (SPE 4)*[67]

Each year we successfully publish reports and provide numerous tools that measure and assess the overall quality and safety of the health system, highlighting areas most in need of improvement. This work supports targeted action to enhance patient care, experience and system performance. Our goal is to make this information timely and accessible, enabling a rapid and informed response from the health sector.

In 2024/25, we published the following reports for a variety of audiences:

» '"Front-load" your co-design – evidence in mental health supports it'[68]

» 'Closing the equity gap as we approach zero seclusion: successes of the quality improvement project some doubted could be done'[69]

» Assessing system quality and safety Insights reports.[70,71]

4	Deliverable	Timeliness and quantity	Quality (process)	Impact
Plan	Provide usable and reliable publications and tools that report on the quality and safety of the health system for the health sector and the public to facilitate rapid response to emerging quality and safety risk areas	Update three tools each quarter, across the year ending 30 June 2025 Complete three publications by 30 June 2025	Ensure that each publication and tool analyses and reports results for priority populations Ensure robust signoff processes before publication Complete analysis and interpretation of the data for the 2024/25 *Window on disability* in partnership with lived-experience representatives Work with Health NZ and engage with others while we are considering, developing and testing priorities and intelligence tools	Information about the quality and safety of the health system and emerging quality risk areas will be appropriately disseminated to key partners. We will analyse and report on how the tools are being used in the sector. Information will be provided by case tracking system and communication files, enabling follow-up to ensure they are fit for purpose and being used appropriately

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[67] This measure relates to our Vote Health Estimate measures for 2024/25: 'A publication on the quality of Aotearoa New Zealand's health care is provided by 30 June' and 'Provide tools (for example the atlas of healthcare variation, quality and safety markers, and quality dashboard) to allow the system and public to explore the quality and safety of services by 30 June'.

[68] Bensemann C, O'Keeffe K, Pearson A, et al. 2025. "Front-load" your co-design – evidence in mental health supports it. *New Zealand Medical Journal* 138(1610): 105–11. DOI: 10.26635/6965.6728 (accessed 4 September 2025).

[69] Bensemann C, Drummond J, O'Keeffe K, et al. 2025. Closing the equity gap as we approach zero seclusion: successes of the quality improvement project some doubted could be done. *Australasian Psychiatry* 33(4). DOI: 10.1177/10398562251330072 (accessed 1 September 2025).

[70] Te Tāhū Hauora Health Quality & Safety Commission 2024d, *op. cit.*

[71] Te Tāhū Hauora Health Quality & Safety Commission 2024e, *op. cit.*

4	Deliverable	Timeliness and quantity	Quality (process)	Impact
Report/ tools	We updated analytical tools, allowing the health system and the public to explore the quality and safety of health services.	The Commission provides numerous tools to the sector and the public. We updated and released (at least) three tools each quarter in 2024/25: **Quarter 1:** Adult hospital survey – 30 August 2024 Adult primary care survey – 30 August 2024 Quality Alert – 30 September 2024 **Quarter 2:** Adult hospital survey – 29 November 2024 Adult primary care survey – 29 November 2024 QSM national report – 16 December 2024 **Quarter 3:** Quality Alert – 21 January 2025 Adult hospital survey – 28 February 2025 Adult primary care survey – 28 February 2025 **Quarter 4:** Adult hospital survey – 29 May 2025 Adult primary care survey – 29 May 2025 Quality Alert – 30 June 2025.	Sub-population analysis is included in the quarterly updates to explore health needs, including among priority populations. Internal data specialists peer-reviewed all updates to analytical tools. The director of health quality intelligence and the chief executive then approved all of them before release. Together with lived-experience representatives, we analysed and interpreted data for the delivery of the *Window on disability* report, following the release of 'Disability statistics: 2023'[72] on 27 February 2025.[73] We have worked with Health NZ and ACC to address the increasing pressure injury rate (reported as an alert in 2023/24). In 2024/25 we conducted further analysis and investigation with triangulating hospital admission data, district audits data and ACC treatment injury claims data.	Most of our tools are publicly available and we actively provide data to our health sector partners and districts. We have maintained the historical level of use of these tools. *Adult Hospital Inpatient Experience Explorer*. The quarterly average number of views increased by 17 percent in 2024/25 compared with the 802 in 2023/24. A higher increase was observed in the number of views of Adult Primary Care Experience Explorer, with the quarterly average views increased by 24 percent in 2024/25 compared with 2023/24. *The Quality Safety Markers (QSM) national report* has been viewed 4,625 times in the first two quarters of 2024/25. This is a 13 percent increase compared with 4,080 views over the same period in 2023/24. The *Quality Alert* is updated every quarter, including chart-packs and communication letters at both national and regional levels. They are distributed to more than 100 people within the national and regional quality and safety leadership teams and key stakeholders of the health sector.[74]
Report/ publications	We published a peer-reviewed paper in the *New Zealand Medical Journal* titled '"Front-load" your co-design – evidence in mental health supports it'. It describes the mental health and addiction quality improvement programme's approach to co-design in its quality improvement projects. In particular, it highlights the importance of early and meaningful involvement of consumers and whānau to achieve optimum results.	'"Front-load" your co-design – evidence in mental health supports it' was published on 28 February 2024.	The sign-off processes for all publications included the director of health quality intelligence, and the chief executive. Feedback was provided and changes made at each stage of the process. The Insights reports include the review by an expert advisory group, which comprises key leaders across the health sector.	Published in the *New Zealand Medical Journal,* the paper was shared widely across the sector. Further, we published it on our website and shared it via our social media channels.

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[72] Stats NZ. 2025. Disability statistics: 2023. URL: www.stats.govt.nz/information-releases/disability-statistics-2023 (accessed 1 September 2025).

[73] The *Window on disability* report is scheduled for release in early 2026.

[74] This report forms a significant part of the *Assessing quality and safety* reports that we regularly submit to and discuss with the Minister of Health, the Ministry of Health and Health NZ.

4	Deliverable	Timeliness and quantity	Quality (process)	Impact
	We published a peer-reviewed article in *Australasian Psychiatry* titled 'Closing the equity gap as we approach zero seclusion: successes of the quality improvement project some doubted could be done'. It outlines the use of seclusion in many countries and the Commission's project to eliminate its use in mental health inpatient units.	'Closing the equity gap as we approach zero seclusion: successes of the quality improvement project some doubted could be done' was published on 22 April 2025.		Published in Australasian Psychiatry, the paper was shared widely across the sector. Further, we published it on our website and shared it via our social media channels.
	In 2024/25, we began reporting to the Minister of Health with an assessment of the quality and safety of the New Zealand's health care system.	We provided three reports titled *Assessing system quality and safety* to the Minister of Health on: 1. 18 September 2024 2. 29 November 2024 3. 30 June 2025. The first two reports were published on our website on 27 March 2025. At the time of writing, the third report had not been published.		As requested, we submitted the reports to the Minister of Health. The Minister acknowledged their receipt and confirmed that receiving them on an ongoing basis would continue to be valuable and relevant. We also shared the reports with the Ministry of Health, Health NZ and other sector partners where relevant.
Result*	This component is ***fully achieved.***	This component is ***fully achieved.***	This component is ***fully achieved.***	This component is ***fully achieved.***

* All measures were fully achieved in 2023/24 for deliverables 4 and 5.

Work plan and report table 5: *Supporting iwi-Māori partnership boards with meaningful data and intelligence (SPE 5)*

This year, we built on our previous work (2023/24 SPE 3) with iwi-Māori partnership boards as part of our multi-year programme to support the development of meaningful data and intelligence tailored to their regions.

This year we tested and evaluated these new methods and tools to support learning and a deeper understanding of the health needs and aspirations of their communities.

5	Deliverable	Timeliness and quantity	Quality (process)	Impact
Plan	Maintain and build relationships with iwi-Māori partnership boards to establish data intelligence methods and tools	Work with three iwi-Māori partnership boards to identify priorities and the most relevant tools for this work by 30 June 2025	Regularly meet with iwi-Māori partnership boards to support the ongoing testing, improvement of processes and implementation of the tools	Implementation of methods and tools will enable iwi-Māori partnership boards to identify, plan and support local solutions
Report	We have continued building our relationships with Ātiawa Toa Hauora (Greater Wellington/Hutt), Te Karu o te Ika Poari Hauora (Wairarapa) and Te Tauraki – Ngāi Tahu.	With Ātiawa Toa Hauora and Te Karu o te Ika Poari Hauora we have developed a geo-mapping tool that brings together data on demographic, socioeconomic and commercial determinants of health. With Te Tauraki, we developed an iwi-Māori partnership board view of the primary care patient experience survey, which is now available to all iwi-Māori partnership boards.	We have met multiple times over the year 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. Representatives of Health NZ and the Ministry of Health have also been engaged to support the development and testing of priorities and intelligence tools.	Our work has supported Ātiawa Toa Hauora with its Whaitua Mapping Tool and monitoring framework to place health information in whānau hands.[75] The tool enables access to and collation of data, supporting informed decision-making. Four wānanga were held with iwi-Māori partnership boards in March 2025. The purpose of the wānanga was to share the prototype tool with iwi-Māori partnership boards. This was a platform where they could ask questions and explore its application in the context of their statutory function.
Result*	This component is ***fully achieved***	This component is ***fully achieved***	This component is ***fully achieved***	This component is ***fully achieved***

* All measures were fully achieved in 2023/24 for deliverable 3.

Work plan and report table 6: *Mortality review – addressing inequities in avoidable mortality (SPE 6)*

Each year, we publish quantitative and qualitative information from our mortality review. In 2023/24 (SPE 6), as part of the four-year mortality review programme, we published information on perinatal and maternal mortality and the burden and distribution of mortality due to sepsis and severe infection in children and adolescents.

This year, we have released information on perioperative mortality and family violence. The reports are:

» *Surgery and risk in Aotearoa New Zealand | Te pōkanga me te tūponotanga i Aotearoa* [76]

» *Femicide: Deaths resulting from gender-based violence in Aotearoa New Zealand | Kōhuru Wahine: nā te ririhau ā-ira i te whenua o Aotearoa.*[77]

[75] Āti Awa Toa Hauora Partnership Board. 2025. New Whaitua Mapping Tool and Monitoring our Oranga Framework places health information in whānau hands. URL: atiawatoaimpb.nz/2025/07/18/new-whaitua-mapping-tool-and-monitoring-our-oranga-framework-places-health-information-in-whanau-hands (accessed 1 September 2025).

[76] Te Tāhū Hauora Health Quality & Safety Commission 2024f, *op. cit.*

[77] Health Quality & Safety Commission Te Tāhū Hauora 2025h, *op. cit.*

6	Deliverable	Timeliness and quantity	Quality (process)	Impact
Plan	Publish reliable quantitative and qualitative information for providers, agencies and other stakeholders with influence in system change	Establish baseline reporting by 30 June 2025 Complete at least two publications by 30 June 2025. Use a range of publication options to ensure the information is in a useable format for the intended audience Deliver a 'progress and challenges' report that includes a recommendation monitoring framework for the future by 30 June 2025	Ensure publications are peer reviewed by established subject matter expert groups (including representation from relevant communities) and the National Mortality Review Committee before submission to the board Establish formal relationships with both Coronial Services of New Zealand and the Health and Disability Commissioner to discuss recommendations, identify alignments and resolve discrepancies	Understanding and awareness of the impact of avoidable mortality will increase, both within and outside of the health system Recommendations for the improvement of systems and services to prevent and reduce avoidable mortality and morbidity will be co-designed alongside those impacted (families, whānau and services)
Report	We have published reliable quantitative and qualitative information for providers, agencies and other stakeholders to guide the improvement of systems and services to prevent and reduce avoidable mortality and morbidity.	Baseline reporting has been established and reviewed by the National Mortality Review Committee to inform decision-making within the four-year work plan. A 'progress and challenges' report was delivered to the National Mortality Review Committee on 12 February 2025.	Formal relationships exist with both Coronial Services of New Zealand and the Health and Disability Commissioner. We engage regularly with the Coronial office and the Health and Disability Commissioner attends each board meeting to discuss recommendations and identify alignments.	Baseline reporting, together with insights into progress and ongoing challenges, has strengthened understanding and awareness of the impact of avoidable mortality. This evidence informs the National Mortality Review Committee's decision-making and guides its work programme.
	The Surgery and risk in Aotearoa New Zealand infographic shows how safe surgeries are in New Zealand and makes surgical mortality data available to the New Zealand public in an accessible format. It summarises information about surgeries completed in 2023 and the deaths that occurred from all causes up to 30 days after the surgery.	*The Surgery and risk in Aotearoa New Zealand* infographic was published on 22 October 2024.	The review and sign-off processes for both publications included the director of mortality review, the chief executive or director of health quality intelligence and the National Mortality Review Committee (including the relevant subject-matter expert group), before the board gave its approval. Feedback was provided and changes made at each stage of the process.	The underlying perioperative explorer reporting tool is also enabling us to advance new approaches with the Mortality Review Surveillance function. For example, we are in the process of establishing an interpretive group within Health NZ to provide oversight of the surveillance tools and interpret the data. The group will provide expertise to understand the results, formulate questions for further enquiry, develop recommendations and support actions to improve health system performance.
	Femicide: Deaths resulting from gender-based violence in Aotearoa New Zealand was released. The report takes a broad approach to understanding femicide, the gender-based killing of women and girls. It also shows ongoing inequity in that some groups of women are more vulnerable than others.	The femicide report was published on 30 June 2025.		While only recently released, the paper has received a high level of media attention. Interviews and pieces published across several media outlets, including NZ Herald and NZ Stuff, have brought the issue of femicide into the public sphere for discussion. In parallel to the media engagement, key stakeholders who were consulted during the development of the report were sent a Survey Monkey survey on 19 September 2025. In total, 77% of those who responded agreed that the information has increased their understanding of causes of death for females in New Zealand.
Result*	This component is ***fully achieved***	This component is ***fully achieved***	This component is ***fully achieved***	This component is ***fully achieved***

* All measures were fully achieved in 2023/24 for deliverable 6.

Work plan and report table 7: *Development of a system safety strategy (SPE 7)*

With this new deliverable in 2024/25, we are leading a collaborative approach to develop a system safety strategy that builds on New Zealand's commitment to minimising harm in health care and improving safety, as outlined in the *Government Policy Statement on Health 2024–2027.*

Throughout this year, we have coordinated and connected multiple stakeholders to scope and establish a shared understanding of system safety that reflects New Zealand's unique context. Stakeholders have included consumers, the wider health workforce, health agencies[78] and the primary and community health care sector. The strategy will be completed and released in 2025/26.

7	Deliverable	Timeliness and quantity	Quality (process)	Impact
Plan	Coordinate the scoping phase with the wider health sector to develop a strategy that defines system (patient) safety	Establish a system safety strategy rōpū comprising multiple key stakeholders by 30 September 2024 Complete a literature review by 31 December 2024 Confirm a health sector engagement strategy and schedule by 31 December 2024 Regularly convene hui as determined by the rōpū (a minimum of four by 30 June 2025)	Ensure the literature review includes 'grey literature' from international patient safety strategies Collate and analyse information from key stakeholders, the health workforce, and consumers and whānau Actively seek and include mātauranga Māori in the literature review and sector feedback for inclusion in the system safety strategy Engage with priority stakeholders (as determined by the rōpū) and include their feedback in scoping	Through our scoping and by involving key stakeholders, we will facilitate a shared understanding and ownership of core components for a national system safety strategy that is fit for purpose and reflects the unique context of New Zealand This will enable the development and dissemination of a final strategy
Report	Scoping and development of a system safety strategy began, with the aims of reducing harm and improving the safety and quality of care for patients.	The system safety strategy leadership collective (rōpū) was established and convened on 26 September 2024. The terms of reference include the list of members.[79] The literature review was completed on 30 July 2024. The rōpū agreed on the engagement strategy at its November 2024 meeting. The system safety strategy rōpū met on the following dates: 26 September 2024, 12 December 2024, 29 January 2025 and 12 February 2025.	We sourced grey literature for the review by examining the websites of administrative authorities in key New Zealand comparator countries (eg, the United Kingdom, Australia, Ireland and Canada). We supplemented this information with additional safety strategies. After feedback from key stakeholders, the health workforce, and consumers and whānau was themed, the rōpū reviewed it at the May meeting. We actively sought mātauranga Māori and included it in the literature review. Likewise we gained sector feedback to incorporate into the system safety strategy.	The agreement of high-level principles demonstrates a shared understanding of the core components of a national system safety strategy. While the final strategy is still in development, progress is evident through the cross-agency membership of the leadership collective and its sustained commitment (as shown in meeting minutes). Further, its collective approach has focused discussion and agreement. Once the draft strategy is completed, we will share it for sector-wide consultation. We aim to finalise the strategy by the end of 2025.
Result*	This component is ***fully achieved***	This component is ***fully achieved***	This component is ***fully achieved***	This component is ***fully achieved***

* Due to the nature of the deliverable, no comparator from a prior year is available.

[78] Health agencies included the Ministry of Health, Health NZ, the Health and Disability Commission, ACC, Pharmac, the Mental Health and Wellbeing Commission and WorkSafe.

[79] To the download terms of reference, go to: Health Quality & Safety Commission Te Tāhū Hauora. 2025. Aotearoa New Zealand System Safety Strategy. URL: www.hqsc.govt.nz/our-work/system-safety/system-safety-strategy/ (accessed 1 September 2025).

Significant judgements

Statement of compliance

Our performance statement has been prepared in accordance with the Crown Entities Act 2004, which includes the requirement to comply with New Zealand generally accepted accounting practice (NZ GAAP).

Our performance statement has been prepared in accordance with Tier 2 public benefit entity (PBE) financial reporting standards, which have been consistently applied throughout the period, and it complies with PBE financial reporting standards.

Selection of measures

The performance measures were selected to cover a range of qualitative and quantitative measures aligned with the functions of the Commission set out in the Pae Ora Act and with our SPE 2024/25.

The Commission undertook a review of the appropriateness of the performance measures as part of developing the SPE 2024/25. Each measure was reviewed to confirm it accurately reflected the performance of the Commission, was meaningful and was able to be measured, as per the requirements of the Service Performance Reporting Standard PBE FRS 48.[80] We also consider that the overall suite of performance measures selected provides a complete picture of the Commission's performance over the reporting period.

The following deliverables from 2023/24 were not deliverables in 2024/25.

- **Provide publications that report on the quality, safety and improvement of health services and the health system (2023/24 SPE 4).** 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 (2023/24 SPE 5)**. In 2023/24, we brought together our provision of numerous analytic and reporting tools into one deliverable to demonstrate how the Commission enables the health system and the public to explore the quality and safety of health services.
- **Leading and supporting quality improvement efforts (2023/24 SPE 8).** In 2023/24, we supported Health NZ to implement a national PEWS across New Zealand public hospitals using standardised paediatric vital signs charts. This was a time-limited quality improvement project. In 2024/25, we continued monitoring the impacts of the roll-out.

[80] Service Performance Reporting Standard PBE FRS 48 establishes new requirements for selecting and presenting service performance information.

The following deliverables were new in 2024/25.

- **Influence improvement through the reporting and publication of health information (SPE 4)**. This deliverable combines two key areas of work from 2023/24 – the range of publications we publish each year and our provision of numerous analytic and reporting tools – to demonstrate how the Commission enables the health system and the public to explore the quality and safety of health services (see page 49).
- **Development of a system safety strategy (SPE 7).** This deliverable focuses on the development of a system safety strategy for the health sector as required within the priorities of the *Government Policy Statement on Health 2024–2027* (see page 54).

For other ongoing areas of work carried over from 2023/24, the individual measurement components remain largely unchanged, unless they represent the next phase of a work programme (eg, SPE 5). Some deliverables have also been renamed or reordered.

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.

3

Organisational capability
Te āheinga o te whakahaere

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

In addition to the areas of work and deliverables covered in parts 1 and 2, we further detail how we strengthen our people and environment. This work includes supporting and developing our people, embedding our enduring priorities, working sustainably, increasing the accessibility of the information we publish and making changes to our working environment.

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.[81]

Our website provides the most up-to-date information about our board.[82] The board of the Commission works alongside its governance advisory partners, our Māori advisory group Te Kāhui Piringa, and our consumer advisory group te kāhui mahi ngātahi, 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. We describe these bodies in more detail below.

Māori advisory group Te Kāhui Piringa

Te Kāhui Piringa provides both the Commission and the board with advice, guidance and direction on strategic priorities regarding the enactment of Te Tiriti o Waitangi. 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 the Commission's board meetings.

Consumer advisory group te kāhui mahi ngātahi

The consumer advisory group 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 the Commission's programmes
  - measuring and examining quality and safety
- engage with the Commission's consumer network kōtuinga kiritaki, as well as with national and international clinical advisory groups and the wider health sector, on consumer engagement activities and interests.

The group is made up of members with lived experience of the health system. The co-chairs of the consumer advisory group attend all of the Commission's board meetings.

[81] Rae Lamb's appointment is until June 2026.

[82] Te Tāhū Hauora Health Quality & Safety Commission. 2023g. Board members. URL: www.hqsc.govt.nz/about-us/our-people/board-members (accessed 1 September 2025).

Over 2024/25, the consumer advisory group, alongside the consumer network,[83] has also supported the review of the Code of expectations and 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 2024/25, members of the audit committee have been Mike McCarthy (an independent member); board members Shenagh Gleisner (chair), Rae Lamb and Tristram Ingham; and the Commission's senior management staff. A representative from Audit New Zealand also attends the committee's meetings.

The committee's focus continued to be on reviewing risk and financial stability, risks arising from the 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.

[83] Te Tāhū Hauora Health Quality & Safety Commission. 2024j. Kōtuinga kiritaki – Our consumer network. URL: www.hqsc.govt.nz/consumer-hub/partners-in-care/our-consumer-network (accessed 1 September 2025).

Monitoring and reporting requirements

Over 2024/25, we provided regular updates to the Minister of Health (with delegated responsibility for the Commission) on our work and the quality and safety of health services, and reported on our commitments to environmental sustainability and accessibility.

We provided the Minister and Ministry with information, in a timely and appropriate manner, to allow monitoring of our performance and any potentially contentious events or issues. This information included:

- quarterly statements of financial performance, financial position and contingent liabilities
- quarterly reports on progress against our performance measures with our SPE
- 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.

Environmental sustainability

The Carbon Neutral Government Programme (CNGP) was established to accelerate emissions reductions across the public sector. To measure and report our annual greenhouse gas emissions, we participate in the Toitū Envirocare carbonreduce programme, which audits our annual carbon emissions report. We have held Toitū Envirocare carbonreduce certification from 2018/19 through to 2024/25.

To meet the CNGP target of a 21 percent reduction in gross emissions by 30 June 2025, we committed in 2018/19 to reducing our gross emissions by approximately 3.5 percent per year over six years. Our baseline emissions in 2018/19 were 736 tonnes of carbon dioxide equivalent (t CO_2e).[84]

In 2024/25, we have successfully reduced our gross emissions by 52 percent compared with the 2018/19 baseline, significantly exceeding our original target (see Figure 8). This progress reflects our ongoing organisational commitment, the effective implementation of data and emissions management strategies, and shifts in work practices influenced by the COVID-19 pandemic.

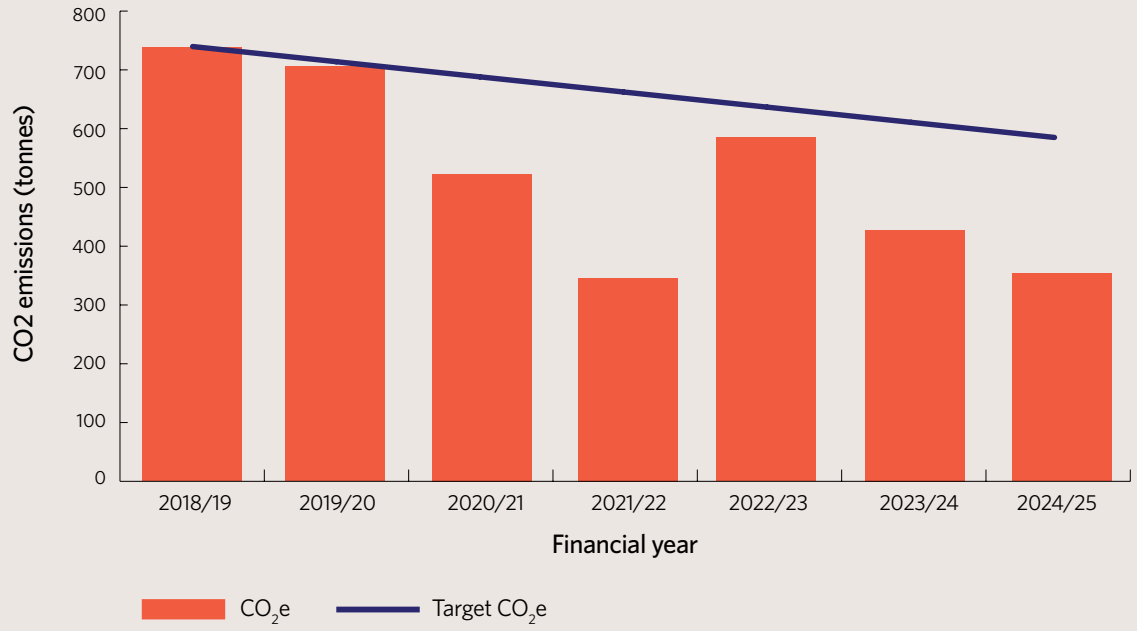
Key initiatives included:

- limiting travel to essential trips only and particularly reducing international travel
- reducing emissions from taxis, rideshares and mileage claims by encouraging public transport use
- increasing use of teleconferencing
- expanding composting and recycling efforts.

As a result of our progress to date, we have realigned our focus to support the broader CNGP target of a 42 percent gross emissions reduction by 2030, relative to our 2018/19 baseline. Our current priority is to maintain these gains and identify further opportunities to improve our performance within our new Wellington office (see 'Our new Wellington premises' on page 65).

[84] 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 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.

Figure 8: Target 21% carbon emission reduction



Accessibility

We are a signatory to the Government's Accessibility Charter, which is a commitment to providing information that is accessible to disabled people in different formats.

We continued to promote accessibility and using accessible formats to our staff and 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 producing accessible formats is a challenge. A toolkit guides our staff on accessible communications and complements existing guidance and templates.

Our principal communications advisor served as our plain language officer, delivering our third report in June 2025, in line with the Plain Language Act 2022 and to report annually to the Public Service Commissioner.

Our people

At the Commission, our people continue to be the driving force for the impact we achieve. They bring purpose, passion and professionalism to our shared goal of improving health quality and equity for all New Zealanders.

In 2024/25, we placed a strong emphasis on bringing our people together to promote connection and alignment in our work. We developed and facilitated a series of all-staff hui throughout the year to bring our people together, strengthen our relationships across teams and co-create our path ahead.

The hui had an important role in reinforcing the Commission's collective purpose and direction, so that our people can understand how their work contributes to the overall goals of the organisation. It also informed our operating model with input from all our people, and created space for reflection, learning and actions across the Commission.

Upholding equal employment opportunities, fair practices and policies remains fundamental to our commitment. We recognise our responsibilities under Te Tiriti o Waitangi and actively support the aspirations of Māori.

Table 3 gives an overview of staff numbers. The figures that follow give breakdowns by gender (Figure 9), age (Figure 10) and ethnicity (Figure 11).

Table 3: Staff information, 2022/23–2024/25

	2022/23	2023/24	2024/25
Headcount	115	87	92
Full-time equivalent (FTE)	105	81	86
Full time	86	72	78
Part time*	29	15	14
Male	33%	40%	38%
Female	65%	60%	62%
Gender diverse	2%	Nil	Nil

* Part time = 0.8 full-time equivalent or less

Figure 9: Gender of Commission staff, 2022/23–2024/25

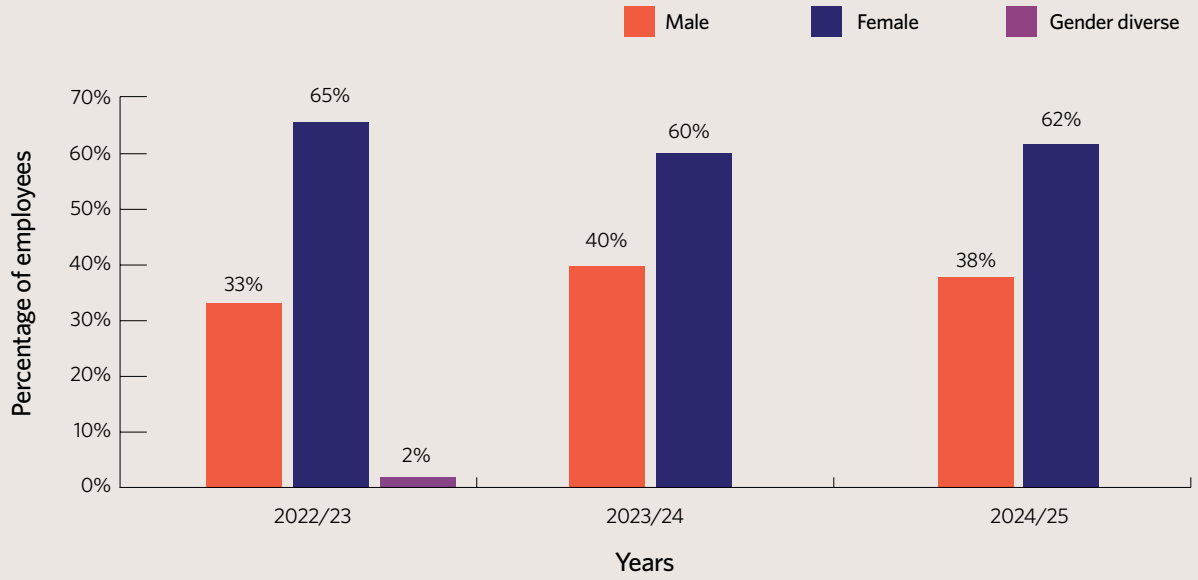


Figure 10: Age of Commission staff, 2022/23–2024/25

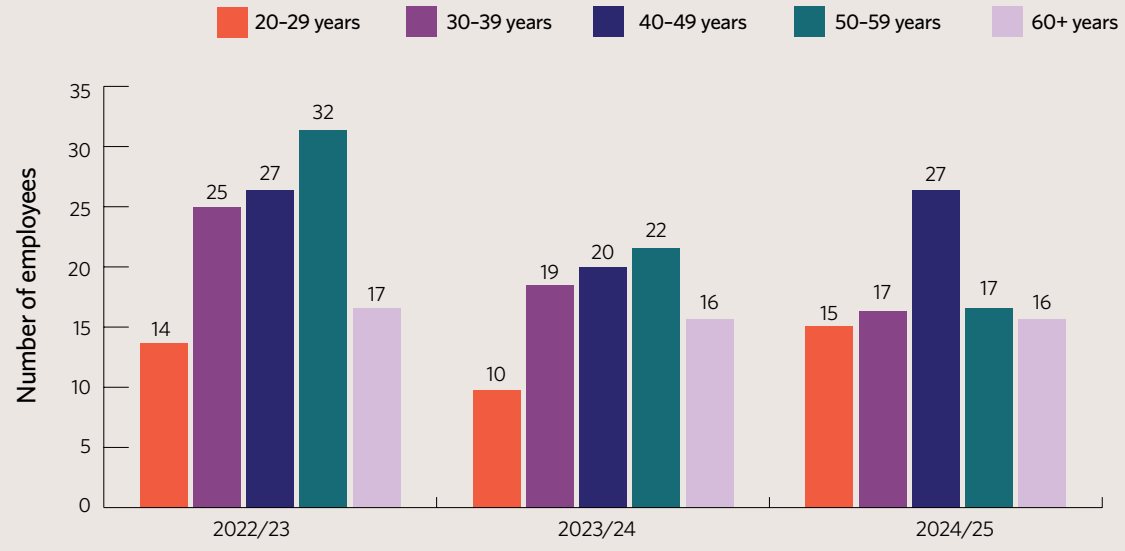
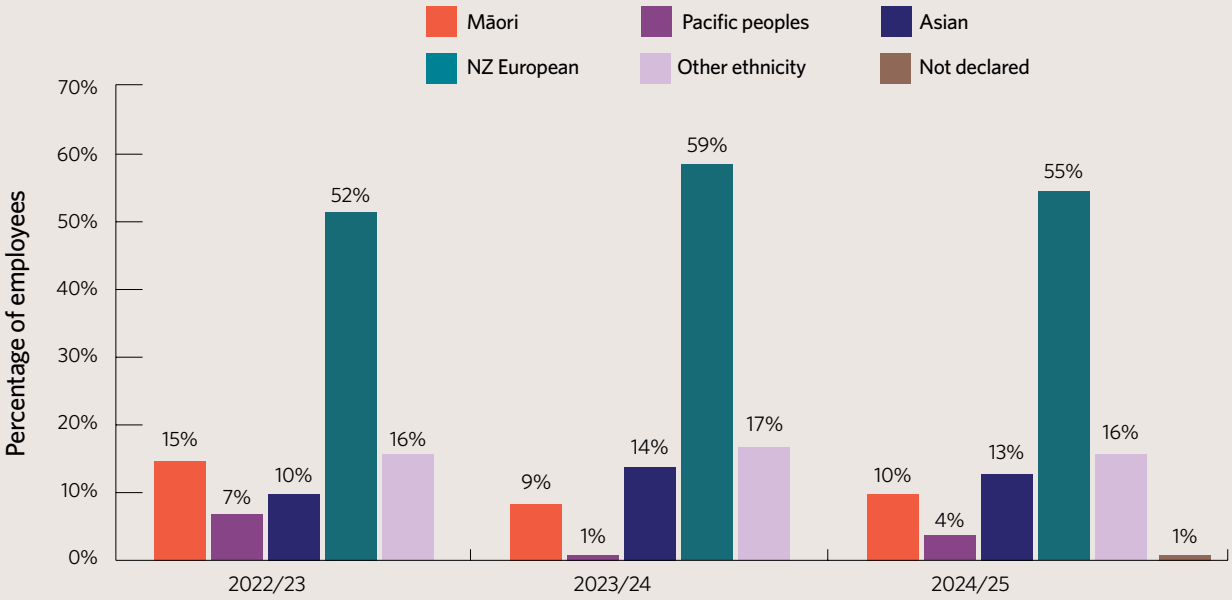


Figure 11: Ethnicity of Commission staff, 2022/23–2024/25



Leadership capability and development

Investing in leadership is central to our goal of building high-performing teams. This year, we continued to grow the capability of our people leaders through targeted coaching and development. We developed processes, procedures and presentations to equip leaders with tools they need to:

» build a shared understanding of what great leadership looks like across the Commission

» provide our leaders with the tools to support performance, development and wellbeing

» create consistency in people-related practices.

Remuneration and pay equity

In line with *Kia Toipoto – Public Service Pay Gaps Action Plan 2021–24*,[85] we took steps to improve pay transparency and equity across the Commission. We introduced a step-based remuneration system, providing employees with clear information about how pay decisions are made. Improvements included:

» explaining the remuneration framework through an all-staff presentation

» informing employees of their placement and progression within salary steps

» publishing salary bands and step guidance on our intranet.

We strengthened our governance by reporting quarterly to the board on workforce data, including any pay equity trends that require attention. This approach makes fair and inclusive remuneration practices visible and establishes accountability for maintaining them.

[85] Public Service Commission Te Kawa Mataaho. 2021. Kia Toipoto – Public Service Pay Gaps Action Plan 2021–24. Wellington: Public Service Commission Te Kawa Mataaho. URL: www.publicservice.govt.nz/system/public-service-people/pay-gaps-and-pay-equity/kia-toipoto/ (accessed 1 September 2025).

Our enduring priorities

Over the past year, we have continued to prioritise building cultural capability across the organisation, supporting all kaimahi in deepening their understanding of te ao Māori and growing their confidence with te reo Māori. This has included providing tailored learning opportunities and embedding tikanga into our everyday practices.

We introduced a 'Te Tiriti and Equity Implementation Tool' to guide our work. We also completed the Ao Mai te Rā anti-racism pilot.[86] We are now weaving insights from this mahi into how we work and how we design and deliver our programmes. These efforts reflect our enduring priorities of embedding and enacting Te Tiriti o Waitangi and pursuing health equity.

Our new Wellington premises

This financial year involved a significant shift in our physical workspace in Wellington, with our move to 133 Molesworth Street. Now co-located with the Ministry, Health NZ and the Cancer Control Agency – Te Aho o Te Kahu, we are part of a 'Health Hub' that fosters collaboration across the wider health system.

The move has brought our Wellington team together into a single, well-used space, replacing the previous layout where we were spread across two underused floors. As a result of this change, we have seen enhanced connectivity, improved access to shared resources and strengthened opportunities for cross-agency engagement. All of these changes have contributed to a more cohesive and collaborative working environment.

[86] Ministry of Health – Manatū Hauora. 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 (accessed 1 September 2025).

4

Financial statements
Pūrongo pūtea

Managing our finances

The Commission has always worked carefully to keep 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, executive leadership team and programme managers identify strategic and operational risks in consultation with their teams, as appropriate. Programme managers are accountable for identifying, mitigating and escalating risks in their programmes, as appropriate.

Risk management is a standing agenda item at each board and executive management team 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/expenses for output classes for the year ended 30 June 2025

	Output class: Supporting and facilitating improvement $000s		Total $000s	
	Actual	**Budget**	**Actual**	**Budget**
Revenue				
Crown revenue	16,667	16,666	16,667	16,666
Interest revenue	283	208	283	208
Other revenue	3,216	4,173	3,216	4,173
Total revenue	**20,166**	**21,047**	**20,166**	**21,047**
Expenditure				
Operational and internal programme costs	15,194	16,384	15,194	16,384
External programme costs	4,914	4,663	4,914	4,663
Total expenditure	**20,108**	**21,047**	**20,108**	**21,047**
Surplus/(deficit)	58	0	58	0

Since the 2020/21 financial year, we have combined the previous two output classes 'improvement' and 'intelligence' into one output class called 'supporting and facilitating improvement'. The change was made because of the size of our organisation and because most planned activities related to both output classes. Therefore, separate output classes are no longer provided within the SPE.

Statement of comprehensive revenue and expenses for the year ended 30 June 2025

Actual 2024 $000		Notes	Actual 2025 $000	Budget 2025 $000
	Revenue			
18,122	Revenue from Crown	2	16,667	16,666
320	Interest revenue		283	208
5,135	Other revenue	3	3,216	4,173
23,577	**Total revenue**		**20,166**	**21,047**
	Expenditure			
14,960	Personnel costs	4	11,633	12,647
233	Depreciation and amortisation	12, 13	164	225
3,606	Other expenses	6	3,396	3,512
3,864	External quality and safety programmes		3,811	3,520
826	External mortality programmes		1,104	1,143
23,489	**Total expenditure**		**20,108**	**21,047**
88	**Surplus/(deficit)**		**58**	**0**
0	**Other comprehensive revenue**		0	0
0			0	0
88	**Total comprehensive revenue**		**58**	**0**

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 2025

Actual 2024 $000		Notes	Actual 2025 $000	Budget 2025 $000
	Assets			
	Current assets			
4,053	Cash and cash equivalents	7	3,339	3,028
129	Goods and services tax receivable		268	315
64	Debtors and other receivables	8	7	261
508	Prepayments		287	60
4,754	**Total current assets**		**3,901**	**3,664**
	Non-current assets			
107	Property, plant and equipment	12	270	332
0	Intangible assets	13	0	0
107	**Total non-current assets**		**270**	**332**
4,861	**Total assets**		**4,171**	**3,996**
	Liabilities			
	Current liabilities			
550	Creditors and other payables	14	822	967
1,704	Employee entitlements	16	909	730
250	Revenue in advance		55	0
2,504	**Total current liabilities**		**1,786**	**1,697**
	Non-current liabilities			
65	Employee entitlements	16	35	0
65	**Total non-current liabilities**		**35**	**0**
2,569	**Total liabilities**		**1,821**	**1,697**
2,292	**Net assets**		**2,350**	**2,299**
	Equity	**17**		
500	Contributed capital		500	500
1,792	Accumulated surplus		1,850	1,799
2,292	**Total equity**		**2,350**	**2,299**

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 2025

Actual 2024 $000		Notes	Actual 2025 $000	Budget 2025 $000
2,204	Opening balance		2,292	2,299
	Comprehensive revenue and expenses for the year			
88	Surplus/(deficit)		58	0
	Owner transactions			
	Capital contribution			
2,292	**Balance at 30 June 2025**	**17**	**2,350**	**2,299**

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 2025

Actual 2024 $000		Notes	Actual 2025 $000	Budget 2025 $000
	Cash flows from operating activities			
18,122	Receipts from Crown		16,667	16,666
6,236	Other revenue		3,078	4,227
320	Interest received		283	208
(8,979)	Payments to suppliers		(7,808)	(8,099)
(14,310)	Payments to employees		(12,468)	(12,596)
11	Goods and services tax (net)		(139)	0
1,400	Net cash flow from operating activities	18	(387)	404
	Cash flows from investing activities			
0	Purchase of property, plant and equipment		(327)	(450)
0	Purchase of intangible assets		0	0
0	Net cash flow from investing activities		(327)	(450)
	Capital flows from financing activities			
0	Capital contribution		0	0
0	Net cash flows from financing activities		0	0
1,400	Net (decrease)/increase in cash and cash equivalents		(714)	(46)
2,653	**Cash and cash equivalents at the beginning of the year**		**4,053**	**3,074**
4,053	**Cash and cash equivalents at the end of the year**	**7**	**3,339**	**3,028**

Notes to the financial statements

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

Note 1: Statement of accounting policies

Reporting entity

The Commission is a Crown entity as defined by the Crown Entities Act 2004 and is domiciled in New Zealand. The ultimate parent of the Commission is the New Zealand Crown.

The primary objective of the Commission is to provide services to the public of New Zealand. The Commission does not operate to make a financial return. Accordingly, the Commission has designated itself as a public benefit entity for financial reporting purposes.

The financial statements for the Commission are for the year ended 30 June 2025 and were approved by the board on 31 October 2025.

Basis of preparation

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

New or amended standards adopted

PBE FRS 48 service performance reporting

This standard establishes new requirements for the selection and presentation of service performance information. The Commission has adopted PBE FRS 48. The main change between PBE FRS 48 and PBE IPSAS 1 presentation of financial statements is that PBE FRS 48 requires additional information to be disclosed on the judgements that have the most significant effect on the selection, measurement, aggregation and presentation of service performance information. This is disclosed on page 55 of the service performance information.

PBE IPSAS 1 – Disclosure of Fees for Audit Firms' Services

The Commission has adopted the amendment to PBE IPSAS 1 requiring disaggregated disclosure of audit fees. This is reflected in Note 6, which confirms that no other services were provided by the audit firm.

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 the Commission are as follows.

PBE IPSAS 16 investment property

The amendments clarify that fair value measurement of self-constructed investment property could begin before the construction is completed.

PBE IPSAS 17 property, plant and equipment

The amendments change the accounting for any net proceeds earned while bringing an asset into use by requiring the proceeds and relevant costs to be recognised in surplus or deficit rather than being deducted from the asset cost recognised.

PBE IPSAS 30 financial instruments: disclosures

The amendment specifically refers to disclosing the circumstances that result in fair value of financial guarantee contracts not being determinable.

PBE IPSAS 19 provisions, contingent liabilities and contingent assets

The amendments clarify the costs of fulfilling a contract that an entity includes when assessing whether a contract will be loss-making or onerous (and therefore whether a provision needs to be recognised).

Statement of compliance

These financial statements have been prepared for the Commission 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 the Commission 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 2024/25 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

The Commission is primarily funded through revenue received from the Crown, which is restricted in its use for the purpose of meeting the objectives of the Commission as specified in its Statement of Intent 2023–27 (updated). The Commission 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 the Commission 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 2024/25 year.

Short-term receivables are recorded at the amount due, less an allowance for credit losses. The Commission 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 as 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.

Inventories

Inventories held for sale are measured at the lower of cost (calculated using the first-in, first-out basis) and net realisable value. No inventories were held for sale in the 2024/25 year.

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 the Commission 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 the Commission 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 the Commission 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

The Commission 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

The Commission 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, have been calculated according to Treasury guidelines. 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 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 are accounted for as defined contribution superannuation schemes and are recognised as an expense in the surplus or deficit as incurred.

Financial Risk

The Commission is exposed to minimal financial risk. It does not hold complex financial instruments and is primarily funded by the Crown. Credit risk, liquidity risk, and market risk are considered immaterial. The Commission manages its cash and receivables conservatively and does not engage in derivative or speculative financial activity.

Note 2: Revenue from the Crown

The Commission 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 $3.216 million (2024: $5.135 million), consisting of:

» $1.000 million (2024: $1.250 million) from Health NZ districts for the mental health and addiction quality improvement programme

» $0.835 million (2024: $1.228 million) from Health NZ districts for infection prevention and control

» $0.806 million (2024: $0.838 million) from ACC for the National Trauma Clinical Network

» $0.421 million (2024: $0.562 million) from Health NZ for the patient experience surveys (this revenue was from the Ministry in 2022)

» $0.082 million (2024: $0.049 million) in other revenue

» $0.063 million (2024: $0.063 million) from ACC for contribution to analytical services

» $0.009 million (2024: $0.017 million) from adverse events training workshops.

» $0.000 million (2024: $1.081 million) from Health NZ districts for the advance care planning programme

» $0.000 million (2024: $0.050 million) from additional workshop and event revenue

Note 4: Personnel costs

	Actual 2024 $000	Actual 2025 $000
Salaries and wages	14,054	10,838
Recruitment	65	125
Temporary personnel	445	63
Membership, professional fees and staff training and development	137	297
Defined contribution plan employer contributions	382	292
Increase/(decrease) in employee entitlements	(123)	18
Total personnel costs	**14,960**	**11,633**

Employer contributions to defined contribution plans include KiwiSaver, the government superannuation fund and the National Provident Fund.

Note 5: Capital charge

The Commission is not subject to a capital charge because its net assets are below the capital charge threshold.

Note 6: Other expenses

	Actual 2024 $000	Actual 2025 $000
Audit fees to Audit New Zealand for financial audit	59	61
Staff travel and accommodation	487	304
Printing and communications	162	155
Consultants and contractors	274	196
Board costs	193	182
Mortality review and other committees	296	217
Lease rental	676	634
Outsourced corporate services and overheads	1,435	1,640
Other expenses	24	7
Total other expenses	**3,606**	**3,396**

Note 7: Cash and cash equivalents

	Actual 2024 $000	Actual 2025 $000
Cash at bank and on hand	4,053	3,339
Total cash and cash equivalents	**4,053**	**3,339**

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 2025 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 2024 $000	Actual 2025 $000
Debtors and other receivables	64	7
Less: provision for impairment	0	0
Total debtors and other receivables	**64**	**7**

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

The Commission had no term deposit or equity investments at balance date.

Note 10: Inventories

The Commission had no inventories for sale in 2024/25.

Note 11: Non-current assets held for sale

The Commission had no current or non-current assets held for sale in 2024/25.

Note 12: Property, plant and equipment

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

	Computer	Furniture and office equipment	Leasehold improvements	Total
	$000	$000	$000	$000
Cost or valuation				
Balance at 1 July 2023	**754**	**337**	**84**	**1,175**
Additions	0	0	0	0
Disposals	(300)	0	0	(300)
Balance at 30 June/1 July 2024	**454**	**337**	**84**	**875**
Additions	327	0	0	327
Disposals	(453)	(320)	84	(857)
Balance at 30 June 2025	**328**	**17**	**0**	**345**
Accumulated depreciation and impairment losses				
Balance at 1 July 2023	470	280	73	823
Depreciation expense	210	21	2	233
Elimination on disposal	(288)	0	0	(288)
Balance at 30 June/1 July 2024	**392**	**301**	**75**	**768**
Depreciation expense	130	26	8	164
Elimination on disposal	(455)	(319)	(83)	(857)
Balance at 30 June 2025	**67**	**8**	**0**	**75**
Carrying amounts				
At 1 July 2023	284	57	11	352
At 30 June and 1 July 2024	62	36	9	107
At 30 June 2025	261	9	0	270

The Commission does not own any buildings or motor vehicles. There are no restrictions over the title of the Commission's assets nor any assets pledged as security for liabilities.

Note 13: Intangible assets

The Commission has no intangible assets.

Note 14: Creditors and other payables

	Actual 2024 $000	Actual 2025 $000
Creditors	**166**	**405**
Accrued expenses	374	409
Other payables	10	8
Total creditors and other payables	**550**	**822**

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

The Commission does not have any borrowings.

Note 16: Employee entitlements

	Actual 2024 $000	Actual 2025 $000
Current portion		
Accrued salaries and wages (includes redundancy provisions)	400	328
Annual leave and long-service leave	586	581
Redundancy provisions	718	0
Total current portion	1,740	909
Non-current portion long-service leave	65	35
Total employee entitlements	**1,769**	**944**

No provision for sick leave or retirement leave was made in 2024/25 as these leave provisions have been assessed as immaterial. Provision for long-service leave was made in 2024/25.

Note 17: Equity

	Actual 2024 $000	Actual 2025 $000
Contributed capital		
Balance at 1 July	500	500
Capital contributions	0	0
Repayment of capital	0	0
Balance at 30 June	500	500
Accumulate surplus/(deficit)		
Balance at 1 July	1,704	1,792
Surplus/(deficit) for the year	88	58
Balance at 30 June	1,792	1,850
Total equity	**2,292**	**2,350**

There are no property revaluation reserves because the Commission does not own property.

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

	Actual 2024 $000	Actual 2025 $000
Net operating surplus/(deficit)	**88**	**58**
Non-cash items		
Depreciation	244	164
Add/movements in working capital items		
(Increase)/decrease in receivables	852	57
(Increase)/decrease in prepayments	(84)	221
Increase/(decrease) in GST receivables	11	(139)
Decrease/(increase) in payables and accruals	(587)	272
Increase/(decrease) in employee entitlements	626	(825)
Increase/(decrease) in revenue in advance	250	(195)
Net movements in working capital	**1,068**	**(609)**
Net cash flow from operating activities	**1,400**	**(387)**

Note 19: Capital commitments and operating lease

Capital commitments

There were no capital commitments at balance date (2024: nil).

Operating leases as lessee

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

	Actual 2024 $000	Actual 2025 $000
Not later than 1 year	507	558
Later than 1 year and not later than 5 years	37	1,393
Later than 5 years	0	0
Total non-cancellable operating leases	**544**	**1,951**

On 1 May 2025, the Commission entered a 3-year, 10-month lease with the Ministry for space at 133 Molesworth Street. This lease has a further 3-year right of renewal and expires on 28 February 2032.

The Commission does not have the option to purchase the asset at the end of the lease term.

The Commission subleases an office space at 650 Great South Road, Penrose, Auckland, from the Ministry for up to 10 staff. The sublease expiries in December 2025.

There are no restrictions placed on the Commission by its leasing arrangement.

Note 20: Contingencies

Contingent liabilities

The Commission has no contingent liabilities (2024: $nil).

Contingent assets

The Commission has no contingent assets (2024: $nil).

Note 21: Related party transactions

All related party transactions have been entered into on an arm's length basis. The Commission 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 the Commission 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[87] totalled $1.482 million, five FTE (2023/24: $1.543 million, five FTE).

[87] Key management personnel for 2024/25 included the chief executive (July 2024 to March 2025), director of health quality intelligence, medical director and executive lead, director of finance and digital, and director of engagement and impact (acting chief executive from February to June 2025). 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 2024/25 year was as follows.

	Actual 2024 $000	Actual 2025 $000
Rae Lamb (chair)	29	29
Mr Andrew Connolly (deputy chair)	18	18
Dr Jennifer Parr	15	15
Professor Ron Paterson	15	15
Shenagh Gleisner	15	15
Dr Tristram Ingham	15	15
David Lui	15	15
Tereki Stewart	15	15
Professor Peter Crampton* (to December 2024)	8	6
Dr Peter Watson (June 2025)	0	1
Claire Perry (June 2025)	0	1
Taima Campbell (June 2025)	0	1
Total board member remuneration	**145**	**146**

* This member was paid by their employing organisation.

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

The Commission has provided a deed of indemnity to board members for certain activities undertaken in the performance of the Commission's functions.

The Commission 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 the Commission are paid according to the Cabinet's Fees Framework, where they are eligible for payment. During 2024/25, the daily rates for these committees and advisory groups were $495 per day for chairs and $355 per day for committee members.

Note 23: Employee remuneration

Total actual remuneration paid or payable in the 2024/25 year was as follows. This includes staff who started and left during the period.

	Employees 2024	Employees 2025
$100,000–$109,999	13	8
$110,000–$119,999	6	6
$120,000–$129,999	11	3
$130,000–$139,999	14	9
$140,000–$149,999	5	5
$150,000–$159,999	3	2
$160,000–$169,999	2	1
$170,000–$179,999	3	1
$180,000–$189,999	2	4
$190,000–$199,999	1	0
$200,000–$209,999	0	0
$210,000–$219,999	0	1
$220,000–$229,999	1	1
$230,000–$239,999	0	0
$240,000–$249,999	0	0
$250,000–$259,999	1	0
$260,000–$269,999	2	2
$270,000–$279,999	0	0
$280,000–$289,000	1	1
$290,000–$299,999	0	1
$300,000–$309,999	1	0
$310,000–$319,999	0	1
$320,000–$329,999	1	1
$430,000–$439,999	1	0
Total employees	**68**	**47**

During the 2024/25 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 the Commission is its equity, which comprises accumulated funds. Equity is represented by net assets.

The Commission 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.

The Commission manages its equity as a by-product of prudently managing revenue, expenses, assets, liabilities, investments and general financial dealings to ensure the Commission 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 Commission budgeted figures in the 2024/25 SPE follow.

Statement of comprehensive revenue and expenses

The financial results for the 12 months to 30 June 2025 show a small year-end surplus variance of $0.058 million.

Staffing and salary costs are $1.004 million under budgeted levels for the period. Staffing vacancies at the beginning of the year (and including the current chief executive role) meant staffing costs remain well below budget by year end. However, a number of external programme payments and delivery occurred in the last quarter of the financial year. This offset the staff underspend.

Travel costs are $0.155 million less than budgeted for the period. Staff continue to prioritise virtual meeting attendance where possible and overall travel reduced significantly in 2024/25.

Contractor use remains low for the year and is $0.108 million less than budgeted. However, it did increase in the final month when a number of the one-off targeted activities came to fruition.

Publication and printing costs are under budget by $0.068 million due to savings on the printing of hard-copy documents.

Board, committee expenses and associated travel costs combined are $0.072 million below budgeted levels as there was significantly less travel during the year for both board members and other committees. Other operating costs include all charges for the unbudgeted costs of the move to 133 Molesworth Street in April 2025. Total external move and IT costs were less than $0.060 million. Only one month of dual lease costs was required at a cost of $0.043 million.

Depreciation costs are $0.061 million favourable. There has been limited spend on new assets, as we did not require any additional assets ahead of our office move (because our new office is already fitted out). The new laptop fleet has been fully rolled out. Our laptop fleet was fully depreciated before new devices were purchased.

Overall programme expenditure was $0.252 million above budgeted levels at the end of the period for two reasons. First, in the final quarter of the financial year, more one-off projects gained a contribution with Health NZ to help strengthen local mortality review structures over the next 12 months. Second, we agreed to contribute towards a national registry for female incontinence and prolapse procedures (ie, mesh).

Statement of financial position

Equity levels at the end of June 2025 are $2.350 million (2024: $2.292 million).

Statement of changes in cashflow

Cash and cash equivalents were higher than budget by $0.311 million.

Note 28: Acquisition of shares

Before the Commission 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. The Commission did not acquire any such shares in 2024/25 and currently does not plan to do so.

Note 29: Responsibilities under the Public Finance Act

To comply with its responsibilities under the Public Finance Act 1989, the Commission 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 Hiringa Mahara | Mental Health and Wellbeing Commission.

Output class financials	Actual 2024/25 $000	Budget 2024/25 $000	Location of end-of-year 2024/25 performance information
Crown funding (Vote Health – Monitoring and Protecting Health and Disability Consumer Interests (M36))	16,667	16,667	The end-of-year performance information for this appropriation is reported in Part 2: Assessment of operations and performance

Budget significant initiatives

Name of initiative	Budget year funded	Location of performance information
NA	2024/25	No new initiatives.
NA	2023/24	No new initiatives.
Health reform – consumer and whānau voice framework	2022/23	Funding was received for the resources, capability and supporting infrastructure to develop, implement and maintain the consumer and whānau voice framework. This initiative will support the health system to continuously use consumer and whānau voices in the design, delivery and evaluation of health services.
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.

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Statement of responsibility
He kupu haepapa

The board is responsible for the preparation of the financial statements and statement of performance of the Commission and for the judgements made in them.

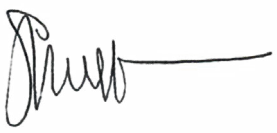
The board is responsible for any end-of-year performance information provided under section 19A of the Public Finance Act 1989.

The Commission 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 the Commission for the year ended 30 June 2025.

Signed on behalf of the board:

Rae Lamb
Chair, Board
31 October 2025



Shenagh Gleisner
Chair, Audit Committee
31 October 2025

Auditor's report

Independent Auditor's Report

To the readers of the Health Quality and Safety Commission's financial statements and statement of performance for the year ended 30 June 2025

The Auditor-General is the auditor of the Health Quality and Safety Commission (the Commission). The Auditor-General has appointed me, Dumi Rathnadiwakara, using the staff and resources of Audit New Zealand, to carry out, on his behalf, the audit of:

- the annual financial statements that comprise the statement of financial position as at 30 June 2025, 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 that include accounting policies and other explanatory information on pages 66 to 86; and
- the statement of performance for the year ended 30 June 2025 on pages 43 to 56.

Opinion

In our opinion:

- The annual financial statements of the Commission:
    - fairly present, in all material respects:
        - its financial position as at 30 June 2025; 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 Reporting Standards.

- The statement of performance fairly presents, in all material respects, the Commission's service performance for the year ended 30 June 2025. In particular, the statement of performance:
    - provides an appropriate and meaningful basis to enable readers to assess the actual performance of the Commission for each class of reportable outputs; determined in accordance with generally accepted accounting practice in New Zealand; and
    - fairly presents, in all material respects, for each class of reportable outputs:
        - the actual performance of the Commission;
        - the actual revenue earned; and
        - the output expenses incurred,

      as compared with the forecast standards of performance, the expected revenues, and the proposed output expenses included in the Commission's statement of performance expectations for the financial year; and
    - complies with generally accepted accounting practice in New Zealand in accordance with Public Benefit Entity Reporting Standards.

Our audit was completed on 31 October 2025. This is the date at which our opinion is expressed.

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, the International Standards on Auditing (New Zealand), and New Zealand Auditing Standard 1 (Revised): The Audit of Service Performance Information 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 annual financial statements and the statement of performance

The preparation of the annual financial statements and the statement of performance of the Commission is the responsibility of the Board. The Board is responsible on behalf of the Commission for preparing annual financial statements and a statement of performance that are fairly presented and comply with generally accepted accounting practice in New Zealand. This includes preparing a statement of performance that provides an appropriate and meaningful basis to enable readers to assess what has been achieved for the year.

The Board is responsible for such internal control as it determines is necessary to enable it to prepare annual financial statements, and a statement of performance that are free from material misstatement, whether due to fraud or error.

In preparing the annual financial statements, and a statement of performance, the Board is responsible on behalf of the Commission for assessing the Commission's ability to continue as a going concern.

The Board's responsibilities arise from the Crown Entities Act 2004.

Responsibilities of the auditor for the audit of the annual financial statements and the statement of performance

Our objectives are to obtain reasonable assurance about whether the annual financial statements, and the statement of performance, 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 the annual financial statements, and the statement of performance.

For the budget information reported in the annual financial statements, and the statement of performance, our procedures were limited to checking that the information agreed to the Commission's statement of performance expectations.

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

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 annual financial statements, and the statement of performance, 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 whether the statement of performance:

    - provides an appropriate and meaningful basis to enable readers to assess the actual performance of the Commission in relation to the forecast performance of the Commission. We make our evaluation by reference to generally accepted accounting practice in New Zealand; and

    - fairly presents the actual performance of the Commission for the financial year.

- We conclude on the appropriateness of the use of the going concern basis of accounting by the Board.

- We evaluate the overall presentation, structure and content of the annual financial statements, and the statement of performance, including the disclosures, and whether the annual financial statements, and the statement of performance 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 all of the information included in the annual report, but does not include the annual financial statements, and the statement of performance, and our auditor's report thereon.

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

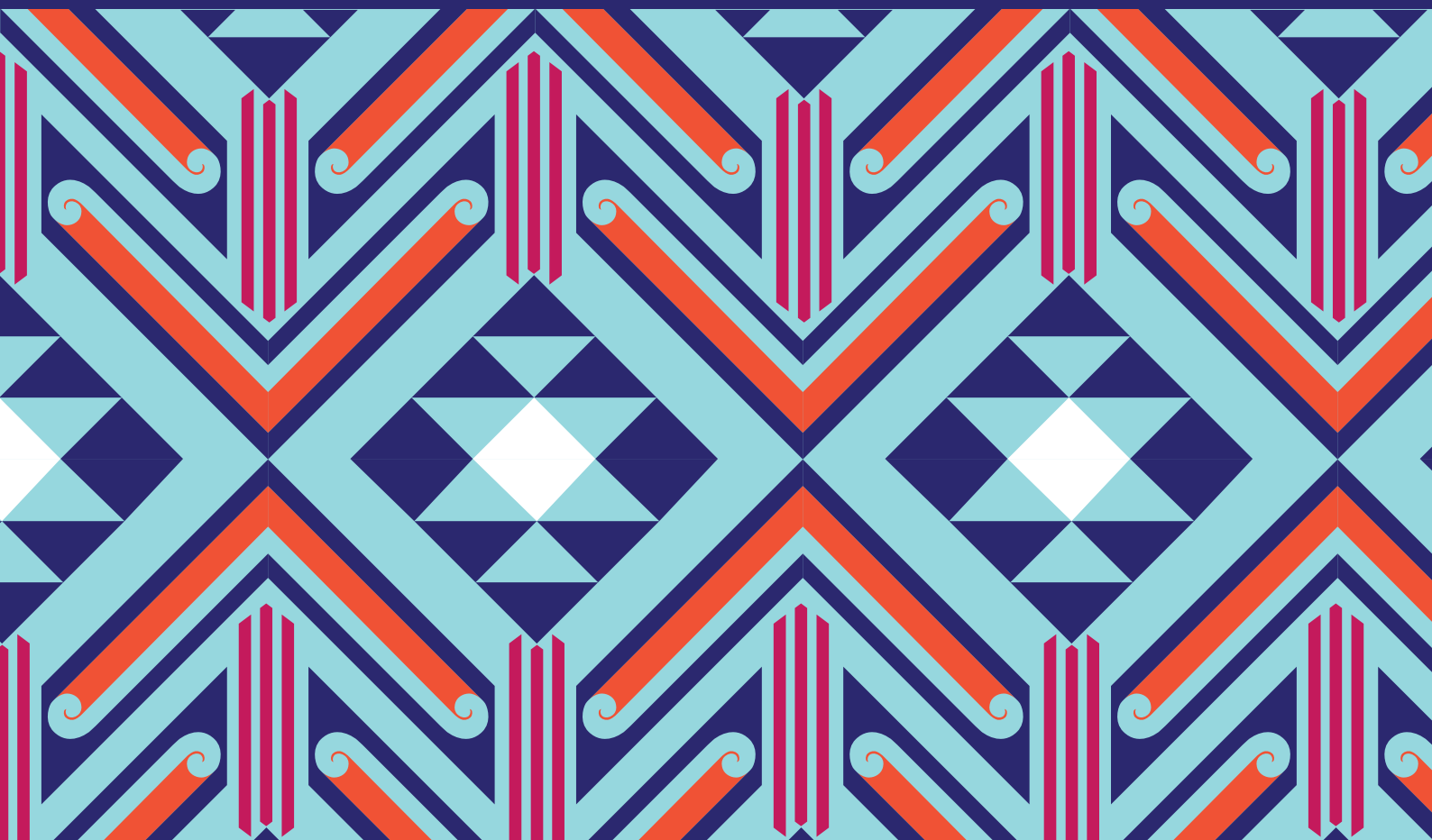
In connection with our audit of the annual financial statements, and the statement of performance, our responsibility is to read the other information. In doing so, we consider whether the other information is materially inconsistent with the annual financial statements, and the statement of performance 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.

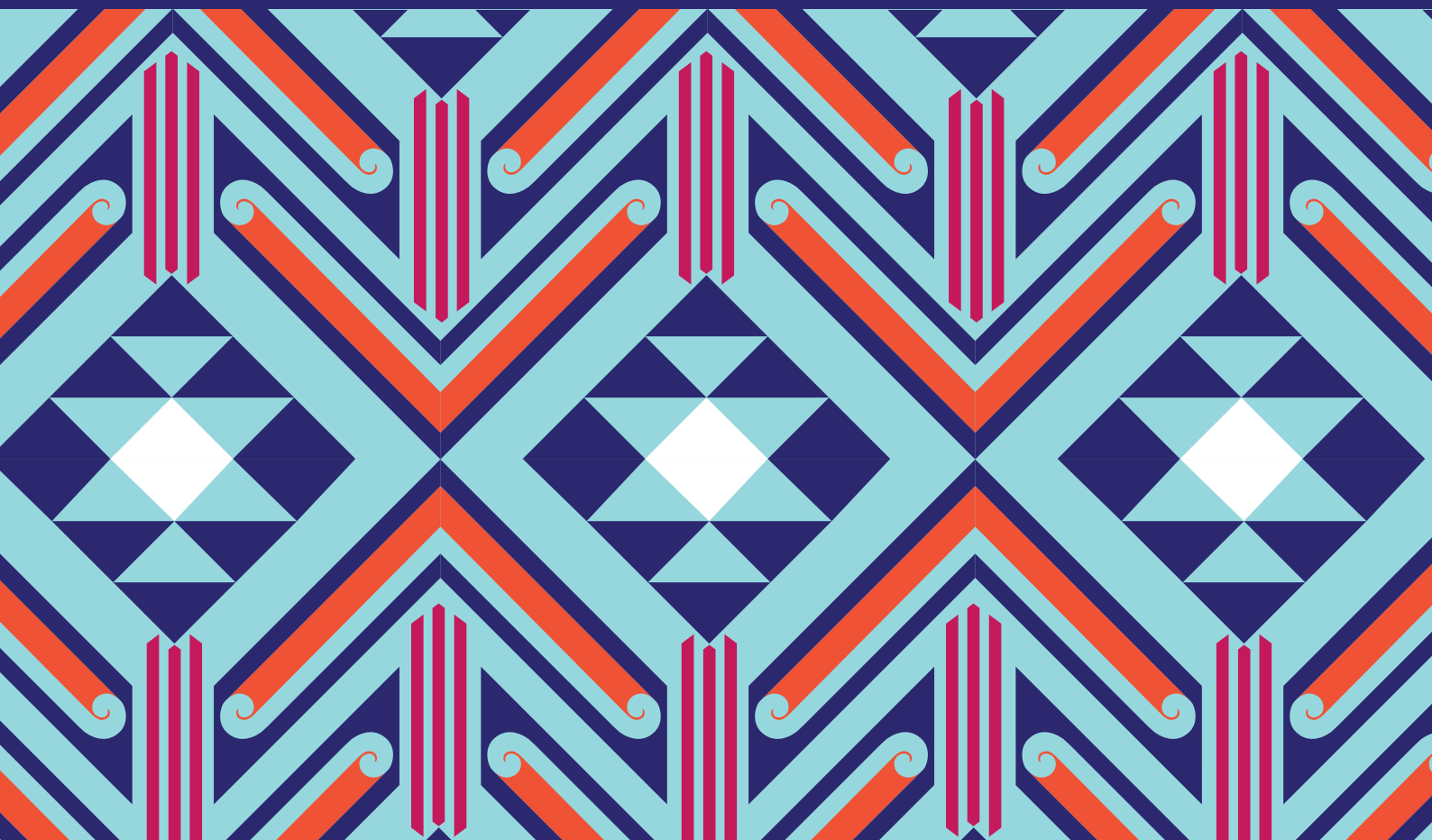
Independence

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) 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.

Dumi Rathnadiwakara
Audit New Zealand
On behalf of the Auditor-General
Wellington, New Zealand





Te Kāwanatanga o Aotearoa
New Zealand Government