

Quarterly Performance Report

Quarter ending 30 September 2023

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Te Whatu Ora
Health New Zealand

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Foreword from our CEO

On 1 July 2022, Te Whatu Ora | Health New Zealand became primarily responsible for leading the day-to-day running of Aotearoa New Zealand's public health services.

The creation of Te Whatu Ora enables us to maximise the scale and efficiency of our expenditure to contribute to the overall health and wellbeing of New Zealanders. By ensuring that people have access to healthcare services, improving public health, early detection of diseases, and proactive management of care, we can decrease future demand and lower the total cost of healthcare over time. We have made early progress in realising the benefits of merging 28 entities, and some functions of the Ministry of Health | Manatū Hauora, while maintaining continuity of services throughout New Zealand.

As an organisation, we are deeply committed to ensuring accurate performance reporting, as we strongly believe in the importance of this work as a way to establish public trust and confidence in our operations.

This quarterly performance report covers the period 1 July to the end of September 2023. It highlights our work over this period and informs the Minister of Health on how our performance aligns with expectations including how it aligns with our Statement of Performance Expectations (SPE) 2023-2024 and Te Pae Tata | Interim New Zealand Health Plan 2022-2024.

Highlights from Quarter One include:

- 84 Bachelor of Nursing students enrolled in Ara Te Pūkenga and 288 applicants within our Return to Nursing programme.
- Our International Recruitment Centre continued to support health workers into New Zealand to help address immediate workforce pressures.
- Extra funding was allocated to regions to reduce waitlists for planned care by implementing innovative service delivery models and public and private capacity to provide treatment.
- In September, the National Cervical Screening Programme introduced a new Human Papillomavirus (HPV) screening technique along with expanded free cervical screening eligibility.
- The National Diabetes Action Plan covered by Ola Manuia Pacific health and Wellbeing Action Plan commenced
- As at 30 September 2023, the financial operating result was a \$5m deficit, \$2m favourable to budget. Planned savings remained largely on track after three months, year-to-date savings of \$68m have been achieved.

Since the end of quarter one, several positive developments have occurred in the early part of quarter two. These include progress in developing and implementing the Rheumatic Fever National Care Coordination System, the Gout guide for health providers, and the HIV Action Plan (which includes training providers to carry out HIV testing). We look forward to reporting on these in our next quarterly report.

Fepulea'i Margie Apa
Chief Executive
Te Whatu Ora | Health New Zealand

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1 Snapshot for the Quarter

Workforce

Our focus continues on implementing and delivering programmes within the Health Workforce Plan 2023/24 while at the same time, ensuring our current staff are supported and have what they need to do their jobs well.

Key achievements:

- 84 new Bachelor of Nursing students enrolled in Ara Te Pūkenga in July and August 2023.
- 288 new applicants within our Return to Nursing programme.
- 10 new places for the Rural Medical Immersion Programme (RMIP) for fifth-year medical students have been confirmed for 2024.

Our International Recruitment Centre continues to support health workers into New Zealand to help address immediate pressures, as well as recruiting for some of our hard-to-fill specialist roles. A targeted international recruitment campaign for general practitioners (GPs) was launched, as well as an incentive scheme to attract international GPs to work in rural areas.

Winter activity

Colds, flus and other respiratory illnesses are more common in colder months. In preparation, our prevention directorate's winter activity for this quarter saw the delivery of two substantial pieces of work.

Funded paediatric influenza vaccine

On 1 April, access was expanded to the funded paediatric influenza vaccine to include children aged between 6 months to 3 years old until the end of 2023. The vaccine for children aged 6 months to 3 years old was dispatched (not administered) nationally at 60% higher rates this flu season compared to 2022. An additional influenza vaccine was also funded from 1 July to help ensure continued availability through to the end of the year.

Immunisation communications activity

Winter communications activity saw the delivery of two key communication initiatives:

- The Influenza Immunisation Programme focused on immunising people eligible for funded vaccines, particularly more vulnerable populations such as Māori and Pacific peoples.

- An additional COVID-19 booster was available to anyone aged 30 and over (or anyone at increased risk of severe illness from COVID-19 or haputanga) who had completed their primary course as long as it had been at least 6 months since their last COVID-19 dose or COVID-19 infection.

In support of these initiatives, two phases of campaign activity were planned and delivered through this quarter.

Immunisation Taskforce Programme

In April 2023, the Immunisation Taskforce released a report, "Initial Priorities for the National Immunisation Programme in Aotearoa", which highlighted 10 key priority areas and made 54 recommendations. Delivery of the recommendations is being led by our prevention directorate in the National Public Health Service in partnership with Te Aka Whai Ora | Māori Health Authority.

In this quarter several technology projects, aimed at achieving sustainable systemic change, were progressed to implementation stage. These included the preparation to cut over from the National Immunisation Register to the new Aotearoa Immunisation Register, the development of Whaihua – a new Customer Relationship Management (CRM) tool for use by immunisation outreach providers, and the Newborn Enrolment Service.

From 1 July 2023, Primary Health Organisations (PHOs) and General Practice have been paid \$36.05 per dose administered, following a variation to the PHO Services Agreement. This is a permanent uplift of 29.5% to the immunisation administration fee to support primary care to immunise enrolled tamariki and whānau.

Pharmac changes have increased access to funded vaccines available in community pharmacy. From 1 August 2023, vaccinating pharmacies can order a wider range of National Immunisation Schedule vaccines resulting in more vaccination sites in the community.

Primary Care

This quarter saw the end of the winter, which is traditionally the busiest period for the health system. During this time, we saw more people being enrolled with general practices, with 20,000 new patients enrolled in August alone.

There has also been strong patient satisfaction with 86% of survey respondents saying they felt involved in their own care and treatment with their GP or nurse¹.

¹ According to the latest survey results from the HQSC adult primary care patient experience survey.

Te Whatu Ora has acknowledged the increase in demand for primary care by extending the telehealth service that provides fully funded care for patients at no cost to rural, Māori or Pacific general practices, and general practices that support high needs populations.

Waitlists (planned care)

Given continuing system pressures, including workforce shortages and recovery from the impact of COVID-19, all districts have patients waiting beyond expected timeframes for assessment and treatment. A particular focus is to treat all patients waiting longer than 365 days for treatment.

To reduce wait lists, additional funding has been allocated to regions for the development of innovative service delivery models to [support or increase] public and private capacity to provide treatment.

Three regions remained on track to reach the goal of having no patients waiting over 365 days for treatment by 31 December 2023. The national team is providing support to Te Waipounamu to increase the number of long waiting patients being treated.

2 Evolving the Health System

Our aim is to have a health system that is more equitable, accessible, cohesive, and people-centred, that will benefit the health and wellbeing of every New Zealander. The discussion below follows the five shifts set out in the first two years of the health reforms.

2.1 The health system will reinforce Te Tiriti principles and obligations

A commitment to Te Tiriti principles is an integral part of achieving health equity for Māori. Health inequities and efforts to address them have been central to the system for a long time. And now, under our Pae Ora legislation, we are required to actively pursue health equity. This brings a much stronger focus to this critical part of our mission to evolve how the health system delivers for New Zealanders.

Achieving health equity requires a multi-faceted response, such as ensuring we have an inclusive work environment, embedding consumer and whānau voices in our work,

generating insights about what inequities exist and how they might best be addressed, and ensuring we have services that work effectively for different groups of people.

2.2 All people will be able to access a comprehensive range of support in their local communities to help them stay well

A procurement process for a national rural clinical telehealth service is underway which will provide rural communities with primary care (GP consults and nurse triage) after hours (including overnight, weekends and on public holidays). This service is expected to begin in late October 2023.

Te Whatu Ora is working to support primary and community teams through funding additional roles. One of these actions is the creation of Comprehensive Primary and Community Teams (CPCT). The CPCT has a funding allocation over three years of \$102m from Budget 22.

Highlights for this quarter included:

- Kaiawhina resources across the motu were committed for Hauora Māori and Pacific partners; \$41m of the CPCT funding has now been committed, which will see approximately 232 new FTE within these teams once recruitment is complete.

CPCT will bring new ways of working, with local tailoring in localities which identify roles that meet the whānau and community voice. Across other areas, Hauora Māori and Pacific partners, general practice, PHOs and commissioning teams have worked collectively to identify roles, FTEs and employers for resources across geographical areas. Next quarter these roles will start to be integrated into CPCT.

2.3 Everyone will have access to high quality emergency or specialist care when they need it

Ambulance providers report that frontline staff, including emergency communications centre personnel, have increased by over 180 FTE from the beginning of the previous financial year. Additional funding and a focus on effective recruitment and training policies

across the range of clinical roles have reduced long standing staff vacancies across ambulance services.

The Winter 2023 Preparedness Plan included 24 initiatives, across eight key areas, to address health system pressures, support community care and reduce hospital demand. Many initiatives were available nationally, with some focused on regions with persistent hospital flow challenges, including our busiest emergency departments, and wider system pressures.

Successful management of resources from other parts of the country supported rural recovery during severe weather events in the east of the North Island. Road transport challenges are improving, however full restoration of that transport network will take significant time and air ambulance settings have been adjusted to support.

2.4 Digital services will provide more New Zealanders with the care they will need in their homes and local communities

The Remote Patient Monitoring Pilot aims to identify and collect the right health information in a readily consumable, equitable and accessible way for both users and clinicians so better and faster health decisions can be made for those who live in rural areas. During this quarter we received the delivery of devices that will go to 60 people to monitor their health conditions.

Our key focus is to monitor from home those with long-term health conditions, such as chronic obstructive pulmonary disease (COPD), heart disease and diabetes. This quarter, we are working with community partners in Te Tai Tokerau, the Chatham Islands and the East Coast. The first long-term condition we will be monitoring is heart failure.

The HPV Cervical Screening project enables women to self-test for their initial cervical screening at home. We have been improving digital tools that support this system, including software components and new integrations from laboratory facilities. This service went live in September.

2.5 Health and care workers will be valued and well-trained for the future health system

Te Whatu Ora has reached gender-based pay equity settlements for all its employed workforces, with nurses, midwives and allied, scientific and technical professionals' settlements all concluded this quarter. This is a huge step to ensuring our workforces, many of which are dominated by women, are paid equitably – and represents a significant and important investment in our health personnel.

Changes to immigration settings and Te Whatu Ora's investment in international recruitment continue to bear fruit for our nursing workforce with continued, strong growth in new nursing registrations. From June 2022 to June 2023 the number of nurses with a current, New Zealand practising certificate rose by 6,120 – 8.5% of our total nursing workforce today. Indications are that this flow of overseas-trained nurses into New Zealand has continued strongly through the quarter ending 30 September 2023, helping lift pressure on our hospitals and in the community.

Since our establishment on 1 July 2022, we have highlighted pressures on our health workforce. While we have made good, rapid progress in growing nursing numbers in New Zealand, we continue to face pressure in recruiting for medical, allied, scientific and technical workforces. These pressures will persist for some time, even as we implement initiatives from the Health Workforce Plan 2023/24 designed to improve retention and grow international and domestic pipelines.

We have reached an agreement with Otago University to fund 10 additional places for the Rural Medical Immersion Programme (RMIP) from 2024. RMIP students will split their time between rural general practices and hospitals and be mentored by community health providers and visiting specialists. The programme has been successful in encouraging graduates to pursue a career in rural health.

3 Delivering Interim Health New Zealand| Te Pae Tata

Te Pae Tata is our Interim New Zealand Health Plan. The plan consists of 187 key actions to be delivered in partnership with Te Aka Whai Ora. At this stage we are taking the opportunity to review the actions to establish whether they are all still fit for purpose and where they may better sit within our operational plans. To ensure we are progressing, each action has quarterly milestones, and the status of these milestones is monitored and reported each quarter. The table below contains the progress status of milestones during this quarter.

| Sections | Total Actions | Green | Amber | Red | No milestone | Still Assessing |
|----------------------------------------|---------------|-------|-------|-----|--------------|-----------------|
| People & whānau at the heart of health | 24 | 15 | 7 | | | 2 |
| Improving health outcomes and equity | 39 | 21 | 6 | | 6 | 6 |
| A unified health system | 63 | 26 | 14 | | 8 | 15 |
| Priority populations | 61 | 15 | 12 | 2 | 4 | 28 |
| Total | 187 | 77 | 39 | 2 | 18 | 51 |

People and whānau at the heart of health

People and their whānau need to be at the centre of all health services to ensure they receive improved health outcomes. These actions aim to achieve this by integrating the voice of individuals and whānau into health service delivery, strengthening our workforce whānau, and capturing data and intelligence in a smarter way. There are 24 actions aligned with Section 1.

This quarter

- A sector-wide Data and Intelligence Oversight Group was established, with Te Whatu Ora, Te Aka Whai Ora and Manatū Hauora.

- People and whānau voice was integrated into the review of the national breast screening service and the programme 'No One Dies Alone'.
- Platforms to include the voices of the Rainbow and diverse ethnic communities in design, delivery and performance of the health system are on track to be completed by the end of 2023.

Improving health outcomes and equity

One of the primary goals of Pae Ora is to improve health outcomes and achieve health equity for all groups of people. The actions in Section 2 of Te Pae Tata include changes to structures and settings to support new models of care, particularly for these populations. Te Aka Whai Ora is leading one of the actions in this section. There are 39 actions aligned with Section 2.

This quarter

- Hepatitis C treatment Maviret was reclassified so that it can now be provided without prescription, creating more flexible options and access for people with Hepatitis C.
- Budget 21 expansion of the Healthy Homes Initiative (HHI) was completed; our commissioning team celebrated HHI going nationwide by hosting a National Hui at Pipitea Marae in Wellington.
- National Bowel Screening Programme (NBSP) age extension commenced in Tairāwhiti on 9 October, allowing wider access to NBSP for that community.

A unified health system

The focus of this section is the mechanisms needed to develop a unified health system: transforming health service delivery and strengthening the enablers of the health system. One of the founding actions within Section 3 of Te Pae Tata is the establishment of Te Whatu Ora as an organisation to utilise the efficiencies of system consolidation to transform healthcare. Te Aka Whai Ora is leading one of the actions in this section. There are 63 actions aligned with Section 3.

This quarter

- Saw the leadership appointments for the first National Clinical Networks. These networks will be mandated to drive change through the development of national standards and models of care. They will be guided by Te Ao Māori and Pacific insights and expertise to ensure that guidelines developed reflect the needs of our population.
- Saw final structure decisions announced for the majority of directorates. EOIs are underway in relevant business units.

Priority populations

Section 4 of Te Pae Tata focuses on three priority populations: Māori, Pacific and Tāngata whaikaha | Disabled people. The 61 actions in this section focus on ensuring services and interventions work to reduce inequities. Te Aka Whai Ora leads nine of the actions in this section.

This quarter

- Hauora Māori partners put contracts in place for wrap-around support for wāhine hapū antenatal and birthing care as well as whānau-oriented intensive support for maternity and the early years.
- The development of a Health Sector Tikanga and Te Reo Māori strategy began. This strategy will help improve the cultural safety of healthcare organisations.
- A draft evaluation of “Healthy Active Learning” has been completed. The findings will be used to plan future programmes with Sports New Zealand and the Ministry of Education to promote better health outcomes.

Details of the two red milestones are set out in the table below:

| Section | Action Description | Q1 Milestone | Mitigations |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Priority Populations | Assess and improve the cultural safety of healthcare organisations. | Establish national guidance on content and approaches working with districts and Te Aka Whai Ora (completed 22/23). Implement and monitor. | Work is currently in progress to establish definitive roles and responsibilities for the implementation of this particular action. |
| Priority Populations | Support Tāngata whaikaha Disabled people in culturally appropriate ways in Māori, Pacific and other community specific health services. | Disability roles visible within community specific health services. | The Disability team is working on developing a work programme that spans across all health services. |

4 Achieving Equity

Te Whatu Ora pursues health equity in all its work, particularly in five priority areas:

- **Pae ora | Better health in our communities:** non-communicable diseases account for the majority of health loss in Aotearoa. Many of the conditions could be prevented by addressing the social determinants of health. This priority area centres around Te Whatu Ora and Te Aka Whai Ora working with partner agencies to influence improvements in the physical, socioeconomic and commercial environments.
- **Kahu Taurima | Maternity and early years:** The first 2,000 days of a child's life are extremely impactful to their future. Additionally, the majority of inequities in health outcomes experienced by Māori, Pacific and Tāngata whaikaha | Disabled people are preventable. This priority area centres around commissioning services to support whānau, develop new models of care, and provide holistic and social support.
- **Mate pukupuku | People with cancer:** Around 30-50% of all cancers are preventable, yet cancer is now a leading cause of health loss in Aotearoa. Additionally, there are also significant inequities in cancer outcomes. This priority area centres around improving the cancer pathway, prevention, palliative care and survivorship.
- **Māuiuitanga taumaha | People living with chronic health conditions:** Diabetes, cardiovascular disease, respiratory disease, stroke and gout are five chronic conditions with the greatest prevalence and inequities. This priority area centres around supporting people to live healthy lives, reducing the burden and prevalence of chronic conditions.
- **Oranga hinengaro | People living with mental distress, illness and addictions:** A large proportion of New Zealanders will experience mental distress or addiction challenges. Improving mental health and addiction outcomes will address health inequities for Māori and increase employment and productivity. This priority area centres around growing support services, improving care pathways and increasing the availability of services to young people.

Better health in our communities

Healthy Families NZ – Tāfesilafa'i: The 'community of care' improving the wellbeing of Sāmoan teachers

- Tāfesilafa'i is an innovation rooted in fa'a Samoa (Samoan way of life) enabling teachers to create learning environments where both tamaiti (children) and faiaoga (teachers) thrive. Tāfesilafa'i is an aiga (family) centred innovation that is community-led and nationally enabled and is based on community insights that were gathered during the first COVID-19 lockdown.

- Insights highlighted an urgent need to partner with faiaoga (teachers) in Aoga Amata (community settings), who are working with stressed aiga (families) and the subsequent challenges to tamaiti (children) wellbeing and behaviour.
- The initiative has grown from an four to 11 centres spanning west, centre and south Auckland. Across the 12 Aoga Amata, over 70 faiaoga are learning, sharing, and networking through Tāfesisilafa'i. These faiaoga have the capability to support the health and wellbeing of over 400 tamaiti and their aiga currently in their care.

Mate Pukupuku | People living with cancer

- On 12 September, the National Cervical Screening Programme (NCSP) adopted new Human Papillomavirus (HPV) screening - a better, simpler screening test to prevent cervical cancer. The introduction of HPV primary screening is expected to help towards addressing longstanding inequities for Māori and Pacific people, who have higher rates of incidence and death from cervical cancer.
- The HPV primary screening test is a simple and quick swab that people can choose to do themselves. The new test looks for HPV, that causes more than 95% of cervical cancers. The virus is very common and is spread by intimate skin-to-skin contact or any sexual activity.
- Alongside the introduction of HPV screening, eligibility for free cervical screening was expanded. Those who are eligible include women and people with a cervix who are unscreened (have never had a screening test), under screened (haven't had a test in the past five years), at higher risk requiring surveillance/follow up, Māori, Pacific, and anyone who is a community service card holder. This includes those populations that are at a higher risk of cervical cancer.

Kahu Taurima | Maternity and early years

- Kahu Taurima is a joint approach between Te Whatu Ora and Te Aka Whai Ora to integrate maternity and early years for all whānau in Aotearoa New Zealand. Kahu Taurima is grounded in Māori indigenous knowledge so that all whānau are supported in the places and spaces where they live their lives.
- Progress has been made to design and commission new integrated, culturally tailored services for maternity and early years, with the commissioning of Te Ao Māori solutions and Pacific models of care pilots.

Māuiuitanga Taumaha | People living with chronic health conditions

- Te Whatu Ora is developing improvements to its Cardiovascular Disease

- se Risk Assessment (CVDRA) and Heart Health Plan risk management services, to support evidence-based decision making and to strengthen the way heart health risk is discussed with consumers.
- During quarter one Te Whatu Ora undertook planning to hold one or two consumer focus groups to hear consumer perspectives on the improvement options, and whether the changes are helpful, meaningful and easy to understand. Ensuring that the consumer voice is represented and reflected is integral to ensuring the final products are appropriate.

Oranga Hinegaro | People living with mental distress, illness and addiction

Rangatahi Well

- A new online resource aimed at making it easier for secondary school staff to recognise and respond to the wellbeing concerns of rangatahi (Years 9 to 13) has had an excellent response since it went live in June 2022.
- Developed by Manu Ka Rere, a collective of Canterbury-based youth mental health and addiction NGOs, Rangatahi Well recognises the important role secondary school kaimahi have in offering early support to rangatahi with wellbeing needs. Rangatahi Well offers local advice, recommended resources and support options for rangatahi along with ongoing learning and development opportunities for kaimahi and others working in this space. Since going live there have been more than 2,300 unique visitors to the web platform.

Te Tai Tokerau initiatives

- Te Tai Tokerau have a number of initiatives underway to support increased mental health access for Māori.
- Among recent initiatives from the Integrated Primary Mental Health and Addiction (IPMHA) service workstream of the Access and Choice programme, a Whangarei based Health Coach connects the General Practice with a local marae and now offer a clinic (general practitioner and nurse led) alongside IPMHA service from the marae one day a month. The Health Coach has whakapapa back to this marae and can support whānau to engage with their health care in a familiar and safe space.

5 Delivering Ola Manuia

Pacific Health and Wellbeing Action Plan

Ola Manuia (to live in wellness) Interim Pacific Health Plan, a companion document to Te Pae Tata, was launched by Hon Minister Aupito William Sio and Te Whatu Ora National Pacific Health Director Markerita Poutasi on 11 November 2022. The priorities covered by Ola Manuia span the life course of Pacific peoples from pregnant women, children and youth, through to adults and elders, and include focusing on long-term conditions (such as diabetes), mental health and tagata sa'ilimalo people with disabilities.

Highlights from Quarter One

National Diabetes Action Plan

The burden of diabetes disproportionately affects and harms Māori and Pacific populations who experience higher prevalence, earlier onset, higher mortality and complication rates, and greater health loss compared with other population groups.

Development of a National Diabetes Action Plan commenced with whānau Māori, Pacific people, mātauranga Māori knowledge holders, people with lived experience of diabetes, community, primary care providers and clinical diabetes experts. In the 30-year history of diabetes plans, this is the first that places these voices at the centre of designing solutions that are both practical and evidenced-based.

Pacific Health Pipeline

The Pacific Health pipeline was established to enable targeted pathways and service improvements at a system level for Pacific health priorities. The Pacific Health Senate was supported by Te Whatu Ora Service and Improvement Innovation Directorate to endorse three priority areas to explore within the pipeline: endometrial cancer, chronic kidney disease and rheumatic fever. Other key health priorities that were endorsed by the Senate include Diabetes and Oral Health.

Pacific Provider Development Fund

Applications for the Pacific Provider Development Fund (PPDF) were open during this quarter, and actions from the PPDF Review undertaken by a Steering Group Committee in quarter four 2022/23 were implemented. These actions included additional support to help providers complete their application and wide socialisation of the application timeframe.

In total 32 applications were received, an increase of five, year on year. Six applications were from new providers. Providers will be notified on the outcome of their applications in early December.

Pacific Outreach teams

Outreach contracts were confirmed to enable Pacific providers to pivot COVID-19 workforce to deliver other services including immunisations, screening, support for those with long-term conditions and surge capacity.

Pacific Integrated Contracts programme

The Pacific Integrated Contracts pilot, which launched in June 2023 with six providers, for a three-month reporting trial period, highlighted some key areas for improvement in the data capture of Pacific outcomes. A programme team has been formed, which includes Te Whatu Ora staff from the Pacific Health and Data and Digital Directorates, to continue the on-going work to support providers to capture more meaningful data and improve reporting capability and tools.

Integrated contracts will make it easier for providers to work with us, removing complexity by creating one contract per provider ensuring administration alignment and improved health outcome reporting.

Pacific Health Scholarships

The Pacific Health Scholarship eligibility criteria are being reviewed and the programme has begun migration to a new platform in preparation for 2024 applications. The new platform will enable improved user experience and back-end functionality.

In addition, a health Scholarships and Grants database has been published on the Te Whatu Ora website. It includes support from other organisations including private providers. The aim is to improve access to scholarships information for Pacific students.

Kahu Taurima

Five Pacific providers were commissioned in quarter four 2022/23 to develop Pacific models of integrated maternity and early years care. These providers have been recruiting and developing their implementation plans.






Te Whatu Ora continues to conduct regular online engagement, providing on-going support as the pilots develop.

6 Non-Financial Performance

Te Whatu Ora is tracking performance using the measures from the Interim Government Policy Statement (GPS) and our Statement of Performance Expectations/Statement of Intent (SPE/SOI) for 2023/24. Some performance measures presented in the SPE 2023/24 are also included in the Whakamaua: Māori Health Action Plan 2020-2025, Interim GPS and Health System Indicators (HIS). Our performance measures are presented both qualitatively as milestones (and progress reports) and quantitatively through data. Together, they provide a picture of our performance. Measures are grouped to the Te Pae Tata six priorities actions:

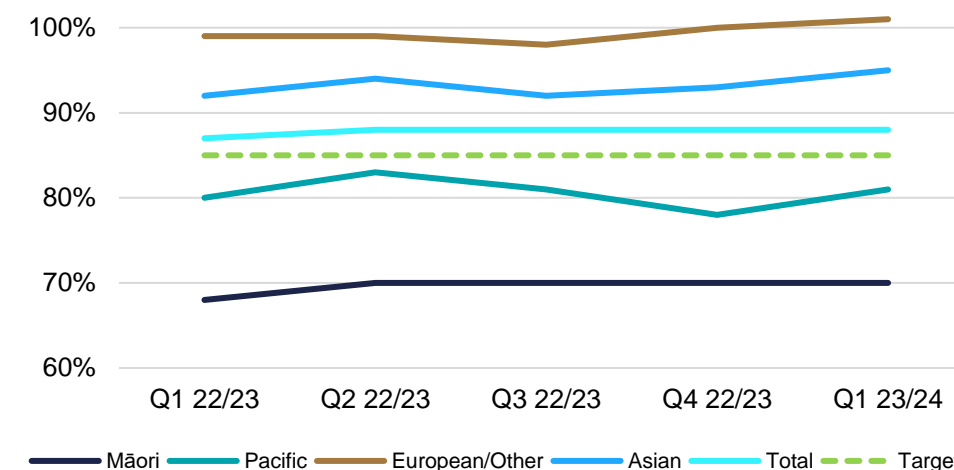
1. Place whānau at the heart of the system to improve equity and outcomes
2. Embed Te Tiriti o Waitangi across the health sector
3. Develop an inclusive health workforce
4. Keep people well in their communities
5. Develop greater use of digital services to provide more care in homes and communities
6. Establish Te Whatu Ora and Te Aka Whai Ora to support a financially sustainable system

Measures are assessed using a traffic light system, as shown in the key below. In some cases, the process of collation and validation of health system data means that the most up-to-date information available is for a different timeframe than this quarter’s reporting period.

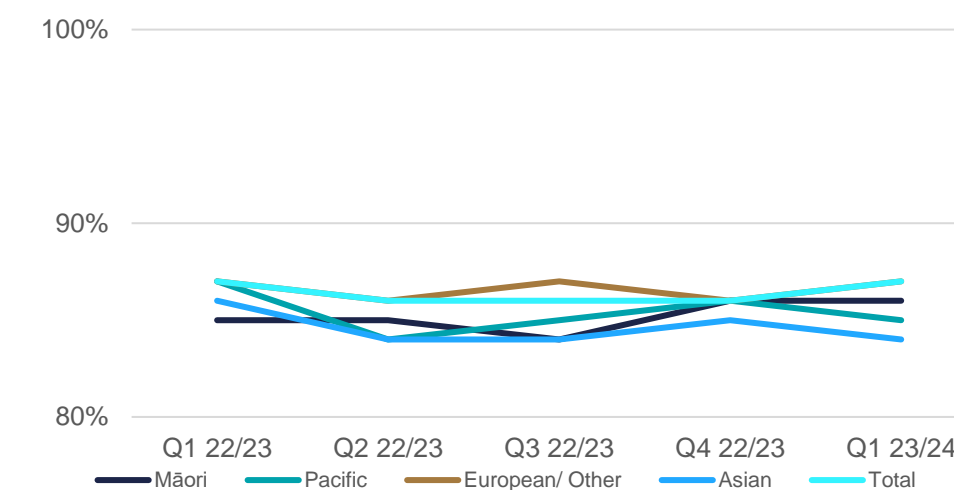
| Key to the Rating Assessment | | | | |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Increased and improved  | Decreased and improved  | No change  | Decreased and deteriorated  | Increased and deteriorated  |

Te Pae Tata Priority 1 – Place whānau at the heart of the system to improve equity and outcomes

| Measure | Ethnic group | Q1 2022-23 | Q2 2022-23 | Q3 2022-23 | Q4 2022-23 | Q1 2023-24 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|---------------|---------------|---------------|
| Percentage of children enrolled with a general practice or a kaupapa Māori provider by age 3 months ^{2,3} . Target: 85% overall and maintain performance for populations | Māori | 68% | 70% ↘ | 70% ↘ | 70% ↘ | 70% ↘ |
| | Pacific | 80% | 83% ↗ | 81% ↘ | 78% ↘ | 81% ↗ |
| | European and all other ethnicities | 99% | 99% ↘ | 98% ↘ | 100% ↗ | 101% ↗ |
| | Asian | 92% | 94% ↗ | 92% ↘ | 93% ↘ | 95% ↗ |
| | Total | 87% | 88% ↘ | 88% ↘ | 88% ↘ | 88% ↘ |
| Comments | New-born enrolment rates have remained relatively stable over the past year. We have seen slight increases for Pacific, European/Other and Asian enrolments in the last quarter. However, Māori enrolment rates remain well below the total, Asian, and European/Other groups. | | | | | |



| Measure | Ethnic group | Q1 2022-23 | Q2 2022-23 | Q3 2022-23 | Q4 2022-23 | Q1 2023-24 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|---------------|---------------|---------------|
| Percentage of people who say they felt involved in their own care and treatment with their GP or nurse ^{2,4} . Target: Improve from baseline (trend to increase) | Māori | 85% | 85% ↘ | 84% ↘ | 86% ↗ | 86% ↘ |
| | Pacific | 87% | 84% ↘ | 85% ↗ | 86% ↗ | 85% ↘ |
| | European and all other ethnicities | 87% | 86% ↘ | 87% ↗ | 86% ↘ | 87% ↗ |
| | Asian | 86% | 84% ↘ | 84% ↘ | 85% ↗ | 84% ↘ |
| | Total | 87% | 86% ↘ | 86% ↘ | 86% ↘ | 87% ↗ |
| Comments | This measure is reported through the national primary care experience survey. Results show that most people feel involved in the care delivered by their general practice team. Performance has remained stable over the past year with little variation between groups. | | | | | |

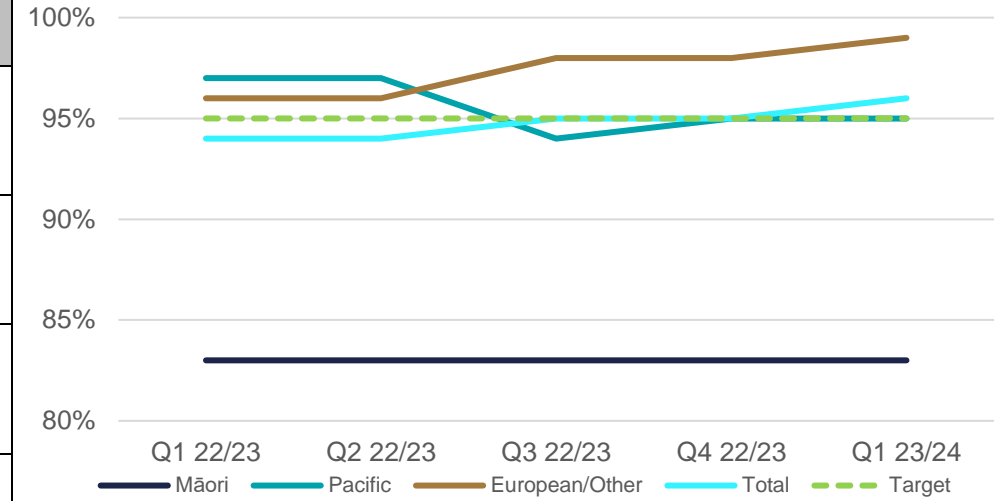


² Measure taken from Statement of Performance Expectation (SPE 2022-23)- Output Class 2: Primary and Community Services.

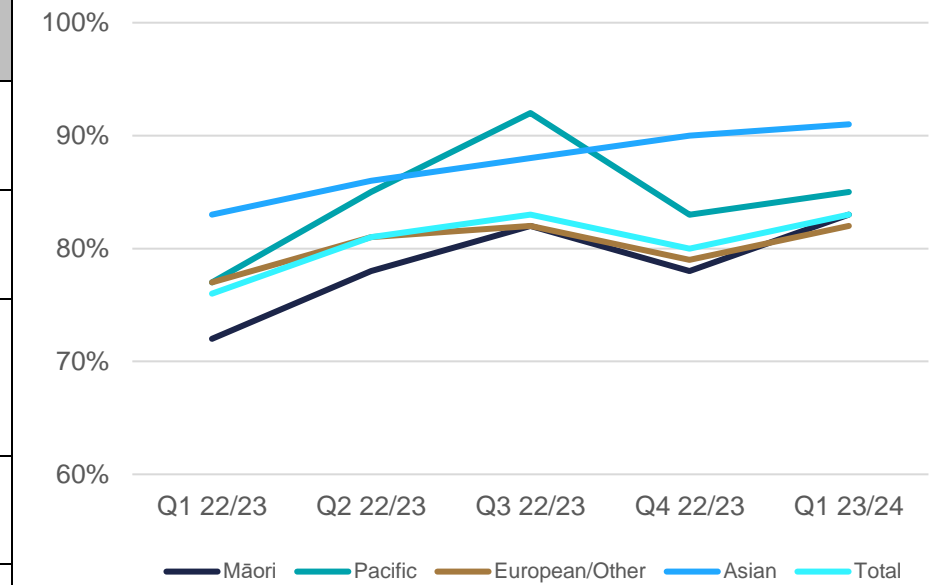
³ Due to variances between data sources used for the denominator population and the number of enrolled children, results may exceed 100% for this measure.

⁴ Data sourced from Health Quality Safety and Commission. Latest data is available up to May 2023 survey: <https://reports.hqsc.govt.nz/>

| Measure | Ethnic group | Q1 2022-23 | Q2 2022-23 | Q3 2022-23 | Q4 2022-23 | Q1 2023-24 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|---------------|---------------|---------------|
| Percentage of people enrolled with a general practice (or a kaupapa Māori provider delivering general practice care) ^{2,5} . Target: 95% overall and maintain performance for populations | Māori | 83% | 83% 🟡 | 83% 🟡 | 83% 🟡 | 83% 🟡 |
| | Pacific | 97% | 97% 🟡 | 94% 🔴 | 95% 🟢 | 95% 🟡 |
| | European and all other ethnicities | 96% | 96% 🟡 | 98% 🟡 | 98% 🟡 | 99% 🟢 |
| | Total | 94% | 94% 🟡 | 95% 🟡 | 95% 🟡 | 96% 🟢 |
| Comments | We continue to experience high rates of patient enrolment in general practice services. Although many general practices report ongoing workforce and funding constraints, the number of people who cannot access general practice has slightly reduced over the quarter. In August 2023 alone, there were just over an additional 20,000 new patients enrolled in general practice. Access rates for Māori remain lower than other groups. | | | | | |



| Measure | Ethnic group | Q1 2022-23 | Q2 2022-23 | Q3 2022-23 | Q4 2022-23 | Q1 2023-24 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|---------------|---------------|---------------|
| Percentage of people in adult inpatient care who responded, who report they were involved as much as they wanted to be in making decisions about their treatment ^{6,7} . Target: Improve from baseline (trend to increase) | Māori | 72% | 78% 🟢 | 82% 🟢 | 78% 🔴 | 83% 🟢 |
| | Pacific | 77% | 85% 🟢 | 92% 🟢 | 83% 🔴 | 85% 🟢 |
| | New Zealand European and all other ethnicities | 77% | 81% 🟢 | 82% 🟢 | 79% 🔴 | 82% 🟢 |
| | Asian | 83% | 86% 🟢 | 88% 🟢 | 90% 🟢 | 91% 🟢 |
| | Total | 76% | 81% 🟢 | 83% 🟢 | 80% 🔴 | 83% 🟢 |
| Comments | This measure is reported through the national inpatient experience survey. Results show that most people feel involved as much as they wanted to be in making decisions about their own treatment. Results are trending upwards over the past year. | | | | | |

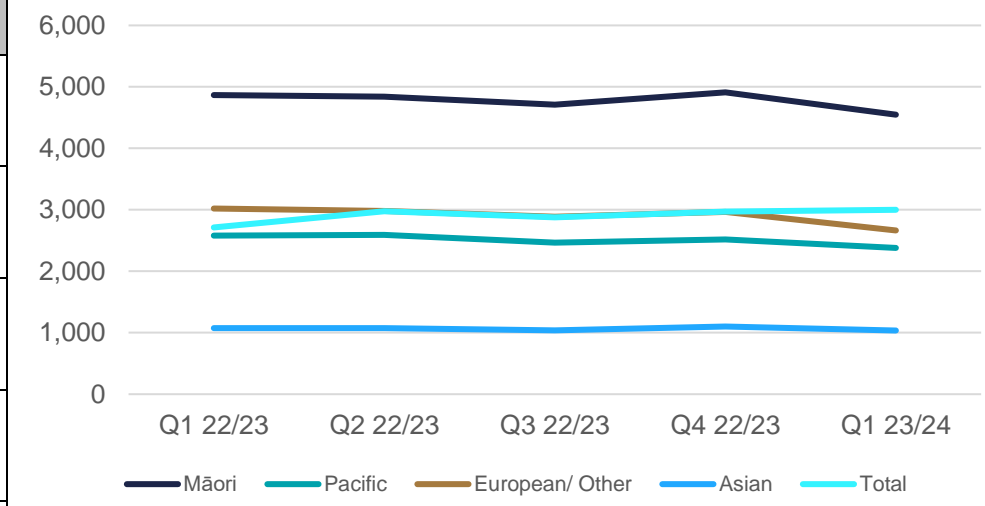


⁵ Asian rates are not reported for this measure.

⁶ Measure taken from SPE 2023-2024 – Output class 3: Hospital and specialist Services.

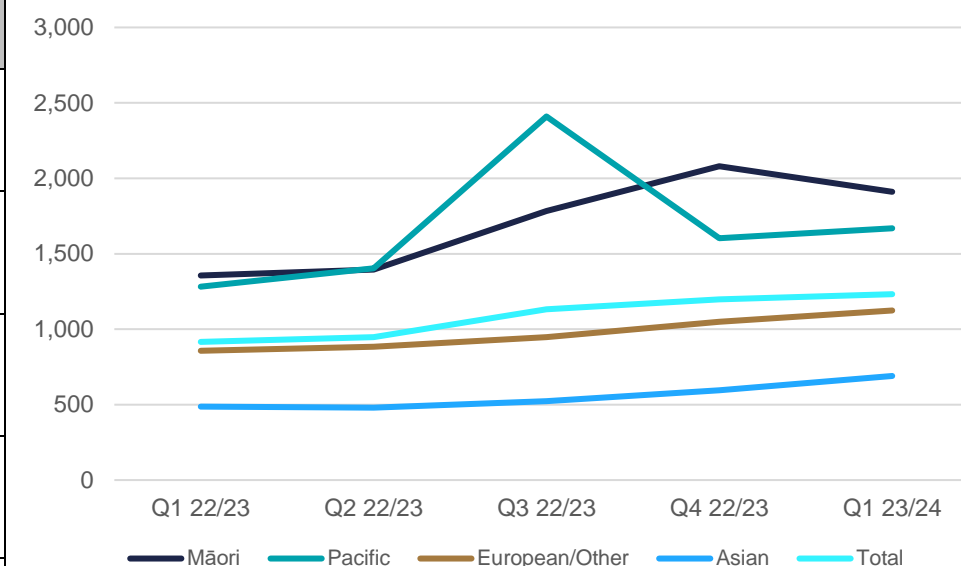
⁷ Data sourced from Health Quality Safety Commission. Latest data is available up to May 2023 survey: <https://reports.hqsc.govt.nz>

| Measure | Ethnic group | Q1 2022-23 | Q2 2022-23 | Q3 2022-23 | Q4 2022-23 | Q1 2023-24 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|---------------|---------------|---------------|
| People served by specialist mental health services (Te Whatu Ora and NGO combined) rate per 100,000 people ⁸ . Target: Target to be established | Māori | 4,866 | 4,841 📉 | 4,710 📉 | 4,911 📈 | 4,548 📉 |
| | Pacific | 2,578 | 2,592 📈 | 2,466 📉 | 2,518 📈 | 2,380 📉 |
| | European and all other ethnicities | 3,021 | 2,979 📉 | 2,886 📉 | 2,964 📈 | 2,664 📉 |
| | Asian | 1,075 | 1,075 🟡 | 1,039 📉 | 1,101 📈 | 1,036 📉 |
| | Total | 2,713 | 2,974 📈 | 2,879 📉 | 2,972 📈 | 3,000 📈 |
| Comments | Specialist mental health services increased in the total service during the quarter of July to September 2023 (Q1 2023-24) compared to the same quarter in the previous year (Q1 2022-23). However, all ethnic groups experienced a decrease between the fourth quarter of 2022-23 and the first quarter of 2023-24. | | | | | |



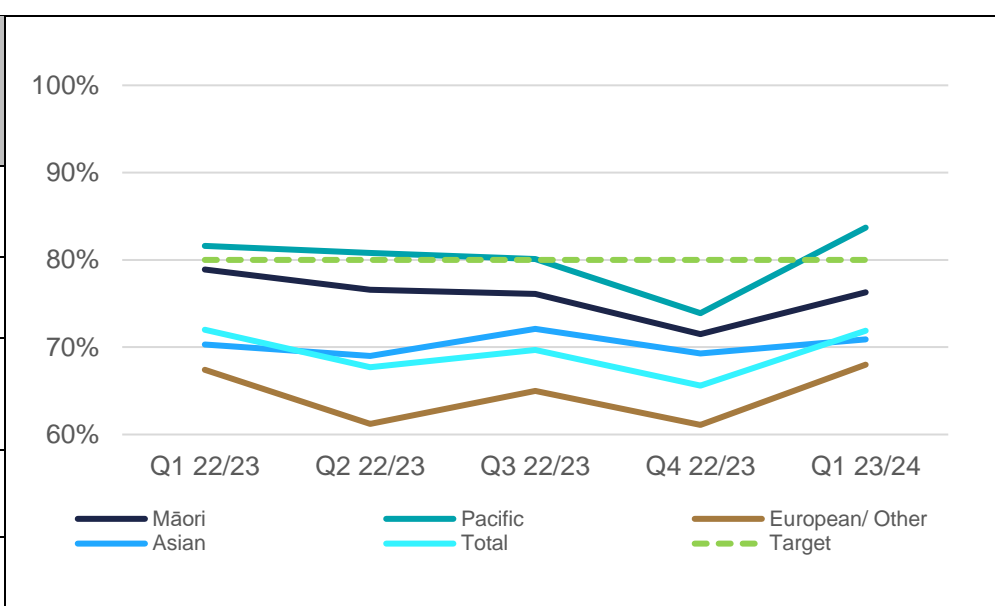
⁸ Measure taken from SPE 2023-2024 – Output Class 4: Oranga Hinengaro|Mental Health and addictions

| Measure | Ethnic group | Q1 2022-23 | Q2 2022-23 | Q3 2022-23 | Q4 2022-23 | Q1 2023-24 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|
| Number of people accessing primary mental health and addiction services per 100,000 people ^{8,9} . Target: Target to be established | Māori | 1,356 | 1,395 🟢 | 1,783 🟢 | 2,080 🟢 | 1,911 🟡 |
| | Pacific | 1,282 | 1,403 🟢 | 2,410 🟢 | 1,603 🟡 | 1,668 🟢 |
| | European and all other ethnicities | 857 | 884 🟢 | 947 🟢 | 1,050 🟢 | 1,124 🟢 |
| | Asian | 486 | 480 🟡 | 522 🟢 | 595 🟢 | 690 🟢 |
| | Total | 916 | 947 🟢 | 1,132 🟢 | 1,198 🟢 | 1,232 🟢 |
| Comments | This measure reflects access to primary mental health and addiction services funded since 2019 only and excludes previously existing primary mental health and addiction services because of lack of reliable data from those services. There has been steady growth in overall access to these services reflecting progressive expansion over time. These new services prioritised access for Māori and Pacific people and, accordingly, rates of access for these population groups are higher than for other population groups, as intended. Access is low among Asian populations relative to all other population groups, and Asian access to services will be a focus for future planning and improvement. | | | | | |



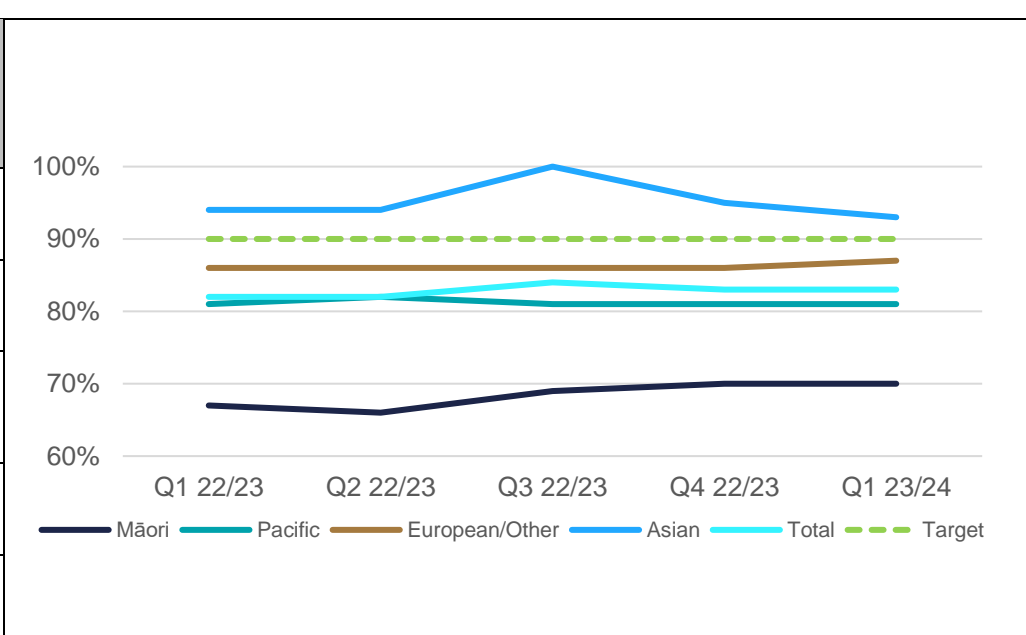
⁹ This measure is part of Interim Government Policy Statement on Health 2022-24 (iGPS)

| Measure | Ethnic group | Q1 2022-23 | Q2 2022-23 | Q3 2022-23 | Q4 2022-23 | Q1 2023-24 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|
| Percentage of child and youth (under 25) accessing mental health services within three weeks of referral ^{8,9,10,11} . Target: 80% overall and maintain performance for populations exceeding this target | Māori | 79% | 77% 🚫 | 76% 🚫 | 72% 🚫 | 76% 🟢 |
| | Pacific | 82% | 81% 🚫 | 80% 🚫 | 74% 🚫 | 84% 🟢 |
| | European and all other ethnicities | 67% | 61% 🚫 | 65% 🟢 | 61% 🚫 | 68% 🟢 |
| | Asian | 70% | 69% 🚫 | 72% 🟢 | 69% 🚫 | 71% 🟢 |
| | Total | 72% | 68% 🚫 | 70% 🟢 | 66% 🚫 | 72% 🟢 |
| Comments | The percentage of child and young people (under 25) accessing mental health services remained the same in the July to September 2023 quarter compared to the same quarter in the previous year. The availability of mental health services for every ethnic group increased this quarter when compared to last quarter (Q4 2022-23). | | | | | |



Te Pae Tata Priority 4 - Keep people well in their communities

| Measure | Ethnic Group | Q1 2022-23 | Q2 2022-23 | Q3 2022-23 | Q4 2022-23 | Q1 2023-24 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|
| Percentage of children who have all their age-appropriate schedule vaccinations by the time they are 2 years old ^{9,11,12} . Target: 90% for all ethnicities, rising to 95% in 2024/25 | Māori | 67% | 66% 🚫 | 69% 🟢 | 70% 🟢 | 70% 🟡 |
| | Pacific | 81% | 82% 🟢 | 81% 🚫 | 81% 🟡 | 81% 🟡 |
| | European and all other ethnicities | 86% | 86% 🟡 | 86% 🟡 | 86% 🟡 | 87% 🟢 |
| | Asian | 94% | 94% 🟡 | 100% 🟢 | 95% 🚫 | 93% 🚫 |
| | Total | 82% | 82% 🟡 | 84% 🟢 | 83% 🚫 | 83% 🟡 |
| Comments | Childhood immunisation rates in Aotearoa New Zealand for children at 24 months have shown a small improvement in the July to September 2023 quarter compared to the same quarter in 2022 (83.0% versus 82.2%), including a 2.9% increase for Māori. Rates for the Asian population decreased slightly over the same period. The National Public Health Service (NPHS) has sent letters to all primary health organisations (PHOs) following a meeting with them to discuss childhood immunisation rates. The letter requests that PHOs support their practices to prioritise immunisation by actively recalling all tamariki under 5 years, particularly for tamariki Māori and Pacific children and to commence meningococcal B catchup vaccinations. In order to lift immunisation rates, Te Whatu Ora is focused on enabling system design and the implementation of the Immunisation Taskforce recommendations. | | | | | |

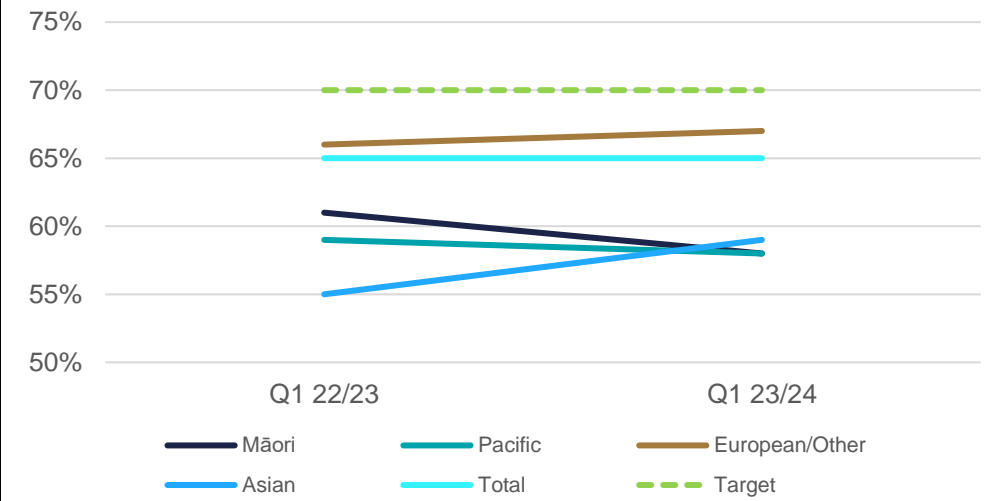


¹⁰ This Measure is part of Whakamaua Plan

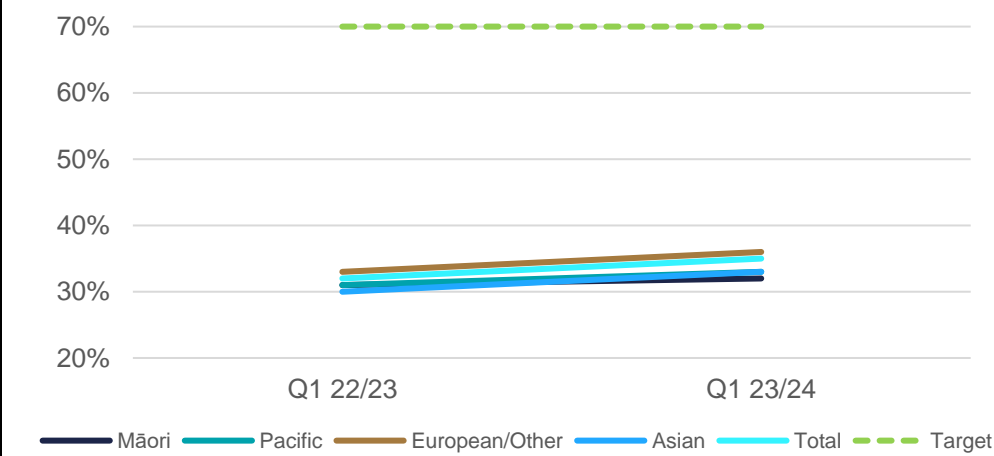
¹¹ This Measure is part of Te Pae Tata Interim New Zealand Health Plan 2022.

¹² Measure taken from SPE 2023-2024 – Output Class 1: Public Health Services

| Measure | Ethnic Group | Q1 2022-23 | Q1 2023-24 |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|
| Uptake of influenza immunisations for people aged 65+ ^{9,12,13} . Target: 70% for all ethnicities, rising to 75% in 2024/25 | Māori | 61% | 58% 📉 |
| | Pacific | 59% | 58% 📉 |
| | European and all other ethnicities | 66% | 67% 📈 |
| | Asian | 55% | 59% 📈 |
| | Total | 65% | 65% 🔄 |
| Comments | For 2023, Pharmac widened access to the influenza vaccine for all Māori and Pacific people aged 55 to 64 years. All data shared with Hauora and Pacific providers as part of the data sharing process have been updated to reflect the widened criteria for flu vaccination. Te Aka Whai Ora and Te Whatu Ora Pacific Health and NPHS teams continue to support providers to improve flu vaccination uptake. | | |

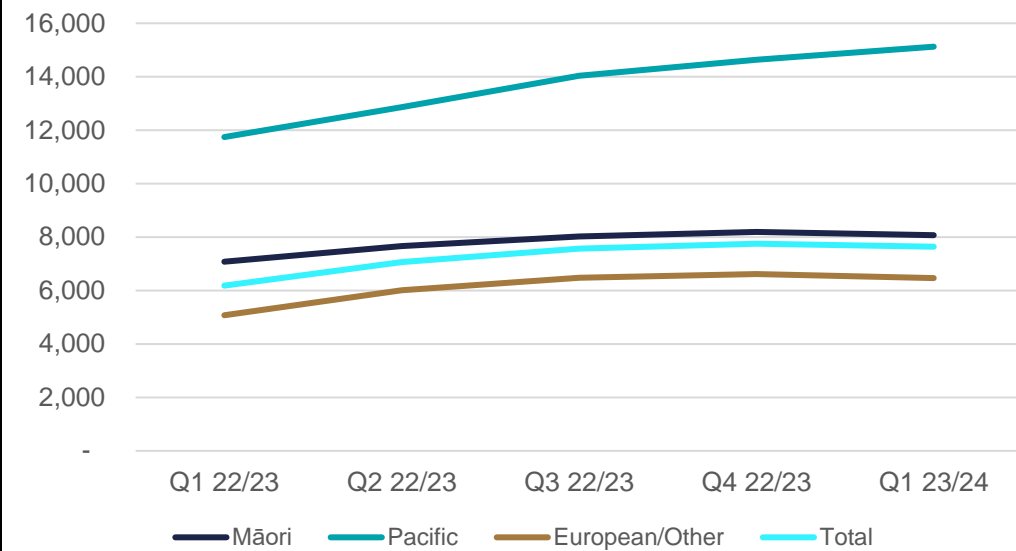


| Measure | Ethnic Group | Q1 2022-23 | Q1 2023-24 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|
| Uptake of Human Papillomavirus (HPV) immunisations among those aged 9-26 ^{9,12,13} . Target: 70% for all ethnicities, rising to 75% in 2024/25 | Māori | 31% | 32% 📈 |
| | Pacific | 31% | 33% 📈 |
| | European and All other ethnicities | 33% | 36% 📈 |
| | Asian | 30% | 33% 📈 |
| | Total | 32% | 35% 📈 |
| Comments | Since 1 August pharmacies are able to administer funded vaccines protecting against HPV, as well as Meningococcal B, Meningococcal ACWY and shingles. This provides communities with a wider range of vaccination opportunities, reduces demand on general practice enabling greater focus on childhood immunisations and contributes to more equitable uptake. | | |

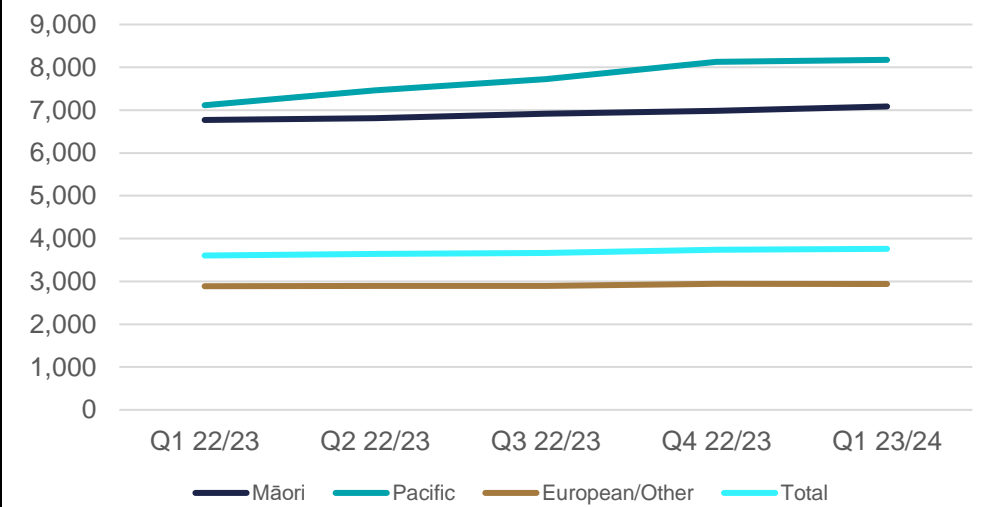


¹³ This measure is reported only in Quarter 1.

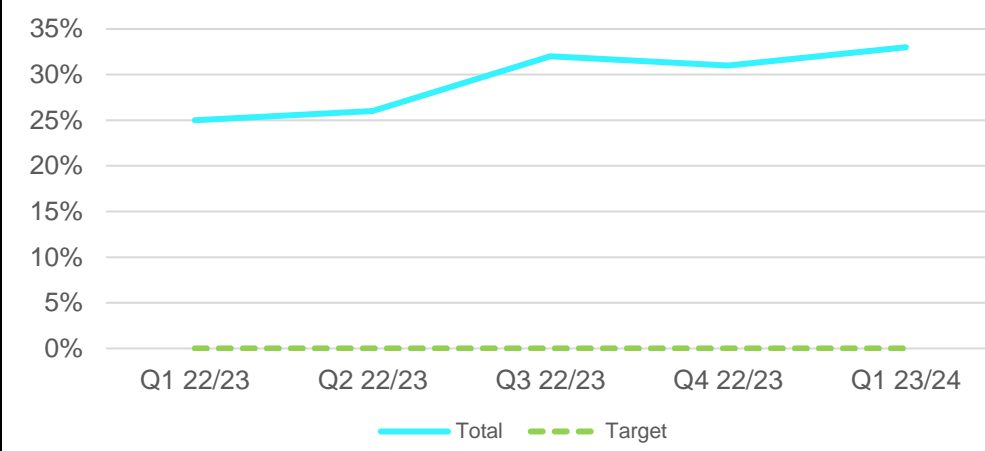
| Measure | Ethnic Group | Q1 2022-23 | Q2 2022-23 | Q3 2022-23 | Q4 2022-23 | Q1 2023-24 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|---------------|---------------|---------------|
| Rate (per 100,000) of hospital admissions for children under five years of age for an illness that might have been prevented or better managed ^{2,10,11} . Target: Improve from baseline (trend to decrease) | Māori | 7,078 | 7,662 📈 | 8,022 📈 | 8,192 📈 | 8,067 📉 |
| | Pacific | 11,743 | 12,865 📈 | 14,038 📈 | 14,639 📈 | 15,124 📈 |
| | European/Asian/ all other ethnicities | 5,075 | 6,010 📈 | 6,475 📈 | 6,616 📈 | 6,470 📉 |
| | Total | 6,183 | 7,068 📈 | 7,564 📈 | 7,752 📈 | 7,635 📉 |
| Comments | The number of hospitalizations for children aged 0-4 has seen a significant rise (23%) from September 2022 to September 2023. Māori and Pacific experienced the highest increase rates in the July to September 2023 quarter compared to the same quarter in 2022. During this quarter, there was a decline in hospital admissions for both Māori and European. The Pacific region continued to have a high rate of hospital admissions. This metric is not yet available with an ethnicity breakdown that includes Asian. | | | | | |



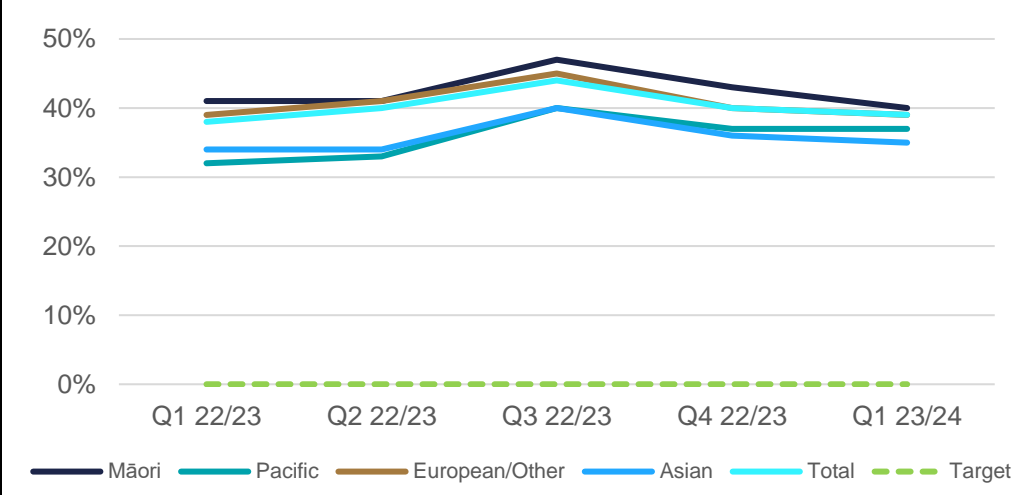
| Measure | Ethnic Group | Q1 2022-23 | Q2 2022-23 | Q3 2022-23 | Q4 2022-23 | Q1 2023-24 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|---------------|---------------|---------------|
| Rate (per 100,000) of hospital admissions for people aged 45–64 years for an illness that might have been prevented or better managed in the community ^{2,10,11} . Target: Improve from baseline (trend to decrease) | Māori | 6,771 | 6,812 📈 | 6,918 📈 | 6,981 📈 | 7,086 📈 |
| | Pacific | 7,115 | 7,465 📈 | 7,728 📈 | 8,127 📈 | 8,175 📈 |
| | European/Asian/all other ethnicities | 2,888 | 2,897 📈 | 2,892 📈 | 2,944 📈 | 2,943 📉 |
| | Total | 3,605 | 3,639 📈 | 3,662 📈 | 3,739 📈 | 3,761 📈 |
| Comments | Hospital admission for 45–64-year-olds increased by 4% between September 2022 and September 2023. European rates experienced a slight decrease between the quarter four of 2022 and the first quarter of 2023. This metric is not yet available with an ethnicity breakdown that includes Asian. | | | | | |



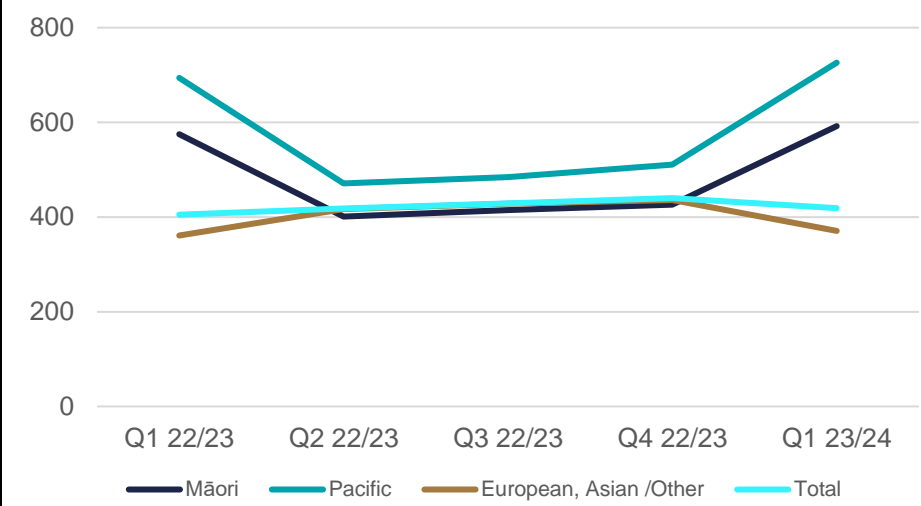
| Measure | Ethnic Group | Q1 2022-23 | Q2 2022-23 | Q3 2022-23 | Q4 2022-23 | Q1 2023-24 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|---------------|---------------|---------------|
| Proportion of people waiting longer than four months for their first specialist assessment 6,9,10,11 Target: 0%. This is a multi-year target and operational plans will determine annual target. | Total | 25% | 26% 🟢 | 32% 🔴 | 31% 🟢 | 33% 🔴 |
| Comments | There was an increase in the proportion of people waiting longer than four months for their first specialist assessment (FSA). A significant reduction in the FSA wait list is required. The approach to improvement involves several workstreams (in addition to the ongoing challenge of having adequate workforce capacity). These include reducing the variation in how FSA wait lists are reported across districts and creating a nationally-consistent wait list in the national Rapid application, automating the FSA reporting process, validating that the wait list is current and accurate through data management and patient communication, introducing new clinically safe pathways to maximise use of allied health professionals in the assessment of patients, move assessment into the community and manage referral processes and to review follow up visit practices to release clinical capacity. The measure is currently reported at a national level for the whole population, a focus on ethnicity and geographical areas is the preferred approach for future versions. This is a multi-year target and operational planning currently underway for 2023-24 and outyears will address specific actions to achieve this. | | | | | |



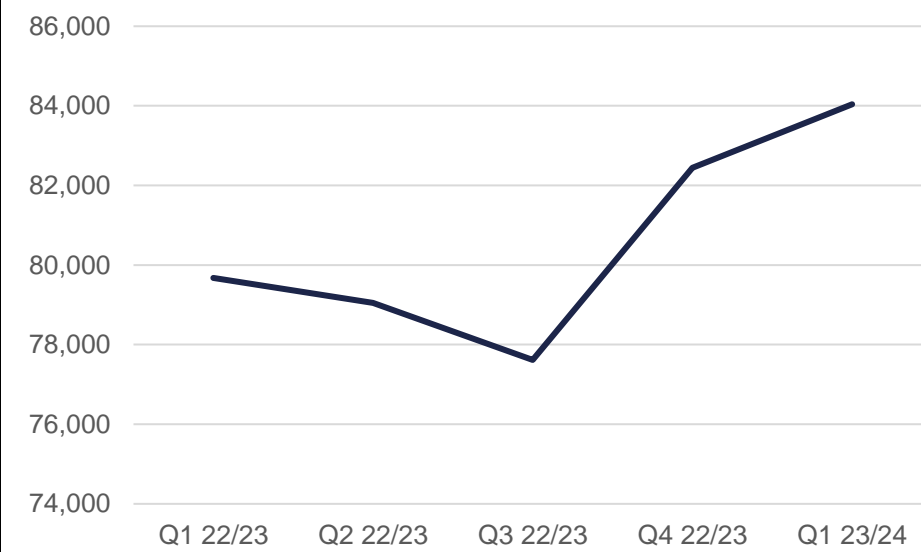
| Measure | Ethnic Group | Q1 2022-23 | Q2 2022-23 | Q3 2022-23 | Q4 2022-23 | Q1 2023-24 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|---------------|---------------|---------------|
| Proportion of people given a commitment to treatment but not treated within four months 6. Target: 0%. This is a multi-year target and operational plans will determine annual target. | Māori | 41% | 41% 🟡 | 47% 🔴 | 43% 🟢 | 40% 🟢 |
| | Pacific | 32% | 33% 🔴 | 40% 🔴 | 37% 🟢 | 37% 🟡 |
| | European and All other ethnicities | 39% | 41% 🔴 | 45% 🔴 | 40% 🟢 | 39% 🟢 |
| | Asian | 34% | 34% 🟡 | 40% 🔴 | 36% 🟢 | 35% 🟢 |
| | Total | 38% | 40% 🔴 | 44% 🔴 | 40% 🟢 | 39% 🟢 |
| Comments | The regions have had a concerted focus throughout this period on treating the longest waiting patients and the numbers of patients waiting >365 days is reducing. However, notwithstanding this positive outcome, the demand for treatment continues with patients joining the wait list for treatment. The net result is that the wait list for treatment has plateaued in recent months. The continued focus on reducing the wait list is a planned care priority. It should be noted, that as progress is made on reducing the First Specialist Assessment wait list in 2024, this will result in an increase in the wait list for treatment. | | | | | |



| Measure | Ethnic Group | Q1 2022-23 | Q2 2022-23 | Q3 2022-23 | Q4 2022-23 | Q1 2023-24 |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------|----------------------------------------|----------------------------------------|------------------------------------------|
| Number of acute bed days spent in hospital <small>6,10,11</small> Target: ≤, standardised rate is preferable. | Māori | 575 | 401 👍 | 415 👎 | 426 👎 | 592 👎 |
| | Pacific | 694 | 471 👍 | 484 👎 | 511 👎 | 726 👎 |
| | European/Asian/all other ethnicities | 361 | 417 👎 | 428 👎 | 436 👎 | 371 👍 |
| | Total | 405 | 418 👎 | 429 👎 | 440 👎 | 419 👍 |
| Comments | The number of acute bed days increased in the July to September 2023 quarter compared to the same quarter in the previous year. The increase is shown across all ethnic groups with Pacific people showing the greatest increase of 4.6% in the July to September 2023 quarter compared to the same quarter in 2022. Work is underway to understand in more detail the driver for system increases. The capacity and availability of community services, including primary care and age residential care, are important for preventing the need for acute hospital care and avoiding unnecessary hospital stays. This metric is not yet available with an ethnicity breakdown that includes Asian. | | | | | |



| Measure | Ethnic Group | Q1 2022-23 | Q2 2022-23 | Q3 2022-23 | Q4 2022-23 | Q1 2023-24 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------|-------------------------------------------|---------------------------------------------|---------------------------------------------|
| Number of planned care interventions delivered against target, including: inpatient surgical discharges; minor procedures delivered in inpatient, outpatient and community settings; and non-surgical interventions ⁶ . Target: Maintain delivery of planned care intervention volumes in line with delivery plans | Total | 79,680 | 79,051 👎 | 77,616 👎 | 82,442 👍 | 84,039 👍 |
| Comments | Although volume of interventions continues to rise, as previously reported, minor procedures contribute to this as use of outpatient workforce and facilities for minor procedures is maximised. We are unable to disaggregate this further by ethnicity at this time, and further analytical work will be required to do so to reconcile against baseline figures from the Statement of Performance Expectations. | | | | | |



| Measure | Ethnic Group | Q1 2022-23 | Q2 2022-23 | Q3 2022-23 | Q4 2022-23 | Q1 2023-24 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------|---------------|---------------|---------------|---------------|
| Percentage of patients admitted, discharged, or transferred from an ED within six hours (also referred to as Shorter Stays in ED) ⁶ . Target: 95% - This is a longer-term target and will not be achieved within 2023-24. | Māori | 76% | 76% 🟡 | 76% 🟡 | 76% 🟡 | 71% 🔴 |
| | Pacific | 71% | 69% 🔴 | 70% 🟢 | 70% 🟡 | 65% 🔴 |
| | European and all other ethnicities | 71% | 71% 🟡 | 70% 🔴 | 69% 🔴 | 66% 🔴 |
| | Asian | 76% | 73% 🔴 | 73% 🟡 | 74% 🟢 | 70% 🔴 |
| | Total | 72% | 72% 🟡 | 72% 🟡 | 71% 🔴 | 68% 🔴 |

The chart displays the performance of five ethnic groups against a 95% target. The y-axis ranges from 60% to 100%. The x-axis shows quarters from Q1 2022/23 to Q1 2023/24. The target is represented by a dashed green line at 95%. The groups are: Māori (dark blue), Pacific (teal), European/Other (brown), Asian (light blue), and Total (cyan). All groups show a decline in performance over the period, with Māori starting highest at 76% and ending at 71%, while the Total group starts at 72% and ends at 68%.

Comments

There is a continued decrease in performance against the ED length of stay target quarter one. This is driven largely by admitted patients cohort where access to inpatient beds is delayed. This is the result of capacity and resource constraints in the hospitals.

Te Whatu Ora Hospital and Health Services Delivery Unit has developed a plan for Acute Care. This plan is focused on improving flow, optimising resources and technology, and implementing national frameworks and guidelines, underpinned by strong clinical leadership.

| Measure | Ethnic Group | Q1 2022-23 | Q2 2022-23 | Q3 2022-23 | Q4 2022-23 | Q1 2023-24 |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------|---------------|---------------|---------------|---------------|
| Number of people with an inpatient length of stay of greater than 7 days ⁶ . Target: Target to be established | Māori | 6.9% | 6.7% 🟢 | 7% 🔴 | 7.1% 🔴 | 6.7% 🟢 |
| | Pacific | 7.8% | 7.7% 🟢 | 7.9% 🔴 | 7.8% 🟢 | 7.6% 🟢 |
| | European and all other ethnicities | 10.3% | 9.7% 🟢 | 9.8% 🔴 | 10.1% 🔴 | 10.4% 🔴 |
| | Asian | 6.5% | 6.1% 🟢 | 6.7% 🔴 | 6.1% 🟢 | 5.9% 🟢 |
| | Total | 9.1% | 8.7% 🟢 | 8.8% 🔴 | 8.9% 🔴 | 9% 🔴 |

The chart displays the percentage of people with an inpatient length of stay greater than 7 days for five ethnic groups. The y-axis ranges from 0.0% to 12.0%. The x-axis shows quarters from Q1 2022/23 to Q1 2023/24. The groups are: Māori (dark blue), Pacific (teal), European/Other (brown), Asian (light blue), and Total (cyan). Performance is relatively stable, with European/Other consistently having the highest percentage (around 10%) and Asian the lowest (around 6%).

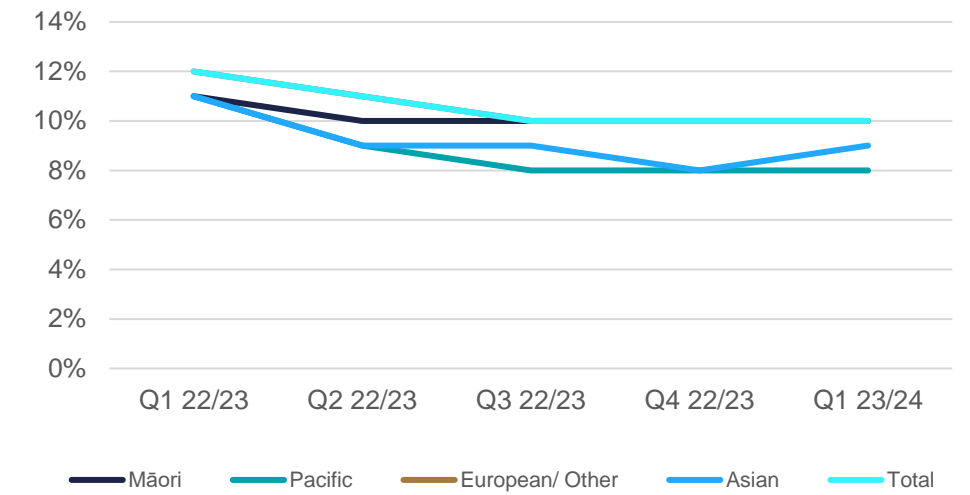
Comments

The length of Stay greater than 7 days remains stable, and it is an indicator of system performance in relation to hospital flow. This is one of the core measures and areas of action for the acute care Plan.

| Measure | Ethnic Group | Q1 2022-23 | Q2 2022-23 | Q3 2022-23 | Q4 2022-23 | Q1 2023-24 |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Missed appointments for specialist care, reported by ethnicity and geographic area ^{9,10} Target: trend to decrease | Māori | 16% | 16% 🟡 | 16% 🟡 | 15% 🟢 | 15% 🟡 |
| | Pacific | 17% | 18% 🔴 | 18% 🟡 | 19% 🔴 | 17% 🟢 |
| | European/ All other ethnicities | 5% | 5% 🟡 | 5% 🟡 | 5% 🟡 | 4% 🟢 |
| | Asian | 6% | 6% 🟡 | 7% 🔴 | 6% 🟢 | 5% 🟢 |
| | Total | 8% | 8% 🟡 | 8% 🟡 | 8% 🟡 | 7% 🟢 |
| | | | | | | |
| | Geographic Area | Q1 2022-23 | Q2 2022-23 | Q3 2022-23 | Q4 2022-23 | Q1 2023-24 |
| | Northern | 8% | 9% 🔴 | 9% 🟡 | 9% 🟡 | 8% 🟢 |
| | Te Manawa Taki | 8% | 8% 🟡 | 8% 🟡 | 8% 🟡 | 7% 🟢 |
| | Central | 8% | 7% 🟢 | 8% 🔴 | 7% 🟢 | 7% 🟡 |
| | Te Waipounamu | 7% | 6% 🟢 | 6% 🟡 | 6% 🟡 | 6% 🟡 |
| | Total | 8% | 8% 🟡 | 8% 🟡 | 8% 🟡 | 7% 🟢 |
| | | | | | | |
| Comments | <p>This quarter has seen a decrease in performance regarding the missed appointment target, with no variation for Māori. There was activity within some districts and regions to address this, including work to better understand missed surgical procedures and barriers to appointment attendance and providing support for Māori and Pacific peoples to access care. This will be an area of more focused national activity in the coming 6-12 months as we look to action further recommendations in the Reset and Restore plan, particularly around access initiatives, and work in the Outpatient space.</p> | | | | | |

Te Pae Tata Priority 5 - Develop greater use of digital services to provide more care in homes and communities

| Measure | Total | Q1 2022-23 | Q2 2022-23 | Q3 2022-23 | Q4 2022-23 | Q1 2023-24 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|---------------|---------------|---------------|
| Proportion of medical appointments completed through digital channels (initially outpatients and expanding to include general practitioner appointments when data is available) ⁹ . Target: Target to be established | Māori | 11% | 10% 🚫 | 10% 🟡 | 10% 🟡 | 10% 🟡 |
| | Pacific | 11% | 9% 🚫 | 8% 🟡 | 8% 🟡 | 8% 🟡 |
| | European and all other ethnicities | 12% | 11% 🚫 | 10% 🚫 | 10% 🟡 | 10% 🟡 |
| | Asian | 11% | 9% 🚫 | 9% 🟡 | 8% 🚫 | 9% 🚫 |
| | Total | 12% | 11% 🚫 | 10% 🚫 | 10% 🟡 | 10% 🟡 |
| Comments | The proportion of medical appointments completed through digital channels slightly decreased in the July to September 2023 quarter compared to the same quarter in 2022. The Asian population experienced a decrease in proportion over the previous year, however there was a slight growth in this quarter. Targeted initiatives are underway across Te Whatu Ora and Te Aka Whai Ora to improve access to and use of telehealth services, remote patient monitoring (RPM) and patient portals, all of which will support individuals to access healthcare through digital channels. | | | | | |



| |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The following measures have not been included in this quarter one report but will be in future reports. |
| Mean Decayed Missing Filled Teeth (DMFT) at school Year 8: Results are determined annually and will be reported in quarter three |
| Percentage of smokers enrolled with a stop smoking service, who set a target quit date and will be CO validated at 4 weeks: Measure replaced the previous smoking cessation measure and is still under development |
| Standardised rate of acute readmissions within 28 days of discharge: Data for this measure is being validated and will be reported in quarter two |

Our Milestones

| | | |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Te Pae Tata Priority 2 - Embed Te Tiriti o Waitangi across the health sector | Milestones | Progress made – Quarter One 2023 |
| | Localities are established ^{2,9,11} . | The current trajectory for provisional boundaries, including the locality prototypes, covers more than 57% of New Zealand’s population. At the current rate, 100% of the population will be situated within a provisional locality boundary by March 2024. |
| | Provider networks are established ^{2,9,11} . | Primary Health Organisations remain in place. A broader policy and design work is underway in 2024 to look at future provider network models. |
| Te Pae Tata Priority 4 - Keep people well in their communities | Milestones | Progress made – Quarter One 2023 |
| | Establish a nationally integrated public health service with consistent operating models ¹² . | Work continued to establish a new nationally-integrated operating model. A comprehensive process for the development and transition of kaimahi and public health services to the new model is underway, and the transition to the new structure will continue until early 2024. |
| | Continue COVID-9 response in line with policy settings and build towards a new business-as-usual pandemic resilient system ¹² . | The transition of COVID-19 services to our “new” business-as-usual operating model (to minimise the demand that COVID-19 places on the wider health system) continued with a focus on providing services and community-led programmes to populations at greatest risk of serious illness from COVID-19 or other communicable diseases, including Māori, Pacific Peoples, Disabled Peoples, the elderly and the otherwise clinically vulnerable. |
| Te Pae Tata Priority 5 - Develop greater use of digital services to provide more care in homes and communities | Milestones | Progress made – Quarter One 2023 |
| | Improve digital access to primary and mental healthcare to improve access and choice including virtual after-hours and telehealth with a focus on rural communities rural. ^{2,11} | The interim clinical telehealth service was set up to support rural, Māori and Pacific general practices as well as high deprivation populations managed over 26,000 calls, including 5,900 medical consultations since December 2022. The national rural clinical telehealth service planned to be in place by the end of October 2023. |
| Te Pae Tata Priority 6 - Establish Te Whatu Ora and Te Aka Whai Ora to support a financially sustainable system | Milestones | Progress made – Quarter One 2023 |
| | Progress the approved capital infrastructure projects that are underway, taking all practicable measures to ensure that project milestones are met, and anticipated benefits realised, within budget ¹⁴ . | As at 30 September 2023, there were 74 approved capital infrastructure projects underway. Of these, 9 projects were identified as having significant budget and milestone risk and will require decisions from the Committee, Board and potentially Ministers to resolve. |
| | Deliver the approved digital capital projects in line with Business Cases ¹⁴ . | This quarter one, the overall delivery of capital projects aligned with their business cases and progressed as planned for the most part. Common challenges were highlighted across projects in relation to resource constraints, particularly through the current period of change. |

¹⁴ Measure taken from SPE 2023-2024 – Output class 5: Capital Expenditure

7 Financial Performance

Key points

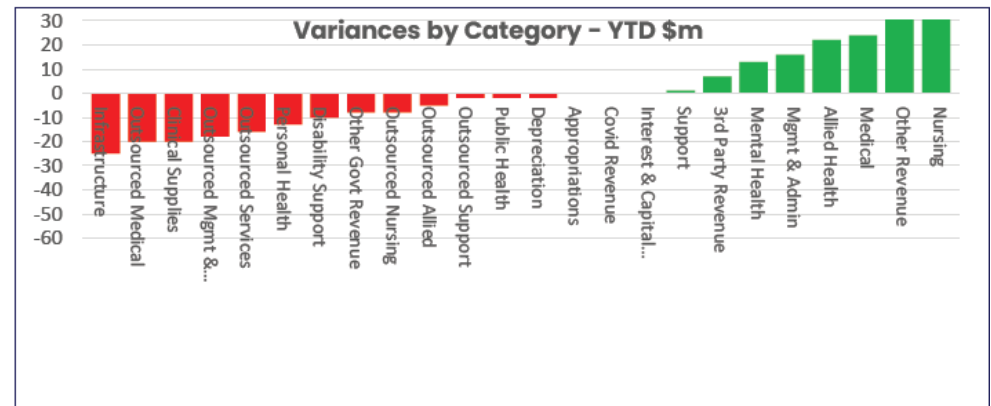
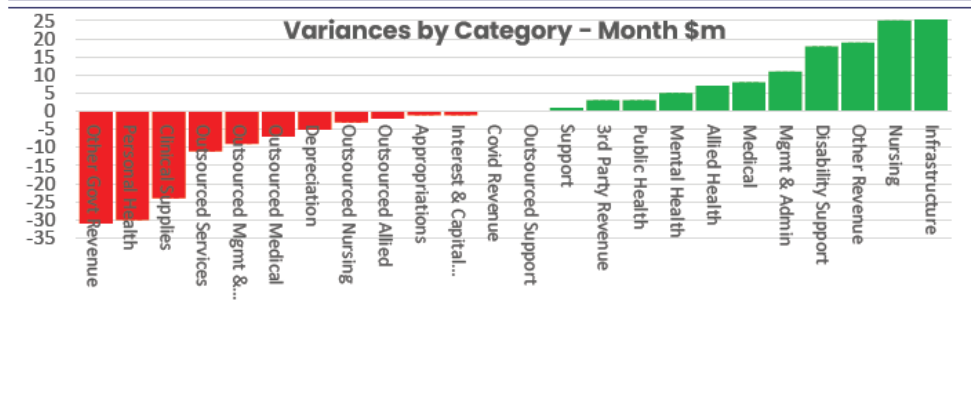
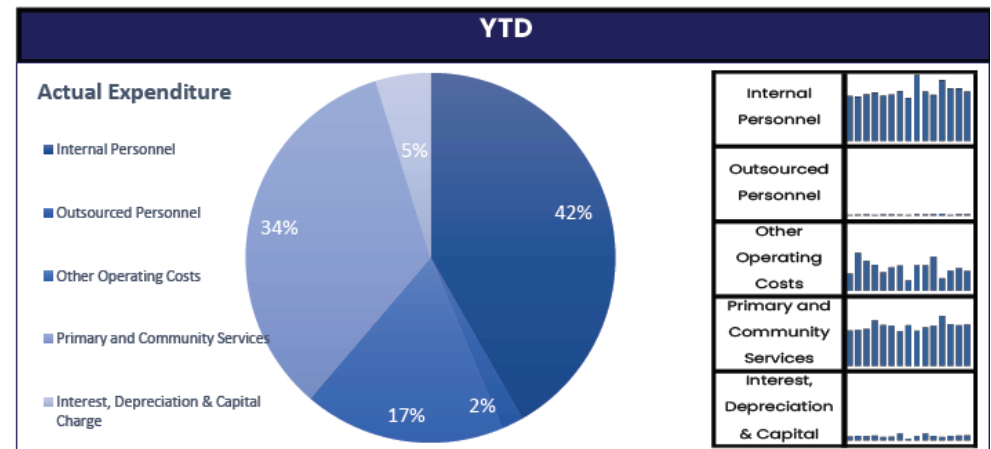
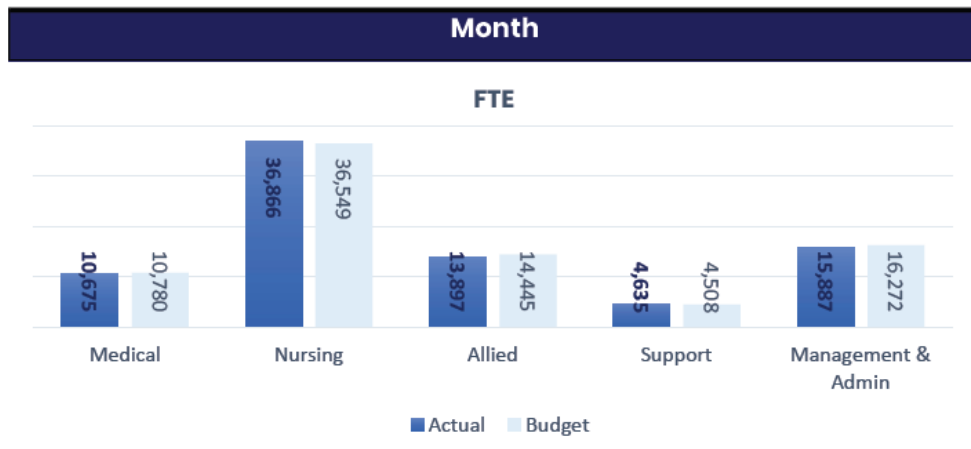
- The operating result for the month is a \$5m deficit, \$2m favourable to budget. The year-to-date result is a deficit of \$12m, also \$2m favourable to budget.
- Closing cash at the end of September was \$1.878b, excluding trusts.
- Year-end forecast is as per the budget at this point in the year. Detailed forecasting will be provided in reports from September month and year to date onwards.
- Planned savings remain largely on track after three months, year to date savings of \$68m have been achieved. Savings have been phased reflecting the months in which they are expected to be achieved, the full annual savings target is \$540m.
- Key trends over the 14 months of operation for Te Whatu Ora are continuing vacancies overall in the employed workforce. These are offset by use of overtime, locum and external agency staff.
- The 2022/23 Year-End Audit was signed on 31 October, within the Audit New Zealand statutory deadline.

Key issues, risks and work plan

- The two most significant financial risks faced by Te Whatu Ora in the current year remain the risk around collective employment settlement agreements above budgeted and funded levels and inflationary pressures.
- Preparation for Budget 24 continues. For Budget 2024 we need to demonstrate our capability to plan and provision over a multi-year period in order to shift from annual operational funding to three-year settlements. To support this, we have developed a five-year financial forecast and scenario model.
- Roll out of the Finance, Procurement, Information Management (FPIM) system continues. Hawke's Bar went live on 1 October and Nelson/Marlborough went live on 1 November.

| Group \$Millions | September | | | Year to Date | | | YTD | Full Year |
|----------------------------------------------------|--------------|--------------|-------------|--------------|--------------|-------------|-------------------|---------------|
| | Total Actual | Total Budget | Variance | Total Actual | Total Budget | Variance | Last Year Actuals | Budget |
| Revenue | | | | | | | | |
| Appropriations | 1,934 | 1,935 | (1) | 5,820 | 5,820 | 0 | 5,830 | 23,239 |
| Other Government Revenue | 190 | 221 | (31) | 653 | 661 | (8) | 636 | 2,564 |
| Third Party Revenue | 8 | 5 | 2 | 23 | 16 | 7 | 17 | 72 |
| Other Revenue | 48 | 29 | 19 | 125 | 91 | 34 | 103 | 432 |
| Total Revenue | 2,179 | 2,191 | (11) | 6,621 | 6,589 | 32 | 6,586 | 26,308 |
| Expenditure | | | | | | | | |
| Internal Personnel | | | | | | | | |
| Medical Personnel | 246 | 254 | 8 | 754 | 778 | 24 | 694 | 3,096 |
| Nursing Personnel | 372 | 397 | 25 | 1,177 | 1,213 | 36 | 948 | 4,825 |
| Allied Health Personnel | 111 | 118 | 8 | 341 | 363 | 21 | 336 | 1,444 |
| Support Personnel | 28 | 29 | 1 | 88 | 89 | 2 | 84 | 354 |
| Management & Admin Personnel | 125 | 136 | 11 | 400 | 416 | 16 | 432 | 1,622 |
| Subtotal | 882 | 934 | 51 | 2,759 | 2,859 | 99 | 2,494 | 11,340 |
| Outsourced Personnel | | | | | | | | |
| Medical Personnel | 17 | 10 | (7) | 50 | 30 | (20) | 41 | 117 |
| Nursing Personnel | 4 | 1 | (3) | 11 | 3 | (8) | 8 | 11 |
| Allied Health Personnel | 3 | 1 | (2) | 8 | 3 | (5) | 4 | 11 |
| Support Personnel | 1 | 1 | (1) | 4 | 2 | (2) | 3 | 7 |
| Management & Admin Personnel | 21 | 12 | (9) | 55 | 37 | (19) | 57 | 146 |
| Subtotal | 45 | 24 | (21) | 127 | 73 | (53) | 114 | 291 |
| Other Operating Costs | | | | | | | | |
| Outsourced Services | 75 | 64 | (11) | 214 | 198 | (17) | 439 | 781 |
| Clinical Supplies | 198 | 174 | (24) | 553 | 533 | (20) | 817 | 2,135 |
| Infrastructure & Non-Clinical Supplies | 97 | 124 | 26 | 396 | 371 | (25) | 461 | 1,505 |
| Subtotal | 371 | 362 | (9) | 1,164 | 1,102 | (62) | 1,717 | 4,422 |
| Primary and Community Services | | | | | | | | |
| Personal Health | 487 | 457 | (30) | 1,385 | 1,372 | (13) | 1,244 | 5,526 |
| Mental Health | 63 | 68 | 5 | 192 | 205 | 13 | 154 | 819 |
| Disability Support Services | 178 | 196 | 18 | 597 | 587 | (10) | 580 | 2,348 |
| Public Health | 20 | 23 | 3 | 70 | 68 | (2) | 171 | 277 |
| Subtotal | 748 | 744 | (4) | 2,245 | 2,232 | (13) | 2,148 | 8,970 |
| Interest, Depreciation & Capital Charge | | | | | | | | |
| Depreciation | 73 | 68 | (5) | 207 | 205 | (2) | 204 | 846 |
| Interest & Capital Charge | 38 | 37 | (2) | 110 | 110 | (0) | 104 | 440 |
| Subtotal | 111 | 105 | (6) | 317 | 315 | (2) | 308 | 1,286 |
| Total Expenditure | 2,158 | 2,169 | 11 | 6,611 | 6,581 | (30) | 6,781 | 26,308 |
| Net Surplus/(Deficit) from Operations | 22 | 22 | 0 | 10 | 8 | 2 | (196) | 0 |

| Result | Actual \$m | Budget \$m | Variance \$m | Staffing | Actual | Budget | Variance |
|--------|------------|------------|--------------|-----------|--------|--------|----------|
| Month | 22 | 22 | 0 | FTE Month | 81,960 | 82,554 | 594 |
| YTD | 10 | 8 | 2 | \$m Month | 882 | 934 | 52 |



Expenditure by Function: September 2023

| Function | Month - Expenditure \$m | | | Year To Date - Expenditure \$m | | | MONTH |
|----------------------------------|-------------------------|--------------|-----------|--------------------------------|--------------|-------------|---------------|
| | Actual | Budget | Variance | YTD Actual | YTD Budget | Variance | FTE |
| Commissioning | 719 | 773 | 54 | 2,203 | 2,275 | 72 | 537 |
| Data & Digital | 58 | 73 | 16 | 177 | 222 | 45 | 1,680 |
| Finance | (1) | (4) | (4) | 43 | 45 | 2 | 751 |
| Hospital & Specialist Services | 1,131 | 1,143 | 13 | 3,540 | 3,490 | (50) | 74,131 |
| Infrastructure & Investment | 72 | 62 | (10) | 200 | 173 | (27) | 687 |
| Internal Audit & Assurance | 1 | 1 | 0 | 3 | 3 | 1 | 41 |
| National Public Health Service | 42 | 38 | (5) | 99 | 113 | 14 | 1,140 |
| Office of the CE & Governance | 13 | 6 | (7) | 33 | 18 | (15) | 127 |
| Pacific Health | 5 | 5 | (1) | 13 | 14 | 1 | 110 |
| People & Culture | 30 | 30 | 0 | 79 | 91 | 12 | 1,335 |
| Service Improvement & Innovation | 4 | 7 | 3 | 20 | 26 | 6 | 434 |
| Others | 84 | 36 | (49) | 200 | 109 | (91) | 988 |
| Total | 2,158 | 2,169 | 11 | 6,611 | 6,581 | (30) | 81,961 |

This report represents a functional view of Te Whatu Ora expenditure and performance against budget. The largest negative variance in this report within Hospital & Specialist Services is not of concern, this represents accrual provisions only, and Others, which includes expenditure relating to a subsidiary entity that is matched by revenue (reflecting the accounting treatment rather than a variance). FTE is less reliable at functional level than expenditure is, with some alignment required to ensure it is recorded accurately against the correct function. For this reason FTE should be considered indicative.

Savings Commentary

The savings table reflects savings built into the 2023/24 operational budget. The initial annual savings of \$500m was upgraded to \$540m to cover increased provision to settle collective employment agreements. The breakdown above reflects targets built into operational budgets on a bottom-up basis to ensure accountability and accurate reporting. Savings are phased throughout the year with more savings expected to be realised in the later months. These savings have been directed to:

- Implementation of the Breast Screening Review and the implementation of the Immunisation Taskforce report
- A funding pool for Winter initiatives, improving both preparedness and response, including negotiating contracts with primary and community care and accelerating recruitment to support hospital hotspots
- A funding pool for initiatives to help baseline outreach services that were established during COVID-19 to better support priority populations, enabling these services to be more widely used for immunisation and screening follow up, supporting our work to pursue health equity. This also included work with primary care to support follow up of patients who had deferred care
- Covering wage and cost uplifts across the employed and community workforces above annual funding increase.

| Drivers of savings | YTD savings (\$m) | Annual Target (\$m) | Annualised saving achieved to date (\$m) | Notes |
|-------------------------------------------------------------------------|-------------------|---------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Organisational change, optimisation and contingent workforce reductions | 31.03 | 138.15 | 207.23 | Budget reductions booked in Simplify to Unify Phase 1 changes i.e. Commissioning, Infrastructure & Investment, P&C, and finance., simple business process redesign, reduction in consultancy, outsourcing, contractors. Includes corporate savings achieved in 22/23 carried forward. |
| Vacancies reduction | 29.66 | 118.65 | 228.64 | Removal of vacant positions. Management and admin cost reduced by 952 FTE July 23 compared to July 22. Not Modernising the way we work. Shifting resources to the frontline. Previously referred to as HSS efficiency. |
| Business Improvement | 0.00 | 120.00 | 0.00 | Commissioning base underspend and service reviews. |
| Commissioning consolidation | 22.50 | 90.00 | 90.00 | Reprioritisation to winter initiatives and approved Board priorities |
| Clinical supplies optimisation | 6.68 | 74.00 | 65.76 | Supply consolidation, product standardisation, demand reduction price harmonisation and leveraging economies of scale |
| TOTAL | 89.87 | 540.80 | 591.63 | |

Hospital and Specialist Services/Efficiency reporting

We are working to adjust budgets to meet the expectations of the Regional Directors. Further, we are analysing major cost categories and their impact on budget risks for Budget 24, reformation of the planning and purchasing approaches, and some technology enablers. These include:

- Ongoing cost reviews at a regional level (circa half a billion target).¹⁵
- Care Capacity Demand Management (CCDM) will morph into a deep dive on nursing investment and productivity. This will morph into more affordable workforce models for Nursing, RMOs and SMOs
- Allied Health underspend due to vacancies will lead to a deep dive on the constraints these vacancies have created in patient flow and productivity
- The whole area of clinical supply costs will be informed by engagement with National Clinical Networks to get clinicians to champion reduction in variation of practice (collapsing 250,000 supply lines to closer to 60,000 which is best practice), but this is a long-burn initiative which will shift the cost curve over the next five years
- Productivity measures are limited to those which can be collected reliably by SI&I and we have a one year roadmap in play (SI&I, Finance, H&SS and EY). Focus on operating theatres and bed flow management
- National laboratory commissioning (2 years)
- National radiology commissioning (2 years)
- National outsource surgical services commissioning (2 years)
- National payroll and rostering to drive workforce analytics and overtime/leave management (5 years)
- National and Regional hospital operating models and control centres (1 year)
- National Booking system, referral management and waitlist management (unknown timeline D&D enabler)
- Laboratory and Radiology results access (unknown timeline D&D enabler)
- Regional Clinical Delivery Networks implemented across a range of specialties (roadmap to be announced)

¹⁵ Corrected figure. In the original published version of this report, this was recorded as \$1-2 billion. This was a typo, as the "1-2" was incorrectly entered instead of "1/2," which was intended to mean "half."

Mental Health Output Class

The first quarter 2023/24 mental health output class as shown in the table below indicates that mental health expenditure is higher than the draft budget by \$6.658m.

| | Q1 Sep23 Actual \$'000 | Q1 Sep23 Draft Budget \$'000 | Q1 Sep23 Variance \$'000 | FY 23/24 Draft Budget \$'000 |
|-----------------------------------------------|------------------------------|------------------------------------|--------------------------------|------------------------------------|
| Personnel | 297,254 | 293,396 | 3,858 | 1,181,960 |
| Outsourced Services | 15,095 | 13,979 | 1,116 | 55,679 |
| Other Direct Operating Expenses | 24,062 | 24,544 | (482) | 98,108 |
| Overheads and Other Allocations | 51,878 | 51,988 | (110) | 210,914 |
| Total H&SS Expenditure | 388,290 | 383,908 | 4,382 | 1,546,660 |
| MSD & Other Revenue | (11,991) | (11,585) | (406) | (46,085) |
| H&SS Net Mental Health Expenditure | 376,299 | 372,323 | 3,976 | 1,500,576 |
| Primary and Community Expenditure | 178,881 | 176,199 | 2,682 | 697,778 |
| Total Mental Health Output Class | 555,180 | 548,522 | 6,658 | 2,198,354 |
| FTEs | 9,073 | 9,443 | (370) | 9,457 |

The higher mental health expenditure was mainly due to higher personnel cost. Salary increases from collective employment agreements are higher than the budgeted price increase. Service continues to experience recruitment challenges to fill vacancies. Penal rates and allowances to employ staff to partially fill gaps in priority rosters, due to vacancies, are also more expensive than budget.

The budget is currently draft due to:

- Service level agreement between Mental Health and Addiction Corporate and H&SS Districts to deliver Budget initiatives are being finalised
- Further contract transfers to Te Aka Whai Ora are being finalised.

Finance Reporting Roadmap

| FPIM Deliverables Summary | Status |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| All deliverables are on track year to date. Whanganui, Mid Central, Hawke's Bay and Nelson/Marlborough have all successfully gone live, over 97% of Te Whatu Ora financial system transactions are now live on FPIM. | ● |

| | |
|----------------------------------------------------------------------------------------------------|---|
| Whole of Te Whatu Ora Delegations Policy updated and delegations to match loaded into FPIM system. | ● |
|----------------------------------------------------------------------------------------------------|---|

| Financial Reporting Deliverables Summary | Status |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------|
| All costs across the business were mapped in 2022/23 to the new functional structure | ● |
| The Mental Health ringfence for 20-22/23 was confirmed with MOH in June 2023 | ● |
| Opening Balance Sheet was finalised in July and audit clearance provided | ● |
| Year End Financial Statements were consolidated, audited and signed off by Board then Audit Clearance provided by deadline of 31 October 2023 | ● |
| Quarterly CFIS reporting was delivered | ● |

Appropriation and Output Class Reporting

| Output Class | Q1 2023/24 Actual | Q1 2023/24 Budget | Q1 2023/24 Variance |
|--------------------------------|-------------------|-------------------|---------------------|
| | \$millions | \$millions | \$millions |
| Hospital & Specialist Services | 3,745 | 3,574 | (171) |
| Mental Health & Addictions | 567 | 560 | (7) |
| Primary & Community Services | 2,120 | 2,283 | 163 |
| Public Health | 134 | 89 | (45) |
| COVID-19 | 42 | 74 | 31 |
| Total | 6,609 | 6,581 | (29) |

| Appropriation | Hospital & Specialist Services | Primary, Public & Community | COVID-19 | Total |
|---------------|--------------------------------|-----------------------------|------------|------------|
| | \$millions | \$millions | \$millions | \$millions |
| | | | | |

| | | | | |
|-----------------|------------------|----------------|---------------|--------------|
| Income | 4,040.355 | 2,489.758 | 90.904 | 6,621.016 |
| Expenditure | 4,345.145 | 2,223.575 | 42.298 | 6,611.018 |
| Variance | (304.790) | 266.183 | 48.606 | 9.998 |

Infrastructure Investment

The Infrastructure and Investment Group (IIG) oversees a portfolio of health sector capital projects that require Crown funding or exceed \$10m in capital cost (per project). These are currently 110 projects across the motu with a combined total value of \$7.825b.

Performance reporting indicates that most projects are on track with 48 projects in delivery and 36 projects in the completed/debrief phase. The table below shows the number of projects in each project phase and the movement in the quarter.

| | Define | Design | Deliver | Debrief | Total |
|------------------------------------------|---------------------|----------------------|----------------------|----------------------|-----------------------|
| Portfolio as at 31 August 2023 | 4 \$0.09 billion | 23 \$1.58 billion | 50 \$4.88 billion | 33 \$1.28 billion | 110 \$7.83 billion |
| Portfolio as at 30 September 2023 | 5 \$0.09 billion | 21 \$1.58 billion | 48 \$4.86 billion | 36 \$1.30 billion | 110 \$7.83 billion |
| Movement In | 1 | - | 1* | 3 | 1 |
| Movement Out | - | 2* | 3 | | 1 |

*Two projects, both currently in design, were merged and one other project moved from design to deliver.

Budget Spending Summary as at 30 September 2023

| Te Pae Priority Actions | Initiative | 2023/24 Funding (\$ m) | Spent to 30 September (\$ m) |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------|
| 1. Place whānau at the heart of the system to improve equity and outcomes | Addressing the Burden of Diabetes for Pacific Communities | 5.00 | 0.250 |
| | Improving Access to Primary Health Care Services for Transgender People | 0.58 | 0.049 |
| | Introducing a Rights-based Approach to Health Care for Intersex Children and Young People | 0.70 | 0.058 |
| | Mana Ake – Continuation and Expansion of Mental Wellbeing Support for Primary and Intermediate School-aged Students | 21.82 | 5.587 |
| | Neonatal Retinopathy Screening | 2.33 | 0.000 |
| | Pacific Primary and Community Care Provider Development –Securing Future Capability and Shifting into New Models of Care | 14.04 | 1.942 |
| | Piki – Continuation of Integrated Primary Mental Health and Addiction Support for Young People in Greater Wellington | 3.50 | 0.919 |
| | Population Health and Disease Management Capability | 29.28 | 7.974 |
| | Preventing Family Violence and Sexual Violence: Services for Victims of Non-fatal Strangulation | 2.03 | 0.000 |

| | | | |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------|-------|
| | Specialist Mental Health and Addiction Services – Increasing Availability of Focused Supports | 14.70 | 2.373 |
| | Well Child Tamariki Ora – Continuation of the Enhanced Support Pilots | 1.25 | 0.313 |
| | HIV Action Plan Implementation | 5.10 | 0.335 |
| | Smokefree Aotearoa 2025 Action Plan | 1.64 | 0.000 |
| 3. Develop an inclusive health workforce | Health Workforce Development | 21.00 | 1.175 |
| | Support Workers (Pay Equity) Settlements Act 2017 | 38.63 | 9.657 |
| 4. Keep people well in their communities | Comprehensive Primary Care Teams | 61.15 | 4.215 |
| | Continuing the Alcohol and Other Drug Treatment Courts: Waikato, Auckland, and Waitakere | 8.12 | 1.905 |
| | Extending School Based Health Services | 3.14 | 0.366 |
| | Preventing the harm from serious and organised crime in New Zealand | 0.19 | 0.000 |
| | Service Integration for Locality Provider Networks | 27.62 | 1.785 |
| | New Public Health Agency and National Public Health Service Establishment | 10.20 | 1.558 |
| 5. Develop greater use of digital services to provide more care in | Establishing the National Public Health Service – Digital and Data Infrastructure | 6.16 | 0.000 |
| | Southern Health System Digital Transformation Programme | 4.23 | 0.856 |

| | | | |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------|---------------|
| homes and communities | NEW DRAWDOWN: Health Data and Digital – Foundations and Innovation | 58.49 | 0.000 |
| 6. Establish Te Whatu Ora and Te Aka Whai Ora to support a financially sustainable system | Allowing Payment to Family Members for Support Services | 17.00 | 3.510 |
| | Dementia Mate Wareware Action Plan - Implementation Support Funding | 2.86 | 0.715 |
| | Emergency Air Ambulance Services – Additional Support Funding | 22.51 | 5.628 |
| | Emergency Road Ambulance Services – Additional Support Funding | 44.78 | 7.925 |
| | Primary Care Funding Formula – Equity Adjustments to Capitation | 24.41 | 6.104 |
| | Total operating | 454.11 | 65.198 |

North Island Weather Event Initiatives

| Initiative | 2023/24 Funding (\$ m) | Spent to 31 July (\$ m) |
|---------------------------------------------------|---------------------------|----------------------------|
| Hospital and Specialist Services | 4.753 | 1.188 |
| Mental Health and Wellbeing Response | 10.000 | 0.650 |
| Primary, Community, and Residential Care Recovery | 2.817 | 0.704 |
| Transport and Power | 1.157 | 0.289 |
| Total operating | 18.727 | 2.832 |