

Opening of the \$56.1m Taranaki Cancer Centre (TCC)

Due to MO:	27 October 2025	Reference	HNZ00098806
To:	Hon Simeon Brown, Minister of Health		
From:	Cath Cronin, Executive Regional Director Te Manawa Taki, Health NZ		
Copy to:	n/a		
Security level:	In Confidence	Priority	Routine
Consulted:	n/a		
Proactive Release:	This title is proposed by Health NZ for proactive release		

Contact for phone discussion (if required)			
Name	Position	Telephone	1st contact
Rosemary Clements	Project SRO		X
Jesse Jardine	Programme Director		

Attachments
Appendix 1: Runsheet
Appendix 2: Talking points
Appendix 3: Q&A's / reactive lines
Appendix 4: NEWB Status Update
PR to follow separately

Appendix 2 - 4 have been withheld in full.

About the event

Purpose	<p>To support your visit and remarks at the opening of the new Taranaki Cancer Centre. Minister's Role: Deliver opening remarks, participate in ribbon-cutting ceremony, engage with media, and tour the facility.</p> <p>Following the TCC opening, a closed site visit of NEWB to see the progress since your last visit in May 2025.</p>
Date	Friday, 7 November 2025
Time	8.30am – 10:30am
Venue	Taranaki Base Hospital, 118 Tukapa St New Plymouth (see map)
Expected attendees	TCC project team; Health NZ representatives; Local MPs; Mayors; Media, Taranaki Cancer Society; hauora providers Tui Ora, Ngaa Ruahine, Ngati Ruanui; Taranaki Health Foundation.
Health New Zealand Te Whatu Ora representatives	<ul style="list-style-type: none">• Wendy Langlands Taranaki GDO• Sarah Fenwick Mid Central GDO• Mrs Lisa Williams, Acting Chief Medical Officer• Katy Sheffield, Chief Allied Health Scientific & Technical• Jon Gullidge, Chief Nurse• Tamati Noho – Interim Chief Māori Health and Equity Officer• Rosemary Clements – Senior Responsible Officer, Project Maunga -Te Manawa Taki• Jesse Jardine – Programme Director
Media	<p>Yes, invitations to be coordinated by your office.</p> <p>Liaison - Bruce Gatward-Cook, Principal Communications Advisor Te Manawa Taki</p>
Talking points	Please see Appendix 2

Key Facts

\$56.1 million purpose built and designed cancer treatment facility.

Equipped with the region's first LINAC (Linear Accelerator) technology used for precise radiation therapy that does not destroy surrounding tissue.

300 Taranaki residents require radiation therapy annually.

80% of radiation treatments can now be delivered locally.

Previously, patients had to travel to Palmerston North for treatment.

10 chemotherapy chairs and two single isolation rooms.

8 outpatient consult rooms with video conferencing capability to enable clinicians to meet virtually where appropriate for faster and more convenient care.

Dedicated whānau facilities for family support.

Both TCC and NEWB have achieved a 5-star Green Star certification – the first public hospital to do so.

Strategic Context

1. The Taranaki Cancer Centre (TCC) is additional to the broader \$462.6 million Project Maunga redevelopment of Taranaki Base Hospital (started in 2021), which includes:
 - Te Huhi Raupō Renal Unit (opened in 2022), Energy Centre, computer room and site wide infrastructure upgrades.
 - New East Wing Building (NEWB) a six-storey, 20,000m² core clinical services facility to open in 2026. It will house ED, Radiology, Laboratory, Maternity services, Intensive Care Unit, High Dependency Unit, Coronary Care Unit, Acute Assessment Unit, a rooftop helipad and more. NEWB is on track for Go Live late April 2026 thanks to a [\\$59.2m government boost](#) in May 2025.

Background and Risks

2. TCC received a budget uplift of [REDACTED] in April 2023 to accommodate additional design elements, along with significant market escalation, increasing the total budget to \$56.1 million [REDACTED]
3. The TCC will open to chemotherapy patients from 24 November 2025, with radiotherapy commencing on 4 December 2025.
4. While the interior is completed and suitable for an opening on 7 November, some civil works and gardens will not be 100% complete by that time.
5. The Taranaki Health Foundation has fundraised \$2 million to support the redevelopment of TCC, including \$1.5 million from Toi Foundation and \$100,000 from iTaranaki.
6. There have been many other donations from individuals and community groups such as Energy Works (\$250,000) Kay Chilcott (\$2,000k), Primo Fund-Razor (\$23,000), Baker Tilly Staples Rodway (\$16,000), Rotary Club of Waitara, Bell Block & Districts (\$15,000) which are all recognised on the 'million-dollar wall' within the facility – a legacy that will live on for generations to come.

Taranaki Base Hospital Map

Health New Zealand
Te Whatu Ora



Discussion

- Health NZ's infrastructure approach is guided by the Health Infrastructure Plan (HIP) and the Building Hospitals Better strategy. This approach ensures infrastructure is future-flexible, cost-effective and aligned with clinical needs, helping deliver modern, fit-for-purpose facilities across New Zealand.

Taranaki Health Targets progress

- Rates of cancer are increasing. In 2021, when the TCC was approved, there were 830 cancer registrations lodged for the region. In 2024, the Taranaki figure had risen to 943, an increase of approximately 14% over three years. **Outcome** – increased capacity in the centre, with more clinical staff in Taranaki (new Medical Oncology SMO) and an increase in visiting staff, enabling the 31-day target (FSAs and decisions to treat) being met. Employment of Haematology CNS is also directly impacting decision and time to treat targets.
- Rates of cancer survival are improving across New Zealand, however the rates of treatment intervention for Taranaki domiciled patients are lower when radiation treatment is needed because of the need to travel to Palmerston North. Thus, the survival rates for these patients are impacted and exacerbated when they have lower socio-economic status and lack other protective factors that enable treatment to take place.
- The current radiation treatment intervention rate for all cancer streams (at 2021 business case) for Taranaki is 28%, but the national radiation intervention rate is 37%, and the acceptable rate – as defined by the National Radiation Oncology Working Group – is

45%. There is a clear difference in intervention rates for areas without dedicated treatment centres. This then affects rates of survivorship.

11. There are currently 3.7 FTE Cancer Care Coordinators across the nine tumour streams. At 2020, the FTE for the Taranaki population equalled 1.0 FTE Coordinator per 44,000 population - considerably lower than our counterparts in other Te Manawa Taki districts^[1]. In addition to the management of the tumour streams, one of the coordinators undertakes the Faster Cancer Treatment (FCT) Coordination and is responsible for breach analysis, FCT targets and reporting, oversight of referrals into the Coordination Team, and alignment of FCT coordination across other hospital services (i.e. surgery). With the increase in cancer registrations (particularly skin melanoma and haematology), the increasing complexity of cancers (particularly head and neck) and the increased requirements under the FCT framework, the workload demand is outstripping capacity. **Outcome** – earlier support systems leading to meeting the 61-day treatment target.
12. Due to current staffing (2.2 FTE RN), Taranaki delivers chemotherapy only four days a week. In the new centre, and with the agreed increase in staffing, chemotherapy can begin to be delivered five days per week. TCC also has an increase in available chairs (by two). **Outcome** – treating more people more quickly.

Alignment to Te Manawa Taki Priorities

Best clinical outcomes and compassionate care	Delivering on Health Targets	Back to Budget
TCC aligns to the government's commitment for Faster Cancer Treatment (FCT).	Current Taranaki average is 86% of people with a decision to treat within 31 days.	Faster treatments cost less in the longer term because cancers are identified and treated more quickly.
TCC will deliver increased access to cancer medications and treatments via a five-day service provision.	Increased access to services and resources (including new radiology services in NEWB) will further support on-going achievement and maintenance of the government's target.	Less personnel expenses (i.e. (Casual Registered Nurse usage)
Integrated cancer treatment service comprising medical oncology, radiation oncology and haematology.	Service process improvements as part of the Te Manawa Taki cancer care pathway are supporting swifter decision making through improved processes and performance accountabilities.	Increased local FTE through the employment of a Taranaki Medical Oncologist may impact on wider RCTS costs, because there will be a reduced need for some out-of-region clinicians to travel to the province.

^[1] Cancer Care Coordinators per population (2019): 1:30,000 (Bay of Plenty), 1:34,000 (Hawke's Bay), 1:40,000 (Lakes)

Providing closer to home treatments.	Stronger partnership with RCTS.	Less utilisation of National Travel Assistance (NTA) for persons receiving six or more treatments delivered 50kms or more from their domicile within a six-month period.
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Actual Uplift (projected)

3% Uplift	Oct 2023 – Sept 2024 (actual)	2026 (anticipated)	2027 (anticipated)	Increase (base to 2027)
Radiation Oncology	136 clinics 562 FSAs 2204 FUs	140 clinics 579 FSAs 2,270 FUs	144 clinics 596 FSAs 2,338 FUs	+8 +34 +134
Medical Oncology	371 clinics 442 FSAs 3813 FUs	382 clinics 455 FSAs 3,927 FUs	394 clinics 469 FSAs 4,045 FUs	+23 +27 +232
Haematology	269 clinics 334 FSAs 2,473 FUs	277 clinics 344 FSAs 2,473 FUs	285 clinics 354 FSAs 2,547 FUs	+16 +20 +97
Radiation Treatment	4,650	4,790	4,933	+283
Chemotherapy Treatment	1,846	1,901	1,958	+112
Haematology Treatment	450	464	477	+27

Appendix 1: Runsheet

Time	Details
8.30am	<ul style="list-style-type: none"> • Arrive at Taranaki Base Hospital, enter via Aotea Gate 2, Tukapa Street, New Plymouth. • Park in reserved carpark near Taranaki Cancer Centre • You will be met by Wendy Langlands, Group Director Operations, Hospital & Specialist Services and Rosemary Clements, SRO for Project Maunga • You will be introduced to Tamati Noho Interim Chief Māori Health & Equity Officer prior to proceedings
8.35	<ul style="list-style-type: none"> • Pōwhiri for the Minister (20 minutes) will be led by Tamati Noho, Interim Chief Māori Health & Equity Officer. <p>This will include the following:</p> <ul style="list-style-type: none"> • Karanga: Rawinia Leatherby-Toia, Te Kahui Tikanga Ngamata Skipper, Te Kahui Tikanga • Tāngata Whenua paepae: Shelton Healey, Ngāti Te Whiti Te Poihi Campbell, Te Atiawa • Manuhiri paepae: Rukutai Watene, Te Whatu Ora • After this, the Minister and his team will have the opportunity to provide a right of reply to which Taranaki is supplying a speaker. • Tamati Noho will respond and translate for the Minister. • The Waiata for this part will be Te Aroha.
8.55	<ul style="list-style-type: none"> • Closing of formalities and gifting of facilities name by Wharehoka Wano – Pouwhakahaere (CEO) Te Tōpuni Ngārahu (3 mins)
8.58	<ul style="list-style-type: none"> • Welcome from Rosemary Clements MC and introduction of speakers. (2 mins)
9.00	<ul style="list-style-type: none"> • Speech by Wendy Langlands (2 mins) • Speech by Minister Brown (5 minutes)
9.07	<ul style="list-style-type: none"> • Minister is escorted to the plaque for unveiling by Tamati Noho, Rosemary Clements and Wendy Langlands. • Opening Declaration and photo op (5 mins)

9.12	<ul style="list-style-type: none">• Tour of facility with Rosemary Clements and Wendy Langlands.• Meet staff (23 mins)
9.35	<ul style="list-style-type: none">• Media stand up (10 mins)
10.30	<ul style="list-style-type: none">• Depart Taranaki Base Hospital