Quarterly Performance Report

Quarter 1 2025/26



Te Kāwanatanga o Aotearoa
New Zealand Government

Health New Zealand
Te Whatu Ora

Citation: Health New Zealand | Te Whatu Ora. Quarterly Performance Report: Quarter 1 2025/26.
Wellington: Health New Zealand | Te Whatu Ora.

Published in December 2025 by Health New Zealand | Te Whatu Ora
PO Box 793, Wellington 6140, New Zealand

ISSN 2816-1823 (online)

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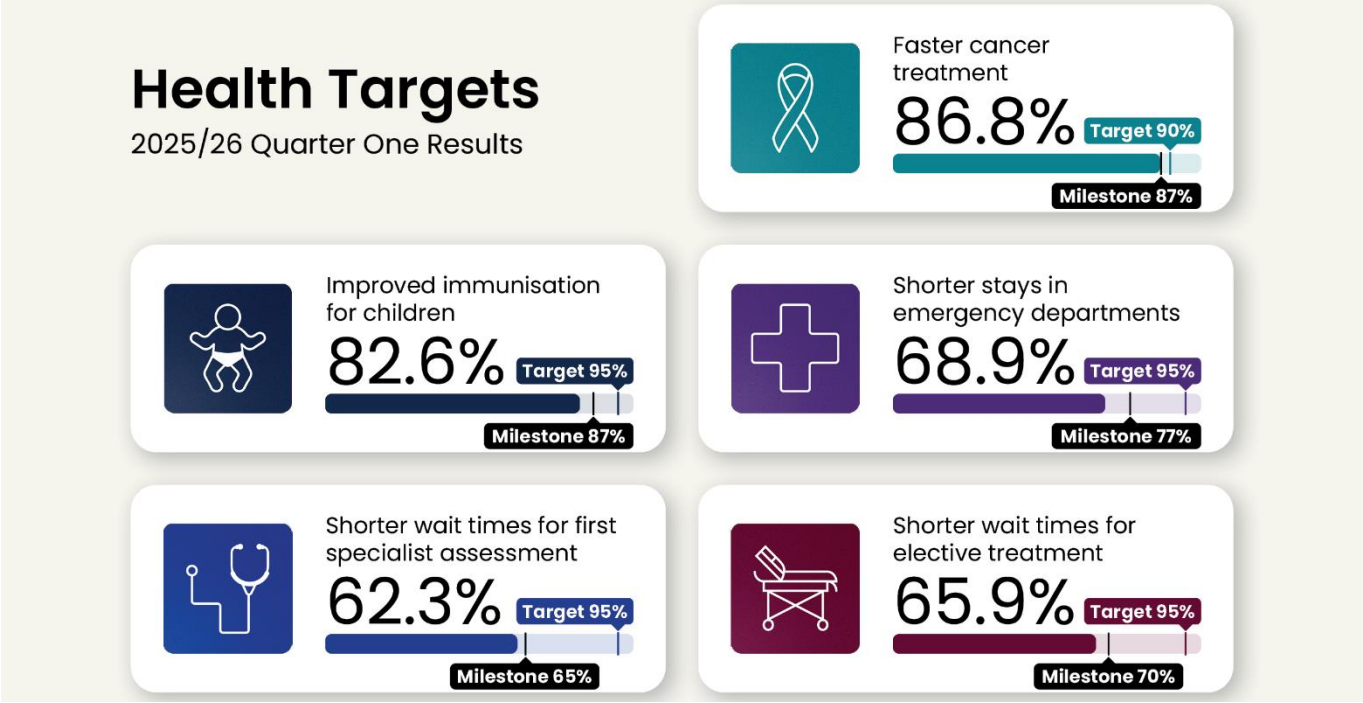
Organisational performance

Highlights for the quarter, through this report include:

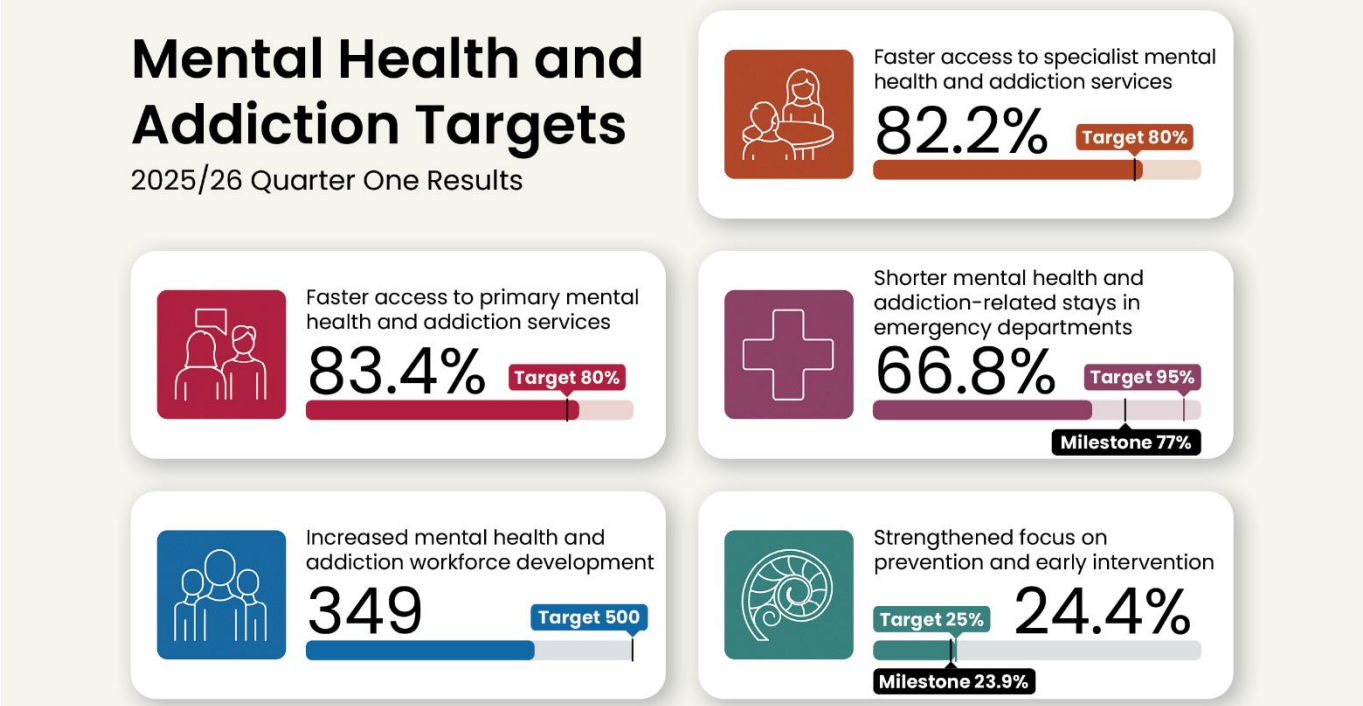
- Performance in eight of the ten health targets (i.e. all targets where a quarter one result is reported) improved compared with results for the same quarter last year, indicating a trajectory of continuous improvement.
- This achievement is notable for the shorter wait times for first specialist assessment (FSA) and elective treatment health targets, as delivery of those services was impacted by five days of industrial action this quarter.
- Despite significantly higher demand this winter, more patients were admitted, discharged or transferred from emergency departments within six hours (both overall, and mental health and addiction-related attendances). The drop in results between quarter four and quarter one is in line with historical seasonal variation from the autumn to winter period.
- We were 0.2 percentage points away from achieving the 2025/26 milestone for the faster cancer treatment target.
- Newborn enrolment rates are starting to increase, following a decline over the last year.
- Hospital pressure injury and falls rates have declined compared with the same quarter last year, and the previous quarter.
- The financial result for the quarter was a deficit of $162m, which is close to the budgeted deficit of $158m ($4m variance).

The main performance challenges experienced this quarter relate to the impact of increased demand on our emergency departments over the winter months. To read more about this, please visit the health targets and mental health and addictions targets pages on the Health NZ website.

Five health targets



Five mental health and addiction targets



Detailed results on quarter one health targets and mental health and addictions targets, and narrative to improve performance can be found on the Health NZ website.

Progress against our strategic priorities

Strategic priority 1: Deliver the New Zealand Health Plan

Key achievements in quarter one against actions detailed in each section of the NZ Health Plan are outlined below.

Government priorities for health in NZ

- Updated guidance and training materials were rolled out to support the amendments to the Smokefree Environments and Regulated Products Act (Action 1.5.1).
- The Foetal Alcohol Spectrum Disorder Action Plan was launched in September 2025, with networks underway to support implementation (Action 1.5.2).
- Breast screening age extension readiness assessments were completed (to support the phase one roll out in quarter two), with a focus on workforce, capacity, equipment, training, and communications (Action 1.6.2).
- A new cancer infusion space opened in Christchurch in September, boosting infusion capacity (Action 1.6.3).
- Procurement for a mental health and addiction peer support programme across all emergency departments in the Te Manawa Taki region is on track for launch in November. The programme commenced in Dunedin this quarter (Action 1.6.11).
- A national syphilis campaign was launched to raise awareness and runs until the end of October 2025 (Action 1.7.2).

Clinical leadership, continuous quality improvement and innovation

- An abdominal aortic aneurysm screening programme commenced in the Hawke's Bay (Action 2.1.1).
- The Health Quality & Safety Commission's national adult hospital inpatient and outpatient surveys continue quarterly, with almost 100 per cent district compliance (Action 2.1.3).

Strengthening enablers

- The Health Infrastructure Plan (HIP) implementation plan was completed. A dashboard is in development to monitor progress against the implementation plan, along with recruitment to deliver on commitments (Action 3.3.1).
- The National Medical Gas Governance group was established and met twice. The 2024/25 Greenhouse Gas inventory report and independent assurance activity was completed (Action 3.4.1).

Improving health for populations with greater needs

- Pacific outreach providers maintained strong community connections, delivering immunisation, screening support and health information. The total number of Pacific providers holding outreach contracts remains at 35 (Action 4.2.1).

Improving timely access to primary and community services

- The Rural Clinical Telehealth Service through Ka Ora was established as business as usual (Action 5.1.3).
- The annual review of the Combined Dental Agreement for 2025/26 was completed, and the updated agreement now includes revised treatment options for children with high levels of tooth decay. The updated agreement takes effect on 1 November (Action 5.1.6).
- The Proposed Integrated Model for Adult Palliative Care was released for feedback, with stakeholder engagement underway at the end of quarter one (Action 5.1.12).
- Te Taiwhenua o Heretaunga was contracted to the end of 2025/26, to deliver the rheumatic fever kaiāwhina support role in the Hawke's Bay district (Action 5.1.7).
- Seventeen of the 18 rheumatic fever (RF) secondary prevention services across New Zealand have been deployed to the National RF Care Co-ordination System, as at the end of quarter one. This will result in one national RF register, ensuring consistency and timely care for RF patients receiving secondary antibiotic prophylaxis (Action 5.1.7).

Strategic priority 2: Empower and enable leadership at all levels

- Permanent executive regional directors were appointed this quarter, and organisational change processes are nearing completion, following the move to more directly support regional teams.
- Leadership capability is being strengthened through two new programmes: a 10-week Operational Leadership Programme awarding an NZQA Level 7 micro-credential (commenced in late September), and a five month Senior Leadership Development Course (commenced in August with 12 group director operations and five chief medical officers from districts in the first cohort).
- Preparations for the first Clinical Senate meeting were completed this quarter, with the meeting held early in quarter two. A report on the outputs will follow.
- Our Central region established a Planned Care Oversight Group and an Acute Care Oversight Group. This mirrors national governance and strengthens the co-ordination and support that can be provided regionally to ensure improvements in access and patient flow at a district level, leading to an improvement in performance against health targets.
- Our Pacific Health Senate (Fatu Fono Ola) is undergoing a strategic review following the end of its term in December 2024. Health NZ is exploring succession planning, refining areas of expertise, and updating the Terms of Reference to strengthen the Senate's role as an independent, governance-level advisory body.
- The HIP Implementation Plan was approved by the Health Minister on 22 August 2025, following Cabinet's in principle agreement in March. This approval marked the start of New Zealand's largest health infrastructure investment of more than $20 billion over the next decade, enabling Health NZ to begin project initiation to implement the HIP. The plan sets

out the delivery framework, resource requirements, and milestones through upcoming Budgets, focusing on system capacity, integration, and affordability, to ensure successful implementation.

- Change processes within People and Culture continue across our Health & Safety and Emergency Management functions, to devolve responsibility for operational advice and support to districts and regions, where most staff are located.
- A Health & Safety sub-committee of the Executive Leadership Team has been established, with a specific focus on the implementation of safety leadership visits, adopting a dual model of scheduled and ad-hoc visits to ensure visible leadership and engagement with frontline teams.
- In quarter one, Te Kāhui o Te Whiri Kaha (network of Māori clinicians) advanced several initiatives to strengthen Māori health outcomes. Activities included reviewing a maternity mental health assessment tool to promote whānau-centred care, requesting a proposal to grow Māori clinical governance leadership, and providing feedback on Health NZ's strategy to reduce sudden unexpected death in infancy. These efforts reflect the group's ongoing commitment to enhancing clinical capability.

Measures – high-level summary

The table compares quarter one 2025/26 results with the same quarter last year (to account for seasonal variation), and the previous quarter. Changes of two or more percentage points (a level adopted to indicate materiality) are marked with a green arrow ↑↓ (improving) or red arrow ↓↑ (slipping). A target symbol 🎯 identifies health targets. A Parliament symbol 🏛 identifies targets that form part of the all of Government nine targets.

Measure short name	Q1 last year	This quarter		Last quarter	This quarter	
Improved immunisation for children 24mth 🎯	75.7%	82.6%	↑	82.0%	82.6%	
Cervical screening coverage	71.6%	74.7%	↑	74.1%	74.7%	
Breast screening coverage	69.3%	68.8%		68.9%	68.8%	
Bowel screening participation	57.1%	57.9%		57.8%	57.9%	
Newborn GP enrolment	87.8%	85.2%	↓	82.9%	85.2%	↑
GP enrolment	94.7%	94.4%		94.2%	94.4%	
Shorter stays in ED <6hrs 🎯🏛	67.5%	68.9%		73.9%	68.9%	↓
Faster cancer treatment <31 days 🎯	84.6%	86.8%	↑	86.3%	86.8%	
Shorter wait times for FSA 🎯	61.2%	62.3%		62.0%	62.3%	
Shorter wait times for elective treatment 🎯🏛	62.2%	65.9%	↑	63.9%	65.9%	↑
Missed FSA appointments	7.1%	7.5%	↑	7.8%	7.5%	↓
Medical appts via telehealth (digital)	7.2%	11.7%	↑	7.4%	11.7%	↑
Hospital pressure injuries (rate per 10,000 hospitalisations)	7.2	5.8	↓	6.1	5.8	↓
Hospital falls (rate per 10,000 hospitalisations)	4.5	3.7	↓	4.8	3.7	↓
New MHA professionals trained 🎯	457#	349*	↓	349*	349*	
MHA prevention and intervention 🎯	N/A	24.4%^		24.4%^	24.4%^	
Shorter MHA stays in ED <6hrs 🎯	63.5%	66.8%	↑	69.4%	66.8%	↓
MHA faster primary access <1 wk 🎯	80.8%	83.4%	↑	83.8%	83.4%	
MHA faster specialist access <3 wks 🎯	80.4%	82.2%		80.3%	82.2%	
MHA services access (rate per 100,000 population)	2,987	3,049	↑	3,044	3,049	
IMPB strategic involvement	N/A	On hold		80.0%	On hold	
Hauora Māori contracted outcomes	N/A	Available in Q2		88.0%	Available in Q2	
Health NZ workforce turnover	2.5%	2.4%	↓	2.6%	2.4%	↓
Māori and Pacific workforce	13.3%	14.6%	↑	14.6%	14.6%	
My Health Record access	56,403	44,759	↓	57,198	44,759	↓

Result is for the 2024 calendar year. | * Result is for semester 1 of the 2025 calendar year.
^ The 2024/25 full year result. The 2025/26 result will be available in Q2. | N/A Data unavailable for Q1 24/25.

Financial summary

This table summarises Health NZ's financial performance for quarter one of 2025/26. Additional entity-wide financial performance, financial position and cashflow statements are provided on pages 32 – 38. Financial performance is also provided within each output class section. Column totals may not reconcile due to rounding of numbers within the tables.

	Year to Date (30 Sep 2025) Actual $m	Year to Date (30 Sep 2025) Budget $m	Year to Date (30 Sep 2025) Variance $m	2025/26 SPE Budget $m
Revenue				
Appropriation funding	6,435	6,529	(94)	26,218
Other Government funding	836	851	(14)	3,395
Other revenue	133	134	(1)	968
Total revenue	**7,404**	**7,514**	**(109)**	**30,581**
Expenditure – operating costs				
Personnel costs	2,982	3,051	70	12,416
Outsourced staff costs	105	67	(38)	260
Other operating costs	1,434	1,450	16	5,739
External service providers	2,650	2,729	79	10,880
Interest, depreciation and capital charge	395	375	(21)	1,486
Total expenditure	**7,566**	**7,671**	**106**	**30,781**
Surplus/(Deficit)	**(162)**	**(158)**	**(4)**	**(200)**

The financial result for the year to date (YTD) period ending 30 September 2025 was a deficit of $162m, which was close to the budgeted deficit (small variance of $4m).

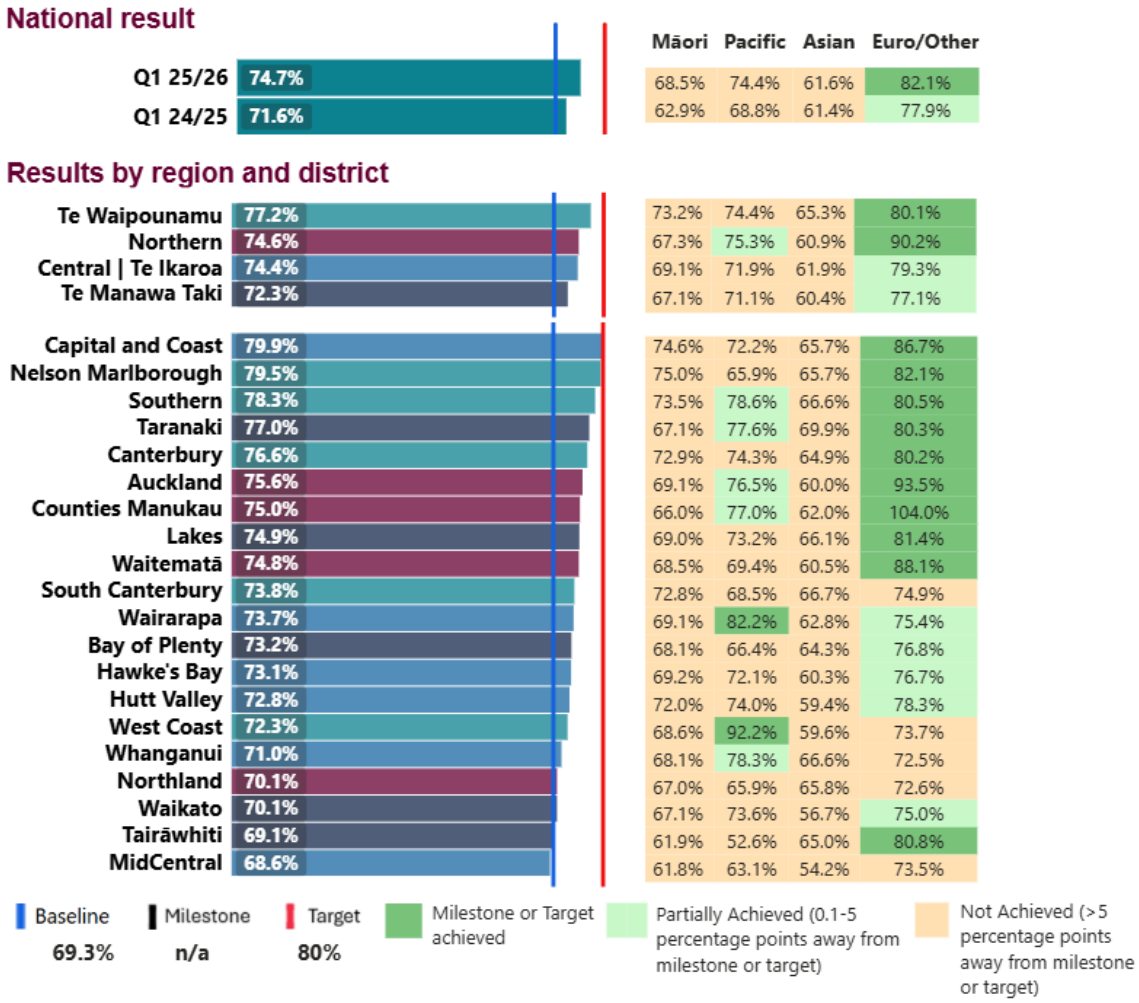
Appropriation funding was less than budget YTD due to deferral of income related to phasing of spend on Crown budget initiatives ($62m) and National pools initiatives ($32m, mainly Diagnostics Boost and Mental Health Ringfence). Expenditure on these initiatives is planned to increase in the balance of the financial year. Other Government funding and Other revenue was less than budget by $15m YTD, primarily due to Pharmac and ACC.

Personnel costs (internal and outsourced) were less than budget by $32m YTD, primarily due to phasing of spend on Crown budget and National pools initiatives. External service provider expenditure was less than budget YTD by $79m, also primarily due to phasing of initiative spend. Interest, depreciation and capital charge was higher than budget by $21m YTD due to the impact of asset revaluations completed as at 30 June 2025. The capital charge impact will be offset in later months in revenue, but depreciation (circa $80m for the year) will need to be covered within baseline budgets.

Output class 1: Public health services

P2-09 Cervical screening coverage

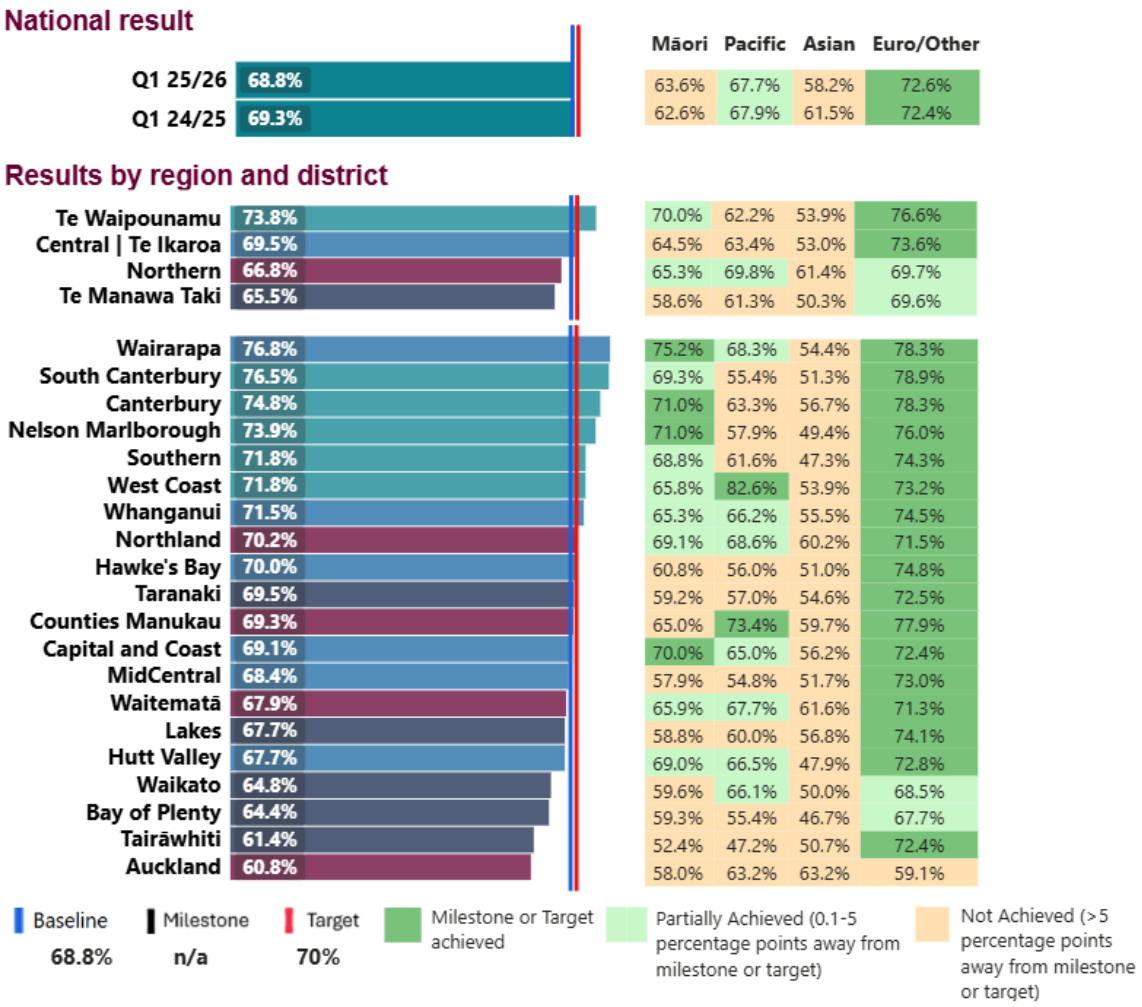
Percentage of the eligible population who have undertaken a cervical screening test (adjusted for hysterectomy prevalence).



- Capital and Coast and Nelson Marlborough consistently report high coverage, attributed to strong collaboration between primary and community providers and pro-active follow-up. These processes are being shared regionally to support areas requiring improvement.
- Nationally, the cervical screening register was integrated with primary care systems, allowing clinicians to access real-time screening status. Regional events during Cervical Screening Awareness Month raised provider awareness. These initiatives support more responsive, data-driven screening by enabling opportunistic screening in primary care.
- Support-to-Screening-Services target districts with low coverage by partnering with local health groups, iwi, and primary care to boost engagement through outreach, transport help, and reminders. Trials with Te Kōhao Health (Waikato) and Tairāwhiti REAP test new community-based approaches, supported by zero-fees funding for priority groups.

P2-07 Breast screening coverage

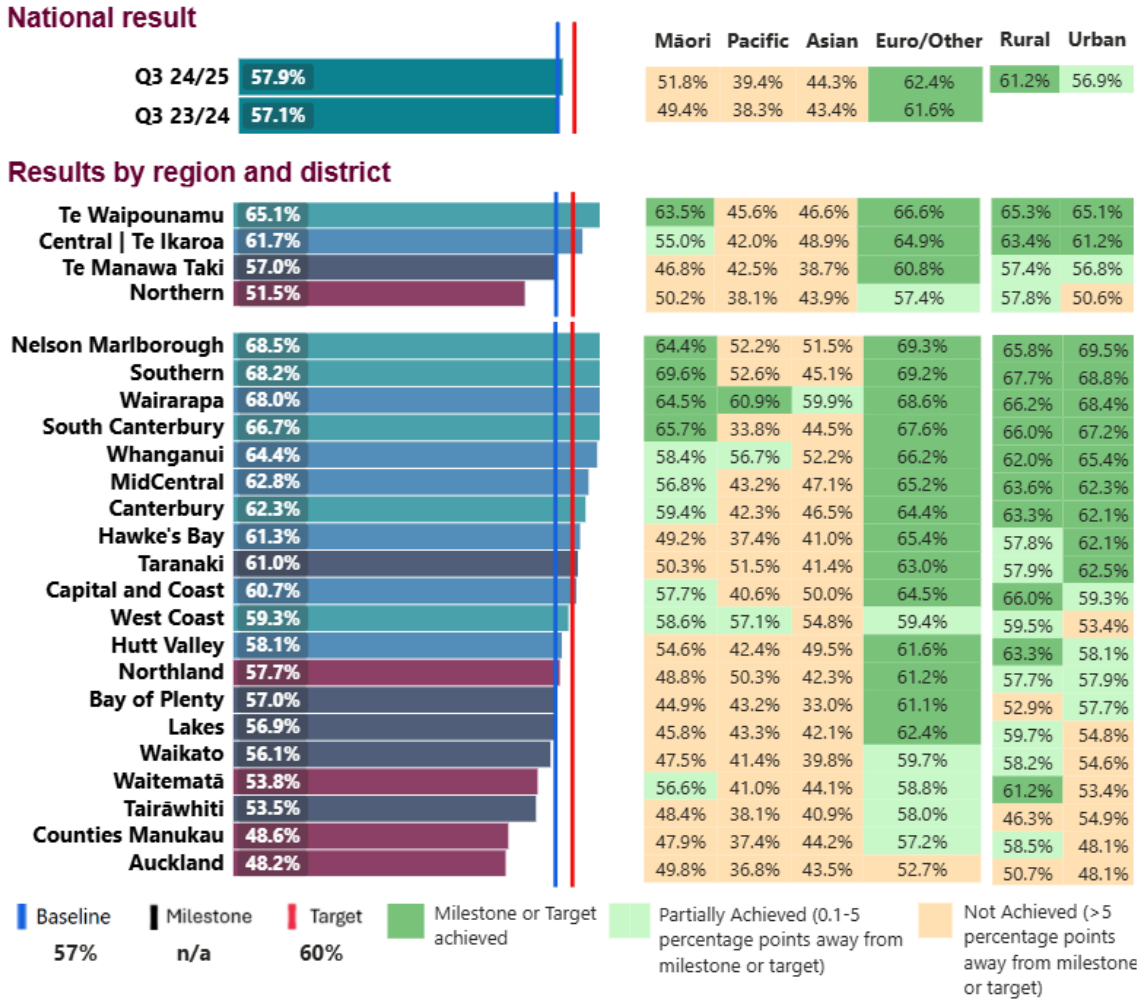
Number of individuals aged 45 – 69 who had breast cancer screening in the past two years.



- In Canterbury and South Canterbury, high screening coverage reflects strong provider capacity, early adoption of the Te Puna system for automated recalls, and proactive partnerships with Māori and Pacific community organisations, supported by targeted outreach and data monitoring.
- Coverage for Asian women remains lower than other ethnicities and the reasons are likely to be multifactorial including a large proportion of migrants that have low levels of awareness and engagement with primary care and preventative services, such as breast screening. Language barriers in relation to the screening process are also likely to be a contributing factor. Data is being actively monitored to better inform future activity.
- In Auckland, lower coverage rates persist, providers are continuing to extend screening hours and trial community-based mammography events in collaboration with Asian and Ethnic Health Services to improve access for priority groups.
- A Request for Proposals for a Support-to-Screening Services (SSS) pilot was issued this quarter, with contracts expected to be finalised and providers inducted in quarter two. The pilot will test enhanced outreach and navigation models for wāhine Māori, Pacific and Asian women across selected districts.

P2-158 Bowel screening participation

Proportion of individuals aged 60 – 74 who returned a definitive test kit over a rolling 24-month period ending 31 March 2025, out of all individuals invited to participate in screening.



- Quarter one initiatives focused on maintaining gains in Māori and Pacific screening rates in the Northern region, by expanding the successful text-reminder pilot nationally, notifying individuals when new test kits are on the way.
- Counties Manukau and Auckland are implementing targeted follow-up through PHOs and community partners, drawing on lessons from Nelson Marlborough and Southern, where local primary-care integration and community pharmacy participation have contributed to sustained participation above the national target.
- Additional workstreams underway include the development of barcoded kits to enable opportunistic distribution through general practice and outreach teams; an online kaimahi education module to strengthen cultural competency and support confident engagement with high-needs populations; and a national laboratory drop-off option for completed kits to complement postal returns.
- Work commenced in quarter one to expand eligibility to 58-year-olds, increasing biennial participation to 120,000 – 130,000 individuals from October 2025 onward. The age extension will be implemented in two tranches, beginning with Northern and Te Waipounamu regions in October 2025, followed by Central and Te Manawa Taki in quarter three 2025/26.

Data Caveats

Extraction dates for cancer screening programme data allows time for data to flow from source systems to the respective cancer screening registers. The time varies for each programme.

Cervical screening coverage: Data was extracted on 28 October 2025. The reporting period accounts for the shift to HPV primary screening from the cytology-based programme.

Breast screening coverage: Data was extracted on 15 October 2025. As eligible people are invited to be screened every two years, the coverage rate is calculated over a two-year period.

Bowel screening participation: Latest data available is quarter three 2024/25 as of 3 November 2024. This result is displayed and compared with quarter three 2023/24. Measures for previous quarters are as reported at the time of first publication. Once kits are sent out, participants have six months to complete and return them. Therefore, reporting on this indicator requires a six-month lag. As the programme invites participants back every two years, participation rates are calculated over a two-year period.

Key Public health outputs

Key Service[1]	Measure	Q1 outputs	2025/26 Forecast	Q1 percentage against forecast
Immunisation[2]	24 months	113,597	513,810	22.1%

Public health output class financial performance

Revenue and expenditure	Year to Date (30 Sep 2025) Actual $m	Year to Date (30 Sep 2025) Budget $m	Year to Date (30 Sep 2025) Variance $m	2025/26 Budget $m
Total operating revenue	133	139	(6)	556
Total operating expense	125	139	14	556
Surplus/(deficit)	8	0	8	0

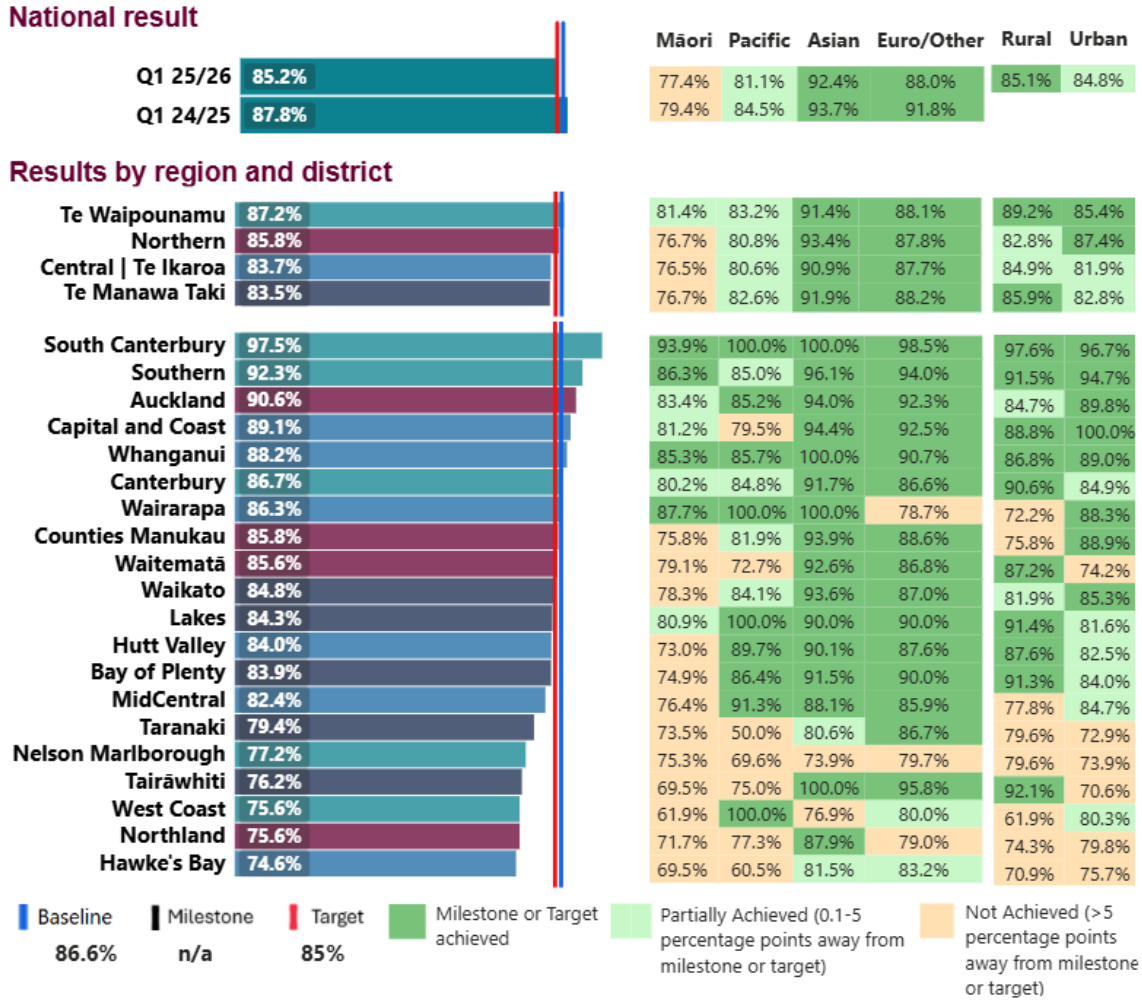
The operating revenue was $6m below budget, and operating expenses were $14m below budget. Under budget revenue was due to deferral of funding to align to timing of spend on Crown budget initiatives (corresponding spend on Crown budget initiatives was lower). Screening programme expenditure was also lower than budget in quarter one. Expenditure on key initiatives is planned to increase in the balance of the financial year.

[1] Screening volumes will be reported from quarter two, as calculation methodology is being updated to reflect best practice.
[2] All immunisations administered to the cohort turning 24-months in the three months to 30 September 2025 is included. Vaccines included are DTap-IPV-HebB/Hib, PCV, MMR, and Hib antigen groups.

Output class 2: Primary and community (P&C) services

P2-38 Newborn GP enrolment

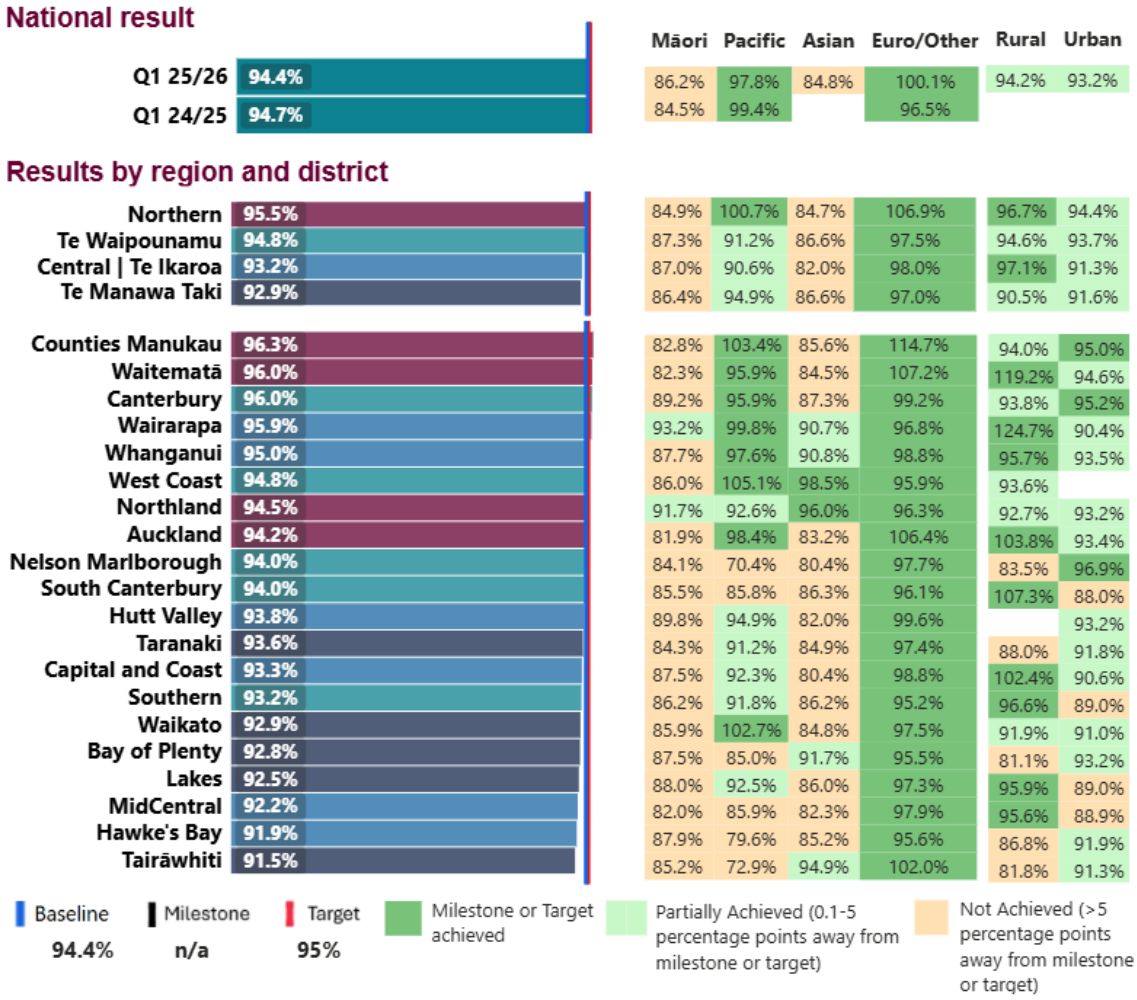
Percentage of newborns fully enrolled with a general practice (or a kaupapa Māori provider delivering general practice care) by three months of age.



- South Canterbury's high newborn enrolment rates reflect weekly monitoring of pre-enrolment and targeted support.
- Central region started implementing a newborn enrolment resource toolkit across all districts (apart from Hawke's Bay) to lift enrolment rates. Hawke's Bay PHO is supporting hapū wāhine and pēpi (up to 12 weeks) to enrol, by offering subsidised consultations and prescriptions for the first 12 months, plus support from a health coach to engage with and navigate the health system. Hawke's Bay PHO is adapting the toolkit, with rollout planned in quarter two.
- The Northern region is implementing a Maternal and Newborn Enrolment Policy to ensure newborns (especially Māori, Pacific, and those from socioeconomically disadvantaged communities) are enrolled with a general practice by three months. The policy requires all Northern region general practices to accept newborn nominations and facilitate enrolment of hapū wāhine, regardless of closed book status.

P2-17 GP enrolment

Percentage of people enrolled with a general practice (or a kaupapa Māori provider delivering general practice care) as a percentage of the estimated resident population from Stats NZ.[3]



- Variation in GP enrolment rates is low, with only a 4.8 percentage point difference between the highest and lowest performing districts. There has been a small increase in practices enrolling patients across the general practice network during quarter one.
- Work continues to implement the additional funding of $95m per year in 2025/26 for PHOs and general practices, capitation reweighting, and to grow the primary care workforce.
- Initiatives are in place to maintain high enrolment in West Coast and Canterbury, the districts with the best performance in quarter four 2024/25 e.g. a PHO co-ordinator to improve access for Gloriavale, and new practices with extended hours in Rolleston (in Selwyn, New Zealand's fastest growing area).
- Te Manawa Taki region has approved five new practices – three in Lakes and two in Bay of Plenty – to boost capacity and access to timely primary care.
- Two new GP practices in Dannevirke (MidCentral district) with open books have used social media channels to promote enrolment.

[3] GP enrolment calculations use population projections from Stats NZ (estimates), some results may exceed 100 per cent

Key P&C outputs

Key Service	Measure	Q1 outputs	2025/26 Forecast	Q1 percentage against forecast
Ambulance	Road ambulance attendances	165,771	640,500	25.9%
Primary care	General practice enrolments[4]	5,104,789	5,129,700	99.5%
Primary care	General practice encounters[5]	5,513,679	21,819,800	25.3%
Primary care	Well child assessments[6]	8,191	48,500	16.9%
Aged Residential Care (ARC)	ARC bed days[7]	2,710,649	10,075,000	26.9%
Community radiology	Maternity ultrasound scans[8]	69,050	268,400	25.7%
Maternity	Supported births[9]	13,829	57,100	24.2%
Community pharmacy[10]	Funded prescriptions – written and dispensed	15,878,888	62,130,000	25.6%
Community pharmacy[10]	Pharmacy items dispensed	25,431,463	101,780,000	25.0%

P&C output class financial performance

Revenue and expenditure	Year to Date (30 Sep 2025) Actual $m	Year to Date (30 Sep 2025) Budget $m	Year to Date (30 Sep 2025) Variance $m	2025/26 Budget $m
Total operating revenue	2,596	2,639	(43)	10,479
Total operating expense	2,524	2,591	67	10,479
Surplus/(deficit)	72	47[11]	24	0

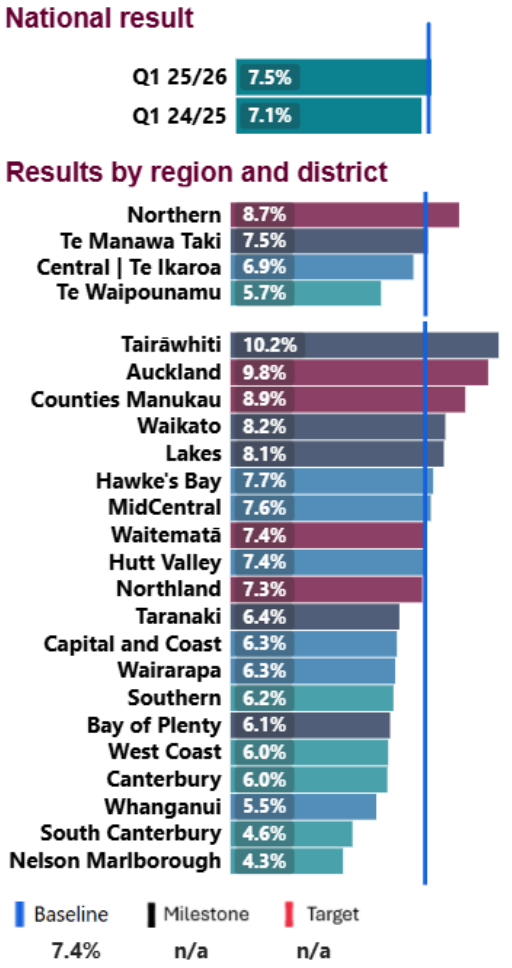
Operating revenue was $43m below budget, mainly due to $28m in Crown initiative revenue deferred to later periods. This led to reduced expenditure, as costs align with revenue and planned activities, including provider contracting delays.

[4] Q1 result is the total cumulative enrolment in the final month of the quarter. Data source is the National Enrolment Service. Forecasting uses population projections, stratified by funding age bands, to account for different population growth rates.
[5] Encounters between patients and their general practice, including doctor and nurse consultations (face-to-face and virtual), follow-up communications, prescription requests and immunisations. Data is updated weekly and is subject to change. Data source is the National Enrolment Service.
[6] Data covers the first two months of Q1 only, as data for September is not yet available.
[7] Data includes residents in long-term residential care funded by Health NZ. This metric counts every night an individual stays at an ARC facility that Health NZ pays for in some part. It does not count residents who fund the full cost themselves, or younger disabled or short-term residents (e.g. end-of life or respite care) funded via separate contracts.
[8] Q1 volumes are likely incomplete as claims can be submitted up to 12 months following provision of care.
[9] Q1 volumes are likely incomplete due to delays in reporting, particularly for private birthing facilities, including publicly funded births in private facilities.
[10] Prescription counts the funded individual initial items dispensed to a patient and claimed by a pharmacy. Pharmacy dispensing events counts all individual dispensing events (initial and repeat).
[11] Surplus impacted by rounding

Output class 3: Hospital and specialist services (HSS)

P2-58 Missed FSA appointments

Patients who did not attend or did not wait for their FSA as a proportion of total appointments.

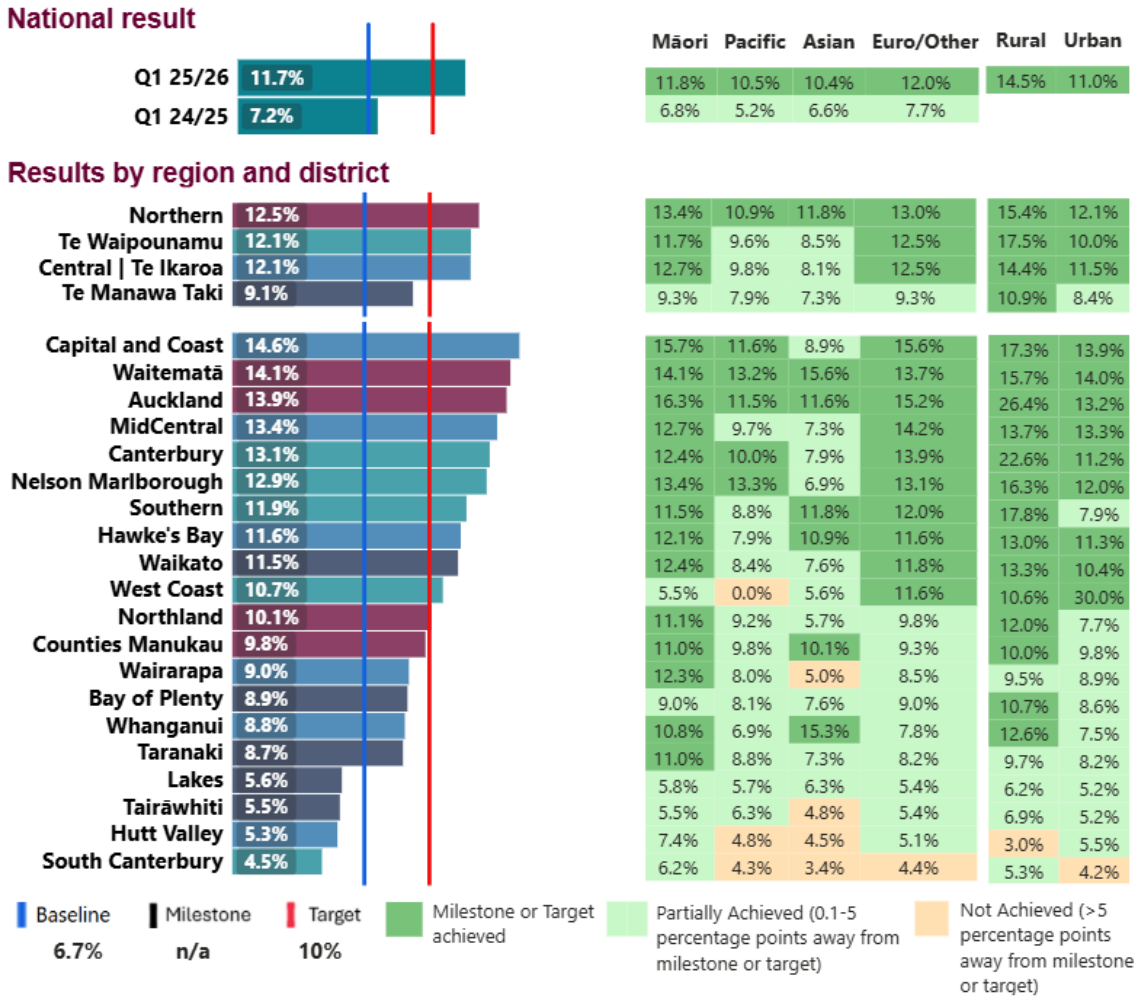


	Māori	Pacific	Asian	Euro/Other	Rural	Urban
	14.8%	16.7%	5.1%	4.6%	6.6%	7.7%
	14.3%	15.7%	5.6%	4.4%		
Northern	15.8%	17.4%	5.1%	5.1%	6.9%	8.9%
Te Manawa Taki	14.9%	15.1%	5.2%	4.2%	7.7%	7.4%
Central | Te Ikaroa	14.7%	14.8%	5.3%	4.2%	6.7%	7.0%
Te Waipounamu	11.4%	15.5%	5.4%	4.6%	5.2%	5.9%
Tairāwhiti	15.0%	18.6%	6.9%	4.3%	10.8%	10.1%
Auckland	17.6%	18.8%	6.2%	6.2%	8.2%	9.9%
Counties Manukau	17.3%	16.2%	4.4%	3.4%	4.5%	9.1%
Waikato	16.8%	15.2%	6.1%	4.7%	7.8%	8.4%
Lakes	15.5%	11.3%	2.3%	3.6%	6.7%	8.9%
Hawke's Bay	14.0%	16.2%	6.1%	4.7%	9.2%	7.4%
MidCentral	16.9%	17.1%	8.5%	4.5%	8.2%	7.3%
Waitematā	15.5%	17.4%	4.2%	5.4%	6.2%	7.5%
Hutt Valley	16.8%	16.2%	6.8%	4.0%	4.4%	7.6%
Northland	12.7%	13.9%	2.7%	4.0%	7.1%	7.5%
Taranaki	12.7%	15.3%	5.5%	4.7%	7.0%	6.1%
Capital and Coast	13.8%	13.9%	3.8%	4.0%	4.7%	6.7%
Wairarapa	13.3%	14.3%	3.3%	4.5%	2.8%	6.9%
Southern	9.3%	13.3%	8.1%	5.3%	6.0%	6.3%
Bay of Plenty	12.5%	15.9%	4.0%	3.5%	8.6%	5.7%
West Coast	3.5%	25.0%	7.7%	5.9%	6.0%	0.0%
Canterbury	14.5%	17.0%	4.3%	4.5%	4.1%	6.3%
Whanganui	11.6%	8.2%	3.3%	3.4%	6.2%	5.4%
South Canterbury	9.2%	26.1%	5.7%	3.6%	5.0%	4.5%
Nelson Marlborough	10.2%	8.0%	3.8%	3.3%	3.0%	4.6%

- South Canterbury and Nelson Marlborough have the lowest missed appointment rates, supported by proactive patient contact. New reporting is planned to better understand barriers for groups at high-risk of missing appointments.
- Tairāwhiti is reducing high rates by providing transport support, targeted social work outreach, coordinated scheduling for complex cases, and collaborating with Pinnacle PHO to improve access for patients. The Northern region is implementing Saturday clinics and mobile clinics in high demand and rural areas to increase availability of appointments.
- To reduce missed appointments among Pacific patients, nurse-led Pacific Health teams are conducting weekly follow-ups via phone and home visits focused on education and support. Sustainability of this approach is challenged by staffing shortages, so mobile clinics, flexible scheduling, and support with transport are options also being trialled.

P2-88 Medical appts via telehealth (digital)

Outpatient attendances completed via telephone or video, as a percentage of all outpatient attendances.



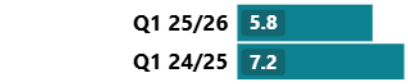
Māori	Pacific	Asian	Euro/Other	Rural	Urban
11.8%	10.5%	10.4%	12.0%	14.5%	11.0%
6.8%	5.2%	6.6%	7.7%		
13.4%	10.9%	11.8%	13.0%	15.4%	12.1%
11.7%	9.6%	8.5%	12.5%	17.5%	10.0%
12.7%	9.8%	8.1%	12.5%	14.4%	11.5%
9.3%	7.9%	7.3%	9.3%	10.9%	8.4%
15.7%	11.6%	8.9%	15.6%	17.3%	13.9%
14.1%	13.2%	15.6%	13.7%	15.7%	14.0%
16.3%	11.5%	11.6%	15.2%	26.4%	13.2%
12.7%	9.7%	7.3%	14.2%	13.7%	13.3%
12.4%	10.0%	7.9%	13.9%	22.6%	11.2%
13.4%	13.3%	6.9%	13.1%	16.3%	12.0%
11.5%	8.8%	11.8%	12.0%	17.8%	7.9%
12.1%	7.9%	10.9%	11.6%	13.0%	11.3%
12.4%	8.4%	7.6%	11.8%	13.3%	10.4%
5.5%	0.0%	5.6%	11.6%	10.6%	30.0%
11.1%	9.2%	5.7%	9.8%	12.0%	7.7%
11.0%	9.8%	10.1%	9.3%	10.0%	9.8%
12.3%	8.0%	5.0%	8.5%	9.5%	8.9%
9.0%	8.1%	7.6%	9.0%	10.7%	8.6%
10.8%	6.9%	15.3%	7.8%	12.6%	7.5%
11.0%	8.8%	7.3%	8.2%	9.7%	8.2%
5.8%	5.7%	6.3%	5.4%	6.2%	5.2%
5.5%	6.3%	4.8%	5.4%	6.9%	5.2%
7.4%	4.8%	4.5%	5.1%	3.0%	5.5%
6.2%	4.3%	3.4%	4.4%	5.3%	4.2%

- Telehealth continues to play an increasingly important role in improving access to specialist care, with approximately 14.5 per cent of follow-up appointments and 4.9 per cent of FSAs now delivered virtually. Where clinically appropriate, telehealth is being actively integrated into regional FSA improvement plans to support timely access and reduce wait times.
- The Northern region's Hospital-in-the-Home (HitH) teams are using digital health technologies for remote monitoring, communication and virtual consultations to deliver care in homes and communities, easing hospital demand. Video consultations in the region have replaced many phone calls for conditions such as pneumonia and heart failure, enabling observation of visual cues and comprehensive remote evaluations. The number of patients in the region under 24/7 vital-sign monitoring now approaches the capacity of a hospital ward.
- Lakes district (in the Te Manawa Taki region) are working to improve telehealth options. A work plan is in development to enable more telehealth provision in Taupō, using clinicians based in Rotorua.

P2-194 Hospital pressure injuries

Rate of hospital-acquired pressure injuries per 10,000 hospitalisations.

National result



	Māori	Pacific	Asian	Euro/Other	Rural	Urban
Q1 25/26	5.6	1.9	1.9	7.3	4.9	6.0
Q1 24/25	4.0	4.9	3.2	9.3		

Results by region

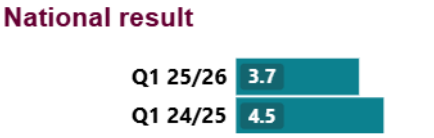


Te Waipounamu	9.4	0.0	1.8	7.2	2.6	8.2
Te Manawa Taki	3.4	0.0	3.3	8.6	6.8	6.2
Central | Te Ikaroa	3.7	2.5	0.0	8.4	10.5	5.4
Northern	7.0	2.1	2.2	6.0	0.8	5.3

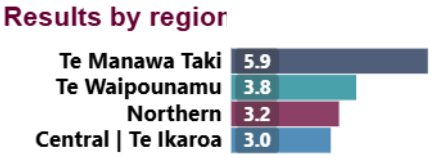
- The national rate of hospital-acquired pressure injuries per 10,000 hospitalisations has decreased compared to the same quarter last year.
- Rates in Australian hospitals for the financial year 2024/25 ranged from 1.3 to 16.1 per 10,000 hospitalisations. Compared to our national rate of 5.8 this quarter, the overall rate for hospitals in Australia and New Zealand for the 2024/25 year was 3.7 (data source: Heath Roundtable).
- The Northern region takes a proactive approach to minimising the risks of pressure injury development, which may explain consistently low pressure injury rates compared to the national average and other regions. A strong reporting culture and clear equipment protocols enable early detection, accurate monitoring, and continuous improvement in pressure injury prevention. Targeted education campaigns focus on accurate and timely documentation of risk and skin assessments, alongside the practical application of preventive interventions such as incontinence management and patient positioning. Education is reinforced through structured phases, including raising awareness via posters and emails, a reinforcement period, and in-service training sessions led by clinical nurse educators and pressure injury champions.
- In Te Waipounamu, there is a strong clinical interest in understanding the consistency and variation in district-level initiatives aimed at eliminating hospital-acquired pressure injuries, to support shared learning and improve outcomes for patients.
- Data integrity is actively progressing in Nelson Marlborough, ensuring accurate and reliable information to support better decision-making and improved patient outcomes. Two nursing audits were undertaken in response to quarter four performance data, to better understand the patient journey and care provided. Emerging themes and strategies are being developed to address pressure injury concerns, with multiple initiatives currently underway.
- The implementation of Cortex (an electronic care coordination platform) has had a positive impact in the West Coast, and staff education about handling and moving patients has continued into 2025/26.

P2-195 Hospital falls

Rate of hospital-acquired falls resulting in fracture or other intracranial injury per 10,000 hospitalisations.



	Māori	Pacific	Asian	Euro/Other	Rural	Urban
Q1 25/26	2.5	1.1	1.9	4.9	4.7	3.6
Q1 24/25	1.7	2.6	1.6	6.2		



Te Manawa Taki	4.1	8.5	0.0	7.3	5.3	6.2
Te Waipounamu	1.3	0.0	0.0	4.7	5.1	3.4
Northern	1.9	0.5	2.6	5.0	4.6	3.1
Central | Te Ikaroa	2.2	2.5	1.8	3.5	3.5	2.9

- The national rate of hospital-acquired falls per 10,000 hospitalisations has decreased compared to the same quarter last year.
- The rate of falls in Australian hospitals for the 2024/25 financial year ranges from 2.4 to 11.4 per 10,000 hospitalisations. Compared to our national rate of 3.7 for quarter one, the overall rate for hospitals in Australia and New Zealand for the 2024/25 year was 4.9 (data source: Heath Roundtable).
- All districts in the Central region monitor falls rates through local clinical governance with a number of initiatives implemented to manage the falls risk. For example, Whanganui uses a close safety watch framework of care, ensuring a health care assistant or clinical staff member is always present in a four bedded room with co-located high risk patients. If a patient attempts to wander, they are redirected safely and quickly. The introduction of the Hauora Plan in Hawke's Bay created a renewed focus on the combined adult risk assessment, leading to a very high (95 per cent) completion rate of risk assessments in the adult inpatient areas. Based on this success, the Hauora Plan is now being rolled out across the region.
- Te Manawa Taki is implementing a range of falls prevention initiatives, including Bay of Plenty's "Own shoes, own moves" campaign to ensure patients only use non-slip socks for clinical reasons, bedside alert systems for high-risk patients, and updated care plans aligned with national guidelines. Lakes has invested in specialised equipment like low-low beds, therapy chairs, and alarmed mats, along with strategically positioning patients with high risk of falls closer to staff stations. Taranaki has established a district-wide falls prevention committee to develop a targeted work plan.

Data Caveats

Hospital pressure injuries and **Hospital falls:** In 2025/26 quarterly reporting, we only report national and regional results, given small numbers in some districts which may inflate results.

Key HSS Outputs

Key Service	Measure	Q1 outputs	2025/26 forecast volume	Q1 percentage against forecast
Emergency services (ES)	Non-admitted attendances	178,454	702,465	25.4%
ES	Admitted attendances	186,414	742,293	25.1%
Specialist surgical services (SSS)	Acute case weighted discharges	63,205	259,258	24.4%
SSS	Planned case weighted discharges	61,005	237,168	25.7%
SSS	First specialist appointments	92,580	465,870	19.9%
SSS	Follow up appointments	220,214	904,539	24.3%
SSS	Planned care minor procedures	41,002	172,670	23.7%
SSS	Acute case weighted discharges	81,866	318,014	25.7%
SSS	Elective case weighted discharges	4,212	20,049	21.0%
Specialist medical services (SMS)	First specialist appointments	59,034	228,021	25.9%
SMS	Follow up appointments	106,574	429,529	24.8%
SMS	Health of older people inpatient	66,981	288,469	23.2%
SMS	Renal dialysis ambulatory care	80,648	325,764	24.8%
Maternity and specialist neonatal services (MSNS)	Inpatient neonatal case weighted discharges	9,429	35,494	26.6%
MSNS	Inpatient maternity case weighted discharges	18,063	65,755	27.5%
MSNS	First specialist appointments	9,220	40,990	22.5%
MSNS	Follow up appointments	10,969	37,376	29.3%
MSNS	Consults	30,308	120,297	25.2%
MSNS	Clinics	7,696	22,289	34.5%
Paediatric and child specialty services (PCSS)	Acute case weighted discharges	10,356	48,388	21.4%
PCSS	Elective case weighted discharges	1,281	4,226	30.3%
PCSS	First specialist appointments	9,541	36,846	25.9%
PCSS	Follow up appointments	24,960	96,984	25.7%
Specialty cancer services (PCS)	Inpatient cancer case weighted discharge	2,568	10,132	25.3%
PCS	First specialist appointments	5,840	22,647	25.8%
PCS	Follow up appointments	37,298	140,372	26.6%

Key Service	Measure	Q1 outputs	2025/26 forecast volume	Q1 percentage against forecast
PCS	Intravenous chemotherapy	28,263	109,057	25.9%
PCS	Radiation oncology sessions	37,349	147,428	25.3%
Community teams and rural hospitals (CRH)	Allied health interventions	219,398	713,473	30.8%
CRH	Nurse led clinics	116,805	432,344	27.0%
CRH	Community nursing	293,312	1,268,214	23.1%
CRH	Community radiology	140,729	856,608	16.4%

HSS output class financial performance

Revenue and expenditure	Year to Date (30 Sep 2025) Actual $m	Year to Date (30 Sep 2025) Budget $m	Year to Date (30 Sep 2025) Variance $m	2025/26 Budget $m
Total operating revenue	3,876	3,912	(35)	16,090
Total operating expense	4,139	4,117	(22)	16,290
Surplus/(deficit)	(263)	(205)	(58)[12]	(200)

The quarter one result was a $263m deficit against a $205m budgeted deficit. Of the unfavourable variance of $58m, $35m is attributable to operating revenue being below budget, due to deferral of Crown budget initiative revenue to align with spending now planned to occur in later periods. The remaining unfavourable variance of $22m is attributable to expenditure being greater than budget. Key drivers of higher than budget expenditure included additional outsourcing for elective treatments due to disruptions from industrial action in July and September, higher depreciation expenses due to 2024/25 asset revaluations, as well as slower than expected realisations of efficiency savings.

[12] Variance impacted by rounding.

Output class 4: Mental health and addictions (MH&A) services

P2-187 MH&A services access

Rate of new people accessing either primary (through the Access and Choice programme) and/or specialist MH&A services per 100,000 people.

National result



Results by region and district

	Māori	Pacific	Asian	Euro/Other	Rural	Urban
Q1 25/26 3,049	4,924	3,326	1,278	3,112	3,023	2,922
Q1 24/25 2,987						
Te Waipounamu 3,384	5,312	3,445	1,475	3,437	2,868	3,501
Te Manawa Taki 3,045	4,646	2,828	964	2,734	2,755	3,005
Central | Te Ikaroa 2,881	4,565	3,508	1,065	2,709	2,940	2,671
Northern 2,836	5,099	3,289	1,319	3,184	3,796	2,623
Whanganui 4,897	5,900	3,641	1,367	4,797	3,180	5,066
Lakes 4,120	5,233	3,304	1,342	3,880	4,378	3,833
Northland 3,862	5,062	3,248	1,364	3,368	3,555	3,980
Southern 3,577	5,106	4,982	1,668	3,544	2,872	3,987
Bay of Plenty 3,500	5,011	3,718	1,426	3,189	2,755	3,233
Wairarapa 3,456	5,030	2,813	1,444	3,219	3,021	3,477
South Canterbury 3,423	6,746	2,450	1,020	3,319	2,970	3,249
Canterbury 3,412	5,724	3,051	1,482	3,563	2,892	3,453
Waitematā 3,392	7,174	4,647	1,501	3,722	5,158	3,272
Capital and Coast 3,272	6,963	4,134	1,201	3,095	3,797	3,001
Hawke's Bay 3,248	2,985	2,979	315	1,491	2,773	3,082
West Coast 3,198	4,268	2,927	1,200	3,186	3,103	
Auckland 3,091	6,671	4,556	1,743	3,247	8,335	2,861
Nelson Marlborough 3,060	4,624	2,144	1,148	3,040	2,835	3,133
Hutt Valley 2,945	4,438	3,779	1,173	3,049		2,730
MidCentral 2,821	4,556	2,309	1,111	2,526	2,892	2,614
Waikato 2,784	5,119	2,755	772	2,349	2,514	2,871
Taranaki 2,707	3,801	2,286	824	2,627	2,493	2,812
Counties Manukau 2,313	4,135	2,725	974	2,868	2,939	2,131
Tairāwhiti 2,268	2,670	963	632	2,020	1,575	2,403

- Whanganui's high access rates are attributed to strong integration between specialist and primary/community mental health services, supported by effective intake processes, dedicated intake roles, evening appointments for Child and Adolescent Mental Health Service clients and whānau, and proactive outreach to rural areas.
- Work is underway to improve access to MH&A services across Te Manawa Taki districts. This includes improving handover processes between general practice and Integrated Primary Mental health and Addiction (IPMHA) service teams to enable same-day support, extending enrolled service user coverage to 80 per cent of the population, and expanding telehealth and remote access options. The region is also co-designing initiatives with Hauora Māori IMPHA providers to reduce access barriers for Māori.
- Further activity to improve access to services are provided on the MH&A targets website.

Key MH&A Outputs

Key Service	Measure	Q1 outputs	2025/26 forecast volume	Q1 percentage against forecast
Primary and community MH&A services	Access and Choice – new people seen by Kaupapa Māori services	6,913	30,000[13]	23.0%
Primary and community MH&A services	Access and Choice – people seen[14]	78,857	325,000	24.3%
Specialist MH&A bed nights[15]	Inpatient activity/occupied bed nights	73,780	317,903	25.0%
Specialist MH&A bed nights[15]	Inpatient activity/occupied bed nights - Forensic	22,462	89,920	22.1%
Specialist MH&A bed nights[15]	Residential activity/occupied bed nights - AOD	2,115	9,586	24.0%
Specialist MH&A bed nights[15]	Residential activity/occupied bed nights - Other	820	3,417	23.3%
Specialist MH&A contacts[15]	Assessment and treatment contacts	48,799	209,375	24.5%
Specialist MH&A contacts[15]	Ongoing community treatment contacts	493,103	2,016,254	25.3%
Specialist MH&A contacts[15]	Psychosocial activity - contacts	36,021	142,212	24.5%
Specialist MH&A contacts[15]	Specialist services contacts	11,736	47,902	25.0%

MH&A output class financial performance

Revenue and expenditure	Year to Date (30 Sep 2025) Actual $m	Year to Date (30 Sep 2025) Budget $m	Year to Date (30 Sep 2025) Variance $m	2025/26 Budget $m
Total operating revenue	671	686	(14)	2,901
Total operating expense	674	686	11	2,901
Surplus/(deficit)	(3)	0	(3)	0

The quarter one financial result was a $3m deficit against a breakeven budgeted result. Operating revenue was lower than budget due to Crown budget initiatives funding deferred to align with expenditure planned to start in later periods. The mental health ringfence sets a minimum expected spend for Health NZ. The budget for this output class reflects the ringfence.

[13] This is a planned volume, not a forecast (unlike the other output volumes in this table).

[14] At the time data was extracted for this report, September data was unavailable for the Kaupapa Māori and Pacific Access and Choice workstreams. As such, this figure is incomplete. The 325,000 forecast volume is also the annual target for the *Number of people who accessed primary mental health and addiction services through the Access and Choice programme* measure in Health NZ's 2025/26 SPE.

[15] These are services directly delivered by Health NZ. The methodology for quantifying estimated specialist MH&A volumes in the NZ Health Plan was indicative. The methodology for MH&A specialist activity reporting continues to develop. As such, a rolled-up list of metrics has been developed for reporting against in 2025/26. Forecast volumes are not used to assign budgets nor are they production plans. Districts are not currently reporting delivery against an activity reporting framework. Q1 outputs are calculated using the latest agreed methodology. Percentage against forecast is provided, but given differing methodologies, this is indicative and not an accurate measure of performance.

Output class 5: Hauora Māori Services

P2-208 IMPB strategic involvement

Percentage of Iwi Māori Partnership Boards (IMPBs) that participate in setting strategic priorities for commissioning in Health NZ.

Target	Q1 25/26
Target: 80%	on hold

The functions of IMPBs are subject to change under the Healthy Futures (Pae Ora) Amendment Bill. This would see the removal of their current function to work directly with Health NZ on developing priorities for Hauora Māori investment. Instead, IMPBs would provide their insights and priorities to the Hauora Māori Advisory Committee (HMAC) and HMAC would provide advice to Health NZ's Board. Amendments to the Pae Ora (Healthy Futures) Act are expected to be confirmed by the end of 2025.

In light of these proposed changes, work in quarter one has focused on strengthening Health NZ's approach to understanding and using consumer and whānau voice in planning. Discussions have commenced with IMPBs to inform the development of a consistent methodology for whānau voice collection. Proposed regional integration forums for consumer and whānau engagement will position IMPBs as integral stakeholders, supporting a locally grounded and nationally aligned approach.

P2-205 Hauora Māori contracted outcomes

Percentage of Hauora Māori partners that are meeting their contracted outcome targets as defined in the new outcomes-based contracts.

Baseline and target	Q1 25/26
Baseline: NEW**; Target:** 85%	To be reported in Q2

In quarter one an additional 13 partners providing Hauora Māori services moved to integrated outcome-based contracts. Workshops were undertaken with partners to support them in understanding the changes made to reporting templates for 2025/26, intended to improve our ability to report impacts on health targets and other government priorities.

Quarter one reports from our Hauora Māori partners were received in October and November. These reports will be assessed and the impact on outcomes will be reported in quarter two.

Key Hauora Māori outputs

Key Service	Output/Activity	Q1 outputs	2025/26 planned volume	Q1 percentage against planned
Immunisations	Number of vaccinations delivered to children under 24 months (excluding Meningococcal B immunisations) under the Immunising our Tamariki programme	9,065	32,000	28%
Commissioning for impact	Number of unique individuals engaged with by Hauora Māori Partners on integrated outcome-based agreements	To be reported from Q2	290,000	N/A
Commissioning for impact	Number of whānau members supported with care across the cancer continuum	2,200	N/A	N/A
Commissioning for impact	Number of whānau members engaged with in Kahu Taurima Te Ao Māori models of care	8,200	N/A	N/A
Commissioning for impact	Number of whānau members who received mātauranga Māori focused health and wellbeing support (e.g. traditional rongoā healing practices, plant based traditional rongoā / medicines, healthy lifestyles, Mahinga Kai development)	16,100	N/A	N/A
Commissioning for impact	Number of whānau members supported to access a range of other health and wellbeing support under primary and community care Te Ao Māori solutions	7,400	N/A	N/A

Immunisations

In quarter one, Hauora Māori Partners contracted under this initiative delivered more than 16,000 vaccinations, including at least 9,000 for pēpi by age 24-months (69 per cent Māori).

Procurement for an extension of the Immunising our Tamariki initiative was completed in quarter one. The initiative supports the delivery of additional vaccinations to close the gap in vaccination rates between Māori and non-Māori. Taking a whole of whānau approach, the resulting Hauora Māori partner outreach programme seeks to deliver vaccines and other support to whānau who might not otherwise engage with immunisation services.

One anticipated consequence of the programme's extension will be an increase in the proportion of immunisations delivered that directly contribute to the immunisation health target (pēpi by age 24-months).

Qualitative reports from Hauora Māori partners continue to highlight examples of community events and other activities targeted specifically at whānau with young children or hapū māmā who would not otherwise voluntarily engage with health services to seek out immunisation information and support.

Commissioning for impact

Alongside the integrated outcome-based agreements discussed above, Health NZ also continues to fund other kaupapa Māori services across a range of areas, including primary and community care, public and population health, Kahu Taurima (maternity and early years), cancer care, and Oranga Hinengaro (MH&A).

These services provide holistic and culturally appropriate approaches that recognise the social, cultural and broader interventions that impact health outcomes for Māori (such as mātauranga Māori, tikanga Māori, mauri ora and a secure cultural identity).

Through reducing acute demand for services and extending the reach of services to whānau that may be less engaged with the health system, these services contribute to health targets and other Government priorities.

Hauora Māori output class financial performance

Revenue and expenditure	Year to Date (30 Sep 2025) Actual $m	Year to Date (30 Sep 2025) Budget $m	Year to Date (30 Sep 2025) Variance $m	2025/26 Budget $m
Total operating revenue	128	139	(11)	555
Total operating expense	104	139	35	555
Surplus/(deficit)	24	0	24	0

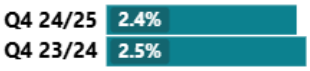
The quarter one result was a $24m surplus against a break-even budget. The variance was driven by a $35m favourable variance in expenditure to budget. $11m of this is due to delays in national initiatives (recognised in revenue deferrals), with the remaining underspends in the output class related to slower than anticipated provider contracting, workforce recruitment, and internal service level agreements with Hospital & Specialist Services.

Workforce

P2-152 Health NZ workforce turnover

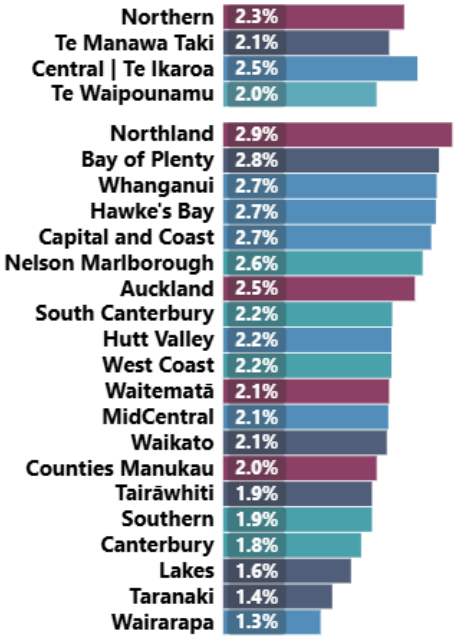
Percentage of Health NZ staff who left payroll systems from 1 April – 30 June 2025, out of all current staff registered on these systems as at 30 June 2025, compared to the same period in 2024.

National result



	Māori	Pacific	Asian	Euro/Other
Q4 24/25	2.7%	1.9%	1.8%	2.7%
Q4 23/24	3.0%	1.9%	2.1%	2.7%

Results by region and district



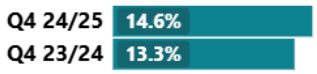
	Māori	Pacific	Asian	Euro/Other
Northern	2.4%	1.7%	1.8%	2.9%
Te Manawa Taki	2.0%	1.7%	1.4%	2.5%
Central | Te Ikaroa	3.2%	2.2%	1.9%	2.6%
Te Waipounamu	1.9%	2.3%	1.4%	2.1%

- Wairarapa recorded the lowest turnover rate this quarter. A range of external factors contribute to turnover results, including broader labour market conditions and individual circumstances. Many internally controlled factors also influence staff retention such as initiatives that promote wellbeing, connection, and access to support. These are all part of our ongoing efforts to create a workplace where people feel valued.
- A refreshed Employee Assistance Programme launched, expanding support for all staff and ensuring national consistency and access. Enhancements include increased availability of counselling and psychologist sessions; rongoā Māori services; financial, legal, and whānau assistance; critical incident response, and additional support through occupational health.
- New e-learning resources were introduced to strengthen supportive relationships at work and enhance assistance for staff experiencing stress or distress. These include modules on debriefing after significant or challenging workplace events, and Stress First Aid, which is a peer-to-peer support programme delivered through both online and in-person formats.
- Rollout of the Wellbeing Index continues to help measure staff wellbeing to target improvement activities.

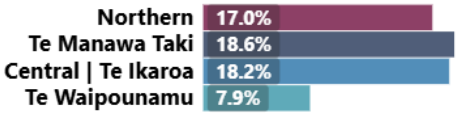
P2-153 Māori and Pacific workforce

Percentage of Health NZ staff identifying as Māori or Pacific Peoples who joined our payroll systems over a rolling 12-month period to 30 June 2025, out of all new staff registered on these systems during that period.

National result



Results by region



Health NZ continues to drive a broad portfolio of initiatives aimed at increasing access, opportunity, and leadership pathways to strengthen the proportion of Māori and Pacific staff in the health workforce.

- This quarter, Pūhoro successfully delivered 66 health-focused workshops. There are 93 rangatahi enrolled in health-related studies in 2026 through Te Urunga Pae, Pūhoro's tertiary phase, and we expect this number to grow.
- The Aniva Future Pacific Nurse Leaders programme has supported 81 per cent (618 of 763 students) of Pacific nursing students across 18 programmes in seven tertiary institutions. Manukau Institute of Technology had the most students (250), and exam workshops resulted in a 100 per cent pass rate for attendees.
- The Aniva Pacific Nurses and Midwives Leaders programme, focused on gaining postgraduate qualifications and leadership skills, has achieved 45 Certificate / Diploma enrolments (target of 40), eight Masters new enrolments (target of five) and 120 Advanced Academic Development participants (target of 50).
- Five hundred and forty four mental health professionals participated in the Engaging Pasifika Cultural Competency Training delivered nationally to enhance cultural safety and responsiveness across mental health and addiction services.
- Forty two scholarships to study Addiction & Problem Gambling Harm were awarded in the quarter.
- Thirty seven kaiāwhina from the Northern region have completed the Level 3 "Stay Well to Stay Strong" Diabetes Micro-credential, allowing them to be a health literacy coach in the community. A cohort has now commenced in the Central region.

Data Caveats

The data presented is as at 30 June 2025. Due to data collection timeframes, reporting will always be one quarter in arrears.

Quarter one 2024/25 was the first quarter to include data for all Health NZ employees (districts and national office staff). Prior to this, Health Workforce Information Programme (HWIP) reported payroll data solely from the former 20 districts. Due to the inclusion of additional payrolls, comparisons with data from previous years are limited and should be interpreted with caution.

Physical infrastructure

Overall performance

Health NZ is delivering approximately 1,200 capital projects. As at 30 September 2025, 66 were either valued at more than $10m, or funded from the Health Capital Envelope and being monitored centrally. Of these, 41 were in delivery phase, 16 in design, and nine in define.

Key achievements this quarter include:

- Approval of the HIP Implementation Plan and initiation of early workstreams.
- Progress on the Interim Inpatient Bed Capacity Programme.
- Strategic engagement with the National Infrastructure Funding and Financing Company to explore alternative financing models.
- Construction commencement on four significant projects.

Strategic Planning

During the quarter, Health NZ progressed early work signalled in the HIP implementation plan:

- The development of clinical service plans, which determine the demand and distribution of services across the regions and campuses.
- The development of site master plans, which outline long-term development of hospital campuses.
- Undertaking condition assessments across four additional sites on top of the existing condition assessment programme of work, to contribute to the overall baselining of the health estate and delivery of the National Asset Management Strategy.

This quarter Health NZ engaged with the National Infrastructure Funding and Financing Company to explore alternative financing models to support the health infrastructure portfolio, including long-term leases. Focus has been on preparing for market engagement planned in October to support:

- identification of land and delivery models for a major hospital precinct in South Auckland. National Infrastructure Funding and Financing Company is supporting evaluation of private sector proposals
- procurement for Hawke's Bay LINAC facility to support more cancer patients to receive treatment locally, incorporating assessment of private financing options
- a request for Information to explore private sector investment opportunities for early delivery of parking infrastructure.

These initiatives reflect a strategic shift toward leveraging private capital and delivery expertise.

Programme Delivery

The tender process for the Interim Inpatient Bed Capacity Programme was completed in September, keeping the programme on schedule for Health NZ to secure final procurement approval in October. Delivery will be supported by Crown Infrastructure Limited, beginning with units for Nelson and Hawke's Bay, the first two of five planned installations.

Construction commenced on four major infrastructure projects during the quarter.

- Dunedin Hospital Sterile Services Unit will provide a temporary facility for sterile services that will operate for a period of up to five years until a permanent facility is established in the New Dunedin Hospital Inpatient Building ($14 million funding).
- Radiology CT Remediation will deliver one replacement and one additional CT scanner at Palmerston North Hospital to increase the capacity and range of services to meet the population needs ($16 million funding).
- Procedure Rooms Upgrade at Hawke's Bay Hospital – refurbish the currently shelled Procedure Room 3 and fit it out with equipment ($3 million funding).
- Sir Mark Dunajtschik Mental Health Centre, Hutt Valley Hospital replaces the Te Whare Ahuru Mental Health Unit with a new 34 bed facility ($80 million funding, of which, $50 million is a donation from Sir Mark Dunajtschik).

Notable openings of facilities for the quarter are the refurbished and expanded Intensive Care Unit and Critical Care Unit at Tauranga Hospital, and the new Acute Mental Health Facility at Palmerston North Hospital.

Looking after our assets

Following the recent MBIE review on earthquake-prone buildings, Health NZ has begun assessing the potential impact of proposed changes on our building portfolio and the Seismic Work Programme. This quarter, we evaluated non-structural elements in IL4 buildings (essential facilities which must always remain operational) and supporting infrastructure. Draft protocols will underpin the national condition assessment programme scheduled for 2025/26, ensuring compliance and resilience.

In August, we launched training across districts and regions on the new Asset Risk Register, designed to capture infrastructure and health and safety risks. This will provide real-time visibility of risks across the country, strengthen governance, and enable proactive mitigation. Full rollout is planned by year-end.

We also advanced the Asset Management Information System (AMIS) project, connecting asset and work data to a modern data warehouse. For the first time, Health NZ can visualise building and facility assets nationally, supporting informed decision-making and future predictive maintenance strategies. Over 80 per cent of legacy data has been migrated, with full integration targeted for mid-2026.

Digital infrastructure

We are focused on sustaining and maintaining our most critical digital services, especially those supporting clinical service delivery. During quarter one, our teams responded to 66 major incidents and activated for one major cyber security event.

As at 30 September 2025, we have 14 major digital programmes / projects (budget of $5m or greater that are monitored centrally). There are also 54 projects with a budget ranging $1m – $5m and 101 smaller initiatives (projects less than $1m which includes minor updates and enhancements, lifecycle maintenance) being delivered across the digital portfolio. There were 30 go-lives across the portfolio this quarter.

We continue to improve clinical workflows and patient outcomes by updating and connecting our technology. Highlights for this quarter include:

- Integration of the Aotearoa Immunisation Register (AIR) and the outreach tracking system so immunisation outreach teams can work efficiently with clearer handovers, better visibility and less time spent on administration. Previously, many teams relied on manual processes, making it difficult to track where a child was in their immunisation journey. The new integration streamlines this process by connecting systems and enabling real-time updates.
- The New Clinical Referrals Platform replaced a 15-year-old system in metro Auckland districts (Auckland, Counties Manukau and Waitematā) to ensure the transfer of information between GPs and specialists is smooth, timely and traceable. This system is in use in Central and Te Waipounamu regions and enables richer referral quality for triaging clinicians, reduces manual duplications and optimisation in different care settings. There is a roadmap to standardise this nationally in future years.
- MedTasker, a secure communications platform for clinical tasking, is being rolled out in the Northern region, replacing outdated, non-secure messaging systems (including pagers) and providing greater visibility and control of messaging for critical patient care.
- New servers have replaced 10+ year old technology in Canterbury, reducing clinical risk of system failure and future proofs the system for nationalisation.
- The Infection Control Network System (clinical surveillance system) launched in Nelson Marlborough, providing real-time alerts to reduce missed events and outbreaks of transmissible diseases.

We are also working to make interactions with the health system more positive.

- E-consent is now available for parents for school-based immunisations.
- The sign-up for My Health Accounts has been improved and simplified.
- Death events have been added to the Waitematā patient administration system, to help with respectful communication and avoid intrusion into whānau grief.

The Health Digital Investment Plan (HDIP), which sets out a 10-year strategy for future investments, has been submitted to Cabinet and an implementation plan is being developed.

P2-169 My Health Record access

This measure shows the number of registered users who logged on to My Health Record to access their health information.

National result



The main activities in quarter one include consumers logging in to view their immunisation records (25,669) and exporting their immunisation history (5,877 downloads). My Health Record usage is reducing likely due to no public promotion and release of new features. The focus remains on retaining the operational running of this service.

Financial performance

Statement of comprehensive revenue and expenses ($m)

	Year to Date (30 Sep 2025) Actual	Year to Date (30 Sep 2025) Budget	Year to Date (30 Sep 2025) Variance	2025/26 SPE Budget
Revenue				
Appropriations – Crown funding ex Ministry of Health	6,435	6,529	(94)	26,218
Other funding ex Crown/Crown entities	836	851	(14)	3,395
Third party and other revenue	26	28	(2)	889
Interest received	106	106	1	79
Total revenue	**7,404**[16]	**7,514**	**(109)**	**30,581**
Expenditure – operating costs				
Personnel costs	2,982	3,051	70	12,416
Outsourced personnel	105	67	(38)	260
Outsourced services	245	255	10	999
Clinical supplies	674	673	(1)	2,637
Depreciation and amortisation	259	239	(20)	931
External service providers	2,650	2,729	79	10,880
Capital charge and Interest	136	136	(1)	555
Infrastructure, non-clinical supplies and other	515	521	7	2,103
Total expenditure	**7,566**	**7,671**	**106**	**30,781**
Surplus/(deficit)	**(162)**	**(158)**	**(4)**	**(200)**
Other comprehensive revenue and expenses				
Gain/(loss) on property revaluations	0	0	0	0
Total other comprehensive revenue and expenses	0	0	0	0
Total comprehensive revenue and expenses	(162)	(158)	(4)	(200)

Detail on key operational variances is provided in the financial summary table (refer page 7).

[16] Column total does not reconcile due to rounding.

Statement of cash flows ($m)

	Year to Date (30 Sep 2025) Actual	Year to Date (30 Sep 2025) Budget[17]	Year to Date (30 Sep 2025) Variance	2025/26 SPE Budget
Cash flows from operating activities				
Funding from the Crown/Crown entities	7,271	7,404	(133)	29,613
Interest received	19	20	(0)	79
Other revenue	163	115	48	889
Payments to employees	(2,955)	(3,157)	202	(13,824)
Payments to suppliers	(4,240)	(4,357)	117	(16,978)
Capital charge	0	0	0	(550)
Interest paid	(1)	(1)	(0)	(5)
GST (net)	66	0	66	20
Net cash flows from operating activities	**323**	**23**	**299**	**(756)**
Cash flows from investing activities				
Receipts from sale of property, plant, equipment	0	0	0	0
Receipts from sale or maturity of investments and movement in restricted/trust funds	10	0	10	0
Purchase of property, plant and equipment	(362)[18]	(663)	301	(2,623)
Purchase of intangible assets	(16)[18]	(32)	16	(246)
Net cash flows from investing activities	**(369)**	**(695)**	**326**	**(2,869)**
Cash flows from financing activities				
Capital project contributions from the Crown[17]	278	406	(128)	1,594
Holidays Act remediation Crown equity	11	112	(101)	1,094
Other equity support	0	0	0	350
External borrowings	0	5	(5)	19
Capital contributions returned to the Crown	0	0	0	(12)
External borrowings repaid	(0)	0	(0)	0
Net cash flows from financing activities	**289**	**523**	**(234)**	**3,045**
Net increase/(decrease) in cash and cash equivalents	**243**	**(149)**	**392**	**(580)**
Opening cash and cash equivalents	1,056	1,056	0	923
Closing cash and cash equivalents	**1,299**	**907**	**392**	**343**

[17] Phased budget numbers are based on the Going Concern analysis completed for 2024/25 which includes the adjusted opening cash position per actual audited results and rephased capital expenditure and Holidays Act remediation payments.

[18] Differences in capital expenditure between the cashflow report and the capital expenditure report (page 36) are due to final audit adjustments for the 30 June 2025 financial year, which were only finalised at the end of October 2025.

The closing cash balance at 30 September 2025 of $1.299bn is higher than the budget by $392m. The following are key contributors to this favourable variance.

- Funding from the Crown is less than budget by $133m. This includes funding received for Budget and National pool initiatives which has been deferred in the profit and loss statement to match expenditure.
- Payments to employees were $202m less than budget for the YTD to September 2025 reflecting assumptions for the timing of payments for unsettled collective agreements and Holidays Act remediation not yet completed. Crown equity funding for Holidays Act is also lower than the phased budget. Significant Holidays Act remediation payments are scheduled for quarter two, including for Canterbury and West Coast current employees and the first tranche of Auckland metro former employees.
- Capital expenditure payments were below budget by $316m reflecting lower-than-expected progress in current projects, which also has associated lower Crown equity drawn from the Health Capital Envelope appropriation. Capital expenditure rates are, however, trending up – driven in part by larger projects such as the New Dunedin Hospital.
- Payments to suppliers are also lower than the phased budget by $117m.

Statement of changes in equity ($m)

	30 Jun 2025 Actual	30 Sep 2025 Actual	2025/26 SPE Budget
Balance at 1 July	9,612	12,417	10,572
Capital contributions from the Crown	2,072	289	3,038
Capital contributions returned to the Crown	(12)	0	(12)
Movements in trust, special funds and other reserves	14	19	0
	11,686	**12,725**	**13,598**
Comprehensive income			
Surplus/(deficit) for the year	(947)	(162)	(200)
Other comprehensive revenue and expense			
Gain/(loss) on property revaluations	**1,678**	**0**	**0**
Total comprehensive revenue and expense for the year	**731**	**(162)**	**(200)**
Crown equity balance	**12,417**	**12,564**	**13,398**

Capital contributions from the Crown ($289m) offset by the deficit realised for the quarter ($162m) contribute to an overall increase in Crown equity from the June 2025 balance.

Statement of financial position($m)	30 Jun 2025 Actual	30 Sep 2025 Actual	2025/26 SPE Budget
Assets			
Current assets			
Cash and cash equivalents	1,056	1,299	343
Receivables	427	479	420
Prepayments	129	178	131
Investments	37	24	35
Inventories	186	193	190
Assets held for resale	3	4	0
Total current assets	**1,838**	**2,176**	**1,119**
Non-current assets			
Prepayments	5	5	5
Investments	128	69	120
Investments in associates and joint venture	6	66	3
Property, plant and equipment	16,133	16,443	16,292
Intangible assets	539	359	690
Total non-current assets	**16,811**	**16,941**	**17,110**
Total assets	**18,649**	**19,117**	**18,229**
Liabilities			
Current liabilities			
Payables and deferred revenue	1,809	2,091	2,149
Borrowings	10	10	20
Employee entitlements	3,816	3,871	2,187
Provisions	114	100	50
Total current liabilities	**5,749**	**6,072**	**4,406**
Non-current liabilities			
Borrowings	89	88	104
Employee entitlements	362	361	315
Restricted funds	2	0	0
Provisions	30	31	6
Total non-current liabilities	**483**	**481**	**425**
Total liabilities	**6,232**	**6,553**	**4,831**
Net assets	**12,417**	**12,564**	**13,398**
Equity			
Crown equity	6,131	6,420	9,180
Accumulated surpluses / (deficits)	(2,710)	(2,872)	(3,035)
Revaluation reserves	8,851	8,851	7,173
Trust and special funds	136	140	75
Minority interests	9	25*	5
Total equity	**12,417**	**12,564**	**13,398**

* Subject to reclassification following year-end audit results

Capital expenditure YTD to 30 September 2025

Capital expenditure ($m)	Year to Date Actual	Year to Date Budget	Variance	Commitments	2025/26 SPE Budget
Land	0	0	0	0	0
Buildings and plant	314	499	(185)	842	2,075
Clinical equipment	60	135	(75)	97	525
Other equipment	5	6	(2)	5	27
Motor vehicles	4	2	2	4	18
Information technology and intangibles	27	65	(37)	31	245
Total capital expenditure	**410**	**707**	**(297)**	**980**	**2,889**

The total capital expenditure (Capex) budget in the approved 2025/26 SPE is $2.869bn (which is the basis of the Capex phasing used in the Cashflow Statement). However, the Capex budget being reported against in the above table is the final approved Capex budget of $2.889bn which includes additional donation funded Capex of $20m. Actual Capex for the YTD to 30 September 2025 of $410m is $297m less than planned, reflecting timing delays on initiating and delivering Capex projects. Health NZ is focused on improving its performance in this area.

The breakdown by minor and major capital is provided in the table below.

Major / Minor Capital ($m)	Year to Date Actual	Year to Date Budget	Variance
Minor Capital	**130**	**221**	**(91)**
Buildings	52	69	(16)
Clinical equipment	56	115	(60)
Other equipment	4	5	(1)
Motor vehicles	4	2	2
Information technology (including software)	13	29	(16)
Major Capital	**280**	**486**	**(205)**
Buildings	262	430	(168)
Clinical equipment	4	20	(16)
Other equipment	1	1	(0)
Information technology (including software)	14	35	(21)
Total	**410**	**707**	**(297)**

Total appropriation and output class tables

The table below shows year-to-date 30 September 2025 actual result by appropriation (millions).

Income and Expenditure	Hospital and Specialist Services Appropriation ($m)	Primary and Community Care Services Appropriation ($m)	Hauora Māori Services Appropriation ($m)	Total
Appropriation	3,860	2,385	190	6,435
Other Income	429	535	6	969
Total Income	**4,289**	**2,920**	**196**	**7,404**
Expenditure	4,559	2,840	167	7,566
Net Result	**(270)**	**80**	**28**	**(162)**

The table below shows the year-to-date 30 September 2025 actual expenditure versus budget by output class (OC) (millions).

Output Class	Year to Date Actual ($m)	Year to Date Budget ($m)	Variance ($m)	2025/26 SPE Budget ($m)
Hospital and Specialist Services OC	4,139	4,117	(22)	16,290
Mental Health and Addiction Services OC	674	686	11	2,901
Primary and Community Services OC	2,524	2,591	67	10,479
Public Health Services OC	125	139	14	556
Hauora Māori Services OC	104	139	35	555
Total	**7,566**	**7,671**	**106**	**30,781**

Year to date 30 September 2025 actual revenue and expenditure by output class (OC) and by appropriation (millions):

	Hospital and Specialist Services Appropriation ($m)	Primary, Community, Public and Population Health Services Appropriation ($m)	Hauora Māori Services Appropriation ($m)	Third party and other ($m)	Total
Total Revenue	**3,860**	**2,385**	**190**	**969**	**7,404**
Hospital and Specialist Services OC	3,448			429	3,876
Mental Health and Addiction Services OC	412	191	68	0	671
Primary and Community Services OC		2,061		535	2,596
Public Health Services OC		133			133
Hauora Māori Services OC			122	6	128
Total Spend	**4,130**	**2,305**	**162**	**969**	**7,566**
Hospital and Specialist Services OC	3,710			429	4,139
Mental Health and Addiction Services OC	419	191	63	0	674
Primary and Community Services OC		1,989		535	2,524
Public Health Services OC		125			125
Hauora Māori Services OC			98	6	104
Net Result	**(270)**	**80**	**28**	**0**	**(162)**

Breakdown of the net result by output class and appropriation (millions):

	Hospital and Specialist Services Appropriation ($m)	Primary, Community, Public and Population Health Services Appropriation ($m)	Hauora Māori Services Appropriation ($m)	Third party and other ($m)	Total
Net Result	**(270)**	**80**	**28**	**0**	**(162)**
Hospital and Specialist Services OC	(263)	0	0	0	(263)
Mental Health and Addiction Services OC	(7)	(0)	4	0	(3)
Primary and Community Services OC	0	72	0	0	72
Public Health Services OC	0	8	0	0	8
Hauora Māori Services OC	0	0	24	0	24

Appendix 1: Measures and outputs

Performance measures are selected from our Statement of Intent 2024-2028, Statement of Performance Expectations 2025/26, and the New Zealand Health Plan | Te Pae Waenga. The complete set of performance measures, across all accountability documents, is reported annually. Detailed information on measures can be found in Health NZ's Accountability Performance Measure Specifications document.

Breakdowns for each measure by region, district, ethnicity and rurality are provided where possible. 'District' refers to the geographic boundaries covered by former DHBs. Rurality at a district level is reported for the first time this quarter. Rurality is classified using the Geographical Classification of Health (GCH) rural–urban geographic classification. Health NZ is using the 2018 GCH population proportions for each group, mapped to the 2023/24/25 populations.

According to the GCH, Hutt Valley is classified as fully urban, and West Coast as fully rural. Therefore, urban and rural results for these districts are blank for some metrics. Where rural results are reported for Hutt Valley or urban for West Coast, this is due to patients from other districts (for example, rural domicile patients from Wairarapa receiving care in the Hutt Valley).

Region, district, ethnicity, and rurality classifications may be unknown for a small number of events within each measure. If this data is unavailable, those events will be excluded from the relevant disaggregation. These cases represent only a very small proportion of the total, and the reported breakdowns are representative of performance. All events, including those with missing classifications, are included in the aggregate results.

All historic results (i.e. prior to quarter one 2025/26) used in this report for comparative purposes are reported as per the first published result. Where a measure is reported for the first time, historic data has been generated from recently extracted datasets.

All performance data provides a snapshot in time. On any given day, there may be variances depending on when data is uploaded and subsequently extracted. While we have taken all reasonable steps to ensure the accuracy and completeness of the information, we accept no liability or responsibility for how the information is used or subsequently relied on. Data validation is done at both national and (where relevant) local levels, by clinical and data teams, subject matter experts and those involved in the creation of the report.

Some districts have small population sizes, which may mean they have very small numbers for some measures when broken down by ethnicity and rurality. This may, at times, create an inflated result due to the underlying volumes being relatively low.

The financial year spans 1 July – 30 June, and quarters refer to the following periods: 1 July – 30 September (quarter one), 1 October – 31 December (quarter two), 1 January – 31 March (quarter three), 1 April – 30 June (quarter four).

The charts in this report show performance in three ways: in comparison with the same quarter last year, the baseline, and (where set) against the milestone and the target.

Where output volumes are reported, 'planned' and 'forecasted' figures are defined as follows.

- Planned volumes: These are targets or goals. They reflect what was intended or budgeted during 2025/26 based on assumptions or priorities.
- Forecasted volumes: These are estimates based on actual performance and trends. They show what is estimated to happen by the end of the period, as per the relevant methodology described in the caveats. All forecasted outputs in this report are drawn from NZ Health Plan | Te Pae Waenga 2024-2027 expected volumes (see Section 6.5) unless otherwise stated. These may not be the same if re-generated using current information.

Te Kāwanatanga o Aotearoa
New Zealand Government

Health New Zealand
Te Whatu Ora