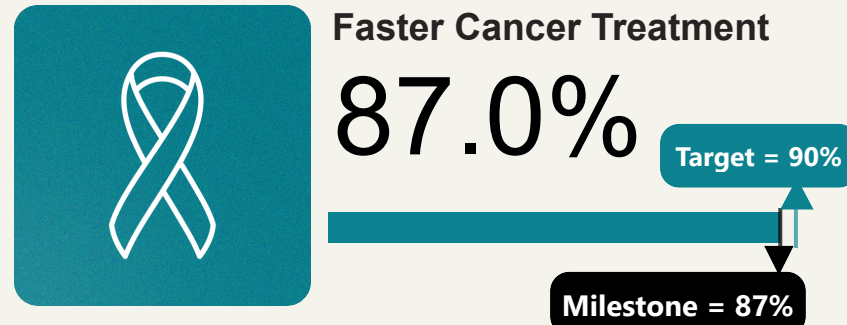
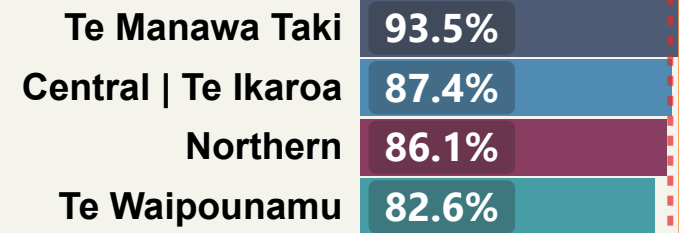


This measure shows the proportion of eligible cancer patients who received their first treatment within 31 days of a health professional's decision to treat.

National result

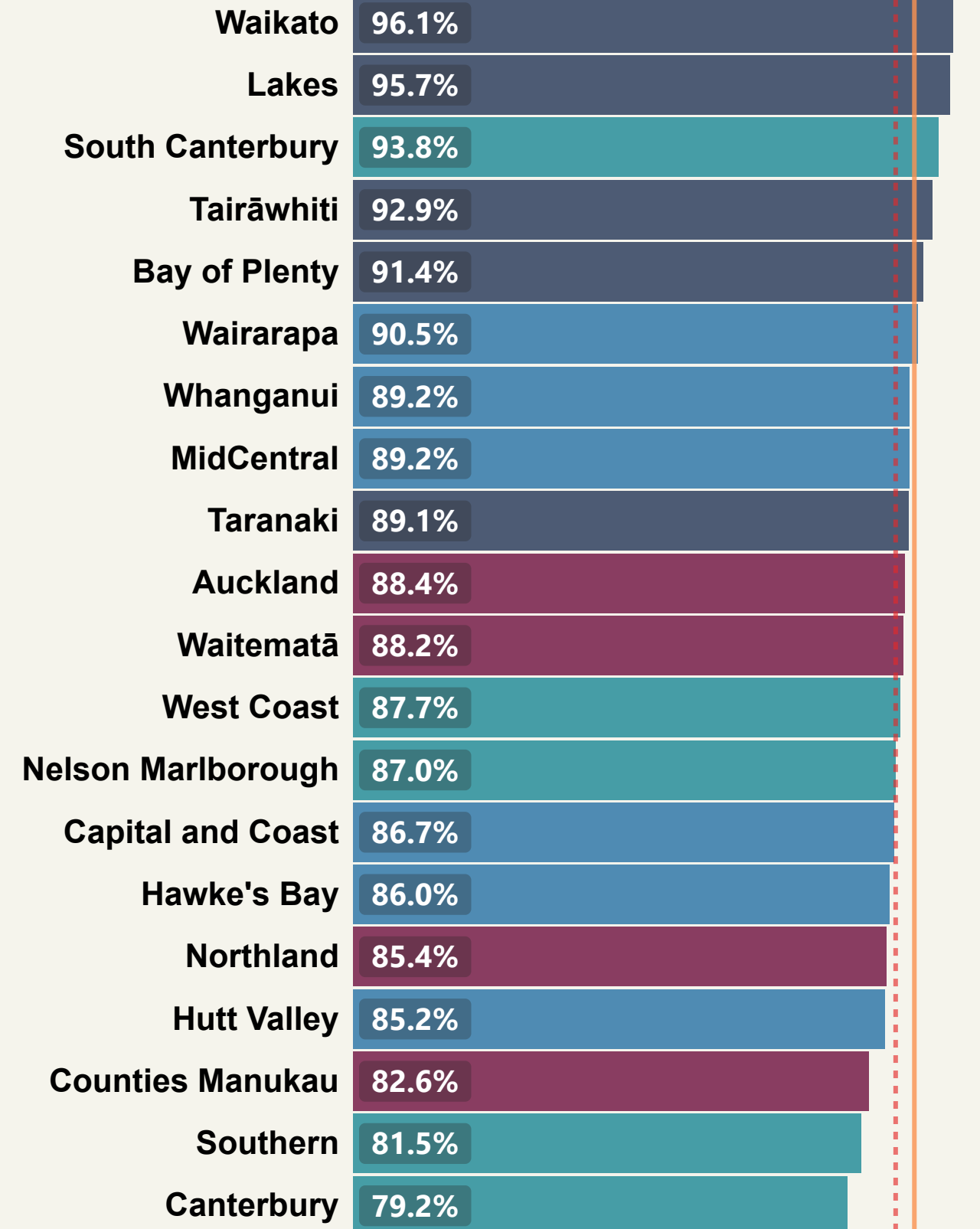


Results by region



Milestone - 30 June 2026

Results by district



Q2 results compared with Q2 last year

Patients receiving first cancer treatment in Q2 2024/25
4,546

Patients receiving first cancer treatment in Q2 2025/26
4,824

	Q2 2024/25	Q2 2025/26	% point change
Faster cancer treatment <31 days	85.9%	87.0%	1.1%

Q2 overview

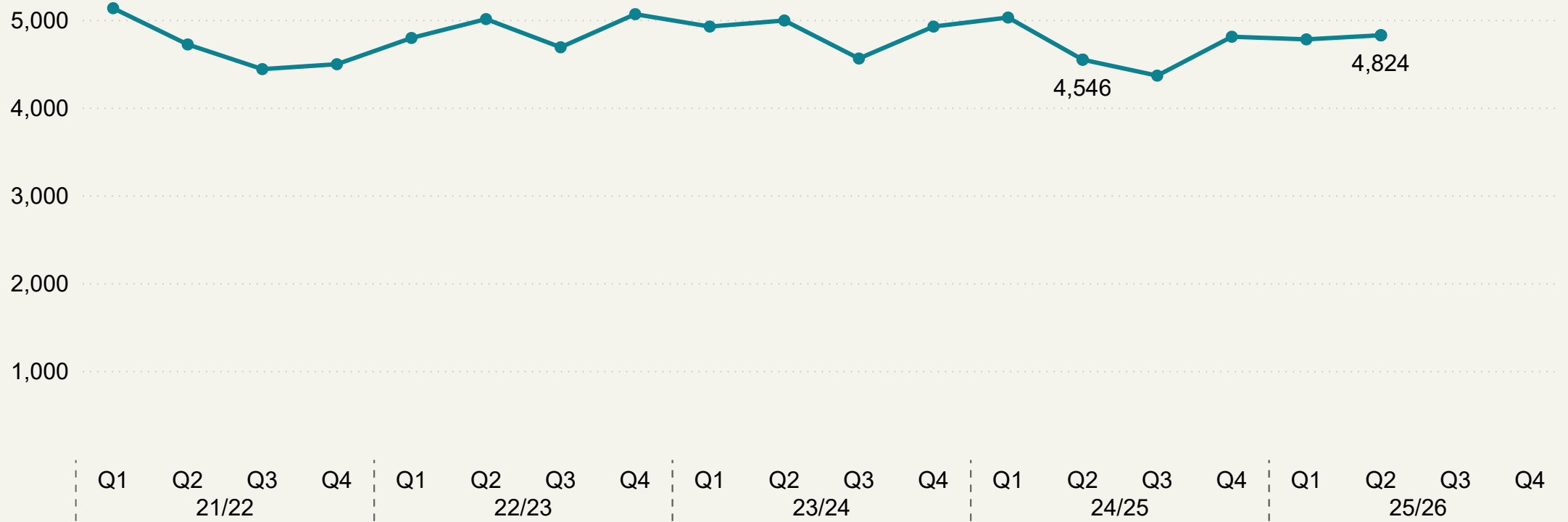
Regional plans are in place to create infusion capacity at twelve new sites across the motu, plus expand capacity at twelve existing sites as a part of the new cancer medicines initiative. Early successes have seen increased capacity in place in Taupō and Christchurch.

Implementation of the faecal immunochemical test (FIT) pathway for people with symptoms is progressing. The FIT is a simple, non-invasive home test that uses a stool sample to check for traces of blood – an early warning sign of bowel cancer. It is intended to reduce time to diagnosis for people with symptoms. FIT is available in Waikato, Hawke's Bay, Waitemata, Counties Manukau and Auckland. Implementation in Northland is planned for quarter three.

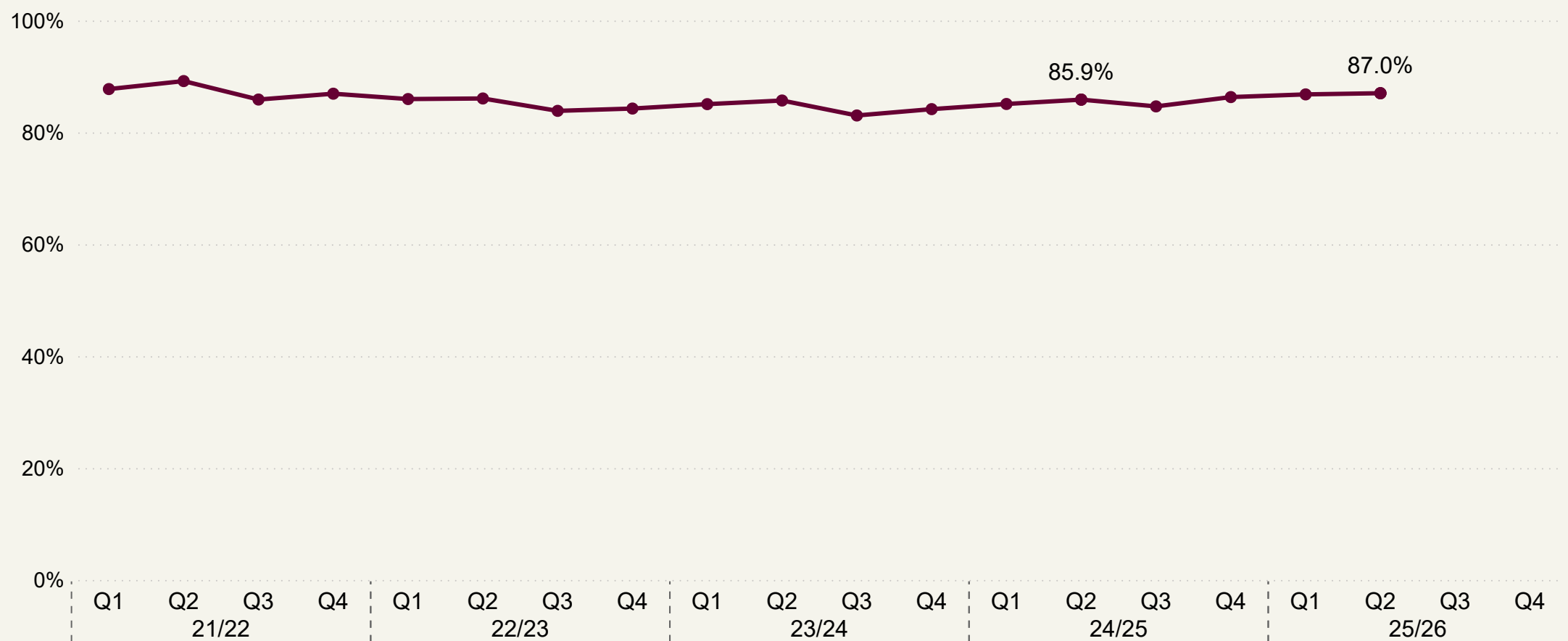
All Te Waipounamu districts, except Canterbury, are now prospectively tracking patients across all treatment modalities once a decision has been made, to ensure they are treated within the target timelines. Canterbury is recruiting a Clinical Nurse Manager to support prospective tracking and timely reporting, with appointment expected in quarter three.

Early signs show improved identification of patients on a cancer pathway in the South Island – Patient Information System. This “cancer flagging” helps ensure these patients are clearly marked in the system so they are being monitored, and we are seeing a growing proportion of patients in Te Waipounamu being booked for treatment within the required timeframe.

Total number of patients receiving first cancer treatment



Percentage of people receiving first cancer treatment < 31 days



Comparisons to historic data reflects the first published result. Data is based on point-in-time snapshots and may differ from other published statistics due to differences in timing, methodology, or data sources.

This measure shows the proportion of children who have all their scheduled vaccinations by the time they are two years old.

National result



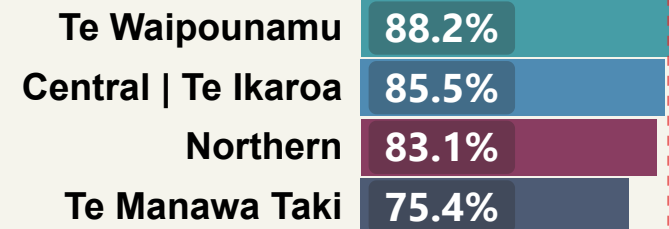
Improved immunisation for children

82.9%

Target = 95%

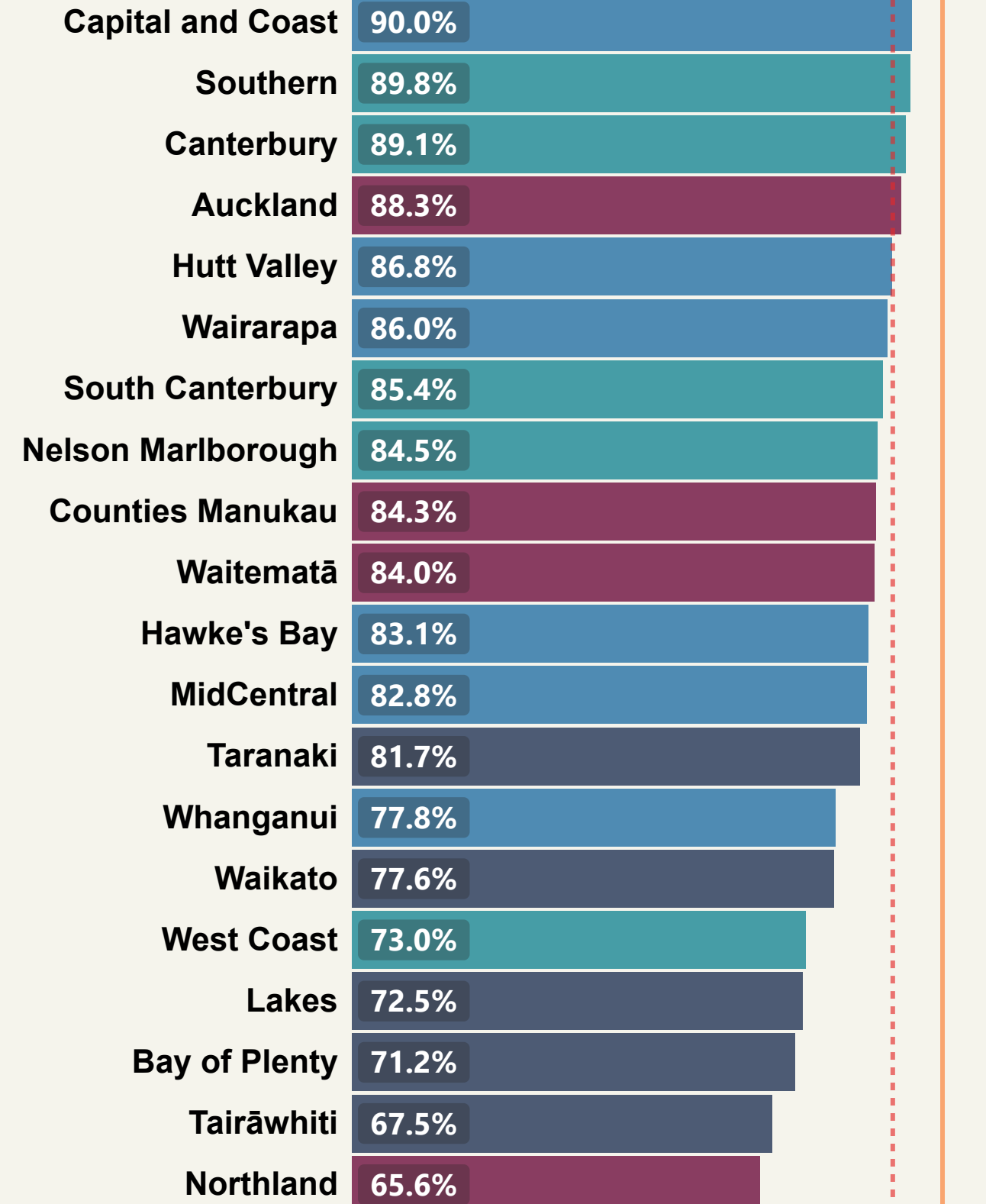
Milestone = 87%

Results by region



Milestone - 30 June 2026

Results by district



Q2 results compared with Q2 last year

Number of children fully immunised at 24 months in Q2 2024/25

11,462

Number of children fully immunised at 24 months in Q2 2025/26

12,127

	Q2 2024/25	Q2 2025/26	% point change
Improved immunisation for children 24mth	77.0%	82.9%	5.9%

Q2 overview

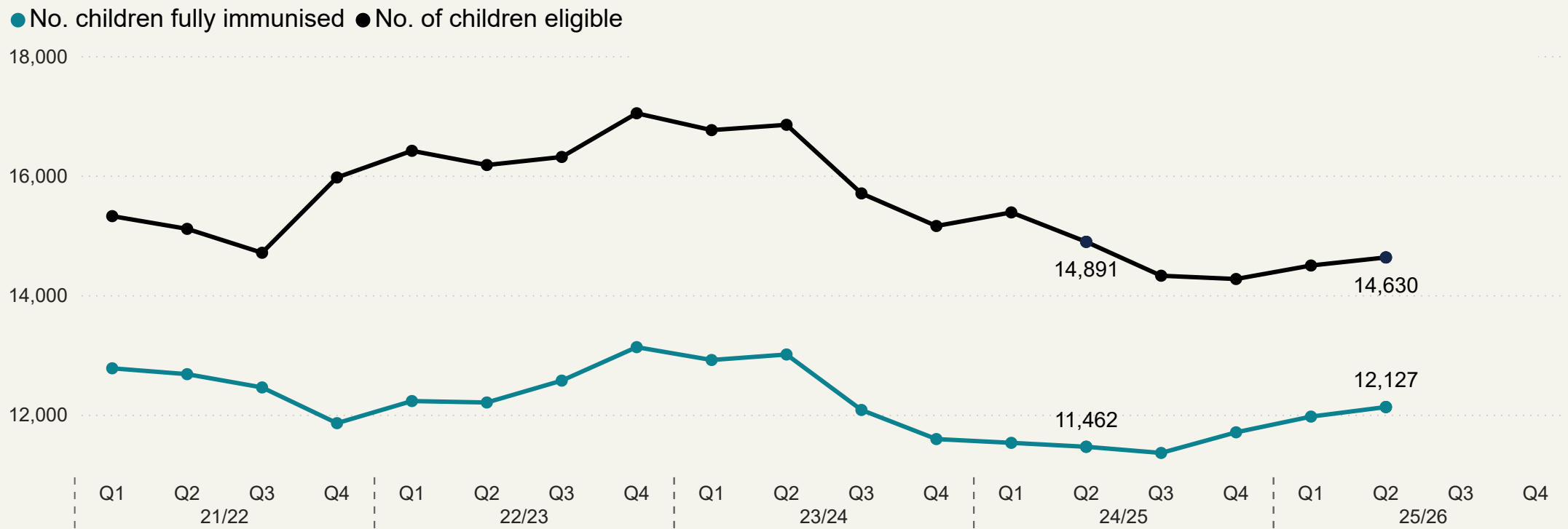
Despite workload pressures aligned to the measles outbreak, performance improved compared with last year and remained stable from quarter one. Routine childhood immunisations continued alongside targeted initiatives during Measles Immunisation Awareness Week, broader vaccination campaigns, public health messaging and collaboration with sector partners.

A Decline Strategy and Action Plan was implemented this quarter to address increasing rates of those who 'decline' immunisations when offered.¹ Actions include new radio and billboard advertisements. Immunisation coverage for Pacific Peoples improved by 13.8 percentage points from the same time last year. Initiatives to lift coverage for Māori and Pacific continued this quarter, including a new campaign featuring the lived experience of a māmā. This is part of a series amplifying diverse voices. Guidelines for immunisation management in primary care were published, to support general practice and other providers to record and follow up declined, delayed, and missed immunisations consistently, improving whānau engagement and workforce understanding and reporting of declines.

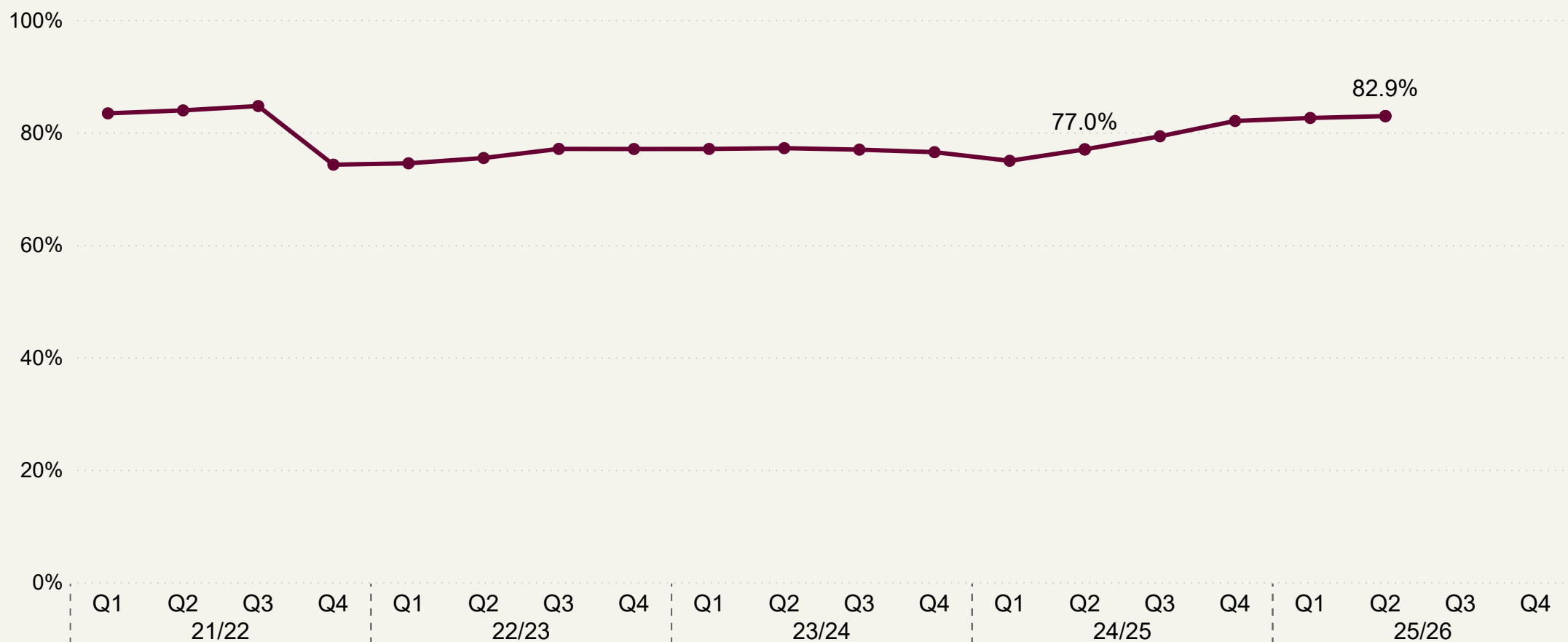
A programme was developed to implement a new funding model and service specifications for outreach immunisation services from July 2026, to improve national consistency and reach whānau who have missed or declined scheduled immunisations. Health NZ provided a suite of practical tools to primary care (GPs) to actively manage overdue immunisations, such as the 24-month cohort tracking tool; training for the vaccinating workforce and funding for additional vaccinators in lower performing districts.

Comparisons to historic data reflects the first published result. Data is based on point-in-time snapshots and may differ from other published statistics due to differences in timing, methodology, or data sources. ¹A decline counts all children who have not had all scheduled vaccinations by 24 months and whose caregiver(s) have declined at least one of the scheduled vaccinations.

Number of children fully immunised



Percentage of children fully immunised

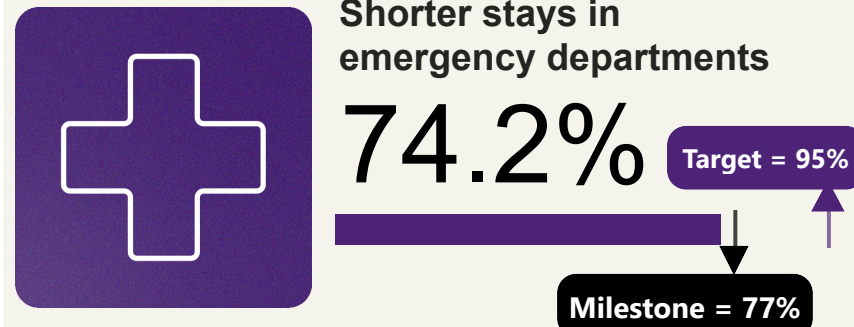


Comparisons to historic data reflects the first published result. Data is based on point-in-time snapshots and may differ from other published statistics due to differences in timing, methodology, or data sources.

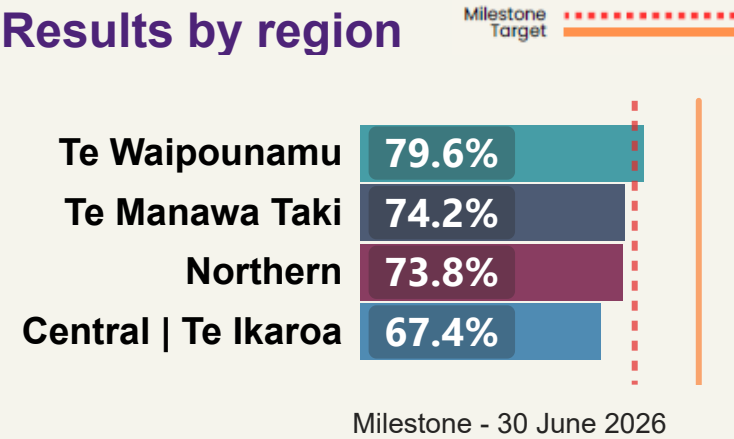
Results including and prior to Q3 2021/22 were sourced from the National Immunisation Register (NIR). Results from Q4 2021/22 are sourced from the Aotearoa Immunisation Register (AIR).

This measure reports patients admitted, discharged or transferred from an ED within six hours as a percentage of all patients who attended ED.

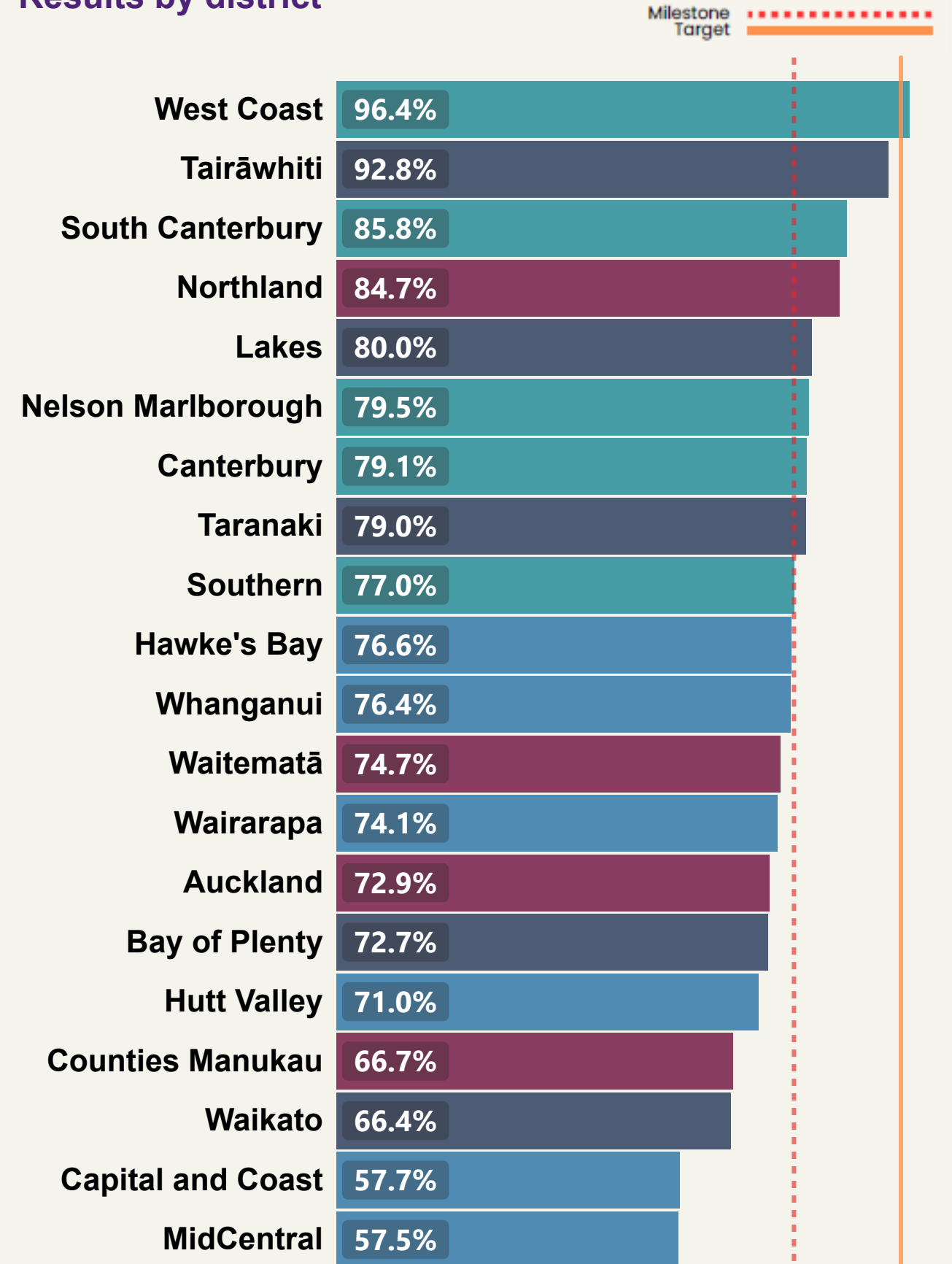
National result



Results by region



Results by district



Q2 results compared with Q2 last year

	Emergency department attendances in Q2 2024/25	Emergency department attendances in Q2 2025/26	
	332,110	340,967	
	Q2 2024/25	Q2 2025/26	% point change
Shorter stays in ED <6hrs	72.1%	74.2%	2.1%

Q2 overview

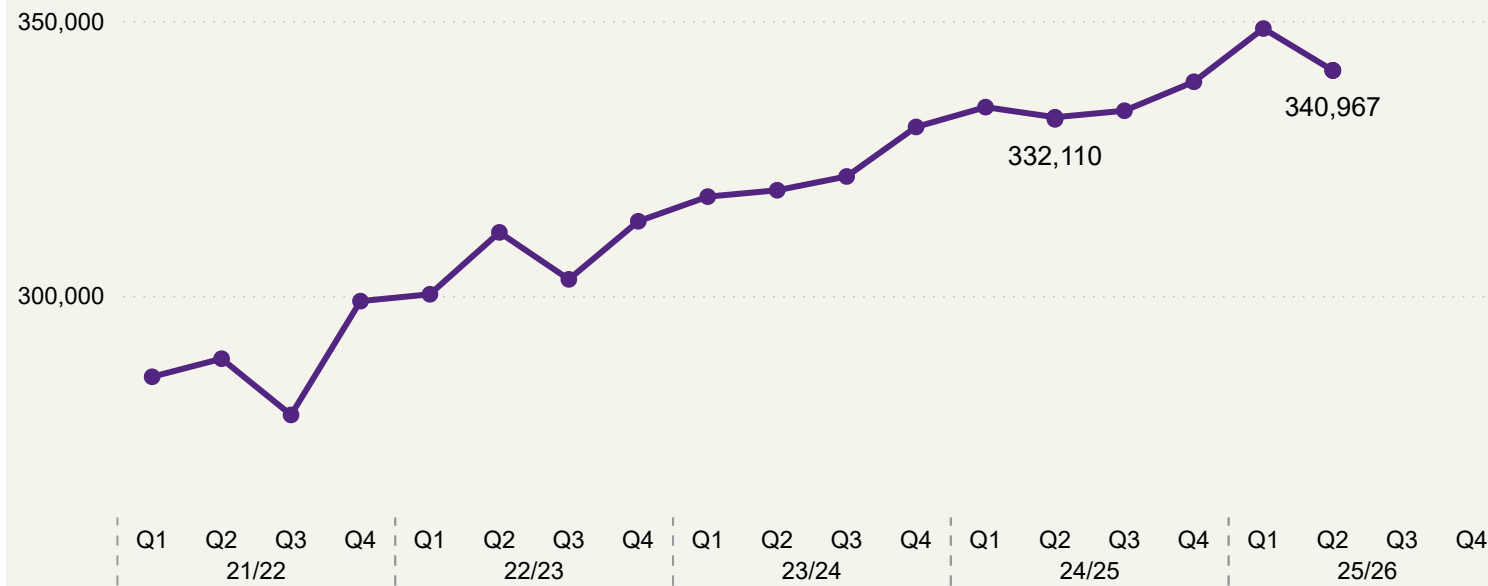
A targeted programme implemented this quarter improved performance despite increased ED presentations from late winter demand and year-on-year growth. Health NZ has allocated \$20 million to enable faster decision making, improve ED flow and release inpatient capacity, especially on weekends. Seventy-nine initiatives focused on movement of patients in need of urgent care ('acute flow'), have been developed for implementation in 19 hospitals across low performing districts.

An artificial intelligence medical scribe tool is being introduced across EDs to record consultations and generate draft clinical notes and letters for clinician review. Trials in Hawke's Bay and Whanganui show clinicians are able to see an extra patient per shift and cut after-hours administration by 81 per cent.

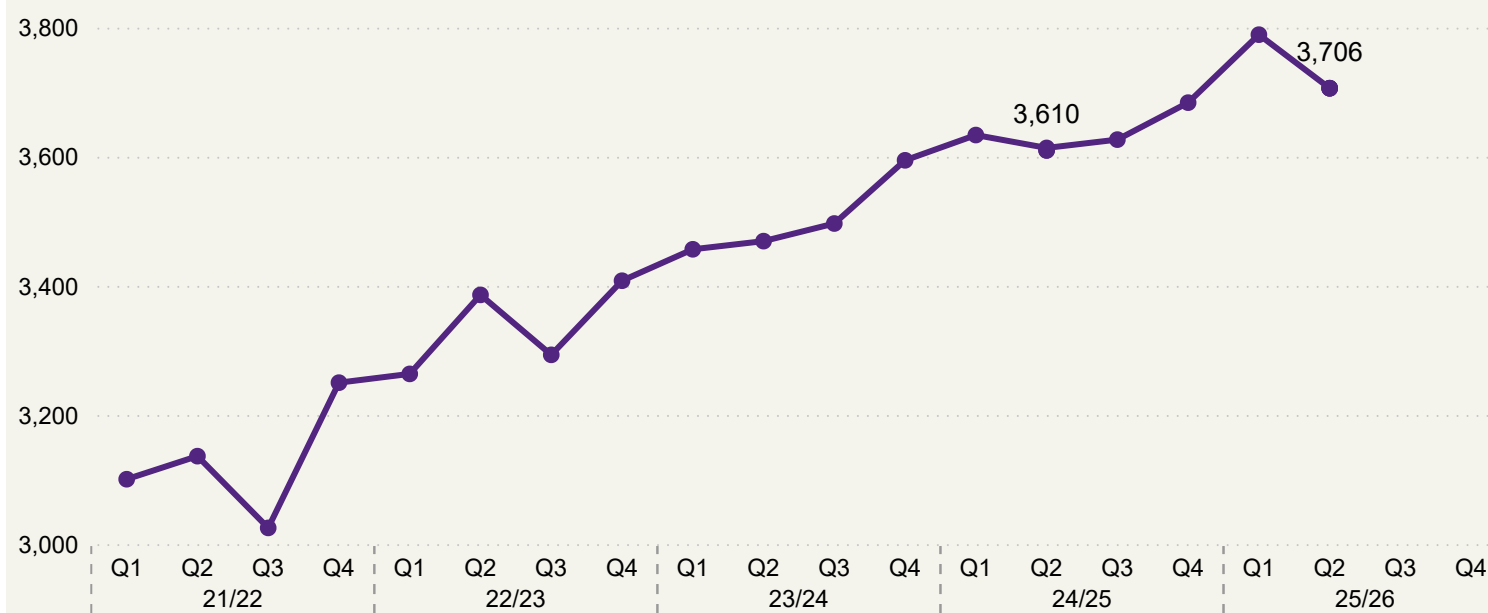
Performance in Tairāwhiti reflects aligning ED rosters to demand; introduction of acute care nurse manager and shift coordinator roles; establishment of a community response role to support safe discharge; daily length of stay reviews; and an ED redirect voucher initiative to guide patients to primary care.

MidCentral is adding senior ED staff during peak times. Staff from other departments, including general medicine registrars, will also support ED to reduce average length of stay for ED patients. Capital and Coast is recruiting additional ED staff to improve the treat and discharge stream, with a focus on weekends and early front door assessments. The district has introduced a fast-track ED service for non-admitted patients.

Emergency department attendances

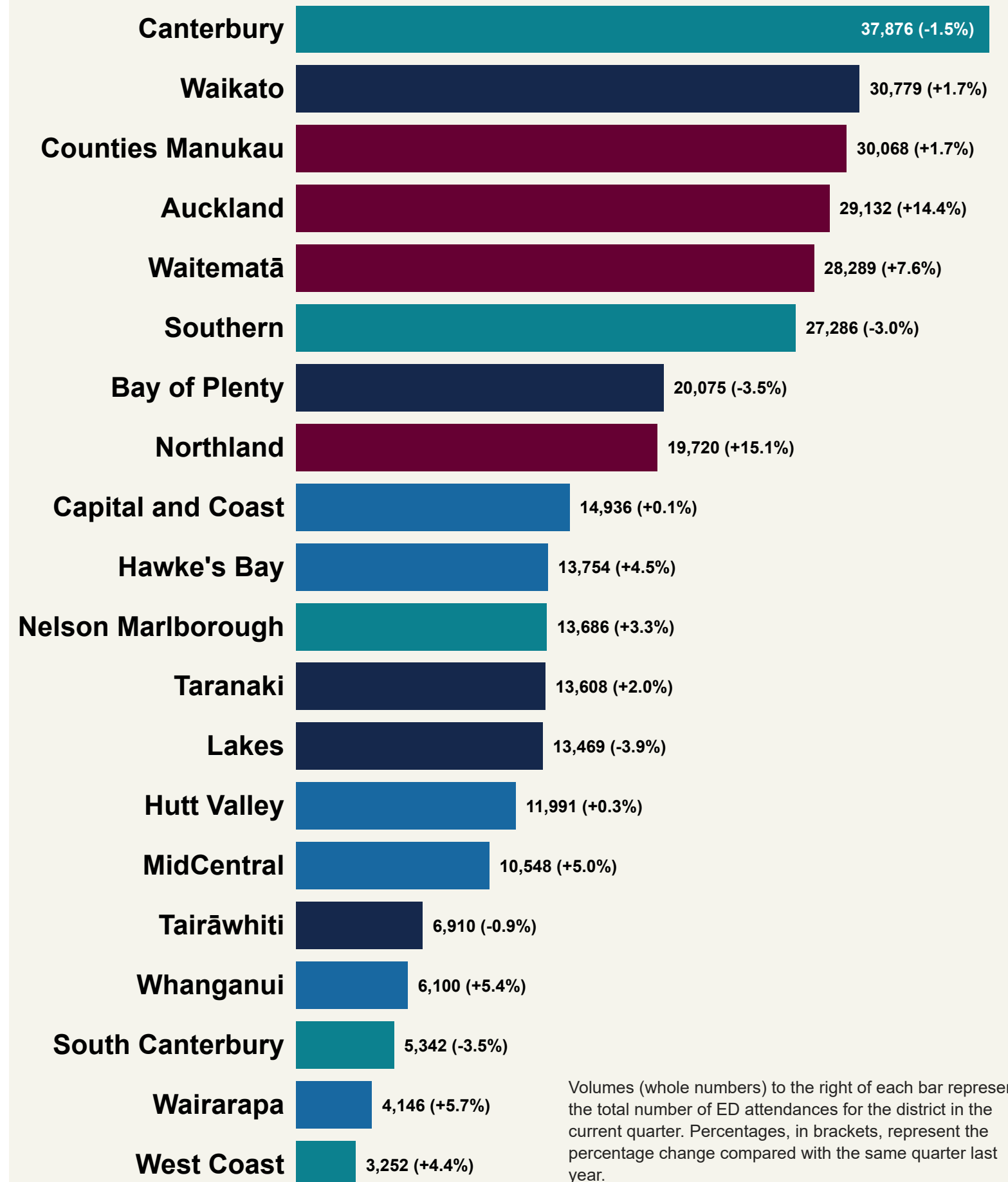


Average daily emergency department attendances



Comparisons to historic data reflects the first published result. Data is based on point-in-time snapshots and may differ from other published statistics due to differences in timing, methodology, or data sources.

Number of emergency department attendances by district



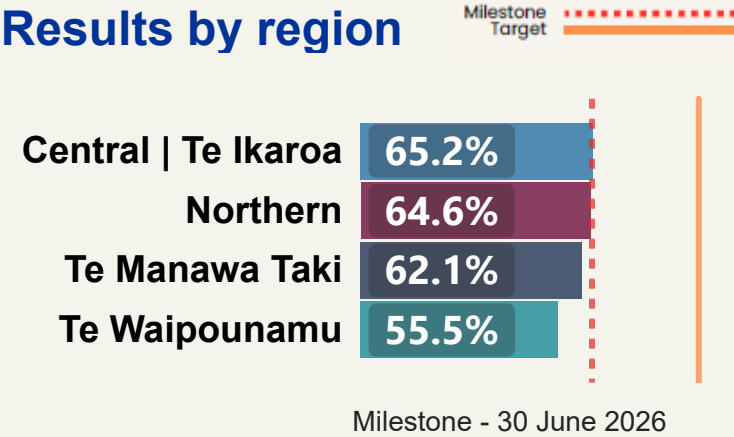
Volumes (whole numbers) to the right of each bar represent the total number of ED attendances for the district in the current quarter. Percentages, in brackets, represent the percentage change compared with the same quarter last year.

This measure shows the proportion of people waiting less than four months for their FSA (first specialist assessment) from the date of referral.

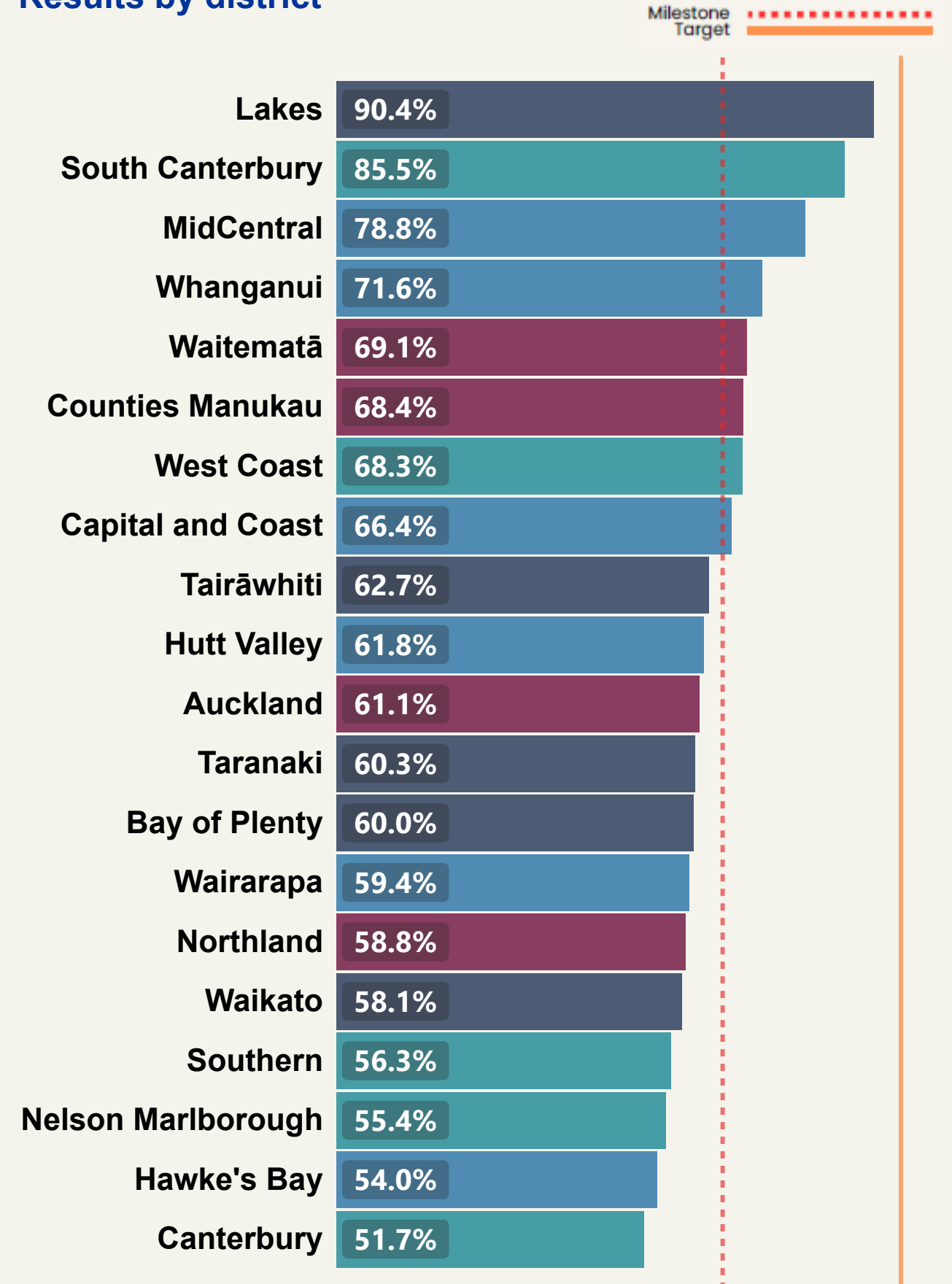
National result



Results by region



Results by district



Q2 results compared with Q2 last year

FSA's delivered
Q2 2024/25
167,917

FSA's delivered
Q2 2025/26
179,816

	Q2 2024/25	Q2 2025/26	% point change
Shorter wait times for FSA	60.6%	62.2%	1.6%

Q2 overview

Performance improved compared with quarter two last year, despite more people being accepted to waitlists. Industrial action contributed to waitlist growth, causing an estimated 10,000 FSAs not to be delivered in the year to date, including 1,100 in quarter two. We remain focused on minimising impacts of strikes on wait times.

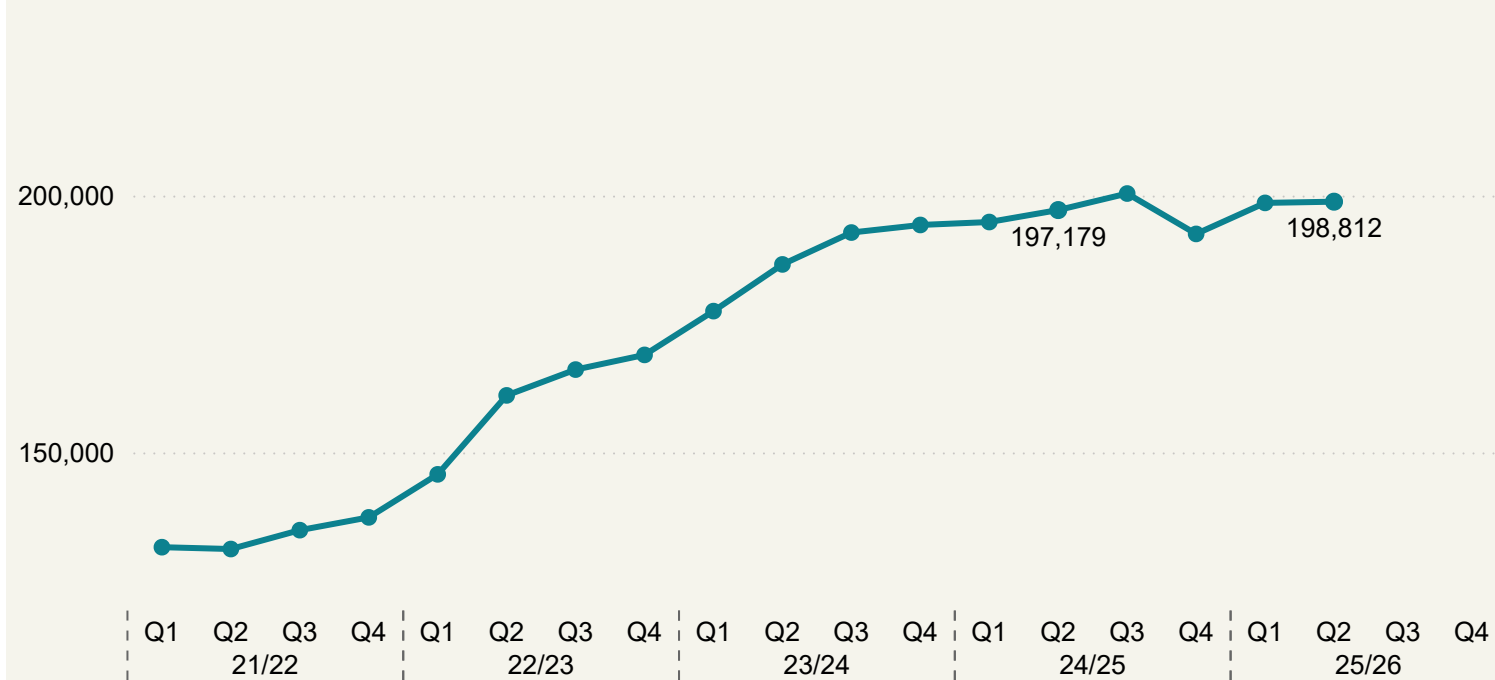
Districts continued delivering the Accelerate programme, adding extra clinics, to slow FSA waitlist growth by prioritising patients waiting over 120 days. By the end of quarter two, 1,429 clinics were booked and 9,569 patients (who were waiting over 120 days) scheduled to attend.

The musculoskeletal pathway rollout is now complete in 18 of 20 districts, directing non-urgent orthopaedic FSA referrals to physiotherapy led care for faster treatment. Patients from the remaining two districts (Tairāwhiti and West Coast) will be supported by physiotherapists from neighbouring districts. An additional 15.6 FTE have been recruited nationally to support this pathway.

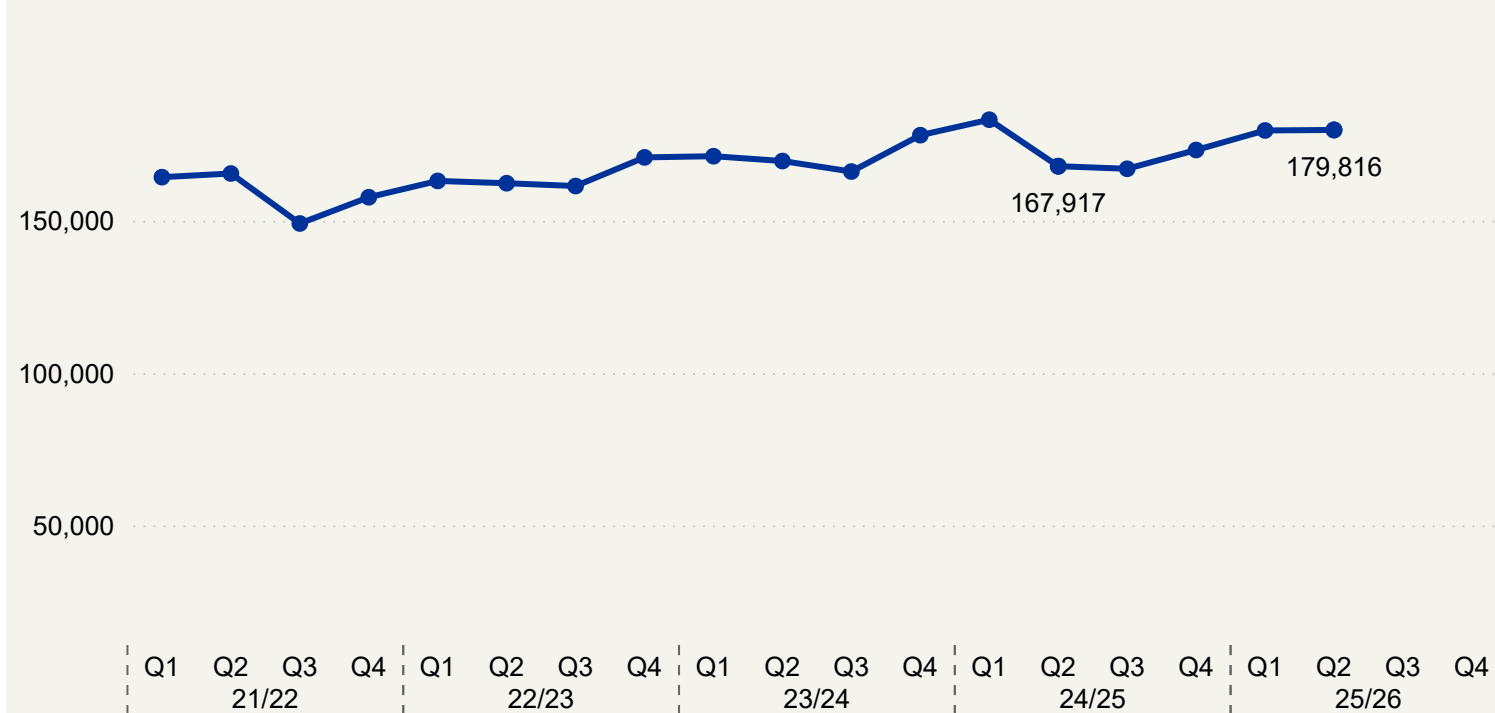
Taranaki improved its performance by just over eight per cent in quarter two through increased ear, nose and throat locum support; weekend orthopaedic clinics; better scheduling; and outsourcing to private providers in Waikato.

Te Waipounamu added FSA clinics to increase capacity and prioritised bookings to reduce wait times. In Hutt Valley and Capital & Coast, combined cataract FSA and preoperative assessment clinics enabled more than 300 patients to complete all assessments in one visit, reducing travel and improving certainty for surgery.

Number on FSA waitlist

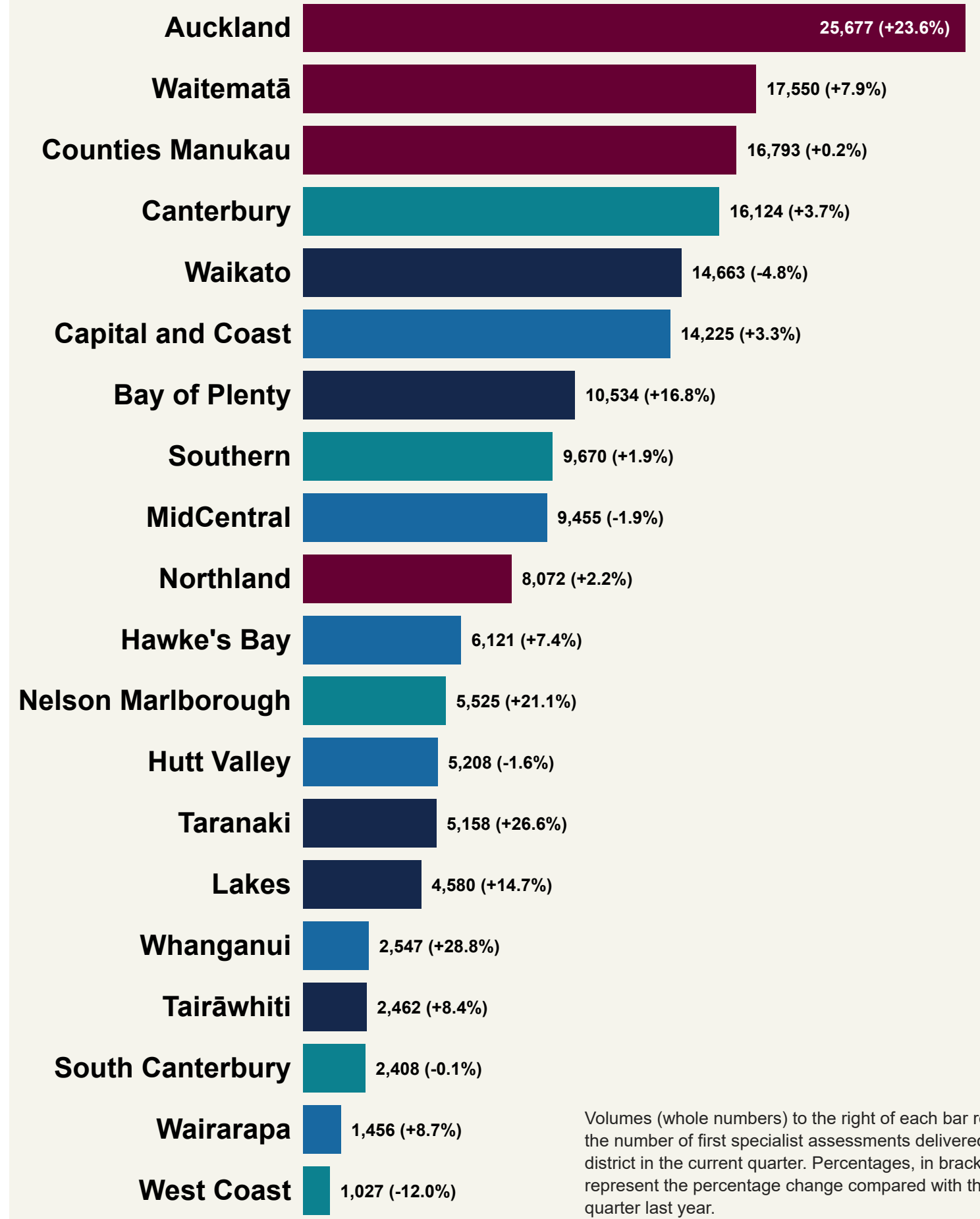


Number of FSAs delivered



Comparisons to historic data reflects the first published result. Data is based on point-in-time snapshots and may differ from other published statistics due to differences in timing, methodology, or data sources.

Total number of first specialist assessments delivered by district



Volumes (whole numbers) to the right of each bar represent the number of first specialist assessments delivered for the district in the current quarter. Percentages, in brackets, represent the percentage change compared with the same quarter last year.

This measure shows the proportion of people given a commitment to treatment waiting less than four months, as a proportion of all people waiting for a procedure.

National result



Shorter wait times for elective treatment

64.5%

Target = 95%

Milestone = 70%

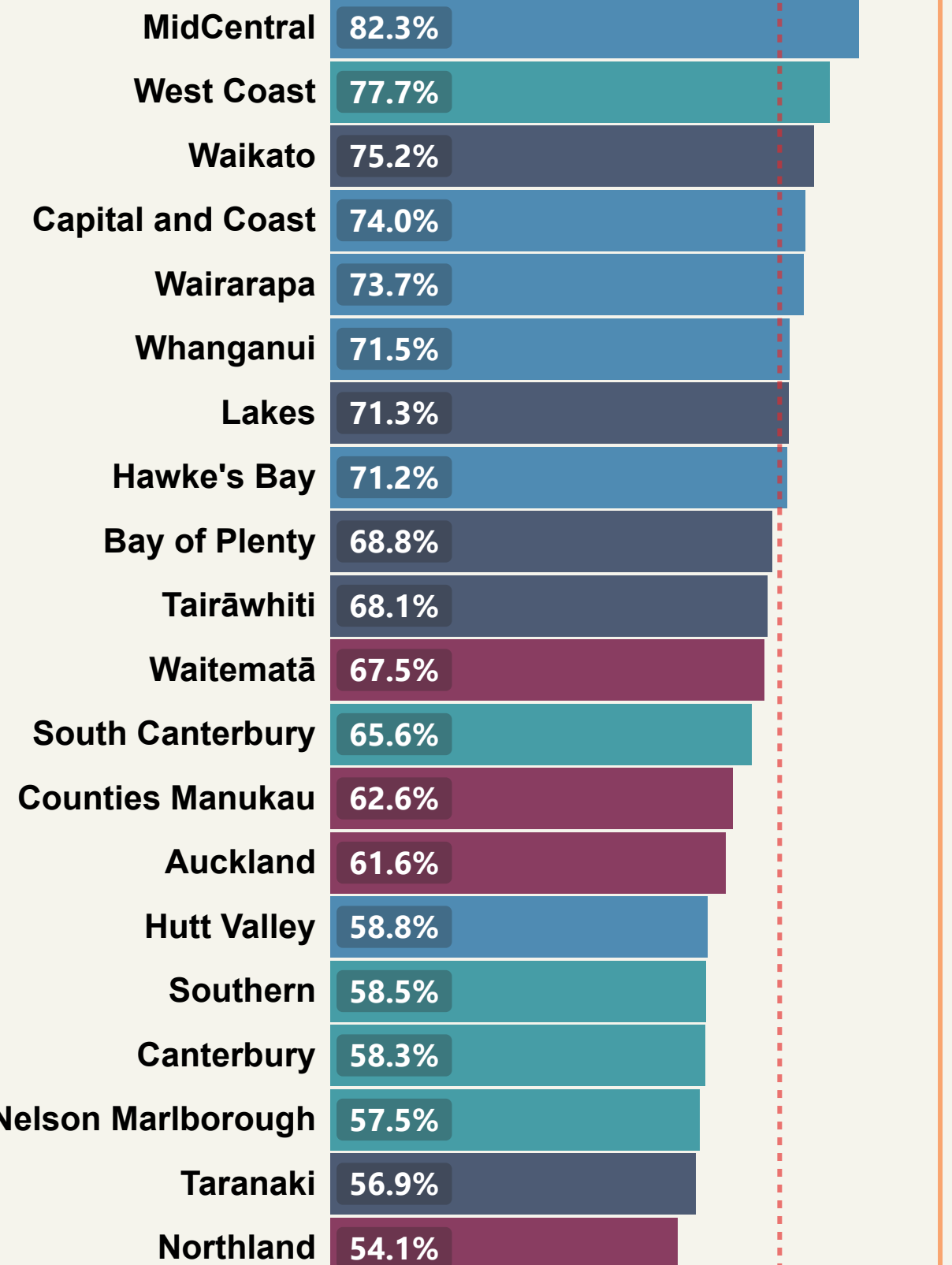
Results by region

Central | Te Ikaroa **71.5%**
Te Manawa Taki **69.6%**
Northern **62.1%**
Te Waipounamu **59.2%**

Milestone Target

Milestone - 30 June 2026

Results by district



Q2 results compared with Q2 last year

Number of people treated from the waitlist Q2 2024/25

46,841

Number of people treated from the waitlist Q2 2025/26

51,513

	Q2 2024/25	Q2 2025/26	% point change
Shorter wait times for elective treatment	59.2%	64.5%	5.3%

Q2 overview

Performance improved from the same quarter last year but declined (1.5 percentage points) compared with quarter one this year. Due to the industrial action mentioned above an estimated 5,500 elective treatments have not been delivered in the year to date, of which, an estimated 850 elective treatments were not delivered in quarter two.

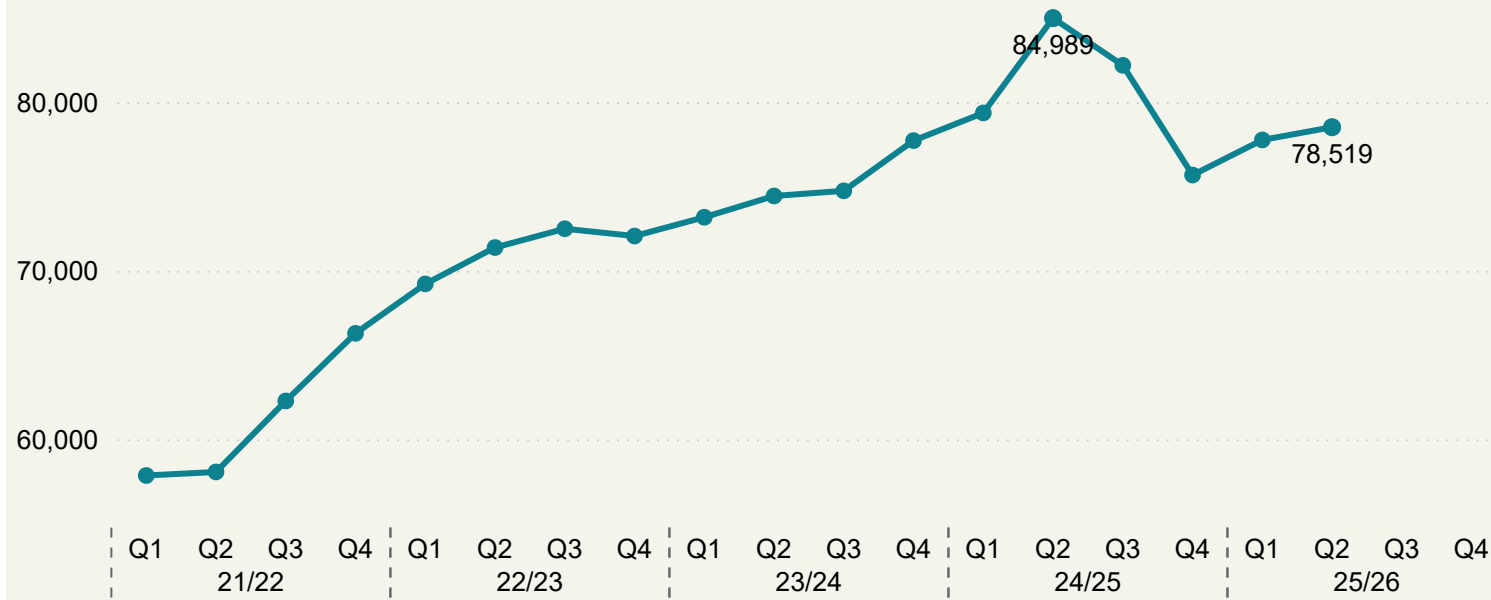
We remain focused on reducing long waits by prioritising patients through weekly waitlist reviews, applying consistent national guidance, and validating waitlists to improve accuracy and flow.

Evening FSA clinics and weekend theatre lists have been well attended by patients in MidCentral as these times often fit better with their daily lives.

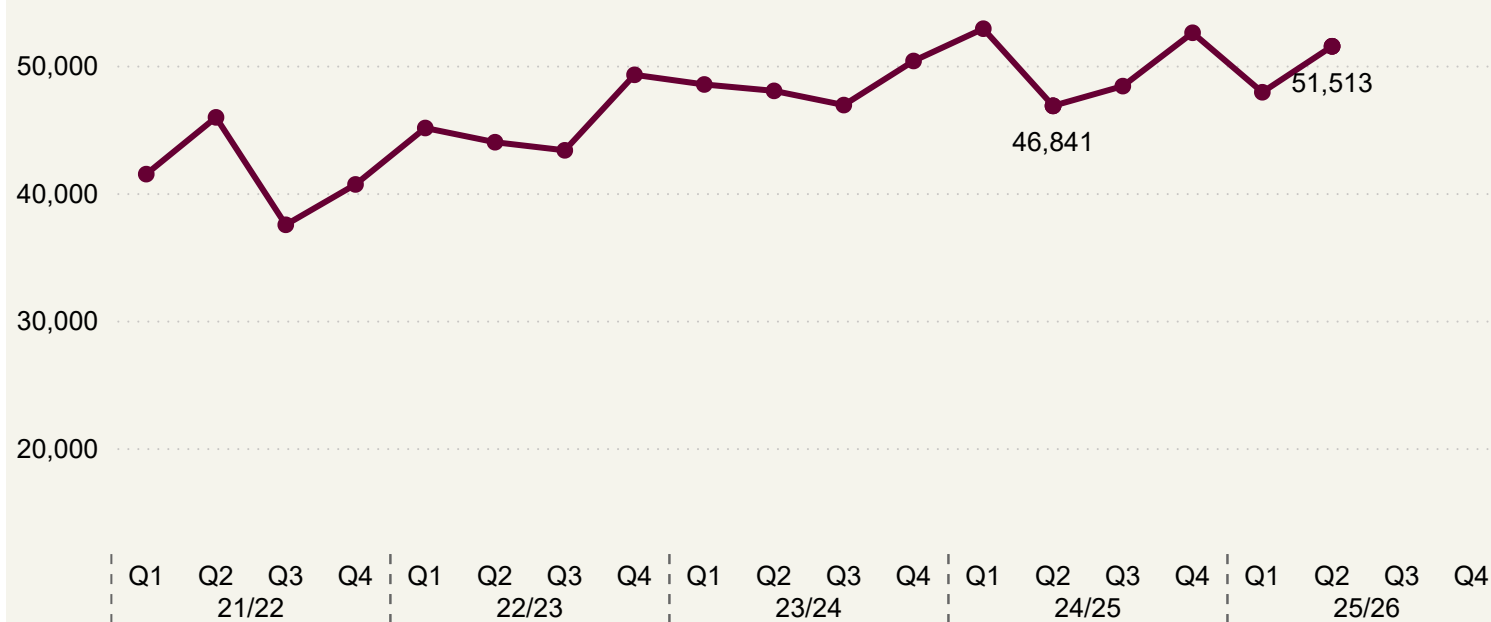
With inhouse capacity fully maximised in Northland, outsourcing continues to be the key lever for improving performance while sustainable local capacity is built. Interdistrict support is strengthening resilience, with Waitematā supporting gynaecology services this quarter and further options under discussion with Auckland and Counties Manukau for quarter three.

Southern is addressing theatre nursing and anaesthetist shortages, with new staff starting in February. To reduce long orthopaedic waits, outsourcing to Christchurch private providers is underway.

Number on treatment waitlist

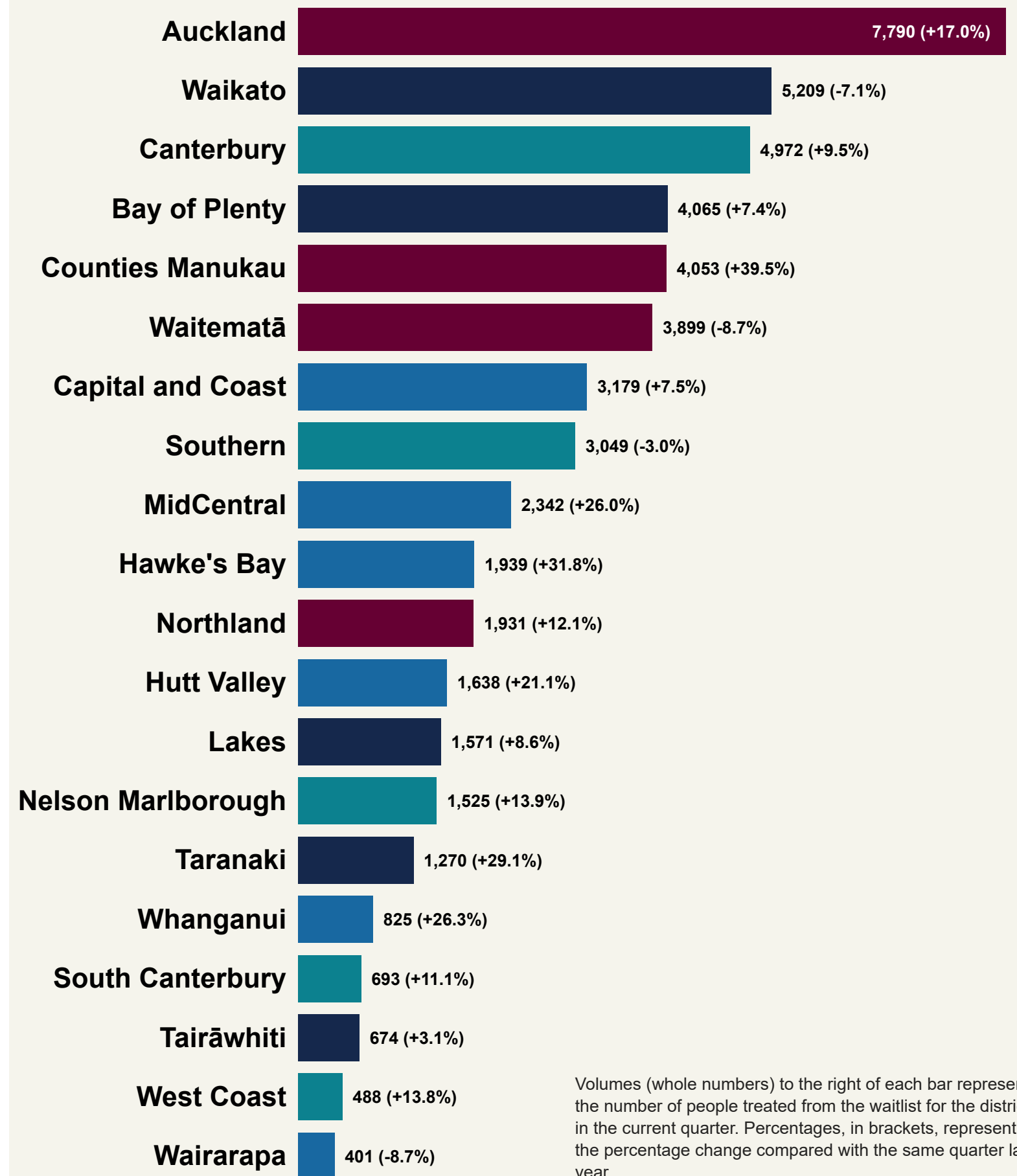


Number of patients treated from waitlist



Comparisons to historic data reflects the first published result. Data is based on point-in-time snapshots and may differ from other published statistics due to differences in timing, methodology, or data sources.

Total number of people treated from the waitlist by district



Volumes (whole numbers) to the right of each bar represent the number of people treated from the waitlist for the district in the current quarter. Percentages, in brackets, represent the percentage change compared with the same quarter last year.