

Data caveats for the health targets results: quarter 1, 2025/26

[Health targets performance resources – 2025/26](#)

General caveats

All historic results from Q1 2024/25 onwards (when the targets came into effect) in the Q1 2025/26 health and mental health and addictions target products (i.e. downloadable files) reflect the first published result. For data caveats applying to previously published results, please see the relevant quarter's published results.

[Quarterly published results — Health target resources](#)

Results are based on point-in-time snapshots and may differ from other published statistics due to differences in timing, methodology, or data sources. Some underlying historic numerator and denominator data in the health and mental health and addictions targets interactive dashboards have minor variances. This is due to different extraction dates for the data used to prepare previously published fact sheets and previously published dashboard content (outlined within the individual target caveats, below). These variances did not affect the overarching measure result. Health NZ has been continuously improving its reporting practices and since Q4 2024/25 data for published fact sheets and dashboards has been extracted on the same day to ensure consistency.

Where a rural and urban breakdown in results is reported, data 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 is classified 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.

For data definitions and sources, please see Health NZ's Accountability Performance Measure Specifications document.

[Accountability Performance Measure Specifications](#)

Improved immunisation for children

Data was extracted on 8 October 2025, consistent with tier 1 immunisation data reporting practices.

When comparing published fact sheets to the health target interactive dashboard, the Q1 24/25 underlying numerator volume has a variance of <5 (see general caveats above).

Shorter stays in emergency departments

Data was extracted on 11 November 2025.

Four level 2 ED facilities (Clutha Health First, Gore Health Limited, Maniototo and Wanaka after hours) are excluded from the result calculation.

When comparing published fact sheets to the health target interactive dashboard, the Q1 24/25 underlying numerator and denominator volumes has a variance of 54 and 1 respectively (see general caveats above).

Shorter wait times for first specialist assessment

Data was extracted on 11 November 2025.

When comparing published fact sheets to the health target interactive dashboard, the Q1 24/25 underlying numerator volumes has a variance of <15 (see general caveats above).

Shorter wait times for elective treatment

Data was extracted on 11 November 2025.

A milestone of 67% was set for July–August 2025, increasing to 70% from September onward. See Health NZ's Statement of Performance Expectations 2025/26, page 7. All health target published fact sheets and the interactive dashboard reflect the 30 June 2026 70% milestone.

[Statement of Performance Expectations 2025/26 — Health NZ](#)

When comparing published fact sheets to the health target interactive dashboard, the Q1 24/25 underlying numerator volumes has a variance of <20 (see general caveats above).

Faster cancer treatment

Data was extracted on 31 October 2025.

When comparing published fact sheets to the health target interactive dashboard, the Q1 24/25 underlying numerator and denominator volumes will have a variance of <10 (see general caveats above).