

# Quarterly Performance Report

Quarter 4 2025/26



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# Organisational performance

## Highlights for the quarter include:

- Of the 25 measures, 17 improved and two declined, compared to the same quarter last year.
- Performance in all five health targets improved compared with the same quarter last year, and the previous quarter, indicating continuous improvement. Three out of five targets also achieved the 30 June 2026 milestone:
  - Shorter wait times for first specialist assessment (FSA) achieved 66.1 per cent, exceeding the 2025/26 milestone of 65 per cent.
  - Shorter wait times for elective treatments exceeded the 2025/26 milestone of 70 per cent, with performance reaching 72.6 per cent.
  - Faster Cancer Treatment (FCT) performance improved this quarter and met the 2025/26 milestone of 87 per cent.
- Health NZ made progress against the mental health and addiction (MH&A) targets, meeting four out of five targets this quarter. Performance in four out of five MH&A targets improved compared with the same quarter last year, indicating continuous improvement.
  - The full 2025 calendar year result for the number of new MH&A professionals commencing training surpassed the 2030 target of 500, with a result of 514.
  - 25 per cent of MH&A investment is allocated towards prevention and early intervention. The full year result for MH&A prevention and intervention has met the target of 25 per cent.
  - While we acknowledge the above two targets are reported annually and have been achieved since quarter two this year, this remains a highlight for 2025/26.
  - Access to specialist and primary MH&A services both surpassed the 80 per cent target with specialist achieving 82.4 per cent, and primary reaching 83.3 per cent.
  - More than 260,000 people accessed Access and Choice services in the last 12 months, up from 230,000 people for the same time last year.
- In Clinical Quality and Safety, the rates of both pressure injuries and falls in hospitals continued to decrease this quarter compared to the same quarter last year.
- National office turnover has reduced from the same quarter last year. Regional and district turnover also remains stable.
- Progress continues across implementation of the Health Infrastructure Plan, including completion of condition assessments across all seven in scope hospital campuses and site master planning in several areas nationwide.
- Six significant infrastructure projects reached practical completion this quarter, seven became operational, and four projects started construction. Details of all 17 projects are expanded on pages 31-34.

## Challenges this quarter include:

- While performance improved, the shorter stays in ED (SSED) and childhood immunisation targets did not achieve their 30 June 2026 milestones, and focused improvement initiatives are continuing in 2026/27.
- Shorter MH&A related stays in emergency departments did not achieve the milestone or target this quarter.

Financial performance information is not included in this Quarter Four report. The Health NZ 2025/26 annual report, including year-end financial statements, is currently being finalised and is subject to completion of audit assurance work by the Office of the Auditor-General. Health NZ is required to prepare and publish the annual report in accordance with the timelines and requirements set out in the Crown Entities Act 2004.

## Health Targets

2025/26 Quarter Four Results



Faster cancer treatment



Improved immunisation for children



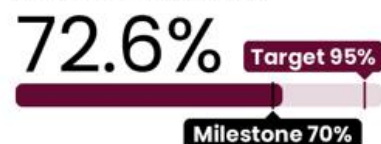
Shorter stays in emergency departments



Shorter wait times for first specialist assessment



Shorter wait times for elective treatment

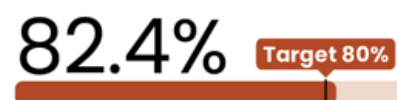


## Mental Health and Addiction Targets

2025/26 Quarter Four Results



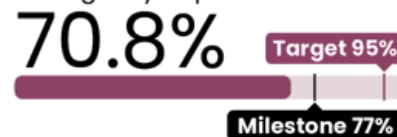
Faster access to specialist mental health and addiction services



Faster access to primary mental health and addiction services



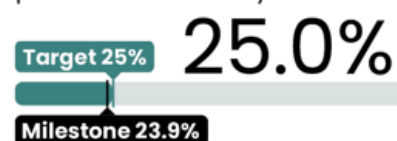
Shorter mental health and addiction-related stays in emergency departments



Increased mental health and addiction workforce development



Strengthened focus on prevention and early intervention



Detailed quarter four results and narrative about initiatives underway to improve performance can be found on Health NZ's website: [health targets](#), [MH&A targets](#).

# Progress against our strategic priorities

## Priority 1: Deliver the New Zealand Health Plan

Key achievements during quarter four against actions detailed in the [New Zealand Health Plan | Te Pae Waenga](#):

### Government priorities for health in New Zealand

- The breast screening age extension programme continued rollout. A Pacific Community of Practice (network) was launched, providing community voice for the programme (Action 1.6.2).
- The bowel screening age extension was successfully implemented in the Midland | Te Manawa Taki region and most of the Central | Te Ikaroa region (Action 1.6.2).
- Phase two of the Fetal Alcohol Spectrum Disorder (FASD) prevention campaign launched, focusing on wider support networks to keep pregnancy alcohol free. (Action 1.5.2).
- Four new chemotherapy chairs opened in Te Kuiti hospital, as a key Midland | Te Manawa Taki milestone in shifting suitable systemic anti-cancer treatment (SACT) closer to home. This supports the wider New Zealand Health Plan | Te Pae Waenga priorities of improving access to new cancer medicines and increasing community-based care, particularly for rural population. (Action 1.6.3).
- Cancer care coordination services continued to grow in areas of high Māori populations, and where there are high rates of Māori cancer mortality. (Action 1.6.4).

### Clinical leadership, continuous quality improvement and innovation

- Following the finalisation of workplans for the Cancer, diabetes, cardiovascular, and MH&A national clinical networks, these networks have transitioned into business-as-usual delivery. (Action 2.1.7).
- Thirteen national clinical networks have been established, with the initial five now operating as business-as-usual and progressing mature work programmes that support organisational priorities. Clinical leadership is increasingly informing operational planning, including radiology network input into a significant operational and investment programme.
- Clinical partnerships are strengthening across districts, with nursing, medical, allied health and midwifery clinical leaders now in place nationally and increasingly contributing to operational planning and service delivery priorities.

### Strengthening enablers

- A third rural training hub for the South Island | Te Waipounamu was announced on the West Coast. These hubs coordinate education and training activities and are supported by dedicated regional leads. (Action 3.1.1).

### Improving health for populations with greater needs

- Pacific teams in hospitals managed 860 eReferrals during the quarter across Auckland, Counties Manukau and Waitematā, including 750 adults and 110 children. (Action 4.2.3).
- The Counties Manukau radiology initiative reduced the CT waitlist from 400 to 40 patients, a 90 per cent reduction, using two dedicated Pacific navigators. (Action 4.2.4).

## Improving timely access to primary and community services

- The capitation funding model for primary care has been updated to better align with health need and now includes factors for deprivation, rurality and multimorbidity. (Action 5.1.1).
- The national extended pharmacy service was launched that provides community pharmacist-led management of common conditions. (Action 5.1.2).
- A minor ailment programme was implemented in the South Island | Te Waipounamu region. (Action 5.1.2).
- The South Island Maternity Commissioning Framework Project is testing draft tools through the Southland Maternity Project. These tools will form part of a national toolkit that will be used to support the future commissioning of maternity services throughout the country and improve access, equity and outcomes for women, babies and whānau. (Action 5.1.5).
- Expansion support for the Online GP service into 239 pharmacies and 43 urgent care centres and rural providers. (Action 5.1.3).

## Priority 2: Empower and enable leadership at all levels

- Devolution this quarter strengthened regional and district accountability for service delivery and performance improvement. New delegations, and Operational Level Agreements clarified decision rights, roles and expectations between the national functions and regions.
- The second Clinical Senate report is being finalised for release in September, 'Transforming the acute patient journey: the right care in the right place at the right time'.
- A Clinical Governance Review of Hawke's Bay was completed in April 2026. The review highlighted areas of strong practice and identified opportunities for improvement. Reviews are scheduled for the South Island | Te Waipounamu and Northern regions.
- The People, Culture, Health and Safety Expert Advisory Group became operational this quarter, providing strategic advice and guidance on a range of policies and settings, including industrial relations, system modernisation, and training and development initiatives.
- The National Event, Feedback and Risk Management System (Te Tumu Aroturuki ā-Motu) continued to roll out nationally.
- The National Diabetes Roadmap Oversight Group developed and endorsed a Prioritisation Framework to guide implementation of roadmap initiatives over the next three years.

# Measures – high-level summary

This table compares quarter four 2025/26 results with the same quarter last year (to account for seasonal variation), and the previous quarter. Compared with the published results for quarter four last year, 17 of 25 measures improved, while 2 declined. Compared with the published results for quarter three, 11 of 25 measures improved and 4 declined. Changes of two or more per cent (a level adopted to indicate materiality – see Appendix 1) 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 nine **all-of-Government targets**.

| Measure short name                                                                                                                                                                                                | Q4 last year       | This quarter             |                                                                                       | Last quarter        | This quarter             |                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------|---------------------------------------------------------------------------------------|---------------------|--------------------------|---------------------------------------------------------------------------------------|
| Improved immunisation for children 24mth                                                                                         | 82.0%              | 83.7%                    |    | 83.5%               | 83.7%                    |                                                                                       |
| Cervical screening coverage                                                                                                                                                                                       | 74.1%              | 77.3%                    |    | 75.5%               | 77.3%                    |    |
| Breast screening coverage                                                                                                                                                                                         | 68.9%              | 68.8%                    |                                                                                       | 67.2%               | 68.8%                    |    |
| Bowel screening participation                                                                                                                                                                                     | 57.8%              | 58.6%                    |                                                                                       | 58.4%               | 58.6%                    |                                                                                       |
| Newborn GP enrolment                                                                                                                                                                                              | 82.9%              | 85.6%                    |    | 84.9%               | 85.6%                    |                                                                                       |
| GP enrolment                                                                                                                                                                                                      | 94.2%              | 94.9%                    |                                                                                       | 94.7%               | 94.9%                    |                                                                                       |
| Shorter stays in ED <6hrs                       | 73.9%              | 76.3%                    |    | 74.4%               | 76.3%                    |    |
| Faster cancer treatment <31 days                                                                                                | 86.3%              | 87.0%                    |                                                                                       | 86.2%               | 87.0%                    |                                                                                       |
| Shorter wait times for FSA                                                                                                     | 62.0%              | 66.1%                    |  | 61.2%               | 66.1%                    |  |
| Shorter wait times for elective treatment   | 63.9%              | 72.6%                    |  | 64.9%               | 72.6%                    |  |
| Missed first specialist appointments                                                                                                                                                                              | 7.8%               | 7.2%                     |  | 7.3%                | 7.2%                     |  |
| Medical appts via telehealth (digital)                                                                                                                                                                            | 7.4%               | 11.4%                    |  | 11.1%               | 11.4%                    |  |
| Hospital pressure injuries (rate per 10,000 hospitalisations)                                                                                                                                                     | 6.1                | 4.8                      |  | 4.7                 | 4.8                      |  |
| Hospital falls (rate per 10,000 hospitalisations)                                                                                                                                                                 | 4.8                | 3.9                      |  | 4.0                 | 3.9                      |  |
| New MHA professionals trained                                                                                                  | 349 <sup>#</sup>   | 514 <sup>‡</sup>         |  | 514 <sup>‡</sup>    | 514 <sup>‡</sup>         |                                                                                       |
| MHA prevention and intervention                                                                                                | 24.4% <sup>^</sup> | 25.0% <sup>‡</sup>       |  | 25.0%               | 25.0% <sup>‡</sup>       |                                                                                       |
| Shorter MHA stays in ED <6hrs                                                                                                  | 69.4%              | 70.8%                    |  | 68.5%               | 70.8%                    |  |
| MHA faster primary access <1 wk                                                                                                | 83.8%              | 83.3%                    |                                                                                       | 83.7%               | 83.3%                    |                                                                                       |
| MHA faster specialist access <3 wks                                                                                            | 80.3%              | 82.4%                    |  | 82.2%               | 82.4%                    |                                                                                       |
| MHA services access (per 100,000 population)                                                                                                                                                                      | 3,044              | 3,172                    |  | 3,060               | 3,172                    |  |
| IMPB strategic involvement                                                                                                                                                                                        | 80.0%              | N/A (legislative change) |                                                                                       | On hold             | N/A (legislative change) |                                                                                       |
| Hauora Māori contracted outcomes                                                                                                                                                                                  | 88.0%              | 112.0% <sup>*</sup>      |  | 103.4% <sup>*</sup> | 112.0% <sup>*</sup>      |  |
| Health NZ workforce turnover                                                                                                                                                                                      | 2.6%               | 2.4%                     |  | 2.3%                | 2.4%                     |  |
| New Māori and Pacific workforce                                                                                                                                                                                   | 14.6%              | 14.1%                    |  | 14.8%               | 14.1%                    |  |
| My Health Record access                                                                                                                                                                                           | 57,198             | 43,875                   |  | 53,049              | 43,875                   |  |

# Result is for the 2024 calendar year. | <sup>^</sup> The 2024/25 full year result. | <sup>‡</sup> The 2025/26 full year result.

\* Achievement of over 100 per cent due to partners exceeding contracted targets.

# 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).<sup>1</sup>

### National result

|          |       | Māori | Pacific | Asian | Euro/Other |
|----------|-------|-------|---------|-------|------------|
| Q4 25/26 | 77.3% | 70.2% | 80.1%   | 66.3% | 83.6%      |
| Q4 24/25 | 74.1% | 67.8% | 72.9%   | 60.2% | 81.8%      |

### Results by region and district

|                              |       |       |       |       |       |
|------------------------------|-------|-------|-------|-------|-------|
| South Island   Te Waipounamu | 78.9% | 73.9% | 78.3% | 66.2% | 82.2% |
| Northern                     | 77.5% | 69.3% | 81.4% | 66.3% | 89.7% |
| Central   Te Ikaroa          | 77.1% | 69.9% | 76.5% | 67.9% | 81.6% |
| Midland   Te Manawa Taki     | 75.0% | 69.8% | 76.9% | 64.3% | 79.6% |
| Capital and Coast            | 82.0% | 73.3% | 77.3% | 70.7% | 88.1% |
| Nelson Marlborough           | 81.8% | 76.4% | 71.6% | 70.0% | 84.2% |
| Southern                     | 81.6% | 73.6% | 81.9% | 70.3% | 84.4% |
| Auckland                     | 81.0% | 69.4% | 82.3% | 66.7% | 98.6% |
| South Canterbury             | 78.6% | 75.1% | 70.3% | 72.6% | 80.0% |
| Lakes                        | 78.1% | 72.4% | 81.2% | 70.7% | 84.1% |
| Taranaki                     | 77.8% | 68.1% | 80.2% | 68.9% | 81.3% |
| Canterbury                   | 76.9% | 73.4% | 78.3% | 64.1% | 81.0% |
| Waitematā                    | 76.9% | 69.7% | 75.5% | 65.0% | 87.7% |
| Hawke's Bay                  | 76.6% | 73.1% | 77.4% | 66.4% | 79.7% |
| Counties Manukau             | 76.6% | 67.5% | 83.4% | 67.2% | 91.7% |
| Hutt Valley                  | 76.0% | 72.0% | 76.7% | 66.0% | 81.2% |
| Bay of Plenty                | 75.7% | 70.8% | 66.9% | 67.4% | 79.3% |
| West Coast                   | 74.0% | 72.0% | 93.1% | 59.9% | 75.2% |
| Wairarapa                    | 73.7% | 68.8% | 93.6% | 70.8% | 74.6% |
| Northland                    | 73.4% | 71.3% | 70.5% | 69.2% | 75.4% |
| Waikato                      | 73.3% | 69.9% | 80.6% | 61.2% | 77.9% |
| MidCentral                   | 72.1% | 62.3% | 69.4% | 62.1% | 77.3% |
| Whanganui                    | 71.8% | 67.9% | 76.9% | 71.6% | 73.4% |
| Tairāwhiti                   | 71.6% | 64.5% | 64.4% | 67.9% | 83.2% |

■ Baseline 69.3%   
 ■ Milestone n/a   
 ■ Target 80%   
 ■ Milestone or Target achieved   
 ■ Partially Achieved (0.1-5 percentage points away from milestone or target)   
 ■ Not Achieved (>5 percentage points away from milestone or target)

- Cervical screening coverage has improved by 9.6 percentage points since Human Papillomavirus (HPV) primary screening and zero-fees screening for priority groups were introduced in September 2023, with the strongest gains for Māori and Pacific populations.
- Digital access is improving service delivery, with nearly 3,000 practitioners able to view screening status in real time, with more than 300,000 Screening History Summaries accessed since March 2025, supporting faster clinical decisions.
- Community-based delivery continues to support screening participation, with HPV self-testing offered through community, workplace and marae-based events, dual screening alongside BreastScreen Aotearoa mobile services, and targeted home outreach for priority populations.

<sup>1</sup> Cervical screening coverage uses population projections from Stats NZ (estimates) so some results may exceed 100 per cent. Updates to the population projections are applied annually, with the next update being used for the quarter four report.

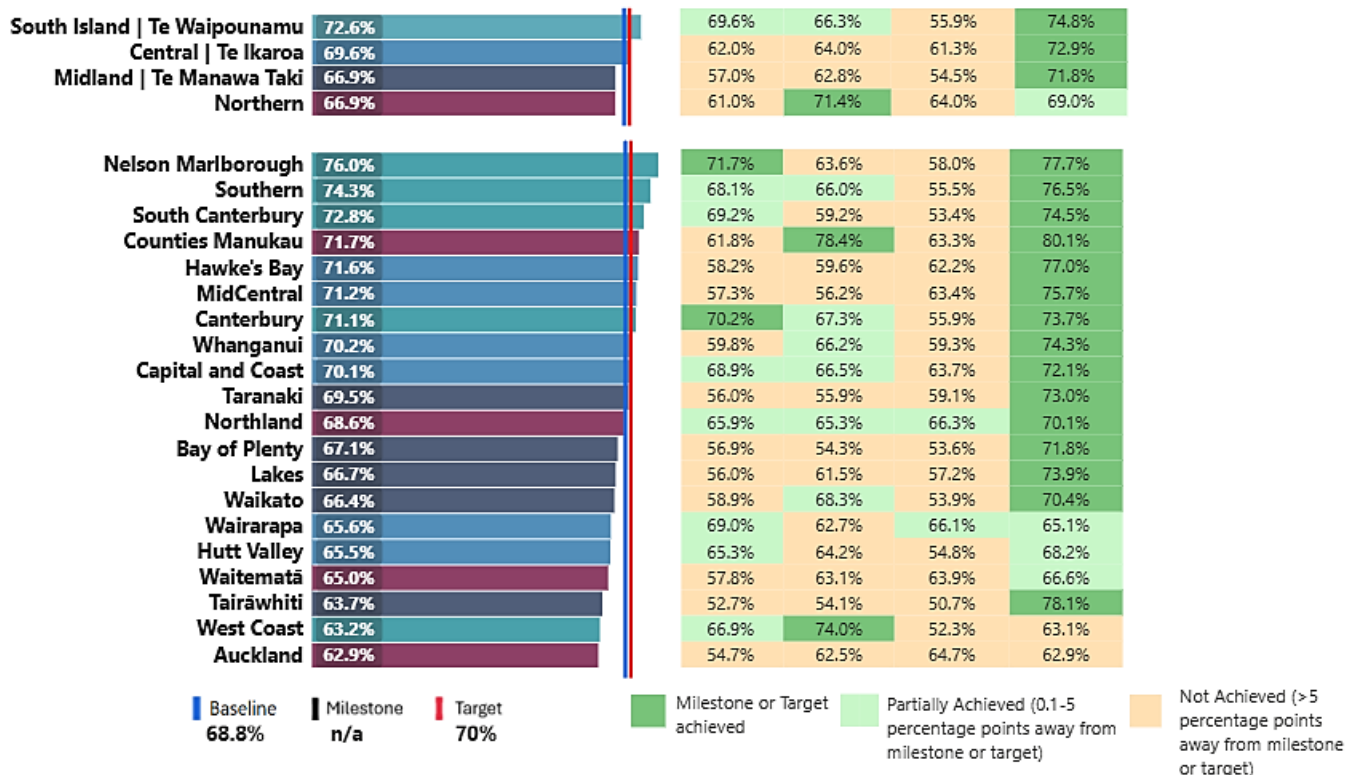
## P2-07 Breast screening coverage

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

### National result

|          |       | Māori | Pacific | Asian | Euro/Other |
|----------|-------|-------|---------|-------|------------|
| Q4 25/26 | 68.8% | 61.1% | 69.3%   | 61.6% | 72.2%      |
| Q4 24/25 | 68.9% | 63.3% | 67.9%   | 58.5% | 72.8%      |

### Results by region and district



- Breast screening coverage was largely unchanged compared to the same quarter last year.
- Screening performance was strengthened through coordinated national and local action, including targeted capacity investment in Tairāwhiti, analysis to address participation barriers in Auckland, and community-led outreach to improve access for women less likely to screen.
- BreastScreen Aotearoa capacity and access improved this quarter, with four of five fixed screening and assessment sites completed and two new Midland mobile units operational.
- Initiatives are underway to improve breast screening participation among Asian women, including contracting four community providers to deliver outreach activities, targeted outreach to previously unscreened women in Waitematā and Northland, Mandarin and Hindi education videos, and translation of key resources into multiple Asian languages.
- Contracts with seven community providers supported targeted breast screening engagement for Māori and Pacific women, resulting in 461 women screened, including 109 Māori and 321 Pacific women. The new Moana Wellness Village Pacific Breast Screening Community of Practice is strengthening collaboration, data sharing and best practice to improve Pacific participation.

## P2-158 Bowel screening participation

Percentage of individuals aged 60 – 74 who returned a definitive test kit over a rolling 24-month period ending 30 September 2025 (see data caveat), out of all individuals invited to participate in screening.

### National result

|          |       | Māori | Pacific | Asian | Euro/Other | Rural | Urban |
|----------|-------|-------|---------|-------|------------|-------|-------|
| Q2 25/26 | 58.6% | 52.9% | 39.5%   | 45.7% | 63.2%      | 61.9% | 57.6% |
| Q2 24/25 | 57.8% |       |         |       |            |       |       |

### Results by region and district

|                              |       |       |       |       |       |       |       |
|------------------------------|-------|-------|-------|-------|-------|-------|-------|
| South Island   Te Waipounamu | 65.5% | 63.8% | 44.4% | 47.6% | 67.1% | 65.5% | 65.5% |
| Central   Te Ikaroa          | 62.5% | 55.9% | 42.4% | 49.8% | 65.9% | 64.0% | 62.1% |
| Midland   Te Manawa Taki     | 57.4% | 47.6% | 42.5% | 39.5% | 61.4% | 58.0% | 57.2% |
| Northern                     | 52.4% | 52.0% | 38.3% | 45.5% | 58.4% | 59.4% | 51.4% |
| Nelson Marlborough           | 68.7% | 64.6% | 53.3% | 53.8% | 69.5% | 66.0% | 69.7% |
| Wairarapa                    | 68.5% | 65.3% | 61.9% | 59.3% | 69.2% | 66.3% | 69.0% |
| Southern                     | 68.5% | 69.5% | 51.4% | 45.9% | 69.5% | 67.6% | 69.2% |
| South Canterbury             | 67.5% | 65.9% | 34.7% | 47.1% | 68.4% | 66.1% | 68.3% |
| Whanganui                    | 65.7% | 59.3% | 53.9% | 52.7% | 67.8% | 62.9% | 66.9% |
| MidCentral                   | 63.5% | 57.6% | 43.2% | 48.1% | 65.9% | 64.3% | 63.0% |
| Canterbury                   | 62.8% | 59.8% | 40.5% | 47.4% | 65.1% | 63.7% | 62.6% |
| Hawke's Bay                  | 62.0% | 50.7% | 35.7% | 41.1% | 66.1% | 58.1% | 62.7% |
| Capital and Coast            | 61.6% | 58.1% | 41.0% | 51.0% | 65.6% | 66.8% | 60.2% |
| Taranaki                     | 61.3% | 51.0% | 50.0% | 44.5% | 63.4% | 58.4% | 62.8% |
| West Coast                   | 59.8% | 59.7% | 53.7% | 53.2% | 60.0% | 59.6% | 52.6% |
| Northland                    | 59.4% | 51.4% | 53.7% | 46.6% | 62.6% | 59.1% | 59.8% |
| Hutt Valley                  | 59.2% | 54.5% | 44.1% | 50.5% | 63.0% | 61.9% | 59.2% |
| Lakes                        | 57.7% | 46.1% | 42.4% | 43.0% | 63.6% | 60.7% | 55.3% |
| Bay of Plenty                | 57.2% | 45.7% | 42.9% | 33.9% | 61.2% | 53.6% | 57.7% |
| Waikato                      | 56.6% | 48.0% | 41.7% | 40.3% | 60.4% | 58.5% | 55.1% |
| Tairāwhiti                   | 55.0% | 50.6% | 40.9% | 43.6% | 59.0% | 46.6% | 56.5% |
| Waitematā                    | 54.8% | 58.5% | 41.7% | 45.8% | 59.6% | 62.6% | 54.3% |
| Counties Manukau             | 49.2% | 48.6% | 37.3% | 45.5% | 58.1% | 60.3% | 48.6% |
| Auckland                     | 49.2% | 51.3% | 36.7% | 45.2% | 53.7% | 53.5% | 49.0% |

■ Baseline 57%   
 ■ Milestone n/a   
 ■ Target 60%   
 ■ Milestone or Target achieved   
 ■ Partially Achieved (0.1-5 percentage points away from milestone or target)   
 ■ Not Achieved (>5 percentage points away from milestone or target)

- Bowel screening coverage increased by 0.8 per cent compared to the same quarter last year.
- Bowel screening access was strengthened through national rollout of community-based laboratory drop-off locations, providing participants with a more convenient and culturally responsive alternative to postal kit returns.
- Workforce capability continued to build, with 352 kaimahi completing web-based education modules to support informed bowel screening conversations with whānau and communities.
- Implementation of the bowel screening age extension to 58 years progressed, with all of the Midland | Te Manawa Taki region and most of the Central | Te Ikaroa region successfully participating by the end of the quarter. Eighty-one per cent of eligible 58- and 59-year-olds in Tranche One districts and 35 per cent in Tranche Two districts have been invited, with a preliminary kit return rate of 35 per cent.

## 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:** Current quarter data as of 29 July 2026. The reporting period accounts for the shift to HPV primary screening from the cytology-based programme. Measures for previous quarters are as reported at the time of first publication.

**Breast screening coverage:** Current quarter data as of 15 July 2026. As eligible people are invited to be screened every two years, the coverage rate is calculated over a two-year period. Measures for previous quarters are as reported at the time of first publication.

**Bowel screening participation:** Latest data available is quarter two 2025/26 as of 4 August 2026. This result is displayed and compared with quarter two 2024/25. 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 <sup>2</sup>  | Measure   | Q4 outputs | YTD outputs | 2025/26 forecast | YTD % against forecast |
|---------------------------|-----------|------------|-------------|------------------|------------------------|
| Immunisation <sup>3</sup> | 24 months | 112,932    | 453,520     | 513,810          | 88.3%                  |
| Screening                 | Breast    | 78,058     | 294,621     | 310,503          | 94.9%                  |
| Screening                 | Bowel     | 80,688     | 278,323     | 296,041          | 94.0%                  |
| Screening                 | Cervical  | 76,694     | 321,513     | 360,379          | 89.2%                  |

### 24-month immunisation milestone coverage rates

| Ethnicity (prioritised) | Eligible population | Fully immunised | % Fully immunised | Declined <sup>4</sup> | % Declined | Not fully immunised | % Not fully immunised |
|-------------------------|---------------------|-----------------|-------------------|-----------------------|------------|---------------------|-----------------------|
| Māori                   | 4,225               | 3,012           | 71.3%             | 821                   | 19.4%      | 392                 | 9.3%                  |
| Pacific Peoples         | 1,546               | 1,325           | 85.7%             | 142                   | 9.2%       | 79                  | 5.1%                  |
| Asian                   | 3,563               | 3,409           | 95.7%             | 68                    | 1.9%       | 86                  | 2.4%                  |
| Euro/Other              | 5,027               | 4,280           | 85.1%             | 576                   | 11.5%      | 171                 | 3.4%                  |
| Total                   | 14,361              | 12,026          | 83.7%             | 1,607                 | 11.2%      | 728                 | 5.1%                  |

<sup>2</sup> Current quarter screening volumes data extracted 4 August 2026. Breast screening volumes are defined as people who attended their first mammogram in an episode; Bowel as people who returned a Faecal Immunochemical Test with a definitive result; Cervical as people who have had an HPV primary screen. Forecasts for screening have been updated from those in the NZ Health Plan which were based on the number of individuals screened. The updated forecasts in this table reflect improvements in screening data systems that now enable reliable reporting on the actual number of primary screens delivered each quarter.

<sup>3</sup> All immunisation doses administered to the cohort turning 24-months in the three months to 30 June 2026, as of 29 July 2026. Vaccines included are DTap-IPV-HebB/Hib, PCV, MMR, and Hib antigen groups. This counts all doses delivered, including to children who may be partially immunised, which will not reflect volumes for the immunisation 24-month health target, which only counts children fully immunised.

<sup>4</sup> 'Declined' counts all children who have not had all the scheduled vaccinations by 24 months of age and whose caregiver(s) have declined at least one of the scheduled vaccinations.

# 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.

### National result

|          |       | Māori | Pacific | Asian | Euro/Other | Rural | Urban |
|----------|-------|-------|---------|-------|------------|-------|-------|
| Q4 25/26 | 85.6% | 77.8% | 81.2%   | 92.8% | 88.3%      | 83.0% | 86.2% |
| Q4 24/25 | 82.9% | 74.2% | 77.0%   | 89.7% | 87.0%      |       |       |

### Results by region and district

|                              |       |       |        |        |       |       |       |
|------------------------------|-------|-------|--------|--------|-------|-------|-------|
| South Island   Te Waipounamu | 87.3% | 81.8% | 76.1%  | 90.9%  | 89.1% | 86.0% | 87.8% |
| Northern                     | 87.1% | 78.5% | 82.7%  | 93.7%  | 88.9% | 76.8% | 87.9% |
| Central   Te Ikaroa          | 83.9% | 77.3% | 82.0%  | 91.0%  | 87.4% | 81.1% | 84.5% |
| Midland   Te Manawa Taki     | 82.6% | 75.2% | 74.5%  | 93.2%  | 87.3% | 84.1% | 82.1% |
| South Canterbury             | 90.5% | 89.7% | 90.0%  | 88.9%  | 91.5% | 86.4% | 92.5% |
| Auckland                     | 90.5% | 85.1% | 82.5%  | 95.2%  | 90.7% | 83.3% | 90.6% |
| Southern                     | 90.2% | 83.9% | 72.7%  | 96.9%  | 92.7% | 92.1% | 88.1% |
| Capital and Coast            | 88.6% | 76.8% | 84.1%  | 93.5%  | 92.8% | 85.0% | 89.3% |
| Waitematā                    | 88.0% | 82.6% | 78.3%  | 92.6%  | 89.1% | 79.6% | 88.3% |
| Counties Manukau             | 87.4% | 78.4% | 84.6%  | 93.8%  | 91.3% | 84.4% | 87.5% |
| Canterbury                   | 86.7% | 81.1% | 74.7%  | 89.7%  | 88.6% | 84.0% | 87.2% |
| Taranaki                     | 85.3% | 82.0% | 80.0%  | 97.5%  | 84.7% | 85.7% | 85.1% |
| Nelson Marlborough           | 85.0% | 81.4% | 81.8%  | 91.8%  | 85.1% | 71.9% | 88.7% |
| Waikato                      | 85.0% | 78.3% | 81.0%  | 94.1%  | 87.5% | 86.2% | 84.4% |
| Whanganui                    | 84.8% | 84.0% | 100.0% | 83.3%  | 84.6% | 96.4% | 79.1% |
| MidCentral                   | 84.0% | 78.9% | 73.1%  | 96.1%  | 86.9% | 79.8% | 86.4% |
| Hutt Valley                  | 83.0% | 79.3% | 75.0%  | 87.4%  | 85.4% |       | 83.0% |
| Wairarapa                    | 81.4% | 84.9% | 87.5%  | 100.0% | 71.7% | 46.7% | 86.0% |
| Bay of Plenty                | 80.0% | 70.3% | 64.7%  | 92.2%  | 87.8% | 75.6% | 80.6% |
| Lakes                        | 78.9% | 70.2% | 50.0%  | 86.7%  | 92.9% | 82.7% | 76.7% |
| Hawke's Bay                  | 78.7% | 70.3% | 87.9%  | 85.3%  | 86.5% | 74.3% | 79.4% |
| Tairāwhiti                   | 78.3% | 77.4% | 100.0% | 100.0% | 72.4% | 79.2% | 78.2% |
| Northland                    | 74.7% | 71.1% | 72.2%  | 92.1%  | 78.9% | 74.6% | 74.9% |
| West Coast                   | 70.0% | 62.5% | 100.0% | 50.0%  | 73.9% | 70.0% |       |

Baseline 86.6% Milestone n/a Target 85%

Milestone or Target achieved Partially Achieved (0.1-5 percentage points away from milestone or target) Not Achieved (>5 percentage points away from milestone or target)

- Overall, newborn enrolment rates improved 2.7 per cent compared to the same quarter last year.
- Newborn enrolment rates show improvement across all ethnicities. A cross-functional Health NZ group has been established to improve processes and data flows between birthing services, digital services, national systems and external partners, including PHOs. Health NZ is also working with the Ministry of Health on the First 2000 Days project, recognising newborn enrolment as a key milestone for supporting care pathways and immunisation.
- Investment in primary and community services progressed this quarter, with funding released to improve access to existing urgent and after-hours care, expand 24/7 digital access to primary care, and support general practices to increase service availability. The investment is intended to strengthen delivery against key health targets, improve continuity and coordination of care, and grow the medical workforce.

## 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.<sup>5</sup>

### National result

|          |       | Māori | Pacific | Asian | Euro/Other | Rural | Urban |
|----------|-------|-------|---------|-------|------------|-------|-------|
| Q4 25/26 | 94.9% | 87.4% | 98.6%   | 87.7% | 99.5%      | 94.8% | 93.8% |
| Q4 24/25 | 94.2% | 84.4% | 99.4%   | 89.4% | 98.3%      |       |       |

### Results by region and district

|                              |       |       |        |        |        |        |       |
|------------------------------|-------|-------|--------|--------|--------|--------|-------|
| Northern                     | 96.3% | 86.0% | 101.5% | 87.1%  | 106.0% | 97.5%  | 95.3% |
| South Island   Te Waipounamu | 95.6% | 89.4% | 92.3%  | 91.1%  | 97.4%  | 95.4%  | 94.6% |
| Midland   Te Manawa Taki     | 93.4% | 87.7% | 97.1%  | 90.5%  | 96.4%  | 91.2%  | 92.3% |
| Central   Te Ikaroa          | 93.0% | 87.9% | 90.5%  | 84.2%  | 96.9%  | 97.3%  | 91.1% |
| Canterbury                   | 97.4% | 91.6% | 97.2%  | 91.8%  | 99.7%  | 94.7%  | 96.7% |
| Counties Manukau             | 97.4% | 84.0% | 104.7% | 88.1%  | 113.4% | 96.3%  | 96.5% |
| Waitematā                    | 97.0% | 84.0% | 96.9%  | 87.3%  | 106.7% | 120.0% | 95.7% |
| Wairarapa                    | 96.0% | 94.1% | 98.5%  | 97.4%  | 96.3%  | 124.1% | 90.6% |
| Whanganui                    | 95.0% | 88.5% | 100.8% | 93.4%  | 97.9%  | 96.4%  | 93.4% |
| Northland                    | 94.7% | 92.6% | 95.6%  | 99.7%  | 95.6%  | 93.2%  | 93.3% |
| Auckland                     | 94.4% | 82.4% | 97.7%  | 85.1%  | 105.1% | 104.3% | 93.7% |
| Nelson Marlborough           | 94.1% | 86.1% | 71.8%  | 83.4%  | 97.2%  | 83.5%  | 97.0% |
| West Coast                   | 94.0% | 87.6% | 105.9% | 102.7% | 94.4%  | 92.7%  |       |
| Waikato                      | 93.8% | 87.6% | 105.6% | 88.4%  | 97.2%  | 92.8%  | 92.1% |
| South Canterbury             | 93.8% | 86.9% | 86.4%  | 89.1%  | 95.4%  | 107.2% | 87.6% |
| Southern                     | 93.6% | 88.2% | 92.4%  | 91.5%  | 94.8%  | 98.0%  | 89.1% |
| Hutt Valley                  | 93.6% | 91.2% | 94.8%  | 84.4%  | 97.9%  |        | 92.9% |
| Taranaki                     | 93.5% | 86.1% | 91.5%  | 88.1%  | 96.4%  | 88.5%  | 92.2% |
| Lakes                        | 93.2% | 89.3% | 93.1%  | 91.0%  | 96.7%  | 97.2%  | 89.4% |
| Bay of Plenty                | 93.0% | 88.3% | 87.4%  | 95.8%  | 94.8%  | 80.9%  | 93.5% |
| Capital and Coast            | 92.8% | 88.2% | 91.3%  | 81.6%  | 97.5%  | 103.1% | 90.1% |
| MidCentral                   | 92.1% | 83.2% | 86.3%  | 84.1%  | 97.0%  | 95.7%  | 88.8% |
| Hawke's Bay                  | 91.9% | 88.6% | 81.7%  | 90.5%  | 94.5%  | 86.8%  | 92.1% |
| Tairāwhiti                   | 91.4% | 85.7% | 73.7%  | 100.1% | 100.2% | 82.2%  | 91.3% |

■ Baseline 94.4%   
 ■ Milestone n/a   
 ■ Target 95%   
 ■ Milestone or Target achieved   
 ■ Partially Achieved (0.1-5 percentage points away from milestone or target)   
 ■ Not Achieved (>5 percentage points away from milestone or target)

- Enrolment improved by 0.7 per cent compared to the same quarter last year. Overall, almost 95 per cent of the estimated population is enrolled with a general practice. Māori and Pacific Peoples enrolment continues to increase.
- Annual investment uplift and funding continued to support primary care, including the uplift for PHOs and general practices, \$95m in additional performance-based funding, and investment to improve data sharing across primary care.
- Primary care access in Hawke's Bay district and other Central | Te Ikaroa region districts is supported through two new PHOs from 1 July 2026. Health NZ has engaged with new and existing PHOs on strategies to improve GP access in the year ahead, including a new GP practice due to come online in the first quarter of 2026/27 in the Hutt Valley, an area of low enrolment rates.
- Northern region is lifting primary care enrolment through data matching, working with emergency departments, iwi and community partnerships, adoption of a regional maternal and newborn enrolment policy, targeted outreach for groups such as people experiencing homelessness or leaving prison, and actions to address capacity constraints through workforce development, monitoring closed books and supporting new practices.

<sup>5</sup> General practice enrolment calculations use population projections from Stats NZ (estimates) so some results may exceed 100 per cent. Further work is underway to better match the numerator to the denominator for this measure.

## Key P&C outputs

| Key service                 | Measure                                                    | Q4 outputs | YTD outputs         | 2025/26 forecast | YTD % against forecast |
|-----------------------------|------------------------------------------------------------|------------|---------------------|------------------|------------------------|
| Ambulance                   | Road ambulance attendances                                 | 157,110    | 640,707             | 640,500          | 100.0%                 |
| Primary care                | General practice enrolments <sup>6</sup>                   | 5,138,675  | 5,138,675           | 5,129,700        | 100.2%                 |
| Primary care                | General practice encounters <sup>7</sup>                   | 5,307,211  | 20,939,870          | 21,819,800       | 96.0%                  |
| Primary care                | Well child assessments                                     | 11,528     | 48,093 <sup>8</sup> | 48,500           | 99.2%                  |
| Aged Residential Care (ARC) | ARC bed days <sup>9</sup>                                  | 2,636,856  | 10,691,452          | 10,075,000       | 106.1%                 |
| Community radiology         | Maternity ultrasound scans <sup>10</sup>                   | 65,741     | 264,473             | 268,400          | 98.5%                  |
| Maternity                   | Supported births <sup>11</sup>                             | 13,677     | 55,102              | 57,100           | 96.5%                  |
| Community pharmacy          | Funded prescriptions – written and dispensed <sup>12</sup> | 15,142,249 | 61,003,020          | 62,130,000       | 98.2%                  |
| Community pharmacy          | Pharmacy items dispensed <sup>13</sup>                     | 25,156,421 | 99,200,990          | 101,780,000      | 97.5%                  |

<sup>6</sup> Enrolments represent the number of people enrolled at snapshot taken on the first day of the month following the end of each quarter. As snapshots are taken monthly, the figure is reflective of enrolment during the final month of the quarter. The data source is the National Enrolment Service. Forecasts are produced using population projections, stratified by funding age bands, to account for different population growth rates across age groups.

<sup>7</sup> Encounters count all First Level Service consultations between patients and their enrolling general practice. This includes doctor and nurse consultations (both face-to-face and virtual), follow-up communications, prescription requests, and immunisations. A First Level Services consultation is formally defined in Part H of the PHO Agreement. Data source is the National Enrolment Service. Data is updated up to daily and is therefore subject to change.

<sup>8</sup> Q4 2025/26 Core 1 contact volumes were lower than in previous years. Lower birth volumes may have contributed to this decline. Other factors cannot be commented on at this time.

<sup>9</sup> Data includes people in long-term residential care beds funded by Health NZ. This metric counts every night an individual stays at an ARC facility paid by Health NZ in some part. It does not count people who fund the full cost themselves, or short-term care (e.g. end-of life or respite) funded via separate contracts.

<sup>10</sup> Quarter four volumes are likely incomplete as claims can be submitted up to 12 months following provision of care.

<sup>11</sup> Quarter four volumes are likely incomplete due to delays in reporting, particularly for private birthing facilities, including publicly funded births in private facilities.

<sup>12</sup> Funded individual initial items dispensed to a patient and claimed by a pharmacy.

<sup>13</sup> Items dispensed counts all individual funded dispensing events. This includes both the initial dispensing of a prescription and any subsequent repeats that are dispensed and claimed by a pharmacy. Data is subject to change. Pharmacies now have up to 12 months to submit claims for a dispensing (previously 3 months).

# Output class 3: Hospital and specialist services (HSS)

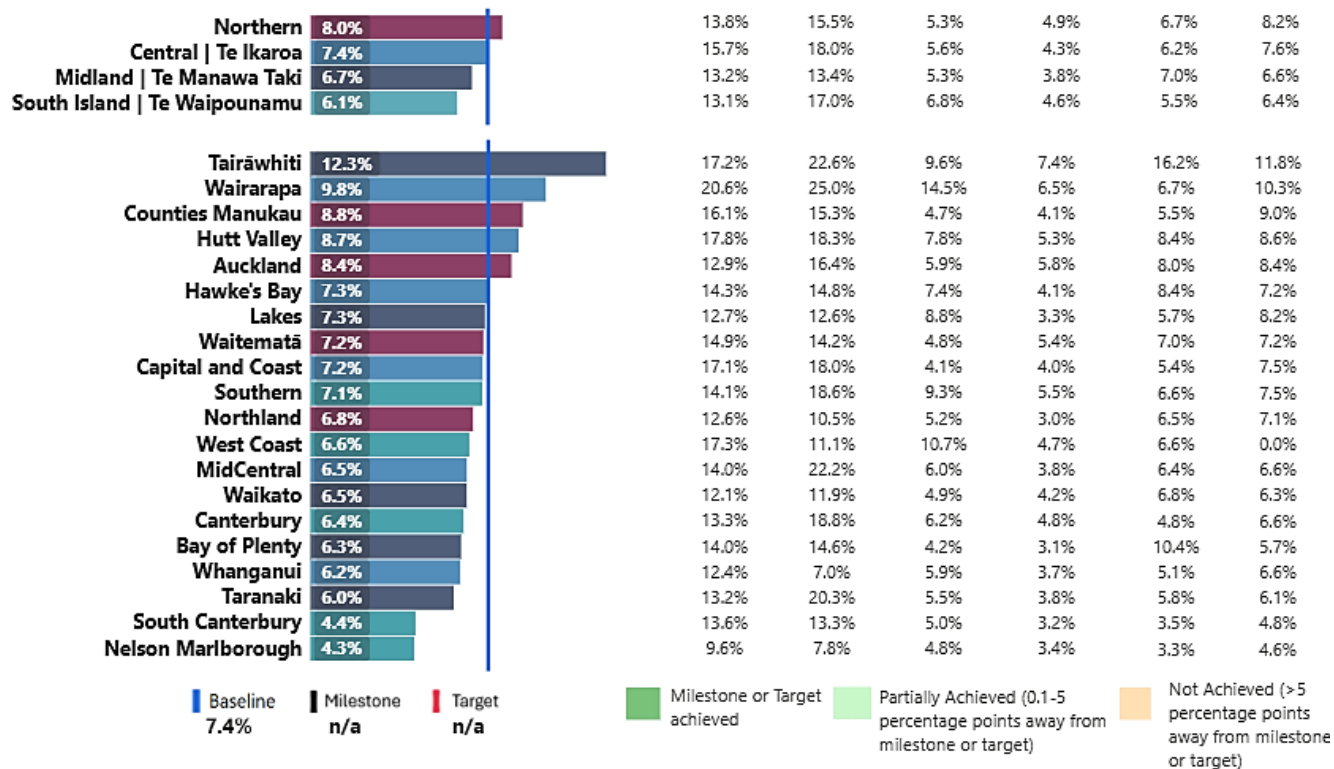
## P2-58 Missed first specialist assessments

Percentage of patients who did not attend or did not wait for their FSA as a proportion of total assessments.

### National result

|          |      | Māori | Pacific | Asian | Euro/Other | Rural | Urban |
|----------|------|-------|---------|-------|------------|-------|-------|
| Q4 25/26 | 7.2% | 13.9% | 15.8%   | 5.5%  | 4.5%       | 6.4%  | 7.4%  |
| Q4 24/25 | 7.8% | 15.4% | 17.0%   | 6.0%  | 4.7%       |       |       |

### Results by region and district

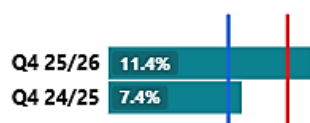


- Missed assessments saw a 0.6 per cent improvement on the same quarter last year. There was improvement for all ethnicities compared to the same quarter last year.
- Central | Te Ikaroa region improved patient transport access through the Kāpiti shuttle pilot.
- South Island | Te Waipounamu is targeting missed appointments through regional outpatient guidelines for difficult-to-contact patients, text reminders, and reporting to identify patients at higher risk of non-attendance, supporting more proactive follow-up and improved attendance.
- Pacific Health commenced a quality improvement project to reduce missed appointments for Pacific patients, initially focused on Did Not Attend and Did Not Wait FSAs and elective appointments.

## P2-88 Medical appts via telehealth (digital)

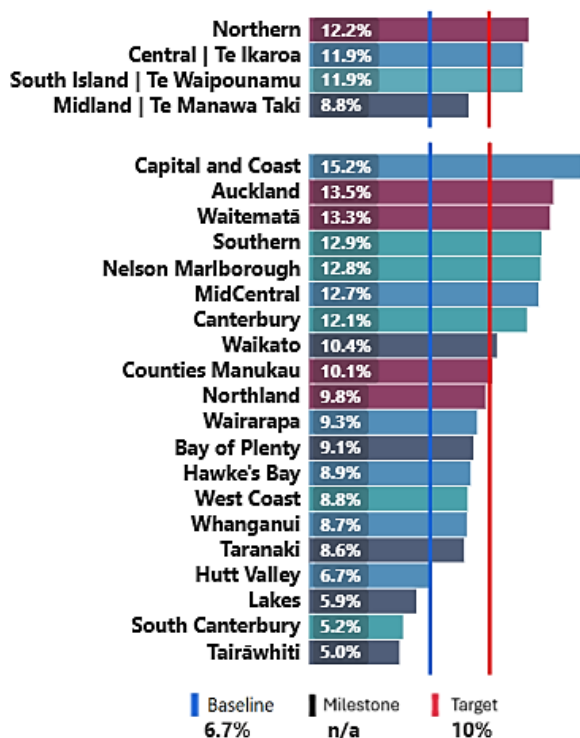
Outpatient attendances completed via telephone or video, as a percentage of all outpatient attendances.

### National result



| Māori | Pacific | Asian | Euro/Other | Rural | Urban |
|-------|---------|-------|------------|-------|-------|
| 11.6% | 10.4%   | 10.0% | 11.8%      | 14.8% | 10.6% |
| 7.2%  | 5.2%    | 6.9%  | 7.9%       |       |       |

### Results by region and district



|       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|
| 13.2% | 10.9% | 11.2% | 12.7% | 15.6% | 11.8% |
| 12.5% | 10.1% | 8.8%  | 12.2% | 14.6% | 11.2% |
| 12.4% | 8.9%  | 8.6%  | 12.2% | 17.9% | 9.6%  |
| 8.9%  | 7.6%  | 6.3%  | 9.1%  | 11.2% | 7.9%  |
| 16.7% | 11.5% | 10.6% | 16.0% | 17.4% | 14.7% |
| 15.2% | 11.5% | 11.3% | 14.7% | 26.9% | 12.7% |
| 14.6% | 11.0% | 12.6% | 13.7% | 17.5% | 13.1% |
| 12.8% | 9.5%  | 15.8% | 12.8% | 19.7% | 8.3%  |
| 12.3% | 9.8%  | 7.7%  | 13.2% | 17.3% | 11.6% |
| 12.2% | 9.6%  | 8.1%  | 13.2% | 14.0% | 12.0% |
| 13.1% | 8.9%  | 6.6%  | 12.7% | 21.3% | 10.2% |
| 10.0% | 7.4%  | 6.4%  | 11.2% | 13.1% | 8.9%  |
| 12.1% | 10.4% | 10.3% | 9.1%  | 11.8% | 10.0% |
| 10.5% | 8.3%  | 5.7%  | 9.6%  | 11.4% | 7.8%  |
| 10.1% | 14.5% | 9.6%  | 9.0%  | 10.0% | 9.2%  |
| 9.5%  | 8.9%  | 6.7%  | 9.1%  | 12.3% | 8.7%  |
| 9.5%  | 5.8%  | 4.9%  | 9.1%  | 12.2% | 8.4%  |
| 8.0%  | 12.5% | 5.1%  | 8.9%  | 8.6%  | 50.0% |
| 11.7% | 14.6% | 8.7%  | 7.5%  | 12.3% | 7.6%  |
| 10.6% | 7.9%  | 6.7%  | 8.2%  | 9.9%  | 7.9%  |
| 8.6%  | 7.2%  | 5.6%  | 6.3%  | 6.1%  | 6.7%  |
| 6.9%  | 7.0%  | 6.3%  | 5.3%  | 6.7%  | 5.4%  |
| 6.3%  | 3.6%  | 2.4%  | 5.3%  | 5.8%  | 4.9%  |
| 5.2%  | 5.0%  | 2.4%  | 4.9%  | 8.6%  | 4.5%  |

■ Milestone or Target achieved  
■ Partially Achieved (0.1-5 percentage points away from milestone or target)  
■ Not Achieved (>5 percentage points away from milestone or target)

- Medical appointments via telehealth have increased significantly from the same quarter last year, indicating continuous improvement. Having telehealth options is increasingly important, as they reduce time, cost and travel required to attend appointments in person, particularly for people who live a long way from services or face other barriers to accessing care.
- Telehealth uptake exceeded the >10 per cent target nationally and in three of four regions, led by Northern. Adoption is strongest in Capital Coast, Auckland, Waitemata and Southern, supported by established clinical infrastructure and well-established service models.

## P2-194 Hospital pressure injuries

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

### National result

|          |     | Māori | Pacific | Asian | Euro/Other | Rural | Urban |
|----------|-----|-------|---------|-------|------------|-------|-------|
| Q4 25/26 | 4.8 | 4.4   | 1.9     | 2.3   | 5.9        | 5.0   | 4.7   |
| Q4 24/25 | 6.1 | 4.5   | 4.2     | 3.5   | 7.4        |       |       |

### Results by region

|                              |     |     |      |     |     |     |     |
|------------------------------|-----|-----|------|-----|-----|-----|-----|
| Central   Te Ikaroa          | 6.8 | 7.4 | 0.0  | 1.9 | 7.9 | 8.0 | 6.5 |
| South Island   Te Waipounamu | 5.3 | 6.7 | 0.0  | 1.9 | 5.7 | 3.2 | 6.1 |
| Midland   Te Manawa Taki     | 4.1 | 2.1 | 11.7 | 2.3 | 4.9 | 5.6 | 3.5 |
| Northern                     | 4.0 | 3.7 | 1.6  | 2.5 | 5.5 | 3.9 | 3.8 |

- Preventing pressure injuries remains an important patient safety priority across Health NZ. National prevention activities include regular staff education on identifying patients at risk, prevention approaches, available equipment and resources, and learning from anonymised case studies. Work is also continuing to improve access to appropriate equipment, replace mattresses, and strengthen equipment management processes. Ongoing monitoring activities include routine audits, Quality Safety Marker audits, and regular reporting of data and trends to clinical teams and governance groups.
- This quarter, Central | Te Ikaroa strengthened pressure injury monitoring through the national Quality and Safety Report, enabling district, regional and national comparability for clinical, quality and operational leaders. Local clinical governance focus has supported improvement in MidCentral, reducing reported pressure injuries from 19 in quarter four 2024/25 to 16 in quarter four 2025/26.
- In Midland | Te Manawa Taki region, Waikato has a well-established multidisciplinary Skin Integrity Committee, which oversees quality improvement activities across wards, services and the wider district.

## P2-195 Hospital falls

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

### National result

|          |     | Māori | Pacific | Asian | Euro/Other | Rural | Urban |
|----------|-----|-------|---------|-------|------------|-------|-------|
| Q4 25/26 | 3.9 | 2.3   | 2.2     | 1.6   | 5.1        | 3.8   | 3.9   |
| Q4 24/25 | 4.8 | 2.5   | 2.7     | 2.4   | 6.3        |       |       |

### Results by region

|                              |     |     |     |     |     |     |     |
|------------------------------|-----|-----|-----|-----|-----|-----|-----|
| South Island   Te Waipounamu | 4.8 | 2.7 | 0.0 | 0.0 | 5.9 | 8.9 | 3.5 |
| Northern                     | 4.2 | 4.7 | 3.1 | 2.5 | 5.2 | 3.1 | 4.4 |
| Central   Te Ikaroa          | 3.3 | 1.5 | 0.0 | 0.0 | 4.7 | 3.5 | 3.3 |
| Midland   Te Manawa Taki     | 2.9 | 0.0 | 0.0 | 0.0 | 4.6 | 0.5 | 3.9 |

- There has been a notable decrease of hospital-acquired falls compared to quarter four last year. All districts monitor falls rates through local clinical governance with a number of initiatives implemented to manage the falls risk.
- Northern region continues to manage falls as a patient safety priority, with current activity stabilising rates rather than delivering sustained reduction. Strengthened clinical governance, risk assessment, care planning, compliance auditing, staff training and multidisciplinary falls committees are supporting prevention, but persistent, serious harm events indicate further targeted improvement is needed for high-risk cohorts.
- Nelson Marlborough (in South Island | Te Waipounamu region) is strengthening fall prevention through patient-centred care tools that support communication and teamwork. A recent audit of hospital falls identified key patterns in timing, circumstances, affected patients and preventative care, with findings being used to refine current initiatives and drive targeted service improvement.

## 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 the rates. Issues with submissions from the Waikato district into the National Minimum Dataset Collection have resulted in lower underlying numerator and denominator volumes, but rates published are likely to be reflective of actual events.

Key HSS Outputs<sup>14</sup>

| Key service                                       | Measure                                      | Q4 outputs | YTD outputs | 2025/26 forecast volume | YTD % against forecast |
|---------------------------------------------------|----------------------------------------------|------------|-------------|-------------------------|------------------------|
| Emergency services (ES)                           | Non-admitted attendances                     | 175,864    | 702,546     | 702,465                 | 100.0%                 |
| ES                                                | Admitted attendances                         | 177,617    | 729,830     | 742,293                 | 98.3%                  |
| Specialist surgical services (SSS)                | Acute case weighted discharges <sup>15</sup> | 63,641     | 253,840     | 259,258                 | 97.9%                  |
| SSS                                               | Planned case weighted discharges             | 68,734     | 251,140     | 237,168                 | 105.9%                 |
| SSS                                               | First specialist assessments                 | 100,228    | 378,487     | 465,870                 | 81.2%                  |
| SSS                                               | Follow up appointments                       | 225,337    | 873,532     | 904,539                 | 96.6%                  |
| SSS                                               | Planned care minor procedures                | 44,101     | 168,279     | 172,670                 | 97.5%                  |
| SSS                                               | Acute case weighted discharges               | 75,023     | 310,104     | 318,014                 | 97.5%                  |
| SSS                                               | Elective case weighted discharges            | 4,865      | 17,635      | 20,049                  | 88.0%                  |
| Specialist medical services (SMS)                 | First specialist assessments                 | 57,730     | 229,899     | 228,021                 | 100.8%                 |
| SMS                                               | Follow up appointments                       | 107,165    | 424,477     | 429,529                 | 98.8%                  |
| SMS                                               | Health of older people inpatient             | 92,591     | 315,163     | 288,469                 | 109.3%                 |
| SMS                                               | Renal dialysis ambulatory care               | 81,887     | 324,312     | 325,764                 | 99.6%                  |
| Maternity and specialist neonatal services (MSNS) | Inpatient neonatal case weighted discharges  | 8,897      | 36,640      | 32,494                  | 112.8%                 |
| MSNS                                              | Inpatient maternity case weighted discharges | 17,449     | 70,436      | 65,755                  | 107.1%                 |
| MSNS                                              | First specialist appointments                | 9,588      | 37,012      | 40,990                  | 90.3%                  |
| MSNS                                              | Follow up appointments                       | 11,196     | 43,373      | 37,376                  | 116.0%                 |
| MSNS                                              | Consults                                     | 25,669     | 113,197     | 120,297                 | 94.1%                  |
| MSNS                                              | Clinics                                      | 7,275      | 29,671      | 22,289                  | 133.1%                 |
| Paediatric and child specialty services (PCSS)    | Acute case weighted discharges               | 9,793      | 40,775      | 48,388                  | 84.3%                  |

<sup>14</sup> Forecast volumes are based on Te Pae Waenga outputs from the New Zealand Health Plan (published 1/8/2025). Forecasts have since been updated through annual planning processes.

<sup>15</sup> A case-weight reflects the resources needed to diagnose and treat a case in a respective case group compared to the average cost of diagnosing and treating across all cases.

| Key service                               | Measure                                  | Q4 outputs | YTD outputs | 2025/26 forecast volume | YTD % against forecast |
|-------------------------------------------|------------------------------------------|------------|-------------|-------------------------|------------------------|
| PCSS                                      | Elective case weighted discharges        | 1,498      | 5,453       | 4,226                   | 129.0%                 |
| PCSS                                      | First specialist assessments             | 9,488      | 38,286      | 36,846                  | 103.9%                 |
| PCSS                                      | Follow up appointments                   | 25,755     | 99,775      | 96,984                  | 102.9%                 |
| Specialty cancer services (SCS)           | Inpatient cancer case weighted discharge | 2,749      | 10,399      | 10,132                  | 102.6%                 |
| SCS                                       | First specialist assessments             | 5,944      | 23,232      | 22,647                  | 102.6%                 |
| SCS                                       | Follow up appointments                   | 36,071     | 145,765     | 140,372                 | 103.8%                 |
| SCS                                       | Intravenous chemotherapy                 | 27,844     | 110,106     | 109,057                 | 101.0%                 |
| SCS                                       | Radiation oncology sessions              | 35,444     | 148,946     | 147,428                 | 101.0%                 |
| Community teams and rural hospitals (CRH) | Allied health interventions              | 217,108    | 860,250     | 713,473                 | 120.6%                 |
| CRH                                       | Nurse led clinics                        | 117,926    | 465,162     | 432,344                 | 107.6%                 |
| CRH                                       | Community nursing                        | 307,517    | 1,210,408   | 1,268,214               | 95.4%                  |
| CRH                                       | Community radiology                      | 275,510    | 835,732     | 856,608                 | 97.6%                  |

# 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

|          |       | Māori | Pacific | Asian | Euro/Other | Rural | Urban |
|----------|-------|-------|---------|-------|------------|-------|-------|
| Q4 25/26 | 3,172 | 5,222 | 3,544   | 1,375 | 3,175      | 3,050 | 3,020 |
| Q4 24/25 | 3,044 | 4,989 | 3,723   | 1,272 | 2,991      |       |       |

### Results by region and district

|                              |       |       |       |       |       |       |       |
|------------------------------|-------|-------|-------|-------|-------|-------|-------|
| South Island   Te Waipounamu | 3,392 | 5,312 | 3,293 | 1,531 | 3,441 | 2,843 | 3,556 |
| Midland   Te Manawa Taki     | 3,202 | 5,087 | 3,001 | 923   | 2,783 | 2,820 | 3,128 |
| Central   Te Ikaroa          | 3,175 | 5,070 | 3,446 | 1,223 | 2,998 | 3,295 | 3,006 |
| Northern                     | 3,054 | 5,536 | 3,672 | 1,456 | 3,343 | 3,708 | 2,748 |
| Whanganui                    | 4,715 | 5,359 | 2,715 | 1,789 | 4,772 | 3,210 | 5,101 |
| Lakes                        | 4,083 | 5,337 | 3,132 | 1,176 | 3,761 | 4,245 | 3,706 |
| Wairarapa                    | 3,895 | 6,218 | 4,264 | 1,734 | 3,430 | 2,960 | 3,556 |
| Northland                    | 3,674 | 4,767 | 3,228 | 1,864 | 3,148 | 3,099 | 4,297 |
| Canterbury                   | 3,528 | 6,039 | 3,063 | 1,541 | 3,666 | 3,051 | 3,588 |
| Waitematā                    | 3,471 | 7,761 | 4,900 | 1,519 | 3,712 | 6,381 | 3,216 |
| Tairāwhiti                   | 3,450 | 4,026 | 4,787 | 2,451 | 2,615 | 2,868 | 3,585 |
| Hutt Valley                  | 3,435 | 5,205 | 4,095 | 1,412 | 3,566 |       | 3,275 |
| Southern                     | 3,418 | 4,618 | 4,510 | 1,736 | 3,413 | 2,806 | 3,810 |
| South Canterbury             | 3,413 | 6,079 | 2,414 | 1,129 | 3,371 | 2,797 | 3,375 |
| Bay of Plenty                | 3,319 | 4,641 | 2,508 | 1,220 | 3,130 | 2,690 | 3,171 |
| Auckland                     | 3,276 | 7,188 | 5,163 | 1,822 | 3,367 | 8,979 | 3,005 |
| Capital and Coast            | 3,185 | 6,944 | 3,794 | 1,274 | 2,977 | 3,878 | 2,937 |
| Nelson Marlborough           | 3,146 | 4,763 | 2,065 | 1,210 | 3,125 | 2,998 | 3,208 |
| Hawke's Bay                  | 3,098 | 4,514 | 3,548 | 968   | 2,698 | 3,068 | 2,885 |
| Waikato                      | 3,053 | 6,002 | 3,099 | 729   | 2,437 | 2,512 | 3,070 |
| Taranaki                     | 2,983 | 4,231 | 2,512 | 991   | 2,801 | 2,911 | 2,920 |
| MidCentral                   | 2,938 | 4,709 | 1,847 | 1,008 | 2,697 | 3,103 | 2,802 |
| Counties Manukau             | 2,842 | 5,049 | 3,119 | 1,254 | 3,672 | 3,132 | 2,423 |
| West Coast                   | 2,771 | 4,386 | 1,928 | 778   | 2,657 | 2,699 |       |

- Improved performance compared to the same quarter last year, with 128 more people per 100,000 accessing either primary or specialist MH&A services.
- Significant effort is going into increasing the reach of Access and Choice with over 260,000 people accessing services in the 12 months to 30 June 2026. This is an increase from 234,000 in the 12 months to 30 June 2025.
- Midland | Te Manawa Taki region has increased forensic mental health capacity through 10 new inpatient beds at Henry Rongomau Bennett Centre for people in the criminal justice system requiring specialist compulsory treatment. Further regional capability is being built through a forensic intensive community wraparound service, with recruitment, model of care and clinical pathways progressing to improve continuity of care and support transitions from prison and inpatient services.
- Further activity to improve access to services is described on the MH&A targets website.

## Shorter MHA stays in ED <6hrs (youth subset)<sup>16</sup>

This measure reports the percentage of rangatahi (youth subset 12 - 24 years) mental health and addiction-related ED attendances that were admitted, discharged or transferred from an ED within six hours, as a proportion of all rangitahi mental health and addiction-related attendances.

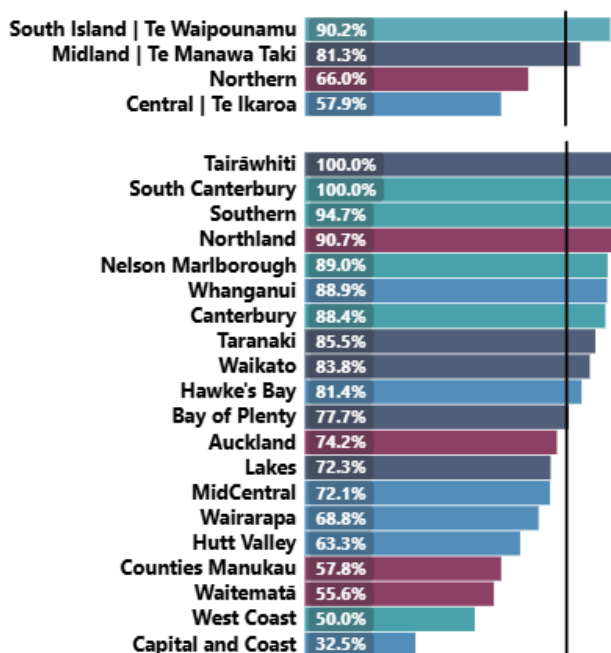
The below graph is the youth subset of the measure. The full measure can be found in the factsheets [here](#).

### National result - youth subset



| Māori | Pacific | Asian | Euro/Other | Rural | Urban |
|-------|---------|-------|------------|-------|-------|
| 74.6% | 67.2%   | 71.8% | 75.3%      | 75.2% | 74.0% |
| 73.5% | 64.2%   | 65.4% | 78.3%      | 78.3% | 74.6% |

### Results by region and district



|        |        |        |        |        |        |
|--------|--------|--------|--------|--------|--------|
| 89.1%  | 90.0%  | 93.6%  | 90.3%  | 86.0%  | 90.6%  |
| 83.0%  | 90.9%  | 58.3%  | 80.1%  | 79.3%  | 82.1%  |
| 64.1%  | 58.9%  | 69.7%  | 67.9%  | 75.0%  | 65.3%  |
| 63.3%  | 63.0%  | 48.1%  | 54.2%  | 54.2%  | 58.2%  |
| 100.0% | 100.0% |        | 100.0% | 100.0% | 100.0% |
| 100.0% |        |        | 100.0% | 100.0% | 100.0% |
| 95.7%  | 90.0%  | 100.0% | 93.9%  | 83.3%  | 96.0%  |
| 88.4%  | 100.0% | 100.0% | 92.9%  | 87.5%  | 93.0%  |
| 93.8%  | 100.0% | 100.0% | 86.3%  | 77.8%  | 90.6%  |
| 90.9%  |        |        | 85.7%  | 66.7%  | 93.3%  |
| 84.3%  | 85.7%  | 90.3%  | 90.0%  | 94.7%  | 88.0%  |
| 90.0%  |        | 100.0% | 81.8%  | 84.0%  | 86.7%  |
| 84.2%  | 85.7%  | 71.4%  | 84.3%  | 87.2%  | 82.6%  |
| 78.4%  | 83.3%  | 75.0%  | 88.0%  | 63.6%  | 83.8%  |
| 81.8%  | 100.0% | 0.0%   | 77.3%  | 62.5%  | 80.8%  |
| 65.1%  | 76.5%  | 84.4%  | 73.1%  | 100.0% | 73.5%  |
| 72.0%  |        |        | 72.7%  | 66.7%  | 74.6%  |
| 69.2%  | 77.8%  | 75.0%  | 73.5%  | 68.8%  | 72.9%  |
| 62.5%  |        |        | 75.0%  | 100.0% | 66.7%  |
| 58.3%  | 66.7%  | 80.0%  | 64.0%  | 100.0% | 62.1%  |
| 55.7%  | 59.0%  | 51.6%  | 63.8%  | 40.0%  | 58.2%  |
| 56.3%  | 28.6%  | 65.6%  | 55.8%  | 16.7%  | 56.8%  |
| 100.0% |        |        | 33.3%  | 66.7%  | 0.0%   |
| 30.6%  | 16.7%  | 21.4%  | 35.4%  | 25.0%  | 33.3%  |

Baseline n/a  
Milestone 77%  
Target 95%

Milestone or Target achieved  
Partially Achieved (0.1-5 percentage points away from milestone or target)  
Not Achieved (>5 percentage points away from milestone or target)

- Two districts are meeting the required target of 95 percent and nine others tracking above the milestone of 77 percent.
- Significant effort is going into improving wait times in underperforming districts, with planned weekly intervention and reporting to the Executive Leadership Team.
- This is the first time the youth subset has been published.

<sup>16</sup> Youth subsets for MH&A SSSED and Primary access are not measures from Health NZ's accountability documents.

## MHA faster primary access <1 week (youth subset)<sup>17</sup>

This measure shows the percentage of rangatahi (youth subset 12 - 24 years) accessing primary mental health and addiction services through the Access and Choice programme within one week

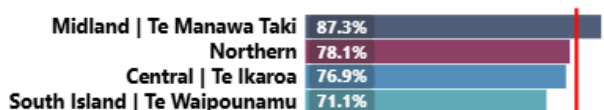
The below graph is the youth subset of the measure. The full measure can be found in the factsheets [here](#).

### National result - youth subset

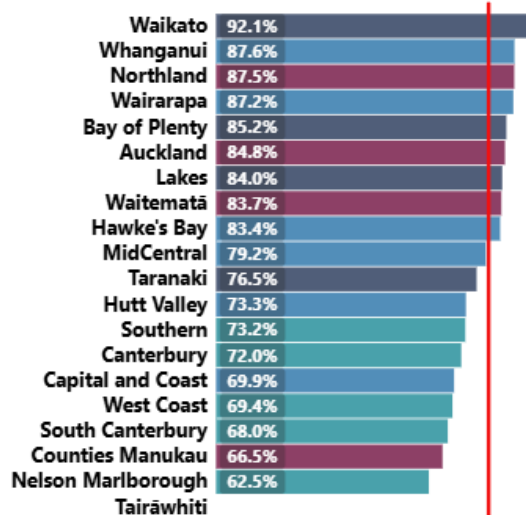


| Māori | Pacific | Asian | Euro/Other | Rural | Urban |
|-------|---------|-------|------------|-------|-------|
| 75.6% | 77.5%   | 82.3% | 77.7%      | 79.9% | 77.0% |
| 84.7% | 88.2%   | 84.9% | 83.6%      | 83.8% | 84.4% |

### Results by region and district



| Māori | Pacific | Asian | Euro/Other | Rural | Urban |
|-------|---------|-------|------------|-------|-------|
| 88.6% | 87.1%   | 90.5% | 85.6%      | 87.9% | 87.1% |
| 68.8% | 77.3%   | 83.9% | 82.6%      | 89.2% | 76.5% |
| 76.1% | 78.3%   | 75.9% | 77.4%      | 74.5% | 77.6% |
| 68.8% | 69.5%   | 77.4% | 71.4%      | 70.0% | 71.4% |



| Māori | Pacific | Asian  | Euro/Other | Rural  | Urban |
|-------|---------|--------|------------|--------|-------|
| 92.7% | 91.8%   | 90.2%  | 91.4%      | 89.4%  | 92.9% |
| 81.0% | 100.0%  | 66.7%  | 91.8%      | 94.6%  | 85.4% |
| 86.4% | 100.0%  | 91.7%  | 88.3%      | 91.3%  | 83.3% |
| 82.9% | 100.0%  | 50.0%  | 90.7%      | 100.0% | 87.7% |
| 81.6% | 83.3%   | 87.0%  | 87.0%      | 77.3%  | 85.6% |
| 87.7% | 88.5%   | 83.7%  | 83.1%      | 100.0% | 84.0% |
| 85.5% | 50.0%   | 100.0% | 81.7%      | 86.4%  | 81.4% |
| 81.7% | 81.9%   | 91.5%  | 82.0%      | 80.0%  | 83.9% |
| 84.5% | 88.9%   | 90.9%  | 81.2%      | 80.6%  | 84.4% |
| 77.2% | 63.6%   | 78.6%  | 81.4%      | 85.5%  | 75.3% |
| 79.5% | 80.0%   | 85.7%  | 74.2%      | 88.7%  | 68.1% |
| 76.1% | 76.2%   | 81.8%  | 69.5%      | 50.0%  | 73.4% |
| 73.8% | 69.0%   | 76.3%  | 73.0%      | 71.0%  | 74.3% |
| 67.9% | 68.3%   | 77.8%  | 72.8%      | 72.3%  | 71.9% |
| 56.4% | 78.9%   | 71.6%  | 72.3%      | 42.7%  | 75.5% |
| 85.7% |         |        | 62.9%      | 69.6%  | 66.7% |
| 81.0% | 0.0%    | 100.0% | 65.0%      | 54.5%  | 73.8% |
| 43.8% | 71.9%   | 77.3%  | 80.5%      | 81.4%  | 65.6% |
| 54.7% | 81.8%   | 63.6%  | 63.9%      | 68.6%  | 60.9% |

Baseline  
n/a

Milestone  
n/a

Target  
80%

Milestone or Target  
achieved

Partially Achieved (0.1-5  
percentage points away from  
milestone or target)

Not Achieved (>5  
percentage points  
away from milestone  
or target)

- Nine districts are meeting the 80% timely access target.
- The apparent decrease in timely access when comparing Q4 24/25 with Q4 2025/26 is attributed to Integrated Primary Mental Health and Addictions and Youth Access and Choice streams being reported together from Q1 2025/26.
- Tairāwhiti's data not included due to different historical reporting requirements. This data will be reported from Q1 26/27 following approval from MHA data stewardship group.

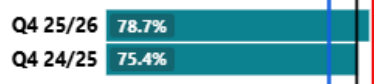
<sup>17</sup> Youth subsets for MH&A SS&D and Primary access are not measures from Health NZ's accountability documents.

## MHA faster specialist access <3 weeks (youth subset)

This measure shows the percentage of rangatahi (youth subset 12 - 24 years) accessing specialist mental health and addiction services seen within three weeks of referral.

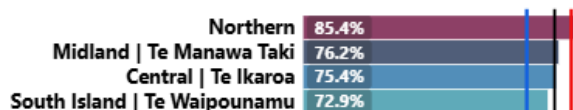
The below graph is the youth subset of the measure. The full measure can be found in the factsheets [here](#).

### National result - youth subset

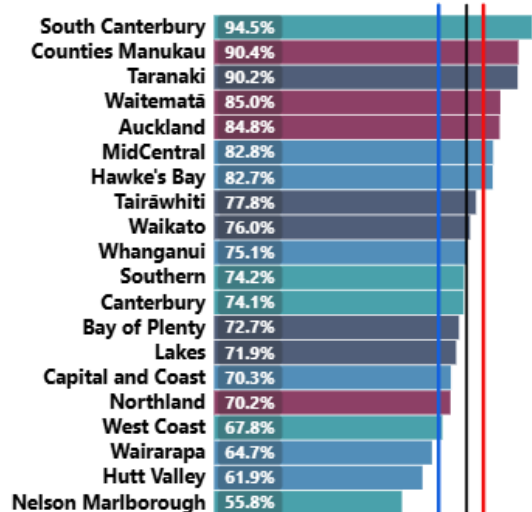


| Māori | Pacific | Asian | Euro/Other | Rural | Urban |
|-------|---------|-------|------------|-------|-------|
| 81.4% | 87.0%   | 83.4% | 74.4%      | 73.1% | 79.8% |
| 78.7% | 83.2%   | 75.8% | 72.0%      |       |       |

### Results by region and district



|       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|
| 85.5% | 91.3% | 86.4% | 82.5% | 73.5% | 86.3% |
| 78.6% | 76.2% | 76.7% | 73.7% | 72.9% | 77.3% |
| 80.9% | 79.9% | 75.8% | 69.3% | 78.4% | 74.6% |
| 78.0% | 73.9% | 77.5% | 70.2% | 67.3% | 74.6% |



|       |        |        |       |       |        |
|-------|--------|--------|-------|-------|--------|
| 93.9% | 83.3%  | 80.0%  | 95.8% | 97.4% | 93.5%  |
| 90.4% | 92.3%  | 91.8%  | 87.5% | 83.3% | 90.5%  |
| 96.4% | 66.7%  | 85.7%  | 86.1% | 90.8% | 89.8%  |
| 86.3% | 94.1%  | 85.1%  | 81.6% | 79.7% | 85.1%  |
| 85.8% | 87.9%  | 81.5%  | 84.7% | 83.1% | 84.8%  |
| 87.3% | 81.5%  | 79.2%  | 77.3% | 85.5% | 81.3%  |
| 87.9% | 85.7%  | 95.0%  | 75.6% | 90.1% | 81.7%  |
| 80.0% | 100.0% | 100.0% | 69.6% | 66.7% | 78.6%  |
| 76.6% | 75.0%  | 81.8%  | 75.1% | 66.4% | 80.8%  |
| 74.5% | 66.7%  | 100.0% | 76.1% | 72.3% | 76.0%  |
| 79.6% | 79.2%  | 87.0%  | 71.0% | 63.2% | 78.6%  |
| 81.8% | 67.7%  | 76.1%  | 70.1% | 72.6% | 74.3%  |
| 76.2% | 80.0%  | 64.3%  | 69.5% | 75.3% | 72.2%  |
| 76.4% | 66.7%  | 60.0%  | 64.8% | 75.5% | 70.5%  |
| 72.7% | 84.5%  | 69.4%  | 66.3% | 67.6% | 70.8%  |
| 72.9% | 60.0%  | 88.9%  | 65.9% | 66.1% | 74.3%  |
| 67.8% | 100.0% | 100.0% | 67.0% | 66.2% | 100.0% |
| 73.7% | 0.0%   | 0.0%   | 59.3% | 56.3% | 66.0%  |
| 70.2% | 67.6%  | 72.0%  | 55.0% | 60.0% | 62.1%  |
| 59.8% | 71.4%  | 50.0%  | 53.5% | 43.2% | 57.7%  |

Baseline 66.7% Milestone 75% Target 80%

Milestone or Target achieved Partially Achieved (0.1-5 percentage points away from milestone or target) Not Achieved (>5 percentage points away from milestone or target)

- Performance has improved by 3.3 percentage points overall when compared with the same quarter last year. The 2025/26 milestone of 75 per cent has been met nationally.
- The youth demographic is a focus because performance has continued to sit below the overall 80% target which continues to perform above target. This ongoing focus means that solid year on year progress is being made for the demographic.
- Five consistently low-performing districts are on performance improvement plans and are receiving additional monitoring to lift results.

## Key MH&A Outputs

| Key service                              | Measure                                                          | Q4 outputs | YTD outputs           | 2025/26 forecast volume | YTD % against forecast |
|------------------------------------------|------------------------------------------------------------------|------------|-----------------------|-------------------------|------------------------|
| Primary and community MH&A services      | Access and Choice: new people seen by Kaupapa Māori services     | 6,238      | 27,419                | 30,000 <sup>18</sup>    | 91.4%                  |
| Primary and community MH&A services      | Access and Choice: people seen                                   | 87,661     | 261,176 <sup>19</sup> | 325,000                 | 80.4%                  |
| Specialist MH&A bed nights <sup>20</sup> | Inpatient activity/occupied bed nights                           | 76,278     | 306,689               | 317,903                 | 96.5%                  |
| Specialist MH&A bed nights <sup>16</sup> | Inpatient activity/occupied bed nights - Forensic                | 22,981     | 91,640                | 89,920                  | 101.9%                 |
| Specialist MH&A bed nights <sup>16</sup> | Residential activity/occupied bed nights – Alcohol & Other Drugs | 2,101      | 8,465                 | 9,586                   | 88.3%                  |
| Specialist MH&A bed nights <sup>16</sup> | Residential activity/occupied bed nights - Other                 | 623        | 2,727                 | 3,417                   | 79.8%                  |
| Specialist MH&A contacts <sup>16</sup>   | Assessment and treatment contacts                                | 46,151     | 191,518               | 209,375                 | 91.5%                  |
| Specialist MH&A contacts <sup>16</sup>   | Ongoing community treatment contacts                             | 467,267    | 1,903,139             | 2,016,254               | 94.4%                  |
| Specialist MH&A contacts <sup>16</sup>   | Psychosocial activity - contacts                                 | 30,627     | 129,969               | 142,212                 | 91.4%                  |
| Specialist MH&A contacts <sup>16</sup>   | Specialist services contacts                                     | 11,351     | 48,683                | 47,902                  | 101.6%                 |

<sup>18</sup> This is a planned volume, not a forecast (unlike the other output volumes in this table).

<sup>19</sup> Quarter one, two, three and four volumes are not summed as some people access services more than once. The YTD result is an extraction as at the end of quarter four.

<sup>20</sup> These are services delivered by Health NZ. The methodology for quantifying estimated specialist MH&A volumes in the NZ Health Plan was indicative and continues to develop. 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. Actual output volumes are calculated using the latest agreed methodology. Percentage against forecast is provided, but given differing methodologies, this is indicative, not an accurate measure of performance.

# Output class 5: Hauora Māori Services

## P2-208 IMPB strategic involvement

Percentage of IMPBs that participate in setting strategic priorities for commissioning in Health NZ.

| Target               | Q1 25/26 | Q2 25/26 | Q3 25/26 | Q4 25/26                            |
|----------------------|----------|----------|----------|-------------------------------------|
| <b>Target:</b> 80.0% | on hold  | on hold  | on hold  | Not applicable (legislative change) |

The Healthy Futures Amendment Bill clarified IMPB advisory pathways, with insights now provided through the Hauora Māori Advisory Committee to inform Ministerial and Health NZ Board advice. In quarter four, Health NZ updated IMPB support contracts to align with these functions and strengthen information-sharing to support IMPB activity.

## 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. Reports are received at the end of each quarter, then analysed and assessed for inclusion in the following quarterly reports (a quarter in arrears). For this quarter, achievement of more than 100 per cent is due to Hauora Māori Partners exceeding their contracted targets.

| Baseline and target                           | Q1 25/26 result reported in Q2 25/26 | Q2 25/26 result reported in Q3 25/26 | Q3 25/26 result reported in Q4 25/26 |
|-----------------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <b>Baseline:</b> NEW;<br><b>Target:</b> 85.0% | 97%                                  | 103%                                 | 112%                                 |

Health NZ's outcomes-based contracts for Hauora Māori partners are integrated contracts that bring together multiple services and funding streams, focusing partners on the positive changes achieved for and with whānau rather than solely on service delivery volumes or activities.

Achievements recorded during quarter three included engagement of 135,494 individuals. These individuals could achieve multiple outcomes across key service areas. The number of outcomes achieved within each service area was:

- Health of older people (10,406)
- Kahu Taurima / Tamariki Ora (46,799)
- Mātauranga Māori (Māori knowledge) (23,039)
- MH&A (50,153)
- Primary Care (84,005)

During quarter four, Hauora Māori Partners delivering these services received planning and reporting templates for 2026/27. This supports Hauora Māori Partners to outline how they will deliver services and contribute to improved outcomes for whānau in the second year of their agreements.

## Key Hauora Māori outputs<sup>21</sup>

The table below summarises key service outputs for quarter four and year-to-date delivery. The following sections provide additional context for selected areas of performance.

| Key service              | Output/Activity                                                                                                                                                                                                                  | Q4 outputs | YTD outputs | 2025/26 planned volume | YTD % against planned |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|------------------------|-----------------------|
| Immunisations            | Number of vaccinations delivered to children under 24 months (excluding meningococcal B immunisations) by providers contracted under the Immunising our Tamariki programme                                                       | 9,083      | 36,845      | 32,000                 | 115%                  |
| Commissioning for impact | Number of individuals engaged with by Hauora Māori partners on integrated outcome-based agreements                                                                                                                               | 135,494    | 433,754     | 312,606                | 139%                  |
| Commissioning for impact | Number of whānau members supported with care across the cancer continuum                                                                                                                                                         | 2,696      | 11,583      | N/A                    | -                     |
| Commissioning for impact | Number of whānau members engaged with in Kahu Taurima Te Ao Māori models of care                                                                                                                                                 | 8,272      | 37,299      | 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) | 16,608     | 67,752      | 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                                                                                | 7,803      | 33,303      | N/A                    | -                     |

### Immunisations

In quarter four, Hauora Māori Partners delivered more than 35,000 vaccinations through 'Immunising our Tamariki', including 9,083 scheduled childhood immunisations for pēpi under 24 months, 74 per cent for Māori. This targeted, community-led approach supported improved 24-month Māori immunisation coverage, rising from 68.4 per cent in Q4 2024/25 to 71.3 per cent in Q4 2025/26, with contract renewals underway to support further gains.

<sup>21</sup> Data includes quarter four activity and quarter three activity reported after the close of the quarter three reporting period. Results are based on point-in-time snapshots and may differ from other published statistics due to differences in timing, methodology, or data sources. Data was extracted 12 August 2026.

## Commissioning for impact

Hauora Māori Partner services continued to improve Māori engagement and reduce access barriers across primary, community and public health settings. Quarter four reporting showed improved access, wellbeing and progress against key health priorities for individuals, whānau and communities.

Highlights in quarter four included:

- Fetal Alcohol Spectrum Disorder (FASD) – phase two of the prevention campaign launched this quarter to strengthen support networks for alcohol-free pregnancies, with community-based FASD assessment, diagnosis and support services procured and due to commence in early 2026/27.
- Cancer Care Coordination Services expanded support in high-need Māori communities, with service use increasing from 1,145 people in Q4 2024/25 to 2,696 in Q4 2025/26. This included 1,166 people supported to access screening and 1,590 receiving cancer advice and education, reflecting strengthened access across the cancer care pathway.
- Suicide Prevention – Te Ahi Kā o te Whānau Framework was socialised with the sector in quarter four to support a shared approach to suicide prevention and postvention delivery, with procurement for community postvention services planned to begin in 2026/27.

# Workforce

## P2-152 Health NZ workforce turnover

Percentage of Health NZ staff who left payroll systems between 1 January and 31 March 2026, compared with the same period in 2025.

### National result

|          |      |
|----------|------|
| Q3 25/26 | 2.4% |
| Q3 24/25 | 2.6% |

| Māori | Pacific | Asian | Euro/Other |
|-------|---------|-------|------------|
| 3.1%  | 2.2%    | 1.8%  | 2.7%       |
| 3.2%  | 3.0%    | 2.0%  | 2.7%       |

### Results by region and district

|                              |      |      |      |      |      |
|------------------------------|------|------|------|------|------|
| Central   Te Ikaroa          | 2.8% | 3.3% | 1.5% | 2.8% | 2.9% |
| National Office              | 2.8% | 2.8% | 0.9% | 1.8% | 3.2% |
| Midland   Te Manawa Taki     | 2.8% | 4.0% | 3.9% | 2.3% | 2.7% |
| South Island   Te Waipounamu | 2.4% | 3.3% | 2.6% | 1.6% | 2.6% |
| Northern                     | 2.1% | 2.4% | 2.2% | 1.5% | 2.5% |
| Wairarapa                    | 4.9% |      |      |      |      |
| West Coast                   | 4.8% |      |      |      |      |
| South Canterbury             | 4.5% |      |      |      |      |
| Tairāwhiti                   | 3.6% |      |      |      |      |
| Hutt Valley                  | 3.2% |      |      |      |      |
| Nelson Marlborough           | 3.2% |      |      |      |      |
| Bay of Plenty                | 3.0% |      |      |      |      |
| Capital and Coast            | 3.0% |      |      |      |      |
| Hawke's Bay                  | 2.8% |      |      |      |      |
| Taranaki                     | 2.7% |      |      |      |      |
| Waikato                      | 2.7% |      |      |      |      |
| Southern                     | 2.6% |      |      |      |      |
| Counties Manukau             | 2.2% |      |      |      |      |
| Lakes                        | 2.1% |      |      |      |      |
| Waitematā                    | 2.0% |      |      |      |      |
| Auckland                     | 2.0% |      |      |      |      |
| MidCentral                   | 2.0% |      |      |      |      |
| Northland                    | 1.8% |      |      |      |      |
| Canterbury                   | 1.8% |      |      |      |      |
| Whanganui                    | 1.6% |      |      |      |      |

- National turnover is low at 2.4 per cent, which is 0.2 per cent lower than the same quarter last year. Regional and district turnover remains stable, ranging from 2.1 per cent in Northern to 2.8 per cent in Central | Te Ikaroa, Midland | Te Manawa Taki and National office. The average district turnover for Q3 25/26 is 2.8 per cent.
- We made progress in strengthening workforce sustainability, staff experience, leadership capability, wellbeing, and safety through a range of initiatives, including implementation of the Health Workforce Plan, the Voluntary Bonding Scheme, leadership development programmes, the Respect at Work Programme, and violence reduction training across all 38 emergency departments.
- A new national Performance Planning and Development approach was launched. It replaces multiple forms and ad hoc approaches with a consistent framework and tools for people leaders to support goal setting, regular check-ins, and development conversations.
- Leadership development programmes maintained strong uptake, with more than 1,300 staff enrolled in or completing the Health Leadership Development Programme and 50 senior leaders completing the Transformational Leadership Programme. The Next50 Talent Programme was launched to identify and develop future candidates for Group Director Operations and Tier 2 leadership roles.

## P2-153 Māori and Pacific workforce

The graph below shows the percentage of new Health NZ staff who identified as Māori or Pacific Peoples and joined our payroll systems in the 12 months to 31 March 2026, measured against all new staff registered on these systems during that period.

**National result**



**Results by region**



- Health NZ continues to expand access, opportunity and leadership pathways to grow Māori and Pacific workforce representation.
- Te Pitomata Grants totalling \$6.9m supported 1,741 Māori learners across priority workforce pathways, with investment focused on critical clinical pipelines including medicine and dentistry, which represented 24.2 per cent of successful applicants and 40.3 per cent of funding.
- A total of 582 Pacific Health Scholarships were awarded across 20 tertiary institutions to grow the future Pacific health workforce.
- In the 2025 calendar year 1,271 Pacific learners graduated in priority health disciplines, while 2,001 students received workforce development support and 72 staff accessed retention and cultural support.
- The Pacific Health Science Academy engaged 1,273 students across 27 schools, with 89 per cent achieving NCEA Levels 1–3 and 60 Year 13 students completing hospital and sector cadetships.

### Data caveats

- The data for these measures are sourced from the Health Workforce Information Programme (HWIP) and should be interpreted alongside these caveats.
- The data presented is as at 31 March 2026, and reporting is one quarter in arrears due to collection and validation timeframes.
- HWIP remains the data source for these measures while Health NZ progresses work to establish a single workforce reporting environment.
- Calculations use a distinct employee number. Employees may be counted more than once if they hold roles across multiple workforce groupings or are employed by more than one district.
- Data includes permanent employees and excludes fixed-term, contractors, employees on long-term leave, parental leave, leave without pay and those with zero contracted hours.
- This data excludes exits due to health, death, dismissal, or redundancy.
- It also excludes Resident Medical Officers, as they rotate between districts as part of their training and would significantly overstate turnover if included.

- Other ethnicity is an amalgamated group that includes all ethnicities not classified as Asian, Māori, or Pacific.

Q1 FY 2024/25 was the first quarter to include data for all Health NZ employees (districts and national office staff). Prior to this, HWIP reported payroll data solely from the former 20 districts. Due to the inclusion of additional payrolls, from September 2024 onwards, comparisons with data from previous years are limited and should be interpreted with caution.

## Payroll stabilisation

We continue to stabilise payrolls by transitioning at-risk systems to the Advanced Management Systems (AMS) Leader platform. Current system settings reflect existing payroll practice and Holidays Act rectification decisions. We are confirming how multi-jobbers will be managed across the organisation, which may affect the delivery schedule. We continue to carefully manage data and system environments through a clear protocol, and vendor support is available when required. Completion of this work will result in reduced operational vulnerabilities, improved efficiency, and strengthened compliance.

# Physical infrastructure

## Overall performance

Health NZ is delivering more than 1,000 capital physical infrastructure projects nationwide. Projects that are valued more than \$10 million or funded through the Health Capital Envelope are monitored and reported to the Minister of Health in the Health Physical Infrastructure Monthly Dashboard Report. As at 30 June 2026, there were 71 major projects with combined approved funding of \$7.24 billion.

### Key achievements this quarter included:

Health NZ has made measurable progress in asset management maturity, strengthening the evidence base for infrastructure investment decisions. Further improvement is needed in asset planning, maintenance, procurement and workforce capability, with the National Asset Management Strategy targeting “Core” maturity by FY2030/31.

Ongoing implementation of the National Asset Management Strategy includes:

- implementation of the National Asset Management Information System
- condition baselining across 10 sites to support degradation modelling (bringing the total number of campuses baselined to 12),
- further development of the national risk register, and
- completed site master plans for Timaru and Dunedin hospital campuses. Site master plans (including health plans) for Auckland and Wellington regions expected by the end of the year.

Of the major monitored projects being delivered by Health NZ, this quarter:

- seven projects became operational and began delivering services to patients four projects started construction: see details under Programme Delivery,
- two business cases were approved:
  - Improving Mental Health Inpatient Environment Tranche 1
  - Auckland City Hospital (Facilities Infrastructure Remediation Programme) Domestic Hot Water Remediation Phase 3
- four projects received approval to initiate:
  - Hillmorton Forensics
  - Northland Community Hub
  - Wairarapa Hospital Redevelopment
  - Middlemore Hospital Carparking

## Programme Delivery

Over the past quarter, a number of projects within the major monitored portfolio reached key delivery milestones and commenced operations. These investments are now delivering tangible benefits for patients, whānau and communities, while also strengthening the resilience, capacity and reliability of New Zealand's health infrastructure. The following projects successfully went live during the reporting period:

- April 2026 – Starship Paediatric Intensive Care Unit Bed Expansion and Atrium Redevelopment, Auckland: delivered 10 new high-dependency unit beds and associated public-space improvements at Starship Hospital (\$48.0 million).
- April 2026 – Nelson Hospital Emergency Department Reconfiguration: increased emergency department capacity and improved facilities for mental health presentations (\$10.6 million).
- June 2026 – Mason Clinic, E Tū Wairua Hinengaro Auckland: opened a replacement forensic psychiatric facility comprising four units and 60 inpatient beds (\$200.4 million).
- June 2026 – Acute Radiology Unit Relocation, Middlemore Hospital: relocated acute radiology services from the earthquake-prone Galbraith Building to the Harley Gray Building (\$44.5 million).
- June 2026 – Waitākere Electrical Infrastructure Upgrade: brought upgraded critical electrical plant and infrastructure into service, addressing urgent resilience and remediation requirements (\$7.2 million).
- June 2026 – Taranaki Base Hospital Redevelopment, Project Maunga Stage Two: opened major new clinical facilities and supporting infrastructure, increasing capacity and improving hospital resilience (\$462.6 million).
- June 2026 – Interventional Radiology Unit Upgrade Phase 3, Wellington Regional Hospital: brought replacement interventional radiology equipment into clinical service, replacing some of the oldest equipment in Australasia (\$20.915 million).

Construction started on four major infrastructure projects:

- June 2026, Facilities Infrastructure Remediation Programme Tranche Three will deliver critical upgrades to power, heating, building management and safety systems at Auckland City Hospital and Greenlane Clinical Centre, improving infrastructure reliability and resilience (\$77.6 million).
- June 2026, Auckland Community Anatomical Pathology Service Facility will deliver a new fit-for-purpose facility at Mt Wellington, addressing existing capacity and facility constraints and improving service performance, quality and health and safety (\$28.8 million).
- June 2026, Lower Hutt Maternity Ward and Neonatal Unit Upgrade will redevelop maternity and neonatal facilities to provide a safer, more fit-for-purpose environment and improve care and outcomes for hapū māmā, pēpē and whānau (\$10.5 million).
- May 2026, Improving Mental Health Inpatient Environments Tranche One will upgrade mental health inpatient environments to improve safety and ensure facilities are more responsive to the needs of people receiving inpatient mental health care (\$5 million).

## Portfolio Financials

We are strengthening financial management across the physical infrastructure portfolio by embedding stronger portfolio-wide financial controls, including improved cashflow forecasting, schedule monitoring, and project performance reporting. We have completed detailed reviews of our 20 largest projects by value, challenged key assumptions, and implemented corrective actions to improve forecast accuracy and financial discipline.

Cashflow forecasting remains most reliable for projects in delivery. Forecasts for projects progressing through planning, business case development, design, approvals, or procurement continue to mature as project scope, costs, and delivery programmes are confirmed.

Several factors can affect the timing of capital expenditure, including business case approvals, clinical and design requirements, procurement processes, manufacturing lead times, construction progress, supply chain constraints, commissioning activities, and invoice processing. These factors typically affect the timing of spend rather than the overall project cost.

In June 2026, the major physical infrastructure portfolio recorded a cashflow variance of \$8.8 million, an improvement of almost \$5 million compared with May 2026.

Of the total variance, \$8.2 million related to five projects with variances greater than \$1 million. The primary driver was the timing of supplier invoices, with expenditure moving into the subsequent reporting period. These timing differences have not materially affected project budgets or delivery outcomes.

Cost underspends resulting from more cost-effective delivery approaches are returned to the Health Capital Envelope and can be reallocated to higher-priority investments or emerging cost pressures across the portfolio.

## Looking after our assets

### National Asset Management Strategy

Health NZ has made measurable progress in asset management maturity for the building, plant and infrastructure (owned and leased) asset portfolio. The strongest gains have been in financial planning, leadership, data, risk management and implementation of the national Asset Management Information System, giving Health NZ a stronger evidence base for infrastructure investment decisions.

Results from an independent 2026 Asset Management Maturity Assessment show we have improved our maturity score by 30% in the 2025/26 financial year compared to 2024/25.

The assessment uses the International Infrastructure Management Manual maturity model, which places organisations on a 5-point maturity scale from “aware” to “advanced”.

Our score for the building, plant, and infrastructure portfolio increased from 33 in 2025 to 43 out of 100 in 2026. This moved the portfolio from “basic” to “lower core” category. The core category is level 3 of the 5-point maturity scales and shows where organisations have defined and clearly linked asset management processes and practices.

Opportunities for further improvement and focus remain in strategic asset management planning, maintenance and operational planning, procurement and workforce capability.

The National Asset Management Strategy is targeting “Core” maturity by 2030/31 with a future state of “Intermediate/lower “Advanced”, supported by continued work on risk and resilience, maintenance strategy, standardised asset management plans, Asset Management Information System and estate assessments, noting funding and capacity constraints will limit progress in some areas.

Key asset management activity this quarter included:

- Tranche 1 of the National Asset Management Information System completed,
- An additional 10 sites (12 total) baselined and asset condition data supporting degradation modelling and risk-based decision-making received and being imported into the AMIS.
- National generator and UPS assessments completed, identifying priority investment areas that have been addressed or are underway.

- Funding was approved for the Utilities Site and Infrastructure Assessment, with procurement progressing to assess resilience across more than 90 sites by 30 June 2027.

## Digital infrastructure

As at 30 June, we have 18 major digital programmes/projects (budget of \$5m or greater that are monitored centrally). There are also 79 projects with a budget ranging \$1m – \$5m and 170 smaller initiatives (projects with budget less than \$1m which includes minor updates and enhancements, lifecycle maintenance) being delivered across the digital portfolio. There were 56 go-lives across the portfolio this quarter.

- The Health Digital Investment Plan (HDIP) implementation continues with \$300m of funding confirmed in Budget 2026 to support delivery in the first three years. Work is underway across key programmes to modernise core systems, strengthen infrastructure and support more reliable, connected health services nationwide.

The investment targets several priority programmes:

- Clinical Desktop is replacing 36,000 ageing devices, upgrading 79,000 more, and rolling out Windows 11 and Microsoft 365 to around 100,000 users across 275 sites.
- Radiology Modernisation completed a Gateway review with positive feedback, supporting progression to final approvals and improved imaging, diagnosis and service connectivity.
- The National Corporate Platform business case is progressing to support a single platform integrating HR, finance and supply processes to reduce duplication and improve decision-making.
- System stabilisation work is improving resilience, data security and reliability across ageing systems that support safe clinical service delivery.

Key delivery highlights this quarter:

- The National Events and Risk Management System | Te Tumu Aroturuki ā-Motu is consolidating event, feedback and risk management onto one national platform, with the national risk register now live across several South Island | Te Waipounamu districts.
- Starship's anticoagulation system was upgraded to modern, secure infrastructure, strengthening critical clinical workflows for children with complex needs.
- The Rheumatic Fever Care Coordination System replaced 18 local registers with one national platform, improving care tracking and continuity for around 2,000 people receiving preventive treatment.
- Website consolidation merged 130 Health NZ websites into one platform, saving \$22m over three years and simplifying public access to authoritative health information.
- Éclair improvements in Northland | Te Tai Tokerau reduced unsigned test results from 17,000 to fewer than 3,000, improving clinical visibility, follow-up and patient safety.
- Wairarapa Hospital's 25-year-old phone system was replaced with a modern platform, improving reliability and supporting future digital upgrades.

Digital Services continues to modernise and maintain critical systems and platforms, ensuring they remain secure, resilient and fit for purpose. These ongoing upgrades and infrastructure improvements minimise service disruption, support continuity of care, and enable clinicians and frontline teams to reliably access the digital tools and information they need to deliver services:

- The expanded National Health Index format implementation continued, with systems, devices and processes being upgraded and tested to support current and expanded formats across the sector.
- Digital Services resolved a critical Bay of Plenty cloud security certificate risk before expiry, avoiding disruption to Tauranga and Whakatāne hospital systems. No impact was felt by clinicians or patients.
- A new information-sharing and security awareness initiative was launched to strengthen protection of patient information and support safe care. This approach builds on our shared commitment to protecting patient information, while also responding to learnings from recent cyber security events.
- Secure nationwide remote access enabled IT Service Desk support across the country, improving response times beyond former District Health Board boundaries.

## 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 focus is to retain the operational running of this service. There has been no external promotion of this product and all traffic is organic.

My Health Record is different from Manage My Health (MMH), which was the subject of a cyber security breach at the end of quarter two. My Health Record is a Health NZ service, which provides access to health information, even if the person is not enrolled with a healthcare provider.

# 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. Baseline figures are sourced from the [Health New Zealand Statement of Performance Expectations 2025-26](#).

To determine material movement for the results in the summary table on page 6, absolute changes (difference between two values) are used for percentages measured out of 100. For example, 95 to 98 per cent is an absolute increase of three percentage points. Relative changes (difference as a percentage of the original value) are for measures: not intended to reach 100 per cent; population rates; or whole numbers. This is calculated using the formula  $((\text{New value} - \text{old value}) / \text{old value}) \times 100$ . For example, a shift from 3,678 to 3,146 per 100,000, is a -14.46 per cent relative change, using  $((3,146 - 3,678) / 3,678) \times 100$ .

Breakdowns for each measure by region, district, ethnicity and rurality are provided where possible. 'District' refers to the geographic boundaries covered by former District Health Boards (DHBs). Rurality at a district level is reported for the first time in 2025/26, so prior year comparisons are unavailable. 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 used in this report for comparative purposes are reported as per the first published result, unless otherwise caveated.

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 the 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.

