Quarterly Performance Report

Quarter 3 2025/26



New Zealand Government
Te Kāwanatanga o Aotearoa

Health New Zealand
Te Whatu Ora

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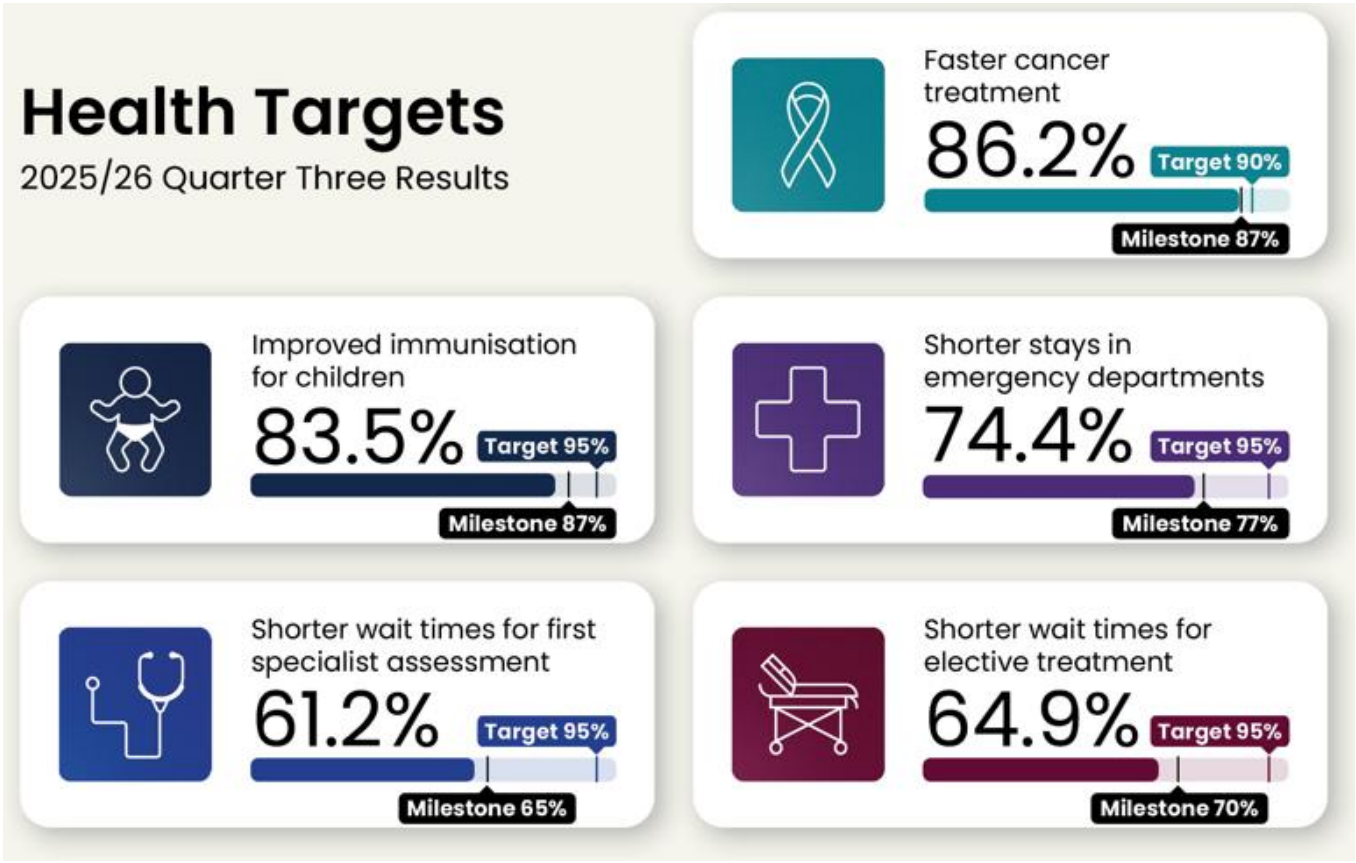
Organisational performance

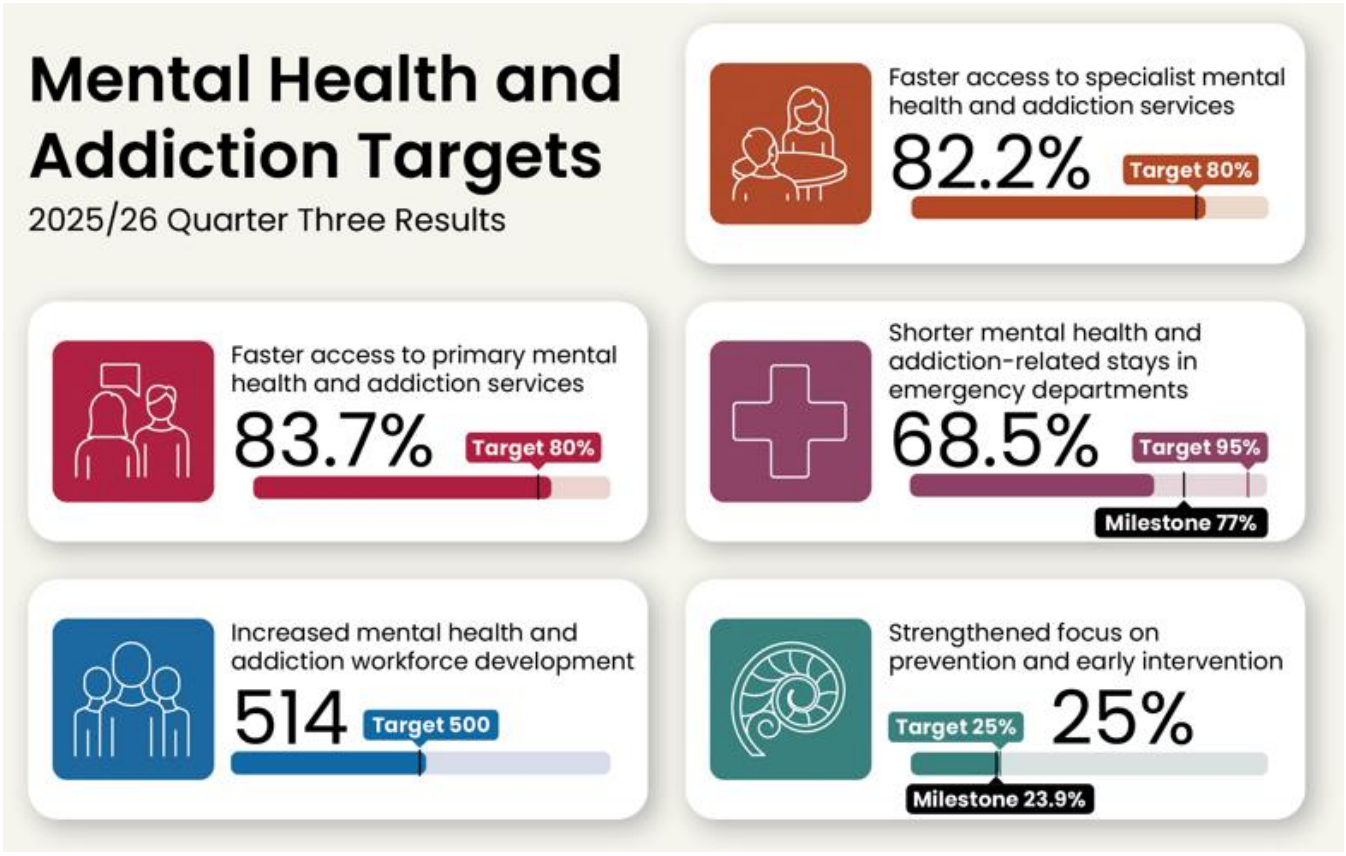
Highlights for the quarter include:

- Performance in all five health targets improved compared with the same quarter last year, indicating continuous improvement.
    - Performance improvements for the shorter wait times for first specialist assessment (FSA) and elective treatment health targets are notable this quarter.
    - The childhood immunisations health target has seen notable performance improvements from the same quarter last year.
- Health NZ made progress against the mental health and addiction (MH&A) targets, meeting four out of five targets this quarter. Performance in three out of five MH&A targets also improved compared with the same quarter last year, indicating continuous improvement.
    - Performance in the shorter MH&A related stays in emergency departments (EDs) target has improved from the same quarter last year.
    - 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.
- Workforce turnover across Health NZ has reduced from the previous quarter.
- Health NZ has made progress modernising how staff work, with approximately 28,000 employees successfully migrated to a single national digital workspace, 8,000 of these in quarter three.
- Progress continues across implementation of the Health Infrastructure Plan, including site master planning in several areas nationwide.
- One significant infrastructure project reached practical completion in January, Forensic Psychiatric Services Facilities Replacement – E Tū Wairua Hinengaro, Mason Clinic, Auckland. This project delivered a replacement facility incorporating four units and 60 inpatient beds. Go-live is expected early next quarter.

Challenges this quarter include:

- The financial result for the year to date (YTD) period ending 31 March 2026 was a deficit of $244m, $123m behind the budgeted $121m deficit.
- Faster cancer treatment (FCT) performance remains improved compared with the same quarter last year. However, performance decreased slightly following achievement of the milestone in quarter two 2025/26, reflecting seasonal variation. Initiatives are in place to support continued improvement.
- The Payroll Stabilisation Programme, which stabilises and replaces at-risk, and out of support payroll systems, is expected to be completed in 2027. Delivery this quarter has progressed as planned; however, the programme is complex, supporting multiple districts at different stages of readiness, and includes dependencies on interfaces to multiple systems including rostering systems, translation of data and the implementation of recently settled collective agreements. Stabilisation will strengthen compliance with Holidays Act requirements, reduce payroll vulnerabilities, and support consistent national processes.





Detailed quarter three 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 two against actions detailed in the **New Zealand Health Plan | Te Pae Waenga**:

Government priorities for health in New Zealand

- Progress continued this quarter on increasing the number of infusions, with work being undertaken across the country to increase capacity (Action 1.6.3).
- Community initiatives for the Fetal Alcohol Spectrum Action plan have made a positive impact by increasing access to support, building knowledge through workforce development, addressing the need for prevention and improving navigation of services like education and health (Action 1.5.2).
- Seven new Hauora Māori Cancer Care Coordination Services were supported in areas of high Māori populations, and where there are high rates of Māori cancer diagnoses to improve culturally responsive cancer care (Action 1.6.4).
- Continued implementation of locally designed, whānau (family)-centred alternative crisis pathways support early engagement with tāngata whaiora (a person seeking health) and reduce escalation to inpatient and specialist services for rangatahi (young people) (Action 1.6.13)
- Work continued on the Lung Screening Mobile Pilot – a small-scale pilot that will allow Health NZ to test and further refine the feasibility and effectiveness of equitable mobile screening delivery, prior to a national implementation (Action 1.6.2).

Clinical leadership, continuous quality improvement and innovation

- Cancer, diabetes, cardiovascular, and MH&A national clinical networks are well-established and have been transitioned into business-as-usual processes (Action 2.1.7).
- The System Safety Strategy has been developed, led by the Health Quality & Safety Commission (HQSC). The strategy will be tabled at the HQSC's Board on 11 June, ahead of publication on 17 June 2026 (Action 2.1.5).

Strengthening enablers

- A rural training hub has been announced in Wairoa. This is the second to be announced to date, progressing towards the goal of launching a rural training hub in each region. These hubs aim to coordinate education and training activities and are supported by a dedicated lead in each region (Action 3.1.1).

Improving health for populations with greater needs

- The Regional Integration Forum, a mechanism to receive consumer and whānau voice from Iwi Māori Partnership Boards (IMPB) was held in Northern region with positive results (Action 4.1.1).

Improving timely access to primary and community services

- The draft framework to deliver the oral health initiatives project was developed this quarter, for presentation at the Central Regional IMPB meeting in early April for approval (Action 5.1.6).
- The data warehouse to support national reporting for the Rheumatic Fever Care Coordination System (RFCCS) was completed this quarter (Action 5.1.6).

Priority 2: Empower and enable leadership at all levels

- The first Clinical Senate report, 'Unlocking our clinical potential: identifying and addressing barriers to efficient delivery of quality healthcare', was published this quarter.
- The second Clinical Senate was held in Christchurch this quarter, bringing together more than 100 clinicians and consumers from across New Zealand both in person and online. The focus was on 'Transforming the acute patient journey: the right care in the right place at the right time'.
- After publishing our Clinical Governance Framework in mid-2025, the next phase of implementation includes supporting districts and strengthening national committees.
- National and regional clinical governance structures are in place and supporting existing district systems. This includes four consistent regional clinical governance groups.
- Health NZ is strengthening clinical governance by implementing nationally agreed measures to monitor safety, outcomes and continuous improvement.
- The National Event, Feedback and Risk Management System programme is delivering a single, national digital system for managing safety events, consumer feedback, and risk across Health NZ by mid-2027.
- A people and culture modernisation team was established this quarter, with a focus on accelerating improvements.
- The National Diabetes Roadmap was launched this quarter to reduce the burden of diabetes in New Zealand. It involves collaboration with people with lived experience, clinicians, providers, and communities to create equitable health solutions.

Measures – high-level summary

This table compares quarter three 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 three last year, 14 of 27 measures improved, while 3 of 27 declined. Compared with the published results for quarter two, 9 of 27 measures improved and 2 of 27 declined. Changes of two or more per cent (a level adopted to indicate materiality – explained in 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	Q3 last year	This quarter		Last quarter	This quarter	
Improved immunisation for children 24mth 🎯	79.3%	83.5%	↑	82.9%	83.5%	
Cervical screening coverage	73.6%	75.5%	↑	75.3%	75.5%	
Breast screening coverage	69.7%	67.2%	↓	68.3%	67.2%	
Bowel screening participation	57.6%	58.4%		58.1%	58.4%	
Newborn GP enrolment	83.5%	84.9%		85.6%	84.9%	
GP enrolment	94.3%	94.7%		94.5%	94.7%	
Shorter stays in ED <6hrs 🎯🏛	74.2%	74.4%		74.2%	74.4%	↑
Faster cancer treatment <31 days 🎯	84.6%	86.2%		87.0%	86.2%	
Shorter wait times for FSA 🎯	58.2%	61.2%	↑	62.2%	61.2%	
Shorter wait times for elective treatment 🎯🏛	57.3%	64.9%	↑	64.5%	64.9%	
Missed first specialist appointments	7.7%	7.3%	↓	7.6%	7.3%	↓
Medical appts via telehealth (digital)	7.2%	11.1%	↑	11.6%	11.1%	
Hospital pressure injuries (rate per 10,000 hospitalisations)	4.9	4.7	↓	4.1	4.7	↑
Hospital falls (rate per 10,000 hospitalisations)	3.4	4.0	↑	4.0	4.0	
New MHA professionals trained 🎯	457#	514‡	↑	514‡	514‡	↑
MHA prevention and intervention 🎯	24.4%^	25.0%‡	↑	25.0%‡	25.0%	↑
Shorter MHA stays in ED <6hrs 🎯	66.1%	68.5%	↑	66.7%	68.5%	
MHA faster primary access <1 wk 🎯	84.3%	83.7%		83.0%	83.7%	
MHA faster specialist access <3 wks 🎯	82.4%	82.2%		81.9%	82.2%	
MHA services access (rate per 100,000 population)	2,773	3,060	↑	2,942	3,060	↑
IMPB strategic involvement	NEW	On hold		On hold	On hold	
Hauora Māori contracted outcomes	NEW	103.4%*		97.0%	103.4	
Health NZ workforce turnover	2.1%	2.3%	↑	2.5%	2.3%	↓
Māori and Pacific workforce	15.0%	14.8%		14.0%	14.8%	↑
My Health Record access	48,858	53,049	↑	57,152	53,049	↓

Result is for the 2024 calendar year. | ^ The 2024/25 full year result. | **NEW** Reporting was still being developed in quarter three 24/25. | † Result is for the 2025 calendar year. | ‡ The 2025/26 full year result. | * Achievement of over 100 per cent due to partners exceeding contracted targets.

Financial summary

This table summarises Health NZ's financial performance for the YTD period ending 31 March 2026. Additional entity-wide financial performance, financial position and cashflow statements are provided on pages 36 – 42. Financial performance is also provided within each output class section. Column totals (in this table and all financial tables) may not reconcile due to rounding of numbers within the tables.

	YTD (31 Mar-26)	YTD (31 Mar-26)	YTD (31 Mar-26)	2025/26 SPE Budget $m
	Actual $m	**Budget $m**	**Variance $m**	**Budget $m**
Revenue				
Appropriation funding	19,667	19,824	(157)	26,218
Other Government funding	2,587	2,544	43	3,395
Other revenue	393	399	(6)	968
Total revenue	22,647	22,767	(120)	30,581
Expenditure – operating costs				
Personnel costs	9,134	9,206	72	12,416
Outsourced staff costs	307	197	(110)	260
Other operating costs	4,151	4,267	116	5,739
External service providers	8,084	8,101	17	10,880
Interest, depreciation and capital charge	1,215	1,117	(98)	1,486
Total expenditure	22,891	22,888	(3)	30,781
Surplus/(Deficit)	(244)	(121)	(123)	(200)

The financial result for the YTD period ending 31 March 2026 was a deficit of $244m, $123m behind the budgeted $121m deficit.

Appropriation funding was less than budget YTD mainly due to deferral of revenue relating to budget initiatives spend not yet incurred.

Favourable funding from other government sources mainly came from higher Pharmac revenue, which was used to cover the increased cost of community medicines.

Outsourced staff costs were higher than expected because more locum and contract staff were needed to maintain services. This was partly balanced by lower employee costs.

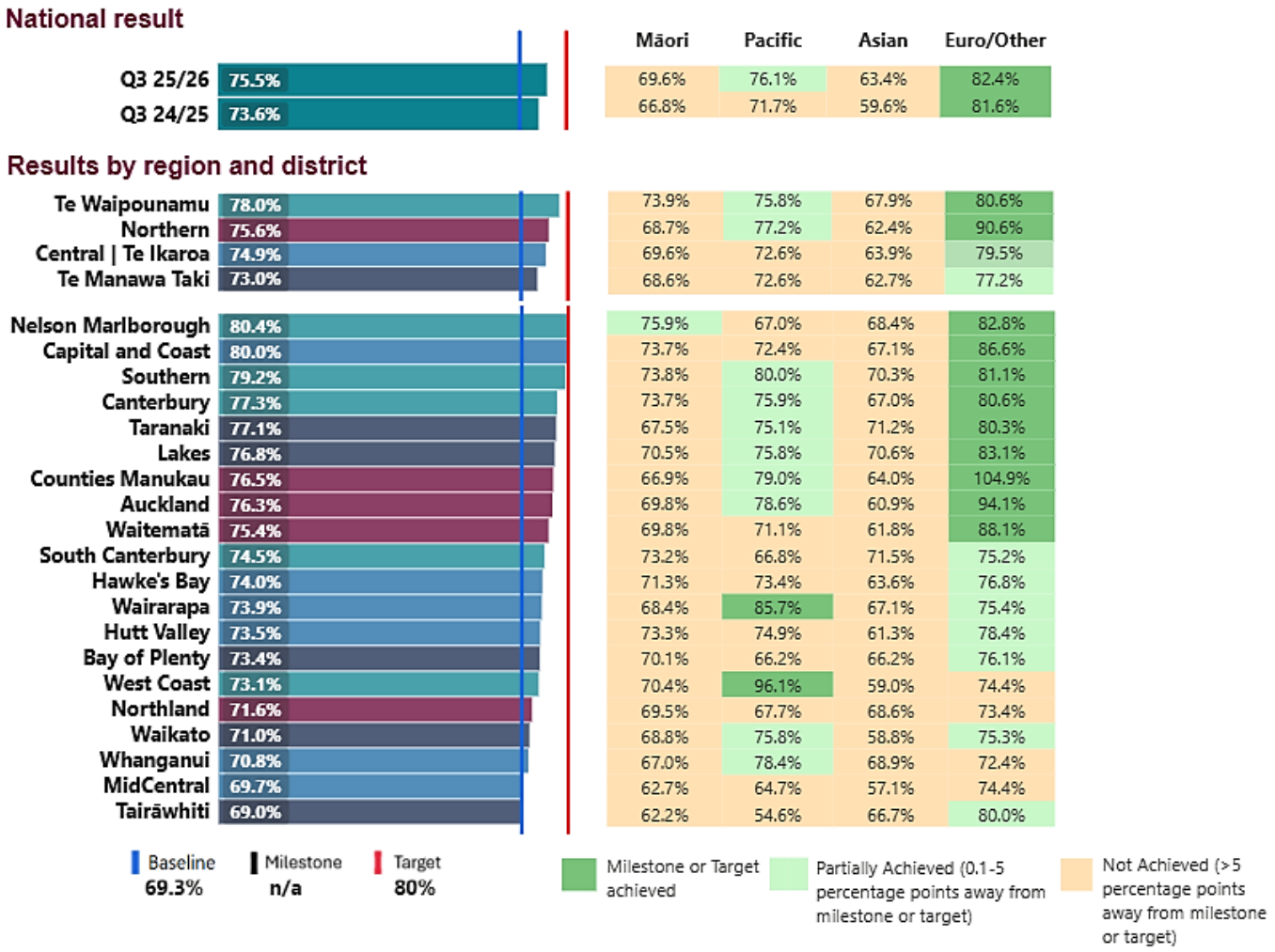
Other operating costs were lower than budget, mainly because some planned spending happened later than expected and IT and communications services cost less than planned.

Interest, depreciation, and capital charges were higher than expected due to asset revaluations in June 2025, which increased these costs.

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).[1]

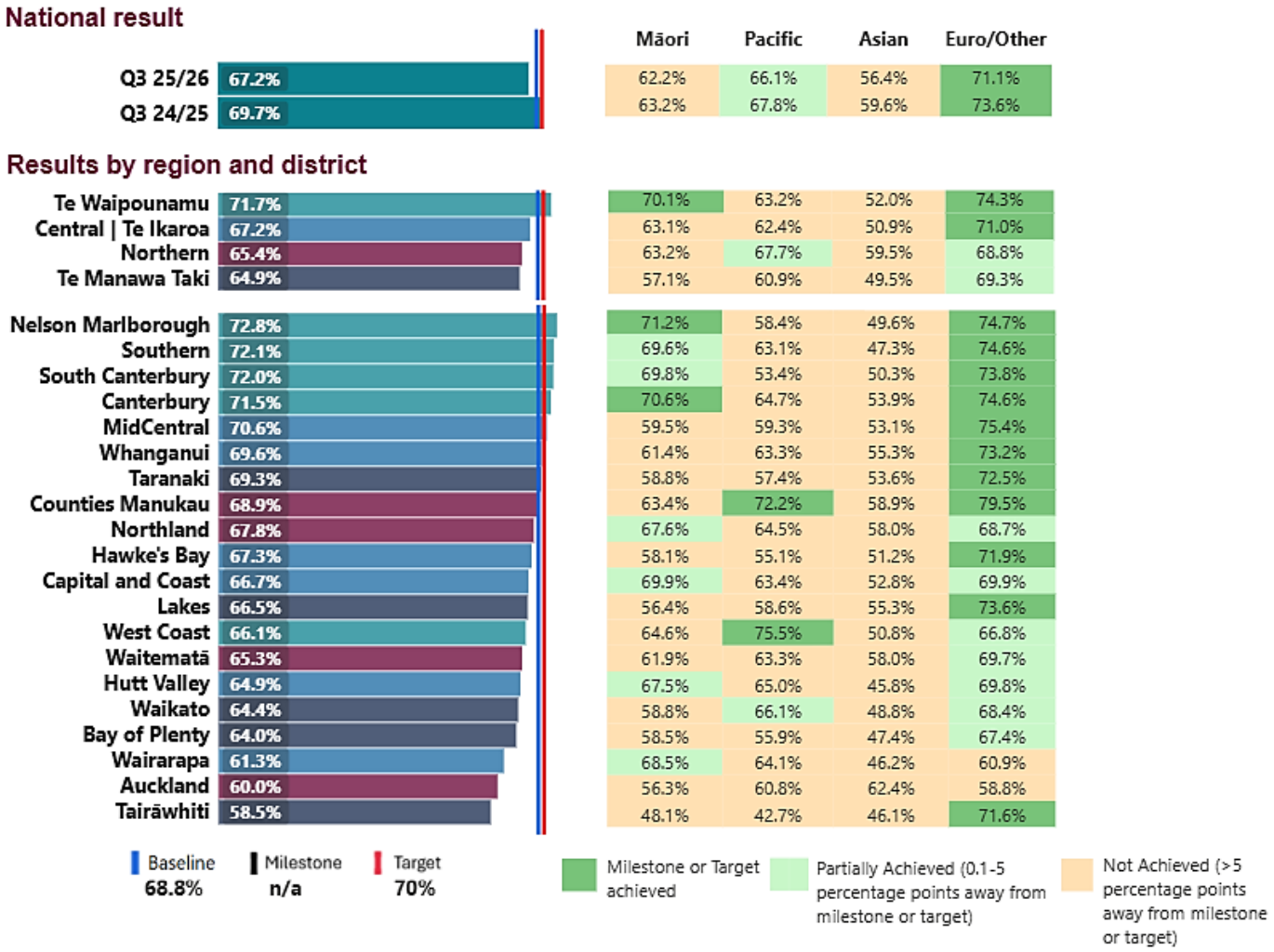


- Community-based delivery models including HPV self-testing at community, workplace and marae events, dual screening with BreastScreen Aotearoa mobile services, and targeted home outreach are proving effective.
- More than 2,400 practitioners across 389 practices now have real-time access to patients' screening status. Over 93,000 Screening History Summaries have been accessed by clinicians since March 2025. This integration reduces administrative burden and enables faster clinical decision-making.

[1] Cervical screening coverage use 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

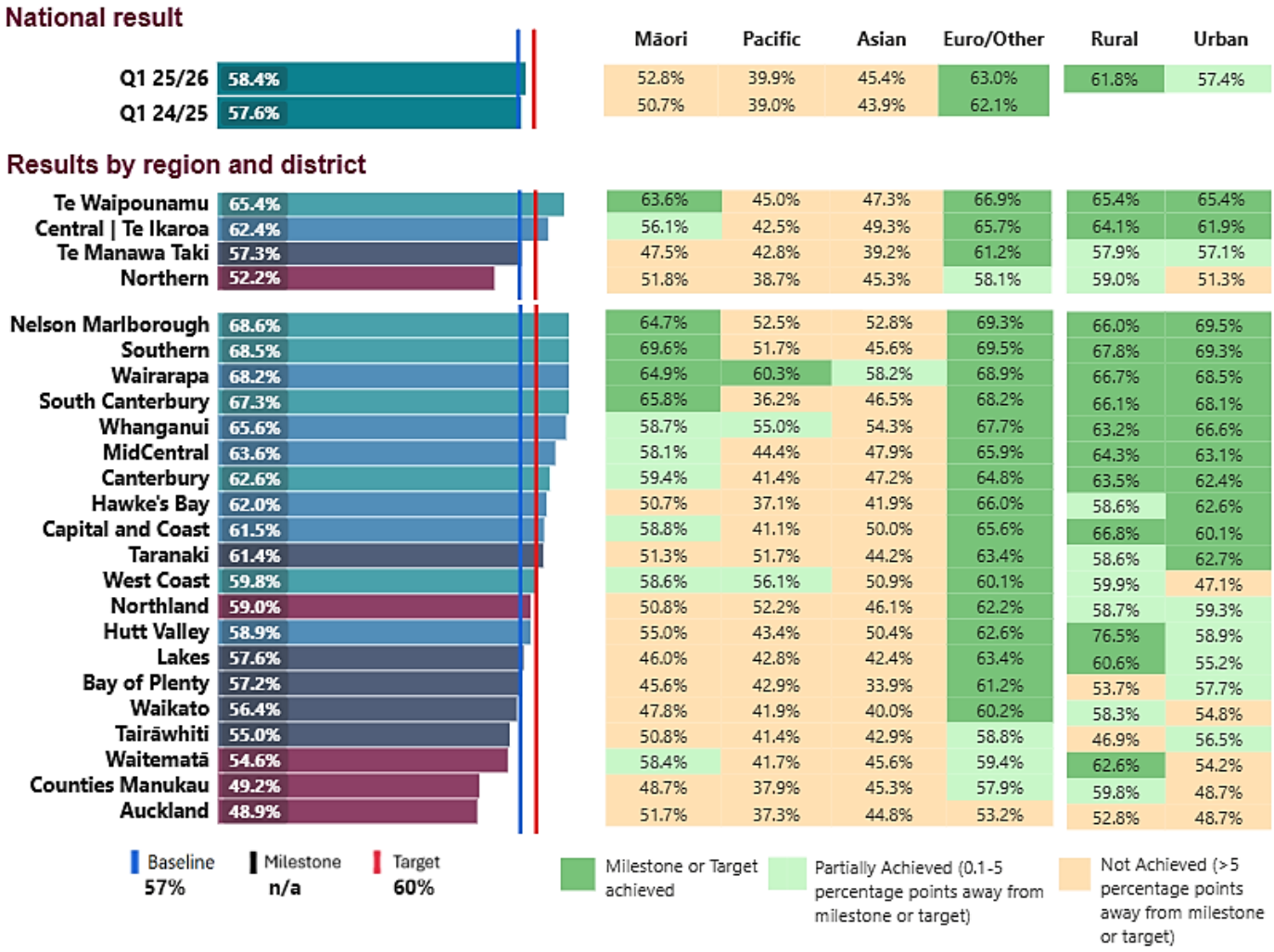
Percentage of individuals aged 45 – 69 who had breast cancer screening in the past two years.



- Nationally, activity focused on improving breast screening capacity and access.
- Across districts, breast screening performance is being strengthened through coordinated national and local action, including workforce and infrastructure investment to lift capacity (Tairāwhiti), targeted analysis to identify and address barriers to participation (Auckland), and sustained community-led outreach to improve engagement and access for wāhine less likely to be screened.

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.



- Since October 2025, more than half of eligible 58- and 59-year-olds have been invited to screen, with a preliminary returned kit rate of 29 per cent.
- This quarter, the age extension was implemented across Midland | Te Manawa Taki and most of Central | Te Ikaroa regions. All districts are now participating in the age extension to 58 years, except for MidCentral, where workforce constraints affecting colonoscopy capacity is causing delays.
- Access is being improved via the option to return completed kits at community laboratories (in 16 districts), providing a convenient and culturally acceptable alternative to postal returns, with national rollout completed by mid-year. Feasibility testing is underway to enable kit distribution through general practice, outreach, and promotion activities.

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 28 April 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 April 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 one 2025/26 as of 8 May 2026. This result is displayed and compared with quarter one 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[2]	Measure	Q3 outputs	YTD outputs	2025/26 forecast	YTD % against forecast
Immunisation[3]	24 months	112,522	340,588	513,810	66.3%
Screening	Breast	71,445	216,563	310,503	69.7%
Screening	Bowel	67,368	197,635	296,041	66.8%
Screening	Cervical	77,747	244,819	360,379	67.9%

24-month immunisation milestone coverage rates

Ethnicity (prioritised)	Eligible population	Fully immunised	% Fully immunised	Declined[4]	% Declined	Not fully immunised	% Not fully immunised
Māori	4,089	2,925	71.5%	748	18.3%	416	10.2%
Pacific Peoples	1,497	1,223	81.7%	147	9.8%	127	8.5%
Asian	3,621	3,456	95.4%	49	1.4%	116	3.2%
Euro/Other	5,095	4,343	85.2%	567	11.1%	185	3.6%
Total	14,302	11,947	83.5%	1,511	10.6%	844	5.9%

[2] Current quarter screening volumes data were extracted on 8 May 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.

[3] All immunisation doses administered to the cohort turning 24-months in the three months to 31 March 2026, as of 23 April 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.

[4] '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.

Public health output class financial performance

Revenue and expenditure	YTD (31 Mar 2026) Actual $m	YTD (31 Mar 2026) Budget $m	YTD (31 Mar 2026) Variance $m	2025/26 Budget $m
Total operating revenue	357	380	(23)	556
Total operating expense	378	380	2	556
Surplus/(deficit)	(21)	0	(21)	0

Operating revenue was $23m unfavourable to budget due to deferral of funding to align to timing of spend on Crown budget initiatives (i.e. corresponding spend on Crown budget initiatives was lower, hence net neutral to bottom line).

Expenditure as reported was $2m favourable to budget YTD. This reported variance is partly impacted by differences in treatment of shared services expenditure between the Statement of Performance Expectations (SPE) 2025/26 output class budget and actuals ($23m impact).

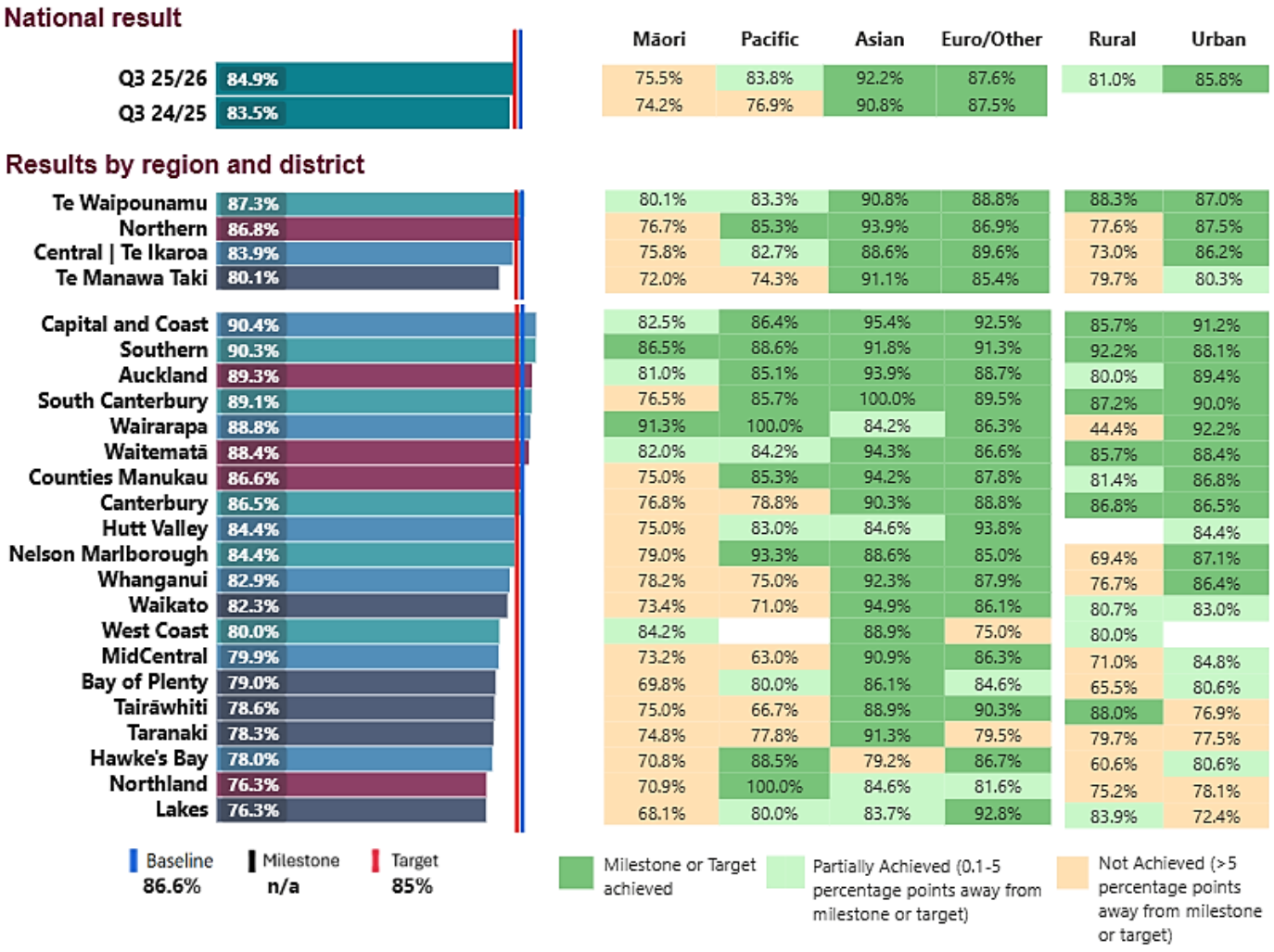
Adjusted for these differences, Public Health expenditure was $25m favourable to budget YTD (primarily due to delay in spend on Crown budget initiatives), and the total YTD net result variance to budget for Public Health would have been favourable by $2m.

The variance in shared service cost allocations is fully offset by a favourable variance in the Primary and Community output class and is bottom-line neutral.

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

P2-38 Newborn GP enrolment

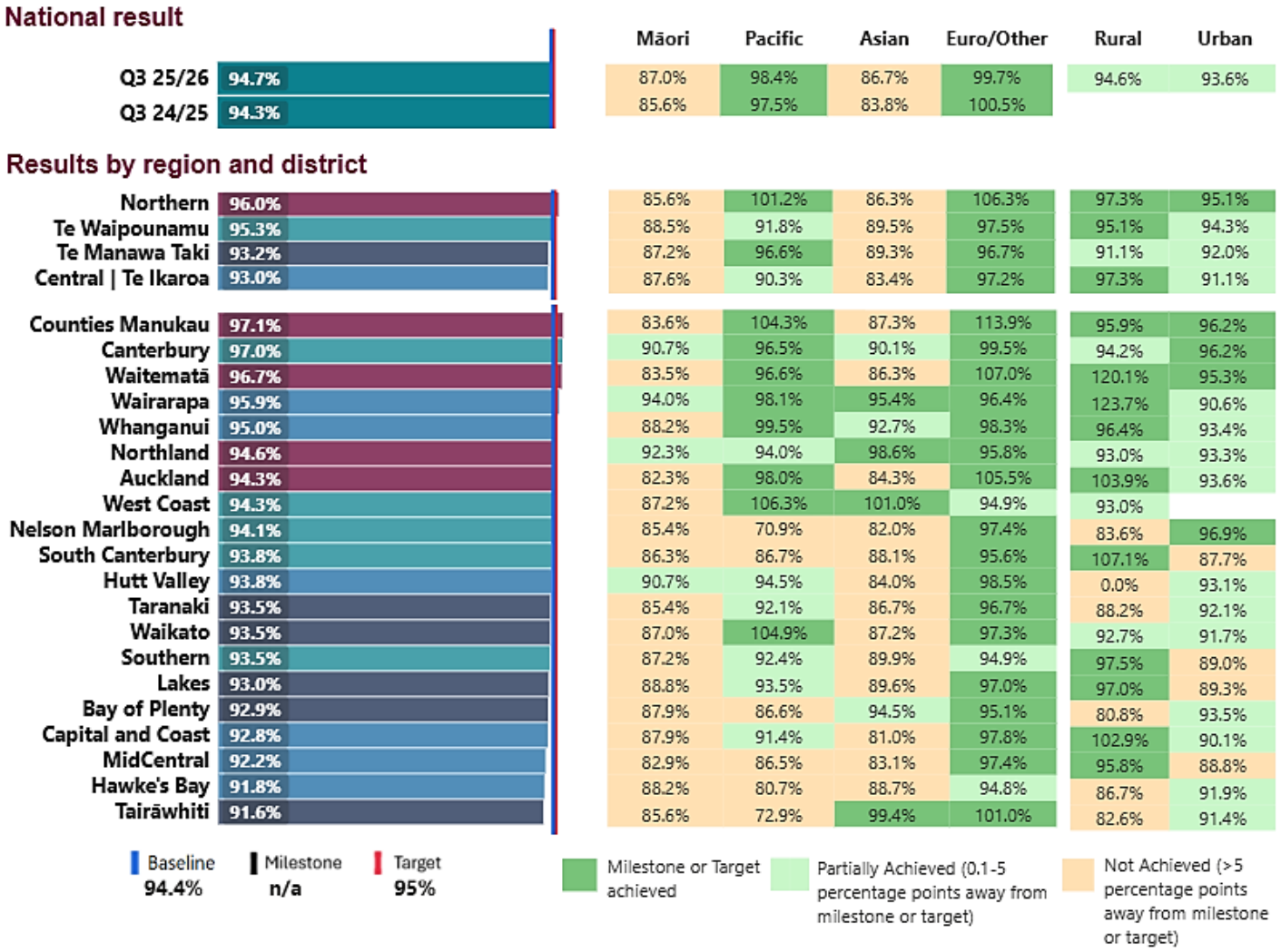
Percentage of newborns fully enrolled with a general practice (or a kaupapa Māori provider delivering general practice care) by three months of age.



- Newborn enrolment rates indicate improvement overall across all ethnicities. Work continues to integrate national systems that support the timeliness of a newborn being enrolled. This spans nationally consistent policies to encourage cooperation at a district level between Health NZ and Primary Health Organisations (PHOs) as well as information flows between the various parties who are involved in newborn enrolment including Lead Maternity Carers, general practice, and birthing units.
- Funding was released this quarter for existing and urgent and afterhours care services, 24/7 digital access to primary care, and general practices to improve access to their services and increase delivery against a set of key health targets, and grow our medical workforce. Investing in our services and workforce will increase access, deliver more comprehensive services and improved continuity and coordination of care for all New Zealanders.

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.[5]



		Māori	Pacific	Asian	Euro/Other	Rural	Urban
Q3 25/26	94.7%	87.0%	98.4%	86.7%	99.7%	94.6%	93.6%
Q3 24/25	94.3%	85.6%	97.5%	83.8%	100.5%		
Northern	96.0%	85.6%	101.2%	86.3%	106.3%	97.3%	95.1%
Te Waipounamu	95.3%	88.5%	91.8%	89.5%	97.5%	95.1%	94.3%
Te Manawa Taki	93.2%	87.2%	96.6%	89.3%	96.7%	91.1%	92.0%
Central | Te Ikaroa	93.0%	87.6%	90.3%	83.4%	97.2%	97.3%	91.1%
Counties Manukau	97.1%	83.6%	104.3%	87.3%	113.9%	95.9%	96.2%
Canterbury	97.0%	90.7%	96.5%	90.1%	99.5%	94.2%	96.2%
Waitematā	96.7%	83.5%	96.6%	86.3%	107.0%	120.1%	95.3%
Wairarapa	95.9%	94.0%	98.1%	95.4%	96.4%	123.7%	90.6%
Whanganui	95.0%	88.2%	99.5%	92.7%	98.3%	96.4%	93.4%
Northland	94.6%	92.3%	94.0%	98.6%	95.8%	93.0%	93.3%
Auckland	94.3%	82.3%	98.0%	84.3%	105.5%	103.9%	93.6%
West Coast	94.3%	87.2%	106.3%	101.0%	94.9%	93.0%	
Nelson Marlborough	94.1%	85.4%	70.9%	82.0%	97.4%	83.6%	96.9%
South Canterbury	93.8%	86.3%	86.7%	88.1%	95.6%	107.1%	87.7%
Hutt Valley	93.8%	90.7%	94.5%	84.0%	98.5%	0.0%	93.1%
Taranaki	93.5%	85.4%	92.1%	86.7%	96.7%	88.2%	92.1%
Waikato	93.5%	87.0%	104.9%	87.2%	97.3%	92.7%	91.7%
Southern	93.5%	87.2%	92.4%	89.9%	94.9%	97.5%	89.0%
Lakes	93.0%	88.8%	93.5%	89.6%	97.0%	97.0%	89.3%
Bay of Plenty	92.9%	87.9%	86.6%	94.5%	95.1%	80.8%	93.5%
Capital and Coast	92.8%	87.9%	91.4%	81.0%	97.8%	102.9%	90.1%
MidCentral	92.2%	82.9%	86.5%	83.1%	97.4%	95.8%	88.8%
Hawke's Bay	91.8%	88.2%	80.7%	88.7%	94.8%	86.7%	91.9%
Tairāwhiti	91.6%	85.6%	72.9%	99.4%	101.0%	82.6%	91.4%

- Overall enrolment access remains stable with over 5.1 million people enrolled. This now represents close to 95 per cent of the population. Year on year growth continues and regional growth is consistent with national trends. Māori and Pacific Peoples enrolment continues to show positive growth.
- In addition to the targeted Budget 2025 Government initiatives, the annual uplift for PHOs and general practices, included $95m of additional funding that has supported data sharing performance-based funding. This increased investment in primary care has supported increased capacity, with positive trends emerging in the number of practices that are able to take on new enrolments.

[5] 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	Q3 outputs	YTD outputs	2025/26 forecast	YTD % against forecast
Ambulance	Road ambulance attendances	155,901	484,543	640,500	75.5%
Primary care	General practice enrolments[6]	5,125,013	5,125,013	5,129,700	99.9%
Primary care	General practice encounters[7]	4,966,813	15,634,001	21,819,800	71.6%
Primary care	Well child assessments	11,567	36,756[8]	48,500	75.8%
Aged Residential Care (ARC)	ARC bed days[9]	2,659,871	8,054,596	10,075,000	79.9%
Community radiology	Maternity ultrasound scans[10]	65,247	200,768	268,400	74.6%
Maternity	Supported births[11]	13,573	42,293	57,100	73.1%
Community pharmacy	Funded prescriptions – written and dispensed[12]	14,536,755	46,252,707	62,130,000	74.3%
Community pharmacy	Pharmacy items dispensed[13]	23,547,723	74,501,100	101,780,000	73.1%

P&C output class financial performance

Revenue and expenditure	YTD (31 Mar 2026) Actual $m	YTD (31 Mar 2026) Budget $m	YTD (31 Mar 2026) Variance $m	2025/26 Budget $m
Total operating revenue	7,895	7,993	(98)	10,479
Total operating expense	7,534	7,900	366	10,479
Surplus/(deficit)	361	93	268	0

Operating revenue was $98m unfavourable to budget, primarily due to deferral of revenue on Crown budget initiatives, to align to the expenditure profile for those initiatives.

[6] Enrolments reflect the total number of enrolled patients in the final month of the quarter, based on enrolment snapshots taken at the start of each month. 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.

[7] Encounters count all First Level Service consultations between patients and their 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 subject to change as it can be updated daily.

[8] Data for the last month of quarter three is lower than previous quarters. At this point we are unable to tell whether this is due to late data submissions or lower service delivery.

[9] 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.

[10] Quarter three volumes are likely incomplete as claims can be submitted up to 12 months following provision of care.

[11] Quarter three volumes are likely incomplete due to delays in reporting, particularly for private birthing facilities, including publicly funded births in private facilities.

[12] Funded individual initial items dispensed to a patient and claimed by a pharmacy.

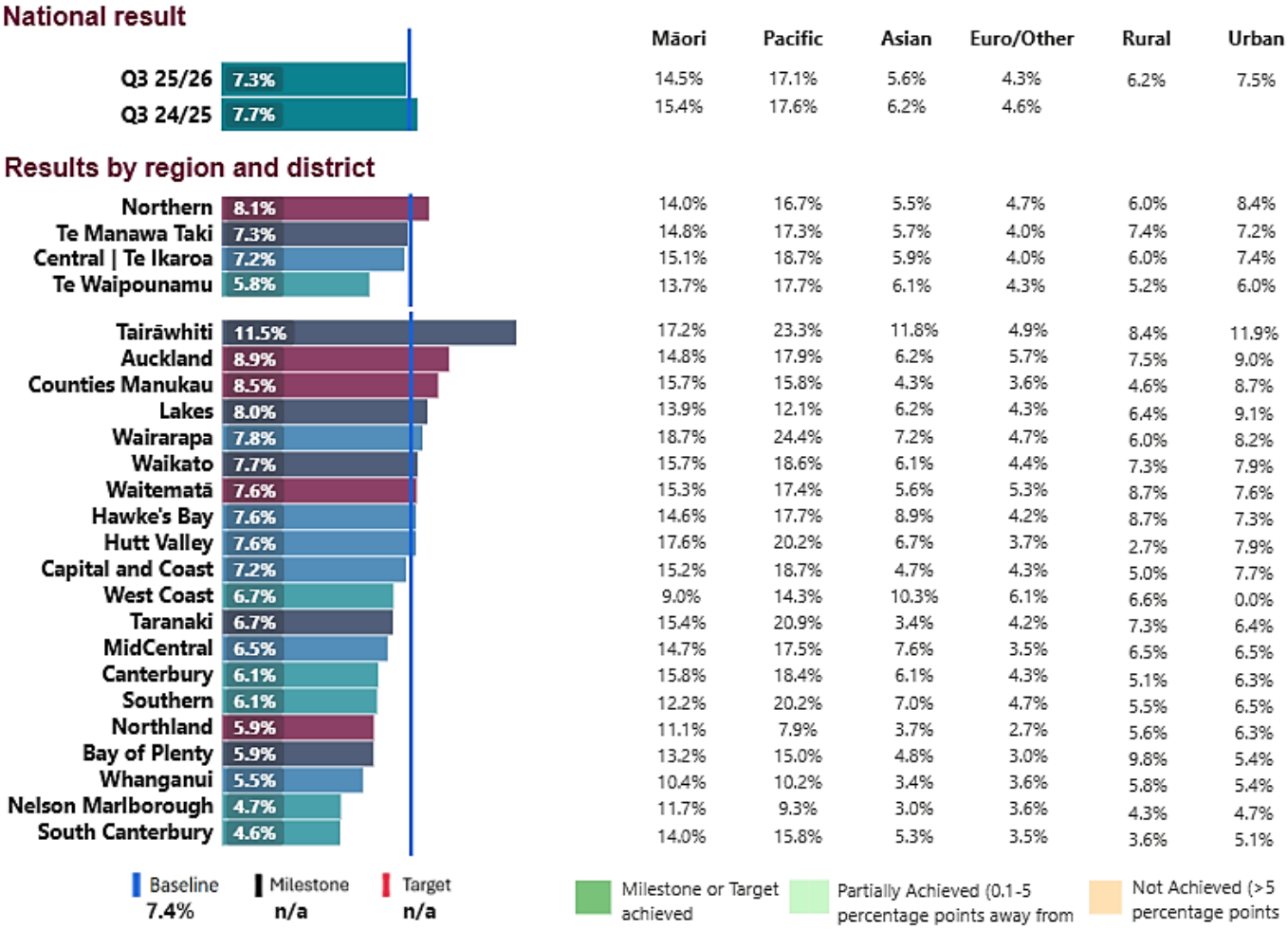
[13] Items dispensed counts all individual funded dispensing events. This includes both the initial dispensing of a prescription and any subsequent repeats that are dispensed and claimed by a pharmacy. Data is subject to change. Pharmacies now have up to 12 months to submit claims for a dispensing (previously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

The YTD favourable expenditure variance of $366m is primarily due to differences in treatment of shared services expenditure between the SPE 2025/26 output class budget and actuals ($232m impact). Adjusting for this latter impact, the favourable expenditure variance in Primary and Community reduces from $366m to $134m, and the total YTD favourable net result variance to budget reduces from $268m to $36m.

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.

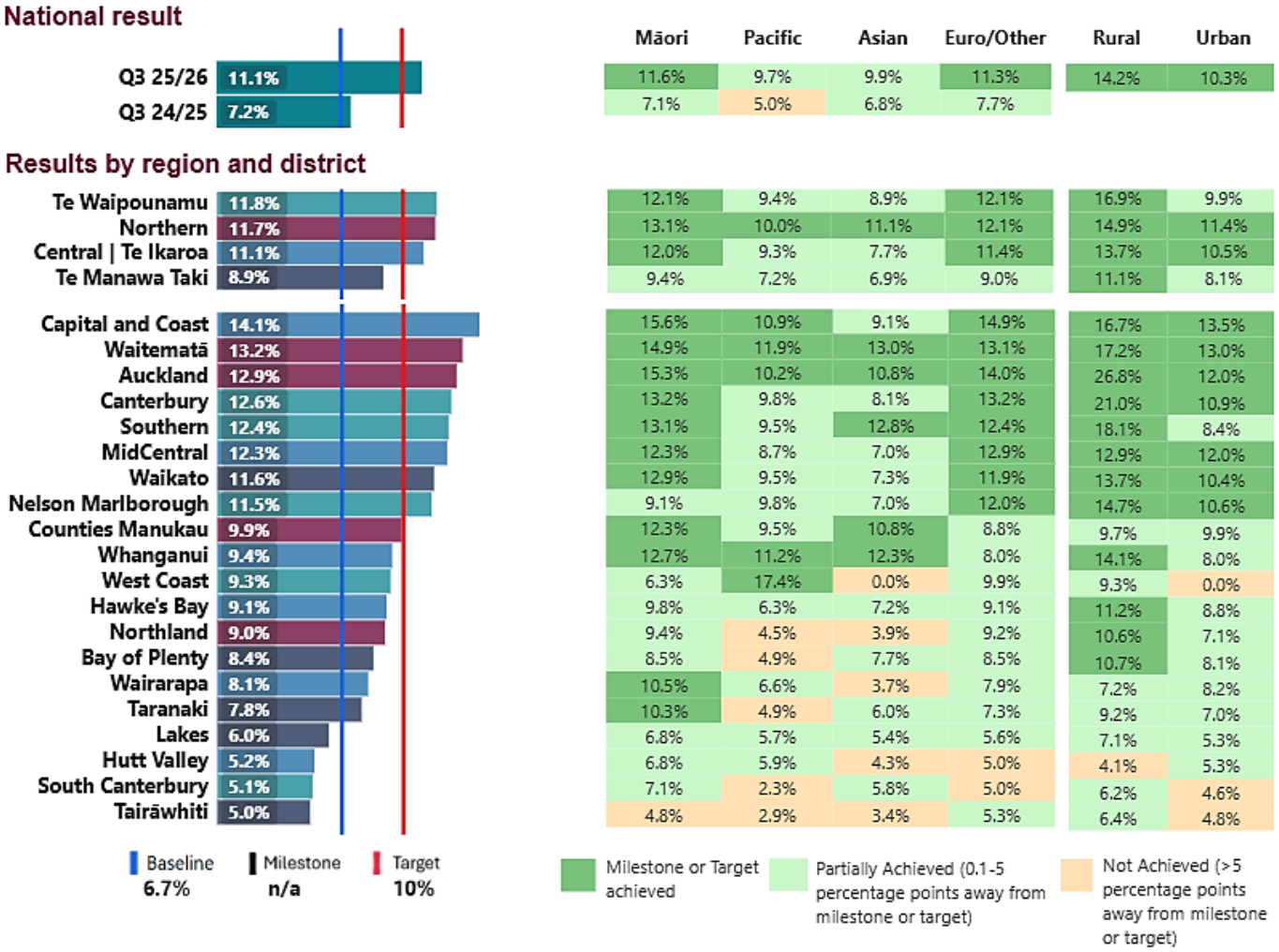


	Māori	Pacific	Asian	Euro/Other	Rural	Urban
Q3 25/26	14.5%	17.1%	5.6%	4.3%	6.2%	7.5%
Q3 24/25	15.4%	17.6%	6.2%	4.6%		
Northern	14.0%	16.7%	5.5%	4.7%	6.0%	8.4%
Te Manawa Taki	14.8%	17.3%	5.7%	4.0%	7.4%	7.2%
Central | Te Ikaroa	15.1%	18.7%	5.9%	4.0%	6.0%	7.4%
Te Waipounamu	13.7%	17.7%	6.1%	4.3%	5.2%	6.0%
Tairāwhiti	17.2%	23.3%	11.8%	4.9%	8.4%	11.9%
Auckland	14.8%	17.9%	6.2%	5.7%	7.5%	9.0%
Counties Manukau	15.7%	15.8%	4.3%	3.6%	4.6%	8.7%
Lakes	13.9%	12.1%	6.2%	4.3%	6.4%	9.1%
Wairarapa	18.7%	24.4%	7.2%	4.7%	6.0%	8.2%
Waikato	15.7%	18.6%	6.1%	4.4%	7.3%	7.9%
Waitematā	15.3%	17.4%	5.6%	5.3%	8.7%	7.6%
Hawke's Bay	14.6%	17.7%	8.9%	4.2%	8.7%	7.3%
Hutt Valley	17.6%	20.2%	6.7%	3.7%	2.7%	7.9%
Capital and Coast	15.2%	18.7%	4.7%	4.3%	5.0%	7.7%
West Coast	9.0%	14.3%	10.3%	6.1%	6.6%	0.0%
Taranaki	15.4%	20.9%	3.4%	4.2%	7.3%	6.4%
MidCentral	14.7%	17.5%	7.6%	3.5%	6.5%	6.5%
Canterbury	15.8%	18.4%	6.1%	4.3%	5.1%	6.3%
Southern	12.2%	20.2%	7.0%	4.7%	5.5%	6.5%
Northland	11.1%	7.9%	3.7%	2.7%	5.6%	6.3%
Bay of Plenty	13.2%	15.0%	4.8%	3.0%	9.8%	5.4%
Whanganui	10.4%	10.2%	3.4%	3.6%	5.8%	5.4%
Nelson Marlborough	11.7%	9.3%	3.0%	3.6%	4.3%	4.7%
South Canterbury	14.0%	15.8%	5.3%	3.5%	3.6%	5.1%

- Missed assessments saw a 0.4 per cent improvement on the same quarter last year. While there was improvement for all ethnicities compared to the same quarter last year, Māori and Pacific still have higher rates of missed appointments. South Island | Te Waipounamu saw the lowest rate of missed assessments regionally, with South Canterbury the best performing district. Rural patients had lower levels than urban patients.
- A trial for an expanded shuttle service is supporting Kāpiti patients attend assessments at Wellington and Kenepuru Hospitals. This service offers an alternative to patients needing to drive into the city or use public transport. Refinements will be considered once the pilot ends.
- Pacific patients are identified early following a single missed assessment and, across North Island hospitals where Pacific teams are active, referred to Pacific Health for support and home-based follow-up. This activity has engaged over 1,200 patients monthly and decreased waitlist numbers overall for Pacific patients.

P2-88 Medical appts via telehealth (digital)

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

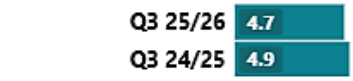


- Nationally, medical appointments via telehealth have increased significantly from the same quarter last year, indicating continuous improvement. Having options for patients is increasingly important at this time as increased fuel prices are impacting on costs for people to attend face to face, particularly for those who must travel long distances to a clinic.
- Telehealth continues to play an increasing role in how patients access specialist care. During quarter three, 13.9 per cent of follow-up appointments and 4.6 per cent of FSAs were delivered virtually, offering patients faster and more convenient options. Regions continue to embed telehealth into service delivery to improve access and support reductions in wait times.

P2-194 Hospital pressure injuries

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

National result



	Māori	Pacific	Asian	Euro/Other	Rural	Urban
Q3 25/26	4.3	3.7	0.8	5.7	4.4	4.8
Q3 24/25	3.0	3.2	2.9	6.1		

Results by region



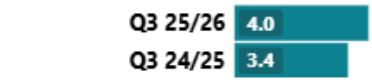
Te Waipounamu	4.3	5.7	4.0	7.3	5.2	7.2
Te Manawa Taki	6.2	0.0	0.0	5.4	5.0	5.2
Central | Te Ikaroa	4.0	5.6	0.0	4.7	5.6	4.0
Northern	3.0	3.4	0.5	5.2	1.6	3.9

- 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.
- In quarter three, Central | Te Ikaroa region continued evaluating the impact of initiatives implemented in previous quarters while sustaining improvement efforts, including clearer documentation tools, consistent recording of prevention measures, and an ‘all eyes on patients’ approach supported by walkarounds, targeted education, and departmental workplans.
- In Bay of Plenty (Midland | Te Manawa Taki region), a new data dashboard was introduced to track pressure injury stages and trends, affected wards and body areas, validate staging accuracy, avoid duplicate counting across wards, and develop clearer trend monitoring and thresholds.

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
Q3 25/26	2.3	3.7	0.8	5.2	3.7	4.1
Q3 24/25	1.6	1.6	2.6	4.4		

Results by region



Te Waipounamu	1.4	0.0	0.0	6.9	5.9	5.5
Te Manawa Taki	3.1	0.0	0.0	5.4	3.1	4.7
Northern	2.5	4.0	1.4	5.2	4.8	3.7
Central | Te Ikaroa	1.6	5.6	0.0	3.2	0.0	3.3

- All districts monitor falls rates through local clinical governance with a number of initiatives implemented to manage the falls risk. While there appears to be an increase compared to quarter three last year, the overall national trend over the past two years has remained stable.
- An embedded falls prevention program was implemented with clinical governance oversight supported by ACC and fracture liaison services, to reduce frailty fractures supporting sustained low rates of hospital fall rates, within the Northern region.
- Across districts, a range of system and practice improvements are underway to reduce inpatient falls, including infrastructure remediation (South Canterbury), implementation of patient-centred care tools to support communication and teamwork (Nelson Marlborough), strengthened governance and alignment to updated guidelines (Bay of Plenty), and trials of enhanced risk assessment processes to inform wider rollout.

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[14]

Key service	Measure	Q3 outputs	YTD outputs	2025/26 forecast volume	YTD % against forecast
Emergency services (ES)	Non-admitted attendances	**171,098**	526,682	702,465	75.0%
ES	Admitted attendances	**177,736**	552,213	742,293	74.4%
Specialist surgical services (SSS)	Acute case weighted discharges[15]	**64,074**	190,199	259,258	73.4%
SSS	Planned case weighted discharges	**61,240**	182,406	237,168	76.9%
SSS	First specialist appointments	**93,176**	278,259	465,870	59.7%
SSS	Follow up appointments	**209,460**	648,195	904,539	71.7%
SSS	Planned care minor procedures	**41,688**	124,178	172,670	71.9%
SSS	Acute case weighted discharges	**72,167**	235,081	318,014	73.9%
SSS	Elective case weighted discharges	**4,424**	12,770	20,049	63.7%
Specialist medical services (SMS)	First specialist appointments	**53,568**	172,169	228,021	75.5%
SMS	Follow up appointments	**102,765**	317,312	429,529	73.9%
SMS	Health of older people inpatient	**85,563**	222,572	288,469	77.2%
SMS	Renal dialysis ambulatory care	**79,283**	242,425	325,764	74.4%
Maternity and specialist neonatal services (MSNS)	Inpatient neonatal case weighted discharges	**8,799**	27,743	32,494	85.4%
MSNS	Inpatient maternity case weighted discharges	**17,269**	52,987	65,755	80.6%
MSNS	First specialist appointments	**8,972**	27,424	40,990	66.9%

[14] 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.
[15] 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	Q3 outputs	YTD outputs	2025/26 forecast volume	YTD % against forecast
MSNS	Follow up appointments	**10,215**	32,177	37,376	86.1%
MSNS	Consults	**26,647**	87,528	120,297	72.8%
MSNS	Clinics	**6,948**	22,396	22,289	100.5%
Paediatric and child specialty services (PCSS)	Acute case weighted discharges	**8,757**	30,982	48,388	64.0%
PCSS	Elective case weighted discharges	**1,451**	3,955	4,226	93.6%
PCSS	First specialist appointments	**9,621**	28,798	36,846	78.2%
PCSS	Follow up appointments	**23,941**	74,020	96,984	76.3%
Specialty cancer services (SCS)	Inpatient cancer case weighted discharge	**2,569**	7,650	10,132	75.5%
SCS	First specialist appointments	**5,601**	17,288	22,647	76.3%
SCS	Follow up appointments	**35,096**	109,694	140,372	78.1%
SCS	Intravenous chemotherapy	**26,383**	82,262	109,057	75.4%
SCS	Radiation oncology sessions	**36,150**	113,502	147,428	77.0%
Community teams and rural hospitals (CRH)	Allied health interventions	**200,507**	643,142	713,473	90.1%
CRH	Nurse led clinics	**111,170**	347,236	432,344	80.3%
CRH	Community nursing	**302,179**	902,891	1,268,214	71.2%
CRH	Community radiology	**262,562**	560,222	856,608	65.4%

HSS output class financial performance

Revenue and expenditure	YTD (31 Mar 2026) Actual $m	YTD (31 Mar 2026) Budget $m	YTD (31 Mar 2026) Variance $m	2025/26 Budget $m
Total operating revenue	11,879	11,841	38	16,090
Total operating expense	12,472	12,055	(417)	16,290
Surplus/(deficit)	(593)	(214)	(379)	(200)

Operating revenue was favourable to budget by $38m. Within this variance is $29m of revenue deferrals for Crown budget initiatives, offset by other favourable revenue.

Expenditure was unfavourable to budget by $417m. This is driven by the following factors:

- Additional outsourcing for elective treatments due to disruptions from industrial action in July, September and October;
- Higher depreciation expenses due to 2024/25 asset revaluations; higher than budgeted Capital Charge costs (offset by additional revenue);
- Slower than expected realisation of efficiency savings; and,
- Impact of changes to how shared service costs are allocated in the output class budget compared to allocation for actuals ($209m impact). Adjusting for this impact reduces unfavourable expenditure variance in Hospital and Specialist Services from $417m to $208m, and the net result variance from $379m to $170m. This is all cost neutral to the bottom-line as the impact is fully offset in the Primary and Community output class.

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

P2-187 MH&A services access

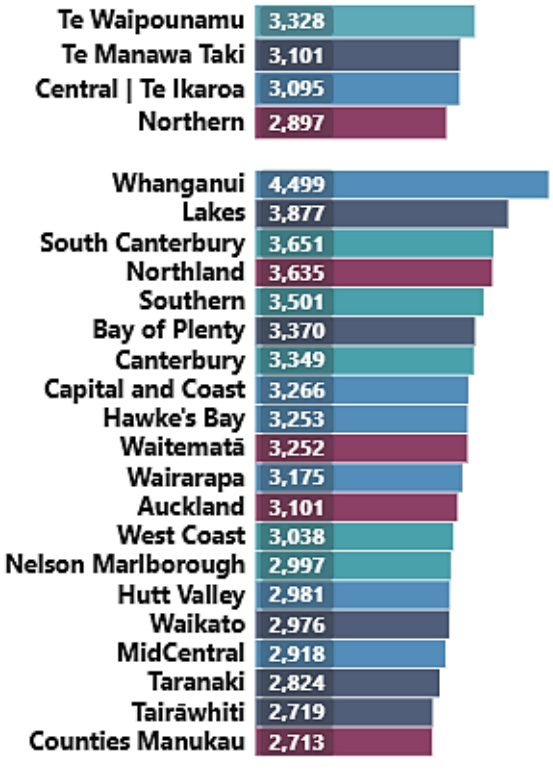
Rate of new people accessing either primary (through the Access and Choice programme) and/or specialist MH&A services per 100,000 people.

National result



	Māori	Pacific	Asian	Euro/Other	Rural	Urban
Q3 25/26	4,412	2,950	1,144	2,829	2,892	2,884
Q3 24/25						

Results by region and district



Te Waipounamu	5,288	4,000	1,476	3,342	3,404	2,608
Te Manawa Taki	4,767	2,659	901	2,790	2,649	3,083
Central | Te Ikaroa	4,977	3,747	1,119	2,890	3,135	2,795
Northern	5,231	3,353	1,372	3,233	2,774	3,426
Whanganui	5,218	2,489	1,184	4,547	3,003	4,940
Lakes	5,075	3,017	1,257	3,533	3,804	3,652
South Canterbury	7,984	3,990	1,293	3,428	2,822	3,127
Northland	4,988	3,425	1,529	2,958	2,799	3,658
Southern	5,026	6,806	1,604	3,389	2,693	3,904
Bay of Plenty	4,705	2,587	1,195	3,182	2,604	3,261
Canterbury	5,601	2,964	1,491	3,490	2,998	3,384
Capital and Coast	7,030	4,163	1,231	3,055	3,872	2,884
Hawke's Bay	4,689	4,251	995	2,819	2,798	2,903
Waitematā	7,042	4,297	1,480	3,536	5,874	3,036
Wairarapa	4,634	2,868	1,255	2,947	2,761	3,160
Auckland	6,805	4,530	1,717	3,288	8,688	2,898
West Coast	4,364	2,169	1,000	3,001	2,833	
Nelson Marlborough	4,562	2,087	1,187	2,964	2,821	3,072
Hutt Valley	4,483	4,374	1,162	3,001		2,701
Waikato	5,488	2,902	764	2,525	2,397	3,045
MidCentral	4,945	2,102	1,022	2,570	2,931	2,508
Taranaki	3,914	1,896	969	2,736	2,845	2,793
Tairāwhiti	3,384	1,755	474	2,136	2,043	2,884
Counties Manukau	4,592	3,000	1,166	3,702	3,046	2,355

- Significant effort is going into increasing the reach of Access and Choice with over 257,000 people accessing services in the 12 months to 31 March 2026. This is an increase from 224,000 in the 12 months to 31 March 2025.
- Ten new forensic inpatient beds at Waikato Hospital will be opened in May 2026. These additional beds will provide much needed inpatient capacity and help reduce the current waiting list of people in prison requiring acute forensic inpatient admission.
- Further activity to improve access to services is described on the MH&A targets website.

Key MH&A Outputs

Key service	Measure	Q3 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	7,717	21,181	30,000[16]	71.0%
Primary and community MH&A services	Access and Choice: people seen	83,671	201,847[17]	325,000	62.1%
Specialist MH&A bed nights[18]	Inpatient activity/occupied bed nights	74,211	226,080	317,903	71.1%
Specialist MH&A bed nights[16]	Inpatient activity/occupied bed nights - Forensic	22,374	68,021	89,920	75.6%
Specialist MH&A bed nights[16]	Residential activity/occupied bed nights – Alcohol & Other Drugs	1,935	6,291	9,586	65.6%
Specialist MH&A bed nights[16]	Residential activity/occupied bed nights - Other	669	2,107	3,417	61.7%
Specialist MH&A contacts[16]	Assessment and treatment contacts	46,141	144,799	209,375	69.2%
Specialist MH&A contacts[16]	Ongoing community treatment contacts	434,011	1,408,898	2,016,254	69.9%
Specialist MH&A contacts[16]	Psychosocial activity - contacts	29,012	96,706	142,212	68.0%
Specialist MH&A contacts[16]	Specialist services contacts	11,931	36,929	47,902	77.1%

MH&A output class financial performance

Revenue and expenditure	YTD (31 Mar 2026) Actual $m	YTD (31 Mar 2026) Budget $m	YTD (31 Mar 2026) Variance $m	2025/26 Budget $m
Total operating revenue	2,097	2,140	(43)	2,901
Total operating expense	2,129	2,140	11	2,901
Surplus/(deficit)	(32)	0	(32)	0

The mental health ringfence sets a minimum expected spend for Health NZ. The budget for this output class reflects the ringfence, as well as other revenues. The YTD financial result was $32m deficit against a budgeted breakeven result. Operating revenue was lower than budget due to $43m in Crown budget and national initiatives funding deferred to align with initiative expenditure. This deferred revenue is partly offset by slightly higher third-party revenues.

[16] This is a planned volume, not a forecast (unlike the other output volumes in this table).
[17] Quarter one (published), quarter two (published) and quarter three volumes are not summed as some people access services more than once. The YTD result is an extraction as at the end of quarter three.
[18] 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. As such, a rolled-up list of metrics has been developed for reporting against in 2025/26. Forecast volumes are not used to assign budgets nor are they production plans. Districts are not currently reporting delivery against an activity reporting framework. Actual output volumes are calculated using the latest agreed methodology. Percentage against forecast is provided, but given differing methodologies, this is indicative and not an accurate measure of performance.

Output class 5: Hauora Māori Services

P2-208 IMPB strategic involvement

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

Target	Q1 25/26	Q2 25/26	Q3 25/26
Target: 80.0%	on hold	on hold	on hold

The functions of IMPBs are subject to change under the Healthy Futures (Pae Ora) Amendment Bill. Due to the proposed changes, work has centred on engagement with consumers, whānau and families recognising IMPBs as a key partner in this process.

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 the quarter, followed by analysis and assessment, enabling reporting in the following quarterly report (a quarter in arrears). Achievement of over 100 per cent due to partners exceeding contracted targets.

Baseline and target	Q1 25/26 result reported in Q2 25/26	Q2 25/26 result reported in Q3 25/26
Baseline: NEW**; Target:** 85.0%	97%	103%

Health NZ's outcomes-based contracts for Hauora Māori partners shifts the focus from delivering prescribed activities to supporting Hauora Māori partners to achieve meaningful, whānau / family centred outcomes in ways that work best for their communities.

Achievements recorded during quarter two included:

- Engagement of 141,111 individuals.
- Outcome achievement against the total number of people engaged for service areas of:
  - Health of older people (72 per cent)
  - Kahu Taurima / Tamariki Ora (67 per cent)
  - Mātauranga Māori (Māori knowledge) (78 per cent)
  - MH&A (62 per cent)
  - Primary Care (54 per cent)

The majority of people accessing services were Māori (49 per cent), with the next largest groups being European (23 per cent) and Pacific (13 per cent). Nine per cent of service recipients did not have their ethnicity recorded.

Work was also undertaken in quarter three to refine the reporting of outcomes within the outcomes-based agreements and to clarify reporting expectations for partners for 2026/27.

Key Hauora Māori outputs

Key service	Output/Activity	Q3 outputs[19]	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	9,147	27,939	32,000	87%
Commissioning for impact	Number of individuals engaged with by Hauora Māori partners on integrated outcome-based agreements	141,111	300,938	312,606	96%
Commissioning for impact	Number of whānau members supported with care across the cancer continuum	3,891	8,953	N/A	-
Commissioning for impact	Number of whānau members engaged with in Kahu Taurima Te Ao Māori models of care	9,454	27,887	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)	16,307	51,144	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	9,001	24,708	N/A	-

Immunisations

Strengthened focus on immunising overdue tamariki (children) Māori turning 24 months meant that 9,147 scheduled childhood immunisations for pēpi (babies) under 24 months were delivered, with 72 per cent delivered to Māori. This is more than the 8,550 delivered in the same period last year. Targeted actions for immunisations are being advanced by Hauora Māori Partners to accelerate progress.

Commissioning for impact

We also continue to fund other kaupapa Māori services across a range of areas including primary and community care, public and population health, Kahu Taurima (maternity and early years), cancer care Oranga Hinengaro (MH&A) and mātauranga Māori (Māori knowledge).

[19] Data includes quarter three activity and quarter two activity reported after the close of the quarter two reporting period.

Hauora Māori Partners' quarter three reporting showed that thousands of individuals including whānau and families accessed a wide range of commissioned services, providing culturally safe and whānau-centred care, but also contributed to Government health targets.

Highlights in quarter three included:

- Fetal Alcohol Spectrum Disorder – completing training for 350 non-clinical staff; and progressing the establishment of prevalence and diagnostics community hubs in regions with the highest prevalence of hazardous drinking.
- Mātauranga Māori services – continued support and embedding of kaupapa Māori services and rongoā Māori (traditional Māori healing) as a cornerstone of the health system, providing trusted, culturally responsive care that improves access, engagement and outcomes for whānau.
- Suicide prevention – procurement of workforce development and training services as per the actions in the Suicide Prevention Action Plan and ensuring continuity of service for suicide postvention whilst new services are designed and procured for 2026/27.

Hauora Māori output class financial performance

Revenue and expenditure	YTD (31 Mar 2026) Actual $m	YTD (31 Mar 2026) Budget $m	YTD (31 Mar 2026) Variance $m	2025/26 Budget $m
Total operating revenue	419	413	6	555
Total operating expense	378	413	35	555
Surplus/(deficit)	41	0	41	0

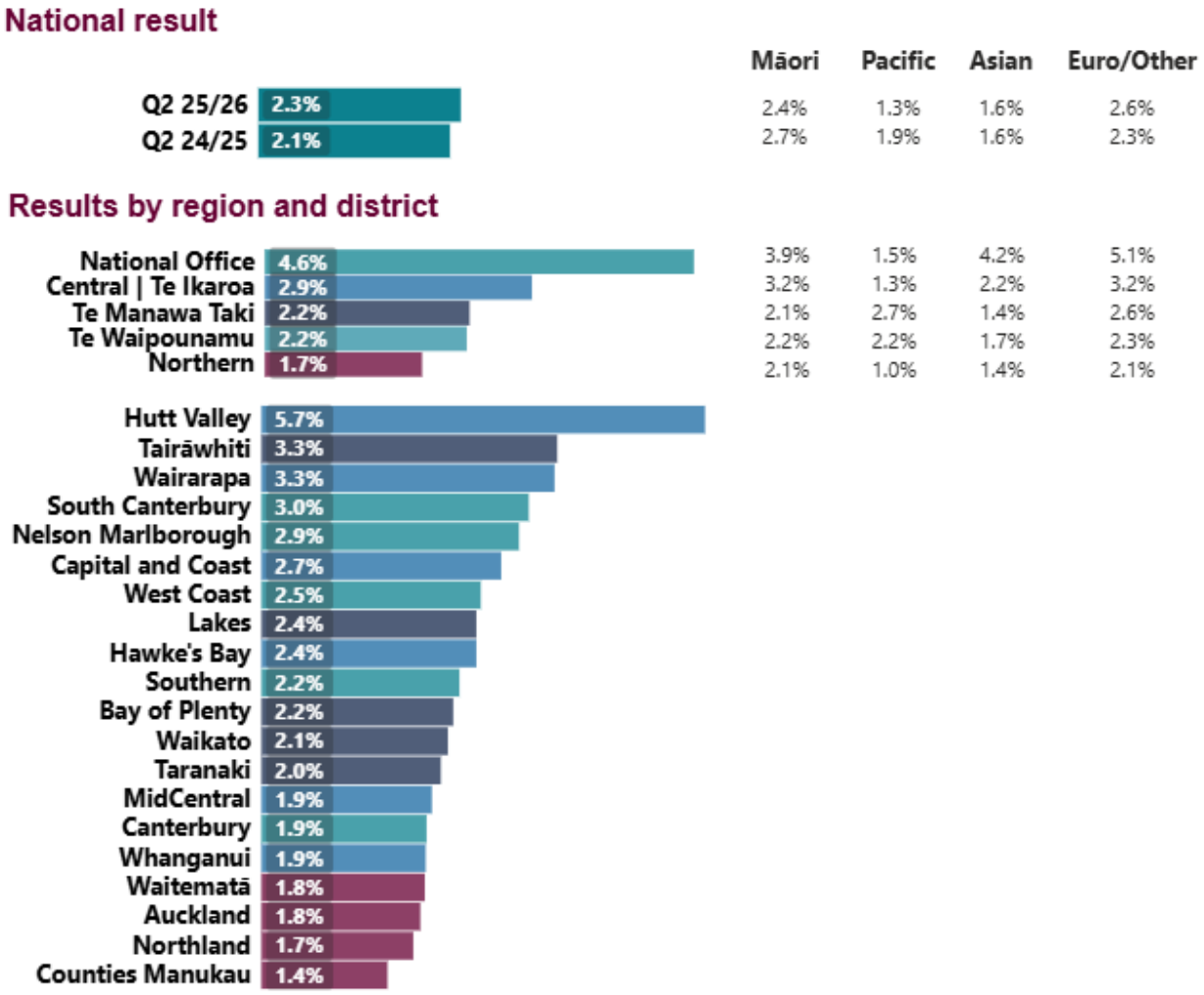
The YTD result in the Hauora Māori Services output class was a $41m surplus against a break-even budget. This surplus was due to four factors:

- $6m favourable revenue due to higher than budgeted interest revenue ($2m) and additional alcohol levy income ($4m).
- $35m favourable expenditure reflecting:
  - $10m of additional mental health costs incurred in the MH&A output class that are offset expenditure budget in the Hauora Māori output class.
  - $7m Hauora Māori Services non-personnel costs favourable to budget due to efficiencies in travel, training and other related costs throughout the period.
  - $17m Hauora Māori Services personnel costs favourable to budget due to recruitment through the year running slower than planned.

Workforce

P2-152 Health NZ workforce turnover

Percentage of Health NZ staff who left payroll systems from 1 October – 31 December 2025, out of all current staff registered on these systems as at 31 December 2025, compared to the same period in 2024.



- National turnover is stable at the low level of 2.3 per cent. Turnover patterns across regions and ethnic groups also remain consistent with previous years.
- New national performance management and people development policies have been introduced, establishing a consistent, modern approach to supporting performance and development across Health NZ. Tools, eLearning, and a new online platform (Perform) will support this approach, providing clearer expectations and a consistent experience for staff.
- Leadership capability continues to grow, with more than 1,260 enrolments in the Health Leadership Development Programme, strong completion rates, and highly positive participant feedback.
- Psychosocial risk management is being strengthened through improved identification, assessment, and management of psychosocial hazards. Insights from the Fatigue and Respect at Work programmes are informing system-level improvements, and national training to help staff identify, report, and manage psychosocial risks will launch next quarter.

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 December 2025, measured against all new staff registered on these systems during that period.



- Health NZ continues to drive initiatives aimed at increasing access, opportunity and leadership pathways to strengthen the proportion of Māori and Pacific staff in the health workforce.
- The Te Pitomata Grant 2026 programme is an annual initiative designed to increase Māori participation in the health workforce by providing support to students undertaking relevant healthcare study. In 2026, the programme placed emphasis on undergraduate pathways, Rongoā Māori, and priority health workforce pathways, including medicine and dentistry.
- Health NZ continued to support the Pūhoro STEMM Academy to engage more Māori secondary students in health career pathways. Across Term One, 887 Year 12 and 13 rangatahi attended workshops held in 11 districts.
- The Pacific Health Science Academies (PHSA) Northern Region successfully transitioned delivery in January 2026, with Health NZ now partnering with a Pacific Provider. Cohort two of the PHSA Counties Manukau Cadetship placed 20 local students across 13 health services, strengthening Pacific representation across community and primary care settings.
- Fast Track Pacific Health scholarships enabled returning students to progress through their programmes of study. For the 2025/26 round, 367 Pacific students were approved for scholarships to pursue qualifications in medical, dentistry, allied health, midwifery, and nursing.

Data caveats

The data presented is as at 31 December 2025. Due to data collection and validation timeframes, reporting is one quarter in arrears.

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.

Quarter one 2024/25 was the first quarter to include data for all Health NZ employees (districts and national office staff). Prior to this, the Health Workforce Information Programme 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 ageing payroll systems by transitioning ten payrolls to the Advanced Management Systems (AMS) Leader platform. Delivery this quarter progressed as planned, with system builds advancing across Northland, Lakes, Bay of Plenty, Tairāwhiti, Canterbury and West Coast.

Districts also continued engagement and readiness activities, including preparation for AMS leader training. This work, delivered in partnership with districts, reduces operational vulnerability, strengthens compliance, and improves the consistency and reliability of payroll services across Health NZ.

Physical infrastructure

Overall performance

Health NZ is delivering approximately 1,000 capital projects. Large projects that are either valued more than $10m or funded through the Health Capital Envelope are regularly monitored and reported. As at 31 March 2026, there were 70 major monitored projects of which 44 were in delivery, 22 were in design, and four were in define stages, of their lifecycles.

Key achievements this quarter included:

- one project reached practical completion
- two significant projects started construction
- five business cases were approved resulting in additions to the major monitored projects portfolio.

Strategic planning

Health Infrastructure Plan implementation

Progress continues across Phase 0 and investment planning work, with key achievements this quarter including:

- condition assessments for in-scope campuses completed, with Kenepuru underway. Data analysis and renewal modelling are well advanced, with reports expected to be finalised in June 2026.
- site master planning for Timaru (South Canterbury district) and Wakari (Southern district) progressing, with final reports expected before June 2026.
- procurement underway for health and site master planning for the Auckland, and Wellington (Capital and Coast district) hospital networks, with consultant appointments expected in May 2026.
- Central Lakes network planning completed and provided to the Minister.
- clinical network planning commenced for Greater Wellington and Tairāwhiti.

Programme Delivery

One project reached practical completion in January:

- Forensic Psychiatric Services Facilities Replacement - E Tū Wairua Hinengaro, Mason Clinic, Auckland. This project delivered a replacement facility incorporating four units and 60 inpatient beds. Go-live is expected early next quarter – $200m.

Seven projects were added to the major monitored portfolio totalling $177.4m, including five new business case approvals:

- Palmerston North Hospital Redevelopment Programme, awaiting budget approval
- MRI and Endoscopy Facility, Wairarapa Hospital – $34.2m
- Nationwide Remediation Programme and Small-Scale Remediation Projects – $100m
- Fire Remediation, Palmerston North Hospital – $10.45m

- ED Upgrade, Palmerston North Hospital – $14.45m
- Hawke's Bay Hospital Redevelopment, awaiting budget approval
- Boiler House Energy Centre Electrical Upgrade, Palmerston North Hospital –$18.3m.

Construction started on two major infrastructure projects:

- Wakari Mental Health Ward 10A Refurbishment – priority refurbishment and anti-ligature works at Wakari Hospital, Dunedin – $12.3m
- Waitākere Primary Birthing Unit – construction of an 810sqm primary birthing facility, including six birthing/postnatal suites – $14.95m.

Looking after our assets

National Asset Management Strategy

Health NZ is also shifting from a reactive 'run to fail' approach to a proactive, risk-based asset management model. Key asset management activity this quarter included:

- completion of a national audit of essential service supply, focused on generators, with findings expected to be released next quarter
- further seismic assessments entering the commissioning stage
- the asset audit and condition assessment baselining programme well advanced and close to completion
- ongoing data gathering to support future market engagement on carparking provision
- a draft National Maintenance Strategy has been developed to provide a consistent national framework for maintaining infrastructure across the Health NZ estate.

Digital infrastructure

As at 31 March, we have 13 major digital programmes/projects (budget of $5m or greater that are monitored centrally). There are also 72 projects with a budget ranging $1m – $5m and 173 smaller initiatives (projects with budget less than $1m which includes minor updates and enhancements, lifecycle maintenance) being delivered across the digital portfolio. There were 40 go-lives across the portfolio this quarter.

- The Health Digital Investment Plan (HDIP) implementation continues. Governance and functions have been established to manage the ongoing planning required. Business cases are being prepared for the initial priorities for horizon one of the plan. The HDIP implementation plan was discussed with the Minister in March, and further information is being prepared for the Minister (in coordination with Ministry and Treasury) about priorities and funding options.

Key delivery highlights this quarter:

- High quality and complete immunisation histories are now available in almost every public hospital across Aotearoa New Zealand, with the completion of the national rollout of the Aotearoa Immunisation Register (AIR). Clinicians can now view a person's immunisation history directly in the systems they use every day. This removes extra logins, saves time and supports timely vaccinations during hospital visits, while strengthening readiness during disease outbreaks.
- The Northern Region's Hospital at Home service is now supporting about 120 patients every day and is planning to grow to 200 patients a day by the end of the next financial year.
- Neonatal BadgerNet went live in March at Middlemore Hospital's neonatal unit – the largest neonatal unit in the country. The system brings together information from pregnancy, birth and neonatal care into one secure, real-time record that gives clinicians improved access to accurate, timely information and more consistent data.
- The Shared Digital Health Record is a new national data service that will make it easier for clinicians to securely access key health information, helping support safer, more joined-up patient care. Data acquisition from pilot general practices remains on hold while Health NZ Data Access and Use Agreements are being finalised. Feedback has been received from General Practice New Zealand and GenPro, with follow up sessions scheduled.
- Your Health Summary was made available directly in the Clinical Portal in the Northern region. This gives clinicians quick access to key health information including a view of a patient's primary care record. It includes medicines, allergies, long-term conditions, and recent test results. Having this information easily available supports safer care, especially when people are being treated away from their usual general practice or in urgent situations. It also helps reduce missed details and unnecessary repeat tests.
- Exercise Darkwater was a two-day national cyber incident scenario in Auckland and Wellington in March, the first exercise of this scale with approximately 100 participants from Health NZ and other government agencies.
- Manage My Health (MMH) was affected by a cyber security breach at the end of quarter two (MMH advised Health NZ on 30 December). This breach involved access to patient information. Health NZ has supported MMH, a private company, with its response to, and recovery from, this breach. We have worked with the Ministry of Health to support their

independent review of the incident, undertaken at the request of the Minister of Health. Health NZs owned and operated systems have not been impacted (i.e. My Health Account and My Health Record).

- An artificial intelligence medical scribe tool is now live in all EDs across New Zealand, with the rapid rollout making it available to 1,250 ED doctors and frontline staff, following a successful pilot last year. This reduces the time and cognitive load associated with clinical documentation and allows clinicians to focus more on patient care. Work is underway to extend this tool to mental health teams.
- Health NZ has made strong progress modernising how staff work, with approximately 28,000 employees successfully migrated (8,000 this quarter) to a single national digital workspace. This large-scale national rollout is improving collaboration, security, and consistency across hospitals and offices nationwide, while migration volumes continue to accelerate each month. The programme is delivering practical benefits for staff and patients by enabling simpler, safer digital working.

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.

As noted in the previous report, My Health Record is different from MMH, which was the subject of a cyber security breach at the end of quarter two, as per the item above. 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.

Financial performance

Statement of comprehensive revenue and expenses ($m)

	YTD (31 Mar 2026) Actual	YTD (31 Mar 2026) Budget	YTD (31 Mar 2026) Variance	2025/26 SPE Budget
Revenue				
Appropriations – Crown funding ex Ministry of Health	19,667	19,824	(157)	26,218
Other funding ex Crown/Crown entities	2,587	2,544	43	3,395
Third party and other revenue	85	85	0	889
Interest received	308	314	(6)	79
Total revenue	**22,647**	**22,767**	**(120)**	**30,581**
Expenditure – operating costs				
Personnel costs	9,134	9,206	72	12,416
Outsourced personnel	307	197	(110)	260
Outsourced services	716	757	41	999
Clinical supplies	2,017	1,990	(27)	2,637
Depreciation and amortisation	767	704	(63)	931
External service providers	8,084	8,101	17	10,880
Capital charge and Interest	448	413	(35)	555
Infrastructure, non-clinical supplies and other	1,418	1,520	102	2,103
Total expenditure	**22,891**	**22,888**	**(3)**	**30,781**
Surplus/(deficit)	**(244)**	**(121)**	**(123)**	**(200)**
Other comprehensive revenue and expenses				
Gain/(loss) on property revaluations	0	0	0	0
Total other comprehensive revenue and expenses	0	0	0	0
Total comprehensive revenue and expenses	**(244)**	**(121)**	**(123)**	**(200)**

Detail on key operational variances is provided in the financial summary table (refer page 6).

Statement of Cashflows ($m)

	Year to Date (31 Mar-26)			2025/26 SPE
	Actual	Budget*	Variance	Budget
Cash flows from operating activities				
Funding from the Crown/Crown entities	22,254	22,210	44	29,613
Interest received	54	59	(5)	79
Other revenue	696	667	29	889
Payments to employees	(9,332)	(10,343)	1,011	(13,824)
Payments to suppliers	(12,580)	(12,760)	180	(16,978)
Capital charge	(303)	(270)	(33)	(550)
Interest paid	(3)	(4)	1	(5)
GST (net)	69	0	69	20
Net cash flows from operating activities	**855**	**(441)**	**1,296**	**(756)**
Cash flows from investing activities				
Receipts from sale of property, plant and equipment	0	0	0	0
Receipts from sale or maturity of investments and movement in restricted/trust funds	11	0	11	0
Purchase of property, plant and equipment	(1,122)	(2,087)	965	(2,623)
Purchase of intangible assets	(62)	(92)	30	(246)
Net cash flows from investing activities	**(1,173)**	**(2,179)**	**1,006**	**(2,869)**
Cash flows from financing activities				
Capital project contributions from the Crown*	920	1,272	(352)	1,594
Holidays Act remediation Crown equity	209	696	(487)	1,094
Other Equity Support	0	200	(200)	350
External borrowings	0	15	(15)	19
Capital contributions returned to the Crown	0	0	0	(12)
External borrowings repaid	(1)	0	(1)	0
Net cash flows from financing activities	**1,128**	**2,183**	**(1,055)**	**3,045**
Net increase/(decrease) in cash & cash equivalents	810	(437)	1,247	(580)
Opening cash & cash equivalents	1,056	1,056	(0)	923
Closing cash & cash equivalents	**1,866**	**619**	**1,247**	**343**

The closing cash balance at 31 March 2026 was $1.866bn, $1.247bn above budget. This variance was primarily driven by slower-than-planned capital expenditure (Capex), delays in settling collective agreements, and revenue received for initiatives that has not yet been spent.

Key contributors to this favourable cash variance:

- funding from the Crown was greater than budget by $44m

- payments to employees were $1,011m less than budget for the YTD, reflecting assumptions for the timing of payments for unsettled collective agreements and Holidays Act remediation payments not yet completed. Crown equity funding for Holidays Act remains lower than the phased budget
- capex payments were below budget by $995m, reflecting slower-than-expected progress on depreciation funded Capex and on Crown equity funded projects, with associated lower Crown equity drawn from the Health Capital Envelope appropriation.
- payments to suppliers were lower than budget by $180m mainly due to timing of spend on Budget initiatives.

Statement of changes in equity ($m)

	30 Jun 2025 Actual	31 Mar 2026 Actual	2025/26 SPE Budget
Balance at 1 July	9,612	12,417	10,572
Capital contributions from the Crown	2,072	1,129	3,038
Capital contributions returned to the Crown	(12)	0	(12)
Movements in trust, special funds and other reserves	14	5	0
Sub-total	**11,686**	**13,551**	**13,598**
Comprehensive income			
Surplus/(deficit) for the year or YTD	**(947)**	**(244)**	**(200)**
Other comprehensive revenue and expense			
Gain/(loss) on property revaluations	1,678	47	0
Total comprehensive revenue and expense for the year	**731**	**(197)**	**(200)**
Crown equity balance	**12,417**	**13,354**	**13,398**

Capital contributions from the Crown of $1,129m, partly offset by the $244m YTD deficit, resulted in an overall increase in Crown equity compared with the June 2025 balance.

Statement of financial position ($m)

	30-Jun-25	31-Mar-26	2025/26 SPE
	Actual	Actual	Budget
Assets			
Current assets			
Cash and cash equivalents	1,056	1,866	343
Receivables	427	436	420
Prepayments	129	196	131
Investments	37	20	35
Inventories	186	198	190
Assets held for resale	3	3	0
Total current assets	**1,838**	**2,719**	**1,119**
Non-current assets			
Prepayments	5	4	5
Investments	128	70	120
Investments in associates and joint venture	6	67	3
Property, plant and equipment	16,133	16,620	16,292
Intangible assets	539	491	690
Total non-current assets	**16,811**	**17,252**	**17,110**
Total assets	**18,649**	**19,971**	**18,229**
Liabilities			
Current liabilities			
Payables and deferred revenue	1,809	2,395	2,149
Borrowings	10	9	20
Employee entitlements	3,816	3,650	2,187
Provisions	114	84	50
Total current liabilities	**5,749**	**6,138**	**4,406**
Non-current liabilities			
Borrowings	89	84	104
Employee entitlements	362	364	315
Restricted funds	2	0	0
Provisions	30	31	6
Total non-current liabilities	**483**	**479**	**425**
Total liabilities	**6,232**	**6,617**	**4,831**
Net assets	**12,417**	**13,354**	**13,398**
Equity			
Crown equity	6,131	7,262	9,180
Accumulated surpluses / (deficits)	(2,710)	(2,954)	(3,035)
Revaluation reserves	8,851	8,898	7,173
Trust and special funds	136	148	75
Minority interests	9	0	5
Total equity	**12,417**	**13,354**	**13,398**

Capital expenditure YTD to 31 March 2026

Capital Expenditure (In $m)	YTD Actual	YTD Budget	Variance	Commitments *	2025/26 SPE Budget
Land	0	0	0	0	0
Buildings & Plant	872	1,562	(690)	1,646	2,053
Clinical Equipment	203	390	(186)	111	525
Other Equipment	10	30	(20)	5	27
Motor Vehicles	8	17	(8)	2	18
Information Technology & Intangibles	91	181	(91)	36	246
Total Capital Expenditure	**1,184**	**2,180**	**(995)**	**1,800**	**2,869**

**Capital commitments reflect the total contractual commitment in FPIM less spend to date. Contractual capital commitments may span several years when a project is multi year.*

The approved 2025/26 SPE Capex budget is $2.869bn. An additional $20m of donation-funded Capex increased the total budget to $2.889bn, which underpins the cashflow phasing. The budget also includes $378m of depreciation funding carried forward from the 2024/25 capital plan. YTD Capex to 31 March 2026 is $1.184bn, $996m below budget. This variance is primarily due to delays in initiating and delivering projects, including the complexity of operating in brownfield environments.

Health NZ is addressing these challenges through more streamlined and accelerated capital approval processes, implementation of the updated operating model and Delegated Authority Policy (supporting greater regional and local decision-making), and improved realism in project phasing and cashflow forecasting. Strengthening enabling functions, including recruitment and improving coordination across finance procurement and asset portfolios, which will further support Capex planning, budgeting, phasing, and delivery.

The breakdown by minor and major capital projects is provided in the table below. Major monitored projects are either a project with a capital budget >$10m or a project that has Crown capital.

Major / Minor Capital ($m)	YTD to 31 March 2026		
	Actual	Budget	Variance
Minor Capital			
Buildings	52	318	(266)
Clinical equipment	188	354	(166)
Other equipment	9	26	(17)
Motor vehicles	8	17	(9)
Information technology (including software)	49	141	(92)
Total Minor Capital	306	857	(550)
Major Capital			
Buildings	820	1,244	(424)
Clinical equipment	15	36	(21)
Other equipment	1	4	(3)
Information technology (including software)	42	40	2
Total Major Capital	878	1,323	(445)
Total	1,184	2,180	(995)

Total appropriation and output class tables

The table below shows the YTD to 31 March 2026 actual result by appropriation.

Income and Expenditure	Hospital and Specialist Services Appropriation ($m)	Primary and Community Care Services Appropriation ($m)	Hauora Māori Services Appropriation ($m)	Total
Appropriation	11,879	7,175	613	19,667
Other Income	1,311	1,660	9	2,980
Total Income	**13,190**	**8,835**	**622**	**22,647**
Expenditure	13,787	8,513	591	22,891
Net Result	**(597)**	**322**	**31**	**(244)**

The table below shows the YTD to 31 March 2026 actual expenditure versus budget by output class.

Output Class	YTD Actual ($m)	YTD Budget ($m)	Variance ($m)	2025/26 SPE Budget ($m)
Hospital and Specialist Services	12,472	12,055	(417)	16,290
MH&A	2,129	2,140	11	2,901
Primary and Community Services	7,534	7,900	366	10,479
Public Health Services	378	380	2	556
Hauora Māori Services	378	413	35	555
Total	**22,891**	**22,888**	**(3)**	**30,781**

As noted in the commentary above, the YTD expenditure variances in Hospital and Specialist Services, Primary and Community, and Public Health are impacted by treatment of shared services expenditure in the SPE budget. Adjusting for this impact, the variances are as follows:

- Hospital and Specialist Services: reported expenditure variance $417m unfavourable; add back $209m impact from shared service allocation; equals adjusted variance of $208m unfavourable.
- Primary and Community: reported expenditure variance $366m favourable; less $232m impact from shared service allocation; equals adjusted variance of $134m favourable.
- Public Health: reported expenditure variance $2m favourable; add back $23m impact from shared service allocation; equals adjusted variance of $25m favourable.

The table below shows YTD to 31 March 2026 actual revenue and expenditure by output class and by appropriation.

		Appropriation			Other	
	Amounts In $m	**Hospital and Specialist Services Appropriation**	**Primary, Community, Public and Population Health Services Appropriation**	**Hauora Māori Services Appropriation**	**Third party and other**	**Total**
	Revenue					
Output class	Hospital and Specialist Services	10,605			1,274	11,879
	MH&A Services	1,274	583	203	37	2,097
	Primary and Community Services		6,236		1,659	7,895
	Public Health Services		356		1	357
	Hauora Māori Services			411	8	419
	Total Revenue	**11,879**	**7,175**	**614**	**2,979**	**22,647**
	Spend					
	Hospital and Specialist Services	11,198			1,274	12,472
	MH&A Services	1,278	601	213	37	2,129
	Primary and Community Services		5,875		1,659	7,534
	Public Health Services		377		1	378
	Hauora Māori Services			370	8	378
	Total Spend	**12,476**	**6,853**	**583**	**2,979**	**22,891**
	Net Result	**(597)**	**322**	**31**	**0**	**(244)**

The table below shows the breakdown of the YTD net result by output class and appropriation:

		Appropriation			Other	
	Amounts In $m	**Hospital and Specialist Services Appropriation**	**Primary, Community, Public and Population Health Services Appropriation**	**Hauora Māori Services Appropriation**	**Third party and other**	**Total**
Output class	Hospital and Specialist Services	(593)	0	0	0	(593)
	MH&A Services	(4)	(18)	(10)	0	(32)
	Primary and Community Services	0	361	0	0	361
	Public Health Services	0	(21)	0	0	(21)
	Hauora Māori Services	0	0	41	0	41
	Net Result	**(597)**	**322**	**31**	**0**	**(244)**

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 ((New value – old value) / old value) x 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) x 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.

New Zealand Government
Te Kāwanatanga o Aotearoa

Health New Zealand
Te Whatu Ora