Quarterly Performance Report

Quarter 2 2025/26



Te Kāwanatanga o Aotearoa
New Zealand Government

Health New Zealand
Te Whatu Ora

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Organisational performance

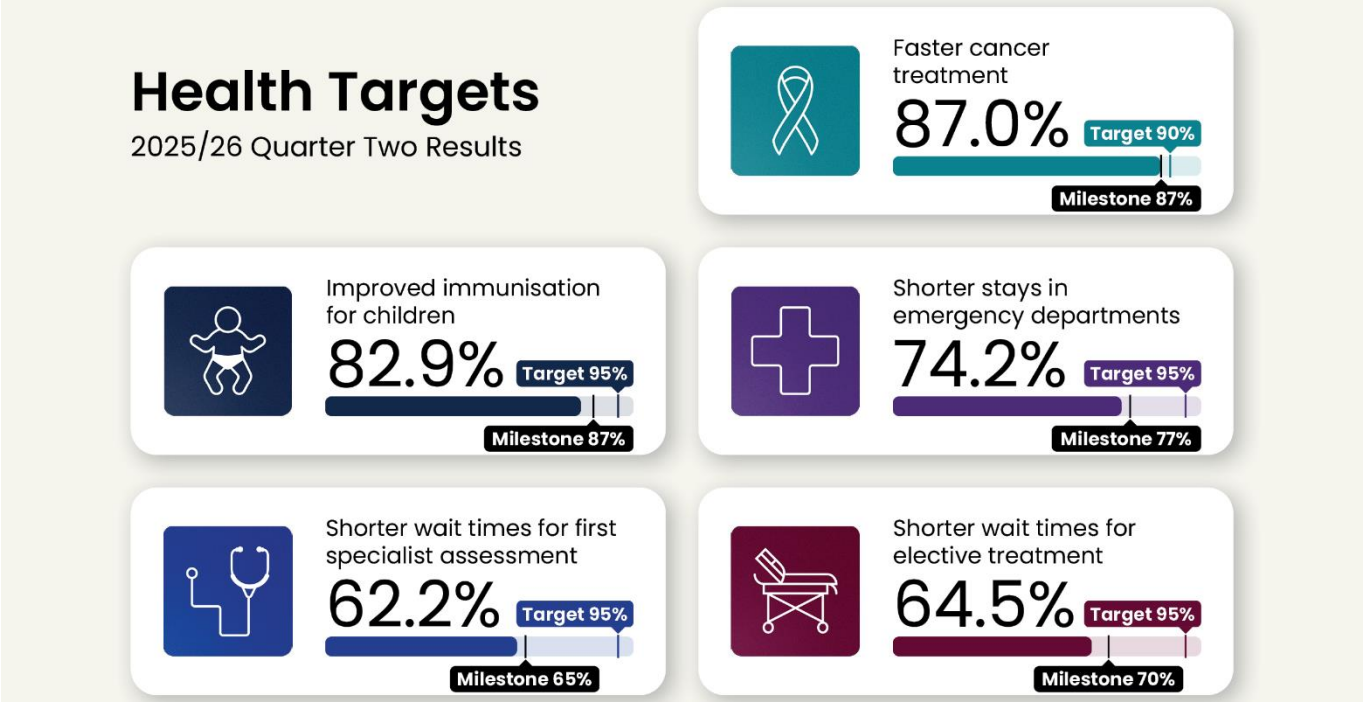
Highlights for the quarter include:

- Performance in all five health targets and three out of five mental health and addiction (MH&A) targets improved compared with the same quarter last year, indicating continuous improvement.
- We achieved the 30 June 2026 milestone for the faster cancer treatment target for the first time, with a result of 87 per cent.
- Performance improvements for the shorter wait times for first specialist assessment (FSA) and elective treatment health targets are notable, as delivery was impacted by industrial action in quarters one and two this year.
- There was a significant increase in the proportion of patients who were admitted, discharged or transferred from emergency departments (EDs) within six hours this quarter, despite high attendances driven by late-winter demand and year-on-year growth in ED presentations.
- The full 2025 calendar year result for the number of new MH&A professionals commencing training is reported for the first time, with a result of 514, surpassing the 2030 target of 500.
- Cervical screening coverage increased from the same quarter last year, supported by the integration of the Cervical Screening Register with primary care systems, enabling well-timed identification of individuals overdue for screening, and opportunistic screening in primary care, therefore improving access.
- The proportion of Māori and Pacific joining our workforce decreased from the previous quarter but remained higher than the same time last year. This is a result of ongoing initiatives across the pipeline aimed at increasing the diversity of the health workforce.
- Six infrastructure projects reached practical completion, including the new Central Plant Complex at Auckland City Hospital.

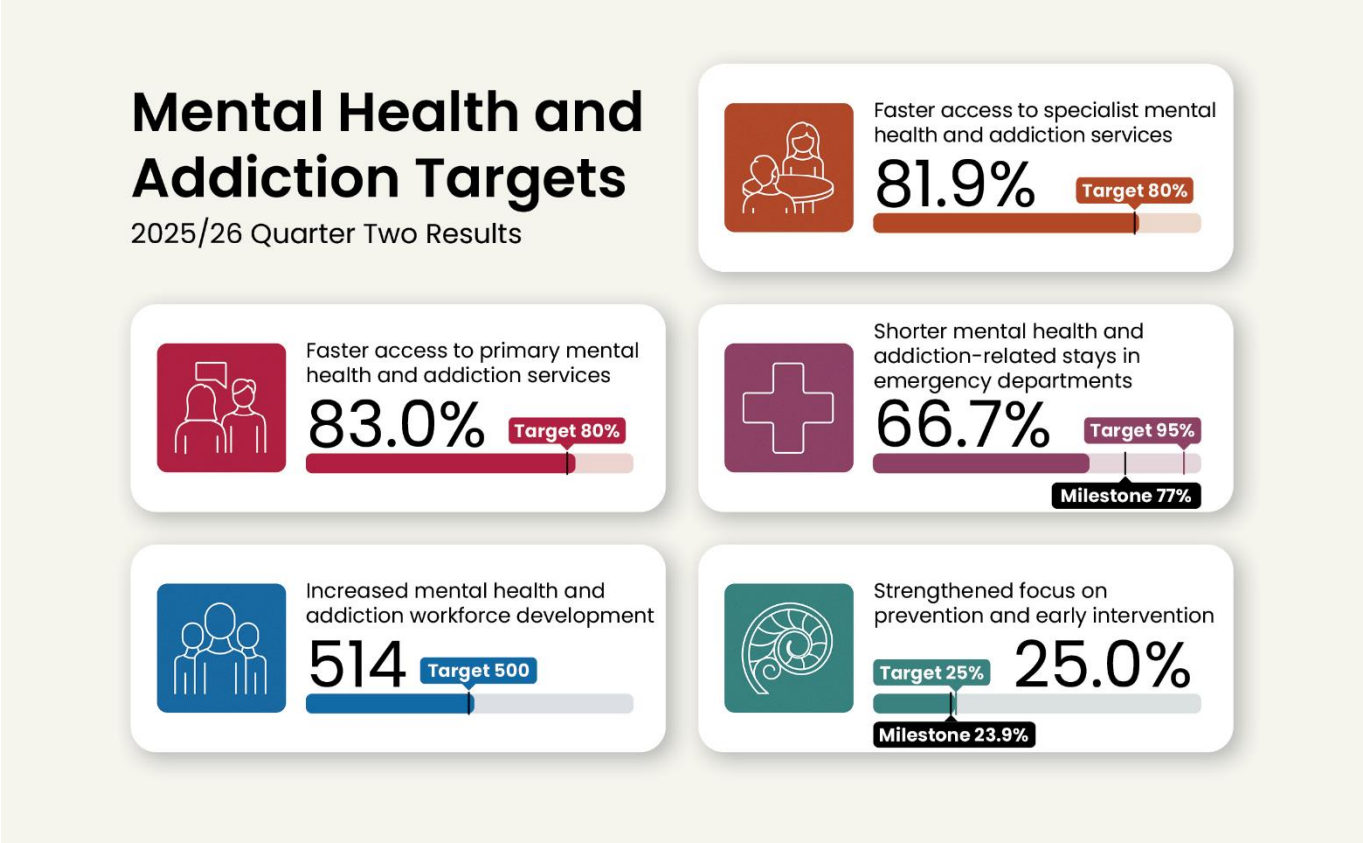
Challenges this quarter include:

- Although hospital pressure injury rates continue to decline, hospital falls rates have increased. Rates remain lower than the overall rate for hospitals across Australia and New Zealand in 2024/25. Initiatives are underway across all regions and districts to address falls rates.
- Manage My Health (MMH), a private online health portal, had patient information affected by a cyber security breach at the end of quarter two. Health NZ supported MMH with its response to this breach during quarter three.
- Payroll system stabilisation is expected to complete in 2027. The programme is complex, supporting multiple districts at different stages of readiness.
- The financial result for the period ending 31 December 2025 was a deficit of $153m, which is $57m unfavourable to the budgeted deficit of $95m.

Five health targets



Five mental health and addiction targets



Detailed quarter two 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** (NZ Health Plan):

Government priorities for health in NZ

- Smokefree compliance activity is above expected levels for 2025/26, with community based smokefree and vape-free initiatives continuing (Action 1.5.1).
- The breast screening age extension launched this quarter. As at 31 December, 4,289 women newly eligible through the extension were screened (Action 1.6.2).
- A new cancer treatment site was opened in the rural community of Buller (West Coast) and the first treatment delivered in December (Action 1.6.3).
- Hauora Māori partners providing cancer care co-ordination services continued to support whānau experiencing symptoms of cancer to navigate the health system and receive timely diagnosis. In quarter two, more than 2,000 individuals received cancer-related education and 1,103 supports were delivered, including assistance with travel to appointments (surgery, scans, treatments), access to medications, and scheduling (Action 1.6.4).
- The Cardiac Rehabilitation Care Plan application and clinical platform was launched on the Google Play app in December, as part of testing roll out in Wellington Regional Hospital. This is an app for patients to use after they have been discharged from hospital to monitor and manage their health. Expected patient benefits include increased self-management and less travel time for follow up visits (Action 1.6.7).
- Four new co-response teams were confirmed this quarter, to be hosted in Canterbury, Auckland, Bay of Plenty and Counties Manukau. These teams pair mental health workers with frontline police to jointly respond to mental-health-related calls, streamlining access to support (Action 1.6.9).
- National guidance for public health management of priority communicable diseases was completed, to ensure national consistency for future responses (Action 1.7.1).

Clinical leadership, continuous quality improvement and innovation

- An abdominal aortic aneurysm (AAA) screening project (including cardiovascular risk assessment) was completed in the Hawke's Bay, screening more than 2,700 people. The purpose is to inform a national business case on AAA screening, which will enable early detection, timely and less invasive treatment, and improved outcomes for patients, and is a more cost-effective intervention for the health system rather than rupture / open repair (Action 2.1.1).
- Health NZ is collaborating with the Health Quality & Safety Commission | Te Tāhū Hauora (HQSC) on the development of the systems safety strategy. In addition to this strategy, development of a quality and patient safety roadmap for Health NZ commenced this quarter.

The roadmap will ensure a strategic and co-ordinated plan to work towards international best practice. (Action 2.1.5).

- The diabetes, MH&A, cardiac, and cancer **clinical networks** are well established, with strong interdisciplinary membership, active participation, and workplans. The respiratory network establishment is delayed due to prioritised focus on improved health target performance (Action 2.1.7).

Strengthening enablers

- The refreshed **Mental Health and Addiction Workforce Plan (2025 Refresh)** was published, reflecting early gains and current workforce pressures, with new actions introduced (Action 3.1.2).

Improving health for populations with greater needs

- The first integrated outcome contract reporting from Pacific providers was received, with regional teams holding workshops to support strengthening data quality and indicator interpretation (Action 4.2.2).

Improving timely access to primary and community services

- A second nurse is now providing acute nursing services across three pharmacies that serve high needs populations in Wainuiomata and Naenae in the Hutt Valley district (Action 5.1.2).
- A partnership to deliver oral health services to adolescents in participating Canterbury schools during 2026 has been agreed with a private mobile provider (Action 5.1.6).
- The updated Combined Dental Agreement was sent to providers, and operational guidelines were published, following the 2025/26 annual review. This introduces revised treatment options for children with high levels of tooth decay (Action 5.1.6).
- A new model of care to improve national consistency for the delivery of palliative care was released for consultation (Action 5.1.12).

Priority 2: Empower and enable leadership at all levels

- A devolution operating model has been developed to support the cascade of budgets and accountabilities closer to service delivery. A regular forum for group directors of operations has been established to support implementation.
- To strengthen regional leadership and ensure infrastructure delivery is more closely integrated with local operational needs, reporting lines for regional infrastructure directors (and their functions) were transferred from the national infrastructure function to executive regional directors. Similarly, structures for our health and safety and emergency management functions were confirmed this quarter, shifting advisory and support resources to districts and regions to bring decision making closer to local services.
- An Executive Leadership Team Health and Safety Sub-Group was established, to provide oversight of the Health and Safety strategy and annual workplans.
- Regional Operational Performance Committees have been established, setting out a structured governance mechanism to oversee local clinical and operational performance.

- The above activities are controls and mitigations directly linked to a number of organisational risks in areas such as workforce capacity and capability and occupational health, safety and wellbeing.
- The inaugural Clinical Senate meeting was held, focusing on 'Unlocking our clinical potential: identifying and addressing barriers to efficient delivery of quality healthcare'. The first Clinical Senate report was submitted to the Board, and is scheduled for publication by the end of quarter three.
- Our clinical governance framework is being implemented and monitored following its publication in mid-2025, in line with the Health Delivery Plan milestones. National and regional clinical governance structures are now in place, supporting the existing district systems. Quality boards have been established across our hospital inpatient wards to further strengthen clinical governance and enhance oversight of care delivery, making key quality and safety information transparent and accessible. The boards are used during clinical rounds and team huddles, to ensure the patient is at the centre of decision making.
- As part of the clinical harmonisation workstream, under our planned care programme, national clinical urgency definitions were agreed, and sector consensus was reached on draft acceptance criteria for orthopaedics, gynaecology and otorhinolaryngology. Our national clinical networks also advanced testing and feasibility work to assess readiness for implementation of the new criteria.
- Work is underway to establish the first rural training hub in Te Manawa Taki, the first of four hubs planned across the country (one per region). The hubs co-ordinate education and training, such as clinical placements and engagement with education providers, to meet regional training needs and build a sustainable rural workforce and stronger regional capability over time.
- The **Health Digital Investment Plan** was released and implementation is underway. This sets out how we will build foundations for digital health, improve experiences for patients and clinicians, and use data to drive better decisions. Implementation of the plan is a longer-term mitigation to risks in relation to cyber security threats and data breaches.

Measures – high-level summary

This table compares quarter two 2025/26 results with the same quarter last year (to account for seasonal variation), and the previous quarter. Changes of two or more per cent (a level adopted to indicate materiality) are marked with a green arrow ↑↓ (improving) or red arrow ↓↑ (slipping), see Appendix 1. A target symbol 🎯 identifies health targets. A Parliament symbol 🏛 identifies targets that form part of the **nine all-of-Government targets**.

Measure short name	Q2 last year	This quarter		Last quarter	This quarter	
Improved immunisation for children 24mth 🎯	77.0%	82.9%	↑	82.6%	82.9%	
Cervical screening coverage	72.7%	75.3%	↑	74.7%	75.3%	
Breast screening coverage	69.7%	68.3%		68.8%	68.3%	
Bowel screening participation	57.2%	58.1%		57.9%	58.1%	
Newborn GP enrolment	85.0%	85.6%		85.2%	85.6%	
GP enrolment	94.7%	94.5%		94.4%	94.5%	
Shorter stays in ED <6hrs 🎯🏛	72.1%	74.2%	↑	68.9%	74.2%	↑
Faster cancer treatment <31 days 🎯	85.9%	87.0%		86.8%	87.0%	
Shorter wait times for FSA 🎯	60.6%	62.2%		62.3%	62.2%	
Shorter wait times for elective treatment 🎯🏛	59.2%	64.5%	↑	65.9%	64.5%	
Missed first specialist appointments	7.6%	7.6%		7.5%	7.6%	
Medical appts via telehealth (digital)	7.2%	11.6%	↑	11.7%	11.6%	
Hospital pressure injuries (rate per 10,000 hospitalisations)	5.8	4.1	↓	5.8	4.1	↓
Hospital falls (rate per 10,000 hospitalisations)	3.6	4.0	↑	3.7	4.0	↑
New MHA professionals trained 🎯	457#	514†	↑	349*	514†	↑
MHA prevention and intervention 🎯	24.4%^	25.0%‡	↑	24.4%^	25.0%‡	↑
Shorter MHA stays in ED <6hrs 🎯	65.0%	66.7%		66.8%	66.7%	
MHA faster primary access <1 wk 🎯	83.9%	83.0%		83.4%	83.0%	
MHA faster specialist access <3 wks 🎯	81.9%	81.9%		82.2%	81.9%	
MHA services access (rate per 100,000 population)	2,843	2,942	↑	3,049	2,942	↓
IMPB strategic involvement	**NEW**	On hold		On hold	On hold	
Hauora Māori contracted outcomes	**NEW**	97.0%		Available in Q2	97.0%	
Health NZ workforce turnover	2.0%	2.5%	↑	2.4%	2.5%	↑
Māori and Pacific workforce	13.6%	14.0%	↑	14.6%	14.0%	↓
My Health Record access	51,452	57,152	↑	44,759	57,152	↑

Result is for the 2024 calendar year. | * Result is for semester 1 of the 2025 calendar year. | ^ The 2024/25 full year result. | **NEW** Reporting was still being developed in Q2 24/25. | † Result is for the 2025 calendar year. | ‡ The 2025/26 full year result.

Financial summary

This table summarises Health NZ's financial performance for the year to date (YTD) period ending 31 December 2025. 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 Dec-25)	YTD (31 Dec-25)	YTD (31 Dec-25)	2025/26 SPE Budget $m
	Actual $m	**Budget $m**	**Variance $m**	**Budget $m**
Revenue				
Appropriation funding	13,160	13,273	(113)	26,218
Other Government funding	1,732	1,696	36	3,395
Other revenue	252	266	(14)	968
Total revenue	**15,143**	**15,234**	**(91)**	**30,581**
Expenditure – operating costs				
Personnel costs	6,068	6,143	76	12,416
Outsourced staff costs	207	132	(75)	260
Other operating costs	2,842	2,871	29	5,739
External service providers	5,372	5,439	67	10,880
Interest, depreciation and capital charge	808	745	(63)	1,486
Total expenditure	**15,296**	**15,330**	**34**	**30,781**
Surplus/(Deficit)	**(153)**	**(95)**	**(57)**	**(200)**

The financial result for the YTD period ending 31 December 2025 was a deficit of $153m, $57m unfavourable to the budgeted deficit of $95m.

Appropriation funding was less than budget YTD due to deferral of income related to phasing of spend on Crown budget initiatives ($95m) and national pools initiatives ($52m), offset in part by additional revenue to compensate for unbudgeted higher Capital charge ($33m) from asset revaluations. Expenditure on Crown budget and national pools initiatives is planned to increase in the balance of the financial year. Other Government funding was favourable to budget by $36m YTD, primarily driven by increased Pharmac revenue following higher than budgeted YTD spend on funded community pharmaceuticals.

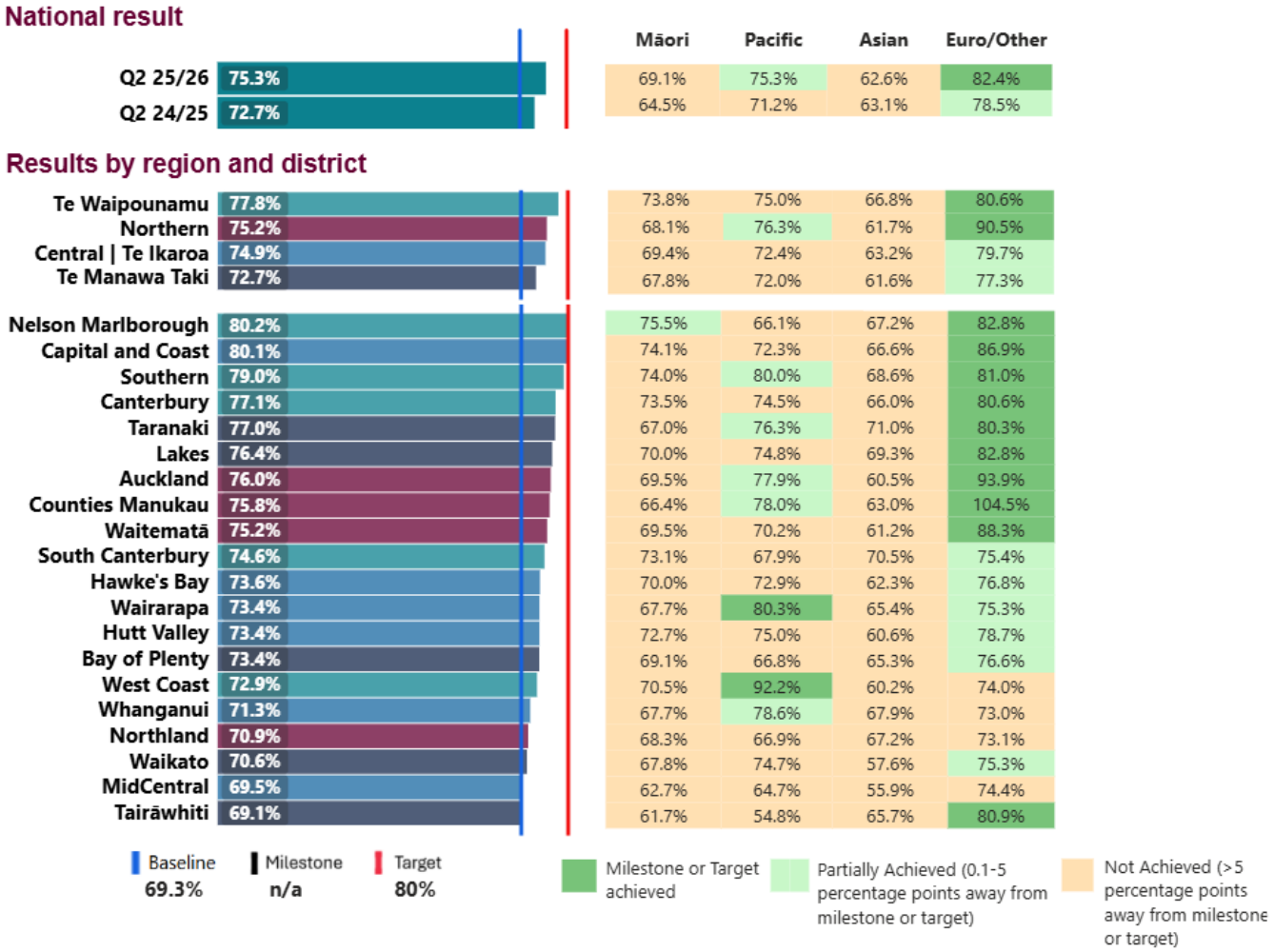
Personnel costs (internal and outsourced) were equal to budget YTD, with higher locum and contracted staff costs, offset by lower internal personnel costs. Higher activity in Hospital and Specialist Services in quarter two – following strike-related disruptions in July and September, along with an intake of graduate nurses in September – contributed to increased internal personnel expenditure.

External service provider expenditure was less than budget YTD by $67m, primarily due to phasing of spend on initiatives. Other operating expenses were favourable to budget YTD by $29m, mainly driven by the timing of the National Diagnostic Boost initiative, and lower than budgeted costs in outsourced Information Technology and Communications. Interest, depreciation and capital charge was higher than budget by $63m YTD due to the impact of asset revaluations completed as at 30 June 2025. The capital charge impact is offset by revenue accruals ($33m, with funding expected to be provided as part of March baseline updates). However, unbudgeted depreciation (forecast to be around $85m for 2025/26) has no offsetting increase in funding.

Output class 1: Public health services

P2-09 Cervical screening coverage

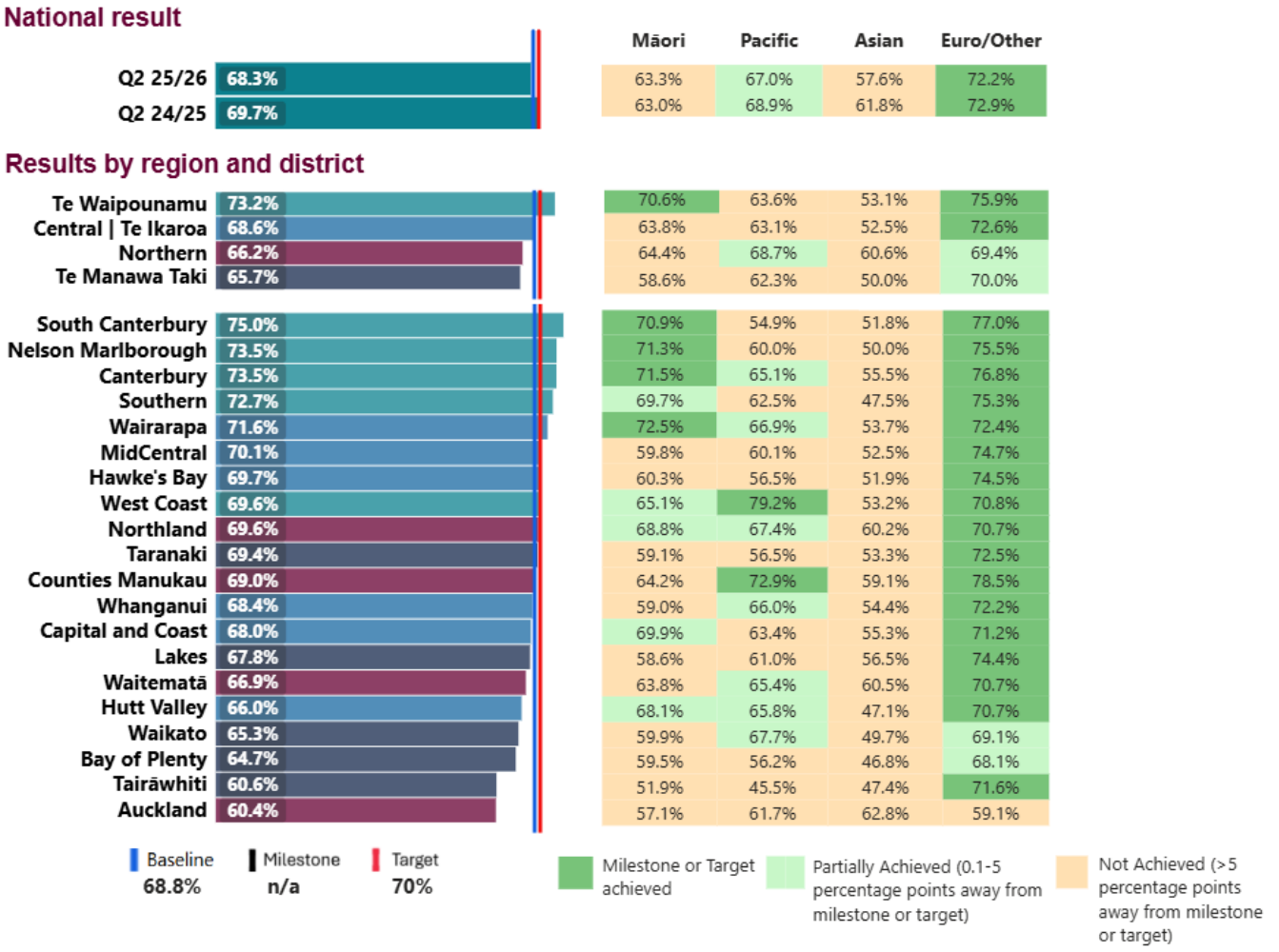
Percentage of the eligible population who have undertaken a cervical screening test (adjusted for hysterectomy prevalence).



- Capital and Coast and Nelson Marlborough remain the highest performing districts. Their successful practices, such as collaboration with primary and community care providers and consistent follow up, are being shared to lift lower coverage rates in other districts.
- The Cervical Screening Register was integrated with primary care systems nationally, allowing general practitioners and primary care nurses to access real-time data on their registered patients' screening status. Currently, more than 2,100 practitioners across 223 practices have access to the screening history summary. This enables timely identification of individuals overdue for screening and opportunistic screening in primary care.
- Screening support services partner with local health groups, iwi, and primary care in districts with low cancer screening coverage to boost engagement. We are currently piloting redeveloped service specifications in selected districts, including Waikato and Tairāwhiti, based on a **national evaluation of screening support services**. Districts were selected based on their coverage rates and number of screens required to improve screening rates for Māori and Pacific Peoples, across all three cancer screening programmes.

P2-07 Breast screening coverage

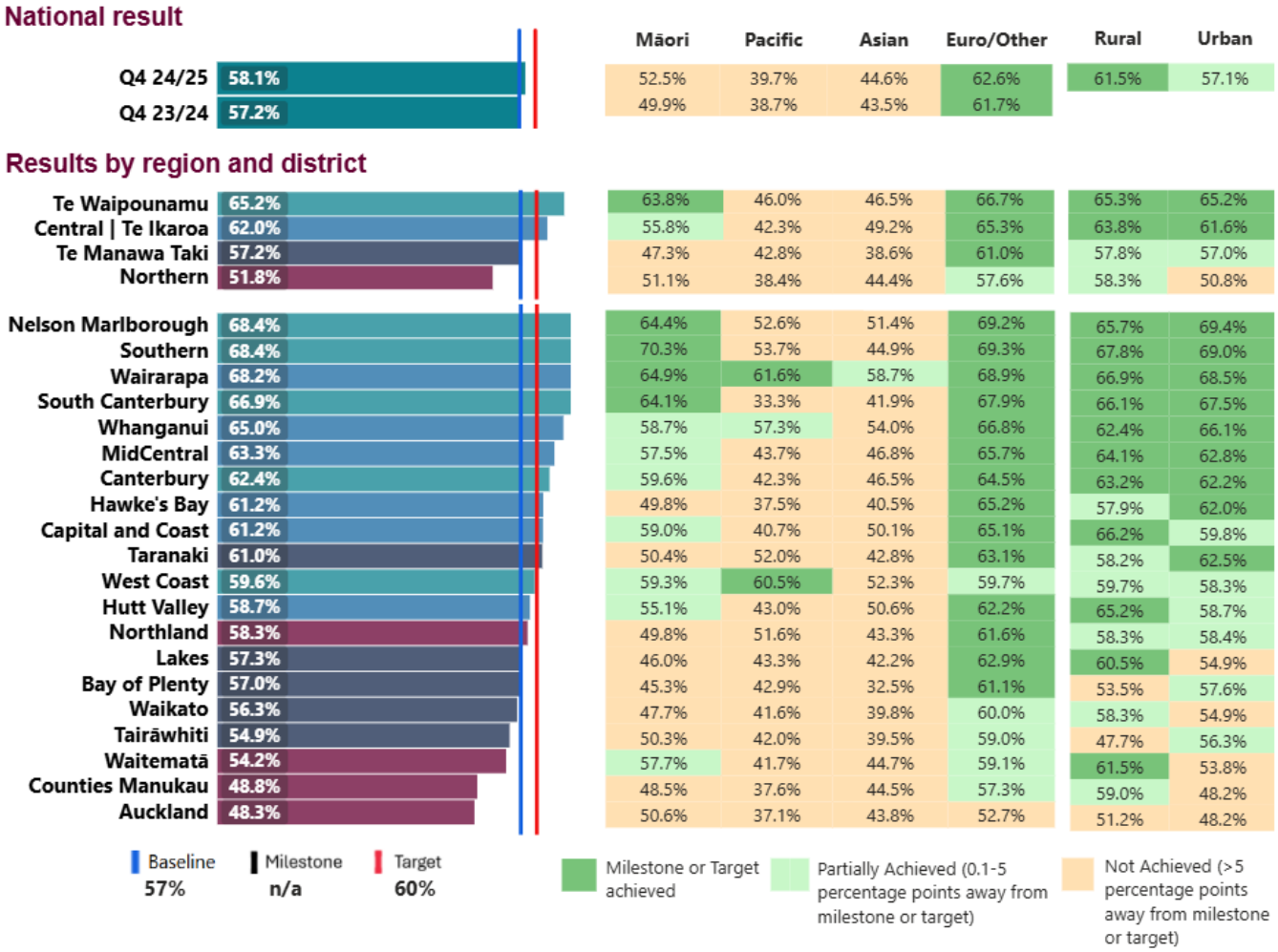
Number of individuals aged 45 – 69 who had breast cancer screening in the past two years.



- The national age extension was rolled out across all districts, extending eligibility for free screening to women aged 70 and 74. Eligibility will be gradually extended to women aged 71–73 over the next three years, enabling two to three additional mammograms per person once fully implemented, with the phased rollout helping services keep pace with demand.
- A new fixed breast-screening site opened in Waikanae (Capital and Coast district), providing more convenient access to screening services for eligible people in the Kapiti Coast area.
- Targeted initiatives were implemented to support increased screening rates for lower coverage populations this quarter. BreastScreen Midland and BreastScreen Auckland Central were supported for four weeks by a national telehealth provider to undertake follow-up calls to wāhine Māori and Pacific women who had missed appointments or not responded to invitations for screening. Targeted approaches to support participation with Asian women continued, including group bookings in Waitematā, Northland and Auckland. Translation of screening collateral into Asian languages commenced to support increased participation.
- Community providers in Auckland, Waikato, Tairāwhiti and Horowhenua (MidCentral district) progressed locally tailored initiatives to boost screening uptake.

P2-158 Bowel screening participation

Proportion of individuals aged 60 – 74 who returned a definitive test kit over a rolling 24-month period ending 30 June 2025, out of all individuals invited to participate in screening.



		Māori	Pacific	Asian	Euro/Other	Rural	Urban
National result							
Q4 24/25	58.1%	52.5%	39.7%	44.6%	62.6%	61.5%	57.1%
Q4 23/24	57.2%	49.9%	38.7%	43.5%	61.7%		
Results by region and district							
Te Waipounamu	65.2%	63.8%	46.0%	46.5%	66.7%	65.3%	65.2%
Central | Te Ikaroa	62.0%	55.8%	42.3%	49.2%	65.3%	63.8%	61.6%
Te Manawa Taki	57.2%	47.3%	42.8%	38.6%	61.0%	57.8%	57.0%
Northern	51.8%	51.1%	38.4%	44.4%	57.6%	58.3%	50.8%
Nelson Marlborough	68.4%	64.4%	52.6%	51.4%	69.2%	65.7%	69.4%
Southern	68.4%	70.3%	53.7%	44.9%	69.3%	67.8%	69.0%
Wairarapa	68.2%	64.9%	61.6%	58.7%	68.9%	66.9%	68.5%
South Canterbury	66.9%	64.1%	33.3%	41.9%	67.9%	66.1%	67.5%
Whanganui	65.0%	58.7%	57.3%	54.0%	66.8%	62.4%	66.1%
MidCentral	63.3%	57.5%	43.7%	46.8%	65.7%	64.1%	62.8%
Canterbury	62.4%	59.6%	42.3%	46.5%	64.5%	63.2%	62.2%
Hawke's Bay	61.2%	49.8%	37.5%	40.5%	65.2%	57.9%	62.0%
Capital and Coast	61.2%	59.0%	40.7%	50.1%	65.1%	66.2%	59.8%
Taranaki	61.0%	50.4%	52.0%	42.8%	63.1%	58.2%	62.5%
West Coast	59.6%	59.3%	60.5%	52.3%	59.7%	59.7%	58.3%
Hutt Valley	58.7%	55.1%	43.0%	50.6%	62.2%	65.2%	58.7%
Northland	58.3%	49.8%	51.6%	43.3%	61.6%	58.3%	58.4%
Lakes	57.3%	46.0%	43.3%	42.2%	62.9%	60.5%	54.9%
Bay of Plenty	57.0%	45.3%	42.9%	32.5%	61.1%	53.5%	57.6%
Waikato	56.3%	47.7%	41.6%	39.8%	60.0%	58.3%	54.9%
Tairāwhiti	54.9%	50.3%	42.0%	39.5%	59.0%	47.7%	56.3%
Waitematā	54.2%	57.7%	41.7%	44.7%	59.1%	61.5%	53.8%
Counties Manukau	48.8%	48.5%	37.6%	44.5%	57.3%	59.0%	48.2%
Auckland	48.3%	50.6%	37.1%	43.8%	52.7%	51.2%	48.2%

- Extension of eligibility to 58 and 59 year olds was successfully implemented this quarter in the Northern and Te Waipounamu regions, with an extra 120,000 – 130,000 people eligible. A multimedia campaign went live across the two regions and promotional collateral was updated to reflect the new age range. The age extension will be implemented in the Central and Te Manawa Taki regions in quarter three.
- An online kaimahi education module was rolled out to strengthen the cultural competency of staff and support confident engagement with Māori, Pacific and Asian populations. During the quarter, 120 staff completed the module. Feedback shows high satisfaction, with participants reporting greater confidence discussing bowel screening, improved understanding of the test and eligibility, and the ability to hold culturally appropriate conversations.
- National contracts are in place for participants to return their completed bowel screening kits to community laboratories as an alternative option to postal return.

Data Caveats

Cervical screening coverage: Data is as of 26 January 2026, extracted on 4 February 2026. The reporting period accounts for the shift to HPV primary screening from the cytology-based programme.

Breast screening coverage: Data is as of 15 January 2026, extracted on 4 February 2026. As eligible people are invited to be screened every two years, the coverage rate is calculated over a two-year period.

Bowel screening participation: Latest data available is quarter four 2024/25 as of 4 February 2026 and extracted on the same date. This result is displayed and compared with quarter four 2023/24. Once kits are sent out, participants have six months to complete and return them. Therefore, reporting on this indicator requires a six-month lag. As the programme invites participants back every two years, participation rates are calculated over a two-year period.

Key public health outputs

Key service[1]	Measure	Q2 outputs	YTD outputs	2025/26 forecast	YTD % against forecast
Immunisation[2]	24 months	114,469	228,066	513,810	44.4%
Screening	Breast	65,637	145,118	310,503	46.7%
Screening	Bowel	64,998	130,267	296,041	44.0%
Screening	Cervical	78,053	167,072	360,379	46.4%

24-month immunisation milestone coverage rates

Ethnicity (prioritised)	Eligible population	Fully immunised	% fully immunised	Declined[3]	% declined	Not fully immunised	% not fully immunised
Māori	3,801	2,576	67.8%	723	19.0%	502	13.2%
Pacific Peoples	1,538	1,271	82.6%	128	8.3%	139	9.0%
Asian	3,607	3,437	95.3%	51	1.4%	119	3.3%
Euro/Other	5,684	4,843	85.2%	592	10.4%	249	4.4%
Total	14,630	12,127	82.9%	1,494	10.2%	1009	6.9%

[1] All screening volumes data were extracted on 4 February 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.

[2] All immunisation doses administered to the cohort turning 24-months in the three months to 31 December 2025. 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.

[3] '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 Dec 2025) Actual $m	YTD (31 Dec 2025) Budget $m	YTD (31 Dec 2025) Variance $m	2025/26 Budget $m
Total operating revenue	252	260	(8)	556
Total operating expense	254	260	6	556
Surplus/(deficit)	(2)	0	(2)	0

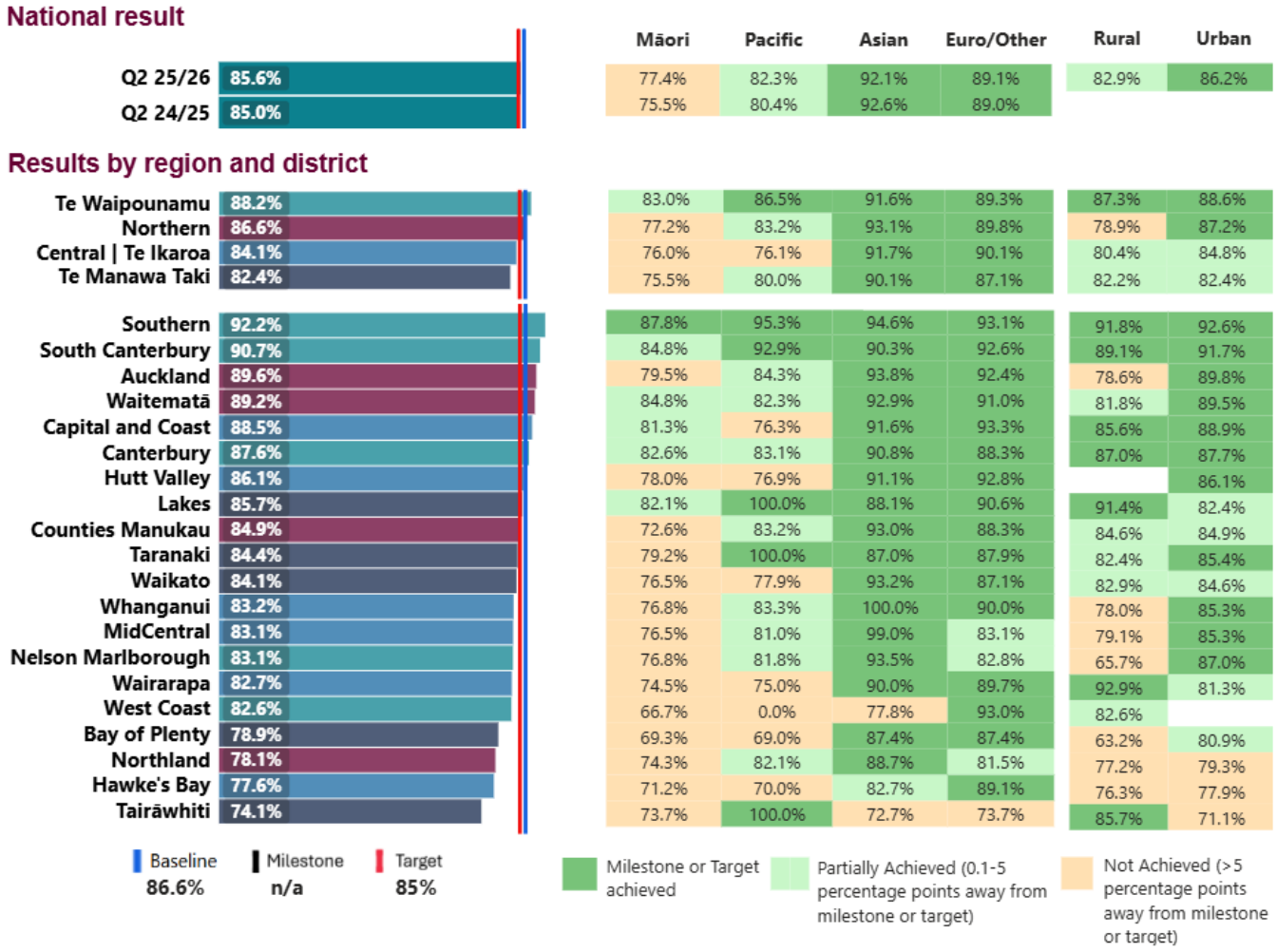
Operating revenue was $8m unfavourable to budget, and operating expenses were $6m below budget. Under budget revenue was due to deferral of funding to align to timing of spend on Crown budget initiatives (corresponding spend on Crown budget initiatives was lower).

Expenditure on Crown budget initiatives is planned to increase in the rest of the financial year.

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

P2-38 Newborn GP enrolment

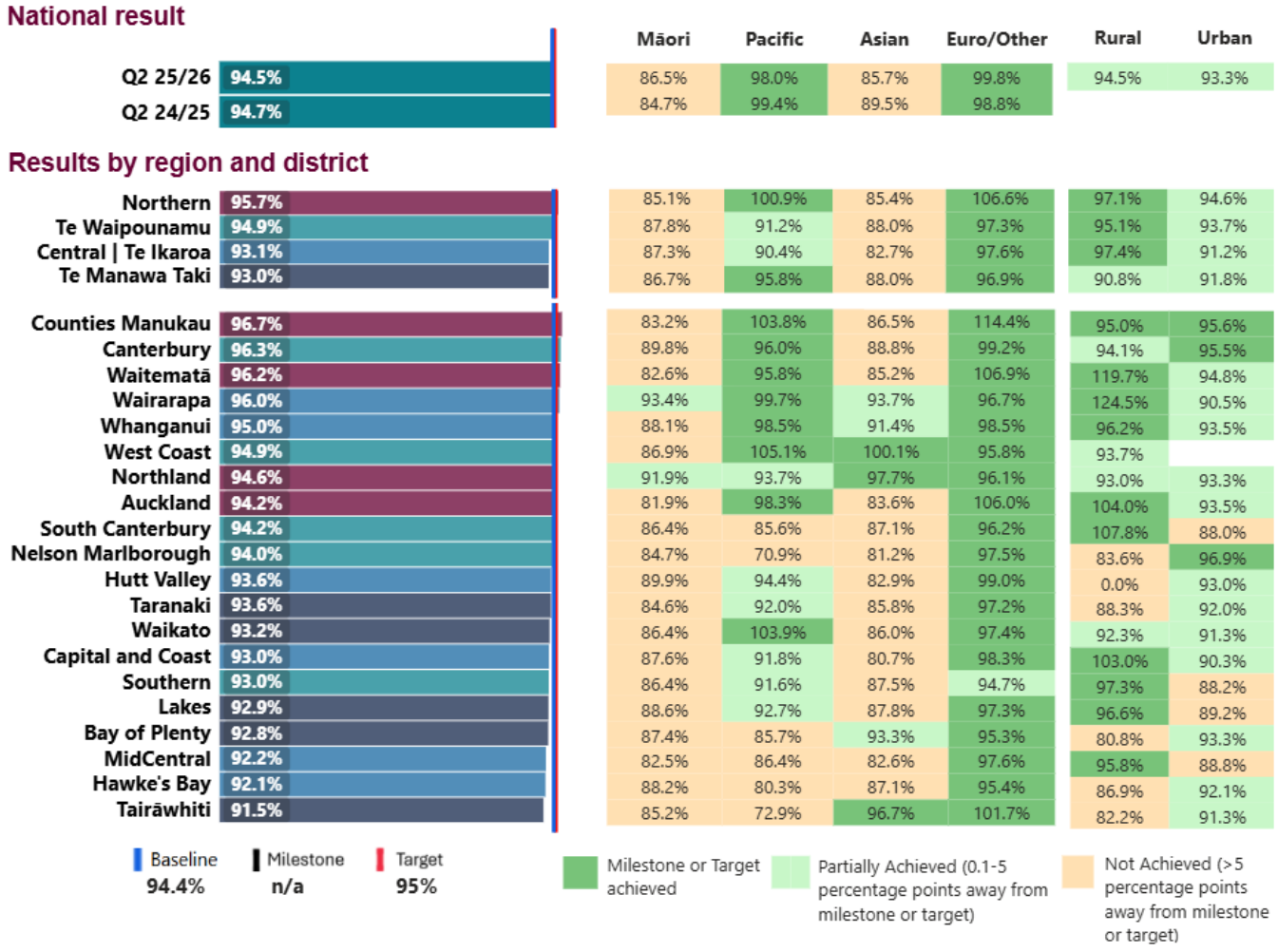
Percentage of newborns fully enrolled with a general practice (or a kaupapa Māori provider delivering general practice care) by three months of age.



- Work is underway to improve the timeliness and quality of data to report variation in newborn GP enrolment and support nationally consistent enrolment at birth protocols. This will support regions in implementing systems to reduce variation between districts and ethnicities.
- Auckland's higher enrolment rates for the Northern region reflects strong primary care capacity, supported by fewer GP workforce challenges (recruitment and retention), greater use of digital enrolment tools and better resourced administrative follow up. The Northern region Newborn and Maternity Enrolment Policy was endorsed, enabling enrolment of hapū wāhine as well as newborns. Implementation is now underway and is likely to lift newborn enrolment across the region, including in lower performing Northland.
- An enrolment programme to support pēpi up to 12 weeks and hapū wāhine was implemented this quarter in Hawke's Bay. The programme includes support to enrol at a GP practice and six free consultations.

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.[4]



- Variation in GP enrolment rates is low. Work to implement additional funding of $95m per year continues for primary health organisations (PHO) and general practices, to address issues with capitation weighting and to grow the primary care workforce. These long-term strategies are expected to improve enrolment rates for Māori and other priority populations over time.
- Practices with closed books have reduced in Tairāwhiti, and five new practices have opened across Te Manawa Taki, providing patients with more enrolment options.
- GP enrolment in Hawke's Bay remains limited by workforce and practice capacity. The Hawke's Bay PHO continues targeted enrolment support for high priority populations. We are developing a pharmacy-based minor ailment service, and fund free nurse practitioner-led clinics (open access walk-in and mobile) as part of Kahui Waiora, a kaupapa Māori primary and community service model.
- In MidCentral, additional staff have been recruited to support unenrolled patients presenting to ED to enrol with a GP.

[4] GP 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	Q2 outputs	YTD outputs	2025/26 forecast	YTD % against forecast
Ambulance	Road ambulance attendances	161,925	327,696	640,500	51.2%
Primary care	General practice enrolments[5]	5,114,448	5,114,448	5,129,700	99.7%
Primary care	General practice encounters[6]	5,152,167	10,665,846	21,819,800	48.9%
Primary care	Well child assessments	12,546	24,998[7]	48,500	51.5%
Aged Residential Care (ARC)	ARC bed days[8]	2,684,076	5,394,725	10,075,000	53.5%
Community radiology	Maternity ultrasound scans[9]	64,435	133,485	268,400	49.7%
Maternity	Supported births[10]	14,023	27,852	57,100	48.8%
Community pharmacy	Funded prescriptions – written and dispensed[11]	15,445,128	31,324,016	62,130,000	50.4%
Community pharmacy	Pharmacy items dispensed[12]	25,065,383	50,496,846	101,780,000	49.6%

P&C output class financial performance

Revenue and expenditure	YTD (31 Dec 2025) Actual $m	YTD (31 Dec 2025) Budget $m	YTD (31 Dec 2025) Variance $m	2025/26 Budget $m
Total operating revenue	5,293	5,347	(54)	10,479
Total operating expense	5,043	5,322	279	10,479
Surplus/(deficit)	250	25	225	0

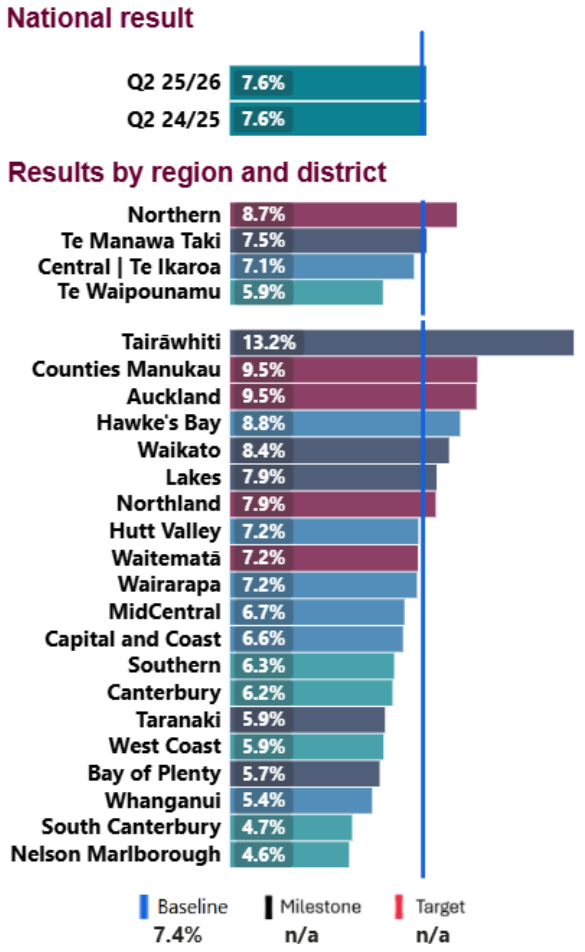
[5] The total number of enrolled patients in the final month of the quarter, based on enrolment snapshots taken at the start of each month. Data source is the National Enrolment Service (NES). Forecasting uses population projections, stratified by funding age bands, to account for different population growth rates across age groups.
[6] First level service consultations (defined by part H of the PHO agreement) between patients and their general practice. This includes doctor and nurse consults (face-to-face and virtual), follow-up communications, prescription requests, and immunisations. Data source is the NES. Data is subject to change as it is updated daily.
[7] The Q1 Report included only July–August data (September was unavailable when data was extracted), the YTD now reflects the full Q1 volume to ensure it is an accurate reflection of total YTD output; so, the published Q1 figure plus the Q2 figure here will not sum to the YTD total. Data for Dec 2025 is incomplete (mostly smaller providers).
[8] 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.
[9] Q2 volumes are likely incomplete as claims can be submitted up to 12 months following provision of care.
[10] Q2 volumes are likely incomplete due to delays in reporting, particularly for private birthing facilities, including publicly funded births in private facilities.
[11] Funded individual initial items dispensed to a patient and claimed by a pharmacy.
[12] All individual funded dispensing events, including the initial dispensing of a prescription and any subsequent repeats dispensed and claimed by a pharmacy. Data is subject to change as pharmacies now have up to 12 months to submit claims for a dispensing (previously 3 months).

Operating revenue was $54m unfavourable to budget mainly due to Crown revenue deferred to later periods, to align to expenditure for Crown initiatives expected to be delivered later in the year. The YTD favourable expenditure variance of $279m is primarily due to differences in treatment of shared services expenditure between the **Statement of Performance Expectations 2025/26** (SPE) output class budget and actuals. The favourable variance from cost allocation model differences is fully offset by unfavourable variances in the Hospital and Specialist Services output class and is therefore cost neutral to the bottom line. We are working with agencies to determine the most appropriate resolution for this matter including for statutory reporting purposes.

Output class 3: Hospital and specialist services (HSS)

P2-58 Missed first specialist appointments

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

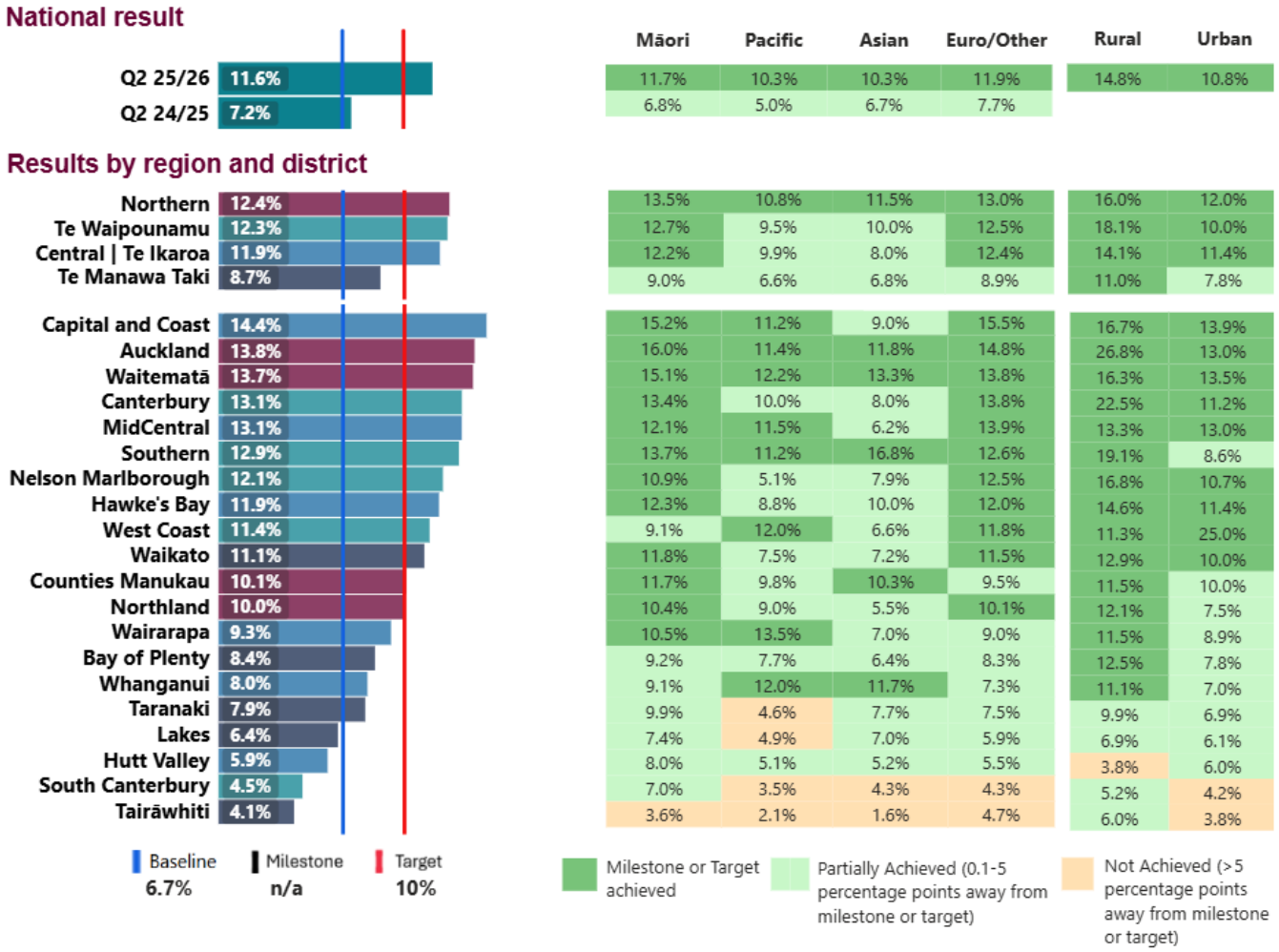


	Māori	Pacific	Asian	Euro/Other	Rural	Urban
Q2 25/26	15.3%	16.7%	6.0%	4.4%	6.6%	7.8%
Q2 24/25	15.1%	17.6%	5.8%	4.5%		
Northern	15.9%	16.7%	5.9%	5.1%	6.9%	8.9%
Te Manawa Taki	15.5%	16.0%	5.7%	4.0%	7.9%	7.4%
Central | Te Ikaroa	14.9%	16.2%	7.0%	4.0%	6.2%	7.2%
Te Waipounamu	13.1%	19.2%	6.3%	4.4%	5.2%	6.1%
Tairāwhiti	18.8%	25.0%	10.6%	6.4%	22.3%	11.9%
Counties Manukau	17.3%	16.3%	5.3%	4.2%	5.6%	9.7%
Auckland	16.3%	17.3%	6.7%	6.3%	6.6%	9.6%
Hawke's Bay	17.4%	22.3%	11.5%	4.3%	8.2%	8.9%
Waikato	17.4%	18.2%	6.1%	4.6%	7.7%	8.8%
Lakes	15.7%	14.0%	4.5%	3.1%	6.8%	8.7%
Northland	14.8%	10.1%	6.0%	3.5%	7.4%	8.5%
Hutt Valley	14.5%	15.2%	9.2%	3.9%	6.5%	7.3%
Waitematā	15.3%	17.0%	4.9%	4.9%	5.4%	7.3%
Wairarapa	11.7%	16.1%	10.1%	5.5%	4.8%	7.6%
MidCentral	15.1%	14.8%	8.2%	3.8%	7.1%	6.4%
Capital and Coast	14.9%	15.8%	4.6%	4.0%	4.9%	7.0%
Southern	10.9%	15.1%	8.1%	5.2%	6.0%	6.5%
Canterbury	15.3%	23.9%	5.6%	4.2%	3.8%	6.7%
Taranaki	12.7%	9.2%	5.1%	4.1%	6.1%	5.8%
West Coast	9.7%	23.5%	5.7%	5.0%	5.7%	100.0%
Bay of Plenty	12.5%	12.2%	5.2%	3.1%	9.2%	5.3%
Whanganui	10.8%	8.6%	6.0%	3.2%	5.2%	5.5%
South Canterbury	13.3%	17.9%	5.5%	3.5%	4.6%	4.7%
Nelson Marlborough	12.4%	7.7%	6.6%	3.3%	4.4%	4.6%

- Te Waipounamu is standardising its missed FSA processes via outpatient guidelines and developing consistent letters to ensure clear communication with patients across the region.
- Tairāwhiti is providing support to patients to attend FSAs (such as transport and social work support) and implementation of Health NZ's new National Waitlist Guidelines is underway.
- Care navigators at Counties Manukau and Auckland are supporting Māori and Pacific Peoples by proactively following up on missed FSAs and removing barriers to access.
- The Waikato Planned Care Policy was updated to reflect the National Waitlist Guidelines business rules for managing missed FSAs so there is a consistent approach across all specialities in the district. A clinical nurse specialist was recruited to review waitlists and contact patients in advance of appointments to support attendance.
- A trial shuttle service is supporting Kāpiti patients (especially those who are older) to attend appointments at Wellington Regional Hospital (Capital and Coast district).

P2-88 Medical appts via telehealth (digital)

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

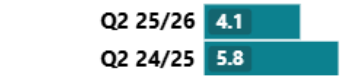


- Telehealth continues to reshape how patients access specialist care, with approximately 14.4 per cent of follow-up appointments and 4.8 per cent of FSAs delivered virtually. Regions are integrating telehealth into improvement plans to give patients faster, more convenient access to care and reduce wait times.
- Following successful roll out of the Hospital in the Home initiative across the Northern region, implementation is now underway in Waikato, with an initial focus on Hamilton. The initiative is focused on using digital health technologies for remote monitoring, communication and virtual consultations to deliver care in homes, easing hospital demand.
- Tairāwhiti uses remote clinics with Waikato-based clinicians for cardiology, haematology, dermatology and oncology services where it is difficult to access specialist support. Clinics using virtual technologies are increasing, with some services relying only on virtual specialist appointments. Telehealth appointments are also available in Tairāwhiti for the most rural patients, involving three-way connections (doctor in Waikato, nurse in Gisborne and patient at home). This reduces two hours of one-way travel to clinical appointments.

P2-194 Hospital pressure injuries

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

National result



	Māori	Pacific	Asian	Euro/Other	Rural	Urban
Q2 25/26	2.7	1.6	0.9	5.6	3.9	4.2
Q2 24/25	5.2	3.2	3.1	6.9		

Results by region



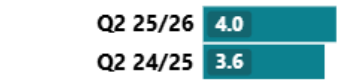
	Māori	Pacific	Asian	Euro/Other	Rural	Urban
Te Waipounamu	7.3	0.0	2.0	4.9	6.0	4.5
Te Manawa Taki	2.0	0.0	0.0	5.6	2.1	4.8
Northern	2.9	1.7	0.9	6.3	2.3	4.2
Central | Te Ikaroa	0.8	2.7	0.0	5.5	5.4	3.6

- Northern has a small increase in hospital-acquired pressure injuries over the last quarter. This was noted via clinical governance processes, prompting a targeted approach to improve compliance for pressure injury assessments. Education and increased audits are also in place to support improvement.
- Central region has the lowest rate of pressure injuries this quarter. This is supported by the implementation of initiatives across all districts, including improved risk assessment, investment in specialised equipment, patient and staff education, and strengthening of clinical practice and documentation.
- In Te Manawa Taki this quarter, multiple initiatives have been underway to reduce the rates of hospital pressure injuries. Bay of Plenty increased clinical rounding with an emphasis on repositioning, refreshed the safety cross check on quality boards, and re-established the Pressure Injury Committee from early 2026. This quarter saw the establishment of the Pressure Injury Prevention and Management Governance Committee in Taranaki to monitor pressure injuries in the district. A full review of equipment is also underway in the district, alongside a review of the auditing schedule and resource requirements.
- While initiatives to reduce the rate of hospital pressure injuries across Te Waipounamu districts differ, all have a common focus on strengthening assessment capability to prevent pressure injuries. This includes improving documentation through clearer tools and consistent recording of prevention measures, and embedding an ‘all eyes on patients’ approach supported by proactive walkarounds, targeted education, and department level workplans.

P2-195 Hospital falls

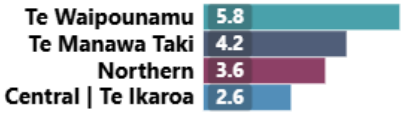
Rate of hospital-acquired falls resulting in fracture or other intracranial injury per 10,000 hospitalisations.

National result



	Māori	Pacific	Asian	Euro/Other	Rural	Urban
Q2 25/26	2.0	2.4	0.9	5.4	4.3	3.9
Q2 24/25	2.9	2.8	0.6	4.5		

Results by region



Te Waipounamu	2.9	11.7	0.0	6.7	6.0	5.8
Te Manawa Taki	1.3	16.4	3.2	5.2	3.5	4.5
Northern	1.9	1.1	0.9	6.1	3.8	3.6
Central | Te Ikaroa	2.3	0.0	0.0	3.3	3.6	2.4

- The HQSC Quality Alerts report for 2025 identified an increase in the number of elderly and immobile patients being admitted to hospitals, in alignment with an overall aging population. This changing demographic of inpatients is likely a contributory factor to the increase in falls rates over time.
- Northern continues to drive and monitor the falls programme through clinical governance activity. With an aging population, the importance of assessment and planning to prevent harm from hospital falls is essential to ensure a safe hospital environment.
- Across the Central region, the Chief Nurse work programme is standardising the Hauora Plan across all districts, supporting falls prevention through improved risk assessment, targeted education, enhanced observation models and increased access to equipment to minimise falls. The close safety watch model in Whanganui provides intensive, proactive support for high-risk patients. Additionally, the Capital and Coast and Hutt Valley Safe Mobility and Falls Prevention Committee provides governance, policy development and monitoring to minimise patient falls.
- Te Manawa Taki implemented several initiatives to reduce the rate of hospital falls across districts in the region. Lakes has implemented the use of Arjo therapy chairs for stroke patients, bell mats, invisabeam and fall mats. Regular rounding and patient positioning are also part of expected practice for patients of high falls risk. Other districts have found removal of non-slip socks in clinical areas and increased use of devices for early notification of patient movement have reduced risk of falls.
- An increase in the national rate this quarter has been driven by an increased rate in some Te Waipounamu districts. However, underlying numbers remain small. Te Waipounamu is strengthening staff capability to assess and recognise fall risks, promoting an interprofessional ‘all eyes on patients’ approach, and partnering with patients and whānau to prevent falls. Education initiatives, quality walkarounds, and departmental workplans supporting proactive identification and prevention efforts has likely contributed to increased detection of numbers for the region.

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

Key service	Measure	Q2 outputs	YTD outputs	2025/26 forecast volume	YTD % against forecast
Emergency services (ES)	Non-admitted attendances	177,130	355,584	702,465	50.6%
ES	Admitted attendances	188,063	374,477	742,293	50.4%
Specialist surgical services (SSS)	Acute case weighted discharges[13]	62,920	126,125	259,258	48.6%
SSS	Planned case weighted discharges	60,161	121,166	237,168	51.1%
SSS	First specialist appointments	92,503	185,083	465,870	39.7%
SSS	Follow up appointments	218,521	438,735	904,539	48.5%
SSS	Planned care minor procedures	41,488	82,490	172,670	47.8%
SSS	Acute case weighted discharges	81,048	162,914	318,014	51.2%
SSS	Elective case weighted discharges	4,134	8,346	20,049	41.6%
Specialist medical services (SMS)	First specialist appointments	59,567	118,601	228,021	52.0%
SMS	Follow up appointments	107,973	214,547	429,529	49.9%
SMS	Health of older people inpatient	70,028	137,009	288,469	47.5%
SMS	Renal dialysis ambulatory care	82,494	163,142	325,764	50.1%
Maternity and specialist neonatal services (MSNS)	Inpatient neonatal case weighted discharges	9,515	18,944	35,494	53.4%
MSNS	Inpatient maternity case weighted discharges	17,655	35,718	65,755	54.3%
MSNS	First specialist appointments	9,232	18,452	40,990	45.0%
MSNS	Follow up appointments	10,993	21,962	37,376	58.8%
MSNS	Consults	30,573	60,881	120,297	50.6%
MSNS	Clinics	7,752	15,448	22,289	69.3%
Paediatric and child specialty services (PCSS)	Acute case weighted discharges	11,869	22,225	48,388	45.9%

[13] 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	Q2 outputs	YTD outputs	2025/26 forecast volume	YTD % against forecast
PCSS	Elective case weighted discharges	1,223	2,504	4,226	59.3%
PCSS	First specialist appointments	9,636	19,177	36,846	52.0%
PCSS	Follow up appointments	25,119	50,079	96,984	51.6%
Specialty cancer services (SCS)	Inpatient cancer case weighted discharge	2,513	5,081	10,132	50.2%
SCS	First specialist appointments	5,847	11,687	22,647	51.6%
SCS	Follow up appointments	37,300	74,598	140,372	53.1%
SCS	Intravenous chemotherapy	27,616	55,879	109,057	51.2%
SCS	Radiation oncology sessions	40,003	77,352	147,428	52.5%
Community teams and rural hospitals (CRH)	Allied health interventions	223,237	442,635	713,473	62.0%
CRH	Nurse led clinics	119,261	236,066	432,344	54.6%
CRH	Community nursing	307,400	600,712	1,268,214	47.4%
CRH	Community radiology	156,931	297,660	856,608	34.7%

HSS output class financial performance

Revenue and expenditure	YTD (31 Dec 2025) Actual $m	YTD (31 Dec 2025) Budget $m	YTD (31 Dec 2025) Variance $m	2025/26 Budget $m
Total operating revenue	7,952	7,943	9	16,090
Total operating expense	8,348	8,097	(251)	16,290
Surplus/(deficit)	(396)	(154)	(242)	(200)

Operating revenue was favourable to budget by $9m. Within this variance is $42m of revenue deferrals for Crown budget initiatives. $34m will align with expenditure expected to be incurred later in the year, and circa $8m is confirmed for transfer to 2026/27 through the March baseline update process. This deferred revenue is offset by other favourable revenue.

Expenditure was unfavourable to budget by $251m. This reflects 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 the cost allocation differences between the SPE budget and actuals.

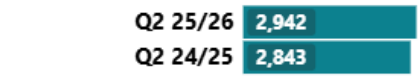
The allocation model differences for shared service costs across output classes two and three result in offsetting variances, thus bottom-line neutral. We are working with agencies to determine the most appropriate resolution for this matter including for statutory reporting purposes.

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

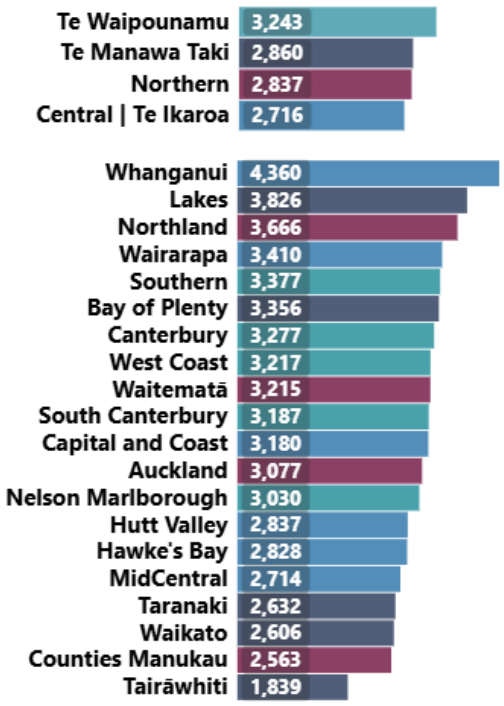
P2-187 MH&A services access

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

National result



Results by region and district



Māori	Pacific	Asian	Euro/Other	Rural	Urban
4,616	3,286	1,190	2,811	2,944	2,834
5,094	3,248	1,415	3,293	2,801	3,372
4,258	2,495	828	2,630	2,672	2,906
4,183	3,171	976	2,606	2,891	2,558
4,979	3,415	1,323	3,187	3,673	2,591
5,057	2,831	1,367	4,361	2,841	4,868
4,997	2,762	1,263	3,505	3,963	3,634
4,744	3,340	1,527	3,199	3,363	3,973
4,814	4,667	1,577	3,349	2,699	3,795
4,702	2,730	1,069	3,178	3,019	3,302
4,950	2,578	1,328	3,183	3,509	3,401
5,783	3,125	1,248	3,084	2,746	3,074
5,593	2,685	1,396	3,423	2,977	3,324
6,588	4,328	1,535	3,501	5,058	3,083
6,820	4,076	1,120	3,000	3,761	2,932
2,500	2,144	362	1,396	2,584	2,709
4,499	3,000	1,092	3,137	3,112	
7,015	4,697	1,622	3,229	8,377	2,828
4,401	2,435	1,274	3,013	2,859	3,120
4,169	3,437	1,120	2,992		2,596
4,258	1,821	884	2,528	2,885	2,599
4,611	2,622	700	2,276	2,418	2,736
3,498	2,249	812	2,555	2,530	2,693
4,352	3,017	1,017	3,425	3,274	2,242
2,249	1,019	278	1,518	1,760	1,884

- Whanganui continues to have the highest access rates and Tairāwhiti the lowest, consistent with prior quarters.
- Dashboards are being implemented across services in Te Manawa Taki to provide real-time regional visibility of referrals, wait times, bottlenecks and exits. This will support regular access ‘huddles’, which will provide insight and opportunities for improvement, especially for districts with lower access rates such as Waikato, Taranaki and Tairāwhiti.
- Packages of Care continue to be used region-wide in Te Manawa Taki to bring forward assessments and interventions when internal capacity is constrained, ensuring access momentum is maintained during periods of workforce pressure.
- Further activity to improve access to services is described on the MH&A targets website.

Key MH&A Outputs

Key service	Measure	Q2 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	6,551	13,464	30,000[14]	45.0%
Primary and community MH&A services	Access and Choice: people seen[15]	74,154	136,744[16]	325,000	42.1%
Specialist MH&A bed nights[17]	Inpatient activity/occupied bed nights	73,038	146,818	317,903	46.2%
Specialist MH&A bed nights[17]	Inpatient activity/occupied bed nights - Forensic	22,262	44,724	89,920	49.7%
Specialist MH&A bed nights[17]	Residential activity/occupied bed nights – Alcohol & Other Drugs	2,219	4,334	9,586	45.2%
Specialist MH&A bed nights[17]	Residential activity/occupied bed nights - Other	619	1,439	3,417	42.1%
Specialist MH&A contacts[17]	Assessment and treatment contacts	48,375	97,174	209,375	46.4%
Specialist MH&A contacts[17]	Ongoing community treatment contacts	459,490	952,593	2,016,254	47.2%
Specialist MH&A contacts[17]	Psychosocial activity - contacts	30,394	66,415	142,212	46.7%
Specialist MH&A contacts[17]	Specialist services contacts	11,959	23,695	47,902	49.5%

MH&A output class financial performance

Revenue and expenditure	YTD (31 Dec 2025) Actual $m	YTD (31 Dec 2025) Budget $m	YTD (31 Dec 2025) Variance $m	2025/26 Budget $m
Total operating revenue	1,371	1,410	(39)	2,901
Total operating expense	1,405	1,410	5	2,901
Surplus/(deficit)	(34)	0	(34)	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 $34m deficit against a budgeted breakeven result. Operating revenue was lower than budget due to $42m in Crown budget initiatives funding deferred to align with initiatives planned to start later in the year, $4m of this is confirmed for transfer to 2026/27 through the March baseline update process. This deferred revenue is partly offset by slightly higher third-party revenues.

[14] This is a planned volume, not a forecast (unlike the other output volumes in this table).
[15] The 325,000 forecast volume is also the annual target for the 'Number of people who accessed primary mental health and addiction services through the Access and Choice programme' measure in Health NZ's 2025/26 SPE.
[16] Q1 (published) and Q2 volumes are not summed as some people access services more than once. The YTD result is an extraction as at the end of Q2.
[17] 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 Iwi Māori Partnership Boards (IMPBs) that participate in setting strategic priorities for commissioning in Health NZ.

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

The functions of IMPBs are subject to change under the Healthy Futures (Pae Ora) Amendment Bill. As at the end of quarter two, the bill was awaiting a second reading in the House.

In light of the proposed changes, our work has focused on improving how we listen to and act on consumer and whānau perspectives, for which IMPBs are an important source.

The approach for integrating consumer and whānau engagement data is underway. Regional integration forums are held quarterly and are a mechanism to receive whānau and consumer voice from IMPBs. This engagement also provides opportunities to disseminate and discuss health system information on performance against IMPBs' Community Health Plan priorities.

To date, all three North Island regions have held integration forums and Te Waipounamu has one scheduled in quarter three. The forums have been deliberately designed to ensure standardised and consistent mechanisms for consumer and whānau engagement regionally, while also supporting IMPBs to meet their existing and proposed legislative functions.

P2-205 Hauora Māori contracted outcomes

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

Baseline and target	Q1 25/26 result reported in Q2 25/26
Baseline: NEW**; Target:** 85.0%	97.0%*

* 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).

Achievements recorded during quarter one included:

- Engagement of 160,418 individuals.
- Outcome achievement against the annual target for service areas of:
  - Health of Older People (91 per cent)
  - Kahu Taurima / Tamariki Ora (48 per cent)
  - Mātauranga Māori (56 per cent)
  - Mental Health and Addictions (33 per cent)
  - Primary Care (91 per cent)
  - Public and Population Health (101 per cent)[18].

[18] Achievement of over 100% due to partners reaching (via social media campaign) a greater number of people than originally planned.

The majority of whānau accessing services were Māori (51 per cent), with European (22 per cent) and Pacific (12 per cent) the next largest groups. Eight per cent of whānau did not have their ethnicity recorded.

Key Hauora Māori outputs

Key service	Output/Activity	Q2 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) under the Immunising our Tamariki programme	9,455	18,520	32,000	58.0%
Commissioning for impact	Number of individuals engaged with by Hauora Māori partners on integrated outcome-based agreements	Not yet available	160,418	312,606	55.0%
Commissioning for impact	Number of whānau members supported with care across the cancer continuum	2,862	5,062	N/A	N/A
Commissioning for impact	Number of whānau members engaged with in Kahu Taurima Te Ao Māori models of care	12,151	20,351	N/A	N/A
Commissioning for impact	Number of whānau members who received mātauranga Māori focused health and wellbeing support (e.g. traditional rongoā healing practices, plant based traditional rongoā / medicines, healthy lifestyles, Mahinga Kai development)	18,737	34,837	N/A	N/A
Commissioning for impact	Number of whānau members supported to access a range of other health and wellbeing support under primary and community care Te Ao Māori solutions	8,307	15,707	N/A	N/A

Immunisations

In quarter two, Hauora Māori partners contracted under the ‘Immunising our Tamariki’ initiative delivered more than 17,600 vaccinations, including 9,238 scheduled childhood immunisations for pēpi under 24 months, with 72 per cent delivered to Māori. The initiative is a national programme focused on increasing outreach beyond clinic settings to raise immunisation rates for tamariki Māori. It builds whānau and community awareness of the benefits of immunisation, strengthens multi-generational commitment to vaccination, and improves equitable access through flexible home-based and community-based services.

[19] Data includes Q2 activity and Q1 activity reported after the close of the Q1 reporting period.

Significant effort also went into the measles outbreak response, supporting partners to deploy targeted services for rapid and equitable access and co-ordinating with partners to share important updates.

Commissioning for impact

Alongside the integrated outcome-based agreements discussed above, 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 and Oranga Hinengaro (MH&A).

Quarter two saw thousands of whānau access a wide range of these commissioned services, providing culturally safe and whānau-centred care.

Work continued to reconfigure the suicide prevention and postvention portfolio. As part of this, an all-of-population suicide prevention community fund procurement process was undertaken in quarter two. The successful partner, the Mental Health Foundation, will deliver a contestable fund that supports community-led suicide prevention and postvention initiatives.

Hauora Māori output class financial performance

Revenue and expenditure	YTD (31 Dec 2025) Actual $m	YTD (31 Dec 2025) Budget $m	YTD (31 Dec 2025) Variance $m	2025/26 Budget $m
Total operating revenue	275	275	0	555
Total operating expense	246	241	(5)	555
Surplus/(deficit)	29	34	(5)	0

The YTD result was $29m surplus, which was broadly in line with the $34m budgeted surplus.

This budgeted surplus in the first half of 2025/26 is fully offset by a budgeted deficit in the second half of the year, resulting in a breakeven budget for the full year. This is due to the phasing of Hauora Māori expenditure across the two half-year periods.

The 2025/26 budget for this output class includes: $13m of Māori Pipelines for Health Gain Development ($5.3m reported YTD); and a further $42m of Hauora Māori activity related to costs incurred in Hospital and Specialist Services ($21m reported YTD).

Workforce

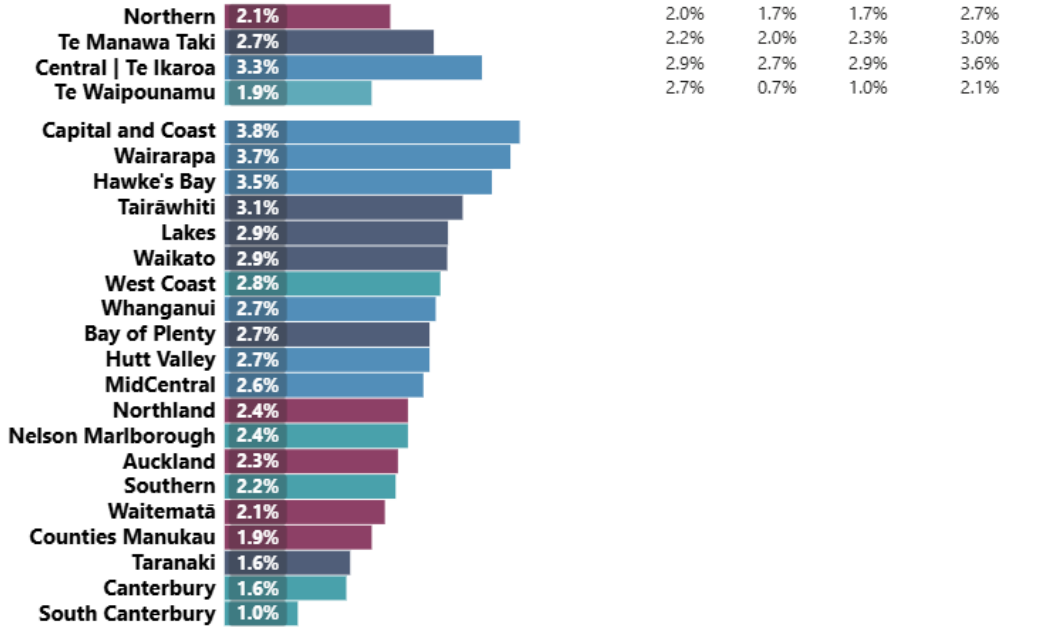
P2-152 Health NZ workforce turnover

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

National result



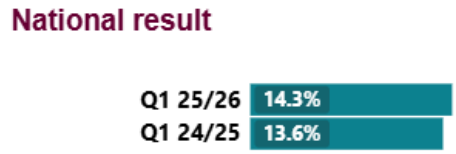
Results by region and district

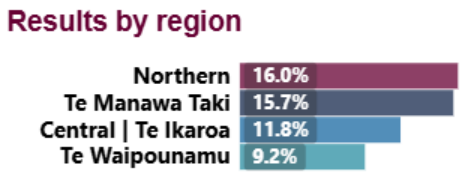


- Capital and Coast and Wairarapa recorded the highest turnover rates this quarter, contributing to the overall increase in September. Although turnover has risen since last quarter, overall levels remain broadly stable compared with previous quarters. Patterns across quarters are consistent with expected seasonality, with higher movement occurring around academic year transitions and career progression cycles.
- Health NZ continues to monitor risks around workforce recruitment and retention due to systemic constraints. Our efforts are focused on strengthening wellbeing initiatives, supporting leadership capability, and improving access to support, with the aim of stabilising workforce conditions and creating a workplace where staff feel empowered, valued and supported.
- The Health Leadership Development Programme continues to attract strong participation, with four cohorts (295 participants) completed in December 2025 and more cohorts scheduled from January 2026.
- Stress First Aid training, launched in quarter two during Mental Health Awareness Week 2025, equips staff with skills to assist colleagues experiencing stress or distress. Delivered through both online and in-person formats, the programme complements other eLearning resources.

P2-153 Māori and Pacific workforce

Percentage of Health NZ staff identifying as Māori or Pacific Peoples who joined our payroll systems over a rolling 12-month period to 30 September 2025, out of 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.

- A Māori health workforce dashboard was developed this quarter to strengthen visibility across the workforce pipeline. This will support improved monitoring of workforce supply, investment, and equity, enabling more informed planning and stewardship decisions over time.
- At the Pacific Health Science Academies (PHSA), 218 year 13 students graduated and 52 gained placements in PHSA summer internships, including the Counties Manukau Cadetship and Medtech-IQ internship programmes. Cohort 1 of the PHSA Counties Manukau Cadetship programme placed 23 students from South Auckland schools into health services including community and primary care settings.
- Twelve kaiāwhina from primary and community care providers in the Central region completed the Level 3 ‘Stay Well to Stay Strong’ Diabetes Micro-credential, allowing them to be a health literacy coach in the community. This brings the total number of completions to 49 across three cohorts, with a 100 per cent completion and pass rate.
- Twenty students from the University of Otago, Auckland University of Technology, Manukau Institute of Technology and Otago Polytechnic were accepted into the Pacific Opportunities at Otago Internship Programme and placed with Pacific health providers nationwide. Eighty students from the programme graduated with health qualifications, including medicine, dentistry, pharmacy, physiotherapy or oral health therapy.
- Of the 66 university applicants supported by the Pacific Health Wayfinder programme, 44 students were offered entry into the Māori and Pacific Admission Scheme to begin study in medical and health science degrees at the University of Auckland in 2026.

Data Caveats

The data presented is as at 30 September 2025. Due to data collection timeframes, reporting will always be 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

Work continued this quarter to improve the stability and performance of payroll systems currently at risk in ten districts. In quarter two, Northland completed a successful test pay run on the latest system build, and Whanganui is expected to reach the same milestone in early quarter three. The programme continues to operate in a complex environment with tight resourcing. Recruitment is underway to strengthen programme capacity, with additional technical and project roles expected to onboard in quarter three. The programme is expected to be complete by mid-late 2027. There is strong collaboration with vendors, which supports the continued progress of the project.

Physical infrastructure

Overall performance

Health NZ is delivering approximately 1,000 capital projects. As at 31 December, 63 were either valued at more than $10m, or funded from the Health Capital Envelope and being monitored centrally. Of these, 41 were in delivery phase, 20 in design, and two in define.

Key achievements this quarter include:

- Ministers approved funding of initial infrastructure planning to support delivery of the Health Infrastructure Plan
- market engagement commenced to understand private sector investment for hospital parking
- six projects reached practical completion
- construction started on four significant projects.

Strategic planning

Following approval from Ministers of initial infrastructure planning to deliver the Health Infrastructure Plan:

- recruitment started for project delivery and support roles across the country to accelerate implementation.
- work started on Site Master Plans for Timaru (South Canterbury district) and Wakari Hospitals (Southern district).
- contracts were signed for completion of physical surveys of the following hospitals: Wellington Regional (Capital and Coast district), Waitakere (Waitemata district), Timaru (South Canterbury district) and Gisborne (Tairāwhiti district).

We have also adopted a new standard data platform for infrastructure projects, creating a unified, consistent approach to planning and asset management aligned with national data standards.

Programme Delivery

The tender process for the Major Project Delivery Partners Panel was completed, with four contractors appointed in October 2025. The Panel will support the largest projects in the health portfolio (above ~$100m). It includes a mix of established local contractors and international firms with the balance-sheet strength and specialist expertise required for complex builds.

We implemented consistent software across the portfolio to automate aspects of reporting. This has reduced reporting time and enables analysis of trends beyond month-on-month comparisons, providing a comprehensive view of delivery performance and emerging risks.

Construction started on three major infrastructure projects during the quarter.

- Christchurch Hospital Endoscopy Expansion: four new endoscopy procedure rooms, including associated consulting rooms, bed bays, re-processing and ancillary services to increase the capacity within the Endoscopy Unit at Christchurch Hospital ($12.69m).
- Linear Accelerators Replacement, Auckland City Hospital: replaces two end-of-life linear accelerators (LINACs) to ensure safe, efficient and patient-centric technology, with the capacity to meet demand for radiation therapy in the Northern region ($17.29m).
- Whangārei Hospital Car Parking: build 552 car parks, replacing those lost due to other construction projects ($18.54m).

The Nationwide Remediation Programme which received $100m in Budget 2025 is underway, with over half of the small-scale clinical uplift projects now in procurement or delivery and eight projects (out of 21) to begin construction by the end of February 2026.

Six projects reached practical completion during the quarter:

- Boiler replacement, Wairau Hospital, Blenheim: Replacement of boilers with an energy efficient, sustainable option ($8.125m).
- Renewal of Vertical Transport (Lifts) – Tranche 2, Wellington Regional Hospital: The Lift Renewal Programme included the upgrade of 33 lifts in seven buildings ($5.79m).
- Taranaki Base Hospital LINAC: Installation of the new LINAC and bunker integrated medical and radiation oncology at the Taranaki Cancer Centre ($56.1m).
- Procedure Rooms Upgrade, Hawke's Bay Hospital: Construction on a third procedure room and completion of other works to support the improved operation of the unit ($3m).
- E Tū Wairua Hinengaro – Forensic Psychiatric Services Facilities Replacement, Mason Clinic, Auckland: A new four-unit, 60-bed facility replaced the existing building, which had weather-tightness issues affecting safety and service continuity ($200.40m).
- Facilities Infrastructure Remediation Programme - Tranche 2, Auckland City Hospital: Opening of the new Central Plant Complex (Te Manawāora), which will provide safe, resilient, and sustainable services ($365.82m).

Looking after our assets

The National Asset Management Policy was approved this quarter, which will ensure assets are managed in a co-ordinated manner to maximise efficiencies.

Health NZ is shifting from a 'run to fail' approach to a proactive, risk based asset management model. A draft National Maintenance Strategy has been developed to provide a unified, consistent framework for maintaining infrastructure across the Health NZ estate.

A national audit of our essential service supply focused on generators was completed in December 2025, with findings due to be released in early 2026.

A Request for Information was issued to support development of a business case for private investment in hospital parking, helping identify conditions the private sector requires to deliver sustainable, best-practice parking solutions that ensures hospital facilities can be accessed safely, conveniently and economically.

Digital infrastructure

During the quarter, our teams responded to 65 major incidents and activated for four major cyber security events. As at 31 December, we have 15 major digital programmes/projects (budget of $5m or greater that are monitored centrally). There are also 53 projects with a budget ranging $1m – $5m and 159 smaller initiatives (projects with budget less than $1m which includes minor updates and enhancements, lifecycle maintenance) being delivered across the digital portfolio. There were 58 go-lives across the portfolio this quarter.

Key delivery highlights this quarter:

- Digital services supported the national measles response, including continued stable operation of the Aotearoa Immunisation Register and Book My Vaccine; targeted contact tracing communications through the Consumer Population Identification Register; and improved access to immunisation information for clinicians through Regional Clinical Portals.
- The Aotearoa Public Health Operations System continued to roll-out and support the recent measles outbreak response. This system is a national digital platform designed to modernise and unify public health operations.
- Essential digital services remained operational during the Nelson Hospital power outage, with real-time updates to clinical teams ensuring minimal disruption and maintained patient safety.
- The Assisted Dying System was launched, helping clinicians by streamlining processes, reducing administrative burden, and ensuring compliance with the End-of-Life Choice Act.
- ePharmacy upgrades have been made in MidCentral, Whanganui, Northland and Auckland. The system is now aligned to the National Health Index and reduces preventable mistakes by fixing calculation errors and streamlining dispensing.
- MedTasker, the platform for secure communications for clinical tasking, has been rolled out in the Northern region, replacing an outdated system including use of pagers.

We have continued to remediate critical infrastructure and address technical debt (end-of life, out of support applications and infrastructure in our clinical systems) by replacing aging systems with fit-for-purpose technology.

- The National Voice Programme is modernising communications by replacing outdated 30- to 40-year-old systems with new technology. Early upgrades at Dargaville Hospital and Kāpiti Health Centre (before scaling to larger sites) have already strengthened resilience, keeping critical phones operational during network outages.
- New Teams upgrades have begun at Waikato Hospital, the first of 270 planned upgrades to support hybrid meetings. This will help connect urban specialists, rural providers and whānau anywhere, supporting service delivery.
- MedChart was upgraded in Waitematā, including a migration from Windows 2008 servers, enabling Microsoft patching across 4,000 machines and reduced security risks. The upgrade also adds new features and fixes, to improve system stability and clinical workflow.

- The Integrated Community Pharmacy Services Agreement claims processes were migrated on to the Health Sector Agreements and Payments Programme solution. This moved $2bn of claims processing per annum off a legacy system.

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.



There was an increase in My Health Record usage in quarter two due to the measles outbreak with consumers logging on to view and export their immunisation records. The focus is to retain the operational running of this service.

My Health Record is different from Manage My Health (MMH). 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. This information includes immunisations, COVID-19 test results and personal details.

MMH is a privately operated patient portal used by some primary care service providers (such as general practices). It primarily displays data from a patient's enrolled GP clinic, such as specific notes and scripts. MMH is responsible for managing and securing its systems.

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 with its response to, and recovery from, this breach during quarter three.

Health NZ's owned and operated systems have not been impacted (i.e. My Health Account and My Health Record).

Financial performance

Statement of comprehensive revenue and expenses ($m)

	YTD (31 Dec 2025) Actual	YTD (31 Dec 2025) Budget	YTD (31 Dec 2025) Variance	2025/26 SPE Budget
Revenue				
Appropriations – Crown funding ex Ministry of Health	13,160	13,273	(113)	26,218
Other funding ex Crown/Crown entities	1,732	1,696	36	3,395
Third party and other revenue	54	56	(2)	889
Interest received	198	210	(12)	79
Total revenue	**15,143**	**15,234**	**(91)**	**30,581**
Expenditure – operating costs				
Personnel costs	6,068	6,143	76	12,416
Outsourced personnel	207	132	(75)	260
Outsourced services	490	524	34	999
Clinical supplies	1,363	1,342	(21)	2,637
Depreciation and amortisation	502	473	(29)	931
External service providers	5,372	5,439	67	10,880
Capital charge and Interest	306	272	(34)	555
Infrastructure, non-clinical supplies and other	989	1,005	16	2,103
Total expenditure	**15,296**	**15,330**	**34**	**30,781**
Surplus/(deficit)	**(153)**	**(95)**	**(57)**	**(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	**(153)**	**(95)**	**(57)**	**(200)**

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

Statement of cash flows ($m)

	YTD (31 Dec 2025) Actual	YTD (31 Dec 2025) Budget	YTD (31 Dec 2025) Variance	2025/26 SPE Budget
Cash flows from operating activities				
Funding from the Crown/Crown entities	14,891	14,808	83	29,613
Interest received	31	40	(8)	79
Other revenue	2,939	444	2,495	889
Payments to employees	(6,251)	(6,977)	726	(13,824)
Payments to suppliers	(8,432)	(8,621)	189	(16,978)
Capital charge	(303)	(270)	(33)	(550)
Interest paid	(2)	(2)	0	(5)
GST (net)	193	0	193	20
Net cash flows from operating activities	3,066	(578)	3,644	(756)
Cash flows from investing activities				
Receipts from sale of property, plant, equipment	0	0	0	0
Receipts from sale or maturity of investments and movement in restricted/trust funds	6	0	6	0
Purchase of property, plant and equipment	(802)	(1,386)	584	(2,623)
Purchase of intangible assets	(42)	(65)	23	(246)
Net cash flows from investing activities	(838)	(1,451)	613	(2,869)
Cash flows from financing activities				
Capital project contributions from the Crown[17]	733	833	(100)	1,594
Holidays Act remediation Crown equity	96	532	(436)	1,094
Other equity support	0	0	0	350
External borrowings	0	10	(10)	19
Capital contributions returned to the Crown	0	0	0	(12)
External borrowings repaid	0	0	0	0
Net cash flows from financing activities	829	1,375	(546)	3,045
Net increase/(decrease) in cash and cash equivalents	3,057	(655)	3,711	(580)
Opening cash and cash equivalents	1,056	1,056	0	923
Closing cash and cash equivalents	4,113	401	3,711	343

The closing cash balance at 31 December 2025 of $4.113bn is higher than the budget by $3.711bn. A significant portion of this variance is due to Health NZ funding for the month of January 2026 ($2.626bn – showing in the line for 'Other revenue') being received early in December. Excluding this, the underlying YTD cash variance to budget is $1.487bn.

Key contributors to this favourable cash variance:

- Funding from the Crown was greater than budget by $83m.

- Payments to employees were $726m less than budget for the YTD, reflecting assumptions for the timing of payments for unsettled collective agreements and Holidays Act remediation not yet completed. Crown equity funding for Holidays Act is also accordingly lower than the phased budget.
- Capital expenditure payments were below budget by $607m, reflecting lower-than-expected progress in current projects, which also has associated lower Crown equity drawn from the Health Capital Envelope appropriation. Health NZ is improving its processes and timing of capital project initiation by streamlining and/or fast-tracking capital approval processes, devolving more delegated financial authority to regions and districts and recruitment of additional enabling resources in the finance, procurement, and clinical areas.
- Payments to suppliers were lower than budget by $189m. This variance reflects budget timing assumptions, with Health NZ focused on ensuring timely payment to its suppliers.

Statement of changes in equity ($m)

	30 Jun 2025 Actual	31 Dec 2025 Actual	2025/26 SPE Budget
Balance at 1 July	9,612	12,417	10,572
Capital contributions from the Crown	2,072	829	3,038
Capital contributions returned to the Crown	(12)	0	(12)
Movements in trust, special funds and other reserves	14	2	0
Sub-total	11,686	13,248	13,598
Comprehensive income			
Surplus/(deficit) for the year or YTD	(947)	(153)	(200)
Other comprehensive revenue and expense			
Gain/(loss) on property revaluations	1,678	0	0
Total comprehensive revenue and expense for the year	731	(153)	(200)
Crown equity balance	12,417	13,095	13,398

Capital contributions from the Crown ($829m), partly offset by the deficit realised YTD ($153m), resulted in an overall increase in Crown equity from the June 2025 balance.

Statement of financial position($m)	30 Jun 2025 Actual	31 Dec 2025 Actual	2025/26 SPE Budget
Assets			
Current assets			
Cash and cash equivalents	1,056	4,113	343
Receivables	427	417	420
Prepayments	129	238	131
Investments	37	22	35
Inventories	186	197	190
Assets held for resale	3	3	0
Total current assets	1,838	4,991	1,119
Non-current assets			
Prepayments	5	5	5
Investments	128	70	120
Investments in associates and joint venture	6	67	3
Property, plant and equipment	16,133	16,470	16,292
Intangible assets	539	526	690
Total non-current assets	16,811	17,138	17,110
Total assets	18,649	22,129	18,229
Liabilities			
Current liabilities			
Payables and deferred revenue	1,809	4,820	2,149
Borrowings	10	10	20
Employee entitlements	3,816	3,638	2,187
Provisions	114	88	50
Total current liabilities	5,749	8,556	4,406
Non-current liabilities			
Borrowings	89	86	104
Employee entitlements	362	361	315
Restricted funds	2	0	0
Provisions	30	31	6
Total non-current liabilities	483	478	425
Total liabilities	6,232	9,034	4,831
Net assets	12,417	13,095	13,398
Equity			
Crown equity	6,131	6,960	9,180
Accumulated surpluses / (deficits)	(2,710)	(2,863)	(3,035)
Revaluation reserves	8,851	8,851	7,173
Trust and special funds	136	142	75
Minority interests	9	5	5
Total equity	12,417	13,095	13,398

Capital expenditure YTD to 31 December 2025

Capital expenditure ($m)	YTD Actual	YTD Budget	Variance	Commitments[20]	2025/26 SPE Budget
Land	0	0	0	0	0
Buildings and plant	633	1,004	(371)	1,775	2,075
Clinical equipment	147	284	(137)	103	525
Other equipment	7	21	(14)	6	27
Motor vehicles	7	12	(5)	2	18
Information technology and intangibles	50	131	(81)	37	245
Total capital expenditure	844	1,452	(608)	1,923	2,889

The total capital expenditure (Capex) budget in the approved 2025/26 SPE is $2.869bn (which is the basis of the Capex phasing used in the Cashflow Statement). However, the Capex budget reported against in the above table is the final approved Capex budget of $2.889bn which includes additional donation funded Capex of $20m.

Actual Capex for the YTD to 31 December 2025 of $844m is $608m less than budgeted, reflecting delays on initiating and delivering Capex projects. Health NZ is improving its processes and timing of project initiation by streamlining/fast tracking capital approval processes, changes to devolve more delegated financial authority to regions and districts, and recruitment of additional enabling resources i.e. co-ordinators, finance, procurement, etc.

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

Major / Minor Capital ($m)	YTD		
	Actual	Budget	Variance
Minor Capital			
Buildings	103	166	(63)
Clinical equipment	89	257	(168)
Other equipment	5	13	(8)
Motor vehicles	7	12	(5)
Information technology (including software)	27	53	(26)
Total Minor Capital	231	501	(270)
Major Capital			
Buildings	530	839	(309)
Clinical equipment	58	27	31
Other equipment	2	8	(6)
Information technology (including software)	23	77	(54)
Total Major Capital	613	951	(338)
Total	844	1,452	(608)

[20] Commitments are based on open purchase orders at the time of reporting, representing the remaining balance to be paid and with balances payable during the year or in outyears depending on implementation progress.

Total appropriation and output class tables

There is a difference between the SPE budget allocation model and the actuals' model in the treatment of shared service costs across the Primary and Community Care Services and Hospital and Specialist Services output classes (as mentioned in the relevant sections of this report), resulting in offsetting variances between the two output classes of approximately $138m (YTD). We are working with agencies to determine the most appropriate resolution for this matter, including for statutory reporting purposes.

The table below shows the YTD to 31 December 2025 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	7,932	4,819	408	13,160
Other Income	878	1,104	2	1,984
Total Income	**8,810**	**5,922**	**411**	**15,143**
Expenditure	9,220	5,689	387	15,296
Net Result	**(410)**	**233**	**24**	**(153)**

The table below shows the YTD to 31 December 2025 actual expenditure versus budget by output class (OC).

Output Class	YTD Actual ($m)	YTD Budget ($m)	Variance ($m)	2025/26 SPE Budget ($m)
Hospital and Specialist Services OC	8,348	8,097	(251)	16,290
MH&A OC	1,405	1,410	5	2,901
Primary and Community Services OC	5,043	5,322	279	10,479
Public Health Services OC	254	260	6	556
Hauora Māori Services OC	246	241	(5)	555
Total	**15,296**	**15,330**	**34**	**30,781**

The table below shows YTD to 31 December 2025 actual revenue and expenditure by output class and by appropriation.

		Appropriation			Other	
		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	7,100			852	7,952
	MH&A Services	832	378	135	26	1,371
	Primary and Community Services		4,189		1,104	5,293
	Public Health Services		252			252
	Hauora Māori Services			273	2	275
	Total Revenue	7,932	4,819	408	1,984	15,143
	Spend					
	Hospital and Specialist Services	7,496			852	8,348
	MH&A Services	846	392	141	26	1,405
	Primary and Community Services		3,939		1,104	5,043
	Public Health Services		254			254
	Hauora Māori Services			244	2	246
	Total Spend	8,342	4,585	385	1,984	15,296
	Net Result	(410)	234	23	0	(153)

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

		Appropriation			Other	
		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	(396)	0	0	0	(396)
	MH&A Services	(14)	(14)	(6)	0	(34)
	Primary and Community Services	0	250	0	0	250
	Public Health Services	0	(2)	0	0	(2)
	Hauora Māori Services	0	0	29	0	29
	Net Result	(410)	234	23	0	(153)

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.

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 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.

Te Kāwanatanga o Aotearoa
New Zealand Government

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Te Whatu Ora