MINISTRY OF HEALTH MONITORING REPORT FOR THE HEALTH QUALITY AND SAFETY COMMISSION - QUARTER 1 2025/26

Summary of progress and achievements in Quarter 1:

- HQSC provided you with its fourth insights report *Assessment of the quality and safety of the health system* on 30 September 2025.
- The maternity inpatient experience report was completed and a national and district version was provided to Health NZ in August 2025.
- The National Quality Forum met on 27 August 2025.
- Work continues with ACC, HDC and the Ministry to update the cross-agency Memorandum of Understanding that relates to patient safety data.
- During the quarter HQSC prepared its 2024/25 annual report, which was presented to the House of Representatives in November 2025.

Key insights and themes:

- Health NZ and HQSC have signed a contract regarding the provision of patient experience surveys.
- s 9(2)(f)(iv)
- HQSC continues to develop a Systems Safety Strategy. We understand that a draft will be going to the Board for consideration at its February 2026 meeting, with a briefing provided to you after this has occurred.

Financial Performance Summary

Quarter 1 financial performance

- HQSC reported a Quarter 1 net surplus result of $0.060 million, which is $0.030 million favourable to plan.
- Key variances:
  - *Personnel* ($0.051 million unfavourable YTD) – HQSC are 5.7 FTE below plan as of the end of Quarter 1. Additionally, a timing difference relating to additional leave liability of $0.025 million will reverse over the full year.
  - *Consultant and Contractor Expenditure* – Quarter 1 spend is $0.016 million unfavourable (40%) due to covering of staff vacancies.
  - *External & Mortality Programme Expenditure* ($0.080 million favourable YTD) – relating to quality improvement programmes and mortality reviews with Health NZ. Expected to even out over the remainder of the year.
  - *Other Internal Programme & Operating Expenditure* ($0.042 million unfavourable YTD) – due to the timing of IT and licensing spend, which is expected to even out over the full year.
  - *Interest and Other Revenue* ($0.035 million favourable YTD) – due to additional revenue associated with HQSC's ACC Trauma contract above budget.

Financial Risks

- **Low –** Sector restructure impacts and potential for staff losses to affect delivery of key pieces of work.
- **Low -** Cash balance remains healthy, no anticipated cash flow issues.

Health Quality & Safety Commission as at 30 September 2025 $,000	Year-To-Date (YTD) Actual	YTD SPE Plan	YTD SPE Plan Variance	Full Year (FY) Forecast	FY SPE Plan	FY SPE Plan Variance
PROFIT & (LOSS)						
Funding from Crown	4,166.7	4,166.5	0.2	16,666.2	16,666.0	0.2
Interest and Other Revenue	504.8	469.8	35.1	1,868.1	1,683.0	185.1
TOTAL OPERATING REVENUE	**4,671.5**	**4,636.3**	**35.2**	**18,534.3**	**18,349.0**	**185.3**
Expenditure						
Salaries	2,782.6	2,732.1	(50.5)	11,578.5	11,528.0	(50.5)
Other Internal Programme & Operating Expenditure	822.2	780.1	(42.1)	3,026.1	2,983.9	(42.1)
External & Mortality Programme Expenditure	978.6	1,058.8	80.2	3,766.9	3,687.0	(79.8)
Depreciation & Amortisation	28.2	37.5	9.3	140.7	150.0	9.3
TOTAL OPERATING EXPENDITURE	**4,611.6**	**4,608.5**	**(3.1)**	**18,512.1**	**18,349.0**	**(163.2)**
NET OPERATING SURPLUS/(DEFICIT)	**59.9**	**27.7**	**32.1**	**22.1**	**0.0**	**22.1**
NON FINANCIAL INDICATORS						
Average FTE (Full Time Equivalent)	***76.30***	***82.00***	***5.70***	***79.075***	***80.5***	***1.425***
BALANCE SHEET						
Equity (End of Period)	***2,409.4***	***2,484.7***	***(75.4)***	***2,371.6***	***2,457.0***	***(85.4)***
Cash (End of Period)	***2,774.0***	***3,237.2***	***(463.2)***	***3,322.0***	***3,322.0***	***0.0***

Strategic priorities	Performance Targets	Ministry of Health Comments
Leading health quality intelligence	Publication of health information (pg 7 of **Appendix 2**) Deliverable 1	This measure is on track. HQSC has reported it is working on its *Window on quality of health care for disabled people*, with a publication date to occur in quarter 3. During the quarter HQSC provided you with a copy of its fourth report on *Assessment of the quality and safety of the health system* along with a supplementary paper on the acuity of acute care. You discussed these reports with HQSC at your meeting with them on 8 October 2025.
	Data measurement tools (pg 8 of **Appendix 2**) Deliverable 2	This measure is on track. During the quarter, HQSC updated and published the asthma atlas, hospital inpatient and outpatient experience, and quality and safety markers. Quality alerts were distributed to Health NZ and stakeholders.
	Patient-reported measures in primary care (pg 8 of **Appendix 2**) Deliverable 3	This measure is on track. The first report on patient experience in primary care (covering the period April to May 2025) was published during the quarter. There were 31,945 completed responses to the primary care patient experience survey. Summary reports for approximately 900 practices were produced and distributed. HQSC routinely reviews the tools they use with respondents and has received positive feedback from PHO providers and primary care practices.
Strengthening systems for quality services	National Quality Forum (pg 9 of **Appendix 2**) Deliverable 4	This measure is on track. The National Quality Forum meeting was held on 27 August 2025. HQSC provided updates on three of its work programmes; improving maternity outcomes, optimising medicines use and reducing harm; strengthening system quality and safety data and information.
Enabling the workforce as improvers	Quality improvement (pg 10 of **Appendix 2**) Deliverable 5	This measure is on track. HQSC has met with a number of Aged Residential Care (ARC) stakeholders to socialise the Deterioration Early Warning System (DEWS) and will be distributing expression of interest documents to ARC facilities in quarter 2. DEWS e-learning modules are in development along with implementation documents and supporting resources.
Improving experiences for consumers and whānau	Implementation of the code of expectations (pg 11 of **Appendix 2**) Deliverable 6	This measure is on track. The Consumer Voice Reference Group (Group) continues to meet quarterly, with representatives from Health NZ, NZBOS, Pharmac, the Ministry and HDC. During the quarter, a representative from the Ministry of Disabled People – Whaikaha joined the Group. During the quarter, HQSC finalised its review and action plan in relation to the Code of Expectations for health entities' engagement with consumers and whānau (the Code) and provided you with an update on this work through a weekly report entry on 24 November 2025. HQSC is now progressing with tasks outlined in the action plan. HQSC is planning to undertake four case studies with health entities and providers which demonstrate the implementation and impact of the Code. During the quarter, the entities/providers which will be the subject of a case study, have been confirmed.
	Consumer and whānau engagement (pg 12 of **Appendix 2**) Deliverable 7	This measure is on track. During the quarter, HQSC was planning for its consumer and whānau forum *Our Voices: Ō Matou Reo* which occurred on 30 October 2025. HQSC is in the planning phase for a further two events (which may be regional workshops and/or webinars). Consumer health forum Aotearoa continues to increase the number of members, with 977 members registered.
Guiding improvement to prevent avoidable mortality	National mortality review (pg 13 of **Appendix 2**) Deliverable 8	This measure is on track. Work continues in relation to Sudden Unexpected Death in Infancy (SUDI), treatable mortality, perinatal and maternal, and family violence.

MINISTRY OF HEALTH MONITORING REPORT FOR THE HEALTH AND DISABILITY COMMISSIONER - QUARTER 1 2025/26

Summary of progress and achievements in Quarter 1:

- Complaint numbers in Quarter 1 were the highest (1,106) that HDC has received for several years and reflect a 26% increase for the year-to-date. HDC received 411 complaints in July, the highest number ever received in a single month.
- HDC closed a total of 1,252 complaints in Quarter 1 which is 98 fewer than Quarter 4 but a 73% increase on Quarter 1 2024/25. HDC's closure rate for Quarter 1 was 113% so they are still closing more complaints than they receive.
- HDC closed 48 investigations in Quarter 1 compared to 91 in Quarter 4.
- The backlog of open complaints continues to reduce. At the end of Quarter 1, 1,747 complaints were under assessment - a 42% decrease from when the backlog peaked in Quarter 3 2023/24.
- The number of complaints over 2-years old that are yet to be closed, reduced from 482 in Quarter 4 to 418 in Quarter 1 (a drop of 64).
- The Advocacy Service has also continued to perform well by closing 724 complaints in Quarter 1; although 19 fewer than in Quarter 4.

Process improvement to clear the backlog

- HDC is continuing to find efficiencies in their day-to-day operations, foundational to their 127% closure rate across 2024/25. HDC has pivoted to improving its focus on reducing delays to investigation cases. In Quarter 1 they:
  - introduced 'notification triage meetings' to streamline their approach to commencing a formal investigation. These meetings ensure all incoming files for the investigations team are reviewed by a decision maker to confirm their suitability for investigation. The new process has eliminated the backlog of files that were awaiting notification. No files are 'awaiting notification'.
  - improved their approach to reviewing provider responses on non-investigation files by ensuring that resources are allocated to the task and complaints are appropriately prioritised for review. This ensures that complaints suitable for investigation are identified quickly and those that are not suitable are closed in a timely way.

Key insights, themes and risks:

- HDC continues to raise various health system challenges with Health NZ and other agencies to:
  - reduce stem cell transplant delays across New Zealand
  - address delays in ophthalmology services at Christchurch Hospital
  - improve digital radiology systems
  - raise concerns about the prescribing of controlled drugs by telehealth providers
  - improve access to care for terminations of pregnancy after the first trimester
  - address delay issues regarding ENT capacity issues in the Southern region.
- HDC is engaging with Health NZ and the Ministry of Social Development regarding complaints about Needs Assessment and Service Coordination (NASC) processes for people with disabilities transitioning to Health NZ's long-term condition funding. Families have expressed concerns about inadequate communication, unclear funding criteria, and insufficient consideration of how disabilities affect health, based on the document. The Ministry will monitor progress.
- HDC has noted issues regarding the disability sector which are being investigated by the Deputy Commissioner Disability:
  - six choking deaths in residential support services
  - an autistic person incorrectly admitted to a psychiatric unit.
- The Ministry continues to work with HDC in relation to their outyear forecast deficit positions (further outlined below).
- HDC has been providing feedback to HQSC on the development of the System Safety Strategy.

Financial Performance Summary

Quarter 1 financial performance

- HDC reported a Q1 surplus of $0.202 million as of 30 September 2025, which is $0.298 million ahead of a planned deficit of $0.096 million.
  - The primary contributor was other expenditure ($0.018 million favourable YTD), reflecting HDC's proactive management of a variety of discretionary costs in response to reduced funding.
  - Personnel costs were $0.010 million favourable YTD. As of 30 September 2025, FTEs were 12.7 below plan, with 92.92 FTEs in place.
- Equity and cash balances remain favourable to plan, reflecting HDC's strong cost controls at this stage of the year.

s 9(2)(b)(ii)

Health and Disability Commissioner as at 30 September 2025 $,000	Year-To-Date (YTD) Actual	YTD SPE Plan	YTD SPE Plan Variance	Full Year (FY) Forecast	FY SPE Plan	FY SPE Plan Variance
PROFIT & (LOSS)						
Funding from Crown	*4,450.3*	*4,450.3*	*0.0*	*17,801.0*	*17,801.0*	*0.0*
Interest and Other Revenue	*71.5*	*55.0*	*16.5*	*249.5*	*233.0*	*16.5*
TOTAL OPERATING REVENUE	4,521.7	4,505.3	16.5	18,050.5	18,034.0	16.5
Expenditure						
Total Personnel Costs	*2,840.3*	*2,941.4*	*101.2*	*11,586.0*	*11,765.8*	*179.8*
Total Other Expenditure	*1,479.7*	*1,660.2*	*180.5*	*6,580.9*	*6,817.4*	*236.5*
TOTAL OPERATING EXPENDITURE	4,320.0	4,601.7	281.7	18,166.9	18,526.7	416.3
NET OPERATING SURPLUS/(DEFICIT)	201.7	(96.4)	298.1	(116.4)	(492.7)	376.3
NON FINANCIAL INDICATORS						
HeadCount	*100*	*121*	*21*	*n/a*	*n/a*	*n/a*
Average FTE (Full Time Equivalent)	*92.92*	*105.62*	*12.7*	*n/a*	*n/a*	*n/a*
BALANCE SHEET						
Equity (End of Period)	*4,233.2*	*3,935.0*	*298.1*	*3,915.0*	*3,538.7*	*376.3*
Cash (End of Period)	*4,736.8*	*4,541.6*	*195.2*	*4,067.7*	*3,895.4*	*172.3*

Strategic Priorities	Output Class	Ministry of Health Comments

Complaints resolution	1.1 Complaints management (pg 15-16 of **Appendix 3**)	• HDC met 2 out 4 performance targets for this section of the output class this quarter.
		  ○ 23.9% of complaints were over 24 months old against a target of 15% - a 1.5% decrease from the previous quarter.
		  ○ 94% of early resolution complaints were closed within 1 month. This is a new SPE measure- the target is 100%.
		  ○ 100% of complex non-investigations complaints were closed within 9 months. This is a new SPE measure – the target is 85%.
		  ○ 31% of complaints closed were referred for resolution directly between the parties (new measure).
		• Despite significant improvements, backlog volumes mean timeliness of complaint resolution continued to be a problem for HDC.

	1.2 Complaints management (Advocacy Services) (pg 17 of **Appendix 3**)	• Advocacy services achieved 2 of 3 performance targets this quarter, the same as for Quarter 4. • 78% (567) of complaints were closed within 3 months (target is 75%). 97% (702) of complaints were closed within 9 months (target is 100%). This is a good overall result from the Advocacy Service. • HDC surveyed 149 consumers about their satisfaction with the Advocacy Services claims management process. Of the respondents, 86% (target is 80%) said they were satisfied or very satisfied with the service.
	1.3 Provider Accountability (pg 18 of **Appendix 3**)	• During the quarter, no new providers were referred to the Director of Proceedings. In the same period, one Human Rights Review Tribunal (HRRT) proceeding, which the Director of Proceedings had taken to HRRT was completed. No proceedings were filed with the Health Practitioners Disciplinary Tribunal (HPDT).
Promotion and education	2.1 Access to Advocacy (pg 19 of **Appendix 3**)	• Advocates achieved this performance target for the quarter. During the quarter advocates carried out 292 scheduled visits, meetings, or phone networking with community groups and provider organisations. The purpose of the measure is to promote awareness of the Code of Rights in local communities. HDC has reduced this target from 2,800 in 2024/25 to 1,200 in 2025/26.
	2.2 Advocacy Education (pg 20 of **Appendix 3**)	• Advocates provide an estimated 1,000 education sessions annually (about 250 per quarter). • A total of 198 education sessions were provided in Quarter 1 with 90% (80% target) of respondents stating they were satisfied or very satisfied with the sessions. • Advocacy services and HDC had responded to 5,402 enquiries in Quarter 1 – 973 fewer than Quarter 4.
	2.3 HDC Education (pg 21 of **Appendix 3**)	• HDC has three online provider education modules which continue to be well utilised. During the quarter, 1,386 providers had completed Module 1 about the Code, 1,242 providers had completed Module 2 about informed consent, and 1,105 providers had completed Module 3 about complaints management. The online consumers 'Your Rights' video has now been viewed over 11,900 times which is nearly double compared to the previous quarter.
System monitoring and impact	3.0 System impact (pg 22 - 24 of **Appendix 3**)	• In Quarter 1, HDC made a total of 225 new quality improvement recommendations. • HDC also reviewed and closed 242 quality improvement recommendations during the quarter. Of these, 93.4% of recommendations had been fully complied with (target is 90%). • HDC made 113 early notifications of systemic and public safety issues were made to relevant agencies. Some of which are highlighted above in 'key insights, themes and risks' above. • Most recommendations were made to Health NZ districts, followed by care homes, general practices, and home care and community service providers. • HDC undertook 48 engagements with key sector stakeholders during the quarter.
Older people	4.0 Older people (pg 25 **Appendix 3**)	• HDC's 2025/26 Statement of Performance Expectations established older people as a strategic priority and output class to reflect the Aged Care Commissioner's first monitoring report, which made 20 recommendations to the sector. A monitoring framework was shared with the Ministry in September 2025 and feedback is now under consideration. HDC will provide an update in Quarter 2.

MINISTRY OF HEALTH MONITORING REPORT FOR THE HEALTH RESEARCH COUNCIL - QUARTER 1 2025/26

Financial Performance Summary

Year to date financial performance:

- HRC reported a Quarter 1 2025/26 net surplus result of $1.982 million. This is $9.326 million favourable compared to a planned deficit of $7.344 million. This is due to the following:
  - There was an $8.897 million underspend in research grant expenditure. HRC attributes this to timing differences in the completion of final reports and the associated release of funds, noting that there are no apparent trends that can reliably inform future forecasts.
  - However, in 2024/25, research grant expenditure underspends followed a consistent downward pattern: 16% in Quarter 1, 12% in Quarter 2, 8% in Quarter 3, and 2.5% in Quarter 4. While this suggests that underspends tend to reduce as the year progresses, there is no certainty that this trend will repeat in 2025/26. Nonetheless, it is reasonable to expect the Quarter 1 underspend to decrease significantly over the remainder of the year.
  - A $0.405 million underspend in operational costs YTD, primarily driven by personnel ($0.234 million). HRC's core FTE was 31.0 FTE as of 30 September, which is 11.2 FTE under budget. Additionally, timing difference in assessing committee meetings contributes a further $0.151 million to the operational underspend.
  - YTD revenue in Crown funding, interest and other revenue is higher than budget by $0.045 million due to favourable interest rates and higher than budget investments.

Financial Risks

- Previously, HRC's only reported financial risk was the potential for a year-end equity balance in excess of the $15.0 million capital charge threshold. The capital charge no longer applies to HRC, as confirmed by the Minister of Finance via letter on 9 June 2025.
- Nevertheless, HRC's public equity balance will require careful management to ensure the effective use of public funds for health research. HRC states that they will 'remain vigilant regarding the acceptable level of public equity'.
- Reductions to the health research appropriation will decrease HRC's research investment funding from $120 million in FY2019/20 to $92 million by FY2029/30. This creates a risk that existing multi-year contractual commitments (2–5 years) will exceed future funding capacity, potentially leading to liquidity pressures unless investment levels are significantly reduced, or commitments are restructured.
  - The risk here is currently considered 'low', though this will require careful monitoring and management.

	Year-To-Date (YTD)		
Health Research Council - 30 September 2025 $,000	Actual	SPE Plan	SPE Plan Variance
Total Crown Funding	*30,285.0*	*30,285.0*	*0.0*
Total Other Revenue (inc Interest)	*267.0*	*222.0*	*45.0*
TOTAL INCOME	30,552.0	30,507.0	45.0
Expenditure			
Total Research Grant Expenditure	*27,026.0*	*35,923.0*	*8,897.0*
Total Research Contract Management (Operational Costs)	*1,611.0*	*2,016.0*	*405.0*
TOTAL EXPENDITURE	28,637.0	37,939.0	9,302.0
NET SURPLUS/(DEFICIT) before transfers (to)/from Foxley Reserve Fund	1,915.0	(7,432.0)	9,347.0
Total Transfers (To)/From Reserve Fund	*67.0*	*88.0*	*(21.0)*
NET SURPLUS/(DEFICIT)	1,982.0	(7,344.0)	9,326.0
Average FTE (Full Time Equivalent)	*31.00*	*42.20*	*11.20*
BALANCE SHEET & CASH FLOW			
Public Equity (exc. Foxley Reserve Fund)	*16,844.0*	*5,801.0*	*11,043.0*
Total Equity (inc. Foxley Reserve Fund)	*18,359.0*	*7,319.0*	*11,040.0*
Cash Balance	*1,957.0*	*1,844.0*	*113.0*

MINISTRY OF HEALTH MONITORING REPORT FOR NEW ZEALAND BLOOD AND ORGAN SERVICE (NZBOS) - QUARTER 1 2025/26

Summary of progress and achievements in Quarter 1:

NZBOS has continued to ensure it meets its enduring outcome of key products and services always being available.

- The targets relating to Strategic Priority 2 – delivering Operational Effectiveness including collection targets related to whole blood, platelets and plasma, appear to be on track for achievement in Quarter 1. Plasma collections are slightly below 25% of the annual target, but this is unlikely to be meaningful at this time of the year.
- NZBOS has a target to maintain a donor population capable of meeting the ongoing demand for blood and blood products. This was slightly below target for the first quarter.
- Targets relating to clinical safety and quality of products, including those requiring certification by external authorities, are measured annually but are expected to be met.
- In Q1 NZBOS has achieved its employee turnover target, potentially reflecting the softening of the labour market, particularly in Auckland.

Key insights, themes and risks:

s 9(2)(f)(iv)

- Organ Donation NZ has provided its quarterly report to the Ministry. Improvements to the current deceased organ donation rate are the subject of submissions to the Health Select Committee and the Minister.
- The Ministry, NZBOS and Health NZ have been working on some of the recommendations flowing from the Deloitte report, and other sources, including:
  - Providing briefings to you on plasma self-sufficiency and deceased organ donation
  - Development of the Service Level Agreement (SLA) between NZBOS and Health NZ. The SLA is currently with Health NZ for sign-off, which is scheduled to happen before Christmas. In parallel, key related workstreams have begun, including a National Blood Management Group and discussions on a Data and Information Sharing Agreement.
  - Considering what further policy work relating to NZBOS needs to be prioritised.

Financial Performance Summary

September Year to Date Financial Performance

- NZBOS reported a surplus result of $10.965 million for September 2025 year to date (YTD), against a planned $3.770 million surplus. Note that NZBOS forecast a full year surplus exceeding plan by $9.592 million.
- Key variances contributing to the result were:
  - *Changes in Inventory* ($1.358 million favourable YTD) – mainly due to favourable inventory yields and inventory revaluations totalling $1.281 million.
  - *Employee costs* ($2.939 million favourable YTD) – due to vacancies of 68.8 FTE.
  - *Net Foreign Exchange Gains* ($2.986 million favourable YTD) – due to favourable forex revaluations.
  - *Depreciation* ($0.319 million favourable YTD) – due to projects being put on hold or deferred while clarity is sought over self-sufficiency strategy.
  - *Finance costs* ($0.117 million favourable YTD) – lower than planned MOCL funding requirements.
  - *Revenue* ($0.682 million unfavourable YTD) – driven by lower than planned fractionated product sales, offset by higher fresh product and service sales.

Key Financial Risks

- *Cash and Liquidity* – NZBOS maintains strong oversight of its cash position, with a detailed 12-month cashflow view and access to a MOCL facility. In Quarter 4 2024/25, MOCL access was extended by 3 years to 31 December 2028 with the approval of joint Ministers.
- *Inventory Growth* – Over a five-year horizon, inventory levels are expected to grow in both volume and price due to current plans for self-sufficiency. This will require continued attention to working capital management. As inventory grows, NZBOS will be exposed to swings in inventory revaluations, as evidenced by their Cost of Production being $1.358 million favourable to budget in Q1 due to favourable inventory yields and inventory revaluations totalling $1.281 million.
- *Capital Projects* – Clarity is being sought over plasma self-sufficiency and capital project planning. Capital expenditure and depreciation will continue at lower levels in the meantime.
- *Foreign Exchange Exposure* – NZBOS has acceptable hedge coverage for AUD and USD over the next 24 months. Some additional AUD hedging is needed over a 12-month horizon, which NZBOS will fill when the forex market becomes more favourable.
- *Health NZ Demand Forecasting* - There is risk associated with the lack of formal demand forecasting from Health NZ. NZBOS mitigates this through its own modelling and close monitoring of production and inventory levels.

$'000s	Year-To-Date (YTD) Actual	SPE Plan	SPE Plan Variance	Full Year Forecast	SPE Plan	SPE Plan Variance
PROFIT & (LOSS)						
TOTAL REVENUE	82,081	82,763	(682)	323,532	328,875	(5,343)
Expenditure						
Total Cost of Consumables & Changes in Inventory	*26,659*	*28,017*	*1,358*	*97,251*	*101,773*	*4,521*
Total Employee Benefit Expenses	*29,023*	*31,962*	*2,939*	*125,236*	*131,959*	*6,723*
Total Other Expenses	*13,334*	*16,478*	*3,144*	*57,804*	*65,668*	*7,865*
Depreciation, Amortisation & Impairment of Fixed Assets	*1,813*	*2,133*	*319*	*9,127*	*9,446*	*319*
Finance Costs	*287*	*404*	*117*	*6,373*	*1,880*	*4,493*
Revaluation of Derivative Financial Instruments	*0*	*0*	*0*	*0*	*0*	*0*
TOTAL EXPENDITURE	71,116	78,993	7,876	295,791	310,726	14,935
NET SURPLUS/(DEFICIT)	10,965	3,770	7,194	27,741	18,149	9,592
NON FINANCIAL INDICATORS						
HeadCount	*970.3*	*1,002.0*	*31.7*	*1,005.4*	*1,042.5*	*37.1*
Average FTE (Full Time Equivalent)	*881.4*	*950.2*	*68.8*	*941.9*	*885.8*	*(56.1)*
BALANCE SHEET & CASH FLOW						
Capital Expenditure	*2,673*	*9,363*	*6,690*	*22,354*	*29,044*	*6,690*
Equity (End of Period)	*130,491*	*125,469*	*5,022*	*147,268*	*139,849*	*7,419*
Cash (End of Period)	*1,966*	*2,034*	*(68)*	*5,340*	*2,305*	*3,035*

<table>
<tr><th>Strategic Priorities</th><th>Performance Targets</th><th>Ministry of Health Comments</th></tr>
<tr><td rowspan="4">Strategic Goal 1 – Building foundations for growth</td><td>Annual employee turnover - 8.4%</td><td>Achieved. Quarter 1 reported a staff turnover rate of 8.36% and a rolling year-to-date staff turnover rate of 9.3%.</td></tr>
<tr><td>Cultural competency programme - maintain cultural competency and development across all staff.</td><td>Not achieved. No cultural competency development training was undertaken during the quarter because of budgetary constraints.</td></tr>
<tr><td>Health and safety (H&S) in the workplace -national and regional H&S committees all meet at least once per quarter. The number of trained H&S representatives meets the minimum one representative to 19 employees, in accordance with Section 6 of the Health and Safety at Work Regulations 2016.</td><td>Full year measure.</td></tr>
<tr><td>Capital expenditure projects -project milestones achieved in line with project work programmes and business cases.</td><td>Full year measure.</td></tr>
<tr><td rowspan="10">Strategic Goal 2 - Delivering operational effectiveness</td><td><table><tr><th>Raw material (collections) inputs</th><th>Target (FY)</th><th>Quarter 1</th><th>Assessment</th></tr><tr><td>Total whole blood donations</td><td>124,000</td><td>31,647</td><td>On track</td></tr><tr><td>Total plateletpheresis donations</td><td>2,900</td><td>760</td><td>On track</td></tr><tr><td>Total plasmapheresis donation</td><td>118,000</td><td>27,984</td><td>On track</td></tr><tr><td>Total donations</td><td>244,900</td><td>60,391</td><td>On track</td></tr></table></td><td>All components appear to be on track, although plasma is a little below 25%.</td></tr>
<tr><td>Clinical Oversight Programme - all blood banks receive at least one NZBOS Clinical Oversight visit and audit report.</td><td>Full year measure.</td></tr>
<tr><td>Donation testing - to maintain 100% testing of all donations.</td><td>Full year measure.</td></tr>
<tr><td>Regulatory compliance (Medsafe) - all manufacturing, testing and collection sites maintain Medsafe licensing 100% of the time throughout the period.</td><td>Full year measure.</td></tr>
<tr><td>NZBOS reports for Health NZ - reports are provided to Health NZ hospitals by the 10th working day of the following month.</td><td>Full year measure.</td></tr>
<tr><td>Organ Donation New Zealand (ODNZ) Performance Monitoring -NZBOS to provide ODNZ performance monitoring reports to the Ministry quarterly.</td><td>Achieved.</td></tr>
<tr><td rowspan="8">Strategic Goal 3 – Providing exceptional service</td><td>Blood donation donor population - NZBOS maintains a donor population capable of meeting the ongoing demand for blood and blood products. Target 104,000.</td><td>A little below target. Quarter 1 reported a total of 102,972 active whole blood, plateletpheresis and plasmapheresis donor panels.</td></tr>
<tr><td>Blood donation donor satisfaction - to maintain greater than 90% satisfaction benchmark for donor experience.</td><td>Full year measure.</td></tr>
<tr><td>Grow the total number of Māori donors active for 12 months to 8,595</td><td>Full year measure.</td></tr>
<tr><td>Grow the total number of youth donors active for 12 months to 12,054</td><td>Full year measure.</td></tr>
<tr><td>Planning and communication with Health NZ hospitals.</td><td>Full year measure.</td></tr>
<tr><td>Haemovigilance reporting -patient safety, and number of transfusion related errors.</td><td>Achieved. The Haemovigilance report was provided to Health NZ on 22 October 2025. The number of transfusion related errors is a full year measure.</td></tr>
<tr><td>Sustainability – carbon reduction initiative.</td><td>Full year measure.</td></tr>
<tr><td>Sustainability – Replacing existing petrol/diesel fleet vehicles with electric/hybrid vehicles where a conversion option exists.</td><td>Full year measure.</td></tr>
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