MINISTRY OF HEALTH MONITORING REPORT FOR HEALTH NZ - QUARTER 2 2025/26

Summary of progress and achievements in Quarter 2:

Overall, quarter 2 performance was mixed. Results are outlined in this report, with some key highlights summarised below:

- Health NZ reported a deficit of $153 million year-to-date, $57 million unfavourable to budget. Funding transfers from 2024/25 to 2025/26 were paid during the quarter totaling $225.6 million (50% of the $451.3 million transfers) in December 2025 to cover the first six months as a wash-up. The remaining transfers are expected to be spread evenly over the remaining six months. Health NZ's latest forecast prepared in January 2026, indicates a larger deficit of $300 million for 2025/26 ($100 million above budget), noting Ministers have agreed to this.
- Health NZ undertook a review of its financial management and quarter 1 2025/26 reforecast. This review focused on three key areas - the return to breakeven, financial capability, and devolution. The Health NZ Board commissioned a review and the Ministry also supports Deloitte's recommendations for Health NZ to ramp up (with urgency) investments in long-term enablers of service shifts (such as strategic plans, service delivery roadmaps, digital initiatives, innovations and model of care changes). The review's high confidence levels in Health NZ's ability to achieve the $200 million target in 2025/26 has proven to be optimistic (latest forecast indicates a revised deficit of $300 million), with the majority (90%) of the risks identified in the review report having materialised.
- Compared to the same quarter last year, performance in all five health targets and three of the five mental health and addiction (MH&A) targets improved, demonstrating sustained progress. This included achieving the 30 June 2026 faster cancer treatment target annual milestone, with performance at 87%.
- Wait times for first specialist assessment (FSA) were steady given industrial action across quarters 1 and 2, and the beginning of the summer holiday period in December 2025. FSA wait times decreased by 0.1 percentage points between quarters 1 (62.3%) and 2 (62.2%).
- The shorter stays in emergency departments (SSED) target quarter 2 result (74.1%) was better than quarter 1 (68.9%) and the same quarter last year (72.1%). There were ~7,500 more ED attendances this quarter compared to the same quarter last year.
- Six infrastructure projects reached practical completion, including the new Central Plant Complex at Auckland City Hospital, Mason Clinic – Auckland: Forensic Psychiatric Services Facilities Replacement, procedure rooms upgrade in Hawkes Bay, Taranaki Base Hospital LINAC installation, renewal of Wellington Hospital lifts, and a boiler replacement in Wairau Hospital.
- The 2025 calendar-year target for new MH&A professionals commencing training was reported for the first time, with 514 starts, exceeding the target of 500.
- The breast screening age extension launched this quarter with 4,289 newly eligible women screened as at 31 December 2025.

Key issues and themes:

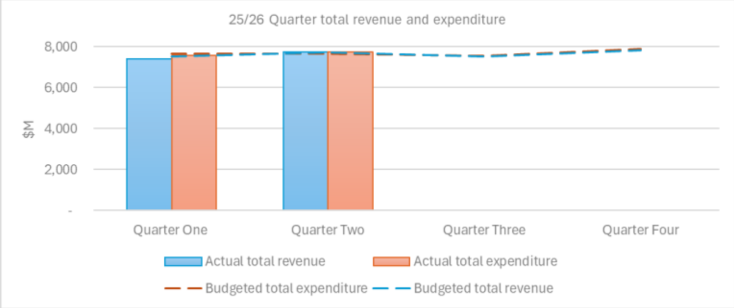
- **Returning to breakeven in 2026/27 –** Health NZ is managing cost pressures and constraining expenditure to meet its 2025/26 deficit target. Achieving breakeven requires balancing fiscal discipline with performance targets and service delivery. Health NZ's latest reforecast and budget information indicates a deficit of $300 million in 2025/26 and $400 million in 2026/27. This indicates a worsening of the track back to a breakeven budget. Achieving a breakeven budget is an important milestone for Health NZ as this demonstrates improved financial discipline, the ability to execute a plan, and reduce fiscal risks to the Crown.
- **Industrial relations and workforce pressures –** While several allied health agreements have been ratified, providing some workforce stability, bargaining remains unresolved with the New Zealand Nurses Organisation (NZNO) and Association of Salaried Medical Specialists, with NZNO signalling potential further industrial action. If these negotiations remain prolonged, and with resident medical officer bargaining now underway, there is an ongoing risk of sustained workforce pressure across much of the clinical workforce. The Ministry facilitates meetings with senior industrial relations officials to monitor progress and strategic direction for industrial bargaining and is working to establish a structured forum with Health NZ to enable regular employment related discussion of issues.
- **Health NZ devolution approach –** Health NZ is demonstrating momentum in its devolution journey, which is encouraging, and national procurement and service delivery models are being established. It will be important to ensure that all district level services have been assessed for their readiness, including clear lines of responsibility and accountability before new approaches are implemented.
- **Lack of visibility of accurate and timely data –** There are still significant data gaps, particularly in National Collections, which limit trend analysis for key priorities such as target reporting and monitoring delivery progress. For health targets, data completeness at quarter-end is critical due to the requirement to use published results for historical comparisons. The Ministry and Health NZ discussed data completeness issues at the joint Health Data and Analytics Council and agreed to ensure that any potential issues are escalated early and dealt with promptly to ensure accurate target reporting. The timely completion of Faster Cancer Treatment (FCT) data remains the largest risk and was discussed with you as part of the FCT Target monitoring.
- **Mental health compulsory care pressures** - The mental health system is under significant pressure, with ongoing risks for people under compulsory care due to service capacity, workforce, facility, and training constraints. Forensic mental health services are also under pressure. In response to these concerns, the Director of Mental Health, who administers relevant legislation on behalf of the Ministry, has put in place intensive monitoring programmes for several districts and has recently written to the national and regional mental health leads in Health NZ to clarify minimum care and safety compliance expectations, ensure essential safeguards are in place, and note a strengthened monitoring focus of statutory officers. The Ministry is working with Health NZ to explore both policy and operational options for addressing capacity pressures on forensics services within current system settings and resources. Detailed advice will be provided to the Minister for Mental Health.

Financial Performance

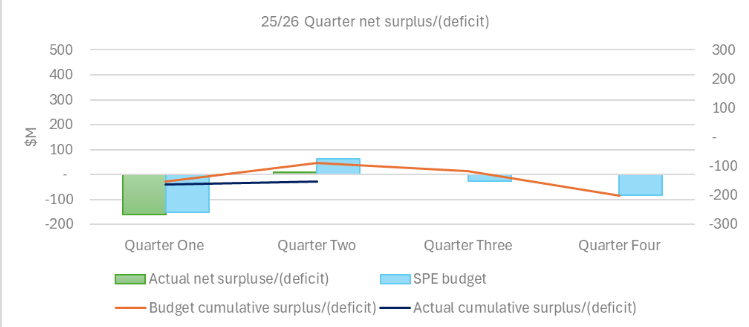
Key messages – Health NZ has strengthened devolution settings and financial controls, with improved reporting and earlier planning supporting a pathway back to breakeven. However, significant risks remain, including a deteriorating 2025/26 financial outlook, ongoing workforce cost, variable procurement and contract management capability, constrained capital investment, and the need to sustain a culture of fiscal discipline and service change as devolved accountabilities continue to be embedded.

Financial performance – for 6-month period ending 31 December 2025 (unaudited)

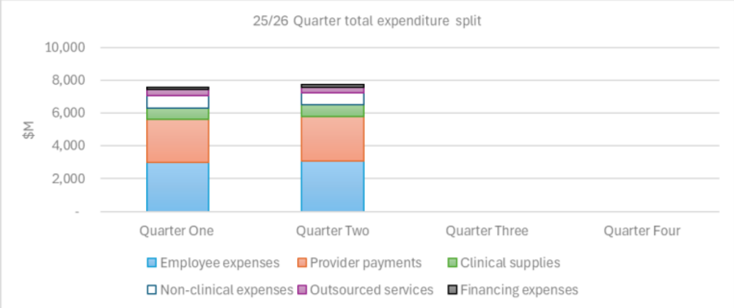
Expenditure totals $15.296 billion.



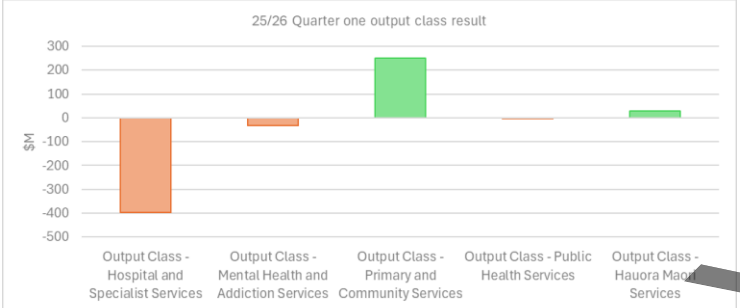
Net deficit is $153 million.



75% of expenditure relates to employee and provider costs.



Hospital and Specialist Services deficit of $396 million.



Financial achievements

Health NZ has made progress on its devolution journey

- Health NZ has progressed its devolution programme, with a new operating model, accountability map, and governance code that shifts budgets and accountabilities closer to where services are delivered.
- Reporting lines for Regional Infrastructure Directors have been moved from the national function to Executive Regional Directors, strengthening regional leadership and aligning infrastructure delivery with local operational needs.
- Regional Operational Performance Committees have been established to provide consistent governance and oversight of clinical and operational performance at the local level.

Health NZ has completed an independent review of its Financial Management and Reforecast Review

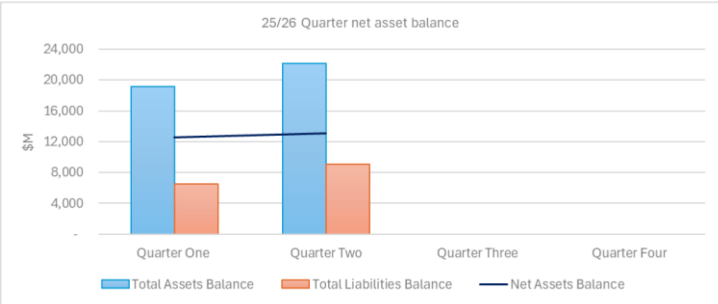
- The report indicated a high degree of confidence in Health NZ's ability to deliver on their projected financial out-turn of a $200 million deficit, subject to risks and opportunities. Although Health NZ's latest forecast of $300 million indicates a $100 million worsening of the projected deficit position for 2025/26 (attributable to depreciation, employment bargaining, and lower than expected efficiencies).
- Health NZ made progress on the 12 opportunity areas and recommendation arising from the 2024 Financial Review. Health NZ has implemented the Funding Board, Human Resource Oversight Committee, and monthly performance reviews.

Progress towards better reporting and earlier planning

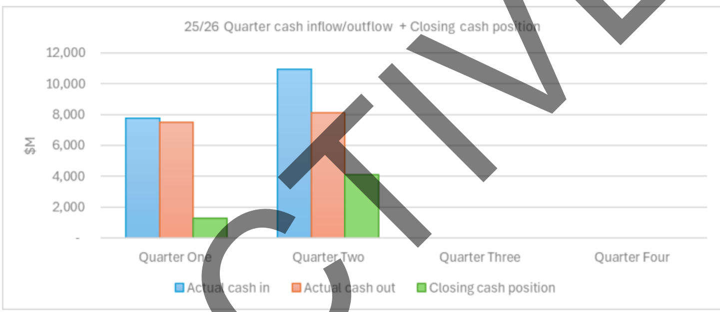
- Health NZ improved its budget initiative reporting in quarter 2, particularly in areas of mitigating risks. Further improvements are expected in quarter 3.
- Health NZ completed a reforecast in January 2026, incorporated quarter 2 results. and has provided a high-level budget view for 2026/27. Further work will be undertaken by Health NZ over the next quarters to refine and finalise its budgeting assumptions and projections ahead of 2026/27.

Financial position - as at 31 December 2025 (unaudited)

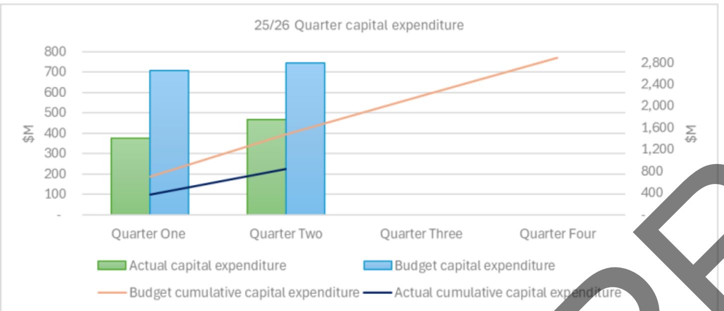
Net assets are $13.095 billion.



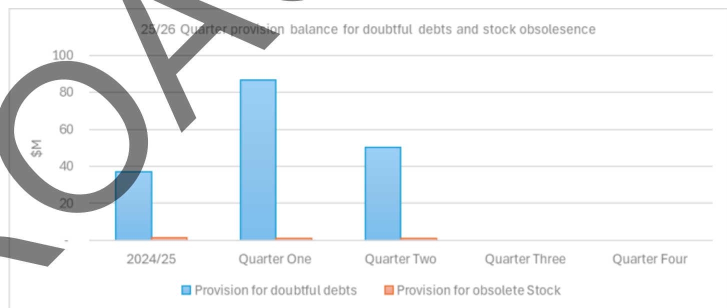
Cash position is $4.112 billion.



Capital expenditure totals $0.844 billion.



Provision for doubtful debts/stock totals $51.4 million



Financial risks and issues

Return to breakeven

- Progress to date indicates Health NZ may not achieve the necessary productivity improvements, financial discipline, and enablers of service change in 2025/26 placing pressure on its return to breakeven budgets in future years.

Workforce cost and morale

- Work to date indicates further risk of rising wage pressures, industrial action, and low staff morale will drive unbudgeted expenditure and disrupt service delivery, undermining workforce stability, and increasing reliance on high-cost staffing solutions.

Financial control, culture and capability

- Health NZ's independent review highlights several risks as it continues its devolvement journey. These include pace of change, reduced financial visibility, fragmentation and lack of accountability, system constraints, and capability.
- Health NZ will need a plan to address each of these risks to realise opportunities, such as enhanced local decision-making and responsiveness, efficiency gains through streamlined local operations, and better alignment of resources with population health needs.

Capital investment

- Capital expenditure to date indicates Health NZ is struggling to deliver to existing plans and budgets with $608 million of capital appropriations and depreciation funding not being fully utilised. This will reduce asset effectiveness, inhibit service efficiency, and constrain productivity over time.
- Health NZ will need to work toward an achievable plan and budget in 2026/27 while balancing the need to increase its capacity to deliver higher levels of investment in the health system long-term.

Operational performance	
Ministerial Priorities	**Ministry of Health comments**
Key messages: • Overall, quarter 2 health target performance shows mixed results. The FCT target met the year 2 milestone, and there were some operational improvements in ED wait times and FSA delivery late in the quarter. However, most targets remain below milestone levels, including ED, FSAs, electives and immunisation, with gains insufficient to close existing gaps. • Patients continue to wait longer than clinically appropriate for diagnostics and it is too soon to see the impact of the Diagnostic Boost programme (i.e., increase in delivery and reduction in waitlists). • Following the Manage My Health data breach, Health NZ has adjusted primary care data-sharing arrangements to support sector confidence, including extending opt-out timeframes which may delay reporting against the primary care target. An information sharing agreement will be introduced to ensure reporting on the primary care target can take place from July 2026.	
Health Targets (including electives boost)	• Preliminary quarter 2 2025/26 health target results showed mixed results compared to the previous quarter. The FCT health target met its year 2 milestone this quarter. You are receiving regular updates from the Ministry via the weekly health target dashboards, which also includes our advice on three of the targets meeting their milestones in March 2026. • **Shorter Stays in Emergency Departments (SSED)** – ED wait times improved this quarter (74.2%) compared to last quarter (68.9%) and did not meet the year 2 milestone of 77%. While there were ~7,500 more ED attendances this December quarter compared to the December 2024 quarter, performance was better by 2 percentage points. Hospital occupancy was less constrained over the summer period compared to other months of the year which supported improvements in the SSED % for patients requiring admission to hospital, which also helped to reduce wait times for patients not requiring admission. • **First Specialist Assessment (FSA)** – The December result (62.2%) is similar to the September 2025 result (62.3%) and did not meet the milestone of 65%. Year-to-date (YTD) delivery of planned FSAs is slightly below planned volumes (~98% of plan, 269,760 out of 275,970 planned), however delivery of planned FSAs improved in the months of November and December 2025 which has aided recovery of the YTD delivery against plan position. • **Elective Treatment** – The December result (64.5%) is lower than the September result (65.9%) and did not meet the year 2 milestone of 70%. Delivery of elective procedures (baseline and Boost) is behind YTD planned volumes by ~5,700, and outsourcing is also behind YTD planned volumes (by ~780). • **Faster Cancer Treatment (FCT)** – The year 2 milestone was met this quarter (87.0%). Surgical capacity constraints, particularly in the South Island region to support further improvements in performance. • **Immunisation**: At 82.9% national coverage, immunisation performance for the December quarter is 4.1% short of the year 2 milestone of 87%. At the current rate of increase, it is unlikely that the average immunisation gap of 500-600 children can be closed by quarter 4 2025/26. Growth in fully vaccinated volumes is occurring, but slowly, and high decline rates reduce the size of the reachable population for improving coverage. The Northern region holds the greatest potential to influence national coverage; however, significant variation between its districts poses a risk to consistency. Central and the South Island regions are both on track to meet and exceed the milestone, yet closing the gap to 95% will likely require a shift in approach or additional resources to sustain performance. We note that in the week ending 22 February 2026, the Central region hit 87% coverage reflecting a strong focus in this region. Initiatives continue to be developed and implemented to shift the unvaccinated rates. • **Primary Care:** Delivery is being supported through a suite of service expansion and system initiatives, including extended urgent and after-hours coverage, increased use of digital consultations, and the progressive shift of appropriate specialist services into community settings. However, progress remains contingent on effective data sharing and digital enablement. Health NZ has extended the deadline for practices to opt-out of data sharing to 31 March 2026 due to increased sector uncertainty following the Manage My Health data breach and intends to introduce an interim national information sharing agreement to ensure reporting on the primary care target can still take place from July 2026.

Diagnostics (including investment boost)	• There was small improvement in **CT and MRI** wait times compared to the previous quarter. None are meeting the expected 2025/26 milestones; however, CT is getting close.
	  ○ CT = 61.8% waiting or scanned in 42 days or less (December 2025) compared to 60.8% in September 2025 (2025/26 Budget standard milestone of 65% with an overall target of 95%).
	  ○ MRI = 47.1% waiting or scanned in 42 days or less (December 2025) compared to 45.0% in September 2025 (2025/26 Budget standard milestone of 65% with an overall target of 90%).
	• Changes in wait times for **colonoscopies** were mixed. Across the three colonoscopy types, none are meeting expected target timeframes.
	  ○ Urgent colonoscopy = 76.9% waiting or scoped in 14 days or less (December 2025) compared to 72.3% in September 2025 (target = 90%).
	  ○ Non-urgent colonoscopy = 32.0% waiting or scoped in 42 days or less (December 2025) compared to 34.1% in September 2025 (target = 70%).
	  ○ Surveillance colonoscopy = 48.8% waiting or scoped in 84 days or less (December 2025) compared to 47.7% in September 2025 (target = 70%).
	• **Diagnostics Boost** announced at end of September 2025. While the Ministry has seen some additional diagnostics reporting in Health NZ's weekly reports, we are yet to see a Diagnostics Boost volumes delivery plan by month, modality, region and district followed by regular reporting to track delivery closely. We are aware more frequent radiology data from Health NZ will be available from April 2026. As at December 2025, there remains significant numbers of patients waiting longer than their expected timeframes for diagnostic services.. There are 6,864 overdue CTs, 9,505 overdue MRIs, 169 overdue urgent colonoscopies, 8,523 overdue non-urgent colonoscopies and 5,667 overdue surveillance colonoscopies and expect the Boost to reduce these waitlists over the next few months. Increased visibility of diagnostics reporting and volumes will support the identification and prioritisation of improvement actions.

Operational performance

Ministerial Priorities	Ministry of Health comments
Key messages:	• Childhood immunisation coverage has largely plateaued, with modest improvement at 24-months but overall rates remain well below the 95% target, particularly for five-year-olds. • Newborn and GP enrolments remain stable and meet national expectations overall. • Current digital and physical infrastructure reporting does not provide assurance on delivery to time, cost, or scope, with ongoing capital underspend indicating persistent delays. While asset management focus is improving, delivery remains slow, current reporting limits visibility of risk and progress, business case quality remains an issue, and there is a need for better-planned asset maintenance and clearer prioritisation of patient-facing digital systems. • National faster access targets for primary and specialist MH&A services were met and remain broadly stable, though the Central region did not meet either target or several districts continue to underperform against the specialist access target. • National MH&A SSED target performance remains steady and above last year, but only the South Island region met the 2025/26 milestone; current improvement initiatives are longer-term, with a need for more immediate actions.
Primary Care (including urgent and after-hours)	• **Childhood immunisations:** There have been modest gains in 24-month immunisation coverage, increasing by almost 6 percentage points compared to the same time last year (from 77% to 83%). Overall national full immunisation rates remain clustered between 80-85%, well below the 95% target, and coverage for five-year-olds continues to lag significantly at 72%. Persistent variation between districts, and the coverage gap between Māori and non-Māori tamariki underscores the difficulty of closing the national immunisation gap. A substantial proportion of the eligible population remains unvaccinated signaling ongoing access barriers, active hesitancy, or both. • **Newborn enrolment** was similar to the last quarter (from 85.2% to 85.6%) and the 85% target was met nationally, although results varied by area and ethnicity. Newborn enrolment is highest in the South Island region and lowest in the Central region. **GP enrolment** was steady between quarters (94.5% this quarter compared to 94.4% last quarter). As in previous reports, GP enrolment is highest in the Northern region (the only region to meet the target). • **Workforce:** Efforts to grow the number of doctors, nurses and nurse practitioners in primary care are underway, though some initiatives (e.g., training of graduate nurses and domestic primary care doctors) are behind schedule. • **12-month prescribing:** 12-month prescriptions were successfully introduced in February 2026. • 24/7 digital service: Uptake has plateaued at around 1,700 consultations per week. Health NZ is exploring options for expansion such as the introduction of telehealth booths in pharmacies and urgent/after-hours clinics. Risks remain around digital enablers (shared health records and interoperable booking systems) due to reliance on practice buy-in and system capacity. These areas are being closely monitored. • **Urgent and after-hours care:** Service expansion continues in urban and rural areas. Health NZ is supporting providers in rural areas and is optimistic services will be in place by July 2025. • **Performance-based funding:** An outcomes and performance framework has been developed. Health NZ is progressing implementation, including via the current round of PSAAP (PHO Services Agreement Amendment Protocol) negotiations in which Primary Health Organisations' will be invited to participate in data sharing to be eligible for future performance-based funding. This will be based on a balanced scorecard of indicators across access, immunisations, screening uptake and prevention of long-term conditions. • **Extended primary and community care:** Plans are on track to train primary care providers to deliver community-based care for abnormal uterine bleeding. Health NZ is continuing to develop plans to expand community-based care for cancers (oncology infusions and treatment of skin lesions) and looking at further specialist services that could be provided via primary care (e.g. follow-ups to cataract surgery).
Infrastructure Investment (including digital)	• Health NZ's quarter 2 report covered both digital and physical infrastructure however, it does not provide assurance that projects are being delivered on time, within budget, or to scope. • Separate physical infrastructure reporting continues to show significant underspend against forecast, indicating persistent delivery delays. Business cases are progressing slowly and are often of poor quality. Project delivery remains slow, issues are not being resolved in a timely way, and Ministerial approval for additional resources has not translated into improved performance. • Performance across the digital portfolio remains a concern. Reporting is too high-level to assess whether risks are being managed, or progress sustained, and expected regular data and digital reports are not currently being provided. Digital investment also needs rebalancing, with clearer prioritisation of patient systems over back-office functions, and a better balance between maintaining existing digital systems and pursuing new initiatives. • While the renewed focus on asset management is positive, it has yet to be embedded in planning or operational practice. There is a need to increase and better plan investment in asset maintenance, supported by a comprehensive maintenance plan. • Following recent data breaches, the Public Service Commissioner has directed all public sector agencies, including Crown entities, to confirm their arrangements for managing and protecting personal information, including data held by third-party providers. The Ministry requested and collated high-level assurance from entities to assist in identifying any vulnerabilities or gaps in controls and to determine whether further action is required to strengthen systemwide protection of personal information. Overall, Health NZ has identified significant risk in their management of personal information and data collected by third party suppliers. Notably, this risk is held by their numerous 'legacy systems' that are still in use. • The Health Digital Investment Plan was released in November 2025 and implementation is underway. The Plan sets out how Health NZ will build foundations for digital health, improve experiences for patients and clinicians, and use data to drive better decisions. Implementation is a longer-term mitigation to risks in relation to cyber security threats and data breaches.
Mental Health and Addictions (MH&A)	• **MH&A access targets:** Both the primary and specialist faster access to services targets were achieved at the national level. Performance is relatively steady from the last quarter (primary 83% compared to 83.4% last quarter, and specialist 81.9% compared to 82.2% last quarter), although there has been some regional fluctuation. This quarter, the Central region did not meet either of the primary or specialist access targets (78.1% and 78.2% respectively), all other regions achieved the required 80% for both targets. The Ministry has requested more specificity around targeted actions to lift performance in districts with consistently low performance against the specialist access target, including Northland, Tairāwhiti, Nelson Marlborough, and Hutt Valley. • **MH&A SSED target**: National performance remained at a very similar level to the last quarter and is above the same quarter last year (66.7% compared to 66.8% last quarter, and 65% in quarter 2 last year). The South Island region was again the only region meeting the 2025/26 milestone of 77% for MH&A presentations being seen within six hours. Health NZ continues to focus on expanding alternative MH&A access options such as crisis cafes and peer support in EDs, alongside work to improve inpatient flow, dedicated workforce and bed capacity; however, these interventions will take time to shift performance against the target. In monitoring Health NZ's regional improvement plans, the Ministry has reinforced the need for more immediate interventions. • **Youth wait times**: Health NZ identified actions for improvement in areas of concern, including performance against the specialist wait time target for people aged under 25 years. In the latest quarter, 74.7% of under 25-year-olds were seen within three weeks, compared to 81.9% overall. The Ministry will continue to monitor progress on the youth-focused actions for improvement outlined in the regional plans. • **Workforce and prevention/early intervention targets:** The MH&A workforce target was met in the 2025 calendar year, with 514 people commencing training. Health NZ reports that 24.9% of MH&A expenditure against the ringfence has been allocated to prevention and early intervention, against a target of 25%. The Ministry has requested further detail of this expenditure to better understand the impact of the target.

Operational performance

Minister's Priorities	Ministry of Health comments

Key messages: Health NZ's executive leadership team agreed to report quarterly on a subset of measures within each output class. Within the subset of measures reported, overall performance remains mixed, with the Tairāwhiti district consistently among the lower-performing districts across most measures. Screening coverage, access, and participation are strengthening; primary and community care access remains broadly stable; Hospital and Specialist Services and Mental Health and Addictions Services are focused on improving access and safety; and Hauora Māori Services are focused on strengthening how consumer and whānau perspectives are heard and acted on.

Delivery of the 2025/26 Statement of Performance Expectations

Output Class 1 – Public Health Services

- This quarter Health NZ reported on cervical, breast, and bowel screening measures by region and ethnicity. None of the reported measures are meeting the national targets.
- **Cervical screening** – target is 80% and the national result this quarter was 75.3%. Nelson Marlborough (80.2%) was the best performing district while Tairāwhiti (69.1%) was the poorest performing district.
  Coverage improvements are being driven by shared best practice from high-performing districts (Capital & Coast and Nelson Marlborough), national integration of the Cervical Screening Register with primary care systems, as well as targeted screening support services focused on low-coverage districts and improving equity for Māori and Pacific Peoples.
- **Breast screening** – target is 70% and the national result this quarter was 68.3%. South Canterbury (75%) was the best performing district while Auckland (60.4%) was the poorest performing district.
  Access and participation are being strengthened through national eligibility expansion, increased local service capacity, and targeted initiatives to support priority populations, alongside locally tailored community-led approaches to lift screening uptake.
- **Bowel screening** – target is 60% and the national result was 58.1% (the latest data available is Q4 2024/25). Nelson Marlborough (68.4%) was the best performing district, while Auckland (48.3%) was the poorest performing district.
  Participation is being strengthened through staged age-eligibility expansion, targeted communications and workforce capability building, alongside practical system improvements that make participation easier for both staff and participants.

Output Class 2 – Primary and Community Care Services

- This quarter, Health NZ reported on GP enrolments and newborn GP enrolments measures by region and ethnicity. Newborn GP enrolment is meeting the national target and GP enrolment is very close to meeting the national target (within 0.5 percentage points).
- **Newborn GP enrolments** – target is 85% and the national result this quarter was 85.6%. Southern district (92.2%) was the best performing district, while Tairawhiti (74.1%) was the poorest performing district.
  Work is underway to improve the timeliness and quality of newborn GP enrolment data and support nationally consistent enrolment-at-birth practices to reduce variation across districts and ethnicities. Strong performance in the Northern region reflects higher primary care capacity, digital enrolment tools and proactive follow-up, with new the Northern region Newborn and Maternity Enrolment Policy now being implemented. Targeted enrolment programmes, including new initiatives in Hawke's Bay, are supporting earlier GP enrolment for pregnant women and newborns, particularly in lower-performing areas.
- **GP enrolments** – target is 95% and the national result this quarter was 94.5%. Counties Manukau (96.7) was the best performing district, while Tairāwhiti (91.5%) was the poorest performing district.
  GP enrolments remain broadly stable nationally, supported by ongoing investment to strengthen capitation settings and grow the primary care workforce. Local capacity continues to influence enrolment, with new practices opening in Te Manawa Taki and targeted initiatives supporting workforce constrained areas such as Hawke's Bay and MidCentral.

Output Class 3 – Hospital and Specialist Services

- This quarter, Health NZ reported on missed FSAs, medical appointments via telehealth, hospital pressure injuries and falls, and CT and MRI diagnostics performance measures by region. Of the measures that have targets, medical appointments via telehealth is the only measure meeting the national target.
- **Missed FSA appointments** – there is no target, and the national result was 7.6% with Nelson Marlborough (4.6%) the best performing district and Tairawhiti (13.2%) the poorest performing district.
  Missed appointments are being addressed through more consistent waitlist and outpatient processes, proactive patient follow-up, and targeted support to remove access barriers, particularly for Māori, Pacific Peoples and patients facing transport or social challenges.
- **Medical appointments via telehealth** – target is 10% and the national result for this quarter was 11.6%. Capital & Coast (14.4%) was the best performing district while Tairāwhiti (4.1%) was the poorest performing district.
  Digital and virtual models of care are expanding access to specialist services, with increased use of telehealth and Hospital-in-the-Home initiatives improving convenience for patients, reducing travel, and easing pressure on hospital services, particularly in rural and high-demand areas.
- **Hospital pressure injuries** – there is no target and the national rate per 10,000 was 4.1, with Central (3.9%) the best performing region and the South Island region (4.8) the poorest performing region.
- **Hospital falls** – there is no target and the national rate per 10,000 was 4.0, with Central (2.6) the best performing region and the Southern region (5.8) the worst performing region.
  Across regions, pressure injury and falls prevention remains a focus, with performance monitored through clinical governance and supported by targeted improvement initiatives. Regions are strengthening assessment and documentation, increasing education and audits, investing in equipment, and embedding proactive models such as regular rounding, enhanced observation and 'all eyes on patients' approaches to reduce harm, particularly for older and high-risk patients.
- **CT performance** – target 65% and the national result this quarter was 61.8%. Whanganui (97.4%) was the best performing district, while Waitematā (23.9%) was the poorest performing district.
- **MRI performance** – target 65% and the national result this quarter was 47.1%. Whanganui (82%) was the best performing district, while Northland (28.3%) was the poorest performing district.
  Access to CT and MRI diagnostics is improving through the Diagnostic Improvement Programme, with targeted investment, workforce and capacity initiatives, and stronger use of in-house, outsourced and digital solutions reducing waitlists and overdue volumes. The introduction of a new national radiology dataset is strengthening system-wide visibility, planning and reporting, while regional activity uplifts - particularly in the Central and Northern regions - are expected to accelerate performance improvement over the remainder of 2025/26.

	Output Class 4 – Mental Health and Addictions Services • This quarter, Health NZ reported on MH&A services access measures by region and ethnicity. • The national result was 2,942, with Whanganui (4,360) the best performing region and Tairāwhiti (1,839) was the poorest performing region. • Access to services remains variable across districts, with performance broadly consistent with previous quarters. To address this, regions are strengthening real-time visibility of referrals and wait times, using tools such as access dashboards and Packages of Care to manage demand and maintain access momentum, particularly in districts with lower access rates. **Output Class 5 – Hauora Māori Services** • There are three measures covering contracts, iwi-Māori partnership boards (IMPBs) strategic involvement and outcome measures. • The IMPB strategic involvement measure is on hold subject to legislative changes to the Healthy Futures (Pae Ora) Act. • While the functions of IMPBs may change under the Healthy Futures (Pae Ora) Amendment Bill, work is focused on strengthening how consumer and whānau perspectives are heard and acted on. Regional integration forums are being used as a consistent mechanism to gather consumer and whānau voice from IMPBs, share system performance information, and support IMPBs' existing and proposed roles, with forums now held across all North Island regions and the South Island region scheduled for quarter 3. • Hauora Māori partners showed strong early performance under outcomes-based contracts, engaging over 160,000 individuals and are on track against a full year target of 312,000, with most whānau accessing services being Māori.