

Health Delivery Plan

A summary of the plan to improve healthcare
and achieve the Government's priorities

July 2025 – June 2026



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Te Whatu Ora



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The New Zealand Health Targets

Health Target Areas



Faster cancer treatment
90% of patients to receive cancer management within 31 days of the decision to treat.



Improved immunisation
95% of children fully immunised at 24 months of age.



Shorter stays in emergency departments
95% of patients to be admitted, discharged or transferred from an emergency department within six hours.



Shorter wait times for first specialist assessment
95% of patients wait less than 4 months for a first specialist assessment.



Shorter wait times for elective treatment
95% of patients wait less than 4 months for elective treatment.

Mental Health and Addiction (MH&A) Target Areas



Faster access to specialist MH&A services
80% of people accessing specialist MH&A services are seen within three weeks.



Faster access to primary MH&A services
80% of people accessing primary MH&A services through the Access and Choice programme are seen within one week.



Shorter MH&A-related stays in emergency departments (EDs)
95% of MH&A related ED presentations are admitted, discharged, or transferred from an ED within six hours.



Increased MH&A workforce development
Train 500 MH&A professionals each year.



Strengthened focus on prevention and early intervention
25% of MH&A investment is allocated towards prevention and early intervention.

Commissioner's Foreword

We have reached the half-way point of our 24-month turnaround to be financially sustainable and fully focused on providing access to timely, quality healthcare for everyone.

We have come a long way since we started in mid-2024.

Our efforts to lift performance and deliver more services and hard work towards achieving the health targets and the Minister's key priorities are already making a difference.

We have started to act on the clinical patient safety benchmarking and rigorous testing of our health and safety management systems we undertook to ensure we're operating to the appropriate standards, and we are advancing on developing strong clinical partnerships and leadership forums.

We're also well down the track of addressing the financial management issues raised in the independent Financial Review and tracking well to get back to budget – but there remains work to do.

With these foundations now in place, the next 12 months will see us completing the activities we set out to achieve and bed in our new structure and ways of working, where services are led and delivered locally, supported and coordinated by the regions and enabled by national functions and services. Accountabilities will be sitting in the right places, and we'll be working as a more connected and clinically guided organisation.

The Health Delivery Plan is continuing to adapt and is on track to evolve into business-as-usual activities by June 2026.

Health is in turn a demanding, challenging and rewarding work environment and I acknowledge the uncertainties our workforce have faced since Health NZ was formed. The sheer scale of the reforms of 2022 made the route to increased stability that we started last year a challenging one to navigate.

New Zealanders can be assured that while Health NZ continues to step up to this task and strives to keep improving, its staff are working hard to consistently provide high quality healthcare, in increasing amounts. Their dedication and care speak to an unwavering focus on patients.

It's critical that as we move through the second half of the transition process, we don't lose sight of our guiding principle that we are one organisation with devolved autonomy. We will do better for New Zealanders as a cohesive national-level organisation made up of teams that are guided, supported and empowered to serve the communities they know best.

Professor Lester Levy

Commissioner – Health New Zealand

Introduction

Health New Zealand began its reset in mid-2024. The immediate focus was on reducing budget deficits and moving resources to the front-line.

The establishment of regions was the first major step in devolving health service delivery closer to communities.

The Commissioner was appointed in June 2024 to turn around the performance of Health NZ which was characterised by a rapidly worsening financial situation. Without taking significant action, it was on track to deplete its cash reserves within 12 months, despite additional government investment.

The Government established five health targets in March 2024¹ and a detailed plan for implementation was finalised in September 2024.² The targets focus on reducing wait times for critical health services and improving vaccination rates. Five mental health and addiction targets were launched in July 2024.³

Government has increased funding into the health system and the expectation is the delivery matches this investment. Considerable progress has been made over the past 12 months, with the support, understanding and hard work of all Health NZ people.

The process of devolving health service delivery closer to communities is underway and we are on a pathway to returning to budget.

This Plan maps out what needs to be achieved to June 2026. It marks the beginning of a new phase which is deliberate, planned and focused on patients and the people of Health NZ. The Plan responds to the Minister of Health's priorities in his delivery plan and Letter of Expectation. These priorities are to:

- get Health NZ back to basics
- drive shorter stays in emergency departments
- get on top of the elective surgery backlog
- enable faster access to primary care
- set out a long-term health infrastructure programme
- streamline accountability mechanisms and settings to drive performance.

This Plan has been designed to evolve and adapt, taking into account progress on existing initiatives, findings from reviews and insights on the effectiveness of current health service delivery.

¹ [Health targets | Ministry of Health NZ](#)

² [Health Targets Implementation Plans – Health New Zealand | Te Whatu Ora](#)

³ [Achieving the mental health and addiction targets - High level implementation plans – Health New Zealand | Te Whatu Ora](#)

What has been achieved by mid-2025

We have delivered against key milestones...

Work to improve patient access to primary care has started, including new 24/7 digital services and more urgent care centres. We've achieved our target number of patients to be treated under a new elective boost partnerships with private hospitals. And we've had significant interest in the Clinical Senate.

Our 10-year infrastructure investment roadmap was launched, the redevelopment of Nelson Hospital has progressed to a new stage, and major upgrades for hospitals in other centres received confirmed start dates. A prioritised digital investment programme has been developed to support regional and local service needs.

Budgets are devolved to the regions for the first time, stronger financial controls are being put in place and service production planning is being implemented. Our year-end financial result was within budget and we're on track to be living within our means during 2026/27.

Continuing to improve health outcomes for New Zealanders

Despite significant and disruptive changes in the organisation, our front-line people: doctors, nurses, midwives, allied health professionals, technicians and all of our support staff have continued to work towards delivering high quality health services to New Zealanders.

Progress on health targets

We are still in the early stages of health target delivery – three quarterly reporting cycles into an ambitious long-term plan that has a clear trajectory for delivery until 2030. We are transforming how we work to achieve these targets and how we deliver health services to provide better health outcomes for people.

It is clear from the health target results⁴ that the multi-year decline in performance has been stabilised and there are early signs of improvement. However, demand for all health and mental health & addiction services is increasing and we need to see a lot more patients and deliver a lot more treatments and healthcare. This is happening across most health services with year-on-year increases.

There is real focus by our clinical and operational teams in hospitals to ensure patients flow through the system more easily. They are looking at how hospitals with higher wait times can learn from others and adopt practices to improve their performance. Public health campaigns and primary health continue to have a big role to play in keeping people well.

⁴ [Health targets performance – Health New Zealand | Te Whatu Ora](#)

We are thinking more about our models of care and how we can make it easier for our clinicians to deliver quality health services.

Locally led and delivered services

A major stepping stone towards devolving health services delivery closer to communities is the four health regions, with interim Deputy Chief Executives appointed in September 2024. The roles have been confirmed as Executive Regional Directors, and along with senior hospital managers and clinicians from districts, they are starting to connect and integrate services across the regions and ensure the most effective use of local facilities and people.

In 2024, the national office functions were reviewed to ensure they are sharply focused on supporting local health service delivery. The high-level design of these new arrangements has been completed, and the majority of organisation structure change will be completed in July 2025.

Getting back to budget

Considerable work has been completed to get back to budget and the monthly deficit has been declining sharply. This has involved reducing back-office functions and the costs of what we buy and realigning programmes and projects that don't improve front-line service delivery. Stronger financial controls have been implemented. It is critical work continues to ensure we are making the best use of our financial resources.

How we will be organised in 2026

We are at the half-way point of moving to a new organisation model. From a previously centralised structure, locally led and delivered services will be supported by a regional organisation and enabled by national functions and services.

The following is an overview of the organisation and way of working we expect to be fully in place by mid-2026. The milestones to get there are further detailed in this plan.

A diagram illustrating the focus of the organisation is on page 10.

Locally delivered in districts

Health services are provided locally by an extensive network of hospitals, primary and community care services, clinical specialists and providers. Most primary and community services are funded by Health NZ and delivered by third parties. Most hospital and specialist services are directly managed and funded. Private hospitals are also part of this broader network.

Primary and community care services include primary health organisations (PHOs), which lead GP practices; community-based health providers, including for aged care and mental health and addiction services, and specialist providers such as diagnostic services (for example blood testing and radiology) all make up this district level network.

Hospital and specialist services provide a variety of health services such as medical, surgical, maternity, diagnostic, emergency services and specialist mental health and addiction services.

They provide services across sites based on local, regional and national population health needs. Private hospitals are also used to provide additional capacity.

The National Public Health Service is critically important and focuses on providing health promotion, prevention, and protection at all levels. Doing this effectively keeps people well – and out of hospitals.

Our objective is to have health services provided in districts connected and integrated by 2026. The regions will support this by ensuring health services provided across multiple districts are tightly integrated and efficient. This benefits patients as the flow through the local health network should be easier and benefits everyone as health service delivery will be more efficient.

District level clinicians and managers will increasingly have more discretion about how they use their funding, increasing their ability to organise health service delivery. This is being done at the same time as increasing the robustness of financial controls at a national level.

By default, decisions will be made at district level, unless there are reasons of economy of scale or capability (such as unique functions) that require a regional or national approach.

Regionally supported

New Zealand's geography and size of population has resulted in the creation of four regions to bring together the wide range of local health delivery operations and services. They are: Northern, Midland | Te Manawa Taki, Central | Te Ikaroa, Southern | Te Waipounamu.

Each region has functions required to support their districts. This includes a senior team of local hospital operations leaders, clinical disciplines, quality and patient safety, public health and service planning and funding. They are supported by a set of enabling functions. The regional office is not intended to be large with only the key functions required to support the local health service delivery and engage in the regional implementation of national programmes.

Regional and district leaders are responsible for engaging with community health providers, iwi Māori partnership boards, community stakeholders and representing Health NZ in the regions alongside other government agencies. This function will be well embedded by mid-2026.

Nationally led programmes and enabling functions

The “national office” of Health NZ is significantly smaller as people have been allocated to regional and district service delivery.

To achieve consistency Health NZ is starting to use national plans, policies and standards. These will continue to be developed by central functional leaders with significant input and agreement of regional and local leaders. Decisions on national plans, policies and standards are taken by the Executive Leadership Team, its sub-committees and clinical leaders.

To deliver national consistency there will be central level functions including clinical, quality and patient safety, public health, service planning and funding, finance, legal, human resources, communications, government relations, digital services, data, procurement, infrastructure, Pacific health, hauora Māori, assurance, audit and risk.

The national office will also be responsible for delivery of national programmes, that by their nature need to be led at a national level. As noted above, some services for reasons of scale and/or complexity, are better delivered nationally and provided to regional and local organisations as a shared service. The shared service model will be fully transitioned by mid-2026.

The national office is located in Wellington.

Bringing it all together

For this structure to work effectively for patients and our people it requires an alignment of planning, performance management, decision-making and delivery at all levels. A stronger

partnership between clinical and administrative parts of the organisation is essential. A comprehensive approach to how we will work as an organisation has been defined and will be fully embedded by mid-2026.

How we will be organised

Patients and community



PRIMARY HEALTHCARE AND SERVICES IN THE COMMUNITY



Example services funded or part-funded

HOSPITAL AND SPECIALIST SERVICES



Health districts



Health regions

Supports and co-ordinates local and community health service delivery



National functions

Ensures consistency and enables local and community health service delivery



What the plan will deliver

We will continue to provide compassionate care to every person who uses our services, valuing their time and doing what matters to them.

For patients

By the end 2025

We will be on track for our key milestones for patients: Waiting less than four months for a first specialist assessment and elective treatment; to be admitted, discharged or transferred from an Emergency Department within six hours; receiving cancer management within 31 days of the decision to treat; and children to be fully immunised by 24 months of age.

10,514 patients have been treated under elective boost and planned elective production levels have been achieved.

Peer support specialist services will be implemented in eight EDs; 80% of people accessing specialist mental health and addiction services will be seen within three weeks, and primary mental health and addiction services through the Access and Choice programme will be seen within one week.

Hospital redevelopment and remediation projects will be proceeding as planned with funding attached.

The new 24/7 digital health service will connect patients to Doctors and Nurse Practitioners. The service will providing greater access to professional medical advice and treatment – especially when a timely appointment with a general practitioner is unavailable or treatment is needed outside normal clinic hours. More urgent care services will be operating, and rural and remote prototypes will have started.

Nurses will have started the first round of Nurse Practitioners training and international doctors started the primary care pathway.

All these services will reduce the need for people to go to emergency departments and preserve capacity for the people who require the most urgent care.

Services to support the improvement of the health of Māori and Pacific Peoples will be advanced, especially through improved access to GP services and immunisation.

By mid-2026

We expect 67 per cent of people to be receiving elective treatment and 65 per cent of people getting a first specialist assessment within four months. We also expect 77 per cent of people are seen and discharged from the emergency department within six hours.

87 per cent of children will be fully immunised at 24 months of age.

An additional six new mental health and addiction crisis cafes will be in place across New Zealand and 25 per cent of mental health and addiction investment be allocated towards prevention and early intervention.

An additional 21,000 more elective procedures will have been treated under elective boost and planned elective production levels been achieved for the year.

The digital healthcare service will increase the consultations available for those who need it; 95 per cent of people will live within one hour drive of urgent care.

NZ-trained medical graduates will start the primary care pathway. An increased level of capitation payment for GPs will be established.

For Health New Zealand's people and partners

By the end 2025

More people will be in their roles. Accountabilities and expectations will be clearer, and we will be more settled. The regional organisations will be clear on their roles and functioning in support of districts, hospitals and local providers.

Core health values will be embedded into role descriptions and increasingly influence the culture of the organisation. Senior leaders will be more engaged with their people, and the systems to support their health, safety and wellbeing will be more embedded and having a demonstrably positive impact.

The arrangements for clinical partnership, including the Clinical Senate, will be well underway and providing a stream of advice and informing key decisions. Clinicians will be involved in all decision making. Clinical networks and the processes for clinical safety and quality will increasingly be embedded in the way we work.

Partnerships with health providers and communities will be increasing and there will be more clarity of what is required to deliver on expectations.

By mid-2026

A new way of working will become more standard. Regions, hospitals and local providers across the health system will be working closely together to meet health needs in their communities.

Clinical networks and the processes for clinical safety and quality will be embedded.

The working environment for people will be improved with high levels of active communication and engagement from leaders at all levels.

For Health NZ

By the end of 2025

The leadership will be embedded and providing the direction and decisions required for Health NZ.

We will be on track to achieve the financial year 2025/26 budget of a \$200 million deficit, and savings initiatives will be on track.

The strategic case for quality and affordable healthcare will have been progressed and discussions with Government underway.

By mid-2026

We will have achieved the 2025/26 budget and be heading to a stable financial state.

The strategic case for quality and affordable healthcare will have been completed and ready for Government consideration.

This stage of the plan will be complete, and its initiatives fully adopted.

How the plan will be delivered

Delivery of the plan is fundamentally important to the health of New Zealanders.

Health NZ is committed to the delivery of the Minister's priorities and completing the changes we have started. Our oversight arrangements are evolving to ensure we meet our objectives.

The Health Delivery Plan

There are three levels of the Health Delivery Plan:

- A high-level **Health Delivery Plan Summary** (this document).
- A **Health Delivery Plan** which has the key milestones for delivery to mid-2026.
- **Priorities (previously workstreams)** which detail how the outcomes and milestones are delivered.

The suite of plans will continue to adapt and will be reviewed every three months. The Health Delivery Plan will evolve into business-as-usual activities by June 2026.

The Statement of Performance Expectations 2025/26

Work has occurred to align the Health Delivery Plan and the Statement of Performance Expectations 2025/26 to ensure they drive towards delivery of the Minister of Health's priorities as set out in his letter of expectations.

Oversight and delivery leadership

The governance of the Health Delivery Plan is undertaken by the Executive Leadership Team. This provides oversight of the delivery of the plan, approves the detailed delivery plans, makes decisions and provides direction (as required) to ensure delivery. The Health NZ Board will get regular updates on the progress of implementation of the Health Delivery Plan.

Senior leaders of Health NZ have been appointed to develop and implement each priority.

Health Delivery Unit

The health delivery unit is a function that reports to the chief executive and will continue to monitor progress, issues and risk, and support delivery leaders.

Staff and Union Participation

The implementation and evolution of the plan will involve active collaboration and participation of staff and their unions.



The plan

The following section overviews the objectives and milestones that will be delivered from July 2025 to June 2026.

Overview of the plan



This section outlines the Health Delivery Plan at a high level. The work which was previously divided into six workstreams is now to be referred to as seven priorities. This change in terminology reflects a clearer, more accessible way of describing the key focus areas that matter most to our communities, partners and the outcomes we aim to achieve. We have grouped the outcomes together in appropriate themes which allow focus from the delivery teams. The work will transition to business-as-usual functions by June 2026.



Priority 1


New Zealanders have improved access to health services and waitlists are reduced

The most important priority for the plan is to deliver improved healthcare for New Zealanders. We need to provide access to timely, quality healthcare to every person who uses our services, valuing their time and doing what matters to them.

This priority responds to the Minister's priorities of increasing focus on delivery of targets, reducing wait times through greater partnering with the private sector and improving access to services. Having better access to GPs and faster access to treatments will improve health outcomes. The Health Delivery Plan focuses on reorienting the organisation to achieve the Government's targets and improving New Zealanders' access to services. This is to ensure the way we work puts patients and communities at the centre of everything we do. Key outcomes and milestones are summarised below.

Outcome	End of 2025	Mid-2026
Health Target: Shorter wait times for first specialist assessment 	<p>On track to achieve 25/26 milestones for patients waiting less than four months for a first specialist assessment.</p> <p>Planned first specialist assessments are achieved for the quarter.</p>	<p>65% of patients wait less than four months for a first specialist assessment.</p>
Health Target: Shorter wait times for elective treatment 	<p>On track to achieve 25/26 milestones for patients waiting less than four months for elective treatment.</p> <p>~10,514 patients treated under elective boost.</p>	<p>70% of patients wait less than four months for elective treatment.</p> <p>Total of 21,000 patients treated under elective boost in 25/26.</p>


Outcome	End of 2025	Mid-2026
	Planned elective production levels are achieved for the quarter.	Elective production levels are achieved for the year.
Health Target: Shorter stays in emergency departments 	<p>On track to achieve the 25/26 target for patients to be admitted, discharged or transferred from an ED within six hours.</p> <p>Peer support specialist services are implemented in a total of 8 EDs.</p>	77% of patients to be admitted, discharged or transferred from an ED within six hours.
Access to primary care services is improved	<p>The new 24/7 digital health service for accessing doctors and nurse practitioners is launched with digital service appointment availability and payments integration.</p> <p>New 24/7 urgent care services in two locations established.</p> <p>30 international doctors start the primary care pathway.</p> <p>400 additional graduate nurses are employed in primary care.</p> <p>Up to 120 nurses start first round of Nurse Practitioners training.</p>	<p>95% of people are within an hour's drive of an emergency room.</p> <p>New 24/7 urgent care services in six additional locations established.</p> <p>A further cohort of international doctors and up to 50 NZ-trained medical graduates start the primary care pathway.</p> <p>Up to 120 nurses start advanced education.</p>
Health Target: Cancer treatment 	On track for 25/26 target of patients receiving cancer management within 31 days of the decision to treat.	87% of patients receive cancer management within 31 days of the decision to treat.

Outcome	End of 2025	Mid-2026
	<p>Increase of ~1,275 (14.4%) infusions during December 2025 compared with 2023/24 average monthly volume.</p> <p>At least two new infusion sites are developed.</p>	<p>Increase of ~1,350 (15.3%) infusions during March 2026 compared with 2023/24 average monthly volume.</p> <p>All Te Manawa Taki districts live on e-prescribing for oncology services.</p> <p>Development of new community sites underway in all four regions.</p>
<p>MH&A Target: Faster access to specialist and primary mental health and addiction services</p> 	<p>On track to achieve the 25/26 target of people accessing specialist MH&A services are seen within three weeks.</p> <p>On track to achieve the 25/26 target of people accessing primary mental health and addiction services through the Access and Choice programme are seen within one week.</p>	<p>75% of patients (up to 25 years) and 80% of patients (25+ years) get access to specialist MH&A services within three weeks.</p> <p>80% or an increase from baseline) of people accessing primary mental health and addiction services through the Access and Choice programme are seen within one week.</p> <p>Service planning for forensic mental health and intellectual disability services approved and finalised.</p> <p>Additional 6 new mental health and addiction crisis cafes in place across New Zealand.</p>
Deliver services that address community need	<p>IMPB monitoring framework(s) finalised and included in Community Health Plans. Information sharing dashboard(s) made available within HNZ.</p>	<p>Review and evaluation of IMPB integration into HNZ business processes, service design and planning complete and informing ongoing integration processes.</p>

Priority 2

New Zealanders health is protected and promoted

This priority area responds to the Minister's priorities of the health system focusing on ensuring the health care and services delivered in New Zealand are safe, appropriate, transparent, easy to navigate and continuously improving. While there are a wide range of initiatives across Health NZ to improve the health of New Zealanders, the Health Delivery Plan focuses on reorienting the organisation to achieve the Government's targets and improving New Zealanders' access to services. This is to ensure the way we work protects and promotes the health of New Zealanders. Key outcomes and milestones are summarised below.

Outcome	End of 2025	Mid-2026
Health Target: Improved immunisation 	On track for achieving the 25/26 target of children will be fully immunised at 24 months of age.	87% of children will be fully immunised at 24 months of age.
Increase participation in screening	BreastScreen Aotearoa age extension launched. Community Invitation Campaign Strategy in National Bowel Screening Register is implemented. Indicators for cervical screening quality monitoring are completed.	On track to achieve target number of women aged 45-69 years who have a breast cancer screen in the last two years. On track to achieve target number of bowel screening rates of adults aged 60 -74 years (two yearly screening interval). On track to achieve target number of cervical (HPV) screening rates of eligible women aged 25-69 years (five-yearly screening interval).
Reduce harmful public health behaviours	Investment plan for 2025-26 alcohol levy revenue approved (with Public Health Agency). Refreshed Smokefree 2025 compliance activities and training materials completed.	Delivery of Investment plan for 2025-26 alcohol levy revenue.

Priority 3

Quality and safety in the centre of what we do

Ensuring quality healthcare and the safety of patients must drive what we do every day. We will ensure there is a clinical perspective at all levels of decision making, which requires new and enhanced partnership between administrative and clinical leaders. Robust systems will be put in place to ensure we understand the risks to delivery of health services and act to reduce those risks and improve service delivery. These outcomes and milestones respond to the findings from the Clinical Quality and Safety Review.

Outcome	End of 2025	Mid-2026
Ensure there is clinical leadership at all levels	<p>Membership for all roles in the New Zealand Clinical Senate (NZCS) is in place and the first NZCS report is commissioned.</p> <p>First Clinical Senate report is received and reviewed.</p> <p>Clinical Advisory Board provides the first set of strategic recommendations to HNZ leadership.</p> <p>Confidence of clinical leadership is maintained through effective communication, process understanding, and visible delivery of recommendations.</p> <p>Prioritised National and Regional Clinical Networks are fully operational with established governance frameworks.</p>	<p>Clinical Senate work is embedded and interacting at board level.</p> <p>Final Clinical Senate report for the year is published.</p> <p>Clinical Advisory Board annual impact assessment is completed demonstrating influence on strategic decision-making and service improvements.</p> <p>Agreed clinical networks are fully embedded at National and Regional levels and are driving improvements in clinical outcomes.</p> <p>Consistent reporting and performance measurement framework for all networks is embedded and operational.</p>

Outcome	End of 2025	Mid-2026
Embed systems to ensure the quality and safety of all health services	<p>HNZ Clinical Governance Framework is developed in collaboration with regional leads and HQSC, implemented to ensure consistent, robust systems and processes are in place.</p> <p>National consistency in clinical risk assessment and escalation pathways implemented.</p> <p>Regional work priorities, consumer engagement and whānau voice, and consumer councils are aligned.</p> <p>Periodic reporting cycles for recorded risk are established and tracking of emerging risks and early-stage escalation patterns is commenced.</p>	<p>Annual review of Clinical Governance Framework effectiveness is completed with recommendations for improvement identified.</p> <p>Clinical risk assessment and escalation pathways demonstrate measurable consistency across local, regional and national levels.</p> <p>Best practices for ongoing assessment and proactive risk mitigation are implemented.</p> <p>Robust reporting protocol that includes deep dives into critical areas is introduced.</p> <p>Best practices for ongoing assessment and proactive risk mitigation are implemented.</p>

Priority 4

Stay within budget and improve value for money

We are reducing our monthly budget deficits and will become financially sustainable. We are on track to reduce our deficit to \$200 million in June 2026 and break even by June 2027.

Our monthly deficit has been reduced from \$163 million in July 2024 to \$25 million in May 2025. We are materially improving our financing planning and controls by linking service plans to budgets. Budgets will be in place at a regional and local level in 2025/26, to enable decision-making as close as possible to communities while also keeping accountability for results.

The organisation needs to keep finding every opportunity for savings (including through collaboration with Pharmac) and, at the same time, protect our front-line workforce and improve health service delivery. Planning will be focused on performance, with production plans in place for all core services. Key outcomes and milestones are summarised below.

Outcome	End of 2025	Mid-2026
Ensure that budget is tracking to plan	<p>25/26 quarterly actuals in line with budget, financial sustainability plan, third party revenue plan, and production plan.</p> <p>Strategic procurement programme is on track with planned savings and sourcing initiatives.</p>	<p>25/26 actuals in line with budget, financial sustainability plan, third party revenue plan, and production plan.</p> <p>Strategic procurement programme is on track with planned savings and sourcing initiatives.</p> <p>26/27 budget and production plan confirmed following delivery of Budget 2026.</p>
Improve productivity performance	<p>Productivity measures reporting established.</p> <p>Costing and efficiency measures for 24/25 produced.</p>	<p>Sustainable cost structure in place leading into 26/27.</p> <p>Productivity improvement plan developed and agreed with targets set for 26/27.</p>
Ensure that budget accountability and financial controls are in place	<p>Actions from the review are on track.</p>	<p>Actions from the review are on track.</p> <p>Detailed plans are in place for longer term and other</p>

Outcome	End of 2025	Mid-2026
	Financial capability & maturity plan is developed and approved.	actions from the review. Financial capability & maturity plan is on track.

Priority 5

Enable our people by strengthening the organisation, leadership and culture

New Zealanders and the Government have high expectations of Health NZ. To support these expectations, we have moved to a model where services are locally led and delivered, regionally supported and nationally enabled.

We have devolved accountabilities and budgets to regions to empower local healthcare service delivery, led by people who are clear on what is expected of them, and can lead their people and deliver the health services New Zealanders expect. We are putting in place an effective system of performance management and decision making, from the front-line through to governance levels. This is a major shift and a fundamental requirement for an organisation of the scale of Health NZ and the complexity of our operations.

Central to all of this is making sure we are supporting our people to deliver their best and give them a working environment in which they can thrive. We also need to ensure the health, safety and wellbeing of all our people. This priority includes addressing gaps identified through the recent health, safety and wellbeing review. Key outcomes and milestones are summarised below.

Outcome	End of 2025	Mid-2026
Embed and stabilise the organisation model of locally delivered, regionally coordinated and nationally enabled	<p>New national enabling structure following organisation changes embedded.</p> <p>Enablers of national functions embedded within regions.</p> <p>Performance Expectations are in place to level 5 roles and further roll-out plan developed (via Key Performance Objectives).</p>	<p>Programme review of organisation changes and the benefits delivered.</p> <p>Implementation of organisation changes is complete.</p> <p>Performance Expectations are in place for additional roles (via key performance objectives).</p>

Outcome	End of 2025	Mid-2026
The regions and districts are established and fully functional	<p>Delegations are embedded and national enabling functions are operating.</p> <p>Committees are functioning effectively.</p>	<p>National enabling functions are embedded.</p> <p>Review of how the model is operating.</p>
Embed an enabling organisation culture and an engaged workforce	<p>First round of senior leaders' development and the operational leadership programme complete.</p> <p>Enterprise-wide organisational culture programme defined.</p>	<p>All senior leadership and operational leaders have been on leadership development.</p> <p>Enterprise-wide organisational culture programme underway.</p>
Improve our health, safety and wellbeing	<p>Health, safety and wellbeing improvements are being delivered as planned in the HSW Work Programme.</p> <p>The HSW performance framework is operational.</p>	<p>All health, safety and wellbeing improvements in the HSW Horizon 1 Work Programme complete.</p> <p>Stocktake of the HSW performance framework and its impact on the overall safety culture is complete.</p>
<p>Fully establish governance</p> <p>Fully establish Health NZ ELT and Committees</p>	<p>Board is fully established.</p> <p>Permanent ELT with committees established.</p>	<p>Board has fully transitioned into standard way of working.</p>
Establish an integrated performance management system across Health NZ	<p>Review of performance framework to ensure measures used are sufficiently integrated combining health targets, operational, health, safety, HR and financial performance.</p> <p>National, regional and district capability assessment completed with initial intervention framework for districts and regions.</p>	<p>Design of new performance management system.</p> <p>National, regional and district performance model agreed.</p> <p>Performance function operating model go-live from 1 July 2026.</p>

Priority 6

Modernise the infrastructure we use to deliver health services

Every decision taken to invest in new hospitals, digital services and other infrastructure will need to improve services and be good value for money. The Minister's priority is to ensure the health system has the digital and physical infrastructure it needs to meet people's needs now and into the future. Fundamental to this is Health NZ proceeding with a strong focus on the delivery of all infrastructure projects previously prioritised or approved.

A clear infrastructure roadmap has been launched and engagement with the market is underway to ensure we have the capacity and relationships to deliver modern hospital infrastructure that communities expect with the funding we are provided. Major hospital redevelopments, construction and remediation projects have been announced, with work underway to improve infrastructure and increase capacity at sites across the country.

A Digital Investment Plan is being developed, which will set out a ten-year roadmap for our ability to meet growing demand, overcome capacity shortages and provide better and more efficient health services. Digital services will play a pivotal role in this evolution by helping to reduce administrative burden on clinicians, avoid unnecessary admissions, shorten lengths of stay, and improve transitions between care settings. Key outcomes and milestones are summarised below.

Outcome	End of 2025	Mid-2026
Deliver health infrastructure investments in line with the Health Infrastructure Plan (HIP) Implementation Plan	<p>Delivery of health infrastructure according to the HIP Implementation Plan for 25/26.</p> <p>Provide input to the Budget process informed by infrastructure plans for 26/27-29/30.</p>	<p>Revise/refresh HIP Implementation Plan for 26/27 in line with local needs and service plans.</p> <p>Specific major health infrastructure projects underway: Dunedin, Whangarei, Nelson, Tauranga, Hastings, Palmerston North, Wellington achieving planned milestones.</p>
Deliver digital infrastructure investments in line with the Digital Investment Plan (DIP) Implementation Plan	<p>Complete DIP 25/26 Implementation Plan.</p> <p>Delivery of national programmes in line with agreed plans including National Data Platform, My Health Record, FPIM, HSAAP, Radiology and Payroll Transformation.</p>	<p>Revise/refresh DIP Implementation Plan for 26/27 in line with local needs & service plans.</p> <p>Delivery of national programmes in line with agreed plans.</p>

Priority 7

Develop new ways to deliver healthcare sustainably

The demand for health services grows significantly every year with increased complexity of treatment of a growing and ageing population. The cost of health services and the availability of new treatments also continues to grow. The way we provide healthcare must change significantly if we are to have a sustainable health system in New Zealand in the future.

Health NZ is starting to deliver new ways of operating, including the initiatives that underpin the delivery of targets. But we need to do a lot more work. There are a wide range of opportunities here and seen in other countries – including prevention, new treatments and increasing use of digital technologies. We need to think about the home and community as the centre of healthcare delivery for suitable treatments and care, rather than hospitals always being the default setting. We need to accelerate this work now, along with other health agencies, clinicians, healthcare providers and communities, to integrate current and emerging thinking on new ways to deliver services. This is essential to enable longer term planning. Key outcomes and milestones are summarised below.

Outcome	End of 2025	Mid-2026
Medium-to longer-term plans are aligned to meet local service delivery needs	Complete alignment of service, workforce, digital and infrastructure plans meeting local healthcare service delivery needs.	The aligned plans provide the basis for longer term business and service planning.
Deliver the case for change for sustainable healthcare	<p>Agreed view of the future model for delivery of sustainable healthcare including new care models.</p> <p>A Roadmap for long-term implementation of sustainable healthcare developed.</p>	Strategic case for long-term sustainable healthcare.
Improve and increase levels of innovation (including AI)	<p>An approach to healthcare innovation using global best practice developed.</p> <p>A high-level AI Strategy and Roadmap are agreed.</p>	Establishment of a centre for innovation as part of a global innovation healthcare network.

Appendix

Mapping Workstreams to Priority Areas

The original six workstreams have been integrated into seven priority areas to reflect a clearer, more accessible way of describing the key areas that matter most to our communities, partners and the outcomes we aim to achieve.

