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404: Funding Not Found

Inside the Cuts to Data and Digital at Health New Zealand

A joint report by Te Pūkenga Here Tikanga Mahi | Public Service Association (**PSA**) and Toi Mata Hauora | Association of Salaried Medical Specialists (**ASMS**)

ISBN: 978-0-908798-24-7

404: Funding Not Found – Inside the Cuts to Data and Digital at Health New Zealand

Published November 2026

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Foreword

New Zealand's public health system is in crisis. But this is not only a story of rising demand or financial pressure. It is a story of political choices: choices to cut essential services, ignore warnings and undermine the very capabilities our health system depends on.

Since the 2023 election, the Government has imposed wave after wave of damaging restructures on Health New Zealand. Thousands of health workers have lost their jobs, including the data and digital specialists who keep our hospitals running, and who are the focus of this report.

When hospital IT systems fail, clinicians cannot access the information they need. When privacy systems are weakened, sensitive patient information is put at risk. When specialist staff are cut, critical systems become harder to maintain, problems take longer to fix, and hospitals become more vulnerable to disruption. These are not abstract risks; they represent the current day-to-day reality of our health system after the Government's brutal cuts to the data and digital workforce, and they have real consequences for patients and the people who care for them.

This could have all been avoided. The Government was warned. Health New Zealand's own documents acknowledged that the proposed data and digital cuts would increase clinical and operational risks and materially affect patient care. Officials warned that critical services would become harder to maintain, with smaller regional and rural hospitals particularly exposed. Yet the cuts went ahead.

The original proposal would have eliminated almost half of the IT, data and digital specialist workforce. The PSA challenged these proposals because we knew they threatened patient safety, undermined health workers and put essential services at risk. We also asked the Privacy Commissioner to investigate the implications for hospital privacy systems.

This report lays bare what happens when the people and capabilities that sustain our public health system are treated as costs to be cut rather than an essential part of care. It exposes the dangerous consequences of decisions made despite clear warnings from those who understand the system and the risks.

The pattern is clear: cut capability, ignore expertise, and weaken the system, leaving health workers and patients to bear the consequences.

We should be strengthening our public health system to meet the needs of a growing and ageing population. Instead, the Government is stripping away the expertise and technical capacity that make safe, effective healthcare possible.

A public health system cannot deliver for patients if the people and infrastructure it depends on are undermined. Digital and data specialists are essential to that system, and the consequences of losing them are felt throughout our hospitals and communities.

We cannot accept this deliberate weakening of our public health system. The Government must be held accountable for its choices, and the capabilities essential to safe, accessible and equitable healthcare must be protected.

Sarah Dalton, Executive Director, Association of Salaried Medical Specialists, Toi Mata Hauora

Fleur Fitzsimons, National Secretary, Public Service Association Te Pūkenga Here Tikanga Mahi

Duane Leo, National Secretary, Public Service Association Te Pūkenga Here Tikanga Mahi

Executive Summary

In 2025, 39% of data and digital roles – nearly 1,000 positions – were wiped from our health system.[1] These changes were made to save money, with the full knowledge of the Minister of Health. This joint Te Pūkenga Here Tikanga Mahi | Public Service Association (PSA) and Toi Mata Hauora | Association of Salaried Medical Specialists (ASMS) report draws on the voices of those working at the coalface of our health system to demonstrate the harm of that decision.

Health workers at Health New Zealand | Te Whatu Ora (HNZ) reported widespread and worsening problems with IT systems:

- 74% of senior doctors and dentists reported that they had experienced difficulties accessing or updating patient notes or history in the last three months.
- 63% of senior doctors and dentists reported that they had experienced difficulties sending, receiving, or reviewing lab tests, imaging scans or blood tests in the last three months.
- 64% of PSA members working in HNZ reported that they had experienced more problems with IT systems than they did a year ago.
- Data and digital workers reported that IT system outages were increasing as a direct result of the cuts.
- Workers from across the health system gave examples of the impact on patients of these outages caused by cuts, including:
    - cancelled surgeries because clinicians could not access images
    - being unable to see or record child protection notices
    - a maternity ward where the system to record information for patients did not work for days.

Health workers also reported that they were facing increasing delays to access IT support:

- 71% of senior doctors and dentists reported difficulty obtaining IT support in the previous three months.
- The restructure had cut the number of frontline IT roles from at least 166 to 119 and then this number had been further reduced by hiring restrictions.
- In March 2026, the average time to resolve a problem had tripled from just over a week to over three weeks. There was at one point a backlog of more than 4,000 unresolved tickets.
- Workers from across the health system gave examples of the impact on patients of being unable to access care, including:

[1] Health New Zealand | Te Whatu Ora, 'Digital Services: Decision Document', 30 April 2025.

- a doctor who specialised in lung disease spending 8 hours trying to fix their computer rather than seeing patients
- community oral health workers reporting that they were unable to see children in pain because problems that used to take 20 minutes to fix now took 2 hours
- a service for families with cancer risk not being able to see patients because they could not access IT systems.

Workers, their unions and the Clinical and Quality and Safety Committee all warned HNZ that the cuts to data and digital would hurt patients. This report has outlined the pain, delays and risks to patients caused by outages and lack of IT support. The harms described in this report are the result of choices made by the Government.

Introduction

In 2025, nearly 1,000 data and digital specialist roles were wiped from our health system.[2] These changes were made to save money, with the full knowledge of the Minister of Health. This created the conditions for significant patient harm and critically undermined the process of integrating IT systems from individual districts into a single national system. This report draws on the voices of those working at the coalface of our health system to demonstrate the harm of that decision.

Over the past year, IT outages at HNZ have regularly hit the news. In January 2026, a major outage affecting hospitals across Auckland and Northland lasted more than 12 hours. Clinicians were forced to rely on paper-based processes and whiteboards, slowing clinical decision-making, and creating significant disruption in hospital services.[3] A month later, a second major outage affected the Picture Archiving and Communication System (PACS) used to store and access X-rays, CT scans and MRI scans. The failure disrupted care across Auckland and Northland.[4] In March 2026, a payroll system failure left around 4,000 Waikato health workers unpaid, affecting roughly half the region's health workforce. PSA members reported immediate financial hardship, while the incident highlighted the dependence of modern health services on reliable digital systems beyond direct patient care.[5] More recently, a major outage across Waikato hospitals forced staff to revert to pen-and-paper processes for extended periods.[6]

Modern health systems are critically dependent on digital infrastructure. Clinical care, diagnostic imaging, laboratory results, patient records, referrals, workforce management and payroll all rely on complex IT systems operating continuously and securely. When these systems fail, the effects are not confined to administrative inconvenience. They can delay diagnosis and treatment, impede communication between clinicians, increase the likelihood of error, and force already stretched staff to revert to manual workarounds that consume valuable clinical time.

For decades, New Zealand's health services have been weakened by fragmented digital systems as each DHB developed its own systems. Building a single, strong digital system was one of the key shifts in the formation HNZ.[7] In 2023, HNZ restructured 20 DHB IT teams into a single Data and Digital Directorate, slightly increasing the net number of

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[2] Health New Zealand | Te Whatu Ora, 'Digital Services: Decision Document', 30 April 2025.
[3] 'Massive 12-hour IT outage at North Island hospitals', *RNZ*, 29 January 2026, Massive 12-hour IT outage at North Island hospitals | RNZ
[4] 'Health NZ confirms second IT outage in less than a month', ` *1News*, 26 February 2026, Health NZ confirms second IT outage in less than a month
[5] 'About 5500 Waikato Health New Zealand staff not paid overnight due to glitch, *RNZ*, 5 March 2026, About 5500 Waikato Health New Zealand staff not paid overnight due to glitch | RNZ
[6] 'Connectivity failure behind Waikato Hospital IT outage', *RNZ*, 23 March 2026, Connectivity failure behind Waikato Hospital IT outage | RNZ
[7] Te Whatu Ora | Health New Zealand and Te Aka Whai Ora | Māori Health Authority, 'Te Pae Tata | Interim New Zealand Health Plan', October 2022.

roles.[8] By the end of 2023, this restructure was complete and the Data and Digital Directorate was ready to address the significant challenges of tackling technical debt and consolidating 20 IT systems into one. Instead, from June 2024 HNZ's IT functions faced savage cuts that resulted in increased outages and harm to patients.

This report shows that outages that make the news are only a fraction of IT outages health workers have to deal with every week and that these outages have increased because of deliberate decisions by HNZ and the Minister to cut the data and digital workforce.

[8] Te Whatu Ora | Health New Zealand 'Decision Document: Data and Digital', 24 August 2023

A Timeline of Harm

The following table sets out the timeline of events and decisions that led to today's dire situation:

Date	Description	Reference
June 2024	HNZ announces hiring restrictions in response to deteriorating financial projections. If a worker leaves data and digital, then Chief Executive approval is needed before their role can be advertised. Most of those roles are left vacant.	Health New Zealand | Te Whatu Ora, 'Recruitment Process Guidance', 13 June 2024, Obtained under the OIA, HNZ00200949; Health New Zealand| Te Whatu Ora, HR Memo: Recruitment Approval Process, January 2025, Obtained under the OIA HNZ00200949.
July 2024	Health Minister Shane Reti appoints Professor Lester Levy as Commissioner at HNZ. When asked if the health system is underfunded he replies, 'I can say quite definitely that there's an opportunity to get more out of the resources we have'.	Hon Dr Shane Reti 'Commissioner Replaces Health NZ Board', Press Release, 22 July 2024, Commissioner replaces Health NZ Board | Beehive.govt.nz; 'Improved efficiencies to turn Health New Zealand's deficit around – Commissioner', *Radio New Zealand*, 9 October 2024, Improved efficiencies needed to turn Health New Zealand's deficit around - Commissioner | RNZ
September 2024	HNZ Executive Leadership Team approves a paper outlining significant cuts to the budget of data and digital: 'the D&D service will shortly be entering in a very significant period of change (i.e. major reduction in resourcing, while endeavouring to support the full IT ecosystem), with reduced capacity to manage change safely and to restore systems quickly in the event of unexpected/unintended issue.'	George Smith, Director Business Services, Paper to Executive Leadership Team Health New Zealand, 'Health NZ Reset: Changes to D&D Services & Service Levels', 9 September 2024, Obtained under the OIA HNZ00201366
November 2024	HNZ begins consultation in second restructuring of Data and Digital Directorate (now called Digital Services). The consultation document states, 'There is a need and focus on significantly reducing costs in enabling areas (including D&D)'. The proposed Digital Services budget for 2024/2025 is $113 million less than the previous year'	Health New Zealand | Te Whatu Ora, 'Digital Services: Consultation Document' 21 November 2024.

February 2025	PSA files legal proceedings in the Employment Relations Authority because proposed restructures breach the Code of Good Faith for the public health sector, the Employment Relations Act 2000, collective agreements and Te Mauri o Rongo - NZ Health Charter.	
March 2025	HNZ's Clinical Quality and Safety Committee completes an assessment of the impact of the proposed restructure in Digital Services on clinical services. The assessment states, 'Without targeted mitigation, the proposed changes would increase overall clinical and operational risks, which will materially impact patient care and operational resilience'.	Clinical Quality and Safety Committee Health New Zealand | Te Whatu Ora, 'End User impact of Digital Change – Consequences', 30 April 2025, acquired under the OIA (HNZ00200628)
April 2025	The Minister receives a briefing on the impact of HNZ's data and digital proposals advising him of the intention to cut almost 40% of roles in the directorate.	Fiona McCarthy, 'Health NZ Change – Impact of Data and Digital Proposals' Aide-Memoire for Hon Simeon Brown, 10 April 2025, HNZ00082627, HNZ00082627-Aide-Memoire-Health-NZ-Change-Impact-of-Data-and-Digital-Proposals.pdf
April 2025	HNZ releases decisions on a second restructure of Digital Services. 945 roles will be disestablished. Many of these roles are vacant, due to the ongoing hiring restrictions. Transition is scheduled to last for the rest of the year.	Health New Zealand | Te Whatu Ora, 'Digital Services: Decision Document', 30 April 2025.
May-December 2025	Restructuring drags on. Much of the work that needs to happen has to be put on pause while the restructuring takes place.	Survey of Data and Digital PSA members
February 2026	IT support moves from district and local to regional levels. Service desk analysts from one district often cannot access IT systems from other districts and regions. Health workers who have IT problems have to wait much longer to get their problem resolved.	Interviews with Service Desk Analysts.

Cuts to Data and Digital are Harming Patients

Health workers are experiencing the consequences of the 2024/2025 cuts every day. It was always foolish to think a 39% reduction in data and digital staffing could happen without impacting end users. To do so at the same time as 20 separate IT systems were being merged into one is beyond foolish, it is clinical negligence.

Health workers are reporting increased problems with IT systems and difficulty getting help. PSA and ASMS have both surveyed union members about the problems that health workers are struggling with.

Using survey data from PSA and ASMS members who work at HNZ, and interviews with individual members, the following two sections of the report outline the increased outages in IT systems at HNZ, and the delays health workers are facing in getting IT support. Both have a direct impact on patient care.

Increased Outages to Essential Systems Put Patients at Risk

Responding to a survey from their union ASMS, senior doctors and dentists, reported significant problems with IT systems. 74% of senior medical officers responding to the survey reported that IT problems had affected their ability to access or update patient notes or histories in the previous three months (July – September 2026). Just 5% of senior doctors had not experienced any IT problems during this period.

Similarly, when surveyed earlier this year (March 2026), 77% of health workers responding to a PSA survey strongly agreed or agreed that problems with IT systems have an impact on patient care.

These widespread problems are clearly getting worse. 64% of health workers responding to the PSA survey reported having more problems with IT systems than they did in the previous year.

Responding to the survey, specialists from HNZ's Digital Services directorate were very clear that the second restructure and cutting of almost 1,000 roles were the reason that outages were increasing. The pre-existing problem of old IT infrastructure had been made much worse by the significantly reduced workforce. A Digital Services worker described the impact of these cuts:

> We are literally fighting to keep old infrastructure up and running, which contains critical patient care applications. Everything is digital now, but staff have been wiped out, and vacancies are not being adequately filled.

Digital Services specialists who knew the systems well learned how to prevent outages and undertake preventative measures. The loss of those specialists led to an increased

number of outages. A Digital Services worker who remained with HNZ explained that the loss of those specialists led to an increased number of outages:

> Small pieces of maintenance that used to quietly be done on a lot of our servers and applications are no longer being done, and we're seeing an increase in outages popping up over things that could/should have been avoidable. The loss of [institutional knowledge] from people that have been living and breathing their jobs for years to the point that they didn't even think to hand over certain things because to them it was as obvious as breathing.
>
> Also, the number of outages happening after implementing changes we've done dozens of times before because we're having to re-learn the same lessons that people learned years ago, like the exact order to bring servers back online after completing patching, or to make sure services were enabled and disabled on the right servers at the right times to avoid disruptions.

As well as leading to more outages, the reduction in workforce also led to increased time to resolve outages. Many specialists who had expertise in particular systems and could fix problems quickly were no longer working for HNZ. Current Digital Services specialists reported that it was taking much longer to resolve outages, because of the knowledge that had been discarded in the restructure:

> Often only one person knew about a specific IT system. When they left the org, that knowledge went with them. This has caused delays in issue/outage resolution and inability to provide adequate support.

Outages in IT systems mean that clinicians do not have access to the information that they need when caring for patients. A lack of information causes delays in people being seen and increases clinical risk.

In a maternity ward, a clinician described a system where they recorded information about patients being down for days:

> We have been without our main patient care system for multiple days and when we called IT we were told there is no one on call for that system and we will have to wait for them to return from leave. This is a health and safety nightmare. We have been unable to correctly handover patient information on multiple occasions due to these crashes.

Both mothers and babies are at risk when health care workers do not have access to information about their conditions and care.

A doctor who specialises in obstetrics and gynaecology, described the difficulties they were having with a widely used IT system:

> We use Health Connect South [HCS], which is great when it works. Currently for some reason my HCS is not allowing me to see my outstanding results, which is unsafe.

Patients are at significant risk if their doctor cannot access their results. This leads to cancelled theatre lists and outpatient clinics, and delays in diagnostics, treatment plans and management of health conditions. It also affects productivity, patient flow, workload, and increases administration.

An anaesthetist who worked in Waikato described the consequences of not being able to access IT systems:

> Cancelled surgeries in theatre because could not access any patient imaging or labs.

Patients have had their surgeries cancelled because the clinicians caring for them could not access essential information like CT scans and laboratory results due to outages in IT systems. This has a direct impact on people's wellbeing and quality of life, in addition to the significant arrangements made for time off work, transport, caring duties and other responsibilities.

Across the country, health workers who care for children mentioned that they had been unable to undertake basic child protection tasks. This included contacting Oranga Tamariki or the Police, viewing pre-existing child protection alerts about children who are patients, and recording that a child is at risk in a way that can be seen by other health services, as explained by a health worker:

> We are unable to load notes about clients which can cause risky situations if the client is at risk as it cannot be passed onto other departments such as the emergency department and the emergency mental health team.

These examples show how essential functioning IT systems are across the health system. IT systems must be sufficiently resourced and any cuts come at a high price.

Fighting the Cuts

Workers and their unions knew cutting almost a thousand Digital Services roles would harm patients. ASMS predicted the problems that are outlined in this report in their submission to HNZ about the change process:

With fewer data and digital staff to troubleshoot, maintain, and restore essential hospital systems, digital infrastructure would rapidly become dysfunctional and unsafe. Outages would last longer, severely impacting on clinical services, administrative functions, and operational efficiency.

The PSA submission was very clear that members knew what the impact of the proposed cuts would be:

Our members are knowledgeable about their work and how it relates to and supports the ability of Te Whatu Ora | Health NZ to provide health services – so they are able to explain to the decision makers what will result from a reduction of 47% of funded FTE. Patients will die.

Health workers and their unions fought hard against the cuts to Digital Services, because they knew that these cuts would hurt the health system.

As well as submitting to the change proposal, unions challenged the proposal legally. The PSA filed legal proceedings in the Employment Relations Authority aimed at stopping rushed and damaging cuts to data and digital. The union maintained that reducing the data and digital workforce by almost half would undermine the reliability of systems clinicians rely on every day, jeopardising patient care and breaching HNZ's obligations. The litigation served a purpose and resulted in settlements that saved jobs but was ultimately unsuccessful.

The PSA also asked the Privacy Commissioner to investigate the privacy risks of the proposed cuts. The PSA warned that the loss of specialist staff would weaken cyber security, increase the likelihood of system outages, and compromise HNZ's ability to meet its obligations under the Privacy Act and Health Information Privacy Code. The Privacy Commissioner did not take up this opportunity.

These legal challenges show that workers and their unions knew that cutting almost a thousand data and digital roles would harm patients and used every lever to try and stop the changes.

A Lack of IT Support Delays Patient Care

As well as facing increased outages, survey respondents reported that they were struggling to access the IT support they needed. 57% of those responding to the PSA survey disagree or strongly disagree that they receive timely responses from IT help requests. Just 22.5% agreed that they were able to get timely responses.

71% of senior medical officers reported difficulty obtaining IT support in the previous three months. The ASMS survey was completed six months after the PSA survey, which suggests problems have not been resolved and may in fact be getting worse.

Clinicians reported that they were spending time trying to get IT issues resolved and that time could not be spent with patients. The following examples show the frustration, pain, delays, and risks to patients of inadequately funding IT support.

Service desk analysts are the first line of IT support, and dozens of service desk analysts were eliminated in the 2024/2025 Digital Services restructure. Before the restructure there were at least 166 service desk analysts, senior service desk analysts, team leads and other similar roles.[9] The restructure proposed a reduction to 119 roles to serve a workforce of 99,000.[10] Since then that number has been further reduced as service desk analysts who left their roles were not replaced due to hiring restrictions at HNZ.[11]

In February 2026, HNZ moved from local district-based IT support to regional-based IT support. Until that point, IT support continued to be delivered on a district basis, as it had been before the merger. Service desk analysts were therefore familiar with, and had access to, local district systems. The change to regional support was made before regional teams had knowledge and access to local district systems. Rather than helping directly, service desk analysts who were in a different district from the caller had to raise tickets for local workers to resolve.

After the transition to regional support, the time it took IT support to resolve a health workers' issues increased significantly. Before the transition there were 1,000 tickets that had been open longer than a week, by 23 February there were over 2,000.[12] That number eventually grew to over 4,000.[13]

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[9] Health New Zealand | Te Whatu Ora, 'Digital Services: Decision Document. Appendix 3: Positions significantly affected – disestablished', 30 April 2025.
[10] Health New Zealand | Te Whatu Ora, 'Health New Zealand Employed Workforce Quarterly Report', 20 July 2026, healthnz-employed-workforce-quarterly-report-q3-2025-26-updated.pdf; Health New Zealand | Te Whatu Ora, 'Digital Services: Decision Document', 30 April 2025.
[11] PSA, 'Vacant by design: How underfunding in health left critical roles unfilled and patients worse off', 2026, Report: Vacant by Design
[12] Health New Zealand advised: 'The data provided is used for internal business purposes. It has not undergone the same validation process that we use for published data.' Sasha Wood to Grace Millar, 'Your request for official information, reference HNZ00201932', 22 April 2026.
[13] Health New Zealand advised: 'Please note that the data in this response is provisional and used for operational purposes. It has not been through the full quality assurance process that we use before

Before the change, the average time to resolve a problem was just over a week, by 16 March that had tripled to over three weeks:

HNZ intended to resolve the problem of IT workers from one district not being able to access systems from another district by using a tool that would allow workers to complete basic support requests for staff anywhere in the country. But this has not happened, as a Digital Services worker explains:

> As of mid-October 2026, this capability has not yet been rolled out to the Service Desk, and the few staff that have access to it have said that it does not consistently work nor are there readily available and accurate knowledge base articles to instruct them on the steps required to action something that should be resolved with one phone call, like a password reset. In some cases, password resets and account unlock requests are being sent to local district teams (where available) and not being addressed for upwards of 7 days, impacting clinicians' abilities to complete any work on their shift and possibly the following shifts for something that really should have been a quick and easy fix.

Moving to regional IT support before setting up regional systems, and significantly cutting IT specialist roles, have led to the problems accessing IT support health workers described. Clinicians are spending time trying to resolve IT issues when they could be seeing patients. The following examples show the impact of decisions to cut IT support on patient care.

A clinician in a prevention service for families with higher risk of cancer reported they were spending less time with patients because of the demands of IT services:

> Can't access systems to see patient details. Wasting hours of my day due to IT issues that limit me to do my job and spending hours on the phone with IT to get the issues resolved which could be used for patient care.

An emergency medicine doctor in Rotorua described the frustration of not receiving the support they needed when IT systems went down in a busy ED:

> Having IT support "centralized" is completely useless. We talk to someone in Auckland who makes a ticket and then we still can't use the tech needed while working in the ED in Rotorua. This is a terrible idea and harms patients, and lengthens patient stays and door-to-doc time.

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publishing data and is therefore subject to change.' Sasha Wood to Grace Millar, 'Your request for official information, reference HNZ00209232'13 October 2026. Appendix One HNZ00209232.xlsx, obtained under the OIA.

A community oral health worker described how much time it was taking to get issues resolved in their service:

> What used to take us a 20-minute wait time that could be fixed on the phone straight away now can take us 2 hours without our computer system. That means 2 clinical hours lost. This happens constantly. Mondays and Tuesdays are the worst.

This means that children in pain are not receiving the dental care that they need, because of delays fixing IT problems.

A doctor who specialises in lung disease reported spending large amounts of time waiting for IT assistance meaning they had not been able to see patients:

> I lost 8 hours clinical time sitting on phone/sitting at broken computer with different IT people trying to fix problems.

HNZ cannot afford to have senior medical specialists spending 8 hours trying to resolve IT issues, rather than providing medical care to people and whānau.

Conclusion: Ministerial Decisions Have Harmed Patients

In June 2024 HNZ faced a budget crisis. The Minister and leaders at HNZ claimed that HNZ was adequately funded and promised that the crisis could be solved by making efficiencies. Data and Digital (now called Digital Services) faced a budget cut of over $100 million and the loss of almost 1,000 roles.

HNZ was warned of the damage these changes would do, by workers, their unions, and by their own Clinical and Quality and Safety Committee. These warnings were accurate. The supposed efficiencies turned out to be fantasies – cuts to data and digital are having an ongoing impact across the health system and, in fact, making it far less efficient. A Digital Services specialist summarised the absurdity of cutting service desk workers and making doctors do the work instead:

> We are moving problems from IT staff to clinical staff. Instead of a $40 an hour Service Desk person being able to resolve an issue for a doctor in 15 minutes. That doctor at a few hundred an hour is now struggling to get through to [the] Service Desk and is waiting days or weeks or MONTHS for resolution. This is not saving money, this is costing more money.

A psychiatrist described the same frustration:

> Most days (truly - that's not exaggeration) include problems accessing or using the apps I have to use to do my job. Health NZ deliberately cut its “back office” teams including IT. So frustrating. So short-sighted. It's me that picks up the slack.

The cuts to Digital Services have hurt patients. This report has outlined the pain, delays and risks to patients caused by outages and lack of IT support. The harms described in this report are the result of choices made by the Government. The next health Minister must make different choices.

Acknowledgements

This report is the collective voices of over 2,000 health workers Digital Services workers have continued to try and ensure health care can continue, despite uncertainty and being stripped of resources. Other health workers have been delivering care the best they can despite the problems they face with IT systems. This report acknowledges those who are working within the health system, and those whose work are needed in the health system but whose roles have been disestablished.

Grace Millar is the report's lead author. Harriet Wild, James Roberts and Shannon Walsh contributed research, writing and editorial development. Dan Phillips designed the report. The artwork is by Stevie Hallet.

Appendix: Methodology

This report is based on information provided through OIAs, surveys of PSA and ASMS members who work at HNZ, and interviews with individual members.

The PSA survey was run between Wednesday 11 March 2026 and Friday 27 March 2026, and was sent to 26,000 members. The survey was completed by 1,804 healthcare workers at a 6.7% response rate. The survey has a margin of error, at a 95% confidence level, of ± 2.23 percentage points.

The survey was sent to PSA members who work across HNZ, including in the following roles:

- Mental health nursing, including registered nurses and support workers, in both inpatient and community settings, including addictions, forensic services and dual-diagnosis services for people with learning disabilities.
- Allied and scientific health professions – including kaimahi hauora Māori, dietitians, medical laboratory workers, scientists, physiotherapists, occupational therapists, social workers, health protection officers, phlebotomists, dental therapists, pharmacists and pharmacy technicians, health promoters, audiologists, podiatrists, counsellors, and psychotherapists.
- Technical professions – including anaesthetic technicians, sterile sciences technicians, medical radiation therapists, ICU technicians, clinical physiologists, hyperbaric technicians, orthotists, medical photographers, vision hearing technicians, and clinical engineers.
- Public health nursing.
- Home support and disability support workers.
- Administrative including medical secretaries, surgical bookers and schedulers, clinical transcriptionists, ward clerks, payroll and finance, and team administrators.
- Other professions such as IT specialists, advisors and analysts and managers.

The Toi Mata Hauora survey was run between 30 September and 14 October 2026 and was sent to 6,120 senior doctors and dentists working for HNZ. The survey was completed by 803 senior doctors and dentists at a 13.1% response rate. The survey has a margin of error, at a 95% confidence level of ± 3.5 percentage points.