Health Digital Investment Plan (HDIP)

October 2025

Health New Zealand
Te Whatu Ora

Introduction

Our health system needs to improve health outcomes by delivering timely access to quality care. Investment in digital infrastructure is critical to enabling Health NZ to deliver better outcomes to all New Zealanders. Innovative and new technologies offer the potential to not only improve, but to transform, health service delivery.

The health system is under pressure from a growing, ageing and more diverse population; global demand for clinical workforce; and ageing or inadequate physical facilities. There are also persistent differences in health outcomes for New Zealanders based on who they are, their health needs, and where they live. We cannot sustainably improve health outcomes, lift productivity and enable new models of care delivery without digital infrastructure.

To date, investment in digital health infrastructure in New Zealand has been well below international standards. In 2024, Health NZ spent just 2.8%[1] of total operating costs on digital, far below the international benchmark of 4 to 8%.[2] This makes it much harder to keep up with international best-practice, or even just to maintain our current systems and services. We need to invest more in digital. But to do that, we need a plan.

The **Health Digital Investment Plan (HDIP)**, the first national plan of its kind in New Zealand's health system, presents a clear path forward for digital investment over the next 10-years. It sets out a shift from a state of high risk and inefficiency to a modern, unified and resilient digital health system that delivers for all New Zealanders. The vision to be delivered by the HDIP is for **"a digitally enabled health system that allows us to meet growing demand and create certainty of service access for New Zealanders"**.

To achieve this, we will first focus on building foundational capabilities, strengthening core infrastructure, addressing digital risks, and enhancing our organisation's digital maturity. This creates a stable platform for future innovation and exciting new technologies.

Investment in digital will empower our clinicians, improve patient outcomes, and ensure the long-term financial sustainability of New Zealand's health system. This investment is a **critical enabler for achieving the government priorities, Health Targets, and Health Delivery Plan**; delivering the healthcare New Zealanders deserve.

The HDIP is one part of an overall 10-year investment roadmap for health: a summary of the principles and priorities that guide investment across physical and digital infrastructure and health technology. It is informed by, and supports, both the Health Infrastructure Plan and the National Clinical Service and Campus Plan.

[1] Health NZ Digital Services budget in FY 2024/25 (excluding funded sector investments in data and digital)

[2] Source: Gartner IT Key Metrics Data 2024: Industry Measures

Our digital landscape is complex, but we have a vision for the future

Health NZ has a fragmented, old, and complex digital landscape. There are a number of **compounding problems that are not supporting timely access to quality care**:

Our systems are fragmented and aging, separating regions and hospitals, and driving unsustainable costs and inequitable access. *Example: 85% of our digital systems do not support data sharing (semantic interoperability). Clinicians take notes in their head or on paper.*

We are still not a "digitised" health system in the simplest terms, meaning clinicians often follow duplicated, hybrid manual-digital processes using poorly designed systems. *Example: 65% of hospitals use paper-based progress notes, which adds >15 min every time a clinician wants to document the care they are providing.*

Our varied digital capability makes innovation hard. Our systems struggle to support current models of care, limiting the ability to adapt new models of care. It is hard to pivot the system to meet changing patient needs.

We lack basic digital foundations, meaning our focus is often on stabilising old systems and we can't evolve and innovate, including harnessing AI. *Example: >80% hospitals have inadequate network coverage, meaning staff move to find network access or re-do work if connections fail.*

But we also have a **clear vision** on what we want to achieve from a new, smarter digital landscape delivered through the **Health Digital Investment Plan**:

"A **digitally enabled** health system that allows us to **meet growing demand** and create **certainty of service access** for New Zealanders."

We will deliver on this vision through transforming how healthcare is delivered and experienced, focusing on **five key objectives:**

Enhancing patient access to healthcare services through smarter and more accessible digital infrastructure.

Improving clinical outcomes and patient safety through digital solutions that support clinicians in all settings of care.

Stablising and consolidating our digital infrastructure through simplifying digital platforms.

Using modern foundations to build advanced digital capabilities that enable technology such as artificial intelligence and precision health.

Improving how we gather and use data for smarter decision-making, to support our people in what they do – clinical and non-clinical – across Health NZ.

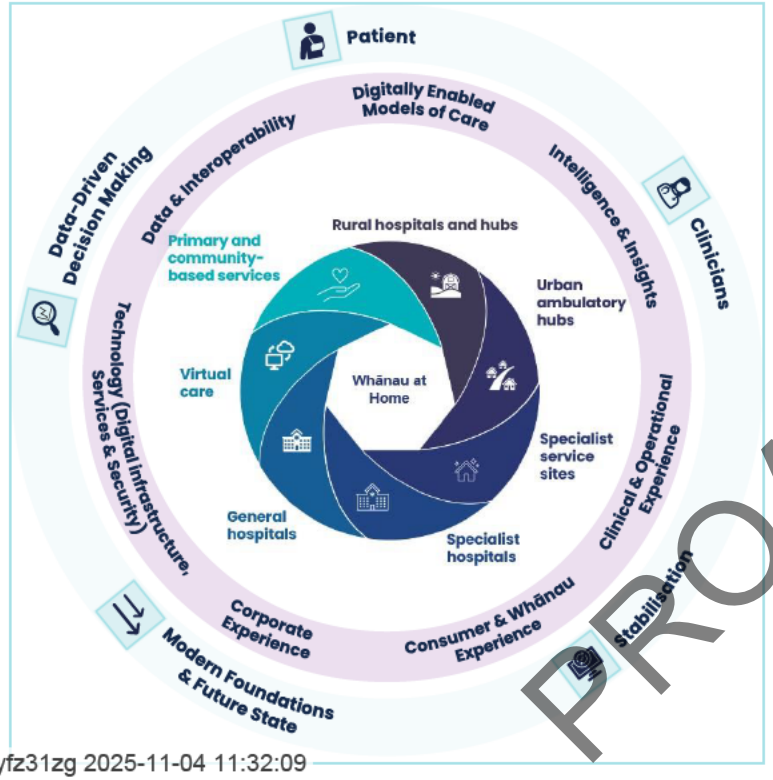
To get there, we are focusing on areas of investment that drive change

Digital investment is complex. Many digital solutions touch every aspect of a patient's journey of care, and affect our clinicians and wider workforce everyday. A small change on paper can have significant flow-on impacts to service delivery and system efficiency. Our investments need to be focused on areas that drive improvement and change across **all settings of care**. Informed by the National Clinical Service and Campus Plan, the HDIP and the Health Infrastructure Plan both focus on investments that shift care closer to home and make it easier for all New Zealanders to have timely access to quality care.

Our focus areas below range from foundational elements to more innovative initiatives. The focus areas deliver to one or more objectives and align with our vision.

Our planning model

Mapping the **settings of care** Health NZ funds or delivers services in, to our **focus areas** and **five objectives** of the HDIP.



Our focus areas of investment

The grouped investment areas that will inform how we **target**, **plan**, and **prioritise digital investments** in the 10-year HDIP.

Digitally Enabled Models of Care
Targeted investment in digital models of care in high priority clinical areas like **radiology**, **cancer**, and **mental health.**
Intelligence & Insights
Creating a unified data ecosystem with **advanced analytics** and **predictive capabilities** to enable more precise healthcare.
Clinical & Operational Experience
Modernising the core systems our staff use every day to improve **clinical safety**, **workflows** and **patient flow**.
Consumer & Whānau Experience
Creating a secure 'digital front-door', empowering people with control and access to their **health information** and **services**.
Corporate Experience
Implementing **modern, national systems** for functions like **finance**, **supply chain**, and **human capital management**.
Technology (Digital infrastructure, Services & Security)
Strengthening core supporting infrastructure (e.g. **networks & communication**, **cloud services**, and **cybersecurity**).
Data & Interoperability
Connecting systems to ensure **complete medical histories are available**, meaning patients won't have to repeat their story.

Two focus areas will drive improved health service access and outcomes

All of the focus areas will help to deliver a smarter, more efficient and safer health system. But two focus areas will drive the largest improvements in health service access and outcomes for New Zealanders. **Digitally enabled models of care** and better **intelligence and insights** will enable and empower people to connect to services outside of the hospital, receive care closer to home and utilise data to make informed decisions about their healthcare.

Digitally Enabled Models of Care

We will focus our digital investment on creating **digitally enabled models of care** that support Health NZ's most critical clinical and service priorities. Areas of high strategic importance will be targeted, such as **cancer care**, **radiology**, **aged care**, and **mental health services**.

The approach involves delivering specific high-impact nationwide digital capabilities (e.g. a national radiology service) that directly support the government Health Targets. By enabling alternative models of care, these investments will deliver tangible value quickly, building momentum and directly contributing to better health outcomes for New Zealanders.

Alignment to objectives

Patients - Delivers targeted digital capabilities for cancer care, radiology, aged care, mental health services

Clinicians - Provides specialised tools for high-priority clinical areas improving care delivery

Intelligence & Insights

We will transform our data from a liability into a tool to deliver better healthcare, maturing Health NZ into a data-driven organisation. We will achieve this by creating a **unified data ecosystem** that brings together information from across all care settings. This will mean that, whether you're a doctor at Middlemore or a rural GP on the West Coast, you have access to smarter, more accurate data to make informed clinical decisions.

This foundational work will improve the accuracy of our reporting against health targets and, in the medium term, enable us to build **advanced data science and predictive analytics capabilities** (supporting things like AI).

Alignment to objectives

Data-Driven Decision Making - Creates single source of truth, enables predictive analytics and evidence-based decisions

Three focus areas will enhance our workforce and patient experience

We need to make our digital landscape work for patients, their whānau, and our workforce (clinical and non-clinical). The **Clinical & Operational Experience**, **Consumer & Whanāu Experience**, and **Corporate Experience** focus areas will enhance experience and productivity across the health system, supporting standardised clinical workflows, improved user experience and enhanced flow and utility of information between settings of care.

Clinical & Operational Experience

We will work to improve our clinicians' day-to-day, in the short term focusing on investments that **stabilise critical systems** and "level the floor," ensuring a consistent baseline of digital capability across the country. This means less time dealing with IT outages, and more time with patients.

We will co-design and roll out new **nationwide core clinical platforms,** including an **Electronic Medical Record** and enhanced **Integrated Operations Centres** to improve patient flow and efficiency across the system.

Alignment to objectives

- **Clinicians** - Modernises core clinical tools, standardises workflows, reduces administrative burden
- **Modern Foundations and Future State** – Advanced technology and systems will enhance clinical decision-making and operational automation
- **Data-Driven Decision Making** - Provides real-time clinical insights, supports evidence-based decisions, enables operational intelligence

Consumer & Whānau Experience

We will support consumers with a suite of digital tools, allowing **access their health records, booking and cancelling of appointments, and allowing secure access for whānau or caregivers where appropriate**.

New Zealanders need to be empowered and placed at the centre of their healthcare. This will be an incremental process, starting with high-value features like **waitlist visibility** and **appointment management**, to provide greater transparency and control, fostering a more collaborative partnership in care.

Alignment to objectives

- **Patients** - Empowers patients with health records access, appointment management, waitlist visibility
- **Modern Foundations and Future State** – Enables advanced consumer engagement tools, supports innovative care models

Corporate Experience

We will focus on **simplifying and modernising** our **foundational enterprise systems**.

The immediate priority is the consolidation of select core platforms to mitigate urgent risks. The long-term plan is to implement a **single, national Human Capital Management (HCM) system**, followed by a modern **Enterprise Resource Planning (ERP)** platform, to create streamlined, efficient, and data-driven corporate services across the motu.

Alignment to objectives

- **Data-Driven Decision Making** - Delivers strategic intelligence, supports resource planning, enables performance monitoring
- **Modern Foundations and Future State** – Transforms corporate functions through automation, enables advanced analytics capabilities
- **Stabilisation** - Consolidates fragmented corporate systems into unified platforms, reducing operational risks and ensuring reliable foundational systems

The remaining two focus areas ensure resilient digital foundations

To be a successful digital healthcare system, we need to make sure things don't fail, and that there is consistent access to the tools clinicians need to deliver timely access to quality care. This means creating resilient digital foundations. The **Technology (Digital infrastructure, Services & Security)** focus area will help to build these foundations, supported by smoother processes through the **Data and Interoperability** focus area. We will create a technical environment that is less complex and more stable, focused on 'next generation' solutions and infrastructure.

Technology (Digital infrastructure, Services & Security)

We will build sustainable and resilient digital foundations by modernising our technology, deploying a national network backbone, migrating services to **secure cloud platforms**, and establishing a **consistent digital identity** for our workforce. We will continue investing in a **national cyber security capability**.

This foundational work is crucial; it will reduce risk, lower long-term costs, and provide the stable, secure, and scalable platform needed to deliver on all our other strategic ambitions.

Alignment to objectives

Stabilisation - Levels digital capability baseline, stabilises critical clinical systems nationwide

Modern Foundations and Future State - Provides scalable, secure platform enabling emerging healthcare technologies

Data & Interoperability

We will enable the secure and seamless flow of health data across the system. We will do this by establishing and enforcing **common data standards** across the sector, creating a **national data catalogue**, and building a **modern, standards-based interoperability platform** using international best practices.

This will break down existing silos, enabling a connected health ecosystem where a consumer's information can follow them across all care settings, leading to safer and more efficient outcomes.

Alignment to objectives

Data-Driven Decision Making - Enables seamless health data flow through standards and interoperability platform

Modern Foundations and Future State - creates connected health ecosystem supporting next-generation care models

All investments, across all focus areas, have been prioritised using a set of principles and critical success factors

The below principles have been designed to guide how we prioritise and deliver investments that support our strategic objectives and bring our vision to life. They ensure our investments are well-balanced, addressing immediate challenges while positioning us for long-term success. We have identified nine priorities that form the basis of the initial plan; these will be reviewed and adjusted annually to ensure alignment to the HDIP vision and any changing needs.

Alignment to Health Targets and priorities

Prioritise investments that demonstrably improve patient safety, clinical quality, models of care and health outcomes for all New Zealanders.

Empower our people

Invest in digital tools and systems that help our people work more efficiently, effectively and safely, improving their experience and enabling innovation.

Enable better decision-making

Ensure health information and data is accessible, actionable and available to the right people when and where they need it, with appropriate security and privacy protections.

Build connected foundations

Establish an interoperable, secure digital infrastructure that enables seamless information sharing across the health system.

Enhance & sustain capabilities

Balance investment between immediate stabilisation needs, growing existing capabilities, and longer-term to create a sustainable digital platform.

The following critical success factors will be used to assess whether priority investments deliver the right value in an achievable and sustainable way.

Strategic fit and business needs

Does the investment meet the agreed-upon Investment Objectives, business needs and requirements, and align with relevant strategies, programs, and projects?

Value for money

Does the investment optimise value for money through the right mix of potential benefits, costs and risks?

Supplier capacity and capability

Do potential suppliers have the ability to deliver required services, and will arrangements be sustainable and optimise value for money?

Affordability

Can the investment be met from likely available funding and match relevant funding constraints?

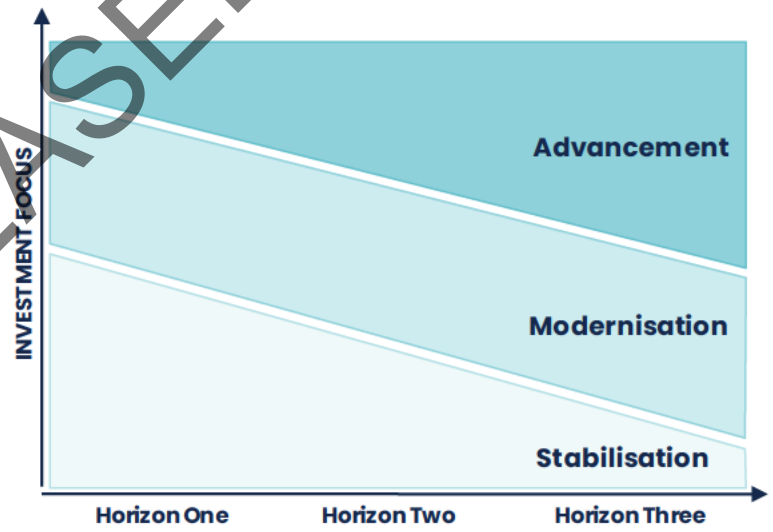
Achievability

Does the organisation have the ability to respond to the changes required, and possess the capability required for successful delivery?

Change takes time, so our 10-year plan balances immediate stabilisation with long-term advancement and innovation

The HDIP will take us on a journey from stabilising our critical systems, through modernising our capabilities, to advancing towards a mature, digitally enabled health system. This approach is structured across three "horizons" of development, each delivering different activities that will build progressively upon previous achievements. While each phase targets specific outcomes, the activities within them will often run in parallel with deliberate overlap as we advance through the 10 years.

This approach ensures we carefully balance the need to manage risk with building our digital capability and innovating. This approach allows us to address critical infrastructure challenges whilst delivering modernised capabilities that enable a mature, digitally enabled health system that can adapt to changing models of care.



Horizon One	Horizon Two	Horizon Three
We will focus on **stabilising the system**, **addressing vulnerabilities**, and **shoring up critical infrastructure**. Alongside this, we will begin to modernise through investing in core digital foundations, essential clinical systems, and workforce capability.	With a stable base, we will **modernise** and **consolidate our core platforms**, moving towards a national system that works for our people and patients.	Leveraging our modernised digital infrastructure, we will **digitally enable new models of care and innovation**, supporting improved clinical and consumer outcomes at scale.
Outcome: A more stable and secure digital environment, reduced risk of major system failure, and a clinical workforce that sees tangible improvements in the tools they use every day. This builds the confidence and momentum essential for the journey ahead.	**Outcome:** A less complex, more efficient digital ecosystem. Standardised data and processes will unlock significant productivity gains, improve workforce management, and provide the rich data needed for system-wide planning and improvement.	**Outcome:** A data-driven health system that delivers proactive, personalised, and equitable care for all New Zealanders.

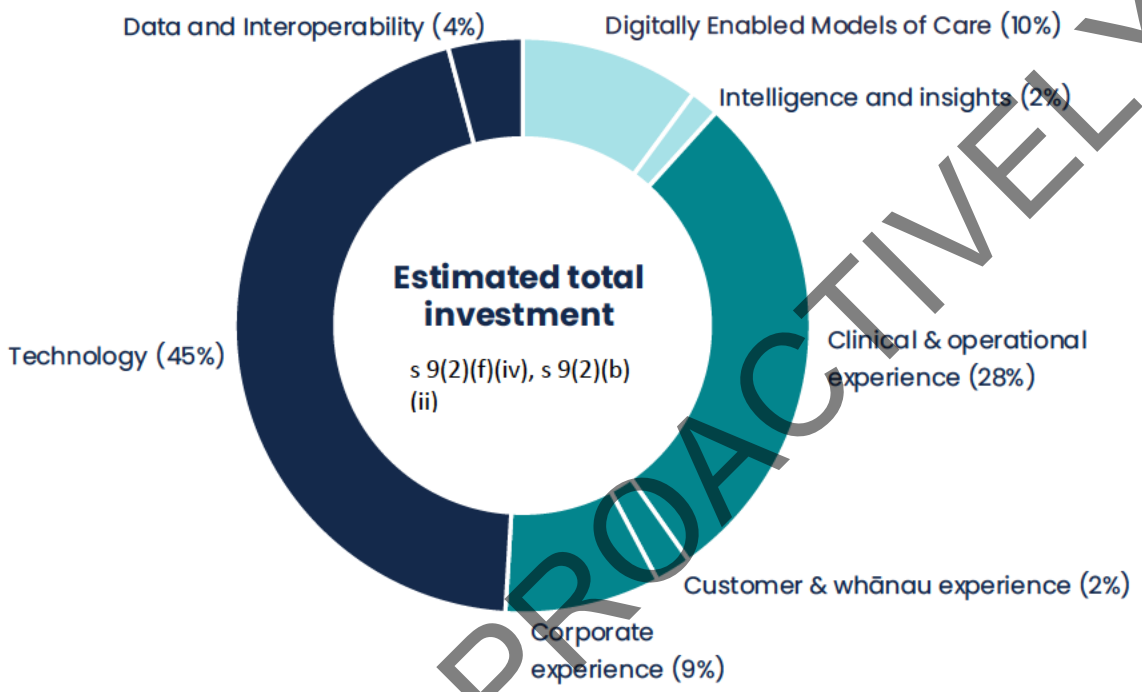
The HDIP proposes an investment pipeline valued at s 9(2)(f)(iv), s 9(2)(j)

Achieving our vision and making the shifts we are seeking requires significant investment beyond our current funding levels. Our current spending is predominantly about maintaining existing capability and remediating operational risk, not building new capability.

There are a number of choices about how Health NZ can fund the HDIP, including reprioritisation of existing funding, adjustments to the capex/opex funding profile of investments, alternative financing, and new Crown funding. Reprioritisation within baseline requires trade-offs with other areas of service delivery and physical infrastructure. Health NZ is committed to reshaping the investment approach to buildings to create space to invest in digital to better enable models of care delivery.

The indicative cost of the 10-year HDIP has been estimated at s 9(2)(f)(iv), s 9(2)(j). A breakdown of the investments is set out in the following slides.

Indicative cost of the 10-year Health Digital Investment Plan (by focus area)



The indicative costs:

- Are in addition to Health NZ's current baseline funding for digital services.
- Include one-off and ongoing operational costs for the HDIP investments.
- Do not include estimated direct financial benefits from the investments.
- Are high-level estimates and may range from minus 25% through to plus 50%.

The three-year rolling plan for HDIP delivery will further validate cost estimates and the timing of each investment.

Investment cases will be developed to confirm cost and benefits, value for money, affordability and achievability of each initiative

[1] This estimate does not include the direct financial benefits of the HDIP.

Investment pipeline

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There are nine priority investments in the first three years of the HDIP

The prioritised investments delivered in the first three years of the HDIP will address critical challenges, stablise systems and deliver modernised capabilities that improve the experience of clinicans and patients and enable changing models of care.

Priority	Investment	Focus area	Key output	What patients and clinicians will get
1	**Core clinicals (Electronic Medical Records - EMR)**	Clinical & Operational Experience	Provision of common core clinical functionality.	• Stabilised existing core clinical solutions • National EMR
2	**Human Capital Management (HCM)**	Corporate Experience	Our people are paid on time, accurately, in line with existing and future contract rules, with minimal manual intervention.	• Stabilised current payroll solutions • National HCM solution (including Rostering) • National payroll solution • National learning management solution
3	**Virtually enabled care**	Digitally Enabled Models of Care	Enterprise approach for selected virtual care model(s) to scale; Patient clinical information readily available to all virtual care team members.	• Remote patient monitoring capabilities • National virtual hospital platform • Advanced virtual hospital capabilities (eg: virtual ICU)
4	**Diagnostics (Radiology)**	Digitally Enabled Models of Care	Regional stabilisation – Central Region; Design completed for the national image infrastructure.	• National radiologist flight deck • National image infrastructure • Single national radiology and pathology results repository • National Radiology Information System (RIS)
5	**Lifecycle gap – Digital infrastructure & Cybersecurity**	Technology	Stable technology foundations for future modernisation and growth	• Stable and secure technology
6	**Priority Specialised solutions (Cancer, Obstetrics, etc.)**	Digitally enabled models of care	Modernised LINAC; Improved cancer treatment demand forecasting & planning ability. Existing solutions are more robust & capable.	• Linear accelerator (LINAC) upgraded • Cancer visibility and forecasting • Stabilise existing priority specialist services solutions • National cancer patient tracking solution • New solutions for 2 - 3 high-priority specialist services • National cancer information system • New solutions for 2 - 3 high-priority specialist services
7	**Cloud Modernisation**	Technology	De-risked aged on-premise infrastructure & a joined-up national capability; Improved performance & decreased risk by using NZ data centres from public cloud providers; Cost savings & improved cost reporting; Capability to deploy modern operating systems, databases & cloud features.	• Stabilised at risk technology hosting • Migrated at risk public cloud platforms • Modernised public cloud platforms
8	**Enterprise Resource Planning (Financials)**	Corporate Experience	Best practice & single consistent business finance and payments processes; Single view of Health NZ financial performance.	• Stabilised financial system • National ERP solution
9	**Population Health**	Clinical & Operational Experience	Extending screening capability; Fit for symptomatic phase 2; Screening history available to GP.	• Expanded prevention platforms (e.g. immunisation & screening) • National screening register • National surveillance platform • National campaign solution

Patients, clinicians and Health NZ will see progressive change over the three Horizons

Patients, clinicians and Health NZ will notice a difference across the Horizons as the priority investments are delivered.

Priority	Investment	Focus area	Horizon 1	Horizon 2	Horizon 3
1	**Core clinicals (Electronic Medical Records - EMR)**	Clinical & Operational Experience	A nurse captures patient observations digitally at the bedside using a tablet, instantly updating the patient's record so doctors and other clinicians within the hospital can see real-time notes without relying on handwritten records or having to return to workstations to enter data.	A doctor conducting ward rounds can move seamlessly between patients using the EMR's optimised workflow, with each patient's digital summary automatically displaying overnight notes, test results, and medication changes alongside an action list of next steps tailored to their role as the attending physician and the patient's specific care pathway.	The national EMR alerts care teams to early patient deterioration while seamlessly connecting with GPs and community providers, utilising predictive analytics to trigger collaborative care plans that prevent readmissions across the entire healthcare system.
2	**Human Capital Management (HCM)**	Corporate Experience	Existing payroll systems are stabilised, helping to resolve issues of non-compliance with the Holidays Act.	A hospital manager needing to fill a critical weekend shift can see all available and qualified staff across the entire region—not just their own hospital—using a single national rostering system.	A clinician's specialist training and certifications are tracked in a national learning management solution. This makes it easier to identify and deploy staff with the right skills for specialised roles.
3	**Virtually enabled care**	Digitally Enabled Models of Care	A patient recovering from surgery at home can have their vital signs monitored by a hospital clinical team using new remote patient monitoring capabilities. This reduces their length of stay in a hospital bed and provides peace of mind for their whānau.	A rural GP can conduct a video consultation with a hospital-based specialist, with both clinicians viewing the patient's records on a shared national virtual hospital platform to agree on a treatment plan.	A critically ill patient in a smaller regional hospital can be monitored 24/7 by intensive care specialists in a major city hub via a 'virtual ICU', providing expert oversight that may not be available locally.
4	**Diagnostics (Radiology)**	Digitally Enabled Models of Care	A radiologist can view all pending urgent scans from across their region in a single prioritised worklist—the 'national radiologist flight deck'—ensuring the most critical cases are reported on first.	A patient's CT scan from a private provider is instantly available to their doctor at the public hospital, alongside the report, in a single national results repository. This avoids delays and having to repeat scans.	The entire process, from a GP ordering a scan to the patient receiving their result, will be managed in a single, seamless National Radiology Information System (RIS), improving efficiency and data accessibility nationwide.
5	**Lifecycle gap – Digital infrastructure & Cybersecurity**	Technology	A patient's personal health information is better protected against ransomware attacks because of enhanced cybersecurity monitoring and a ready response capability. Their elective surgery is also less likely to be postponed due to an IT outage because the underlying network and data centres are made more resilient.	A doctor moving between the emergency department and a ward can log in to any computer with a simple tap of their ID card and instantly see their own desktop, saving several minutes per login.	The national IT network utilises AI to detect and resolve potential issues before they lead to a system outage—for example, automatically rerouting traffic if a piece of hardware is about to fail. This is part of the move to Next Generation Observability & AI Self-Healing.

Patients, clinicians and Health NZ will see progressive change over the three Horizons

Patients, clinicians and Health NZ will notice a difference across the Horizons as the priority investments are delivered.

Priority	Investment	Focus area	Horizon 1	Horizon 2	Horizon 3
6	**Priority Specialised solutions (Cancer, Obstetrics, etc.)**	Digitally enabled models of care	A patient receives their radiation therapy on a newly upgraded and more precise LINAC machine, while existing cancer information systems are stabilised to be more reliable.	A patient's cancer journey is tracked in a national patient tracking solution, linked to the EMR. This ensures the patient's medical history is taken into consideration when determining their treatment pathway.	An oncologist utilises AI-powered support across all systems to recommend highly personalised treatment options, enabling treatment plans to be adjusted in real-time based on the patient's response.
7	**Cloud Modernisation**	Technology	Health NZ moves critical clinical applications from old, at-risk server rooms in individual hospitals to a secure, modern national data centre. This immediately reduces the risk of failure from ageing hardware or local power outages.	Patient data is hosted securely within primarily New Zealand-based data centres run by public cloud providers, ensuring data sovereignty and improving system performance. Health NZ receives a clear report on the exact costs of each digital service, enabling better cost optimisation.	When a significant update to a clinical software tool is released, it can be deployed instantly across the country with zero downtime because it's delivered as a cloud service, ensuring clinicians always have the latest, most secure version.
8	**Enterprise Resource Planning (Financials)**	Corporate Experience	Existing financial systems are stabilised, ensuring the continuity of critical medical supplies and services.	Health NZ can make timely, data-driven decisions about organisational costs through a unified national ERP system, giving confidence that services are affordable, improving the ability to plan ahead.	The national ERP uses AI-driven scenario modelling to analyse financial impacts before implementing service changes, enabling Health NZ to understand the actual value and financial impact of decision-making.
9	**Population Health**	Clinical & Operational Experience	A parent receives a text reminder from an expanded national prevention platform indicating that their child is due for immunisations, along with a link to book an appointment with their GP.	Public health officials will utilise a national surveillance platform to identify a rise in a respiratory illness in one region, enabling them to issue public health guidance and alert hospitals before it spreads widely.	Health NZ can launch a highly targeted national campaign for checks (e.g., Diabetes) using innovative tools (AI) to identify and communicate with at-risk populations who would benefit most, preventing future hospital admissions.

Focus area: Clinical & Operational Experience

1. Core clinicals (Electronic Medical Records - EMR)

Key output	Provision of common core clinical functionality
When value is realised	Iterative Implementation with value after 2-3 years

Health Targets Supported

- Faster cancer treatment
- Shorter stays in emergency departments
- Shorter mental health and addiction-related stays in emergency departments

What patients and clinicians will get

H1	• Stabilised existing core clinical solutions
H2 H3	• National EMR

What are 'Core Clinicals' and 'EMR's'?

'Core Clinicals' refers to the core capabilities required by the workforce to provide healthcare. These capabilities span multiple specialties and settings of care and refer to common activities such as clinical documentation, task management, observations etc. Electronic Medical Records (EMR) are digital tools designed to deliver core clinical capabilities supporting clinicians in providing healthcare. EMRs actively track information, monitor patient progress, automate administrative tasks, and aid in decision-making electronically.

INVESTMENT ACTIVITY

HORIZON 1		HORIZON 2			HORIZON 3				
2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36

Existing solution capabilities uplift - core clinical stabilisation and modernisation

Implement national EMR iteratively into priority sites and care settings

OUTCOMES

- Risk mitigation by decommissioning legacy systems including improved patient safety and outcomes – including reduction in errors and mortality
- Improved clinical experience, reduction in manual processes and repeated data capture
- Improved patient care and flow from streamlined workflows, data sharing/reuse and decision support
- Reduction of cost in administrative tasks – transcribing, coding, scanning, data capture & management
- Improved patient flow and outcomes from streamlined workflows, data sharing/reuse and decision support
- All clinicians able to use digital solutions that are modern, safe, secure, interoperable and can keep pace with the changing nature of health systems and services
- National data layer enables enhanced performance monitoring and whole-of-system view(s)
- Exception based pathways leading to continuous improvements and learnings

BENEFITS

Significantly enhanced performance and clinician's experience

Equitable access to and usage of common core clinical digital capabilities across the whole of HNZ

Improved patient safety and care

Focus area: Corporate Experience

2. Human Capital Management (HCM)

Key output	Our people are paid on-time, accurately, & in line with existing & future contract rules, with minimal manual intervention.
When value is realised	Iterative Implementation in Health NZ with value after 2-3 years

What patients and clinicians will get	
H1	• Stabilised current payroll solutions
H2	• National HCM solution (including Rostering)
H3	• National payroll solution • National learning management solution

Health Targets Supported

- Enabling technology

INVESTMENT ACTIVITY

HORIZON 1		HORIZON 2			HORIZON 3				
2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36
Tactical consolidation payroll and rostering									
Implement national HCM									
Implement national payroll									
Implement national rostering									
Consolidate and enhance Learning Management									
Implement digital self-service front door		Implement Employee Health Management							
Tactical consolidation of Recruitment Solutions									

OUTCOMES

- Resolution of holidays act non-compliance
- Stable and compliant systems that mitigate risk and reduce administrative burden
- National HCM services are automated, and workforce can access a digital-first self-service front door
- Legacy systems decommissioned
- Nationally consistent recruitment approach and onboarding experience
- A shift from manual to digital tracking of aspects such as 'right to work' and scope of practice, reducing time and cost
- Enhanced strategic workforce planning through national HR data insights
- Management and administration of rostering and payroll services to be more efficient, streamlined, consistent, and automated
- More effective workforce planning through insight-based forecasts and visibility of all our people and positions across the country. Patient demand to be more accurately matched with clinician preferences through digitally-assisted rostering.
- CME (including cultural and digital competency) tracked and available for review

BENEFITS

An excellent employee experience supports our people to feel valued, improving retention, productivity and culture

Responsive and flexible workforce utilisation to enable financial sustainability.

Focus area: Digitally enabled models of care

3. Virtually enabled care

Key output	Enterprise approach for selected virtual care model(s) to scale; Patient clinical information readily available to all virtual care team members
When value is realised	Iterative Implementation with value after 1 years

What patients and clinicians will get	
H1	• Remote patient monitoring capabilities
H2	• National virtual hospital platform
H3	• Advanced virtual hospital capabilities (eg: virtual ICU)

Health Targets Supported

- Shorter stays in emergency departments
- Shorter wait times for first specialist assessment
- Shorter wait times for elective treatment
- Faster access to specialist mental health and addiction services
- Faster access to primary mental health and addiction services

INVESTMENT ACTIVITY

HORIZON 1		HORIZON 2			HORIZON 3				
2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36

Hospital in home, telehealth platform and remote patient monitoring iteratively throughout priority sites and care settings

Design Virtual Hospital for the future (incl investment cases)

National virtual hospital platform

Implement the advanced virtual hospital components starting with priority sites and wards (eg, virtual ICU/HDU,)

OUTCOMES

- Enterprise approach for selected virtual care model(s) to scale
- Patient clinical information readily available to ALL virtual care team members
- National digital equipment standards by specialty are established
- Enterprise approach to digital models of care in place
- National reusable and scalable infrastructure & standards with flexibility for local priorities
- Mature and multi-disciplinary innovation hubs
- Tools and technologies available to support virtual practitioner-to-practitioner consultation.
- Support is available for mobile diagnostic & reporting clinics
- National funding and contracts with suppliers for technology, devices and clinician support
- National data platform with interoperable regional data hubs
- Virtual Care Hubs enabling response to natural/national disasters
- National technology suite, and panel of approved tools
- Clinical teams are proactively notified to change state of patients under monitoring
- Patient whānau carers are alerted to changes on whānau members conditions

BENEFITS

Models of care supported to address workforce pressure and physical space limitations.

Equitable care for people closer to home

Focus area: Digitally enabled models of care

4. Diagnostics (Radiology)

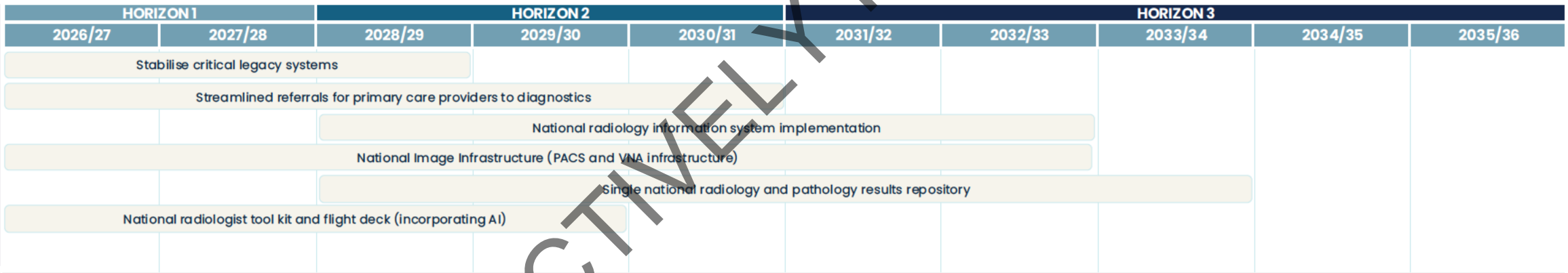
Key output	Regional stabilisation – Central Region; Design completed for the national image infrastructure.
When value is realised	Iterative Implementation with value after 2-3 years

What patients and clinicians will get	
H1	• National radiologist flight deck
H2	• National image infrastructure • Single national radiology and pathology results repository
H3	• National Radiology Information System (RIS)

Health Targets Supported

- Faster cancer treatment
- Shorter stays in emergency departments
- Shorter wait times for elective treatment

INVESTMENT ACTIVITY



OUTCOMES

- Improved efficiency gains through process digitisation, standardisation, automation & data accessibility
- National Clinical Network supporting best use of resources and remote reporting
- National approach to workflow (RIS) redesign
- Standardised approach to request radiology services
- National approach to service planning, development and delivery
- Enterprise access to results available to all relevant clinicians from anywhere to support flexible use of workforce

BENEFITS

Diagnostics more reliable and responsive to need health system.

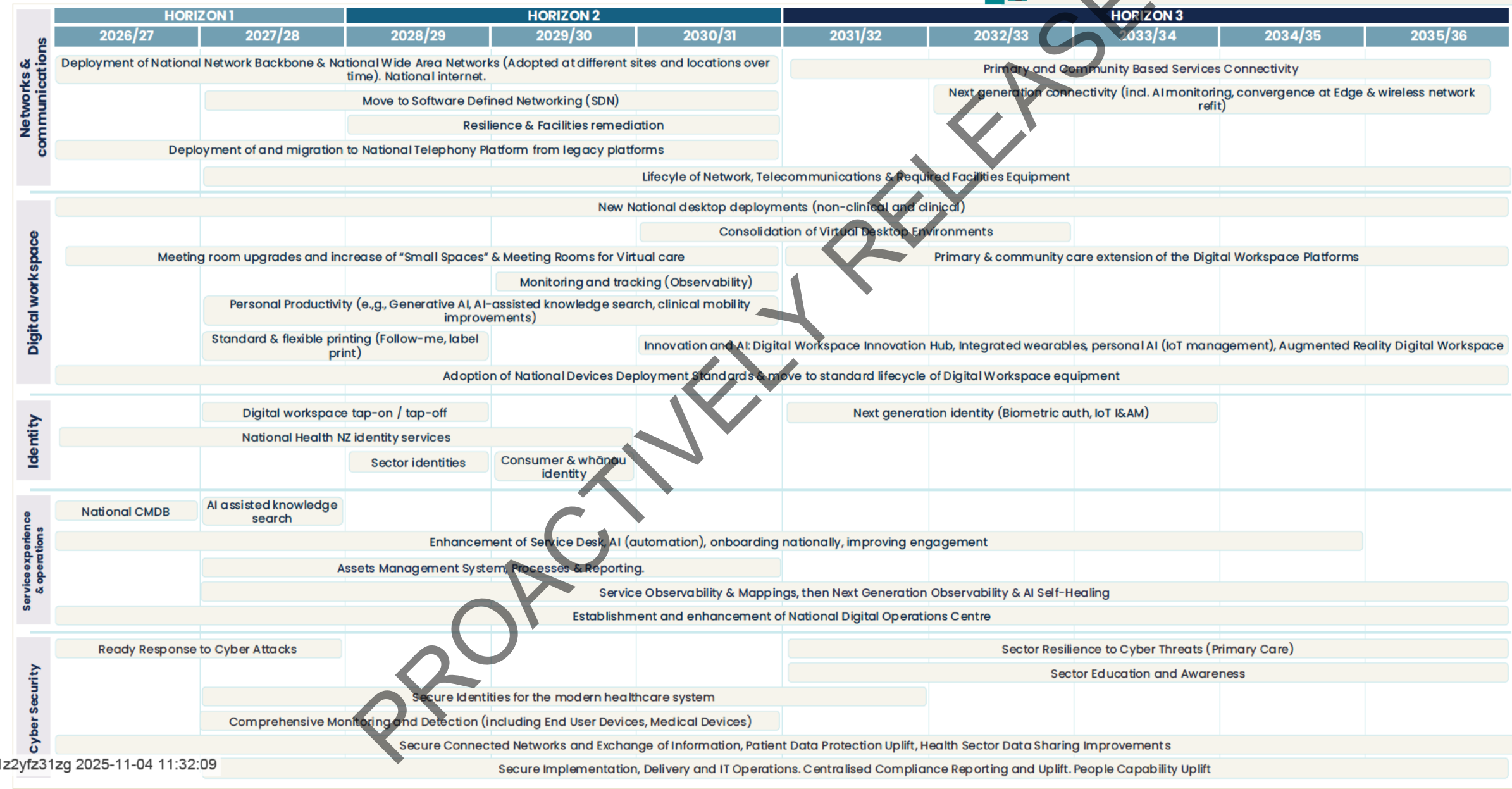
Improved patient experience, timely, consistent and equitable services are available across the country

5. Lifecycle gap – Digital infrastructure & Cybersecurity | Actions

Focus area: Technology (Digital infrastructure, services and security)

BENEFITS

Reliable, secure and scalable national digital services (platform and digital workspace) to enable improved working conditions for clinicians.



Focus area: Digitally enabled models of care

6. Priority Specialised solutions (Cancer, Obstetrics, etc.)

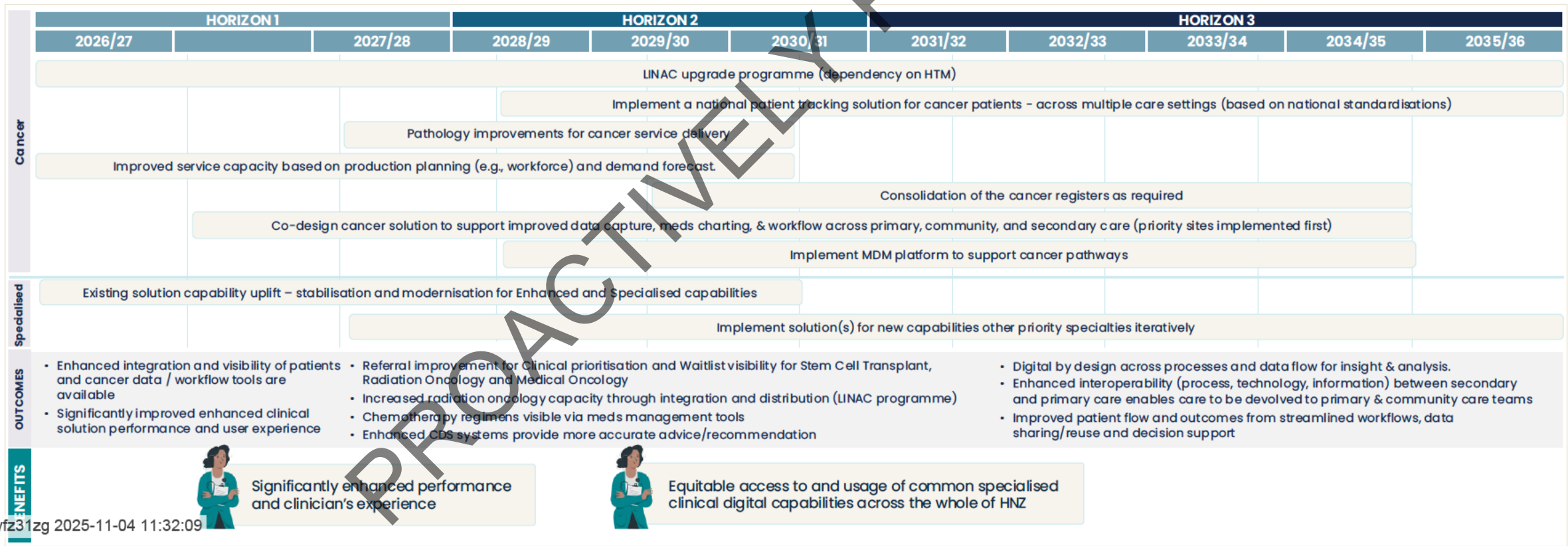
Key output	Modernised LINAC; Improved cancer treatment demand forecasting & planning ability. Existing solutions are more robust & capable.
When value is realised	Iterative Implementation with value after 2-3 years

What patients and clinicians will get

H1	• Linear accelerator (LINAC) upgraded • Cancer visibility and forecasting • Stabilise existing priority specialist services solutions
H2	• National cancer patient tracking solution • New solutions for 2 - 3 high-priority specialist services
H3	• National cancer information system • New solutions for 2 - 3 high-priority specialist services

Health Targets Supported

- Faster cancer treatment
- Shorter stays in emergency departments
- Shorter wait times for elective treatment
- Faster access to specialist mental health and addiction services
- Shorter mental health and addiction-related stays in emergency departments



7. Cloud Modernisation

Key output	De-risked aged on-premise infrastructure & a joined-up national capability; Improved performance & decreased risk by using NZ data centres from public cloud providers; Cost savings & improved cost reporting; Capability to deploy modern operating systems, databases & cloud features.
When value is realised	Iterative Implementation with value after 1 year

What patients and clinicians will get	
H1	• Stabilised at risk technology hosting
H2	• Migrated at risk public cloud platforms
H3	• Modernised public cloud platforms

Health Targets Supported
• Enabling technology

INVESTMENT ACTIVITY

HORIZON 1		HORIZON 2			HORIZON 3				
2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36
	Workloads to National Colocation (e.g., Private Cloud***)					Framework & Design for Primary and Community-Based Services			
Addition and Move to NZ Public Cloud Locations		Self Service Cloud Platforms			Transform Workloads to PaaS /SaaS.				
Cost Optimisation (i.e., Cost Out & FINOPs)		Consolidation and Nationalisation of Common Platforms							
	Continual enhancement & Upgrades of Operating Systems, Private and Public Cloud Platforms								
Move to standard lifecycle of HMC equipment in Sector Datacentres & small footprint on-premises									

OUTCOMES

- National Services Deployable into National Private Cloud (Colocation)
- National Services Deployable into National Public Cloud

- Risk remediation – Compute & Storage & Common Platforms
- Modernising and standardising operational practices and processes
- Financial cost reporting and budget prediction with optimisation practices.

- Modern operating model focused on system resilience, scalability, and efficiency.
- Majority of application being consumed as PaaS/SaaS or deployed into Public Cloud
- Code driven deployments enable speed to deploy, efficiency, productivity, consistency, and flexibility (ability to move workloads between cloud regions).
- Wider settings of care needs addressed with security, support, availability and consistency.

BENEFITS

Reliable, secure and scalable national digital services to enable improved working conditions for clinicians.

8. Enterprise Resource Planning (Financials)

Focus area: Corporate Experience

Key output	Best practice & single consistent business finance and payments processes; Single view of Health NZ financial performance.
When value is realised	Iterative Implementation with value after 2-3 years

What patients and clinicians will get	
H1	• Stabilised financial system
H2 H3	• National ERP solution

Health Targets Supported
• Enabling technology

INVESTMENT ACTIVITY

HORIZON 1		HORIZON 2			HORIZON 3				
2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36
Consolidation of Finance capabilities									
Consolidation of Contracting									
Implement New Enterprise Resource Planning (ERP) capabilities									

OUTCOMES

- Best practice consistent business finance and payments processes developed
- Cost & reporting improvements from standardised ePharmacy ordering
- Reduction of ageing legacy unsupported platforms
- Improved audit and fraud detection
- Simplified & harmonised business rules leading to simpler more cost-effective upgrades and migrations
- Improvements to experience for purchasing activities including for clinical staff (Special Authorities)
- Supply chain optimisations (e.g. combined ordering reducing freight)
- Use of consignment stock
- improved tools to budget and forecast more effectively
- New ERP providing supply chain optimisations, advanced inventory planning, supplier management, contract management, transport tool, Mobility apps
- Partner quarterly reports (improved management of vendor performance)
- Modelling supply chain breakages and enhancements, regional / national distribution centres
- Customer experience enhancements (e.g. scanning, preference lists, faster, less clicks)
- Transacting using relevant corporate standards (GTIN, etc)

BENEFITS

Single and transparent view of the organisation financial performance and forecasting.

Optimised and efficient supply chain.

Focus area: Clinical & Operational Experience

9. Population Health

Key output	Extending screening capability; Fit for symptomatic phase 2; Screening history available to GP.
When value is realised	Iterative Implementation with value after 1 year

What patients and clinicians will get	
H1	• Expanded prevention platforms (e.g. immunisation & screening)
H2	• National screening register • National surveillance platform
H3	• National campaign solution

Health Targets Supported

- Faster cancer treatment
- Improved immunisation for children
- Faster access to primary mental health and addiction services
- Strengthened focus on prevention and early intervention

INVESTMENT ACTIVITY

HORIZON 1		HORIZON 2			HORIZON 3				
2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36
	Data from Primary Care settings to support surveillance and predictive analysis								
		Establish Core Surveillance and Data Analytics Capability							
		Leveraging AI to predict disease outbreaks, identify at-risk populations enable targeted intervention, and optimised resource allocation.			Implement Health Predictive Risk Models cross government agencies to drive early intervention before interacting with the health system				
Expand & reuse prevention platforms and public health programmes (incl. immunisation & screening)									
			Smart tools (AI) to identify population groups at higher risk enabling targeted interventions.						
		Create platforms to connect volunteers, community groups, and social sector agencies with people who need support							
			Emergency management response tooling and collaboration e.g., Disaster response, Pandemic, etc.						
		Modernisation - Health promotion and education providing targeted health awareness. E.g., Cancer awareness, Rheumatic fever, Hep-C, etc.							

OUTCOMES

- Greater visibility of key population health indicators.
- Health Equity by reducing health disparities through targeted interventions to close the gap in health outcomes.
- A consumer & whanau-centred, equitable and scalable prevention ecosystem that continually builds trust in the health system, enabling new prevention programs to be safely and effectively implemented as health prevention mechanisms evolve
- Reduced costs via early intervention, reducing the need for expensive emergency care and supporting more efficient resource allocation
- Enhanced quality of care by addressing other determinants of health such as housing , education and employment t create healthier more resilient communities.

BENEFITS

Improved Health Outcomes by addressing social determinants of health and implementation of preventative measures.

There are a further ten additional non-priority investments in the HDIP

These additional investments are prioritised but are unlikely to be substantitvely delivered in the first three years of the HDIP given financial and other resource constraints and dependencies. There remain opportunities to explore these in greater detail as we progress through implementing the first nine initial priorities and as part of annual plan review and adjustment aligned to the vision, changing needs and delivery of value.

Priority	Investment	Focus area	Key output	What patients and clinicians will get
10	**Core care administration**	Clinical & Operational Experience	Enterprise level booking, scheduling and referral management services to enable better consumer choice and resource management	• Stabilised referrals, demographics, activity, & waitlist capabilities • National referral platform • National booking and scheduling platform
11	**Primary care**	Digitally Enabled Models of Care	Digital uplift in primary and community care settings to stabilise, modernise, and integrate the technology landscape with the rest of the sector.	• Enablement of 24/7 Telehealth providers + Urgent Care programme • Integrated systems support & enable proactive & personalised engagement & intervention • Modern primary and community solutions
12	**Integration and Interoperability**	Data & Interoperability	Enabling a more digitally connected and efficient health system for consumers and whānau, clinicians and healthcare service providers.	• Stabilised integration solutions • Modern interoperability tools (incl. standards) • National API resources and reuseable data services
13	**Mental health and addiction**	Digitally Enabled Models of Care	Enhance and personalise people's mental wellbeing supports regardless of temporal or spatial setting.	• Stabilised and standardised mental health data • Digital mental health & addiction solution
14	**Operational**	Clinical & Operational Experience	Enabling every operations centre to have the information and technology they need to make staffing, resourcing and flow decisions.	• National hospital transport solution • Hospital patient flow solution • Nationwide all-of-sector Integrated Operations Centre capability
15	**Aged Care and Residential**	Digitally Enabled Models of Care	Through more integrated and connected services, we can better look after older people (>65) and those with chronic conditions leading to frailty (>45) in a community setting.	• Aged care national dataset • Modern aged care & residential solution(s) • Assessment tool integration with health record
16	**Analytics and data science**	Intelligence & Insights	Democratised access to data and information to use in planning, funding and research at all levels of the health system.	• National health data platform • Predictive and prescriptive data analytics tools
17	**Health record and journey**	Consumer & Whānau Experience	People have greater control over the design and decision made about their care.	• Personalised health campaigns • Consumer choice & control capability including delegated access • Consumer access and contribution to shared care records (waitlist, appointments management, two-way engagement)
18	**Procurement and supply chain**	Corporate Experience	A sustainable and efficient national supply chain with visibility of the end-to-end lifecycle of assets and consumables.	• Consolidated and standardised existing platform • Nationally consistent processes • National Inventory Management capability • AI enabled predictive asset management and maintenance
19	**Data services**	Data & Interoperability	Health services are interconnected and share standardised, high quality, real-time data to support every consumer interaction	• Consistent national data management standards and processes • Independent data layer across whole of sector (incl. primary health data access)

Patients, clinicians and Health NZ will see further progressive change over the three Horizons if the additional investments are delivered

Patients, clinicians and Health NZ will notice a difference across the Horizons if the additional investments are delivered.

Priority	Investment	Focus area	Horizon 1	Horizon 2	Horizon 3
10	**Core care administration**	Clinical & Operational Experience	An administrative clerk can reliably access and update a patient's contact details or check their waitlist status in the patient management system, as the underlying capabilities have been stabilised to prevent crashes and data errors.	A GP can send a referral to a specialist service anywhere in the country through a single national referral platform and see that it has been received and triaged, reducing administrative follow-up.	The national scheduling system uses automation to optimise clinic and theatre schedules based on clinician availability and patient urgency, maximising efficiency and reducing wait times.
11	**Primary care**	Digitally Enabled Models of Care	A patient with a sick child can receive a virtual GP consultation at 10 PM on a Saturday through a nationally enabled 24/7 telehealth service, thereby avoiding a long wait in the Emergency Department.	A GP has a more complete view of their patient's health, as information from hospital visits is now available within modern, integrated primary care solutions, supporting an 'ask once only' approach to patient care.	Data from primary care, community providers, and hospitals is seamlessly integrated, allowing for accurate population health planning based on a complete picture of community health needs.
12	**Integration and Interoperability**	Data & Interoperability	A doctor in the hospital reliably receives a patient's lab results electronically as soon as they are ready, because the legacy integration solutions between systems have been stabilised to prevent delays.	A patient who moves from Auckland to Dunedin doesn't have to repeat their entire medical history because their new GP can securely access key information using modern interoperability tools and standards.	Approved health app developers can use national API resources to create innovative tools for patients that securely connect to the patient's health record.
13	**Mental health and addiction**	Digitally Enabled Models of Care	The organisation obtains a reliable, national picture of demand for mental health services because all providers use stabilised and standardised mental health data, enabling better service planning.	A young person can access a digital mental health and addiction solution on their phone for self-help resources and can connect with a therapist via secure messaging, providing more choice in how they get support.	A mental health nurse, a GP, and a community support worker can all view and contribute to a single, integrated care plan for a patient, ensuring the whole team is working towards the same goals.
14	**Operational**	Clinical & Operational Experience	A ward nurse can see in real-time on a screen that an orderly is 5 minutes away to take their patient for a CT scan, thanks to the national hospital transport solution, helping them coordinate care more efficiently.	A hospital manager can view a real-time 'dashboard' of every bed in the hospital with a hospital patient flow solution, showing which patients are ready for discharge and where bottlenecks are, helping to free up beds in the ED.	During a significant winter illness surge, a nationwide Integrated Operations Centre (IOC) can see pressure building in one region's hospitals and coordinate with other regions to share resources and divert ambulances effectively.

Patients, clinicians and Health NZ will see further progressive change over the three Horizons if the additional investments are delivered

Patients, clinicians and Health NZ will notice a difference across the Horizons if the additional investments are delivered.

Priority	Investment	Focus area	Horizon 1	Horizon 2	Horizon 3
15	**Aged Care and Residential**	Digitally Enabled Models of Care	For the first time, Health NZ has a clear, national picture of the needs of people in residential care, thanks to the establishment of an aged care national dataset, allowing for better planning of future services.	A district nurse visiting an elderly patient at home can complete a digital assessment on a tablet, and that information is instantly available to the patient's GP and hospital specialist via integration with the health record.	An elderly person living at home has smart sensors that can detect a fall and automatically alert a monitoring service and their designated family member, ensuring help arrives quickly.
16	**Analytics and data science**	Intelligence & Insights	Analysts can use the national health data platform to securely access and analyse de-identified data from across the country, providing better insights to guide service planning and investment.	A clinician receives a data-driven alert in a patient's record from a predictive analytics tool, suggesting a higher-than-average risk for a certain condition and prompting a proactive conversation with the patient.	The national data platform uses AI to automatically read and code clinical notes from a patient's discharge summary, speeding up the availability of data for reporting and research.
17	**Health record and journey**	Consumer & Whānau Experience	A person receives a personalised health campaign via text message inviting them for a free heart check, because national data identifies them as being in a high-risk group.	A parent can log into a secure portal to view their child's immunisation history. An adult child can be granted delegated access by their elderly parent to help manage their appointments online.	A patient's smart device can contribute health data like their heart rate to their clinical record, giving their cardiologist a richer, long-term picture of their health between visits.
18	**Procurement and supply chain**	Corporate Experience	All hospitals begin ordering medical supplies using nationally consistent processes on a consolidated and standardised platform, reducing ordering errors and improving national oversight.	A theatre nurse can be confident that a specific surgical implant is in stock for an operation because the national inventory management capability provides a real-time, accurate view of what's on the shelf.	An MRI machine automatically schedules its own maintenance service because an AI-enabled predictive asset management model has predicted that a part is likely to fail, preventing a costly breakdown.
19	**Data services**	Data & Interoperability	When comparing hospital performance, an analyst knows that 'bed numbers' are calculated in exactly the same way everywhere, because consistent national data management standards and processes have been implemented.	A GP can view their patient's key hospital data directly within their own practice software, as the new independent data layer allows primary health data access and for different systems to connect securely.	Researchers can be granted secure access to high-quality, de-identified datasets from across the entire health sector via the independent data layer, accelerating medical research and innovation.