29 June 2018

█████████
Reporter
Radio New Zealand News
Wellington

E-mail: ████████████████████████

Dear ███████████

Official Information Act (1982) Request

I write in response to your Official Information Act request, dated 08 June 2018. You requested the following information, in relation to the System-Wide Integration for Transformation (SWIFT) Programme.

> **RNZ requests the DHB release the following:**
> 1. **A total sum of the write-off on SWIFT, and any $dollar impact still to come**
> 2. **A description of why this has occurred**
> 3. **Who is being held accountable for this**
> 4. **Comment on the impact this has had, or will have, and how that is being mitigated**
> 5. **Details including sums, and the 'why', of any IT project write-off above $500,000 in the past 5 years.**

Background Context:

As background and summary, in May 2013, Counties Manukau Health (CM Health) initiated Project SWIFT, a transformational change programme to address the multiple challenges facing the organisation.

At the time, integrated health care initiatives were constrained with silos and information systems that did not integrate across the health system. There was a general dissatisfaction in Information Technology (IT) services from the organisation. Our workforce was becoming increasingly frustrated with poor performing technology systems, frequent outages and little to no response to innovation requests.

It was thought that simply applying technology to existing processes alone would not allow for health care transformation, therefore CM Health took a system-wide approach intended to allow for more efficient and more effective services. This was targeted at enabling an enhanced model of care delivery.

Project SWIFT was established as collaboration between CM Health, and the New Zealand Health Innovation Hub (NZHIH).

Project SWIFT Vision:
- Patients, consumers and whaanau truly at the centre of everything.
- A model of care supporting self-care and self-management.
- Primary Care teams managing a broader scope and range of community based intervention.
- Integrated health and social services supporting Primary Care teams.
- Efficient and effective secondary service that is responsive to and integrated with primary care.
- A modern technology platform that meets the needs of today and enables innovation and new ways of working.

Our response to your questions is as follows:

1. A total sum of the write-off on SWIFT, and any $dollar impact still to come:

Following annual assessment regarding the carrying value of the Project SWIFT investment, the following amounts were amortised:
- 2015/16 $3,104,871
- 2016/17 $5,562,869

There are no further dollar impacts still to come.

2. A description of why this has occurred

In late 2015, a gateway review of the Project SWIFT Strategic Case and deliverables by Treasury indicated 'amber' for the next 18 months, but 'amber/ red' beyond that time. This ranking was explicitly to focus on the need to review the organization of the Change Management Programme – a position we had reached internally too.

The significant factors reducing delivery confidence were the need to reconfigure the broader transformation, executive leadership, accountabilities, programme structure and address lack of clarity on funding. There were positive findings as to the work undertaken.

> "*The analysis is comprehensive and widely accepted. It has led the organisation to an informed position to plan for and execute a substantial business transformation geared to reduce hospital admissions, and deliver more health-care closer to home in less costly community and primary care settings*"

3. Who is being held accountable for this:

Project SWIFT was a CM Health project, endorsed by the Counties District Health Board, and the decision to end Project SWIFT was made by the CMDHB Board. The decisions to close out the project, and a proposal to move from Project SWIFT to the Healthy Together 2020 (HT2020) were outlined in a technology investment plan, approved by the Board in February 2016.

4. Comment on the impact this has had, or will have, and how that is being mitigated

We completed the first phase of Project SWIFT as a Joint Validation Period, which mapped current business processes to identify problems and opportunities for improvement, and a transformation roadmap for CM Health. The second Detailed Design Phase also provided an end-state architecture

and solution design to support hospital services, and a proof of concept for the new model of care engagement with primary care and community services. The work undertaken by Project SWIFT through 2015/16 helped us to identify how IT systems can more effectively support healthcare delivery, by assisting and improving the way health practitioners and care providers deliver services to patients and communities.

The Health Together Technology 2020 (HTT2020) programme was then initiated to invest in tactical upgrades and implementation that align with national and regional direction. To do this, we are working with healthAlliance (the regional DHB IT support agency) to modernise the technical architecture necessary for future transformation. The HTT2020 programme builds on lessons from Project SWIFT, and is responsible for delivering the enabling IT systems for wider health care change.

Healthy Together Technology - Hospital Services is now the primary programme tasked with delivering the priority IT changes required to support the Healthy Together 2020 strategy. There are eight projects underway to introduce technology changes into the hospital environment. We are now working alongside CM Health frontline staff and our Primary Care Partners to implement these platforms that enable real-time clinical information systems.

The programme focuses on tools to facilitate clinical triage, proactive care and improved co-ordination; and evolve community services to operate more efficiently and effectively. The initial improvements for clinicians are the introduction of online radiology procedures ordering and tracking (e-Radiology), and the capture of patient observations and assessments on mobile devices (e-Vitals). A 2016 trial of mobile devices by doctors, nurses and allied health professionals informed the development of the Point of Care Devices that are being introduced into the different areas of the hospital.

We enclose the most recent internal newsletter (The Upload) providing an overview of progress on the HTT2020 programme implementation (attached).

5. **Details including sums, and the 'why', of any IT project write-off above $500,000 in the past 5 years:**

There have been no further IT projects written off in excess of $500,000 in the past five years.

I trust this information satisfactorily answers your query. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act.

Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely,

Gloria Johnson
Acting Chief Executive