Health New Zealand
Te Whatu Ora

Aide-Mémoire

Digital Strategy and Investment Plan

Due to MO:	27 February 2025	**Reference**	HNZ00080583
To:	Hon Simeon Brown, Minister of Health		
From:	Darren Douglass, Acting Chief Information Technology Officer		
Copy to:	n/a		
Security level:	Budget - Sensitive	**Priority**	Routine
Consulted	N/A		

Contact for further discussion (if required)

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Purpose

1. At your meeting with officials on Monday 17 February 2025 to discuss Health Infrastructure (HNZ00078388 refers), you requested further information about the digital strategy and investment plans.
2. This aide-mémoire provides an introduction to the broader Digital Investment Plan (DIP), and in particular focuses on the digital investment priorities over the short term (Horizon One, years 1-2) and medium term (Horizon Two, years 3-5), including an outline of the intended investments.

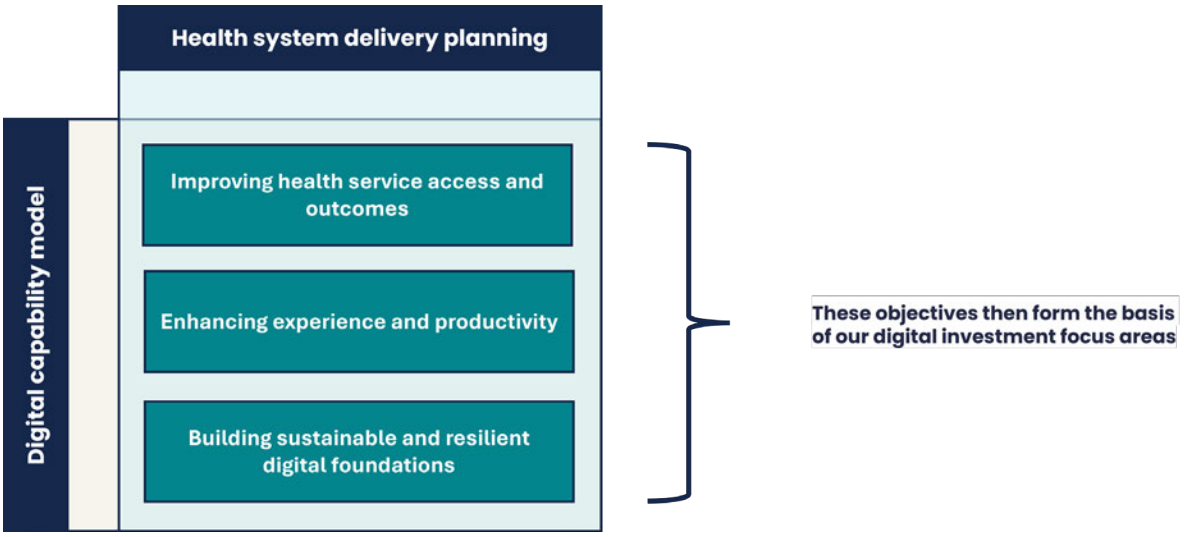
Background

3. Health NZ is developing a DIP that assesses current digital infrastructure against potential investment priorities and opportunities to form a national view on the sequencing of investment over the next ten years (2025-2034). The DIP forms part of a 10-year integrated physical, digital and health technology infrastructure roadmap aligned to the National Clinical Service and Campus Plan (NCSCP).
4. A briefing on the DIP is scheduled for 27 March 2025. Following this, in April 2025, Health NZ will provide detailed advice on the DIP and seek your agreement to a preferred potential funding scenario to inform the final version of the DIP. Any funding will still be subject to Budget decisions and other business case or approvals processes.

Aligning to health system priorities

5. The DIP is intentional in responding to health system delivery planning with a framework that maps digital capabilities to health system priorities, including health targets, aligned to three digital investment objectives. This ensures that investments align to government and organisational priorities and optimise value.

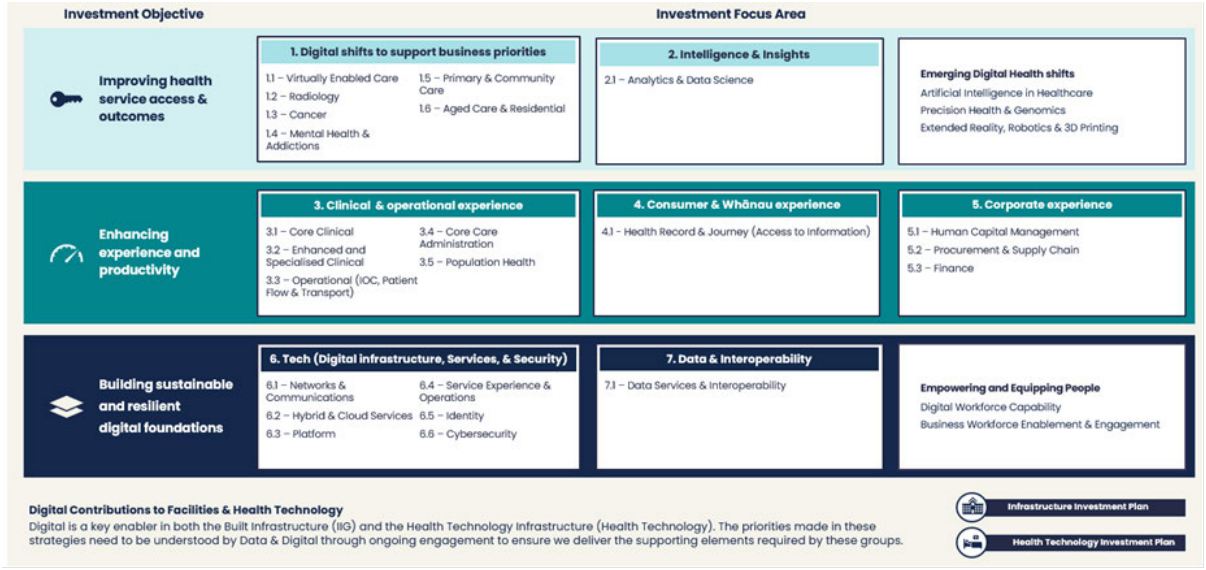
Figure 1: *Digital investment objectives*



6. The broader framework outlines seven focus areas, each of which contain prioritised investments to be delivered over three time-horizons: Horizon One (H1 2025-2026),

Horizon Two (H2 2027-2029), and Horizon Three (H3 2030-2034). It also describes emerging digital health shifts that influence current and future digital delivery; the need to invest in the capability of our digital, clinical and business workforce; and the contributions that digital makes to physical and health technology infrastructure.

Figure 2: *Digital investment categorisation and focus areas*



A targeted focus in key areas

7. Health NZ's digital strategic priorities are summarised below.

    i. Deliver **digital capability supporting health delivery priorities**, specifically Radiology, Virtual Care and Primary and Community Care, to mitigate operational risk and support improved productivity and new models of care.

    ii. Extend the **health data platform** to provide access to accurate, timely and integrated data for reporting, analytics and insights.

    iii. Deliver **core clinical digital capabilities** (often referred to as an Electronic Medical Record) to support standardised clinical workflow and collaboration, improve clinician and patient safety and enhance the quality of care provided across care settings.

    iv. Stabilise and modernise **core corporate systems**, specifically People systems (Payroll, Rostering, Human Capital Management), Finance/Supply Chain, and Contract Management to mitigate operational risk and support Health NZ productivity.

    v. Stabilise and modernise **core digital infrastructure and services** to mitigate operational risk, address unwarranted variation and complexity, and ensure that applications and services are secure and accessible from any location.

    vi. Deliver a **NZ Digital Health Record** accessible to consumers and clinicians across care settings, in their chosen application, with strong privacy and data governance controls.

Investment Priorities (In-flight + Proposed)

8. Current and proposed H1 and H2 investments in these strategic priorities are summarised in **Table 1**, noting that the DIP includes other proposed investments across the focus areas and in H3. Cost estimates are project investment costs in H1 and H2 only (with ongoing operating and licensing costs in addition to this).

Table 1: *Investment priorities*

Investment priorities	Outcomes & KPIs	Est. $
Radiology (e.g., referrals, image management and diagnostics, remote workforce, digitisation/automation)		
H1 (years 1 and 2) • Stabilisation of Health NZ digital radiology services in all regions [commenced] • Streamlined referrals for primary care providers • Consistent radiologist access to images and reports [Business Case in progress]	• Regional stabilisation • Standardised approach to request radiology services • Reduced wait times for appointments & results	S9(2)(j)
H2 (years 3 – 5) • National access to radiology information and images across public and private providers; • Extended use of AI to enhance workflow	• National Clinical Network supporting best use of resources and remote reporting • Improved efficiency gains through process digitization, standardization, automation & data accessibility • Less time spent on administrative tasks	S9(2)(j)
Virtual care (e.g., telehealth, remote monitoring)		
H1 (years 1 and 2) • Deliver hospital in the home and remote patient monitoring in priority sites using scalable platforms [at pilot stage]	• National reusable and scalable infrastructure & standards with flexibility for local priorities	S9(2)(j)
H2 (years 3 – 5) • Expansion of virtual care across regions and to primary care; • Implement national telehealth platform to support service delivery across providers	• Reduced bed pressure • An integrated national digital platform to support telehealth service delivery and equitable care for people closer to home	S9(2)(j)
Primary & community care (e.g., data sharing within primary and community settings)		
H1 (years 1 and 2) • Digital primary care model integrating providers across the sector focused on improving access for highest need populations [business case in progress]	• Integrated systems support and enable proactive and personalised engagement and intervention • Wait time for GP consult reduced • Clinical record for presenting patient is available to attending clinician (patient's non-primary clinician) • Convenience for consumer to access teleconsult increased significantly	TBC
H2 (years 3 – 5) • Expansion of digital primary care across the sector and into aged care	• All primary and community providers operate on software and solutions that are modern, safe, secure, interoperable and can keep pace with the changing nature of health systems and services	TBC

Investment priorities	Outcomes & KPIs	Est. $
Intelligence & insights (e.g., planning, performance and accountability data flows)		
H1 (years 1 and 2) • Integrate data sets across community, primary and secondary care leveraging the Health Data Platform(s); • Improved reporting and analytics [in progress]	• Improved visibility of data between care settings • Improved ability to accurately report on Health Targets	S9(2)(j)
H2 (years 3 – 5) • Enhanced prediction and modelling; • Expanded access to data across the sector;	• Enhanced Information supports system and service level planning, waitlist management, and demand forecasting.	S9(2)(j)
Core clinical (e.g., clinical forms and workflow, medications management, orders and results)		
H1 (years 1 and 2) • Scale and extend proven capabilities to areas to greatest need including medication management and clinical forms and workflow [in progress]; • Commence design for EMR	• Provide common core functionality and provide greater patient safety – "Levelling the floor" • Less paper records	S9(2)(j)
H2 (years 3 – 5) • Implement prioritised EMR capabilities in 3-4 sites and clinical specialities	• Improved patient care and flow from streamlined workflows and accessible information. • Lower number of systems providing core clinical capabilities	S9(2)(j)
Corporate systems (e.g,. HR, Finance, Payroll)		
H1 (years 1 and 2) • Stabilisation of payroll services [in planning]; • Deploy standardised and scalable rostering across the northern region and 3 other locations [in planning]; • Implement data driven standard supply chain management [in progress]; • Consolidate and stabilise contracting processes [in progress]	• Our people are always paid on-time, accurately, and in line with existing and future contract rules, with minimal manual intervention. • Resolution of holidays non-compliance. • Improved efficiency and effectiveness of supply chain and national procurement – greater visibility, less shrinkage and lost equipment. • Best practice and single consistent business finance and payments processes	TBC
H2 (years 3 – 5) a) Complete rostering deployment [requires BC]; b) Implement integrated HR solution [requires BC]; • Inventory management and supply chain optimisation	• Management and administration of rostering and payroll services to be more efficient, streamlined, consistent, and automated • National scalable rules engine for optimisation of supply chain network designed and agreed • 360 supply chain management optimise visibility of end-to-end lifecycle and sustainability, reducing waste and risk	TBC
Core digital infrastructure and services (e.g., servers, network switches, telephony, LAN, WIFI)		
H1 (years 1 and 2) • Deployment of standardised modern network capabilities [in progress]; • Migration to standard telephony platform [in planning]; • Accelerate migration of core computing services (server and storage) to optimised cloud platforms [in planning];	• Templated and standard blueprint for resilient high performing networks. • Design of the new capability and replacement of some of the least supported and unreliable existing systems. • Improved device access in critical areas • Proactive ability to identify and manage threats to critical systems and fix incidents at the root cause.	TBC

Investment priorities	Outcomes & KPIs	Est. $
• Deployment of standard devices and desktop services to priority areas [in progress]; • Enhanced cybersecurity [in progress]	• Ability to measure and report on compliance to security baselines and address exceptions.	
H2 (years 3 – 5) • Complete network deployment to all sites; • Complete migration of core compute services and increase use of public cloud; • Complete deployment of devices and desktop services	• National Health New Zealand network supporting clinical and administrative functions. • Majority of application being consumed as PaaS/SaaS or deployed into Public Cloud • Staff able to transition seamlessly between sites, remotely and settings of care whilst receiving a reliable and consistent experience with access to their applications, emails, and data.	TBC
Data services and interoperability (e.g., patient data platforms)		
H1 (years 1 and 2) • Deliver the NZ digital health record including a patient summary accessible to consumers and clinicians across care settings to support health system priorities [in progress]; • Modernise integration services for access to health data [in progress];	• Common view of health data for use across care settings • All HNZ core clinical data sources have modern APIs available for adoption. • Reusable standards based (FHIR) health data services to meet evolving clinical and consumer needs	S9(2)(j)
H2 (years 3 – 5) • Expand the NZ digital health record aligned to health system priorities	• Improved clinician experience with access to the right data at the right time enabling better clinical decision making	TBC

Next steps

9. Further briefings to you on key elements of the digital ecosystem are scheduled over the coming weeks. The current schedule includes:

    a) Health infrastructure (physical + digital) – *completed on 17 February 2025* [HNZ00078388 refers].

    b) Electronic Medical Record – *27 February 2025* [HNZ00079764 refers].

    c) Payroll and Digital Foundations – *27 February 2025* [HNZ00080058].

    d) Cyber Security – *6th March 2025*

10. This will culminate in two briefings on the DIP:

    a) Detailed DIP briefing – *27 March 2025.*

    b) Advice on DIP and seek agreement to a preferred funding path – *April 2025 (to be scheduled).*

11. Health NZ can provide additional information as required and is open to discuss any questions regarding the information in this aide-mémoire.