

Our reference: **ACTHDFOI23-24.28**



Dear 

### **DECISION ON YOUR ACCESS APPLICATION**

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by ACT Health Directorate (ACTHD) on **Wednesday 20 December 2023**.

This application requested access to:

*'The November and December 2023 DSD Performance Reports'*.

I am an Information Officer appointed by the Director-General of ACT Health Directorate (ACTHD) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. ACTHD was required to provide a decision on your access application by **Friday 9 February 2024**.

I have identified one document holding the information within scope of your access application.

#### **Decisions**

I have decided to grant full access to one document. The document released to you is provided as Attachment A to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request; and
- The *Human Rights Act 2004*.

The document released to you contains the November 2023 DSD Performance Report. The December 2023 DSD Performance Report has not yet been finalised at the date of the decision, and therefore cannot be provided. This will in no way preclude your ability to apply for access to the December 2023 DSD Performance Report once it has been finalised.

#### **Charges**

Processing charges are not applicable to this request.

#### **Disclosure Log**

Under section 28 of the FOI Act, ACTHD maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

### **Ombudsman review**

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman  
GPO Box 442  
CANBERRA ACT 2601  
Via email: [ACTFOI@ombudsman.gov.au](mailto:ACTFOI@ombudsman.gov.au)  
Website: [ombudsman.act.gov.au](http://ombudsman.act.gov.au)

### **ACT Civil and Administrative Tribunal (ACAT) review**

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal  
Level 4, 1 Moore St  
GPO Box 370  
Canberra City ACT 2601  
Telephone: (02) 6207 1740  
<http://www.acat.act.gov.au/>

### **Further assistance**

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au).

Yours sincerely,



Holger Kaufmann  
**Chief Information Officer**  
ACT Health Directorate

7 February 2024



**ACT**  
Government

1  
**ACT Health**

# Digital Solutions Division

November 2023

Performance Report



**Connecting  
Your Care.**

Issued 20 December 2023

# Contents

1.	From the Chief Information Officer .....	3
2.	Service Metrics.....	4
2.1.	Service Metrics Summary .....	4
2.2.	Snapshot .....	5
2.3.	Incident Management.....	9
2.4.	Problem Management .....	12
2.5.	Change Management.....	13
2.6.	Legacy Records Management (Paper Records) .....	16
2.7.	Digital Records Management.....	17
3.	Projects and Program.....	18
3.1.	Summary Overview .....	18
3.1.	Digital Solutions Divisions Portfolio Dashboard.....	19
3.2.	Data and Reporting Remediation Project Status Report .....	21
3.3.	Critical Communications Infrastructure Upgrades at ACT Public Hospitals - Distributed Antenna Systems .....	24
3.4.	Notifiable Diseases Management System Status Report .....	26
3.5.	Pharmacy Inventory Management System Status Report.....	28
3.6.	Identity Governance Status Report.....	31
3.7.	Embedding a Positive Safety Culture .....	33
3.8.	Environmental Monitoring System .....	35
3.9.	DHR Upgrade to Hyperdrive .....	37
4.	Cyber Security .....	39
4.1.	Cyber Incidents .....	39
4.2.	Operational Security Updates.....	39
4.3.	Unsupported Operating Systems.....	40
4.4.	System Security Plans .....	41

# 1. From the Chief Information Officer

The Digital Solutions Division (DSD) within ACT Health is responsible for the delivery of digital health capabilities across the ACT public health system which includes our colleagues in ACT Health, Canberra Health Services, North Canberra Hospital and Tresillian Queen Elizabeth II Family Centre. DSD also provides a range of other services to differing sub-sets of the ACT public health system including security, records management, concierge and switchboard. Our services are as wide and varied as the ACT public health system.



November 12, 2023, marked one year on since the go-live of the Digital Health Record (DHR). This has been a big step forwards for the ACT Public Health System to digitally enable our healthcare services.

Between November 12, 2022, to November 1, 2023, we have already seen positive outcomes such as:

- The activation of 214,851 MyDHR Accounts, allowing patients to access their own information in one place.
- 559,280 results were sent to patients via their MyDHR account within one day.
- 547 litres of blood saved by using the automatic order adjustment available within the system.
- 199,539 potential adverse effects to medication were avoided due to the medication warnings.

Whilst it has been a busy 12 months stabilising the system, there is still some work ahead of us to continue to embed and optimise the DHR.

In addition to the embedment and optimisation of the DHR, DSD has several important deliverables. Some of the more notable deliverables include:

- Supporting the preparations for operational commissioning of the Critical Services Building at the Canberra Hospital campus
- Participating in the planning for the new Northside Hospital
- Continuing to build of data and reporting deliverables with our new systems
- Decommissioning of the systems replaced by the Digital Health Record
- Substantial cyber and protective security enhancements
- Completion of the migration to digital records management across ACT Health
- Ongoing evolution of our client service revolution to improve our service offering to the ACT public health system

Holger Kaufmann  
Chief Information Officer and Executive Group Manager  
Digital Solutions Division, ACT Health Directorate

+61 2 5124 9000 or [acthealthcio@act.gov.au](mailto:acthealthcio@act.gov.au)

## 2. Service Metrics

### 2.1. Service Metrics Summary

DSD operates a 24/7 support service (Digital Solutions Support or DSS) to support our colleagues in the ACT public health system. This team operate out of the Digital Solutions Operations Centre (DSOC) at 4 Bowes Street Phillip.

The DSS team operates as our level 1 support service across the Territory with staff, citizens, and external health professionals (from the ACT and interstate) able to access support by telephone, email, online portal and in person. The DSS team resolve many issues on first contact with issues that cannot be resolved in this manner handed off to our level 2/3 support teams (whether those teams be DSD, DDTs, NTT or the NCH ICT team) in a manner that is seamless to the person seeking the support.

The volume of support can fluctuate significantly during the year based on the peaks and troughs of the ACT public health system (such as the on-boarding of new staff early in the calendar year).

As part of our client service revolution within DSD, we have established a series of performance goals or KPIs that helps them to prioritise and support our colleagues across the system. These KPIs have been progressively introduced over the last year and will continue to evolve.

Service	Time Goal
Request First Response	4 hours
Request Complete	24 hours
Password Reset Complete	2 hours
Urgent Request First Response	30 minutes
Urgent Request Complete	2 hours
Incident First Response	30 minutes
Incident Complete	4 hours

Where possible, we aim to include the last twelve months of performance to enable readers to understand our current months metrics in context. Where our metrics can be directly bench-marked against the whole of government DDTs provider, we also include their metrics to provide both context and to enable benchmarking to occur. DDTs metrics are sourced from the DDTs reports to the Quality and Measurement Advisory Committee (QMAC).

The divisions service levels continue to remain steady with a slight trend in a positive direction. The teams undertook a sprint to work through the backlog of more complex enhancement requests, this was a positive outcome as there were more requests closed than raised for the month.

From the 220 customer satisfaction responses received, the division averaged out at 4.8 out of 5 for the second month in a row.

## 2.2. Snapshot

## 2023

# NOVEMBER

# SNAPSHOT

From the 1059 password resets requested, over 83% were completed within the 2-hour timeframe.

# 6265



Phone Calls Offered  
To Digital Solutions Support

# 151



Successful  
Scheduled  
Changes



# 8132

Requests  
Created

During November 2023

Requests  
Resolved

# 8543

During November 2023



# 7

Major Incidents  
Critical (P1) or High (P2)

# 38

Active Projects

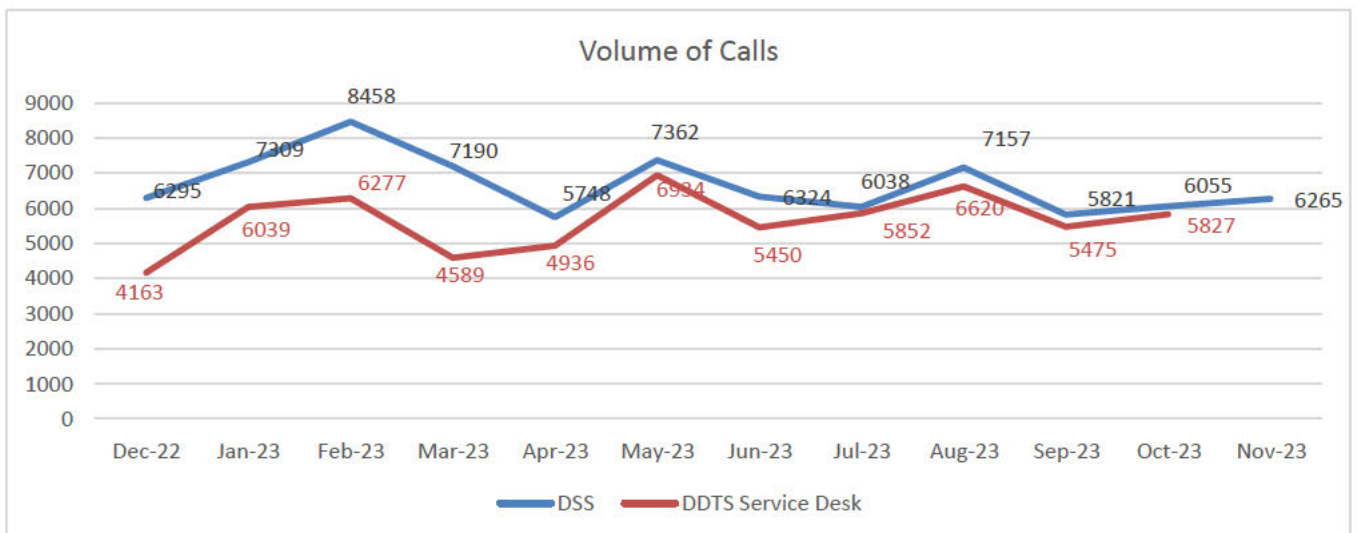


# 4.8

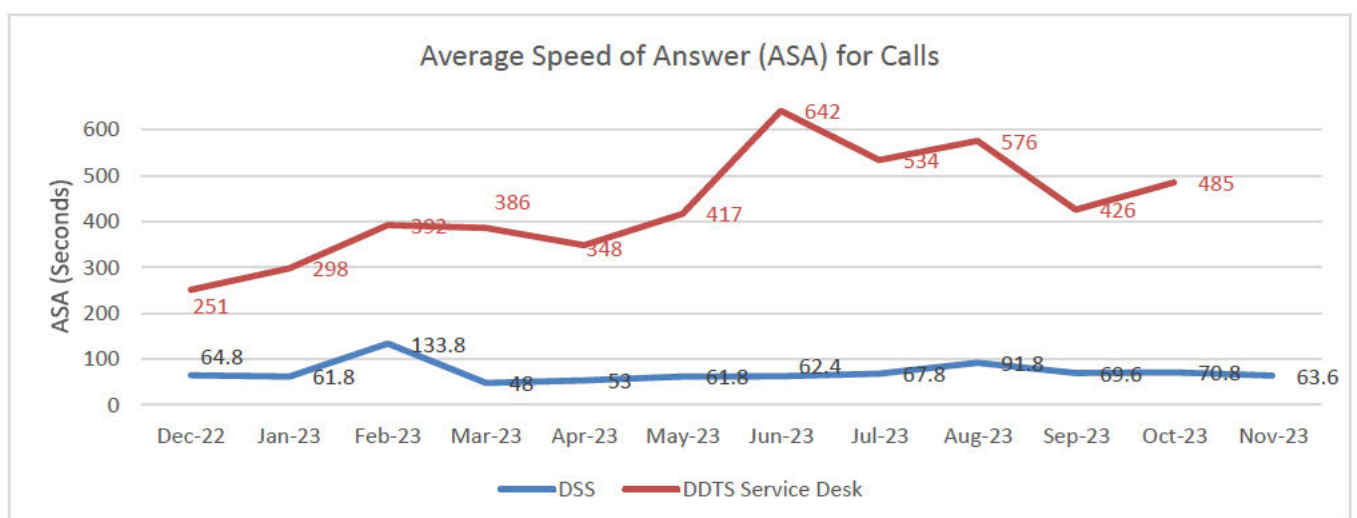
User Satisfaction  
Out of 5

## Monthly Request Summary

Metric	November 2023
Requests Created	8132
Requests Resolved	8543
Total request remaining open	4441
Standard Requests Responded to within KPI Timeframe (4 hours)	91.4%
Standard Requests Resolved within KPI Timeframe (24 hours)	78.5%
Total Number of Urgent Requests	322
Urgent Requests Responded to within KPI Timeframe (30 minutes)	80.7%
Urgent Requests Resolved within KPI Timeframe (2 hours)	58.3%
Total Number of Password Reset Requests	1059
Password Reset Requests Resolved within KPI Timeframe (2 hours)	83.1%

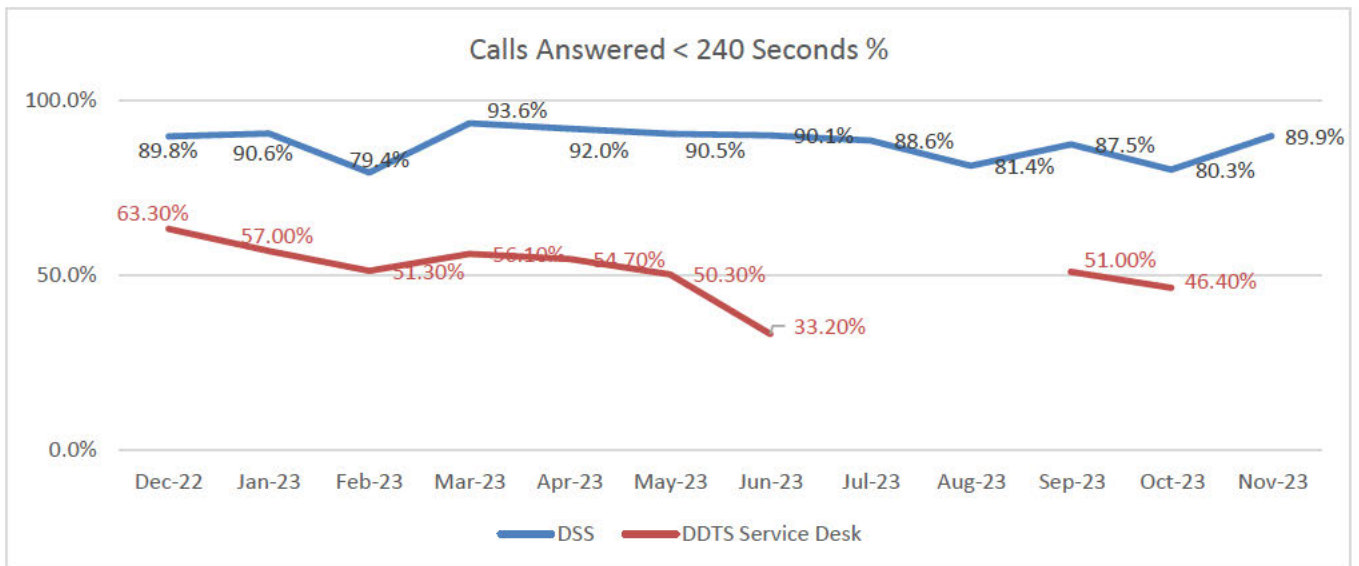


**Graph 1 – Total volume of calls**

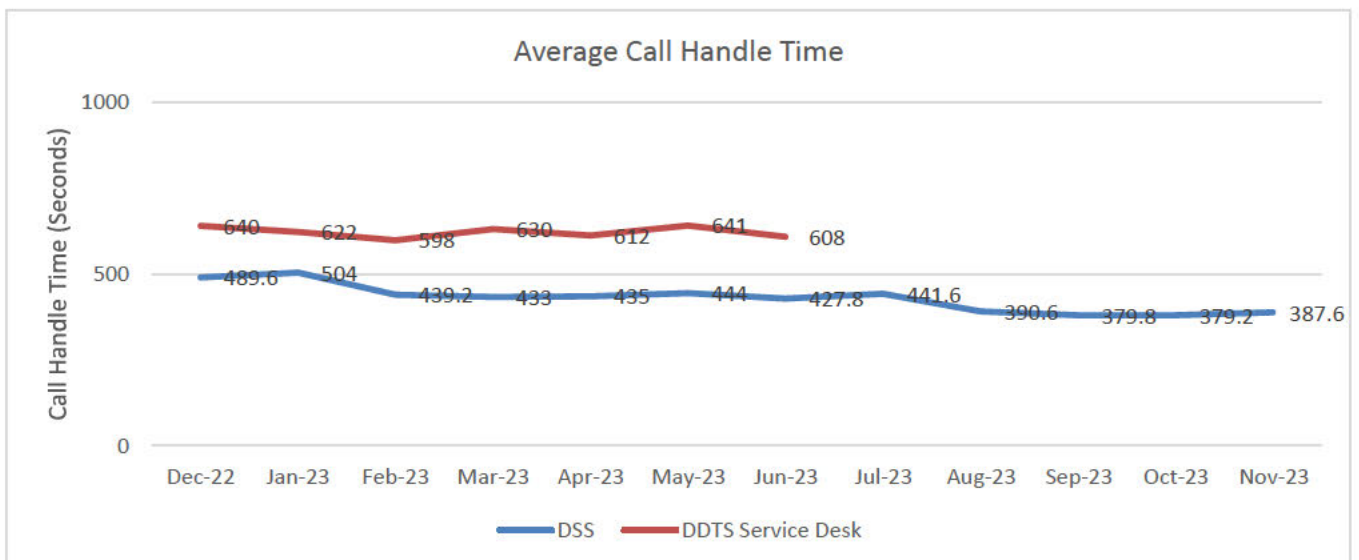


**Graph 2 – Average speed of answer for calls**

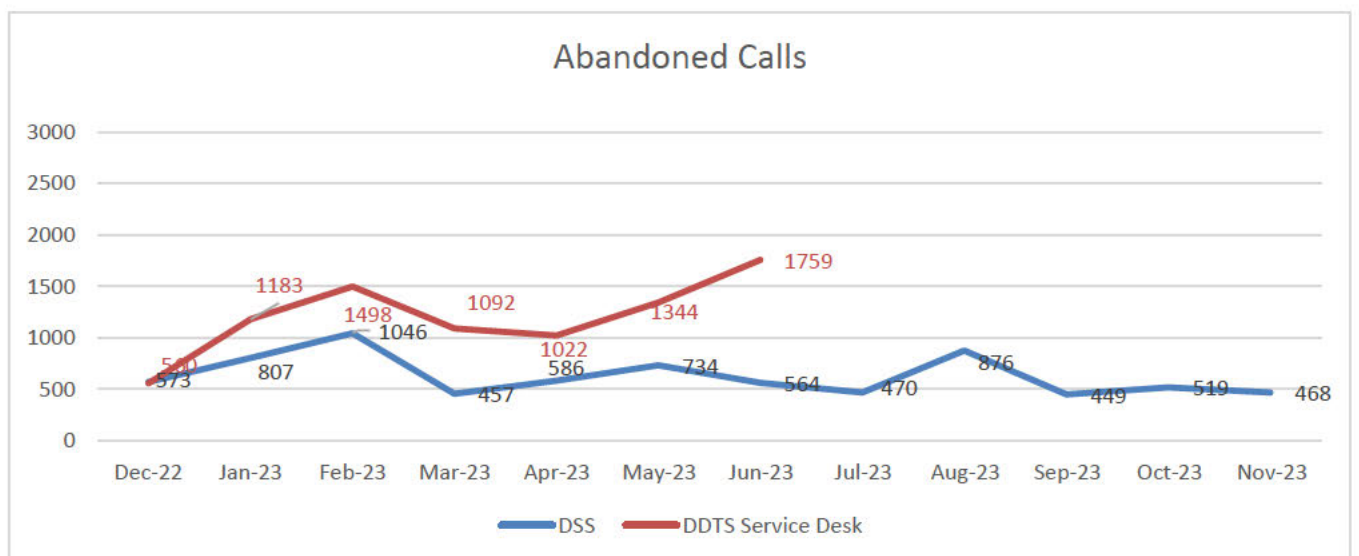




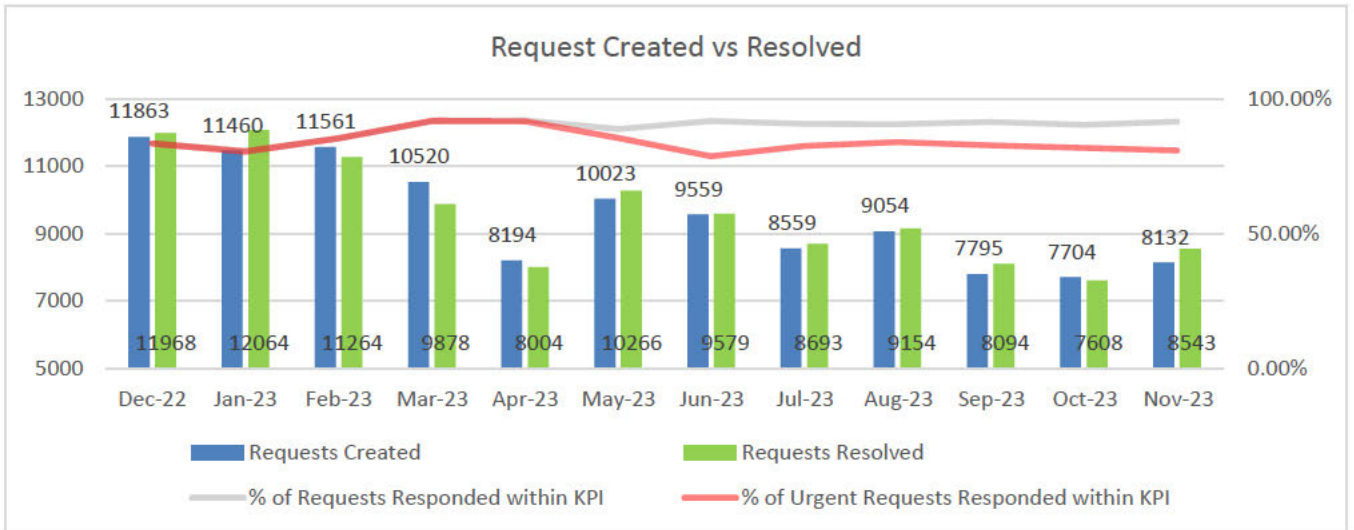
Graph 3 – Total percentage of calls answered within SLA. Note DDTS data for July and August 2023 is unavailable.



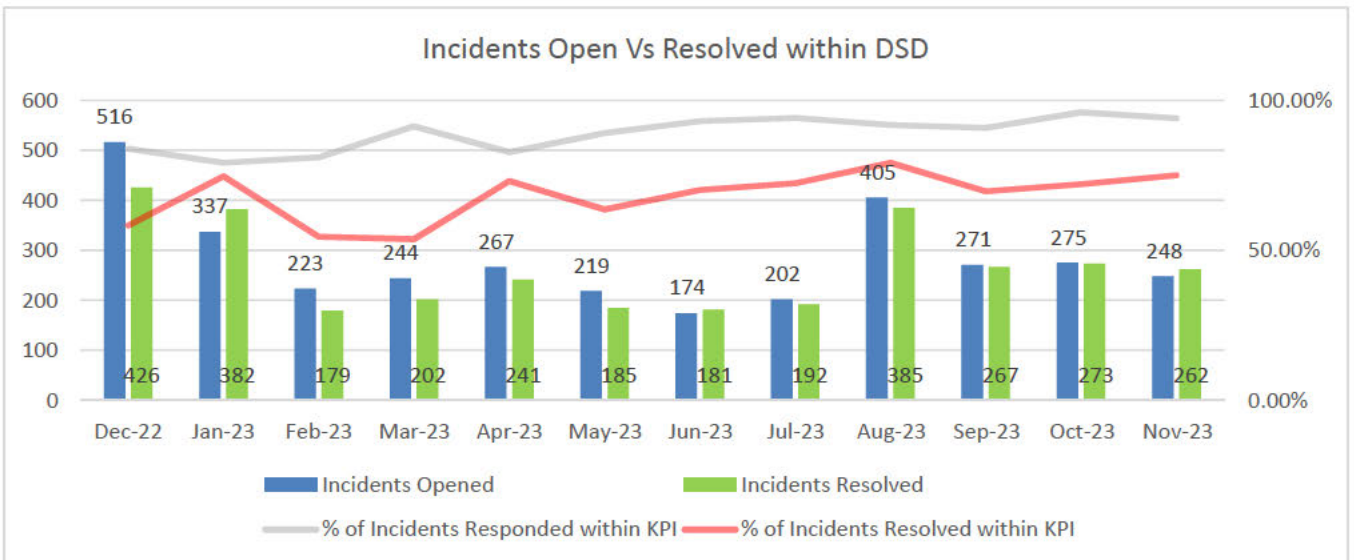
Graph 4 – Average call handle time. Note DDTS data is not available from July 2023.



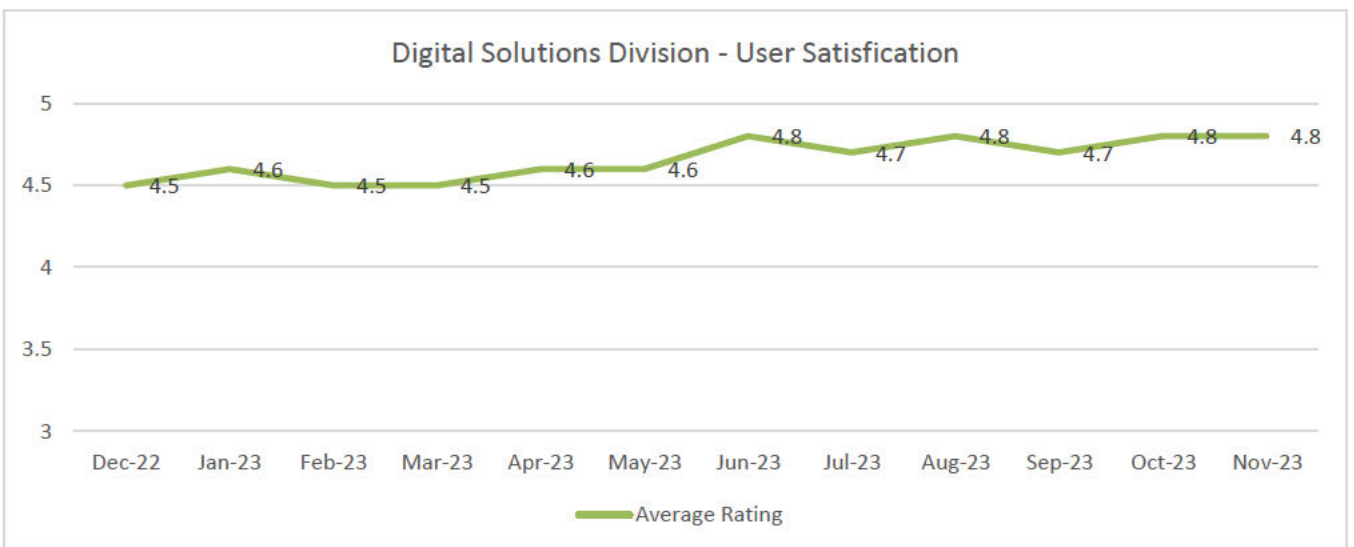
Graph 5 – Total number of calls abandoned. Note DDTS data is not available from July 2023.



**Graph 6 – Total number of requests open vs closed per month, including the KPI turn arounds on time to respond to standard and urgent requests.**



**Graph 7 - Total number of incidents created vs resolved per month, including the KPI turn arounds on time to respond to an incident and the resolution.**



**Graph 8 – Digital Solutions Division User Satisfaction rate out of 5 stars**

## 2.3. Incident Management

An incident is defined as but not limited to an application system issue, fault, or unplanned downtime. DSD reports on all incidents where DSD is responsible for the service (i.e. excluding WhOG incidents managed and reported by DDTS).

Any issue may be categorised as an incident by either the user reporting the issue or by a DSD team member working on the issue.

Incidents are defined under four priority levels:

**Priority 1 (Critical)** – Total system dysfunction and/or shut down of operations, severely impacting government critical services

**Priority 2 (High)** – Disruption impacts effective delivery of business services of an entire site, which could impact other sites

**Priority 3 (Medium)** – Disruption to a number of services or programs within a site, possible flow on to other sites

**Priority 4 (Low)** – Some disruption manageable by altered operational routine in a local site, workarounds available

For this reporting period DSD recorded a total of 248 incidents created and 262 incidents closed.

Of the incidents raised, 94% of those were responded to within the first 30 minutes and 75% of incidents were resolved within four hours.

On 08 November 2023 the government had been impacted by the nationwide Optus outage which resulting in the health service and division losing its ability to contact patients externally from our network. Although the impacted at a national level and all government agencies, only three incidents had been raised in response to the issue.

There was a total of 89 incidents that had been raised in relation to DHR and its related business systems. All but 3 of the DHR related incidents were deemed a P4 status. One of these was a P3 that involved one of the production Epic interfaces purging 12 patient records. The remaining 2 incidents relate to P2 incidents which are outlined in the summary table below.

A total of 48 incidents were categorised as end user devices. Of these, 22 incidents related to hardware faults, 14 related to Clinical Work Devices and 12 related to printing.

Below is a summary of the seven P2 incidents for the reporting period:

Title	Incident Summary	Incident Window	Jira/SNOW #	Priority
DHR – BCP PC icons missing after upgrade	<p>For the duration of the outage, staff were unable to access the Business Continuity Plan application that allows staff to view reports.</p> <p>This incident had been caused by a previously identified minor change that had been pushed to all BCP devices.</p> <p>The resolution of this incident involved rolling back the package pushed to the BCPs to revert it to the previously working version.</p>	<p>Nil Outage 24h, 47m</p>	DSD-395818	P2

<p>Mobile phones lost network connectivity</p>	<p>For the duration of the outage the majority of phone services were unable to contact externally from the government. This impacted both DSD and the majority of the health service.</p> <p>This had been caused by the nationwide Optus network outage that occurred on 8 November 2023.</p> <p>Optus have advised that the cause of the outage was due to a change to the routing information following a routine software upgrade.</p>	<p>Partial Outage 8h</p>	<p>DSD-396882</p>	<p>P2</p>
<p>Evolution - Issues accessing system</p>	<p>For the duration of the outage, staff were unable to access the Evolution application.</p> <p>The cause of the issue had been found to be caused by a service not reliably rebooting when stopped, however the reason behind this has still not been identified.</p> <p>The incident had been resolved by NTT restarting the impacted services on both Evolution production servers.</p>	<p>Full Outage 2h, 30m</p>	<p>DSD-397226</p>	<p>P2</p>
<p>Merlin - Messages are timing out - end user cannot log in to application MerlinMAP</p>	<p>For the duration of the outage, messaging to and from Merlin stopped and users were unable to access the MerlinMap application.</p> <p>The cause of both issues was due to a daily reorder process being run on the retired Calvary store. This generated orders with incompatible data, generating errors and causing error logs to fill the server's disc space.</p> <p>To resolve this, the error logs had been cleared to restore space on the servers, and then both MerlinMap and Mirth were restarted to restore connectivity.</p>	<p>Full Outage 8h, 8m</p>	<p>DSD-400445</p>	<p>P2</p>
<p>Webex - Issues contacting Call Centres across multiple wards</p>	<p>Call centres across ACT Government had intermittent call disconnections for the duration of this incident.</p> <p>DDTS lead the incident management as this was not isolated to Health. The root cause of this incident has not been provided by the vendor; however, they had provided some recommendations which is unclear if this restored functionality or if it had self-resolved.</p>	<p>Partial Outage 10h</p>	<p>INC1008757</p>	<p>P2</p>

<p>Instrument Manager - Results not transmitting to DHR</p>	<p>For the duration of the incident, messaging from Instrument Manager was not transmitting to the DHR system.</p> <p>It has been found that this was caused by a failover event from one server to the backup. Failing back to the primary server resolved the incident.</p> <p>Further investigations are being completed outside of this incident to identify why the initial failover didn't work.</p>	<p>Full Outage 3h, 26m</p>	<p>DSD-400828</p>	<p>P2</p>
<p>Digital Health Record Freezing</p>	<p>For the duration of the outage, users experienced varying degrees of sessions freezing and crashing across the DHR system.</p> <p>This was due to the Network-attached storage servers failing over. When they failed over the web servers were unable to connect.</p> <p>This incident had been resolved by failing back over to the primary NAS server, restoring connectivity to the web servers.</p>	<p>Partial Outage 5h, 51m</p>	<p>DSD-400874</p>	<p>P2</p>

## 2.4. Problem Management

Problems are a cause or potential cause of one or more incidents.

Problem Management is applied to reduce the likelihood and impact of incidents by identifying actual and potential causes of incidents and managing workarounds and known errors. DSD reports on all problems where DSD is responsible for the service (i.e. excluding WhOG incidents managed and reported by DDTs).

For this reporting period a total of two problem records were open, following is a summary:

Title	Open date	Problem Summary	Ticket #
AMS Citrix Issues	03/08/2023	<p>Two issues have been identified relating to AMS becoming inaccessible on Citrix.</p> <p>The first issue identified had been in relation to an error message that occurs when a staff member is unsafely removed from their session, and then attempts to log back in. When this occurs, an error message appears advising that they cannot access a specific C Drive Omnilab link.</p> <p>A fix has been applied and has been confirmed to have resolved this issue.</p> <p>The second issue relates to a wider issue with NetScaler failovers. It has been identified that the PGC NetScalers are failing over constantly, removing all users from their connected sessions when it occurs.</p> <p>The permanent fix has been approved by the cyber security team to be tested for a week. The change is currently being reviewed and will be presented as Change Control Board when ready.</p>	DSD-369408
DHR Printing – Script and Label printing issues	13/11/2023	<p>This problem article has been raised to address all of the repeating issues with printing services across the health service.</p> <p>Technical Services are currently taking ownership of the investigations of the issues associated with this article. Remediation actions are still being discussed and planned at this stage.</p>	DSD-398278

## 2.5. Change Management

All changes that occur within the ICT environment are documented in our IT Service Management tool (Jira) and undertake an established approval process. Changes are defined into four separate categories that are minor, major, significant and emergency. The category of the change request defines the approval process.

The definition of the changes recorded are:

**Minor** – Low risk, standard, repeatable, non-time critical and have a low risk/impact of failure

**Significant** – Moderate complexity with a moderate risk/impact of failure

**Major** – High consequence of failure, that are technically complex, represent a significant financial investment or are politically sensitive

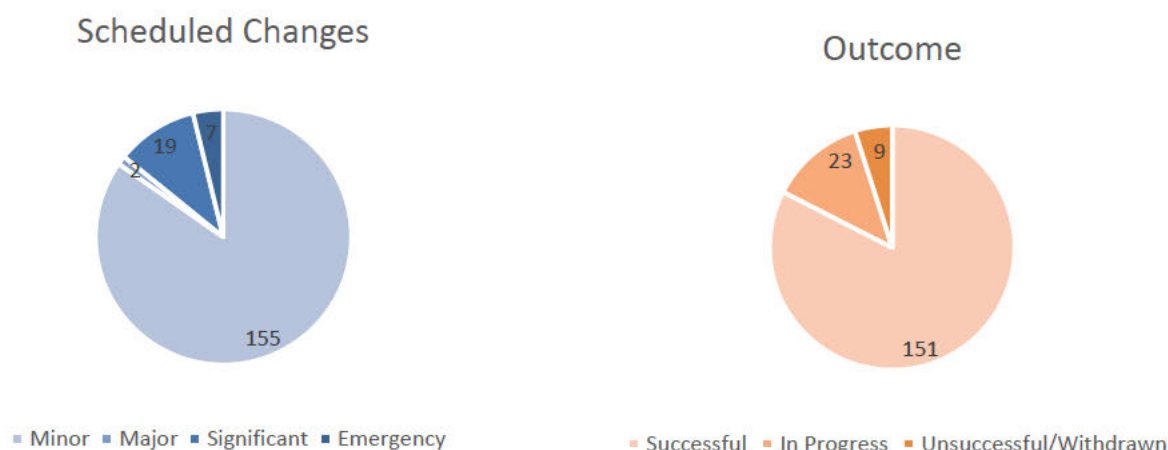
**Emergency** – Must be introduced as soon as possible to resolve an urgent incident address an unacceptable level of risk or prevent disruption to critical business services.

All Major and Significant changes must be considered through the Change Control Board (CCB) approval process prior to proceeding. The CCB met four times during November on the following dates:

- 10 November 2023
- 15 November 2023
- 22 November 2023
- 29 November 2023

There were 18 changes tabled across the four meetings. Of the 18 changes, there were 17 endorsed during this reporting period.

### 2.5.1. Scheduled Changes



**Major and Significant changes included the following:**

- Standard monthly patching of Health Enclave systems, including Philips systems
- Upgrade BCP PC software for DHR November Upgrade
- AGFA Update Virtual Server Infrastructure and Oracle Linux Patching
- TCH B19 L3 Communications room NMP Switch Upgrade and additional 2 Switches for B1 L8
- Migration of IQ Messenger and OmniVista servers, Philips IBE, Provation and Spot Monitor servers to new NTT platform
- Labguard and HealthLink Production migration from NTT Azure to ACT Government tenancy
- Deploy initial version of BADGER Data architecture, data pipelines and data tables into Production

**Emergency changes included the following:**

- Reboot of Intellibridge Enterprise server
- Reboot of Synapse Server
- Security vulnerability for Mirth Connect or Nextgen Connect
- LMS server name update with cross-domain proxlet for SAP
- Restarting the Primary Security AD Server to apply required Windows Updates
- Health IAM - Business Unit update mitigation
- Mirth - Emergency patching for Mirth integration server

A total of nine changes were reported as unsuccessful, following is a break-down of the associated resolution type:

Status	Total
Backed out	2
Cancelled	3
Failed	3
Withdrawn	1



**Unresolved changes greater than 30 days**

The following table reflects changes which have been endorsed by Change Control Board and remain open for a period of greater than 30 days:

CCB Approval Date	Planned Implementation Date	Change #	System Name	Description	Status
12/07/2023	End Nov	CHG0106665	ProACT	Update the PROACT nursing report and the PIE reporting environment	Scheduled
26/07/2023	TBC	DSD-356223	CPF	CPF Copy production data from existing NTT Azure data stores to the new NTT physical data stores.  The data has been copied and kept in sync until the storage switch program is complete.	In Progress
20/09/2023	TBC	DSD-381614	Multiple	CHWC Building 11 - 1.2 Communications Room Switch Upgrade	In Progress

## 2.6. Legacy Records Management (Paper Records)

DSD manages the physical (paper) administrative files for the ACT Health Directorate and Canberra Health Services. With ACT Health undertaking the majority of record keeping digitally now, new paper files are primarily created for Canberra Health Services.

The legacy records management is currently undertaken by a team based at the DSD warehouse in Hume where there is in excess of 200,000 files in records boxes on box shelving. The team ensures the ongoing management of these records in accordance with the Territory Records Act 2002 for both agencies, including an active disposal program. The team is currently investigating options for, and the regulatory requirements of, record digitisation and in order to streamline management and access of eligible records.

Service	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23
Record transfer of a paper files to another officer	45	18	16	11	23	6	17	9	23	18	12	34
Paper File Retrieval Request	5	10	10	10	16	13	15	9	19	15	11	27
New Paper File Request	209	237	149	188	103	141	261	147	158	128	115	211
New File Part Request	9	17	10	4	4	7	13	11	2	3	6	3
Transfer Paper File to Records/Storage	16	11	14	7	12	9	18	10	18	8	6	12

## 2.7. Digital Records Management

All ACT Health Directorate areas have been transitioned from the Q: Drive, into Objective for the management of administrative records.

Work is continuing on the progression of the Objective solution for Other Government Business. It has been identified that Health Protection Services are using the WhoG instance of HP Content Manager (TRIM) for the management of regulatory records, work is underway with Health Protection Services to transition this to Objective.

Additional work is underway by the Digital Records team to undertake a desk top review of the structures and use of Objective by ACTHD business units to ensure areas are meeting their obligations under the Territory Records Act. Once the review is finalised an action plan will be developed to engage with areas and provide additional training and support to refine structures and business processes as required.

Metric	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23
General Objective/TRIM enquiry	67	24	33	33	25	52	21	18	64	51	29	26
Request Objective access + new user	19	53	64	58	51	73	40	71	81	87	57	48
Request Access/Restriction on a file or folder	9	13	19	29	24	28	23	21	18	30	31	20

## 3. Projects and Program

### 3.1. Summary Overview

The Digital Solutions Division (DSD) has a work program with 38 active projects in progress. The Division tiers projects from 1 to 4 in accordance with the Portfolio Delivery Framework. The Tier 1 projects are the most complex and Tier 4 are considered smaller and less complex.

Projects that have been classified as a Tier 1 or Tier 2 are required to report monthly to the Executive Sponsor and Chief Information Officer. The below reporting dashboards are derived from the reports submitted by Project Managers for the period ending 12 November 2023.

Out of the 21 major (Tier 1 and Tier 2) there are four projects tracking red. The first is the Pharmacy Inventory Management System (PIMS). Confirmation is pending from the vendor on when the next upgrade will be available to fix the issues.

The next project is the North Canberra Hospital OneID and Electronic Access Control (EACS) Replacement. The forecasted completion is now expected in March 2024 due to the impacts of the theatre fires and onsite asbestos.

The BreastScreen Information System upgrade is experience delays for the final two deliverables for replication and high availability configurations, the combined work is expected to take 12 weeks.

The last project tracking red is the Data and Reporting Remediation Project. The new issues and risks are associated around phase 2 of the project. Development of a business case to seek additional funding is now underway for phase 2.

For this reporting period, there were two new projects established which include:

- IHSS Food Services Model Transformation
- Endoscopy Service Expansion

Two projects were formally closed during this period. The first was the ICU redevelopment for Building 12 at the Canberra Hospital which provided an additional eight new beds within a single-story expansion. The second was the Rhapsody cutover with successfully transition from AETHER to Rhapsody.

Further details on each of the new projects can be found on the Digital Solutions Division Portfolio Dashboard below.

### 3.1. Digital Solutions Divisions Portfolio Dashboard



ACT Health

## Digital Solutions Division PORTFOLIO DASHBOARD

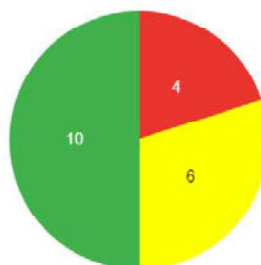
Reporting Period: 16 October 2023 to 12 November 2023

#### Overview

Number of Programs	Number of Active Projects
1	38
Number of New Projects	Number of Major Projects
2	21
Number of Projects Closed	
2	

#### RAG Status of Major Projects

Red  
Yellow  
Green

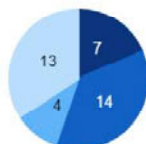


#### Resources

- Portfolio Summary
- Major Projects List
- Portfolio Dashboard Met...

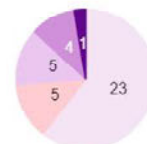
#### All Projects by Tier

Tier 1  
Tier 2  
Tier 3  
Tier 4



#### All Projects by Stages

Initiate  
Plan  
Execute  
Deliver  
Close



### Major Program & Projects List

#### Major Program Report

Program ID	Program Name	RAG Status	Tier	Project Stage	Program Manager	Executive Sponsors
PG0001	Critical Services Building Program	Yellow	Tier 1	Execute	Grant Clark	Colm Mooney

#### Major Project Report

Project ID	Project Name	Project Health	Project Tier	Approval Stage or Tranche	Digital Health Strategy Theme	Project Manager	Executive Sponsor	Go-Live Tracking
PJ0002	Centenary Hospital for Women and Children Expansion Project	Green	Tier 1	Execute	• Patient-centred • Health services enabled by contemporary technology	Mark Cahill	Chris Tarbuck	30/11/23
PJ0004	CSB (Critical Services Building) Main Build	Green	Tier 1	Plan	• Patient-centred • Health services enabled by contemporary technology	Dale Ninness	Chief Minister	30/06/24
PJ0009	Notifiable Disease Management System (NDMS)	Green	Tier 1	Deliver	• Patient Centred • Research, discovery and collaboration	Maddison Noble	Kerryn Coleman	04/01/24 Phase 2
PJ0013	Pharmacy Inventory Management System	Red	Tier 2	Initiate	• Patient-centred • Health services enabled by contemporary technology	Elise Griffiths	Sandra Cook	20/06/22 (CPHB) 26/09/22 (CHS); Phase 2: 20/04/2
PJ0016	TCH Building 12 Medical Imaging Refurbishment	Yellow	Tier 2	Deliver	• Patient-centred • Health services enabled by contemporary technology	Alkesh Hemrajani	Colm Mooney	23/09/23
PJ0017	TCH Building 19 Level 3 Refurbishment	Green	Tier 2	Plan	• Patient-centred • Health services enabled by contemporary technology	Alkesh Hemrajani	Colm Mooney	31/07/23
PJ0018	TCH Building 20 L1 RadOnc Linac Replacement	Green	Tier 2	Close	• Patient-centred • Health services enabled by contemporary technology	Alkesh Hemrajani	Colm Mooney	31/12/22
PJ0019	Weston Creek CHC Medical Imaging Expansion	Green	Tier 2	Deliver	• Patient-centred • Health services enabled by contemporary technology	Alkesh Hemrajani	Colm Mooney	21/07/23
PJ0033	North Canberra Hospital OneID and EACS Replacement	Red	Tier 2	Initiate	• Health services enabled by contemporary technology	Paul Harrison	Jarrad Nuss	27/12/23
PJ0036	BIS Upgrade Project	Red	Tier 2	Initiate	• Patient-centred • Health services enabled by contemporary technology • Research, discovery and collaboration	Maddison Noble	Julianne Siggins	09/12/23
PJ0044	Identity Governance	Yellow	Tier 1	Initiate	• Health services enabled by contemporary technology	Sonya Floyer	CIO	30/06/25
PJ0045	Distribution Centre Relocation	Yellow	Tier 2	Deliver	• Health services enabled by contemporary technology	Francisco Colarte	Andrew Murphy	30/10/23
PJ0041	Embedding a Positive Safety Culture	Yellow	Tier 2	Plan	• Health services enabled by contemporary technology	Nicole Wang	Holger Kaufmann	26/01/24
PJ0046	Eating Disorder Residential Treatment Care Centre	Green	Tier 2	Initiate	• Patient-centred • Health services enabled by contemporary technology	Margaret Ryan	David Jones	TBD
PJ0048	Building Fit-out works for CAMHS at Bowes Street	Yellow	Tier 2	Plan	• Patient-centred • Health services enabled by contemporary technology	Agam Munshi	Evan Byrne	28/12/23
PJ0050	ACT Pathology Laboratory Expansion	Green	Tier 2	Initiate	• Health services enabled by contemporary technology	Francisco Colarte	Glenn Edwards	TBD
PJ0049	Environmental Monitoring System	Yellow	Tier 2	Initiate	• Health services enabled by contemporary technology	Sonya Floyer	Holger Kaufmann	22/12/23
PJ0054	Critical Communications Infrastructure Upgrades at ACT Public Hospitals - Distributed Antenna Systems	Green	Tier 1	Initiate	• Health services enabled by contemporary technology	Anthony Taylor	Holger Kaufmann	Dec 2025
PJ0061	Data and Reporting Remediation Project	Red	Tier 1	Initiate	• Patient-centred • Health services enabled by contemporary technology • Research, discovery and collaboration	Katherine Gechter	Rebecca Cross	Dec 2024
PJ0064	Infusion (IV) Pumps	Gray	Tier 2	Execute	• Patient-centred • Health services enabled by contemporary technology	Tim Panoho	Holger Kaufmann	TBA
PJ0065	DHR Upgrade to Hyperdrive	Green	Tier 1	Initiate	• Health services enabled by contemporary technology	Megan Doherty	Holger Kaufmann	05/30/24

Tier 3 & 4 Projects

Project ID	Project Name	Project Manager	Executive Sponsor	Digital Health Strategy Theme	Approved Baseline Budget (Capex)	Approved Baseline Budget (Opex)
PJ0035	Mainpac Expansion	bridget.maclea@act.gov.au	'David Jones	• Health services enabled by contemporary technology	\$254,375.00	\$38,958.75
PJ0037	Electric Vehicle Charging ICT Standard	Francisco Colarte	'Colm Mooney	• Health services enabled by contemporary technology	\$0.00	\$20,000.00
PJ0040	DALI System Upgrade	Nicole Wang	'Chris Tarbuck	• Health services enabled by contemporary technology	\$0.00	\$50,000.00
PJ0042	TCH B3 L1 Rheumatology & Dermatology Consultation Room Upgrades	Mark Cahill	'Chris Tarbuck	• Health services enabled by contemporary technology		\$4,200.00
PJ0043	1 Moore Street Security Upgrade	Mark Cahill	'Scott Harding	• Health services enabled by contemporary technology		\$5,000.00
PJ0047	RAPID	Bridget MacLean	Sarah Mogford	• Patient Centred • Health services enabled by contemporary technology	\$187,680.00	\$46,749.00
PJ0051	Watson Health Hub (WHH)	Mark Cahill	David Jones	• Patient Centred • Health services enabled by contemporary technology	\$0.00	\$49,438.00
PJ0052	North Canberra Hospital Transition	Krystle Huggett	Director General	• Patient Centred • Health services enabled by contemporary technology	\$100,000 TBC	
PJ0053	Legacy System Remediation and Data Preservation	Arvin Sibug	Justine Spina	• Health services enabled by contemporary technology		\$20,000.00
PJ0055	DHR Onboarding Form Report	Taiwo Olalere	Sandra Cook	• Health services enabled by contemporary technology		\$0.00
PJ0056	CPF - Build of Prod & Non-Prod hardware	Ian Bull	Colin Macdonald	• Health services enabled by contemporary technology		\$70,000.00
PJ0058	B6 and B28 Staff Relocation to B1, Level 8 Project	Mark Cahill	Brendan Docherty	• Health services enabled by contemporary technology		\$34,520.00
PJ0060	Electrical Distribution Boards	Navjeet Grover	Chris Tarbuck	• Health services enabled by contemporary technology		\$22,000.00
PJ0062	Nuclear Medicine Equipment Upgrade Project	Alkesh Hemrajani	Colm Mooney	• Health services enabled by contemporary technology		\$38,412.00
PJ0063	Decant of Staff from TCH B6, B17 and B23	Manfred Kahl	Susu El Hussein	• Health services enabled by contemporary technology		\$308,082.00
PJ0067	IHSS Food Services Model Transformation	Francisco Colarte	Colm Mooney	• Patient Centred • Health services enabled by contemporary technology		\$25,641.00
PJ0068	Endoscopy Service Expansion	Navjeet Grover	Brendan Docherty	• Patient Centred • Health services enabled by contemporary technology		\$54,530.30

Red Synopsis Report

Synopsis Status	Project ID	Project Name	Project Tier	Approval Stage or Tranche	Comments
●	PJ0013	Pharmacy Inventory Management System	Tier 2	Initiate	The project status remains RED for Issues identified and quality. Awaiting confirmation from Pharmos when the next upgrade to fix issues will be.
●	PJ0033	North Canberra Hospital OnelD and EACS Replacement	Tier 2	Initiate	Project completion is forecast to be delayed until May 2024 due to impacts of Theatres fire, onsite asbestos; resource availability and additional backend infrastructure capacity required to C-Cure. An exception report and stage gate planned for late November.
●	PJ0036	BIS Upgrade Project	Tier 2	Initiate	Continued delays for final two deliverables for replication and high availability configuration. Combined work expected to take 12 weeks.
●	PJ0061	Data and Reporting Remediation Project	Tier 1	Initiate	The project Status is reporting red for Risks, Budget and Scope. New issues and risks have been added to the project regarding Phase 2. A business case to treasury is underway to seek funding for Phase 2. The complete scope of data and reporting requirements for Phase 2 is unknown. Work is underway to define an interim scope as the project transitions to Phase 2.

New Projects

Project ID	Project Title	Project Overview
PJ0067	IHSS Food Services Model Transformation	ICT infrastructure remediation tasks to support the overall new food services model
PJ0068	Endoscopy Service Expansion	Expansion of endoscopy suites located in B12, L3 Canberra Hospital

Closed Projects

Project ID	Project	Project Overview
PJ0015	TCH Building 12 ICU Redevelopment	Construction of a single-story addition to the existing ICU space is complete, providing an additional eight new beds to assist with the frequent overflow of the current ICU space.
PJ0059	Rhapsody Cutover	Transition from AETHER to Rhapsody is now complete for the remaining systems. Rhapsody's advanced security features and protocols offer heightened protection against potential vulnerabilities and cyber threats, safeguarding sensitive patient data and maintaining compliance with industry regulations.

Major Project Risks Heat map

Primary	2	3	4	5	6
<b>Risk Matrix</b>					
Almost Certain			4	1	
Likely		2	5	4	
Possible	1	22	20	9	1
Unlikely	2	7	21	4	
Rare	2	3	5		
	Insignificant	Minor	Moderate	Major	Catastrophic

Major Project Issues Heat map

Primary	2	3	4	5	6
<b>Issue Matrix</b>					
Critical					
High			8	8	1
Moderate		1	4	1	
Low		1			
Planning		1		1	
	Insignificant	Minor	Moderate	Major	Catastrophic

Major Projects Critical Risks/Issues Report

Project Name	Risk/Issue	Title	Residual Rating	Action to Be Taken
Data and Reporting Remediation Project	Risk	The size of the data quality problem is not yet fully known	Extreme	• Data quality workstream to continue in Phase 2 • Develop Data Quality Plan at commencement of Phase 2
Data and Reporting Remediation Project	Risk	Financial impacts occur due to delays or inaccurate or incomplete data being provided for funding submissions	Extreme	• ACTHD to continue discussions with Commonwealth and Treasury on completeness of submissions and options for reducing funding impacts.
Data and Reporting Remediation Project	Issue	The scope and requirements for Phase 2 is unknown	Extreme	The project team is engaging with key stakeholders and referencing documentation from the DHR project to document and plan for the Phase 2 reporting scope.

## 3.2. Data and Reporting Remediation Project Status Report



### Data and Reporting Remediation Project

### Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient Centred
- Health services enabled by contemporary technology

Reporting Period:

16 October 2023 to 12 November 2023

#### Project Overview

The Data and Reporting Remediation Project will be delivered in multiple phases to ensure critical data capture and availability and reporting needs are met, in line with timelines agreed with the National Health Funding Body (NHFB), Independent Health and Aged Care Pricing Authority (IHACPA), and Australian Institute of Health and Welfare (AIHW), as well as operational and strategic data and reporting priorities agreed for the ACT public health system. 3. Phase 2 of the project will be delivered from December 2023 to December 2024 and will focus on delivering other external, internal and strategic data and reporting priorities, as agreed for the Territory's public health system.

#### Trending

Declining

#### Project Governance

Project ID	PJ0061
Approval Stage	Initiate
Tier	Tier 1
Sponsor	Rebecca Cross
Governing Committee	Data & Reporting Remediation Project Board

#### Project Performance Indicators

Overall Health Status	Schedule Health	Benefits Realised	Budget Health Status	Quality Health Status	Risks Health Status	Scope Health Status
Red	Green	Green	Red	Yellow	Red	Red

#### Project Baseline

Project Delivery Team	Current Schedule	Schedule Baseline	Approved Budget	Budget - Actual
Project Manager:  Katherine Gechter	01/08/23 Actual Start Date	01/08/23 Baseline Start Date	\$7,543,502.00 Approved Baseline Budget (Capex)	\$6,852,796.00 Capex Variance
Approver: Holger Kaufmann	20/12/24 Actual End Date	20/12/24 Baseline End Date	\$14,265,216.00 Approved Baseline Budget (Opex)	\$13,935,944.00 Opex Variance

### Project Status Commentary

#### Project Status

The project has submitted preliminary data required for ED, ESWL, APC, NAP and MH on the dates required. A final submission is on track for 24 November. It is expected that the final NAP submission will not reflect complete activity for FY 23/24 due to data quality issues.

CHS and NCH have provided feedback on the proposed solutions for the Legacy Systems Data proposal. This workstream is currently directing its attention to planning the upcoming steps for phase 2.

The project will transition into Phase 2 after the final submission. Planning is underway, however the project structure, scope and project resource needs are currently undefined and there are significant risks associated with competing priorities that are not yet clear. Funding for the project will also affect the ability to fully realise scope. These issues have led to the project status currently reporting red.

#### Benefits

The Data Ecosystem has data available for reporting on Emergency Department (ED), Elective Surgery Wait List (ESWL) and Admitted Patient Care (APC) activity and outcomes. This data has been submitted to AIHW for inclusion in the Report on Government Services. Preliminary data for ED, APC, Non-Admitted Patients (NAP) and Mental Health (MH) were submitted to the NHFB, IHACPA and DVA on multiple occasions from 29 September 2023 through 10 November and feedback has been positive.

#### Budget

Phase 1 of the budget is on track as several of the planned resources have not been utilised at this stage. BAU DSD resources working on the Data Ecosystem were not originally included in the budget but are represented in the project capex expenses. A business case to Treasury is underway to seek funding for the project, however a decision will not be known until February 2024. Discussions are in progress to identify recruitment needs prior to February so Phase 2 is not delayed. Status has changed to Red as Phase 2 funding is not approved.

#### Quality

The project has processes in place ensure the build quality of the Data Ecosystem and the accuracy of submission outputs.

The Data Quality workstream has several risks and issues that are impacting the team's ability to rectify all the data quality issues identified and many are issues are still unknown. Several data quality issues have been identified that will result in an incomplete submission for NAP and will not be fully rectified by the final submission date. Any decisions and management of data quality issues has been thoroughly documented and approved by the Steering Committee or the Project Board.

A Quality Assurance Report will be produced at the end of Phase 1 summarising the assessment of processes and steps in place to ensure the quality of data submitted to the NHFB.

#### Risks & Issues

Several new issues and risks have been added to the project, primarily around Phase 2. A subset from the full list:

- Organisational priorities and timelines will not align with project priorities.
- Scope for Phase 2 is too ambitious to achieve
- Establishment of critical strategic and frameworks will be delayed
- Internal and external stakeholder expectations are not strategically managed

#### Scope

Providing FY22/23 mandatory national submission datasets is the highest priority for this project and the primary focus for the work effort in Phase 1 of this project. Data has been submitted for all submissions in scope. Final submissions for ED and APC are on track to accurately and completely reflect activity data. Several data quality issues with NAP and MH have impacted the 2022/23 submission and will need to be rectified in phase two, noting there is a suite of issues to be managed for all submissions.

In the Legacy Systems Data workstream, the team are finalizing the high-level scoping of a project proposal. It has been decided that a more comprehensive analysis is necessary, which includes conducting a cost-benefit analysis, therefore the milestones for further analysis and the Project Initiation Document will need to be carried over to Phase 2.

Phase 2 of the project will focus on continuing work from Phase 1, to build foundations and establish governance required for reporting across the ACT public health system. The complete scope of data and reporting requirements for Phase 2 is unknown. Work is underway to define an interim scope for December 2023 - January 2024 as the project transitions to Phase 2 and further discussions are needed to finalise the full Phase 2 scope. The project leadership team are also developing a prioritisation process to provide transparency and a clear and defined scope for Phase 2. The Project Board will identify the 3-5 priorities by the end of November.

### Key Project Milestones

#### Key Milestones Report - Data and Reporting Remedia

Health	Priority	Task Name	Start Date	End Date	Status	Jul 30	Aug 6	Aug 13	Aug 20	Aug 27														
						S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T
		Deliverable: Phase 1 Stage Gate Report	15/11/23	30/11/23	Not started																			
		Deliverable: Project Initiation Document (PID) Approved for Phase 2	01/08/23	22/12/23	In progress																			
		Deliverable: APC NWAU elements	30/09/23	24/11/23	In progress																			
		Deliverable: ED NWAU elements	30/09/23	24/11/23	In progress																			
		Deliverable: NAP NWAU elements submitted to NHFB	01/08/23	24/11/23	In progress																			
		Deliverable: MH Inpatients NWAU elements submitted to NHFB	01/08/23	24/11/23	In progress																			

## Financial Performance

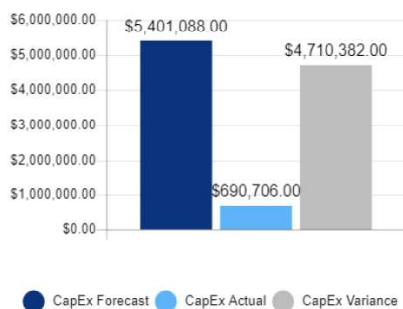
### Whole of Life Budget & Expenditure

CapEx	
Budget	\$7,543,502.00
Forecast	\$7,543,502.00
Actual	\$690,706.00
Variance	\$6,852,796.00

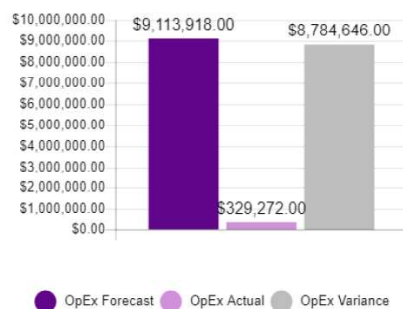
  

OpEx	
Budget	\$14,265,216.00
Forecast	\$14,265,216.00
Actual	\$329,272.00
Variance	\$13,935,944.00

### Current Financial Year 2023-2024



### Current Financial Year 2023-2024



## Project Risks & Issues Profile

### Risk Matrix (Post Treatment)

Primary	2	3	4	5	6
<b>Risk Matrix</b>					
Almost Certain					1
Likely				3	1
Possible			4	4	1
Unlikely		1			
Rare					
	Insignificant	Minor	Moderate	Major	Catastrophic

### Issue Matrix

Primary	2	3	4	5	6
<b>Issue Matrix</b>					
Critical					
High				2	2
Moderate			1	3	1
Low					
Planning			1		1
	Insignificant	Minor	Moderate	Major	Catastrophic

### Risks

Title	Residual Rating	Action to Be Taken
The size of the data quality problem is not yet fully known	Extreme	<ul style="list-style-type: none"> <li>Data quality workstream to continue in Phase 2</li> <li>Develop Data Quality Plan at commencement of Phase 2</li> </ul>
Financial impacts occur due to delays or inaccurate or incomplete data being provided for funding submissions	Extreme	<ul style="list-style-type: none"> <li>ACTHD to continue discussions with Commonwealth and Treasury on completeness of submissions and options for reducing funding impacts.</li> </ul>
Insufficient funding approved for the project	High	<ul style="list-style-type: none"> <li>Define Phase 2 scope and capability requirements</li> <li>Identify resources critical to Phase 2 of the project that must be onboarded prior to receiving decision from Treasury on funding for the project.</li> </ul>
Key operational reporting/data not available to services	High	<ul style="list-style-type: none"> <li>Project to prioritise and schedule operational work to be undertaken by project and ensure appropriate resources are allocated.</li> </ul>
Establishment of critical strategies and frameworks will be delayed	High	<ul style="list-style-type: none"> <li>Early and frequent engagement with stakeholders on progress of this work</li> </ul>
Scope for Phase 2 is too ambitious to achieve	High	<ul style="list-style-type: none"> <li>Establish and deliver a Stakeholder Management and Communications Plan to support clear, consistent and regular messaging on the scope of work and progress of delivery.</li> </ul>
Reputational harm to the ACT public health system and Government	Medium	<ul style="list-style-type: none"> <li>Establish project schedule, plan and controls to coordinate, manage and monitor the delivery of Phase 2.</li> <li>Identify key stakeholders/stakeholder groups and develop and execute a Stakeholder Management and Communications Plan to ensure clear and consistent messaging both within the health system and externally.</li> <li>Send regular communications to key stakeholders (both internal and external) on the status of the remediation work to manage stakeholder expectations.</li> </ul>
Delay to Activity Based Funding (ABF) Project	Medium	<ul style="list-style-type: none"> <li>Establish project schedule, plan and controls to coordinate, manage and monitor the delivery of Phase 2.</li> <li>Develop and deliver a Stakeholder Management and Communications Plan for Phase 2.</li> <li>Manage communications and engage with the ABF team on status of required data for the ABF project (as per Stakeholder Engagement and Communications Plan).</li> </ul>
Key operational reporting requirements for National Safety and Quality in Health Standards (NSQHS) will not be met	Medium	Project to scope reporting requirements and priorities.
Data and reporting priorities are not aligned	Medium	Project will identify priorities for BAU reporting teams. Combine high level teams across public health service to provide a single and consistent prioritisation process.
Lack of stakeholder engagement in Legacy Systems Data requirements gathering	Medium	Establish regular stakeholder engagement plan for Legacy Systems Data Workstream
Inadequate Legacy Systems Data requirements gathering leading to the omission of some stakeholder needs	Medium	Enhance data capture processes and validation
Potential Data Loss in Already Decommissioned System	Medium	Conduct a comprehensive data recovery assessment for decommissioned legacy systems
Phase 2 is not resourced to achieve the deliverables scoped for Phase 2	Medium	<ul style="list-style-type: none"> <li>Receive agreement and clear direction from the Project Board on resourcing commitments from all Data and BI teams.</li> <li>Refine scope and resourcing requirements to identify core project team needed to kick off in December</li> <li>Finalise scope, resource requirements and project governance before end of year</li> </ul>
Organisational priorities and timelines do not align with project priorities	Medium	<ul style="list-style-type: none"> <li>Each organisation is establishing internal process for prioritising their organisation-specific data and reporting requirements.</li> <li>Priority order for the project will be overseen by the Project Board to ensure strategic oversight of priority and timelines.</li> </ul>



Project Issues		
Title	Residual Rating	Action to Be Taken
The scope and requirements for Phase 2 is unknown	Extreme	The project team is engaging with key stakeholders and referencing documentation from the DHR project to document and plan for the Phase 2 reporting scope.
Compacted period of time available for data quality rectification work and not enough staff available to do the work in the short period	High	<ul style="list-style-type: none"> <li>Project Director to ensure coordination and communication between teams.</li> <li>Project leadership establishing improvements to processes for efficient and early identification, escalation and communication of data quality issues.</li> </ul>
Project time pressures and volume of work negatively impact staff wellbeing, resulting in burnout, unplanned leave and turnover	High	<ul style="list-style-type: none"> <li>Manager's to actively monitor staff working hours and staff wellbeing and provide flexibility in work arrangements.</li> <li>Establish a balanced approach to scope and timeframes between what is required versus best practice and "nice to have".</li> <li>Communicate realistic expectations of what can be achieved in the expected timeframes and escalate to Project Board when what is achievable does not align with the project schedule and scope.</li> <li>Escalate resource capacity or capability issues to the Project Board early</li> <li>Leverage available HR and wellbeing resources and training to support project team and manager/leader development</li> </ul>
Complexity of data quality issues will require more vendor and Application team support than originally anticipated	High	<ul style="list-style-type: none"> <li>Escalate and engage with Application teams and vendor early.</li> <li>Identify immediate rectification tasks and plan for longer term rectification during Phase 2</li> </ul>
Reporting of Non-Admitted Patients (NAP) activity in FY22/23 will be significantly lower than previous financial years due to issues extracting the data.	High	Continue analysis of encounter type configurations and workflows. Prioritise effort based on weight first and then volume of encounters. In Phase 2 of the project work with Applications teams on training and DHR configuration changes.
Reporting of Health of the Nation Outcomes Scales (HoNOS) data in the APC submission for FY22/23 will be incomplete due to data quality issues.	High	In Phase 2 of the project work with the Applications teams on training and DHR configuration changes.
Changes made to the front end of the DHR system do not consider impact on mandatory reporting requirements	Medium	<ul style="list-style-type: none"> <li>Project Director to ensure coordination of communications and engagement between teams.</li> <li>Review of current change control process and implementation of agreed to process improvements</li> </ul>
Reporting of different numbers on metrics is reported externally	Medium	<ul style="list-style-type: none"> <li>Project to define agreed to definitions and methodologies for metrics reported externally</li> <li>Project to propose Ecosystem architecture and delivery layer designs and strategies.</li> <li>Project to propose a validation strategy for DHR reports</li> </ul>
Legacy systems are not decommissioned according to original timeframes	Medium	Project will define the scope and plan for a Legacy Systems solution during Phase 2
Inability to Identify All Legacy Systems, Especially Local MS Access Instances	Medium	Enhance system identification procedures
Inability to validate decommissioned legacy systems from their original UI	Medium	Strengthen validation processes for decommissioned legacy systems
Internal and external stakeholder expectations are not strategically managed	Low	<ul style="list-style-type: none"> <li>Identify resource to establish and execute Stakeholder Management and Communications Plan.</li> </ul>

### 3.3. Critical Communications Infrastructure Upgrades at ACT Public Hospitals - Distributed Antenna Systems



Critical Communications Infrastructure Upgrades at ACT Public Hospitals - Distributed Antenna Systems

#### Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient Centred
- Health services enabled by contemporary technology

Reporting Period:

16 October to 12 November 2023

#### Project Overview

The project aims to replace or upgrade of the existing Distributed Antenna Systems at the Canberra Hospital, University of Canberra Public Hospital (UCH) and North Canberra Hospital (NCH) sites. It will address safety risks for patients and staff from existing coverage limitations as well as the redundancy of 3G network coverage by Telstra and Optus by Sept 2024

Trending

Stable

#### Project Governance

Project ID	HJ0054
Approval Stage	Initiate
Tier	Tier 1
Sponsor	Holger Kaufmann

#### Project Performance Indicators

Overall Health Status	Schedule Health	Benefits Realised	Budget Health Status	Quality Health Status	Risks Health Status	Scope Health Status
<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>

#### Project Delivery Team

Project Manager	<span style="color: blue;">A</span> Anthony Taylor
Approver	Holger Kaufmann

#### Project Baseline

Current Schedule	Schedule Baseline	Approved Budget	Budget - Actual
<b>11/08/23</b> Actual Start Date	<b>11/08/23</b> Baseline Start Date	<b>\$11,328,000.00</b> Approved Baseline Budget (Capex)	<b>\$11,270,983.00</b> Capex Variance
<b>19/12/25</b> Actual End Date	<b>19/12/25</b> Baseline End Date	<b>Approved Baseline Budget (Opex)</b>	<b>\$0.00</b> Opex Variance

### Project Status Commentary

#### Project Status

Review of business case and PID conducted has identified possible works that could be included into the approved scope, pending validation of firm pricing by PCG. These options are:

- CH – Buildings 8,15,19,20,25, 28 and car park - 7 to possibly be excluded.
- CH – Lead Carrier swap over of headends in Bld 1 – dependant on the approval by DG
- UCH – Upgrade existing DAS to ensure passive components are compliant with MCF 2018 Specification and a 3500Mhz service.

Questions have been issued to DSD provided their responses to the network requirements, with future proofing to be considered across all sites, pending validation against approved funding to include or exclude in the scope deliverables.

DG will not be asked to approve Optus as the lead carrier for ACTHD, as this is considered a Single Select with no contract within ACT HD or WHOg to support this request, the carrier will be asked to confirm that they will be the lead carrier for CH Building 12, Options to scope buildings 8,15,19,20,25,26 and 28 and the NCH Bruce Campus, the lead carrier will be confirmed through the Selective RFQ process.

Design for each site will cover two solutions SISO/MIMO, Hybrid Passive network, with the Active headends, to be upgraded where required, i.e. building 11 CH the PRISM needs to be replaced. With building 12 and NCH forming a new design, no DAS currently, pending pricing validation of the SISO/MIMO designs.

- Preference is for a MIMO, Hybrid, with passive coaxial cable fed by active head ends, across all sites pending validation of pricing from vendors.
- Design to take into account existing DAS reports and signal strength testing and future proofing of the infrastructure in terms of capacity well into the future to negate upgrade in the short term to be compliant with 3500Mhz.

Lease agreements exist within CHS for CH Building 1 with Telstra and Building 5 currently under development with Optus, for use as template going forward.

Request via DSD EBM has been issued to legal for assistance in developing a design and managing contractor contracts, with re view of wording around the issued carrier contracts to ACTHD and invite to carriers to be the lead carrier

DAS Monitoring - will not occur as the installed network is a proprietary stand alone service.

TRN is a separate DAS and not included into the current DAS scope of works.

PCG to be conducted 145 Nov 2023, to finalise outstanding requirements.

#### Benefits

The project will deliver a modern and reliable DAS Infrastructure essential to supporting critical communications systems and providing safety for staff and public into the future. By ensuring that DAS infrastructure across territory primary health sites and facilities are updated and compliant with Australian cellular carrier networks and connected with Australian cellular carrier networks and regional communities accessing services will have access to modern communications and technology. The investment will extend in-building mobile network coverage for all major Australian mobile network operators and will ensure:

- Critical communications are maintained supporting operational and clinical services including Medical Emergency Teams, Security services, Duress systems and Building Safety services;
- Provide access to communications and data services for patients, visitors and Non-Government Organisations providing services for or to public health services;
- Mitigate and limit impacts of any future changes to provisioning of cellular network services to the territory;
- provide reliable and timely healthcare services that meet patient needs;
- Assist with enabling technology to support maintaining compliance with Australian healthcare standards and accreditation requirements;
- reduce unplanned outages of critical communications infrastructure that supports safety and wellbeing of staff and the public.

#### Schedule

Schedule to be developed and finalised in collaboration with Telstra, Optus, TPG/Vodafone

#### Budget

Business Case has been approved. DG Minute issued to CIO office, Finance and Procurement 28th and 29th Sept 23 for review and comment. Finance confirm the cost centre is 69838 - HD HEAC08 - Critical Comms Upgrade – DAS, approval date 4th Oct and revised to 16 Oct 23. After discussions with Procurement the DG Minute was retracted 12 Oct 23 for updating with current information in relation to how the RFQ process will work to fully inform the Executive. DG Minute re-issued 24 October 23, meeting held with DDG to discuss, with Minute revised and re-issued 2 Nov 23 for DG signature.

#### Risks & Issues

Refer to Critical Comms DAS Risk and Issues Register

#### Scope

A scope delineation schedule is to be finalised and agreed in collaboration with the three carriers Telstra, Optus, TPG/Vodafone and approved vendors RFI Technology Solutions, Venia and Cellular Asset Management (CAM) for:

- CH – Buildings 1, 2, 3, 11, & 12 – Upgrade to allow inbuilding coverage for 4G and 5G mobile cellular network connections.
- UCH - Installation and connection of Telstra and TPG/Vodafone to existing DAS.
- NCH - Implement new DAS to allow inbuilding coverage for 4G and 5G mobile cellular network connections.

Covering:

- System Integration - Replacement and upgrade of existing DAS solutions.
- Design - Architecture and detailed design of the DAS system for CHS facilities.
- Implementation - Deployment of infrastructure to support solution.

Noting that the project will also be asking the vendors to design and then provide firm pricing for the following Options, to be discussed at PCG to confirm if they will be added to scope:

- CH – Buildings 8,15,19,20,25, 28 and car park
- CH – Lead Carrier swap over of headends in Bld 1 currently Telstra, if Optus confirmed as Lead Carrier for ACTHD
- UCH – Upgrade existing DAS to comply with MCF 2018 Specification
- Refurbish the CCTV room to accommodate a DAS room at NCH car park
- Consider future connection of services at CH for all building's to Building 5, when Building 1 is to be demolished.

#### Quality

Quality will be achieved by peer review of documentation, supervision, inspections and user acceptance testing of solutions deployed across CH, UCH, NCH Buildings. DSD to collaborate with Telstra, TPG/Vodafone and Optus for the provision of Inspection Test Reports, checklists to support the design, implementation of DAS services.

## Key Project Milestones

Key Milestones Report - Critical Comms DAS						Aug 6							Aug 13							Aug 20							Aug 27													
Health	Priority	Task Name	Details	Assigned To		S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
●		Register DSD Project	Business Case and PID completed - approved	Grant Clark																																				
●		Project Establishment	Identify contacts, develop High Level SOW, gain DG/CIO approvals where required before commencement, engage with business reps and carrier reps.	Anthony Tayl																																				
●		Design and Implementation Planning	Issue HL SOW for carriers to develop detailed scope for design, procurement, schedule but not limited to and actual costs, for review approval prior to procurement commencing.	Anthony Tayl																																				
●		Procurements	Engage Telstra, Optus and TPG/Vodafone to commence approved Scope	Anthony Tayl																																				
●		UCPH Carrier Connections	Telstra and TPG/Vodafone to connect to existing Optus DAS	Anthony Tayl																																				
●		TCH Buildings 1,2,3 DAS completion	Carriers to connect to these buildings in coordination with TCH staff and existing works for adds moves and changes	Anthony Tayl																																				
●		TCH Building DAS Upgrades	Carrier upgrades to support 4G/5G networks	Anthony Tayl																																				
●		TCH Building 12 DAS Upgrade	Carrier upgrades to support 4G/5G networks.	Anthony Tayl																																				

## Financial Performance



## Project Risks & Issues Profile

Risk Matrix (Post Treatment)						Issue Matrix					
Primary	2	3	4	5	6	Primary	2	3	4	5	6
<b>Risk Matrix</b>						<b>Issue Matrix</b>					
Almost Certain				3		Critical					
Likely					1	High					
Possible			5	4		Moderate					
Unlikely						Low					
Rare						Planning					
	Insignificant	Minor	Moderate	Major	Catastrophic		Insignificant	Minor	Moderate	Major	Catastrophic

Risks		
Title	Residual Rating	Action to Be Taken
DAS Infrastructure becoming redundant.	High	To move forward with the upgrade.
Limited Monitoring for existing DAS.	High	To move forward with the upgrade.
Potential for noncompliance.	High	To move forward with the upgrade.
Out of Scope facilities	High	DSD to confirm these buildings, networks to be included into RFO as options to obtain pricing for a decision to be made regards inclusion into the build phase of works. Noting exclusion has the potential for clinicians and public to lose mobile service in these areas with the closure of the 3G service.
Identifying suitable location for DAS Equipment	Medium	Investigate alternative housing options
Electrical Distribution Upgrades may be required to support DAS	Medium	Project will identify this risk as early as possible
Legacy hardware and equipment, may need to upgrade existing equipment	Medium	Project will identify this risk as early as possible
Lack of knowledge about some buildings regarding layout and potential Asbestos	Medium	Project will identify this risk as early as possible
Scope Creep	Medium	Define clear scope prior to project starting
Whole of Life Cost	Medium	Confirm requirement during the procurement RF-Q process.
Whole of Government DAS contract	Medium	PCG to discuss and confirm approach to one WoG contract for all ACT Government or just Health Facilities / Campuses
DAS Lease Agreements	Medium	CHS developing a lease agreement for CSB building at CH to be used as template for other buildings and campuses.
Lead Carrier Identification	Medium	DSD providing direction on one or two lead carriers at CH, with confirmation from CHS of acceptance/approval of the outcome.

Project Issues		
Title	Residual Rating	Action to Be Taken

### 3.4. Notifiable Diseases Management System Status Report



## Notifiable Disease Management System

## Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient Centred
- Health services enabled by contemporary technology

Reporting Period:

16 October 2023 to 15 November 2023

#### Project Overview

The NDMS Project was established for the replacement of the existing notifiable disease management systems/tools that are not fit-for-purpose through the implementation of a Commercial-Off-The-Shelf (COTS) solution. The solution will see added functionality for the Communicable Disease Control (CDC) section within Health Protection Service (HPS) branch to better manage their response to notifiable conditions.

NDMS Project remaining deliverables include automating NNDSS report, Moving ACL on Rhapsody HL7 interface, improving interfaces, GP Provider Portal via HealthLink, closing gaps in documented procedures, Implement AAIR for all diseases.

Phase 3 of the Project will deliver a replacement of the ACTGAL Laboratory Information Management System (LIMS) as a part of the ACTGAL modernisation project. The replacement will also migrate the functionality and reporting of supplementary systems used by ACTGAL, streamlining process and increasing efficiencies.

Trending



#### Project Governance

Project ID	PJ0009
Approval Stage	Deliver
Tier	Tier 1
Sponsor	Kerryn Coleman
Governing Committee	NDMS Project Board

#### Project Performance Indicators

Overall Health Status	Schedule Status	Budget Health Status	Risks and Issues Health Status	Benefits Health Status	Quality Health Status	Scope Health Status
<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>

#### Project Baseline

Project Delivery Team	Current Schedule	Baseline Schedule	Budget	Budget Variance
Project Manager: <span style="color: green;">M</span> Maddison Noble	07/09/20	07/09/20 Baseline Start Date	\$7,913,000.00 Approved Baseline Budget (CapEx)	\$3,784,232.99 CapEx Variance
Approver: CIO	05/07/24	04/07/22 Baseline End Date	\$3,119,296.00 Approved Baseline Budget (OpEx)	\$2,885,950.20 OpEx Variance

### Project Status Commentary

#### Project Status

NDMS Project continues to work with Preparedness, Planning and Surveillance Branch to resolve pain points and undelivered functionality of Phase 2 implementation. Procurement of Subscription for iMentor e-learning module is complete. Will be started from next year.

The NNDSS automation is pending approval by ADRP before promotion to production can occur. Project schedule has been updated with SIT and UAT phases to ensure successful delivery for NNDSS automation.

Meeting with Rhapsody team was a success, few possible solutions for implementing monitoring was provided by interfaces team (DSD). Work is in-progress.

Business unit has provided a new schedule for high priority diseases, which has impacted the current work timeline. Weekly lab process mapping meeting is happening with Business unit to document the system requirement for Advanced Auto-Import Rules for Group A high priority diseases like Hepatitis B, iGAS. Project schedule has been updated with new timeline.

#### Schedule

Schedule baselines are required for Phase 3 LIMS replacement which is expected to take 24 months to complete from execution of a contract. The procurement timelines are at risk with a likely completion of early 2024 rather than end of 2023. The project would like to progress to an approach to market prior to the end of the calendar year.

The NDMS schedule has been updated as per supported scope which is estimated to take up to 12 months to deliver in a phased approach.

#### Benefits

A new Project plan is being drafted for the NDMS enhancement work which will see a review and re-baseline of expected benefits. Improved integrations and message monitoring, increased compliance with provider notifications and documented policies and procedures are the key benefits to be realised.

Business will benefit in reduction of manual entry and intervention for disease management workflows with increased AAIR functionality.

Benefits for Phase 3 ACTGAL LIMS have been considered and added to the draft PID. The business unit would like to see a reduction in the number of systems required for business delivery. Increasing efficiency, quality and reducing manual/paper workflows.

#### Quality

Phase 3 NDMS Quality expectations have been added in project plan. Master Test Plan is in progress. Master Test Plan will align with the Project Plan. Weekly NDMS testing stand-up are scheduled, to review the scope of deliverables and iterations of testing required.

ACTGAL LIMS Quality measures are yet to be established however feedback on SQR has been received, and will affect Evaluation Plan, PID and Test Plan

#### Risks & Issues

A new risk has been raised for NDMS. Procurement timeline provided by PACT is close to the end of financial year which put the project on risk for the approval of budget rollover would not get approved for 2024-2025 financial year resulting in loss of funding for the project.

#### Scope

A Project Plan detailing the scope and deliverables for Phase 3 NDMS is completed. A brief to the Chief Health Officer will be submitted along with the Project Plan for endorsement in their role of Executive Sponsor. ACTGAL is progressing with the statement of requirements to accompany an approach to market. Feedback received from PACT on SQR, work in-progress to complete SQR and Evaluation plan. This will be required to establish the ACTGAL component of the Phase 3 scope. A draft PID is being developed by Project Manager and Project Support Officer.

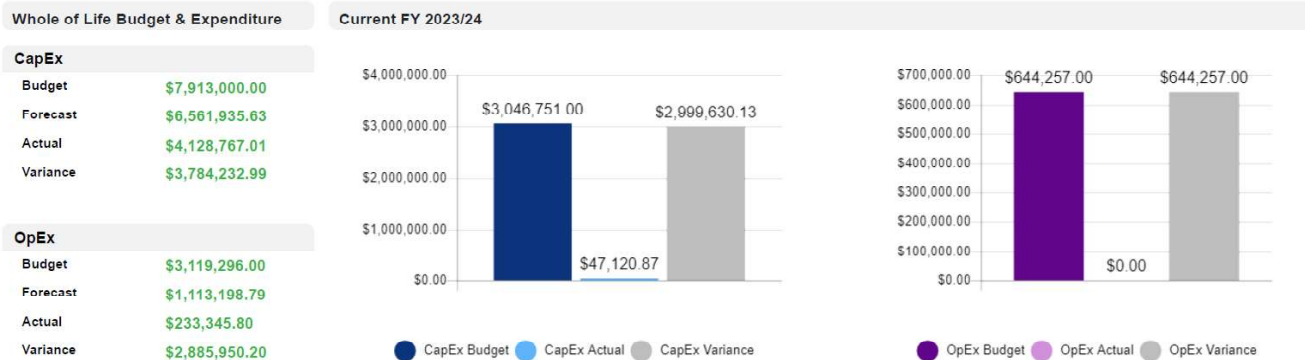
#### Budget

The Project budget for the 23/24 financial year is \$3,046,751. NDMS allocation \$1,000,000.00 / Expended \$16,944.40 (23/24FY) ACTGAL Allocation \$2,046,751.00 / Expended amount \$18,867.5 (23/24FY)

## Key Project Milestones

Key Milestones Report - Notifiable Disease Managem																					
Health	Priority	Task Name	Start Date	End Date	Status	Q3		Q4			Q1			Q2			Q3				
						Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
●		NDMS Phase 2: 'Nightly Report' NINDSS Transmission Build	05/09/22	21/02/23	Complete																
		NDMS Phase 3: Architecture Planning Meeting	26/09/23	26/09/23	Complete																
		NDMS Phase 3: NNDSS Automation	27/04/23	04/12/23	In progress																
		NDMS Phase 3: NNDSS Solution Design	10/07/23	16/10/23	Complete																
●		NDMS Phase 3: DOTS review and ADRP	17/10/23	13/11/23	In progress																
		NDMS Phase 3: NNDSS Automation UAT	20/11/23	24/11/23	Not started																
		NDMS Phase 3: NNDSS Automation CCB	27/11/23	01/12/23	Not started																
		NDMS Phase 3: NNDSS Automation Go-Live	04/12/23	04/12/23	Not started																
		NDMS Phase 3: Decision on existing REDCap Interfaces	16/11/23	16/11/23	Complete																
		NDMS Phase 3: REDCap Generic form analysis	25/01/24	07/02/24	Not started																
		NDMS Phase 3: Provider Portal	01/05/23	08/02/24	In progress																
		NDMS Phase 3: Provider Portal Statement of Requirements	01/05/23	12/05/23	In progress																
●		NDMS Phase 3: RFQ Provider Portal	15/05/23	22/08/23	In progress																
		NDMS Phase 3: Engage Practice Management Software Vendors	04/07/23	31/07/23	In progress																
		NDMS Phase 3: Portal Options Paper - Funding Source	05/10/23	11/10/23	Not started																

## Financial Performance



## Project Risks & Issues Profile

Risk Matrix (Post Treatment)							Issue Matrix						
Primary	2	3	4	5	6		Primary	2	3	4	5	6	
<b>Risk Matrix</b>							<b>Issue Matrix</b>						
Almost Certain							Critical						
Likely							High						
Possible			1	2	2		Moderate						
Unlikely			1				Low						
Rare							Planning						
	Insignificant	Minor	Moderate	Major	Catastrophic			Insignificant	Minor	Moderate	Major	Catastrophic	

Risks			
Title	Residual Rating	Treatment Strategy	Action to Be Taken
ACTGAL Budget is not sufficient to procure a solution that meets the complex requirements of the business unit.	High		Accept the risk. Monitor budget closely alongside NDMS.
Loss of Funding at the end of 2023-2024 financial year	High		Meet with procurement to negotiate the shortening of the timeline. Project prioritisation of completion of SOR and Evaluation plan as per procurement feedback.
ACTGAL (Phase 3) Expectation management of business unit.	Medium		Project manager to raise the risk with the Board and work with the business throughout on expectations.
ACTGAL Resourcing availability of the business unit is limited in the procurement phase.	Medium		Coordinate workshops around ACTGAL availability to allow maximum contribution from SMEs. Facilitate multiple opportunities for contribution to improve opportunity for participation.
NDMS SME Availability	Medium		Advise the Board of the risk associated. Finalise schedule for NDMS 2.0 work to identify in advance areas requiring CDC resourcing.
NDMS DSD Resource availability	Medium		Early coordination of resourcing. Request additional testing support.

Project Issues		
Title	Residual Rating	Action to Be Taken

### 3.5. Pharmacy Inventory Management System Status Report



## Pharmacy Inventory Management System

## Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient-centred
- Health services enabled by contemporary technology

Reporting Period:

21 Oct '23 to 12 Nov '23

<b>Project Overview</b> ACT Health Directorate (ACTHD) is progressing toward implementing a Digital Health Record (DHR) which will be implemented across Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB) facilities. Currently, CHS and CPHB each have their own Pharmacy Inventory Management Systems (PIMS). Consolidating each site into one PIMS will result in a more streamlined integration with the DHR. MerlinMAP was selected as the preferred solution. ACT Health already has a contract with Pharmhos for the Merlin system currently in use within the CHS Pharmacy. This project will implement MerlinMAP system at CHS and CPHB and establish the interfaces for DHR. New interfaces will be provided to the DHR, Canberra Script via Fred eRx and to the electronic controlled drugs register.	<b>Trending</b> <p>Stable</p>
--	----------------------------------

Project Governance		Project Performance Indicators						
Project ID	PJ0013	Overall Health Status	Schedule Status	Budget Health Status	Risks and Issues Health Status	Benefits Health Status	Quality Health Status	Scope Health Status
Approval Stage	Initiate							
Tier	Tier 2							
Sponsor	Sandra Cook							
Governing Committee	PIMS Project Board							
Project Delivery Team		Project Baseline						
Project Manager	Elise Griffiths	Current Schedule	Baseline Schedule	Budget	Budget Variance			
Approver	Sandra Cook	28/02/21 Start Date	08/06/20 Baseline Start Date	\$0.00 Approved Baseline Budget (CapEx)	\$0.00 CapEx Variance			
		30/04/24 End Date	30/04/24 Baseline End Date	\$866,292.00 Approved Baseline Budget (OpEx)	\$114,376.56 OpEx Variance			

### Project Status Commentary

Project Status	Benefits	Risks & Issues
<p>Project status remains RED. Following an upgrade (v1.0.827) on 8/08/23, further fixes were installed on 11/10/23. Unfortunately, another error in the packing module, where duplicate doses were packed using the Titration/Short Course Dosing functionality, was reported to Pharmhos from CHS on 20/10/23. And on 19/10/23, NCH reported they were unable to complete a rolling stocktake. Pharmhos have been investigating these issues; we are awaiting confirmation from Pharmhos of the date that the next upgrade will be available, and what functionality/fixes will be included. In preparation for the upgrade, Medication Systems team members have visited CHS and NCH Pharmacy Departments to gain a deeper understanding of workflows, and focused on updating test scripts to facilitate robust testing.</p>	<ul style="list-style-type: none"> <li>• Avoid duplication in effort in developing, testing and ongoing maintenance of integration between the PIMS and Epic DHR.</li> <li>• Shared dispensing history across both CHS and NCH pharmacy departments.</li> <li>• Streamline the management of software licensing, Service Level Agreements (SLA), and product maintenance.</li> <li>• Better audit, reporting and management of controlled drugs via an electronic recording platform across ACT Health and as required by hospital accreditation.</li> </ul>	<p>MerlinMAP remains a minimum viable product. The issues register continues to be updated with new issues as they arise. Following implementation of the most recent batch of fixes on 11/10/23, another duplicate dosing error was identified in the packing module on 20/10/23, meaning that extra resource-intensive checks will continue to be required until this can be investigated and resolved. NCH also reported on 19/10/23 that they are unable to complete a rolling stocktake. Most recently, an issue has been reported where a prescription dispensed in Merlin or MMAP, and is then cancelled/deleted in Merlin, does not get sent through to PBS successfully. The end user can only determine that this has happened when trying to dispense the prescription for a second time. A 321 warning is displayed, saying that the prescription has previously been dispensed, but users may bypass this warning, as they can see it has been cancelled in Merlin.</p>
Scope	Schedule	Budget
<ul style="list-style-type: none"> <li>• The PIMS instance of Merlin/MerlinMAP has been live at NCH now for 17 months (go-live June 2022) and now 14 months at CHS (go-live September 2022).</li> <li>• Phase II of the project to implement an electronic controlled drugs register is being progressed and has now been identified as a 'must have' project via DSD's workplan prioritisation assessment.</li> </ul>	<p>The PIMS Board met on 27/09/23, and agreed that the PIMS project should be extended to 30/04/24, to ensure that there is ongoing formal reporting and governance whilst trying to work with the vendor to improve MerlinMAP from a barely minimum viable product. The Electronic Controlled Drugs Register will be classified as Phase Two of the project, now that funding arrangements have been determined. Medication Systems team have requested input from ACT Health's Corporate Governance and Risk branch on the Electronic Controlled Drugs Register procurement method and approvals required, now that more than one potential vendor has been identified.</p>	<ul style="list-style-type: none"> <li>• The SIP approved a total capex budget of \$770,052 against cost centre 69843.</li> <li>• Budget from Capex was moved into Opex as required by Capital Finance, as the Phase 1 project is for a Software-as-a-Solution (SaaS) product. Subsequent project costs were drawn from Opex (MSH cost centre 69815). The budget for 2022/23 FY was \$204,673, which was sufficient to cover Pharmhos vendor milestone payments and BD Pyxis crosswalk file payment. Additional funding for the \$24,965 required for database licences was approved by the CIO under cost centre 69854.</li> <li>• A budget of \$96,240 for 2023-24 has been allocated following agreement via Digital Committee for the implementation of the ECDR (project Phase II). This will cover DSD costs for implementation and hosting, while CHS has agreed to fund annual ECDR licence costs across CHS (including NCH).</li> </ul>
Quality		
<p>MerlinMAP remains a minimum viable product. Extensive testing is required for any proposed fixes by site Pharmacists and the Medication Systems team, and gaps are not infrequently found in the proposed solutions, or the fixes cause new issues to arise.</p>		

## Key Project Milestones

### Key Milestones Report - Pharmacy Inventory Managem

Task Name	Start Date	End Date	Status	Calendar													
				M...	Jun 5	Jun 12	Jun 19	Jun 26	Jul 3	Jul 10	Jul 17	Jul 24	Jul 31				
Calvary Public Hospital Bruce - Go Live	20/06/22	28/06/22	Complete														
Canberra Health Services Go Live	26/08/22	30/09/22	Complete														
Deliverable: Approved Project Initiation Documentation (PID) (Phase II)	30/01/23	31/03/23	In progress														
Confirm Budget (Capital / Recurrent identified); Conduct Planning; Develop Schedule; Determine Governance structure; Project Resources	30/01/23	31/03/23	In progress														
Deliverable: Benefits Profile	27/03/23	21/04/23	In progress														
Deliverable: Implementation Approach	03/04/23	14/04/23	Not started														
Deliverable: Draft Business Requirements Specifications (BRS)	03/04/23	14/04/23	Not started														
Deliverable: Interface Specification	08/05/23	19/05/23	Not started														
Deliverable: Conceptual Solution Design	08/05/23	19/05/23	Not started														
Draft Statement of Requirements (SOR) for Procurement			Complete														
DG Approval of Preferred Tenderer Completed			In progress														
Contract Ready for Approvals and Signatures	03/04/23	06/04/23	Not started														
Tracking Milestone: Contract Execution (Phase II)	10/04/23	14/04/23	Not started														
Approval of project delivery acceptance certificate, PIR report and closure report by CIO.	31/07/23	30/04/24	Not started														

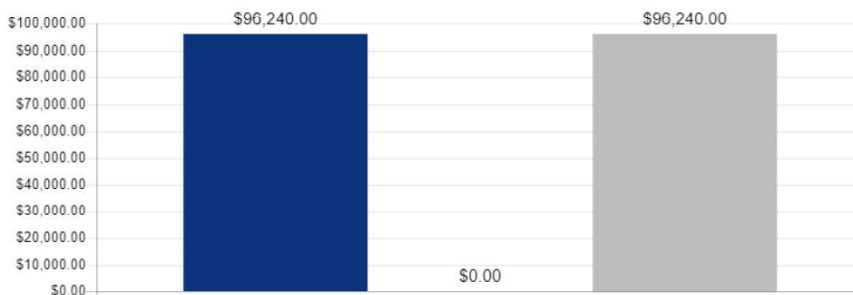
## Financial Performance

### Whole of Life Budget & Expenditure

#### OpEx

<b>Budget</b>	\$866,292.00
<b>Forecast</b>	\$882,068.63
<b>Actual</b>	\$751,915.44
<b>Variance</b>	\$114,376.56

### Current FY 2023/24



● OpEx Budget ● OpEx Actual ● OpEx Variance

## Project Risks & Issues Profile

### Risk Matrix (Post Treatment)

Primary	2	3	4	5	6
<b>Risk Matrix</b>					
Almost Certain					
Likely					
Possible					
Unlikely					
Rare					
	Insignificant	Minor	Moderate	Major	Catastrophic

### Issue Matrix

Primary	2	3	4	5	6
<b>Issue Matrix</b>					
Critical					
High					
Moderate					
Low					
Planning					
	Insignificant	Minor	Moderate	Major	Catastrophic

### Risks

Title	Residual Rating	Treatment Strategy	Action to Be Taken

Project Issues		
Title	Residual Rating	Action to Be Taken
MerlinMAP Modules not fit for purpose	High	<p>08/11/23 - articulate requirements to make MerlinMAP fit for purpose per site. Complete gap analysis against existing functionality, prioritise based on impact to operations and solutions available, to provide to vendor. Liaise with vendor to establish timeframes for remediation.</p> <p>20/10/23 - Fix installed 11/10, but duplicate medication issue in Packing module reported on 20/10, as well as issue with NCH rolling stocktake functionality.</p> <p>10/09/23 - New issues reported post upgrade. Includes duplicate medication issue in Packing Module that poses a potential patient safety risk</p> <p>13/08/23 - Release v1.0.872 deployed 8 August. Some issues resolved, but product still considered MVP</p> <p>16/07/23 - Release v1.0.872 available and under test. Will fix some issues, but product remains a MVP.</p> <p>11/06/23 - PIMS Project Board lacks confidence that vendor has capacity to enhance functionality of MerlinMAP beyond a minimal viable product.</p> <p>14/05/23 - May issues management meeting with vendor scheduled</p> <p>7/04/23 - Contract and issues management meetings with vendor continue.</p> <p>20/03/23 - Contract management meetings with vendor established.</p> <p>20/2/23 - PIMS Project Board confirmed that functionality has not been addressed within project tolerance guidelines and project status should now be declared RED.</p> <p>21/12/22 - PIMS Project Board members reiterated that the MerlinMAP solution delivered in PIMS Phase 1 is a minimum viable product, noting that CPHB has the MerlinMAP solution only and some reporting functionality is only available via original Merlin (CHS has access to both solutions).</p> <p>11/12/22 - CPHB continues to express frustration that standard business reporting functions (e.g. capacity to generate cyclical stocktakes) is not available in MerlinMAP</p> <p>15/11/22 - Final release deployed prior to DHR go-live. Still many issues outstanding (over 185 logged). Sarah and Monica to review the issues log and prioritise for both health services, which then needs to be provided to Pharmhos to incorporate into their build schedule.</p> <p>19/09/22 - PIMS Board agree that critical issues would be included in final release deployed prior the DHR go-live. Build issues log has over 160 items currently logged.</p> <p>15/08/22 - Release 1.0.754 is in test, 3 fixes have failed testing. Options paper to address competing priorities between PIMS and DHR to be tabled to Board for discussion.</p> <p>18/07/22 - CPHB: Sarah to review and prioritise issues logs for CPHB this week to provide to vendor for inclusion in next release. Advice from vendor is they expect 2 more build prior to DHR go-live.</p> <p>CHS: Exception report to be tabled to project board this week, preferred option for CHS is to stay on Merlin.</p> <p>20/06/22 - v1.0.724 deployed to test on 3/6, Sarah Smith has been working with the vendor to ensure the product provides a minimum viable build for CPHB go-live, PM is tracking issues and future build list, awaiting confirmation from vendor on timeframe for this development.</p>
Electronic drugs register implementation	High	<p>12/11/23 - Seeking advice from ACT Health Corporate and Governance branch regarding procurement approach and approvals required now that there is more than one potential vendor.</p> <p>10/09/23 - ECDR project component now identified as a 'must have' project by DSD workplan prioritisation assessment.</p> <p>13/08/23 - Procurement documentation being drafted.</p> <p>16/07/23 - Though funding has been approved by Digital Committee, procurement processes still need to progress.</p> <p>11/06/23 - An additional paper will be presented to June meeting of Digital Committee</p> <p>14/05/23 - A final re-costed proposal is being presented to May Digital Committee</p> <p>7/04/23 - Procurement of ECDR on hold given insufficient funds.</p> <p>20/03/23 - Project Exception report approved by CIO (approval of DG and Digital Committee still pending). Single select procurement approval &amp; funding split progressing.</p> <p>20/2/23 - Project Exception report submitted to PMO for approval of Phase 2(ECDR) component.</p> <p>8/1/23 - PIMS Project Board has reinstated meetings. Next meeting 30/1/23.</p> <p>11/12/22 - PIMS Project Board meeting scheduled for 21 December to refocus on project Phase 2 (Electronic Drugs Register)</p> <p>15/11/22 - PIMS Project Board agreed to leave project open and for electronic drugs register to be delivered as second phase. Sandra Cook to find suitable PM resource, and funding to be worked through. Previously agreed that health services will fund licences and DSD to seek funding for hosting and project costs including security assessment.</p> <p>18/07/22 - Request from CHS to include additional requirements regarding electronic safe lock integration which will be incorporated into the RFQ.</p> <p>20/06/22 - CHS accreditation is next week. Project team currently documenting RFQ which includes additional hosting requirements.</p>
Canberra Script integration	High	<p>12/11/23 - Canberra Script team have not yet been able to conduct audit due to conflicting priorities.</p> <p>10/09/23 - Audit scheduled for week beginning 11 September.</p> <p>13/08/23 - Audit scheduled for week beginning 11 September.</p> <p>16/07/23 - Pending staff return at Pharmaceutical Services to run new audits</p> <p>11/06/23 - Pending repeat audit to determine whether uploads are properly occurring</p> <p>14/05/23 - Pending repeat audit to determine whether uploads are properly occurring</p> <p>7/04/03 - Vendor believes fix has been applied. Repeat audit required to confirm.</p> <p>20/03/23 - Audit data shows 111 of 140 dispense events for monitored medicines have not uploaded into Canberra Script.</p> <p>20/2/23 - Meeting with Pharmaceutical Services scheduled for 21/2/23 to examine any Canberra Script upload discrepancies.</p> <p>15/11/22 - Fix applied in v1.0.771 - reliant on pharmacists having HPII in their user profile. DAPIS report to be provided to HPS to audit against Canberra Script to ensure data is going through. Once confirmed, issue will be considered resolved.</p> <p>19/09/22 - Vendor advises that they built the integration to an earlier version of the conformance profile where prescriber number was mandatory. The latest version of the conformance profile sets this to optional. Vendor advise that this will be fixed in the next release.</p> <p>15/08/22 - Workaround DAPIS report provided to CPHB. Vendor continues to investigate, appears to be due to Pharmhos developing to an earlier conformance profile in which Prescriber Number was mandatory. Spoke to NT chief pharmacist, they accepted workaround to use generic hospital prescribers. To be discussed with Board and new ACT Chief Pharmacist regarding options.</p> <p>18/07/22 - Meeting held last week with HPS, proposed to obtain as much prescriber number information from Canberra Script, seek the chief pharmacist advice on whether a manual DAPIS report is required and for HPS to raise the integration design flaw with their vendor.</p>
BAU resourcing for data maintenance	High	<p>8/11/23 - determine governance group to take management of multiple drug libraries to for decision of responsibilities/workflows for amendments. Other affected aspects - formularies, new wards, new users, imprint updates etc.</p> <p>20/10/23 - Site visits scheduled early November for DSD Medication System team to observe workflows, and further develop test scripts used for fixes and upgrades.</p> <p>10/09/23 - Gaps continue to exist in capacity of DSD Medication Systems team to manage all aspects of testing and data management.</p> <p>13/08/23 - Upskilling of DSD Medication Systems team in Upgrade testing has enhanced future capability.</p> <p>16/07/23 - Assistance by SMEs at both TCH and NCH to enhance testing capability at DSD</p> <p>11/06/23 - Proposal to second CHS staff member to assist with DSD training. Possible option for later in year.</p> <p>14/05/23 - DSD/CHS/CPHB working on training plan to upskill DSD MerlinMAP data management</p> <p>7/04/23 - New staff member started on 11 April 2023.</p> <p>20/3/23 - Confirmation new staff member start date 11 April 2023.</p> <p>20/2/23 - New staff member recruited but unlikely to start before April 2023.</p> <p>8/1/23 - DSD recruitment interviews complete. New organisational chart release imminent.</p> <p>11/12/22 - DSD restructure ongoing.</p>



### 3.6. Identity Governance Status Report



## Identity Governance

## Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

• Health services enabled by contemporary technology

Reporting Period:

16 October 2023 12 November 2023

#### Project Overview

ACT Health is using an aging Identity Access Management (IAM) system, Microsoft Forefront Identity Manager, to manage identities. Formation of ACT Health's Digital Health Strategy (2019-2029) and reforms to the Security of Critical Infrastructure Act 2018 have necessitated new requirements being developed for the management of identity across Health services. The current IAM system cannot support these new strategic requirements.

In addition, the current IAM platform has reached end of life, with core components out of extended Microsoft support from October 2022. A considerable investment is required to merely uplift the supported existing servers and software. The result will extend the life of IAM but will not address the underlying solution capability to deliver role-based access or support identity for the Digital Health Record.

Purchase of a new system which meets the strategic and technical capabilities is required. To achieve the project objectives the following will be required:

- o Market selection of a suitable vendor/product
- o If required, post the procurement decision for either an on-prem or cloud solution, establishment of a new infrastructure which is able to integrate with the new ACT Health protected enclave (NTT)
- o Design, build and test of the entire solution, including the new hosting and integration environments
- o Delivery of the solution across all environments to production
- o Transition to a business-as-usual state.
- o Project closure.

The project must deliver robust outcomes for Health and seamless integration with Epic (the DHR), with WhoG benefits.

#### Trending



Unchanged

Project Governance	
Project ID	PJ0044
Approval Stage	Initiate
Tier	Tier 1
Sponsor	CIO

Project Performance Indicators						
Overall Health Status	Schedule Health	Benefits Realised	Budget Health Status	Quality Health Status	Risks Health Status	Scope Health Status

Project Delivery Team	
Project Manager	Sonya Floyer
Approver	CIO

Project Baseline			
Current Schedule	Schedule Baseline	Approved Budget	Budget - Actual
<b>02/01/23</b> Actual Start Date	<b>02/01/23</b> Baseline Start Date	<b>\$1,000,000.00</b> Approved Baseline Budget (Capex)	<b>\$968,072.50</b> Capex Variance
<b>03/03/25</b> Actual End Date	<b>03/03/25</b> Baseline End Date	<b>\$2,365,345.00</b> Approved Baseline Budget (Opex)	<b>\$2,365,345.00</b> Opex Variance

### Project Status Commentary

**Project Status**  
The project is in a holding pattern at this time as per the comments under schedule. It will now need to be re-focussed to proceed with the remediation component first. Regular meetings have been established with DDTS for this activity to proceed.

**Benefits**  
Benefits have been captured as part of the PID and are now in the associated benefit register. In summary, the overarching benefit will be to provide Health across the territory with a means of better managing role based access to data and workflows, particularly for Epic integration and associated clinical systems.

**Risks & Issues**  
Initial risks and issues are documented in Smartsheet. 27 initial risks have been identified, four of which specifically address the procurement process. Of the 27 the initial risk rating of four is high. The procurement risks have been provided to Procurement ACT for consideration. As the project is further established treatment plans will be developed to assign a residual risk rating. These will then show up in the table. There are no project issues reported to date however the degree to which this should be undertaken by ACT Health for WhoG is under consideration.

**Schedule**  
Given the issues raised in the last status report the project has been delayed. A meeting was scheduled during the reporting period for 15 August. The attendees included DSD EBMs and CIO, Procurement ACT representatives and Governance and Risk representatives. The priority of the project is also yet to be determined as part of the larger prioritisation exercise underway.

**Budget**  
Budget has been approved from HEA E14 - Better Health Care when you need it Supplementary DHR Business Case - Initial allocation was \$1 m capital and \$450,000 recurrent for three years. This has been broken down initially in the PID based on market scan costings and will be reviewed once the procurement evaluation is completed. The project ID is 21222 for capital. NB To date \$37,243.50 has been expensed against the capital budget for HR resources and DDTS remediation costs. There has been a few DDTS adjustments but no further expenditure this month.

**Scope**  
The project objectives are:  
o Procurement of a solution that is value for money and fit for purpose as assessed against the requirements  
o Design, build, integration and successful testing of the solution prior to production implementation  
o Delivery of organisational change management, training and communication that supports the production implementation  
o Migration of data from all identified legacy systems to support business continuity  
o Transition to a managed business as usual state

**Quality**  
A project board has been established to ensure overall governance, approval of requirements, oversight of the procurement and management of the risks and issues as the project progresses. The first meeting being 20 April 2023, at which time there will be an initial review of the documentation required to progress the procurement.

## Key Project Milestones

### Key Milestones Report - Identity Governance

Task Name	Assigned To	Start Date	End Date	Status	Jan 1							Jan 8							Jan 15							Jan 22							Jan 29													
					S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T									
Deliverable: Approved Project Initiation Documentation (PID)		02/01/23	27/04/23	In progress																																										
Deliverable: Approved DDTS Project Brief / NTT Statement of Work				Not started																																										
Deliverable: Implementation Approach				Not started																																										
Procurement		13/02/23	26/12/23	In progress																																										
Conduct Approach to Market (to RFT Responses)		01/05/23	27/10/23	Not started																																										
Develop Procurement Plan Minute Package for Government Procurement Board (GPB)		02/06/23	19/07/23	Not started																																										
RFT Approach to Market		09/08/23	15/09/23	Not started																																										

## Financial Performance

### Whole of Life Budget & Expenditure

### Current FY 2023/24

#### CapEx

Approved CapEx Budget	\$1,000,000.00
Forecast	\$0.00
Actual	\$31,927.50
Variance	\$968,072.50



#### OpEx

Approved OpEx Budget	\$2,365,345.00
Forecast	\$0.00
Actual	\$0.00
Variance	\$2,365,345.00

● CapEx Budget ● CapEx Actual ● CapEx Variance

● OpEx Budget ● OpEx Actual ● OpEx Variance

## Project Risks & Issues Profile

### Risk Matrix (Post Treatment)

Primary	2	3	4	5	6
<b>Risk Matrix</b>					
Almost Certain				1	
Likely			2	1	
Possible			6	4	
Unlikely	2		2	7	
Rare	2		1		
	Insignificant	Minor	Moderate	Major	Catastrophic

### Issue Matrix

Primary	2	3	4	5	6
<b>Issue Matrix</b>					
Critical					
High					
Moderate					
Low					
Planning					
	Insignificant	Minor	Moderate	Major	Catastrophic

### Risks

Title	Residual Rating	Action to Be Taken
External to Project Scope changes impacts design and finance	High	Board endorsement of scope and management of external stakeholders
Strategic - GPB - Contention between ACTHD primary objectives and those of the broader WhoG	High	Obtain Board endorsement of Health scope and deliverables for the project within Budget. Obtain endorsement from government Procurement Board.

### Project Issues

Title	Residual Rating	Action to Be Taken

### 3.7. Embedding a Positive Safety Culture



## Embedding a Positive Safety Culture

## PROJECT STATUS DASHBOARD

Digital Solutions Division

Digital Health Strategy Theme

- Patient Centred
- Health services enabled by contemporary technology

Reporting Period:

16 October 2023 to 12 November 2023

#### Project Overview

Modernising and updating current duress and nurse call systems across CHS (including Canberra Hospital, Community Health Centres, Dhulwa Secure Mental Health Facility and Gawangal Mental Health Unit) and possibly North Canberra Hospital.

#### Trending

▲  
Declining

#### Project Governance

Project ID	PJ0041
Approval Stage	Plan
Tier	Tier 2
Sponsor	Holger Kaufmann
Governing Committee	

#### Project Performance Indicators



#### Project Delivery Team

Project Manager	Nicole Wang
Approver	CIO

#### Project Baseline

Current Schedule	Schedule Baseline	Approved Budget	Budget - Actual
04/10/22 Start Date	04/10/22 Baseline Start Date	\$250,000.00 Approved Baseline Budget (Capex)	\$243,531.00 Capex Actuals
22/12/23 End Date	26/01/24 Baseline End Date		\$6,469.00 Capex Variance

### Project Status Commentary

#### Project Status

Duress upgrade to BCHC and TCHC W/C carried out by Securitas Pty Ltd have been completed and UAT acceptance signed by TCH SECOPS team on 6th October 2023. Nurse call component is scheduled to be completed by 8th December 2023.

#### Benefits

Provides better safety to both patients and staff.

#### Risks & Issues

The Nurse Call upgrade for Ward 8B experienced delays due to issues with the vendor's business administration status and the installation of DDTS Switches. However, as of this week, an excellent opportunity has emerged to expedite the project's completion within the next two weeks. The entire ward has been relocated back to Building 11, leaving Ward 8B unoccupied for the next few weeks. Capitalising on this window, the CSI Hub has scheduled all available resources to collaborate with the vendor and contractors. Their goal is to ensure the timely installation of Nurse Call systems, Annunciators, and patient TVs within the specified two-week timeframe. This strategic approach aims to minimise disruptions and optimise the efficiency of the upgrade process.

#### Quality

Provision of products and works are adhere to the guidelines for ACT Health Nurse Call, Security, and Data Cabling standards

#### Budget

Total Capital budget allocation is \$250,000, to date \$268,932.21 has been committed for project Infrastructure works, Nurse Call and Duress works. This project is currently over budget by 1%, estimated further 1% to be spent on minor variations. Overall, the project is expected to be delivered over budget by 2%.

#### Scope

Upgrade Nurse Call System and Patient TVs for Ward 8B and Duress buttons at the Belconnen and Tuggeranong Walk-in Centres

#### Schedule

Duress upgrade to BCHC and TCHC W/C carried out by Securitas Pty Ltd have been completed and UAT completed by TCH SECOPS team. The commencement of the Ward 8B Nurse Call upgrade and patient TV replacement is scheduled for November 23, 2023, with an anticipated completion date of 8th December 2023.

### Key Project Milestones

#### Key Milestones Report - Embedding a Positive Safet

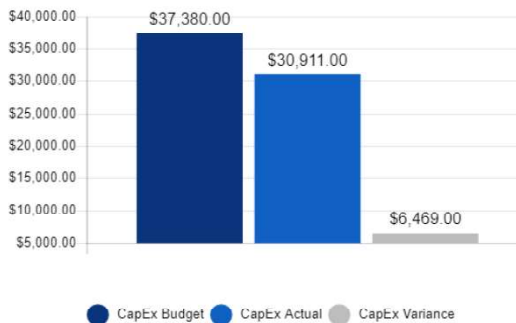
Task Name	Start Date	End Date	Status	Gantt Chart (Feb 26 to Mar 19)																											
Register DSD Project	01/03/23	01/03/23	Complete	[Gantt bar from Feb 26 to Feb 27]																											
Review Function Brief	03/03/23	03/03/23	Complete	[Gantt bar from Feb 28 to Feb 29]																											
Stage Complete: Stage 1 Approved for Exit. Progress to Plan	15/03/23	15/03/23	Complete	[Gantt bar from Mar 1 to Mar 2]																											
Prepare DSD Engagement Brief	09/03/23	10/03/23	Complete	[Gantt bar from Mar 3 to Mar 4]																											
System Matrix (SM)	01/04/23	03/04/23	Complete	[Gantt bar from Mar 5 to Mar 7]																											
Staging and Decanting Document	25/06/23	28/06/23	Complete	[Gantt bar from Jun 25 to Jun 28]																											
Operational Commissioning Document			Complete	[Gantt bar from Jun 29 to Jun 30]																											
Stage Complete: Stage 2 Approved for Exit. Progress to Execute & Deliver	01/06/23	28/09/23	In progress	[Gantt bar from Jun 30 to Sep 28]																											
DISST	30/03/23	05/04/23	Complete	[Gantt bar from Mar 30 to Apr 5]																											
Procurement Activities	03/03/23	31/03/23	Complete	[Gantt bar from Mar 3 to Mar 31]																											
Install Nurse Call and TVs	23/11/23	07/12/23	Not started	[Gantt bar from Nov 23 to Dec 7]																											
Install & commission network equipment	21/11/23	21/11/23	Complete	[Gantt bar from Nov 21 to Nov 21]																											
User-Device Operational Commissioning	23/11/23	07/12/23	Not started	[Gantt bar from Nov 23 to Dec 7]																											
Stage Complete: Stage 3 Approved for Exit. Progress to Close	07/12/23	08/12/23	Not started	[Gantt bar from Dec 7 to Dec 8]																											
As Built Documentation			Not started	[Gantt bar from Dec 9 to Dec 9]																											
DDTS Project Delivery Acceptance Certificate			Not started	[Gantt bar from Dec 10 to Dec 10]																											
Stage Complete: Project Closed			Not started	[Gantt bar from Dec 11 to Dec 11]																											

## Financial Performance

### Whole of Life Budget & Expenditure

CapEx	
Approved CapEx Budget	\$250,000.00
Actual	\$243,531.00
Variance	\$6,469.00

### Current FY 2023/24



## Project Risks & Issues Profile

Risk Matrix (Post Treatment)					
Primary	2	3	4	5	6
Risk Matrix					
Almost Certain					
Likely					
Possible					
Unlikely					
Rare					
	Insignificant	Minor	Moderate	Major	Catastrophic

Issue Matrix					
Primary	2	3	4	5	6
Issue Matrix					
Critical					
High					
Moderate					
Low					
Planning					
	Insignificant	Minor	Moderate	Major	Catastrophic

Risks		
Title	Residual Rating	Action to Be Taken

Project Issues		
Title	Residual Rating	Action to Be Taken

### 3.8. Environmental Monitoring System



## Environmental Monitoring System

## PROJECT STATUS DASHBOARD

Digital Solutions Division

Digital Health Strategy Theme

- Patient Centred
- Health services enabled by contemporary technology

Reporting Period:

16 October 2023 to 12 November 2023

#### Project Overview

Procure and implement a new environmental monitoring system used by ACT Government Analytical Laboratory, ACT Pathology and Canberra Health Services Pharmacy department to monitor temperature, carbon dioxide percentage and humidity of fridges, freezers, incubators, water baths, cool rooms, and other laboratory equipment. The current vendor advises an end of support for both hardware and software by 31 December 2023.

Trending



#### Project Governance

Project ID	PJ0049
Approval Stage	Initiate
Tier	Tier 2
Sponsor	Holger Kaufmann
Governing Committee	

#### Project Delivery Team

Project Manager	Sonya Floyer
Approver	Holger Kaufmann

#### Project Performance Indicators



#### Project Baseline

Current Schedule	Schedule Baseline	Approved Budget	Budget - Actual
<b>27/03/23</b> Actual Start Date	<b>27/03/23</b> Baseline Start Date	\$461,000.00 Approved Baseline Budget (Capex)	\$459,680.00 Capex Variance
<b>22/12/23</b> Actual End Date	<b>22/12/23</b> Baseline End Date	\$346,350.00 Approved Baseline Budget (Opex)	\$346,350.00 Opex Variance

### Project Status Commentary

#### Project Status

No Status to last reporting period. The evaluation continues to be underway.

#### Benefits

Benefits related to patient and staff safety, the maintenance of Population Health service provision, compliance and accreditation requirements.

#### Risks & Issues

There are four main risks identified: inadequacy of requirements, service levels insufficient to support business needs and availability of resources in the context of other priorities and the ability to deliver in the required timeframe for December 2023. The risks will be re-assessed at the completion of the tender evaluation.

#### Budget

Funding was sought from each of the business areas, including for the upfront costs and ongoing maintenance. Strategic Finance has reviewed the agreements as a component of the initiation process. Approved budget is \$461,000 CAPEX and OPEX \$346,350. The cost centre is 69832 and Project code is 21290. Note that once the tender responses are evaluated the funding may need to be changed in line with the costs of the successful vendor. Year to date expenses are \$1,032.00.

#### Quality

The evaluation is now being undertaken under the Tender Evaluation Plan guidelines and with Procurement ACT oversight.

#### Scope

The scope covers the procurement and contracting processes to select a new vendor, implementation of the new system and then the transition to a business as usual framework. The support for the system will revert to the Critical Infrastructure team, DOTS and the vendor (as is now in place for the current system). The numbers of monitors and end points will change as per changing business needs and the cost break up will need to be monitored to cater for these changes eg when the Critical Services Building comes on line in 2024.

#### Schedule

The tender evaluation team (TET) continues to meet to finalise the initial assessment. This work is continuing and once complete will lead to the next stage of evaluating the final components. The draft report will be commenced next week.



### 3.9. DHR Upgrade to Hyperdrive



## DHR Upgrade to Hyperdrive

## Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme: Patient Centred, Health services enabled by contemporary technology | Reporting Period: 16 October 2023 to 12 November 2023

**Project Overview** Trending — Stable

DHR move to web-based platform called Hyperdrive which will provide the territory with more flexibility in the way updates and upgrades are completed. The upgrade will also implement enhancement to improve workflows and user interaction with DHR. There are three DHR related systems (Imprivata, 3m Codefinder and Dragon Medical One) which will require upgrades to be compatible with Hyperdrive.

Project Governance		Project Performance Indicators						
Project ID	PJ0065	Overall Health Status	Schedule Health	Benefits Realised	Budget Health Status	Quality Health Status	Risks Health Status	Scope Health Status
Approval Stage	Initiate	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>
Tier	Tier 1							
Sponsor	Holger Kaufmann							

Project Delivery Team		Project Baseline			
Project Manager	<span style="color: orange;">M</span> Megan Doherty	Current Schedule	Schedule Baseline	Approved Budget	Budget - Actual
Approver	Holger Kaufmann	<b>04/09/23</b> Actual Start Date	<b>04/09/23</b> Baseline Start Date	Approved Baseline Budget (Capex) <b>\$173,210.00</b>	<b>\$0.00</b> Capex Variance
		<b>30/05/24</b> Actual End Date	<b>30/05/24</b> Baseline End Date	Approved Baseline Budget (Opex)	<b>\$167,213.75</b> Opex Variance

### Project Status Commentary

Project Status	Benefits	Risks & Issues
Project initiation is currently underway the follow activities have been completed: - DDTS Project Demand has been approved and a Project Manager has been allocated Currently underway - Conceptual design is underway and approximately 90% complete	Upgrading to Hyperdrive will provide the following benefits: • Simplified installation and maintenance o Ability to streamline updates to desktops. o Smaller client for desktop installation with ability to push updates using Satellite software. This will reduce the requirement long term for Citrix licensing. • Improved performance through modern interfaces. o Other sites have experienced a 30-40% increase in system performance. • Receive the most up to date Epic releases. • No delay in receiving break fixes or development requests. • Increased amount of users that can be supported on current hardware by 12-25%.	The Hyperdrive project is currently reporting Green for risks and issues. The project has been kicked off and project resources are working towards having these registers populated
Budget	Quality	Scope
As the project has only been initiated in October 2023 project budget is currently on track.	Nil to report	The approved scope from the Digital Steering Committee includes: - Hyperdrive Design - Codefinder Upgrade - DMO Upgrade
Schedule		
- DMO Upgrade has been initiated with the vendor and is on track. - Codefinder Contract Variation has been approved, this is slightly behind schedule but within contingency.		

### Key Project Milestones

Key Milestones Report - DHR Upgrade to Hyperdrive				Assigned To	Sep 3	Sep 10	Sep 17	Sep 24																					
Health	Priority	Task Name	Details		S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W
<span style="color: green;">●</span>		Deliverable: Approved Project Initiation Documentation (PID)																											
		Deliverable: Approved DDTS Project Brief / NTT Statement of Work																											

## Financial Performance

### Whole of Life Budget & Expenditure

#### OpEx

Approved OpEx Budget	\$173,210.00
Forecast	\$111,730.00
Actual	\$5,996.25
Variance	\$167,213.75

### Current Financial Year 2023-2024



● OpEx Budget ● OpEx Actual ● OpEx Variance

## Project Risks & Issues Profile

### Risk Matrix (Post Treatment)

Primary	2	3	4	5	6
Risk Matrix					
Almost Certain					
Likely					
Possible					
Unlikely					
Rare					
	Insignificant	Minor	Moderate	Major	Catastrophic

### Issue Matrix

Primary	2	3	4	5	6
Issue Matrix					
Critical					
High					
Moderate					
Low					
Planning					
	Insignificant	Minor	Moderate	Major	Catastrophic

### Risks

Title	Residual Rating	Action to Be Taken

### Project Issues

Title	Residual Rating	Action to Be Taken



## 4. Cyber Security

### 4.1. Cyber Incidents

Details of security related incidents, investigations and requests for information are not shared broadly across directorates due to privacy reasons, however statistics for ACT Health and Canberra Health Services are below.

Some of the information in this section has been updated with the latest information provided from the DDTS Cyber Security Report July – September 2023.

For the November reporting period DSD (including our vendors including NTT) have no recorded successful cyber attacks on our system and infrastructure.

#### Incidents (3)

Date	Reference	Incident Type	Directorate	Status
02/07/2023	SEC-IST-23-182	Phishing	HD	Closed - Fully Resolved
03/07/2023	SEC-IST-23-163	Account Compromised	HD	Closed - Fully Resolved
06/07/2023	SEC-IST-23-156	Phishing	HD	Closed - Fully Resolved

### 4.2. Operational Security Updates

#### 4.2.1. Essential 8 maturity level

The ACT Health's Health Enclave has been established for several months now and work is still ongoing to ensure the Enclave meets all Essential 8 elements for hosting. Work is actively ongoing to achieve the minimum maturity level of one and above across all the Essential 8 elements for hosting.

#### 4.2.2. Privileged Account Management

Beyond Trust's Privileged Account Management (PAM) solution within the Health Enclave. The benefits of this solution include the management of privileged accounts, vendor session monitoring/recording and password vault capabilities. A total of 46 Systems have now been onboarded into the PAM solution.

The ACTHD Cyber Team DSD are continuing to work with the team across DSD to continue onboarding systems and removing individual administrator accounts for system administrators.

#### 4.2.3. Network and device visibility

The Forescout and Medigate tools have been beneficial to provide visibility over the various ACT Health networks such as Pathology, Medical Imaging, Devices, Security and Radiation oncology. The security team work proactively with DDTS and CHS to remediate any vulnerabilities that may arise. Forescout and Medigate devices have been impacted by the network modernisation project at CHS, which has resulted in the data feeds to break. The ACT Health Cyber team are working with the DDTS networks team to remediate the data feed issues.

#### 4.2.4. Enabling port security on network switches (802.1X)

DDTS are implementing port level security (802.1X) across the ACTGOV network, which will improve the security posture of the ACTGOV network by preventing unauthorised devices from being connected. DSD have worked with DDTS to update all ACTHD network switches to 802.1x and are actively working with CHS to enable port security across CHS as part of the DDTS network modernisation project.

#### 4.2.5. Network Monitoring and Segmentation

DSD has been working with DDTS Networks to explore network segmentation for health systems to explore the current state of ACT Health's networks, limitations of current technologies used across ACTGOV and future requirements. The aim is to implement improved network segmentation along with the network modernisation program. This work hasn't progressed as a broader project, however, it is being addressed as new systems are being brought online or migrated to the Health Enclave.

#### 4.2.6. Personnel Security

We continue to engage the Australian Government Security Vetting Agency (AGSVA) through the Justice and Community Safety Directorate to assess various staff within DSD to a Negative Vetting Level 1 (NV1).

The staff that are being vetted are positions of trust and include staff that have elevated/admin access to multiple critical systems, can access and extract large amounts of sensitive data, have access to the data centres (which require an NV1 clearance) and other activities related to protective security functions.

There are approximately 260 active staff that are fully vetted and roughly 30 staff that are in the analysis process of being vetted.

### 4.3. Unsupported Operating Systems

#### 4.3.1. Windows 2008 Servers DDTS Hosted (On Premise and Azure)

DSD have been working actively to migrate/decommission the Windows Server 2008 (on premise and azure). Support on these services was expected to cease in January 2023, although this support has now been extended until January 2024.

The follow table identified the legacy Windows Server 2008 operating system servers hosting Directorate business systems as at the end of January 2023. The count includes shared infrastructure servers used to host multiple Directorate systems such as IIS web servers and SQL servers.

Directorate	Applications	On-Premise/Azure Server 2008
Health	23	51
Other	27	41
Total	50	92

#### 4.3.2. Windows 2012 Servers DDTS Hosted (On Premise)

Windows support will reach end of life on all on premise Windows Server 2012 in June 2024. The below table includes the total of Health/CHS servers including other directorates across the ACT Government.

Directorate	Applications	Servers
Health	32	54
Other	84	292
Total	116	346

#### 4.4. System Security Plans

Our Security Hub is working with relevant stakeholders, including DDTS Security, system administrators, vendors, and Business System Owners (BSO) to ensure business systems have up-to-date System Security Plans (previously known as Security Risk Management Plans). System Security Plans are being updated and/or developed as systems are being implemented, upgraded or migrated to the Health Enclave. System Security Plans for systems that will be decommissioned when DHR goes live will not be updated.

The below table is a snapshot from 28 September 2023 outlining the status of the security plans across the ACT Government.

Directorate	Current	Expired	No Plan	Under Review	Total
Health	9	33	35	30	104
Other	54	29	22	49	157
Total	63	62	57	79	261

The Security Hub are actively working to address the outstanding System Security Plans as can be evidenced from the table above where 53 are currently under review by either DDTS or DSD.