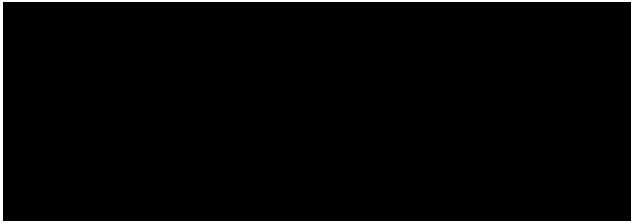


Our reference: **ACTHDFOI23-24.47**



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 **Monday 29 April 2024**.

This application requested access to:

*'Under the FOI Act I would like to be supplied with the January, February, March and April 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 **Wednesday 12 June 2024**.

I have identified 3 documents holding the information within scope of your access application.

#### **Decisions**

I have decided to grant full access to all 3 documents. The documents released to you are 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 attached document released to you contains the January, February and March 2024 DSD Performance Report. The April 2024 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 April 2024 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 Your personal contact details will not be published.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

4 June 2024

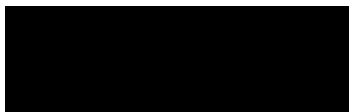


## FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
	<i>'Under the FOI Act I would like to be supplied with the January, February, March and April DSD Performance Reports'.</i>	<b>ACTHDFOI23-24.47</b>

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1-43	Digital Solutions Division Performance Report - January 2024	01/05/2024	Full Release		YES
2.	44-89	Digital Solutions Division Performance Report - February 2024	01/05/2024	Full Release		YES
3.	90-132	Digital Solutions Division Performance Report - March 2024	15/05/2024	Full Release		YES
<b>Total Number of Documents</b>						
<b>3</b>						



**ACT**  
Government

1  
**ACT Health**

# Digital Solutions Division

## Digital Solutions Division -

### January 2024



Issued: 01 May 2024

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# 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.

On 22 January 2024, Virtual Care Department went live in the DHR. This new addition means that patients may be able to go home sooner or not be admitted from the ED because they'll have support through the virtual care team. The virtual care team will be able to monitor patients to ensure they continue to improve or don't deteriorate in their care - and if they need additional support, they can access help quickly. The Ambulatory & Community and Inpatient teams worked hard on this and provided support on the ground.

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).

## 2.2. Snapshot

## 2024 JANUARY SNAPSHOT

In January, DSD had the highest percentage of requests resolved within KPI timeframe, since DHR go-live.

### 5974



Phone Calls Offered  
To Digital Solutions Support

### 113



Successful  
Scheduled  
Changes



### 7503

Requests  
Created  
During January 2024

Requests  
Resolved **7406**  
During January 2024



### 3

Major Incidents  
Critical (P1) or High (P2)

### 41

Active Projects

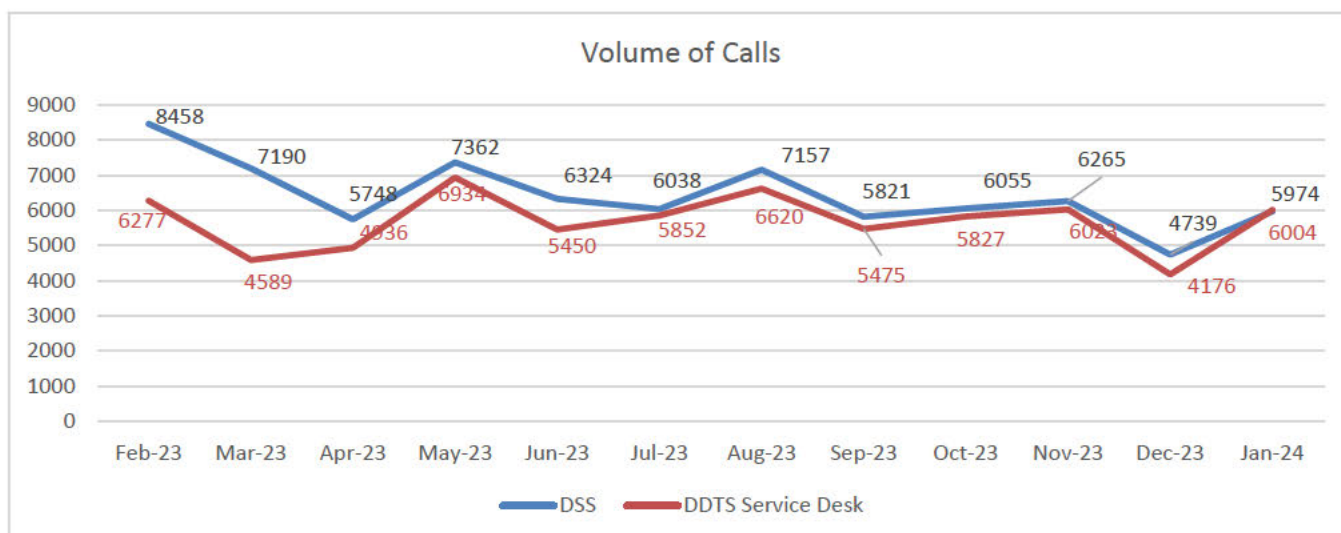


### 4.9

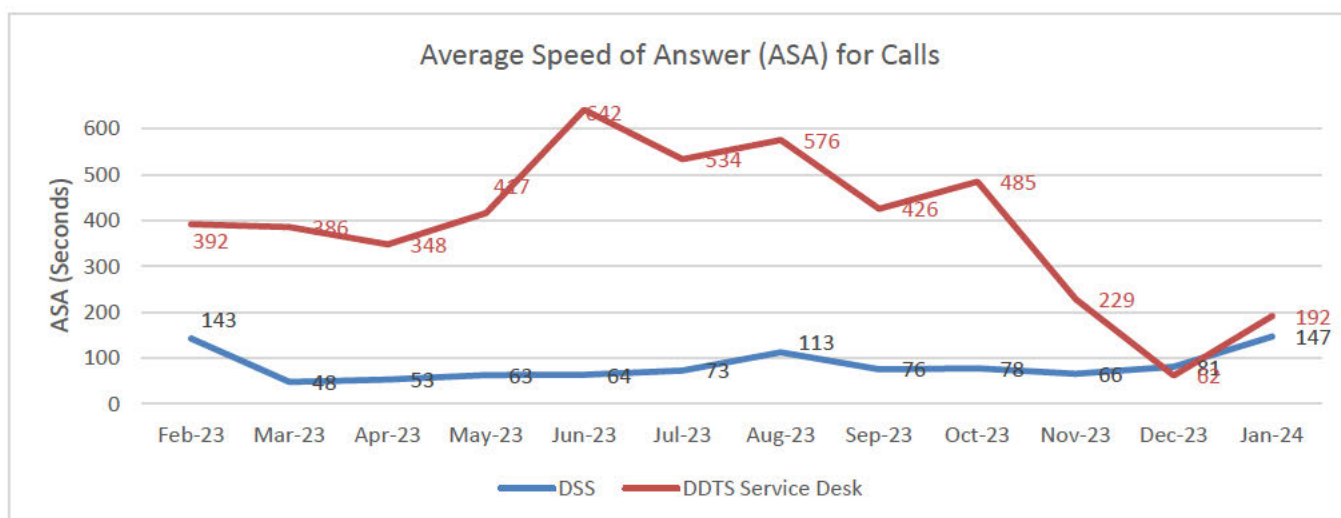
User Satisfaction  
Out of 5

## Monthly Request Summary

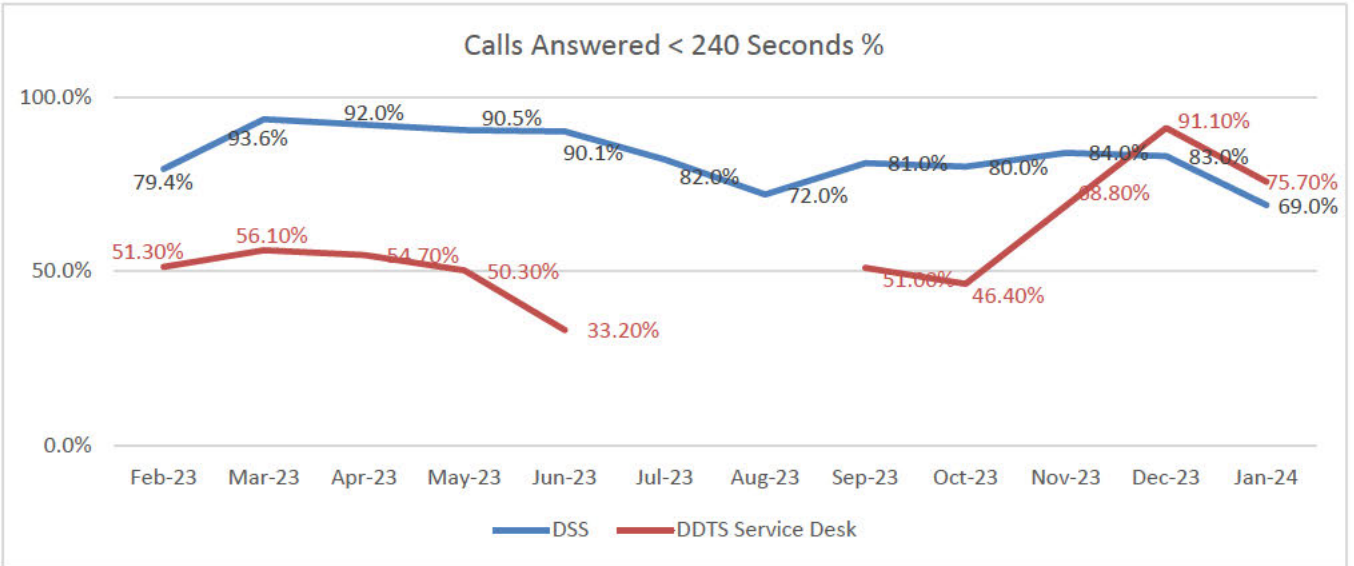
Metric	January 2024
Requests Created	7503
Requests Resolved	7406
Total request remaining open	4797
Standard Requests Responded to within KPI Timeframe (4 hours)	90.80%
Standard Requests Resolved within KPI Timeframe (24 hours)	83.40%
Total Number of Urgent Requests	303
Urgent Requests Responded to within KPI Timeframe (30 minutes)	75.60%
Urgent Requests Resolved within KPI Timeframe (2 hours)	55.80%
Total Number of Password Reset Requests	881
Password Reset Requests Resolved within KPI Timeframe (2 hours)	82.90%



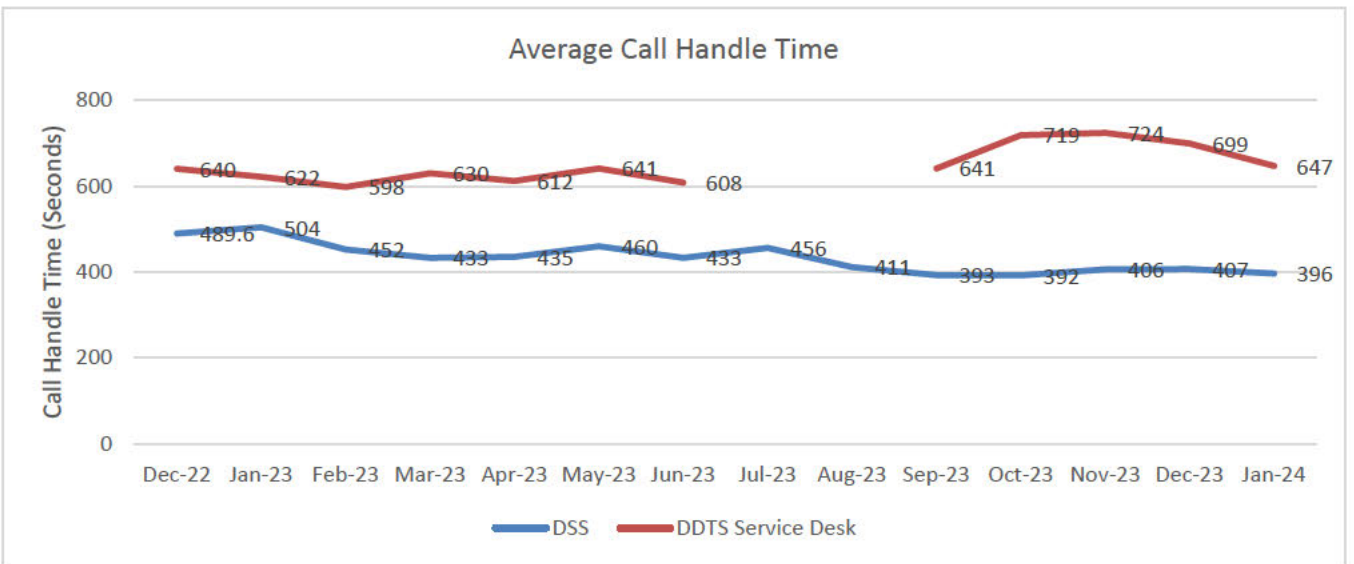
Graph 1 – Total volume of calls



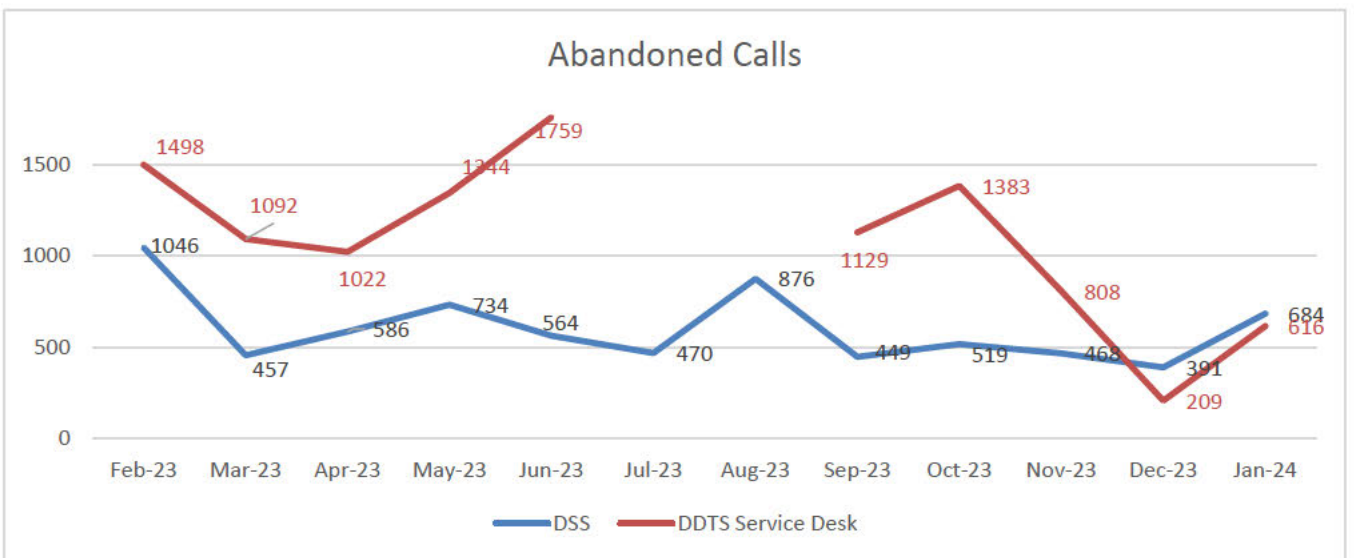
Graph 2 – Average speed of answer for calls. Note: the methodology for reporting ASA has changed from 2024 to represent the data more accurately.



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

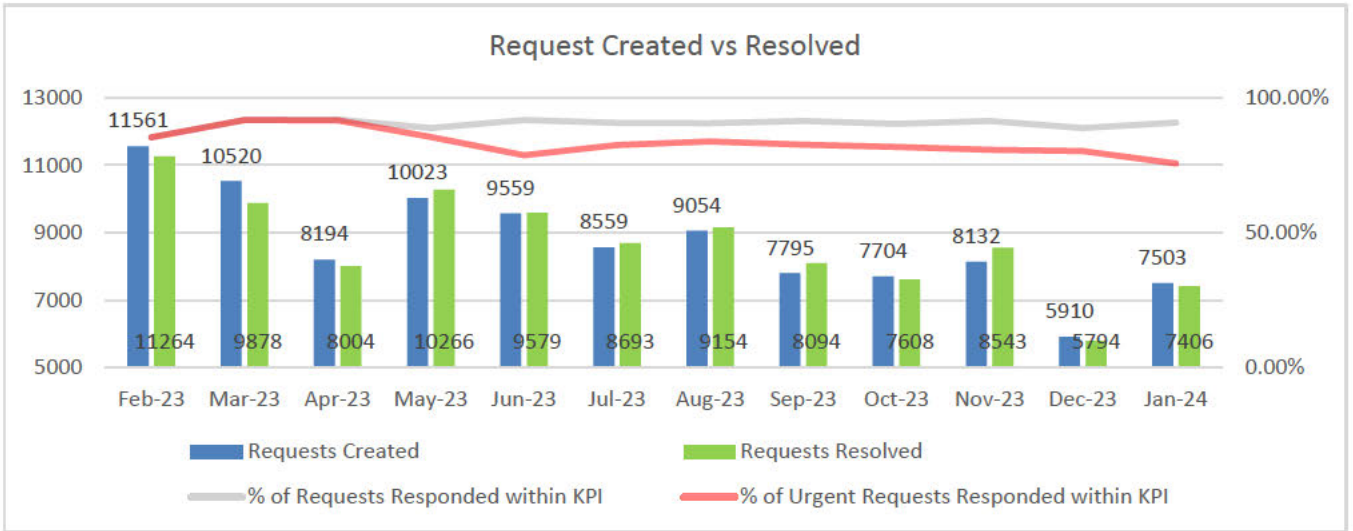


Graph 4 – Average call handle time. Note DDTS data from July and August 2023 is unavailable.

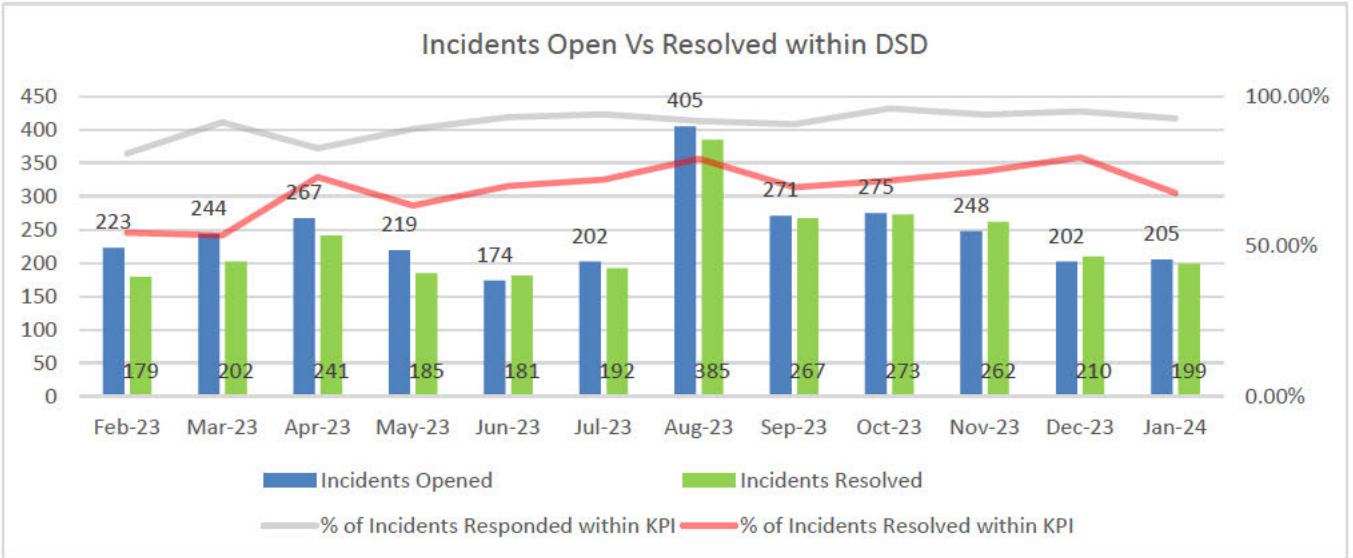


Graph 5 – Total number of calls abandoned. Note DDTS data from July and August 2023 is unavailable.

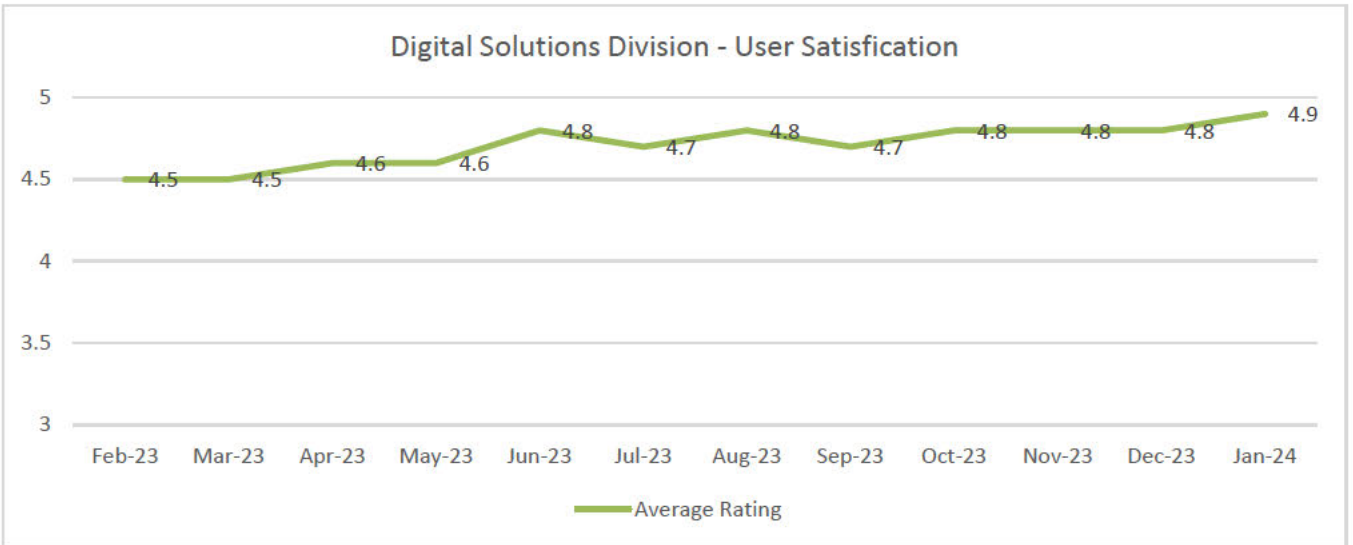




**Graph 6 – Total number of requests open vs closed per month, including the KPI turn arounds on time to respond to standard and urgent requests.**



**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 205 incidents created and 199 incidents closed.

Of the incidents raised, 92.7% of those were responded to within the first 30 minutes and 67.8% of incidents were resolved within four hours.

On 16 January 2024 DSD was impacted by issues relating to a server reboot following NTT production patching for the month. A total of 16 Incidents were raised on the day, with 7 of these being identified as P3. While the patching was not the cause of these incidents, it has identified issues relating to services not starting correctly following the server reboot.

There was a total of 63 incidents that had been raised in relation to DHR and its related business systems. All but 4 of the DHR related incidents were deemed a P4 status and the remaining being identified as P3.

A total of 23 incidents were categorised as end user devices. Of these, 17 incidents related to hardware faults and 6 related to printing.

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

Title	Incident Summary	Incident Window	Jira/SNOW #	Priority
CBORD - Not transferring to DHR	For the duration of the outage, messaging between NCH's instance of CBORD and DHR were not flowing between each other.  CBORD is vendor managed and the incident had been resolved when they initiated a server restart. Root cause has not been identified at this stage and	Partial Outage 31h, 21m	DSD-416831	P2

	should be provided by the vendor.			
CPF - Intermittent connectivity failures	<p>For the duration of the outage, CPF was intermittently inaccessible for its users.</p> <p>The cause of this outage had been identified to be due to an additional NetScaler VPX appliance that was cloned from its original back in 2022. This cloned appliance seemingly turned itself on and started causing IP conflicts to CPF.</p> <p>The incident was resolved when NTT shut down the cloned appliance, fixing the IP conflicts.</p>	Partial Outage 4h, 18m	DSD-416474	P2
Evolution - Application not launching via Citrix	<p>For the duration of the outage, staff were unable to access Evolution. A generic Citrix error message appeared when staff attempted to access it.</p> <p>The cause of this incident was due to the local drives on the session hosts reaching capacity.</p> <p>The incident was resolved by NTT clearing space on both drives, allowing the session hosts to write to them again.</p>	2h, 19m	DSD-410081	P2



## 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 there were a total of four active problem articles:

Title	Open date	Problem Summary	Ticket #
AMS Citrix Issues	03/08/23	<p>A problem originally raised regarding AMS being inaccessible on Citrix.</p> <p>Currently, the issue being investigated relates to a wider issue with NetScaler failovers. It has been identified that the PGC NetScalers are failing over constantly, causing disconnections for users.</p> <p>A fix had been scheduled to be completed in late February but has been pushed back to March.</p>	DSD-369408
DHR Printing Script and Label printing issues	13/11/23	<p>Three distinct printing problems have been identified for investigation: prescription printing, label printing and printers getting stuck in sleep mode.</p> <p>As part of the problem remediations, the migration of Lexmark and Zebra printers from USB to Wi-Fi had been suggested, however this work has been put on hold. This will be continued once Technical Services considers a central management solution for managing these devices.</p>	DSD-398278
PROACT Citrix Logon Issues	04/12/23	<p>Citrix issues have been identified for PROACT where the citrix sessions will become stuck if they are incorrectly closed.</p> <p>DDTS have found the service stopping sessions from closing and have applied a registry key update to the Citrix session hosts.</p> <p>The problem ticket was marked as closed following the confirmation of the resolution.</p>	DSD-404121
Evolution NetLogon Service Issues	07/12/23	<p>Issues with Evolution have been identified where the NetLogon service will fail on the server. When this occurs, it stops Citrix from determining which session host is available for use, which leads to the server selecting unavailable hosts.</p> <p>NTT have suggested remediating this by doubling the total volume of session host servers to four, and by building a dedicated VDI solution for all citrix-based solutions.</p> <p>These remediations are currently on hold due to resourcing and priorities.</p>	DSD-405239

## 2.4. 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

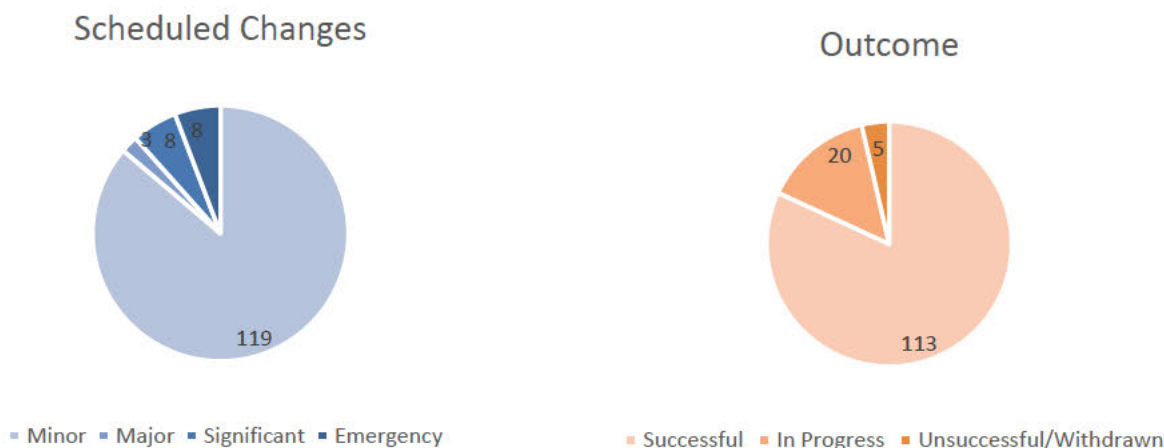
**Emergency** – Must be introduced as soon as possible to resolve an urgent incident address an unacceptable level of risk or prevent disruption to critical business services.

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

- 10 January 2024
- 17 January 2024
- 24 January 2024
- 31 January 2024

There were 15 changes with 11 of those changes being endorsed during the same reporting period

### 2.4.1. Scheduled Changes



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

- Standard monthly patching of Health Enclave systems, Phillips ISECG, IBE and ISP servers and Citrix Session Host
- Upgrades to Kestral CIS, 3M Codefinder and MX7000 for Dell Chassis Hosting Physical ODB Server
- Disaster Recovery cutover from Hume to Fyshwick
- Decommissioning of 2008 OS Servers

#### Emergency changes included the following:

- DHR - Increase of disk space on M drive, Netscalers ADC Gateway Firmware update and Extended expiry dates for new consultations
- Kiteworks – Restart MFT server for certificate renewal
- Imprivata – Correcting kiosk script
- Phillips IBE – ADT not transmitting to downstream systems
- Renewal of sub-certificate authority certificate

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

Status	Total
Deferred	2
Backed Out	1
Failed	1
Duplicate	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	Comment
12/07/2023	TBC	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	In Progress
9/11/2023	TBC	DSD-393675	DHR	DHR vMay2023 Production Upgrade	In Progress



## 2.5. 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	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Record transfer of a paper files to another officer	16	11	23	6	17	9	23	18	12	34	13	6
Paper File Retrieval Request	11	10	16	13	15	9	19	15	11	27	76	16
New Paper File Request	152	188	103	141	261	147	158	128	115	211	602	149
New File Part Request	10	4	4	7	13	11	2	3	6	3	25	8
Transfer Paper File to Records/Storage	14	7	12	9	18	10	18	8	6	12	93	7

## 2.6. 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.

Service	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
General Objective/TRIM enquiry	34	33	25	52	21	18	64	51	29	26	35	27
Request Objective access + new user	68	58	51	73	40	71	81	87	57	50	51	51
Request Access/Restriction on a file or folder	19	29	24	28	23	21	18	30	31	20	24	25



## 3. Projects and Program

### 3.1. Summary Overview

The Digital Solutions Division (DSD) has a work program with 41 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 14 January 2024.

Out of the 23 major (Tier 1 and Tier 2) there are five 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 as they have not been able to confirm to date.

The TCH Building 12 Medical Imaging Refurbishment is also tracking red. The expected delivery is now within the February 2024, as the installation of the Vitrea v7 application is delayed.

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. A Business Case has been submitted to Treasury with an announcement expected around February 2024.

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

- QScan integration for North Canberra Hospital
- iDose Upgrade and NTT Migration

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:

11 December 2023 to 14 January 2024

#### Overview

Number of Programs

2

Number of Active Projects

41

Number of New Projects

2

Number of Major Projects

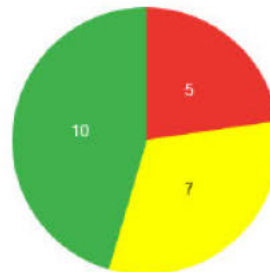
23

Number of Projects Closed

0

#### RAG Status of Major Projects

Red  
Yellow  
Green



#### Resources



Portfolio Summary



Major Projects List



Portfolio Dashboard Met...

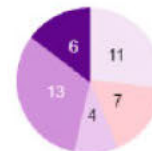
#### All Projects by Tier

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
PG0003	CSB Operational Commissioning Progra	Yellow	Tier 1	Initiate	Sonya Floyer	Janet Zagan

#### Major Project Report

Project ID	Project Name	Project Health	Project Tier	Stage or Tranche	Project Manager	Executive Sponsor	Governing Committee	Go-Live Tracking	Baseline Finish
PJ0002	Centenary Hospital for Women and Children Expansion Project	Green	Tier 1	Close	Mark Cahill	Chris Tarbuck	Project Control Group	30/11/23	27/12/23
PJ0004	CSB (Critical Services Building) Main Build	Green	Tier 1	Deliver	Dale Ninness	Chief Minister	Project Control Group	30/06/24	16/11/23
PJ0009	Notifiable Disease Management System (NDMS)	Green	Tier 1	Deliver	Maddison Noble	Keryn Coleman	NDMS Project Board	30/06/24 (HealthLink)	04/07/22
PJ0013	Pharmacy Inventory Management System	Red	Tier 2	Deliver	Elise Griffiths	Sandra Cook	PIMS Project Board	20/06/22 (CPHB) 26/09/22 (CHS); Phase2:20/04/24	31/07/23
PJ0016	TCH Building 12 Medical Imaging Refurbishment	Red	Tier 2	Deliver	Akesh Hemrajani	Colm Mooney	Project Control Group	29/02/24	13/02/23
PJ0017	TCH Building 19 Level 3 Refurbishment	Green	Tier 2	Plan	Akesh Hemrajani	Colm Mooney	Project Control Group	30/09/24	30/09/24
PJ0019	Weston Creek CHC Medical Imaging Expansion	Green	Tier 2	Close	Akesh Hemrajani	Colm Mooney	Project Control Group	12/01/24	
PJ0033	North Canberra Hospital OneID and EACS Replacement	Red	Tier 2	Plan	Paul Harrison	Jarrad Nuss	NCH Health Infrastructure Project Control Group	26/06/24	31/10/22
PJ0036	BIS Upgrade Project	Red	Tier 2	Deliver	Maddison Noble	Julianne Siggins	BIS Project Board	31/03/24 (HA & Rep)	14/12/22
PJ0044	Identity Governance	Yellow	Tier 1	Initiate	Sonya Floyer	Holger Kaufmann		30/06/25	03/03/25
PJ0045	Distribution Centre Relocation	Yellow	Tier 2	Deliver	Francisco Colarte	Andrew Murphy	Project Control Group	30/01/24	15/11/23
PJ0041	Embedding a Positive Safety Culture	Yellow	Tier 2	Deliver	Nicole Wang	Holger Kaufmann	Project Control Group	26/01/24	
PJ0046	Eating Disorder Residential Treatment Care Centre	Green	Tier 2	Initiate	Agam Munshi	David Jones	Project Control Group	03/07/24	03/07/24
PJ0048	Building Fit-out works for CAMHS at Bowes Street	Yellow	Tier 2	Deliver	Agam Munshi	Evan Byrne	Project Control Group	22/01/24	29/12/23
PJ0050	ACT Pathology Laboratory Expansion	Green	Tier 2	Plan	Francisco Colarte	Gienn Edwards	Project Control Group	28/06/24	28/06/24
PJ0049	Environmental Monitoring System	Yellow	Tier 2	Initiate	Sonya Floyer	Holger Kaufmann		TBD	22/12/23
PJ0054	Critical Communications Infrastructure Upgrades at ACT Public Hospitals - Distributed Antenna Systems	Green	Tier 1	Initiate	Anthony Taylor	Holger Kaufmann	Project Control Group	30/06/25	19/12/25
PJ0061	Data and Reporting Remediation Project	Red	Tier 1	Initiate	Katherine Gechter	Rebecca Cross	Data & Reporting Remediation Project Board	Dec 2024	20/12/24
PJ0064	Infusion (IV) Pumps	Gray	Tier 2	Execute	Babita Shrestha	Holger Kaufmann		TBA	
PJ0065	DHR Upgrade to Hyperdrive	Yellow	Tier 1	Plan	Megan Doherty	Holger Kaufmann	Digital Committee	May 2024	30/05/24
PJ0067	IHDS Food Services Model Transformation	Green	Tier 2	Plan	Francisco Colarte	Colm Mooney		01/08/24	02/08/24
PJ0069	CSB Operational Commissioning Program	Yellow	Tier 1	Initiate	Sonya Floyer	Janet Zagan	Canberra Hospital Expansion Project Management Board	05/08/24	29/03/24
PJ0071	Palliative Care Ward B12 L3	Green	Tier 2	Initiate	Akesh Hemrajani	Melissa O'Brien	Project Control Group	27/02/2026	27/02/26



## Tier 3 &amp; 4 Projects

Project ID	Project Name	Project Health	Project Tier	Stage or Tranche	Project Manager	Executive Sponsor	Go-Live Tracking	Baseline Finish
PJ0035	Mainpac Expansion	●	Tier 3	Close	Bridget Maclean	David Jones	30/11/23	28/02/23
PJ0037	Electric Vehicle Charging ICT Standard	●	Tier 4	Execute	Francisco Colarte	Colm Mooney	31/03/24	08/12/23
PJ0040	DALI System Upgrade	Gray	Tier 4	Initiate	Nicole Wang	Chris Tarbuck	On hold	26/09/22
PJ0042	TCH B3 L1 Rheumatology & Dermatology Consultation Room Upgrades	Gray	Tier 4	Deliver	Navjeet Grover	Chris Tarbuck	TBD	30/06/23
PJ0043	1 Moore Street Security Upgrade	Gray	Tier 4	Deliver	Mark Cahill	Scott Harding	31/10/23	31/03/23
PJ0047	RAPID	●	Tier 3	Close	Bridget MacLean	Sarah Mogford	30/06/23	23/08/23
PJ0051	Watson Health Hub (WHH)	●	Tier 4	Plan	Agam Munshi	David Jones	30/06/25	
PJ0052	North Canberra Hospital Transition	Gray	Tier 3	Execute	Krystle Huggett	Jarrod Nuss	31/03/25	
PJ0053	Legacy System Remediation and Data Preservation	Gray	Tier 4	Close	Arvin Sibug	Justine Spina	Dec 2023	
PJ0055	DHR Onboarding Form Report	Gray	Tier 4	Deliver	Talwo Olalere	Sandra Cook	Dec 2023	
PJ0056	CPF - Build of Prod & Non-Prod hardware	Gray	Tier 4	Execute	Ian Bull	Colin Macdonald	Oct 2023	
PJ0060	Electrical Distribution Boards	Gray	Tier 4	Deliver	Satia Saktivelou	Chris Tarbuck	31/03/24	
PJ0062	Nuclear Medicine Equipment Upgrade Project	●	Tier 4	Plan	Alkesh Hemrajani	Colm Mooney	20/12/24	31/10/24
PJ0063	Decant of Staff from TCH B6, B17 and B23	Gray	Tier 3	Close	Satia Saktivelou	Susu El Hussenl	17/11/23	17/11/23
PJ0068	Endoscopy Service Expansion	●	Tier 4	Initiate	Navjeet Grover	Brendan Docherty	02/09/24	02/09/24
PJ0070	BYO Device for DHR Apps	Gray	Tier 4	Deliver		Holger Kaufmann	06/01/24	
PJ0072	QScan	Gray	Tier 3	Initiate	Tim panoho	Sarah Mogford	01/03/24	
PJ0073	IDose Upgrade and NTT Migration	Gray	Tier 4	Initiate	Damian Fuller	Holger Kaufmann	31/03/24	

## Projects Budget

Project Budget						
Project ID	Project Name	Project Tier	Approved Baseline Budget (Capex)	Actual Capex	Approved Baseline Budget (Opex)	Actual Opex
PJ0002	Centenary Hospital for Women and Children Expansion Project	Tier 1	\$2,123,158.31	\$1,767,976.82	\$0.00	\$0.00
PJ0004	CSB (Critical Services Building) Main Build	Tier 1	\$0.00	\$0.00	\$16,483,515.94	\$7,219,064.08
PJ0009	Notifiable Disease Management System (NDMS)	Tier 1	\$7,913,000.00	\$4,141,144.59	\$3,119,296.00	\$233,345.80
PJ0044	Identity Governance	Tier 1	\$1,000,000.00	\$31,927.50	\$2,365,345.00	\$0.00
PJ0054	Critical Communications Infrastructure Upgrades at ACT Public Hospitals - Distributed Antenna Systems	Tier 1	\$11,328,000.00	\$121,354.11		\$0.00
PJ0061	Data and Reporting Remediation Project	Tier 1	\$7,543,502.00	\$1,178,818.56	\$14,265,216.00	\$331,800.00
PJ0065	DHR Upgrade to Hyperdrive	Tier 1		\$0.00	\$173,210.00	\$5,996.25
PJ0069	CSB Operational Commissioning Program	Tier 1	\$7,987,000.00		\$2,581,000.00	\$0.00
PJ0013	Pharmacy Inventory Management System	Tier 2	\$0.00	\$0.00	\$866,292.00	\$751,915.44
PJ0016	TCH Building 12 Medical Imaging Refurbishment	Tier 2	\$0.00	\$0.00	\$196,513.00	\$164,480.00
PJ0017	TCH Building 19 Level 3 Refurbishment	Tier 2	\$0.00	\$0.00	\$211,220 (CC21507) \$150,004 (CC21570) \$108,917 (CC21210)	\$131,533.00
PJ0019	Weston Creek CHC Medical Imaging Expansion	Tier 2	\$0.00	\$0.00	\$292,001.00	\$118,294.00
PJ0033	North Canberra Hospital OneID and EACS Replacement	Tier 2	\$1,739,000.00	\$924,960.56	\$0.00	\$0.00
PJ0036	BIS Upgrade Project	Tier 2	\$715,000.00	\$627,405.60	\$1,010,817.00	\$931,119.80
PJ0045	Distribution Centre Relocation	Tier 2		\$0.00	\$507,970.00	\$192,811.68
PJ0041	Embedding a Positive Safety Culture	Tier 2	\$250,000.00	\$243,531.00		\$7,500.00
PJ0046	Eating Disorder Residential Treatment Care Centre	Tier 2		\$0.00	\$57,457.00	\$12,600.00
PJ0048	Building Fit-out works for CAMHS at Bowes Street	Tier 2		\$0.00	\$205,000.00	\$44,048.70
PJ0050	ACT Pathology Laboratory Expansion	Tier 2	\$0.00	\$0.00	\$53,786.00	\$7,164.50
PJ0049	Environmental Monitoring System	Tier 2	\$461,000.00	\$1,320.00	\$346,350.00	\$0.00
PJ0064	Infusion (IV) Pumps	Tier 2	\$909,000.00	\$0.00		\$0.00
PJ0067	IHSS Food Services Model Transformation	Tier 2		\$0.00	\$25,641.00	\$2,002.00
PJ0071	Palliative Care Ward B12 L3	Tier 2		\$0.00	\$49,747.50	\$0.00
PJ0035	Mainpac Expansion	Tier 3	\$254,375.00	\$186,916.13	\$38,958.75	\$0.00
PJ0047	RAPID	Tier 3	\$187,680.00	\$0.00	\$46,749.00	\$0.00
PJ0052	North Canberra Hospital Transition	Tier 3	\$9,800,000.00	\$0.00		\$0.00
PJ0063	Decant of Staff from TCH B6, B17 and B23	Tier 3		\$0.00	292342 (\$4360 recurrent)	\$0.00
PJ0072	QScan	Tier 3	\$100,000.00	\$0.00		\$0.00
PJ0037	Electric Vehicle Charging ICT Standard	Tier 4	\$0.00	\$0.00	\$20,000.00	\$8,153.00
PJ0040	DALI System Upgrade	Tier 4	\$0.00	\$0.00	\$50,000.00	\$0.00
PJ0042	TCH B3 L1 Rheumatology & Dermatology Consultation Room Upgrades	Tier 4		\$0.00	\$4,200.00	\$0.00
PJ0043	1 Moore Street Security Upgrade	Tier 4		\$0.00	\$5,000.00	\$0.00
PJ0051	Watson Health Hub (WHH)	Tier 4	\$0.00	\$0.00	\$49,438.00	\$64.50
PJ0053	Legacy System Remediation and Data Preservation	Tier 4		\$0.00	\$20,000.00	\$0.00
PJ0055	DHR Onboarding Form Report	Tier 4		\$0.00	\$0.00	\$0.00
PJ0056	CPF - Build of Prod & Non-Prod hardware	Tier 4		\$0.00	\$70,000.00	\$0.00
PJ0060	Electrical Distribution Boards	Tier 4		\$0.00	\$22,000.00	\$0.00
PJ0062	Nuclear Medicine Equipment Upgrade Project	Tier 4		\$0.00	\$38,412.00	\$6,541.00
PJ0068	Endoscopy Service Expansion	Tier 4		\$0.00	\$54,530.30	\$1,397.00
PJ0070	BYO Device for DHR Apps	Tier 4		\$0.00	\$20,000.00	\$0.00
PJ0073	IDose Upgrade and NTT Migration	Tier 4		\$0.00	\$25,176.00	\$0.00

## Red Synopsis Report

Synopsis Status	Project ID	Project Name	Project Tier	Approval Stage or Tranche	Comments
●	PJ0013	Pharmacy Inventory Management System	Tier 2	Deliver	The project status remains RED. The vendor Pharmos has not been able to confirm when the next upgrade to fix issues will be. Further meetings planned to discuss possible options.
●	PJ0016	TCH Building 12 Medical Imaging Refurbishment	Tier 2	Deliver	The project is reporting RED for Schedule and Issues as the Vitrea v7 Implementation is delayed. Expected delivery within the next reporting period.
●	PJ0033	North Canberra Hospital OneID and EACS Replacement	Tier 2	Plan	This project is reporting RED for Schedule as it has been delayed until June 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 early February 2024.
●	PJ0036	BIS Upgrade Project	Tier 2	Deliver	The project status is red for schedule as there are continued delays for final two deliverables for replication and high availability configuration.
●	PJ0061	Data and Reporting Remediation Project	Tier 1	Initiate	The project Status is reporting red for Quality, Risks, Budget and Scope. A Business Case has been submitted to Treasury, with an announcement expected in Feb 24. Planning is underway for Phase 2, however detailed scope, project resourcing and significant risks associated with competing priorities are not yet clear.

### New Projects

Project ID	Project Title	Project Overview
PJ0072	QScan	New interface to be developed between radiant and QScan for North Canberra Hospital
PJ0073	IDose Upgrade and NTT Migration	This project will accommodate the new Iris camera within an IDose Upgrade which will be migrated to the new NTT ACT Health enclave.

### Closed Projects

Project ID	Project	Project Overview

### Major Project Risks Heat map

Primary	2	3	4	5	6
<b>Risk Matrix</b>					
Almost Certain			1	7	1
Likely	1	5	6	4	
Possible	3	22	29	10	1
Unlikely	3	8	20	5	
Rare	3	3	5		
	Insignificant	Minor	Moderate	Major	Catastrophic

### Major Project Issues Heat map

Primary	2	3	4	5	6
<b>Issue Matrix</b>					
Critical		9	3	1	
High		2	7	5	1
Moderate		1	4		
Low		1	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	<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>
Data and Reporting Remediation Project	Risk	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>
Pharmacy Inventory Management System	Issue	PBS is not receiving dispensing cancellation messages from Merlin	Extreme	12/01/24 - nil update from vendor on resolving issue. Significant financial risk to CHS. Meeting booked with vendor 29/01/24 to discuss outstanding issues, have identified this is the highest priority for resolution. 10/12/23 - nil update. 8/11/23 - vendor is setting up test environment with PBS to be able to determine the cause of the issue. Await update.
Data and Reporting Remediation Project	Issue	The complete and detailed scope and requirements for Phase 2 is undefined	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.





## Financial Performance

### Whole of Life Budget & Expenditure

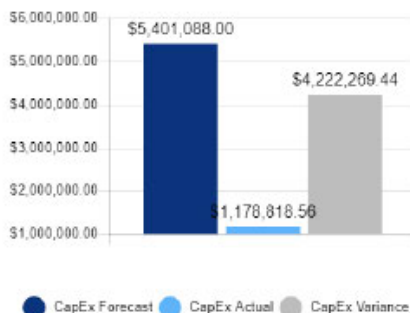
#### CapEx

Budget	\$7,543,502.00
Forecast	\$7,543,502.00
Actual	\$1,178,818.56
Variance	\$6,364,683.44

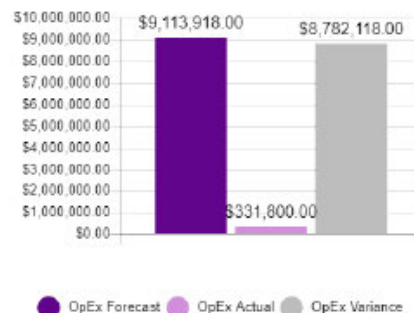
#### OpEx

Budget	\$14,265,216.00
Forecast	\$14,265,216.00
Actual	\$331,800.00
Variance	\$13,933,416.00

### 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		1	4	1	
Possible		3	3		1
Unlikely	1				
Rare					
	Insignificant	Minor	Moderate	Major	Catastrophic

### Issue Matrix

Primary	2	3	4	5	6
<b>Issue Matrix</b>					
Critical					
High			2	1	1
Moderate		1	3		
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 requirements for National Safety and Quality in Health Standards (NSQHS) will not be met	High	<ul style="list-style-type: none"> <li>Project to scope reporting requirements and priorities.</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>
Data and reporting priorities are not aligned	Medium	<ul style="list-style-type: none"> <li>Project will identify priorities for BAU reporting teams. Combine high level teams across public health service to provide a single and consistent prioritisation process.</li> </ul>
Lack of stakeholder engagement in Legacy Systems Data requirements gathering	Medium	<ul style="list-style-type: none"> <li>Establish regular stakeholder engagement plan for Legacy Systems Data Workstream</li> </ul>
Inadequate Legacy Systems Data requirements gathering leading to the omission of some stakeholder needs	Medium	<ul style="list-style-type: none"> <li>Enhance data capture processes and validation</li> </ul>
Potential Data Loss in Already Decommissioned System	Medium	<ul style="list-style-type: none"> <li>Conduct a comprehensive data recovery assessment for decommissioned legacy systems</li> </ul>
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 prior to March</li> <li>Finalise scope, resource requirements and project governance before end of January</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 complete and detailed scope and requirements for Phase 2 is undefined	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>
Changes made to the front end of the DHR system do not consider impact on mandatory reporting requirements	Medium	Project Director to ensure coordination of communications and engagement between teams. Review of current change control process and implementation of agreed to process improvements
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	Identify resource to establish and execute Stakeholder Management and Communications Plan.

### 3.3. Critical Service Building (CBS) Main Build



## CSB (Critical Services Building) Main Build

## Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Strategy Theme:

- Patient-centred
- Health services enabled by contemporary technology

Reporting Period:

11 December 2023 to 14 January 2024

#### Project Overview

Trending

Canberra Hospital Expansion – Critical Services Building (CSB) is a significant investment from ACT Government and will support the growing health care needs of our city and help to future-proof hospital facilities while transforming acute health services delivered at The Canberra Hospital.

Stable

CSB will deliver new, modern, health facilities for Canberrans, including:  
 - 114 Emergency Department (ED) treatment spaces – 39 more than are currently available at The Canberra Hospital  
 - 80 Intensive Care Unit (ICU) beds – doubling the number currently available  
 - Four new paediatric ICU beds and a family zone to provide support for families who have children in the ICU  
 - 22 new state-of-the-art operating theatres – nine more than are currently available.

Project direction and management is the responsibility of Major Projects Canberra and construction of the facility is due to be completed in 2nd Quarter 2024.

#### Project Governance

Project ID	PJ0004
Approval Stage	Plan
Tier	Tier 1
Sponsor	Chief Minister
Governing Committee	

#### Project Performance Indicators

Overall Health Status	Schedule Status	Budget Health Status	Risks & 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	Approved Budget / Fee for Service	Budget Variance
Project Manager	29/09/19	29/09/19	\$16,483,515.94	\$0.00
Approver	16/11/23	30/06/24	Approved Baseline Budget	CapEx Variance
				\$9,264,451.86

### Project Status Commentary

#### Project Status

ICT designs are nearing completion and DSD have commenced final reviews within DS2 ICT package of all ICT related drawings to ensure infrastructure requirements are met for signoff. DSD are continuing to work with DDTs progressing procurements to ensure equipment availability for installation and building commissioning.  
 WAP and BLE Enclosures for Levels 1 to 7 have been delivered to site for installation by MPX.  
 Cisco Webex Room Kits are currently held by DSD. Items will be held until MPX require them.  
 Patient Bedside Information Boards and associated wall mounts have also been received. Wall mounts have been provided to MPX for installation.  
 Approval of the Strategic Investment Proposal has been achieved. The ICT budget does not include operational commissioning activities post building completion.

Final defect inspections of ICT Spaces are continuing.

DSD/DDTS have agreed to shared access and have installed active network equipment in the following Comms Rooms:  
 \* ICT UPS A and B (ICT UPS installation and commissioning activities have completed)

- \* BD1.1 and 1.2
- \* FD2.1 and 2.2
- \* FD3.1 and 3.2
- \* FD4.1 and 4.2
- \* FD6.1 and 6.2
- \* FD8.1 and 8.2
- \* FD7.1 and 7.2

FD 1.3 is still undergoing fitout works and not completed yet.

DSD continue to patch devices listed within the patching schedule across the above Comms rooms continue to work with MPX and DDTs to provide timely network connectivity to building systems to support building commissioning.

Temp A/Cs have been removed from the Comms Rooms as the DX Units are now operational, but ongoing issues with dust ingress and cleanliness of the shared comms rooms remains a main concern with a large amount of outstanding works still required terminating security cabling into I-Stars and continuous access requirements by contractors dragging in dirt and debris with live network equipment running.

#### Scope

A scope delineation schedule was finalised and agreed with Major Projects Canberra and Multiplex on 28 June 2021.

Project is currently within scope with DSD working to deliver requirements as per the delineation schedule.  
 Building 1 Level 1 and Building 2 Level 2 Refurbishment works have not been formally added to DSD scope by MPC, but DSD are currently supporting these works and have included the equipment and resource costs into our MPC financial report.

#### Benefits

The completion of this project will support Canberra's expanding, changing and future requirements for health services and will increase capacity for Canberra Hospital's adult intensive care, paediatric intensive care, surgical, coronary care and emergency services functions. This new facility will provide new start of the art equipment for advanced healthcare and help to alleviate strain on critical health services in a Territory that is expected to experience a 20% increase in population by 2032.

#### Schedule

MPX/MPC are not providing the CSB Construction Schedule to DSD and as such, an ICT Schedule has been developed by MPX only until completion of Comms Rooms. Dates for commissioning deliverables by DSD that form part of building commissioning are still unknown at this stage.  
 MPC have not provided any formal schedule updates since 3rd quarter 2023, nor have provided any dates relating to DSD deliverables for building commissioning which will likely affect resourcing allocations.

Schedule is currently on track.  
 No formal governance process exists for MPX schedule updates and schedule releases from MPC. DSD have previously been provided with schedule updates or extracts with tasks that are either removed or differ in every new version. The constant changes make it difficult to track progression of the overall building and commissioning schedule to organise resourcing and provide accurate dates to various project stakeholders who need to deliver work packages for MME and Operational Commissioning.

#### Quality

Quality will be achieved by peer review of documentation, supervision, inspections and user acceptance testing of solutions deployed across Building 5 and other minor refurbishment projects in Building 1 and 2.  
 A Checklist has been drafted by MPX to ensure all UPS/Comms Room requirements are met and quality is achieved prior to the initial handover by MPX. Final checks and user acceptance testing will be completed prior to final handover of Comms Rooms. DSD are yet to be made aware of a project benefits management plan or whether we will be requested to formally provide input into measurable benefits planning.

#### Budget

The Strategic Investment Proposal has been finalised and approved by MPC and DSD.  
 The costs included in the SIP are a combination of known costs and estimates including resourcing due to High-Level Vendor Designs reviews still ongoing for building systems.  
 DSD have an agreed DSR cost which forms part of the ICT budget and covers project resourcing until end of FY23/24. Resource and ICT costings for Building 1 and Building 2 refurb works are not covered by the approved SIP. The estimates for equipment and resourcing required to support the commissioning of these spaces have been added into our monthly financial reporting and currently these costs can be covered within DSD ICT budget.

All works are proceeding with the knowledge of the Project Director and monthly financial management updates between the Senior Director CSI Hub and Major Projects Canberra.  
 Project is currently within budget including additional scope requirements and estimated costs for the additional works. These items are captured in DSD monthly financial report to MPC.  
 Any additional scope items are also captured in the DSD Monthly financial report in a separate section and is monitored to ensure we remain within budget.

#### Risks & Issues

Refer to CSB Project Risk Register.  
 DSD attend a monthly project Risk Management Committee (RMC) and the DSD CSB Project Team review and provide updated ICT Risks and Issues to this committee on a monthly basis.  
 ICT is not identified as a formal workstream for the project and Multiplex are responsible for delivery of the facility, including all works within. Without the existence of a dedicated ICT programme, it is challenging to identify all ICT-related input that may be required across multiple workstreams (clinical, electrical, mechanical, other services, operational commissioning).



## Key Project Milestones

### Key Milestone Report

Task Name	End Date	Status	Q1		Q2		Q3			Q4			Q1				
			Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Network Active (Welcome Hall Zone)	16/11/23	Not started															
Deliverable: FD 1.3 Complete	09/01/24	Not started															
Network Active (L4 North Zone)	04/10/23	Not started															
Deliverable: FD 4.1 Complete	17/11/23	Not started															
Deliverable: Network Active (L6 North Zone)	22/11/23	Not started															
Deliverable: FD 6.1 Complete	18/01/24	Not started															
Deliverable: Network Active (L6 South Zone)	22/11/23	Not started															
Deliverable: FD 6.2 Complete	10/01/24	Not started															
Deliverable: Network Active (L7, L8 & L9 Zones)	24/11/23	Not started															
Deliverable: FD 7.1 Complete	15/01/24	Not started															
Deliverable: Network Active (L7, L8 & L9 Zones)	22/11/23	Not started															
Deliverable: FD 7.2 Complete	09/01/24	Not started															
Whole of Building Active Network Operational	22/11/23	Not started															
Lease Agreement Executed OPTUS/CHS	13/11/23	In progress															
Deliverable: DAS Carrier Connection Complete	06/02/24	Not started															
Deliverable: MPX PBIB mount installations complete	28/11/23	Not started															
Cashier Office Go-Live (DSD ICT Support as required)	29/07/23	Complete															
Go-Live (DSD ICT Support as required)	08/01/24	Not started															
Deliverable: Audio Visual Display Commissioning Complete		Not started															
Deliverable: TRN Commissioning Complete		Not started															
Deliverable: DAS Carrier Connection Complete	12/02/24	Not started															
Deliverable: Wireless Network Operational		Not started															
Deliverable: Wireless Dues Operational	12/03/24	Not started															
Deliverable: Fire Panel MOXA Complete		Not started															

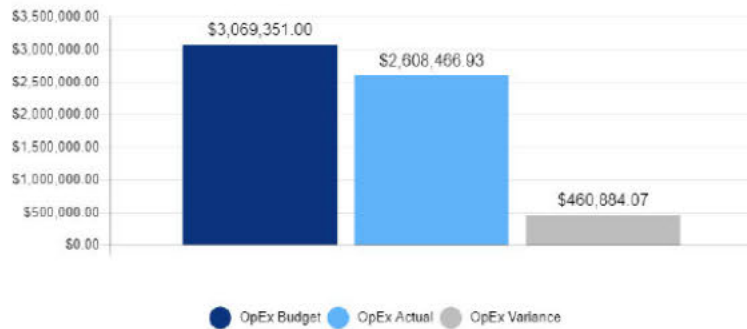
## Financial Performance

### Whole of Project life Budget & Expenditure

#### OpEx - Fee for Service

Approved OpEx Budget	\$16,483,515.94
Forecast	\$3,851,585.56
Actual	\$7,219,064.08
Variance	\$9,264,451.86

### Current FY 2022/23



## Project Risks & Issues Profile

### Risk Matrix (Post Treatment)

Primary	2	3	4	5	6
<b>Risk Matrix</b>					
Almost Certain					
Likely					
Possible			1	3	5
Unlikely			1	10	3
Rare				5	
	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	Existing Risk Controls
Covid-19	High	Prepare Contingency Plans	Monitor
DDTS ICT Procurement Approval Construction Program	High	Avoid	Monitor and seek regular updates from DDTS
Incomplete Cabling	High	Reduce	Monitor and work closely with Multiplex and request regular updates to ICT Program to reduce risk.
Completion and Acceptance of communication rooms	High	Avoid	<ul style="list-style-type: none"> <li>MPX communicate project schedule and expectations in advance to accommodate timely delivery and implementation.</li> <li>MPX to provide cable test results prior to any network connections being made</li> <li>MPX to enable regular communication room site inspections as per DSD communication room checklist.</li> <li>MPX to rectify any issues identified during the communications room inspections in a timely manner.</li> <li>DSD, MPC and MPX to agree on communications room provisioning status for early commissioning requirements regarding power, cooling, cleanliness and construction completion.</li> </ul>
Network Equipment Delay due to COVID 19 Supply Issue	High		<ul style="list-style-type: none"> <li>DSD to communicate estimated delivery dates upon acceptance of an order by supplier.</li> <li>Procurement scheduled to align with project schedule and include contingency to allow for timely delivery</li> <li>MPC request early procurement</li> <li>MPX provide appropriate secure site storage for large early deliveries of ICT equipment</li> </ul>
ICT Schedule due to MPX's construction schedule	High		<ul style="list-style-type: none"> <li>MPC communicate project schedules to DSD as soon as practical to ensure project schedule is aligned.</li> <li>MPC to communicate schedule changes to DSD in a timely manner</li> <li>Collaboration on impacts of schedule change between MPX, MPC and DSD where they relate to ICT deliverables.</li> <li>Ensure that the DSD ICT schedule and dependencies are provided to MPC for incorporation into the MPX project schedule and monitored in relation to any future MPX schedule change.</li> </ul>
ICT Delivery Schedule Compression	High		<ul style="list-style-type: none"> <li>Collaboration and communication between MPX, MPC and DSD.</li> <li>MPC and DSD to set a go/no go assessment date to assess ramifications and agree on a way forward.</li> </ul>

## 3.4. Critical Services Building (CSB) Operational Commissioning



### CSB Operational Commissioning Program

#### Digital Solutions Division PROGRAM STATUS DASHBOARD

Digital Health Strategy Theme

- Patient Centred
- Health services enabled by contemporary technology

Reporting Period:

11 December 2023 to 14 January 2024

#### Project Overview

Trending

Stable

The ACT Government invested in a new critical services building (Building 5) on the Canberra Hospital Campus (TCH). Building 5 is to open to patients in August 2024. This project is focussed on the work required to ensure that the hospital is fully operational from an ICT perspective. The range of work required varies from integration and installation of new medical equipment and clinical devices required to support patient care, to changes in Digital Health Record (DHR), procurement of ACTGov standard ICT equipment and end user devices. It also covers a scope of work to stand up the new sterilisation services which are required for second quarter of 2024.

#### Project Governance

Project ID	PJ0069
Approval Stage	Initiate
Tier	Tier 1
Sponsor	Janet Zagari
Governing Committee	Canberra Hospital Expansion Project Management Board

#### Project Delivery Team

Project Manager	Sonya Floyer
Approver	Holger Kaufmann

#### Project Performance Indicators

Overall Health Status	Schedule Health	Benefits Realised	Budget Health Status	Quality Health Status	Risks Health Status	Scope Health Status

#### Project Baseline

Current Schedule	Schedule Baseline	Approved Budget	Budget - Actual
<b>02/07/23</b>	<b>02/07/23</b>	<b>\$7,987,000.00</b>	<b>\$7,987,000.00</b>
Actual Start Date	Baseline Start Date	Approved Baseline Budget (Capex)	Capex Variance
	<b>29/03/24</b>	<b>\$2,581,000.00</b>	<b>\$2,581,000.00</b>
Actual End Date	Baseline End Date	Approved Baseline Budget (Opex)	Opex Variance

### Project Status Commentary

#### Project Status

Overall the program is tracking in an upwards direction. The appointment of new project managers has helped with the detailed planning and execution activities. Each project manager is drafting a project initiation document (PID) which will be sent to the Digital Committee for endorsement after review by CSB stakeholders.

#### Risks & Issues

All risks and issues for every Project are being logged into the Program Smartsheet risk Register.

#### Benefits

The completion of this project will support Canberra's expanding, changing and future requirements for health services and will increase capacity for Canberra Hospital's adult intensive care, paediatric intensive care, surgical, coronary care and emergency services functions. This new facility will provide new start of the art equipment for advanced healthcare and help to alleviate strain on critical health services in a Territory that is expected to experience a 20% increase in population by 2032.

#### Budget

Cost Centre 69847, CAPEX project code is 29244, OPEX project code is 29862 - Pending Treasury Business Case approval

#### Scope

Scope is set to manage the projects below. Each project PID defines the scope within it.

#### Schedule

The schedule is time restricted and each project manager is monitoring the critical path.

#### Quality

Quality measures are being identified and monitored under each sub-project.

## Project Summary Dashboard

<p><b>Capsule Integration</b></p> <p>The Central Patient Monitoring tender was announced on 10 January and this will reduce the numbers of new Axons/Neurons to be purchased from Capsuletech. A CHS site visit was organised for the Capsuletech vendor to assess the requirements before purchase. The draft COSD was submitted for consideration by ADRP on 16 January. However additional technical questions have arisen which require vendor input. The PID is being updated and reviewed.</p>	<p>RAG <span style="color: green;">●</span></p> <p>Trend <span style="color: orange;">▬</span></p> <p>% Complete <b>5%</b></p>
<p><b>Cardiology</b></p> <p>The PID has been socialised and reviewed for internal endorsement 22 January. There is ongoing engagement with the vendors to obtain information required in addition to that provided in the HBLVDs. The Vitrea server racking is complete, and imaging reporting control room scope has been clarified.</p>	<p>RAG <span style="color: yellow;">●</span></p> <p>Trend <span style="color: orange;">▬</span></p> <p>% Complete</p>
<p><b>COWs</b></p> <p>The procurement of COWs has been broken into two parts: the first is the assessment of COWs required to fill any gaps based on the larger CSB footprint. All existing COWs will be transferred to the CSB. The second larger tender will be conducted as a separate exercise.</p>	<p>RAG <span style="color: red;">●</span></p> <p>Trend <span style="color: orange;">▬</span></p> <p>% Complete</p>
<p><b>Devices</b></p> <p>A new project manager has been appointed and has started a review of existing artefacts.</p>	<p>RAG <span style="color: yellow;">●</span></p> <p>Trend <span style="color: green;">▲</span></p> <p>% Complete</p>
<p><b>Environmental Monitoring</b></p> <p>The tender evaluation is nearing completion with SMEs to undertake the final referee checks on the two frontrunners.</p>	<p>RAG <span style="color: red;">●</span></p> <p>Trend <span style="color: orange;">▬</span></p> <p>% Complete</p>
<p><b>ICU Simulation Room</b></p> <p>A new project manager has been appointed and has commenced reviewing the statement of requirements and working with the Solution Architect to commence the design process.</p>	<p>RAG <span style="color: green;">●</span></p> <p>Trend <span style="color: green;">▲</span></p> <p>% Complete</p>
<p><b>Imaging</b></p> <p>The PID has been socialised and reviewed for internal endorsement 22 January. The Sensis Vibe Haemodynamic remains on track for update in late February.</p>	<p>RAG <span style="color: green;">●</span></p> <p>Trend <span style="color: orange;">▬</span></p> <p>% Complete</p>
<p><b>Infusion Pumps</b></p> <p>Infusion pumps is being managed outside the CSB project to ensure that work undertaken by CHS is complete. Infusion pumps will be brought into scope as patients are transferred from Building 12 to Building 5. The integration to DHR is planned for Tranche 2.</p>	<p>RAG <span style="color: yellow;">●</span></p> <p>Trend <span style="color: orange;">▬</span></p> <p>% Complete</p>
<p><b>Inpatient</b></p> <p>A new project manager has been appointed. The critical element of the inpatients project is the delivery of centralised patient monitoring. Numbers of workshops and meetings have been held to gain an initial understanding and scope of this work. Inpatients also covers other functions such as vital signs monitors that are being scoped.</p>	<p>RAG <span style="color: yellow;">●</span></p> <p>Trend <span style="color: green;">▲</span></p> <p>% Complete</p>
<p><b>Pharmacy</b></p> <p>Initial meetings have been held with Medllec and the architect to develop the conceptual solution design. CHS Pharmacy staff have been trained by the vendor in the use of the ADC and have commenced planning their work. The PID has been drafted and is being socialised.</p>	<p>RAG <span style="color: green;">●</span></p> <p>Trend <span style="color: orange;">▬</span></p> <p>% Complete</p>
<p><b>Sterilisation</b></p> <p>PID progressing well with reviews underway. Further questions asked of vendors and security assessment underway. High Availability work required on Server by Getinge.</p>	<p>RAG <span style="color: green;">●</span></p> <p>Trend <span style="color: green;">▲</span></p> <p>% Complete</p>
<p><b>Telemedicine</b></p> <p>A new project manager has been appointed. The work is underway to confirm requirements, constraints and a way forward with NSW Health.</p>	<p>RAG <span style="color: green;">●</span></p> <p>Trend <span style="color: green;">▲</span></p> <p>% Complete</p>
<p><b>Theatres</b></p> <p>A new project manager has been appointed. The PID is in draft and being prepared for review with key stakeholders via the clinical liaison officers and the ORUGs. The conceptual solution design was finalised on 13 December 2023.</p>	<p>RAG <span style="color: green;">●</span></p> <p>Trend <span style="color: orange;">▬</span></p> <p>% Complete</p>



## Key Project Milestones

### Key Milestone Report

Row ID	Milestone	Start Date	End Date	Status	Dec 17					Dec 24					Dec 31							
					S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W
618	ISCV PACS available for CSB	12/02/24	12/02/24	In progress																		
634	Vitrea available for CSB	15/01/24	16/02/24	In progress																		
473	Pharmacy- Prepare DSD Engagement Brief	18/12/23	03/01/24	Complete																		
605	DHR - CHS Pharmacy	08/01/24	29/02/24	In progress																		

## Financial Performance

### Whole of Life Budget & Expenditure

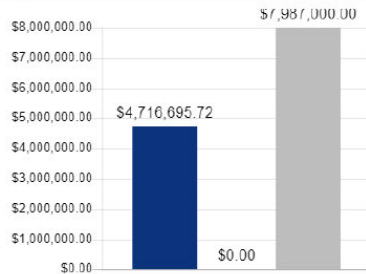
#### CapEx

Approved CapEx Budget	\$7,987,000.00
Forecast	\$4,716,695.72
Actual	\$0.00
Variance	\$7,987,000.00

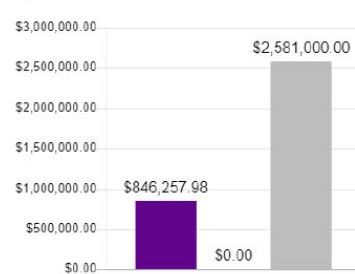
#### OpEx

Approved OpEx Budget	\$2,581,000.00
Forecast	\$846,257.98
Actual	\$0.00
Variance	\$2,581,000.00

### Budget - Current Financial Year



### Budget - Current Financial Year



● CapEx Forecast  
 ● CapEx Actuals  
 ● Variance CapEx  
 ● OpEx Forecast  
 ● OpEx Actuals  
 ● Variance OpEx

## Project Risks & Issues Profile

### Risk Matrix (Post Treatment)

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

### Issue Matrix

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

### Risks

Title	Residual Rating	Action to Be Taken	ID#
Sterilisation: Confirmation of mac addresses	Medium	Spoke with CLO who advise they could get the information	R&I059
Sterilisation- TDOC/Belimed Visibility of progress	Medium	Escalated and followed-up daily and likely to be resolved early Feb.	R&I050
Sterilisation T-DOC - MME UAT Scripts	Medium	Review of test scripts and identify any potential issues	R&I047
Sterilisation T-DOC - Change of DDTS Project Manger	Medium	Transition to another PM in a timely manner	R&I049
Program - Hybrid theatres workflows	Medium	Identify DHR build requirements with relevant team and schedule build time accordingly. Create a contingency plan / identify MVP solution	R&I031
Program - Hybrid theatre systems	Medium	As above	R&I032
Program - Building commissioning handoff of devices not yet installed (ie; Philips Cath Lab and other transferring devices)	Medium	Confirm all devices/modalities across ownership groups (MME, FFE, UAT) and develop a contingency test plan to ensure building commissioning can be appropriately completed	R&I056
Pharmacy- Decommissioning Pyxis	Medium	Pharmacy team will check the Pyxis contract document and advise Project team	R&I051
Pharmacy- Communication with Pharmhos	Medium	Communicate with Pharmhos	R&I046
Pharmacy Delivery of the ADC cabinets for Pharmacy Project is scheduled on end of May 2024 which may delay our delivery timeframe.	Medium	Negotiate with the Vendor in early January. 2024 when they are back from holiday.	R&I039
Integration testing period for Pharmacy ADC project is upto 12 weeks, which may delay the delivery of the Project.	Medium	Collaborate and negotiate with all the stakeholders to bring the testing period down	R&I041
Imaging - Vitrea upgrade	Medium	Confirm out of scope for CSB, watch and incorporate as required	R&I044
Imaging - Vendor network designs	Medium	Form vendor relationships and request documentation early in 2024. Coordinate with Sundeeep (architecture) who has responsibility and what requirements we need	R&I030
Cardiology - SensisVibe Upgrade	Medium	Lock in resources as early as possible	R&I036
Cardiology - Philips Cath Lab MME UAT commissioning	Medium	Confirm MME UAT schedule with MPC and determine course of action to appropriately and adequately complete building commissioning for philips cath lab	R&I052

### Project Issues

Title	Residual Rating	Action to Be Taken
Capsule - Vendor recommendation for monitoring devices for anaesthetics in Theatres	High	To be escalated for internal resolution of integration issues and review of contract scope before vendor meeting.
Cardiology - External ISCV project delays	Medium	Maintain awareness of external project delays
Sterilisation T-DOC/Belimed	Medium	CHS to have PO raised before Belimed integration work

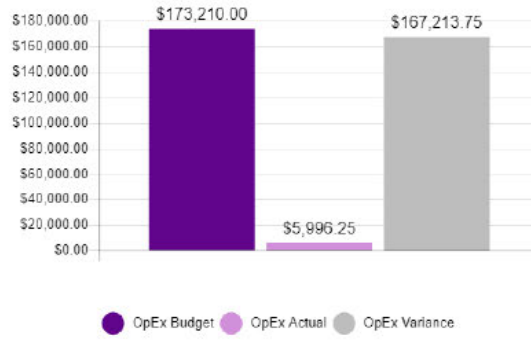


## Financial Performance

### 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



## 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
No Test Manager		Recruitment underway
DMO Auto Anconing		Working with vendors to resolve

### Project Issues

Title	Residual Rating	Action to Be Taken



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



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

## PROJECT STATUS DASHBOARD

Digital Solutions Division

Digital Health Strategy Theme

- Patient Centred
- Health services enabled by contemporary technology

Reporting Period:

11 December to 14 January 2024

### 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



### Project Governance

Project ID	PJ0054
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	Anthony Taylor
Approver	Holger Kaufmann

### Project Baseline

Current Schedule	Schedule Baseline	Approved Budget	Budget - Actual
11/08/23	11/08/23	\$11,328,000.00	\$11,206,645.89
Actual Start Date	Baseline Start Date	Approved Baseline Budget (Capex)	Capex Variance
	19/12/25		\$0.00
Actual End Date	Baseline End Date	Approved Baseline Budget (Opex)	Opex Variance

## Project Status Commentary

Project Status	Benefits	Scope
<p><b>Business case</b> approved 23 Mar 2023, for revised funding of \$11,328M. DG Minute approved and noted 20 Nov 2023, supporting Selective Procurement Methodology process.</p> <p>The program has identified and verified with ACT Procurement, Government Solicitors Office (GSO) and relevant DSD parties, that the goods and services procurement process used by ACT Procurement and ACT Health Directorate (ACTHD) is not suitable for the procurement of DAS design and construction services.</p> <p>ACT Procurement has advised that due to this being a capital funded telecommunications infrastructure project, it does not fit under the goods and services procurement approach and that MPC should be engaged as they are responsible for the delivery of these types of procurements for hospital design and construction projects.</p> <p>CIO Clearance form approved 12 Jan 2024, for ACTHD Digital Service Division (DSD) Critical Communications Hub to engage the services of MPC at an approximate cost of \$300K to progress the DAS program procurement process and approach to market, thru the engagement of a Consultant.</p> <p>Additional Costs could be incurred if the program is required to outsource for:                      Prohibit Advisor at an approx cost of \$50K                      Legal Assistance as GSO may not have the capacity or skills to assist with the Procurement Process at an Approx cost of \$100K.</p> <p>The following documentation is in Draft format pending reviews and presentation to the PCG for required approvals:                      29032_CSI DAS Project Control Group Board Terms of Reference                      29032_CCIDAS Program Initiation Document update to be presented at the PCG for approval.                      29032_CCIDAS Program Communication and Stakeholder Engagement Plan Draft                      29032_CCIDAS Quality Management and Assurance Plan - Draft                      29032_CCIDAS Program Delivery Plan Draft                      29032_CCIDAS Procurement Risk Management Plan Draft                      29032_CCIDAS - Communication register                      29032_CCIDAS Org Structure                      29032_CCIDAS Optus/Telstra and TPG Letter of Invitation Drafts                      Further documentation is to be developed as we progress with engagement of MPC.</p> <p>Review of the budget breakdown to clarify the works covered under each line item, for review by the Government Procurement Board</p> <p>Engagement with MPC is to develop the correct procurement documentation and identify the approach to market using the selective procurement methodology and tender process for a possible D&amp;C contract to be reviewed and approved by GSO, prior to presentation to the Government Procurement Board for approval to proceed.</p> <p>Stakeholders have been identified as the CHS Facilities Management Teams and the Carriers for each of the three hospital sites, with information being provided to the relevant executives and CHSDSD ICT teams to keep them informed of progress.</p> <p>Discussions have commenced with the NCH/MPC Enabling Team, Transition Team, DOTS, NCH Management for the expansion and redevelopment of the identified and agreed Carpark, CCTV room to support the CCTV/ICT and DAS Room (separated spaces) requirements for current scope and future builds at the Bruce Campus.</p> <p>All three mobile network operators have announced the closure of their 3G networks. TPG Telecom has confirmed a switch off date of 15 December 2023 for its 3G mobile network services. Telstra will close its 3G network in June 2024, and the Optus 3G network will be shut down in September 2024.</p>	<p>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 will ensure all members of local 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:</p> <ul style="list-style-type: none"> <li>• Critical communications are maintained supporting operational and clinical services including Medical Emergency Teams, Security services, Duress systems and Building Safety services;</li> <li>• Provide access to communications and data services for patients, visitors and Non-Government Organisations providing services for or to public health services;</li> <li>• Mitigate and limit impacts of any future changes to provisioning of cellular network services to the territory;</li> <li>• provide reliable and timely healthcare services that meet patient needs;</li> <li>• Assist with enabling technology to support maintaining compliance with Australian healthcare standards and accreditation requirements;</li> <li>• reduce unplanned outages of critical communications infrastructure that supports safety and wellbeing of staff and the public.</li> </ul>	<p>Senior Project Manager will oversee the program for the three project sites, this includes but not limited to:</p> <ul style="list-style-type: none"> <li>- Program documentation such as scope, monthly status reports, outlining the schedule against deliverables, quality, budget, risk, and issues;</li> <li>- Program team management;</li> <li>- Procurement activities with MPC</li> <li>- Stakeholder coordination and management</li> <li>- Supplier coordination management</li> <li>- DISSTs and communication to business units of disruptions to services</li> </ul> <p>The Canberra Hospital (TCH) Campus In-Scope - Buildings 1, 2, 3, 11, &amp; 12 - Upgrade, extend and connect to allow inbuilding coverage for 4G and 5G mobile cellular network connections. Option to Scope - Extend and connect to allow In Building coverage to 6, 1E, 1F, 20, 25, 28 and 29 for 4G and 5G mobile cellular network connections. New connection and extension of In Building DAS services (12, Option to Scope Buildings) will connect to Building 6.</p> <p>University of Canberra Public Hospital (UCH) In Scope - Installation and connection of Telstra and TPG/Vodafone to existing DAS. Option to Scope - Upgrade existing 90/40 service to comply with in building coverage for 4G and 5G mobile cellular network connections.</p> <p>North Canberra Hospital (NCH) Implement new DAS to allow inbuilding coverage for 4G and 5G mobile cellular network connections. In Scope Buildings - Xavier, Marian, ICU/CCU, Plant room off Xavier, Carpark and Keeney (note this building remains in scope until program receives confirmation it is to be demolished) DAS services (In scope buildings and future buildings) will connect to the current CCTV room on level 3 of the carpark, which will require redevelopment to support both ICT/CTV and DAS requirements (involving redevelopment of this room may form part of the Major Projects Enabling Works).</p> <p>Optus invite to connect, upgrade, extend proprietary services across the In-Scope and Option to Scope Buildings for each campus.</p> <p>Invite to nominate as Lead Carrier for NCH Bruce campus. Development of Lease Agreement for NCH (one site agreement) if confirmed through the procurement process and PCG. Deed, lease, and licence agreements in place for CH Building 5 to be finalised, building 11 (confirm if incorporated into Building 5 Lease agreement) and UCH to be developed. SOW for coverage works Building 5 completed. Engagement with CHS Facilities Management Team required for development of Lease Agreements.</p> <p>Telstra invite to connect, upgrade, extend proprietary services across the In-Scope and Option to Scope Buildings for each campus and connect services into building 11. Invite to nominate as Lead Carrier for NCH Bruce campus. Development of Lease Agreement for NCH (one site agreement) if confirmed through the procurement process and PCG. Noting deed, lease and licence agreement in place for CH Building 1 and Level 12 with third extension option current till 2025 and colocation agreements for building 5 in progress and building 11 and UCH co-location to be commenced. Engagement with CHS Facilities Management Team required for development of Lease Agreements.</p> <p>TPG invite to connect, upgrade, extend proprietary services across the In-Scope and Option to Scope Buildings for each campus. As existing DAS is not 5G capable. TPG will progress with base station upgrade at TCH, however will not be delivering 5G technology at this time. Invite to nominate as Lead Carrier for NCH Bruce campus. Development of Lease Agreement for NCH (one site agreement) if confirmed through the procurement process and PCG. Noting co-location agreement developed for CH building 5 and UCH to be finalised and developed. Engagement with CHS Facilities Management Team required for development of Lease Agreements.</p> <p>Headend Swap Out - Pricing to be provided by carriers for the swap out of headend equipment and reconnection of services in Building 1, pending the outcome of the WH-toG Telecommunication Contract award.</p> <p>Out of Scope Works Identified in the updated 29032_CCIDAS Program Initiation Document (PID)</p>
<p><b>Project Status</b></p>	<p><b>Schedule</b></p> <p>Program Schedule has been updated in the 29032_CCIDAS Program Initiation Document (PID), for completion end June 2025.</p>	
	<p><b>Budget</b></p> <p>Business Case has been approved. DG Minute approved and noted 20 Nov 2023, supporting Selective Procurement Methodology process. CIO minute changed to Clearance Form to approve engagement with MPC, approved 12 Jan 24. Ministerial Funding approved at \$11.328M</p>	
	<p><b>Quality</b></p> <p>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. Quality Management and Assurance Plan being developed to align with procurement contracts.</p>	
	<p><b>Risks &amp; Issues</b></p> <p>Refer to Critical Comms DAS Risk and Issues Register</p>	

## Key Project Milestones

### Key Milestones Report - Critical Comms DAS

Health	Priority	Task Name	Details	Assigned To	Aug 6					Aug 13					Aug 20					Aug 27				
					S	M	T	W	T	S	M	T	W	T	S	M	T	W	T	S	M	T	W	T
●		Register Program	Business Case and PID completed - approved	Grant Clark																				
●		Program Establishment	Identify contacts, develop High Level SOW, gain DG/CIO approvals where required before commencement, engage with business reps and carrier reps.	Anthony Tay																				
●		Program Engagement, Approach and Approvals - DG/CIO	Engage MPCIPD to develop procurement package and approach to market	Anthony Tay																				
●		Discovery and Preliminary Planning	Procurement documents, contracts, schedules, approach, this program for review by GSO	Anthony Tay																				
●		Detailed Planning	Development of contracts, alignment of program documents to contracts, reviews and approvals	Anthony Tay																				
●		Procurement Documentation Approval - GSO	GSO to review and approve the procurement approach and contracts	Anthony Tay																				
●		Procurement Board Approval	Procurement Board to complete one pass review of the construction documents.	Anthony Tay																				
●		Procurement - Approach to Market (ATM) Review/Design	Issue RFT to market to obtain pricing to design a SISO and MMPO DAS for each hospital	Anthony Tay																				

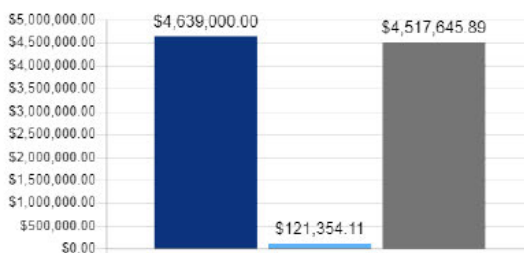
## Financial Performance

### Whole of Life Budget & Expenditure

### Current FY 2023/24

#### CapEx

Approved CapEx Budget	\$11,328,000.00
Forecast	\$11,328,000.00
Actual	\$121,354.11
Variance	\$11,206,645.89



● CapEx Budget ● CapEx Actual ● CapEx Variance

## Project Risks & Issues Profile

### Risk Matrix (Post Treatment)

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

### Issue Matrix

Primary	2	3	4	5	6
<b>Issue Matrix</b>					
Critical			9	2	
High					
Moderate					
Low					
Planning					
	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 RFQ 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.
GSO Legal advice	High	Project will identify this risk as early as possible
Government Procurement Board timelines	High	To continue to move forward with documentation completion for the project to register for a meeting with the board, to ensure we have contracts issued before MCF 2023 is approved early 2024 and 3G services close in July 2024
NCH CCTV Room redevelopment	High	If the project is asked to comply strictly to standards the redevelopment of the room will require acquisition of a carpark space to accommodate the expansion.
GSO outsourcing of services for contract development, timelines	High	Continue to work through and obtain timeframes for deliverables to ensure delays do not occur.
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 RFQ 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.
Procurement Board approval of the project approach to procurement	Medium	Project will identify this risk as early as possible



## 3.7 Notifiable Disease Management System



# Notifiable Disease Management System

## Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient Centred
- Health services enabled by contemporary technology

Reporting Period:

11 December 2023 to 14 January 2024

### 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 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

Stable

Project Governance		Project Performance Indicators						
Project ID	PJ0009	Overall Health Status	Schedule Status	Budget Health Status	Risks and Issues Health Status	Benefits Health Status	Quality Health Status	Scope Health Status
Approval Stage	Deliver	●	●	●	●	●	●	●
Tier	Tier 1							
Sponsor	Kerryn Coleman							
Governing Committee	NDMS Project Board							
Project Delivery Team		Project Baseline		Budget		Budget Variance		
Project Manager	Maddison Noble	Current Schedule	Baseline Schedule	Budget	Budget Variance			
Approver	CIO	07/09/20	07/09/20	\$7,913,000.00	\$3,771,855.41			
			Baseline Start Date	Approved Baseline Budget (CapEx)	CapEx Variance			
		17/06/25	04/07/22	\$3,119,296.00	\$2,885,950.20			
			Baseline End Date	Approved Baseline Budget (OpEx)	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.

Implementing Monitoring through Rhapsody is in-progress. Requirements has been provided to interfaces team (DSD).

Business unit has provided a new schedule for high priority diseases. Testing is in progress. 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.

Master Test Plan will align with the Project Plan and is currently in-progress.

ACTGAL Procurement suite and Approach to Market Suite has come for final changes and submission. Timelines need to be reviewed.

### 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.

Business will benefit in reduction of double handling of information both in Redcap and NDMS systems. Also for NNDSS reporting.

Business will benefit from training modules and iMentor sessions.

Business will benefit from Provider Portal for GP Notifications. 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 ready to be submitted for endorsement. 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 SOR 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

NDMS Project Plan detailing the scope and deliverables for Phase 3 NDMS has been submitted. Deliverables in Scope:

1. ACL integration with Rhapsody
2. GP Provider Portal
3. Redcap projects decommissioning and Improving Interfaces
4. AAIR workflows for Group A diseases
5. iMentor trainings modules and
6. Monitoring using Rhapsody

### Budget

The Project budget for the 23/24 financial year is \$3,048,751. NDMS allocation \$1,000,000.00 / Expended \$13,488 (23/24FY) ACTGAL Allocation \$2,048,751.00 / Expended amount \$31,246.05 (23/24FY)

## Key Project Milestones

### Key Milestones Report - Notifiable Disease Managem

Health	Priority	Task Name	Start Date	End Date	Status	Q2		Q3			Q4		Q1			Q2		Q3						
						May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	
●		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	26/12/23	Complete																			
		NDMS Phase 3: Redcap Case-survey form and RAT form interfaces- Decommissioning	22/12/23	22/12/23	In progress																			
		NDMS Phase 3: REDCap Generic form analysis	30/05/24	12/06/24	Not started																			
		NDMS Phase 3: Provider Portal	01/05/23	12/06/24	In progress																			
		NDMS Phase 3: Provider Portal Statement of Requirements	01/05/23	12/05/23	In progress																			
●		NDMS Phase 3: RFQ Provider Portal for Market	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																			
		NDMS Phase 3: Lip Cross Process Kick-Off Meeting	10/05/23	10/05/23	Complete																			
		NDMS Phase 3: Lip Cross Maintenance Options Paper	11/05/23	23/06/23	Complete																			
		NDMS Phase 3: Implement monitoring dashboards (recommendation 1)	26/06/23	26/06/23	Complete																			
		NDMS Phase 3: Implement Sharepoint for Laboratories to access information	26/06/23	26/06/23	Complete																			

## Financial Performance

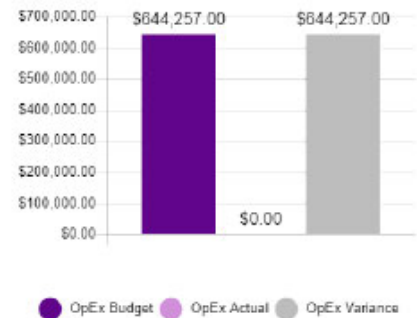
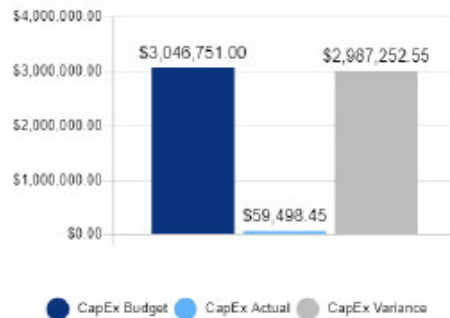
### Whole of Life Budget & Expenditure

CapEx	
Budget	\$7,913,000.00
Forecast	\$6,561,935.63
Actual	\$4,141,144.59
Variance	\$3,771,855.41

OpEx	
Budget	\$3,119,296.00
Forecast	\$1,113,198.79
Actual	\$233,345.80
Variance	\$2,885,950.20

### Current FY 2023/24



## Project Risks & Issues Profile

### Risk Matrix (Post Treatment)

Primary	2	3	4	5	6
<b>Risk Matrix</b>					
Almost Certain					
Likely					
Possible			1	2	2
Unlikely			1		
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
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.



## 3.8 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:

11 Dec 2023 to 14 Jan 2024

#### Project Overview

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, to be procured in phase two of the project.

Trending

▼  
Stable

#### Project Governance

Project ID	PJ0013
Approval Stage	Initiate
Tier	Tier 2
Sponsor	Sandra Cook
Governing Committee	PIMS 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: red;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: yellow;">●</span>	<span style="color: red;">●</span>	<span style="color: yellow;">●</span>

#### Project Baseline

Current Schedule	Baseline Schedule	Budget	Budget Variance
<b>28/02/21</b> Start Date	<b>08/06/20</b> Baseline Start Date	<b>\$0.00</b> Approved Baseline Budget (CapEx)	<b>\$0.00</b> CapEx Variance
<b>30/04/24</b> End Date	<b>30/04/24</b> Baseline End Date	<b>\$866,292.00</b> Approved Baseline Budget (OpEx)	<b>\$114,376.56</b> OpEx Variance

#### Project Delivery Team

Project Manager	<span style="color: green;">●</span> Elise Griffiths
Approver	Sandra Cook

### Project Status Commentary

#### Project Status

Project status remains RED. ACT Health have previously been advised by Pharmhos that they will aim to release upgrades for MerlinMAP twice a year, in November and May, but have recently received notification that there will not be a November 2023 upgrade released, and the next upgrade will be made available in May 2024. ACT were hopeful that a number of fixes would be included in November's upgrade, so it is suboptimal that these won't be available until May. A meeting is scheduled with the vendor on 29/01/24 to discuss prioritisation of outstanding issues, for additional fixes to hopefully also be included in the May 2024 upgrade. The Deputy Director-General of ACT Health has recently approved a select procurement process for an electronic controlled drug register, so this may now proceed.

#### Benefits

- Avoid duplication in effort in developing, testing and ongoing maintenance of integration between the PIMS and Epic DHR.
- Shared dispensing history across both CHS and NCH pharmacy departments.
- Streamline the management of software licensing, Service Level Agreements (SLA), and product maintenance.
- Better audit, reporting and management of controlled drugs via an electronic recording platform across ACT Health and as required by hospital accreditation.

#### Schedule

The PIMS Board have previously 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. With the vendor's delay of the release of the November 2023 upgrade until May 2024, a number of fixes are not yet available. After receiving the upgrade package, extensive testing will be required to ensure that the new functionality works as intended, and no other adverse impacts occur as a result of any changes. Therefore, this will not be possible to implement prior to the project's currently scheduled end date of 30/04/24. The Electronic Controlled Drugs Register is classified as Phase Two of the project, now that funding arrangements have been determined. The request for a Select procurement approach has been approved, and the next steps are being actioned e.g. updating the Statement of Requirements to reflect the changed approach.

#### Risks & Issues

MerlinMAP remains a minimum viable product. The issues register continues to be updated with new issues as they arise. 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. The risk is that PBS will reject the claim for these medications, potentially causing significant financial harm to the organisation. Pharmhos have not yet provided an update on this issue or potential resolution timelines, so significant manual checking processes are required. A meeting is scheduled with the vendor on 29/01/24 to request a progress update on resolving this issue (and others).

#### Budget

-The SIP approved a total capex budget of \$770,052 against cost centre 69843. 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. -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).

#### Scope

- The PIMS instance of Merlin/MerlinMAP has been live at NCH since June 2022, and at CHS since September 2022.
- 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. The request for a select procurement approach has been approved, and is being progressed.

#### Quality

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.





Project Issues		
Title	Residual Rating	Action to Be Taken
PBS is not receiving dispensing cancellation messages from Merlin	Extreme	12/01/24 - nil update from vendor on resolving issue. Significant financial risk to CHS. Meeting booked with vendor 20/01/24 to discuss outstanding issues, have identified this is the highest priority for resolution. 10/12/23 - nil update. 8/11/23 - vendor is setting up test environment with PBS to be able to determine the cause of the issue. Await update.
MerlinMAP Modules not fit for purpose	High	18/01/24 - Acting CPIO and PIMS project pharmacists met to update outstanding issues relating to MerlinMAP; meeting scheduled on 29/01/24 with Pharmhos to discuss. 10/12/23 - PIMS Board agreed a meeting should occur between the acting CPIO and PIMS project pharmacists to update risks and outstanding issues relating to MerlinMAP; to feed back to the vendor. 09/11/23 - suggest there is a need to 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. 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. 10/09/23 - New issues reported post upgrade. Includes duplicate medication issue in Packing Module that poses a potential patient safety risk 13/08/23 - Release v1.0.872 deployed 8 August. Some issues resolved, but product still considered MVP 18/07/23 - Release v1.0.872 available and under test. Will fix some issues, but product remains a MVP. 11/06/23 - PIMS Project Board lacks confidence that vendor has capacity to enhance functionality of MerlinMAP beyond a minimal viable product. 14/05/23 - May issues management meeting with vendor scheduled 7/04/23 - Contract and issues management meetings with vendor continue. 20/03/23 - Contract management meetings with vendor established. 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. 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). 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 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. 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. 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. 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. CHS: Exception report to be tabled to project board this week, preferred option for CHS is to stay on Merlin. 20/06/22 - v1.0.724 deployed to test on 3/8. 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.
Electronic drugs register implementation	High	18/01/24 - Request for select procurement approach approved by Deputy Director-General. 10/12/23 - Electronic Controlled Drugs Register request for select procurement approach has been submitted for approval. 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. 10/09/23 - ECDR project component now identified as a 'must have' project by DSD workplan prioritisation assessment. 13/08/23 - Procurement documentation being drafted. 18/07/23 - Though funding has been approved by Digital Committee, procurement processes still need to progress. 11/06/23 - An additional paper will be presented to June meeting of Digital Committee 14/05/23 - A final re-costed proposal is being presented to May Digital Committee 7/04/23 - Procurement of ECDR on hold given insufficient funds. 20/03/23 - Project Exception report approved by CIO (approval of DG and Digital Committee still pending). Single select procurement approval & funding split progressing. 20/2/23 - Project Exception report submitted to PMO for approval of Phase 2(ECDR) component. 8/1/23 - PIMS Project Board has reinstated meetings. Next meeting 30/1/23. 11/12/22 - PIMS Project Board meeting scheduled for 21 December to refocus on project Phase 2 (Electronic Drugs Register) 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. 18/07/22 - Request from CHS to include additional requirements regarding electronic safe lock integration which will be incorporated into the RFQ. 20/06/22 - CHS accreditation is next week. Project team currently documenting RFQ which includes additional hosting requirements.
Canberra Script integration	High	12/01/24 - Canberra Script team are in the process of auditing dispensing data. 10/12/23 - Canberra Script team have not yet been able to conduct audit due to conflicting priorities. 12/11/23 - Canberra Script team have not yet been able to conduct audit due to conflicting priorities. 10/09/23 - Audit scheduled for week beginning 11 September. 13/08/23 - Audit scheduled for week beginning 11 September. 18/07/23 - Pending staff return at Pharmaceutical Services to run new audits 11/06/23 - Pending repeat audit to determine whether uploads are properly occurring 14/05/23 - Pending repeat audit to determine whether uploads are properly occurring 7/04/03 - Vendor believes fix has been applied. Repeat audit required to confirm. 20/03/23 - Audit data shows 111 of 140 dispense events for monitored medicines have not uploaded into Canberra Script. 20/2/23 - Meeting with Pharmaceutical Services scheduled for 21/2/23 to examine any Canberra Script upload discrepancies. 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. 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. 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. 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.
BAU resourcing for data maintenance	High	12/01/24 - Acting CPIO working on RACI matrix for data maintenance in medication systems. 15/12/23 - PIMS Board supportive of determining optimal management strategy for multiple drug libraries across multiple systems. 8/11/23 - suggest 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, imprest updates etc. 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. 10/09/23 - Gaps continue to exist in capacity of DSD Medication Systems team to manage all aspects of testing and data management. 13/08/23 - Upskilling of DSD Medication Systems team in Upgrade testing has enhanced future capability. 16/07/23 - Assistance by SMEs at both TCH and NCH to enhance testing capability at DSD 11/06/23 - Proposal to second CHS staff member to assist with DSD training. Possible option for later in year. 14/05/23 - DSD/CHS/CPHB working on training plan to upskill DSD MerlinMAP data management 7/04/23 - New staff member started on 11 April 2023. 20/3/23 - Confirmation new staff member start date 11 April 2023. 20/2/23 - New staff member recruited but unlikely to start before April 2023. 8/1/23 - DSD recruitment interviews complete. New organisational chart release imminent. 11/12/22: DSD restructure ongoing. 15/11/22: DSD restructure currently occurring. As per last Board meeting, Sandra Cook to investigate funding arrangements for health services to provide data maintenance.
MerlinMAP application on portable devices does not work well	High	18/01/24 - issue first raised 31/01/24. Categorised as critical by PIMS project pharmacists in issue review on 17/01/24. Re-sent list of outstanding issues to vendor on 18/01/24, meeting scheduled with vendor on 29/01/24 to discuss issues and timelines for resolution.



### 3.9 Identity Governance Status Report



## Identity Governance

Digital Solutions Division  
**PROJECT STATUS DASHBOARD**

Digital Health Strategy Theme

• Health services enabled by contemporary technology

Reporting Period:

11 December 2023 to 14 January 2024

#### 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	Holger Kaufmann

#### 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>	<b>02/01/23</b>	<b>\$1,000,000.00</b>	<b>\$968,072.50</b>
Actual Start Date	Baseline Start Date	Approved Baseline Budget (Capex)	Capex Variance
<b>03/03/25</b>	<b>03/03/25</b>	<b>\$2,365,345.00</b>	<b>\$2,365,345.00</b>
Actual End Date	Baseline End Date	Approved Baseline Budget (Opex)	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 \$450,00 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.







## Financial Performance

### Whole of Life Budget & Expenditure

#### CapEx

Approved CapEx Budget	\$461,000.00
Actual	\$1,320.00
Variance	\$459,680.00

#### OpEx

Approved OpEx Budget	\$346,350.00
Actual	\$0.00
Variance	\$346,350.00

### Current FY 2023/24



● 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					
Likely					
Possible					1
Unlikely		1		1	
Rare		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
Timeframes unable to be met for December 2023 implementation	High	Working Group and executives to continue to drive the completion of their responsibilities, including tender evaluation representation to achieve the date of December 2023.
SLAs inadequately defined	Medium	Requirements to be reviewed by Project Board and signed off before tender process approval by D-G
Project resource unavailability	Medium	Business and DSD executives confirm resource availability for hte preject to achieve the date of December 2023
Critical Busines requirements inadequately defined	Low	Requirements to be reviewed by Project Board and signed off before tender process approval by D-G



## 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 October – December 2023.

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

#### Incidents (6)

Date	Reference	Incident Type	Directorate	Status
13/11/2023	SEC-IST-23-256	Process Failure	HD	Closed - Fully Resolved
12/11/2023	SEC-IST-23-253	Phishing	HD	Closed - Fully Resolved
08/11/2023	SEC-IST-23-249	Phishing	HD	Closed - Fully Resolved
08/11/2023	SEC-IST-23-248	Phishing	HD	Closed - Fully Resolved
31/10/2023	SEC-IST-23-247	Device Based Threats	HD	Closed - Fully Resolved
09/10/2023	SEC-IST-23-232	Website Compromise	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 two and above across all the Essential 8 elements for hosting by June 2024.

#### 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	21	49
Other	16	53
Total	37	102

#### 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	34	91
Other	86	326
Total	120	417

#### 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 2 January 2024 outlining the status of the security plans across the ACT Government.

Directorate	Current	Expired	No Plan	Under Review	Total
Health	7	33	35	29	104
Other	74	21	14	45	154
Total	81	54	49	74	258





# Digital Solutions Division

February 2024

Performance Report



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# 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.



During February, our application support teams were closely supporting many areas across the North Canberra Hospital in preparation for their accreditation assessment against the National Safety and Quality Health Services Standards.

A positive outcome of this work was attributed to our Inpatient Clinical Documentation team who designed and implemented changes to improve efficiency and compliance with Comprehensive Care within North Canberra Hospital. This included rapid development of changes and a full rollout of the changes, presentations to nurse managers and clinical development nurses and ward by ward face to face introduction to all areas. These changes are expected to be rolled out to the Canberra Hospital in the near future.

Over the next year, 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

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## 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 bench-marking to occur. DDTS metrics are sourced from the DDTS reports to the Quality and Measurement Advisory Committee (QMAC).

## 2.2. Snapshot

## 2024

# FEBRUARY

# SNAPSHOT

Customer feedback remains above 4.9 out of 5 stars for a second month in a row.

7258



Phone Calls Offered  
To Digital Solutions Support

123



Successful  
Scheduled  
Changes



8067

Requests  
Created  
During February 2024

Requests  
Resolved

8120

During February 2024



6

Major Incidents  
Critical (P1) or High (P2)

45

Active Projects

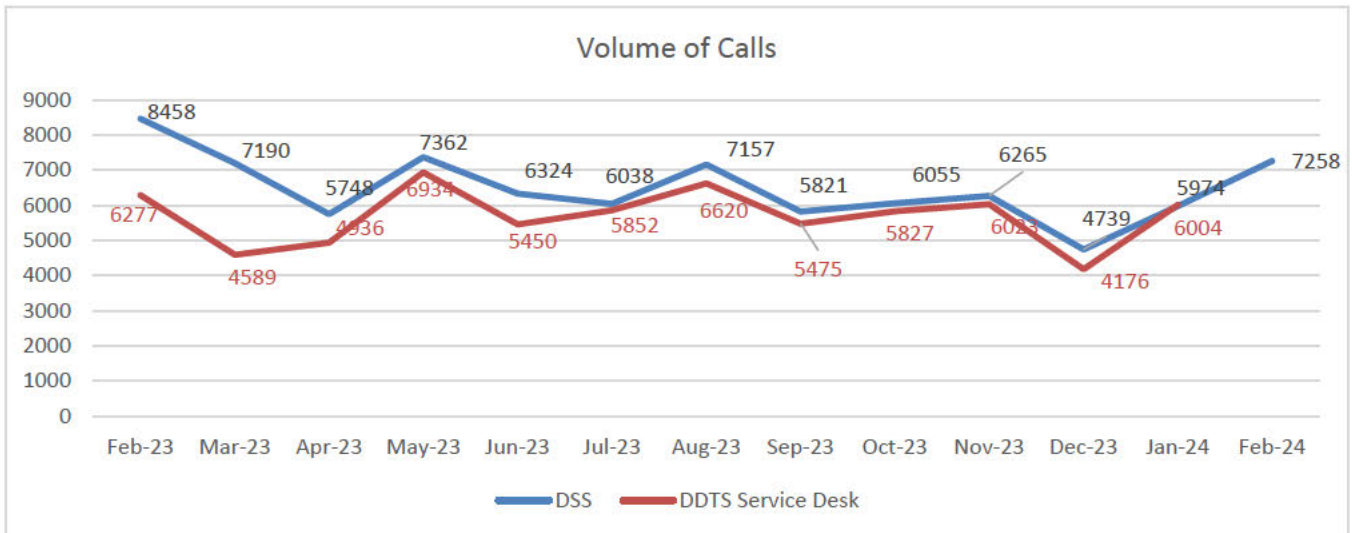


4.9

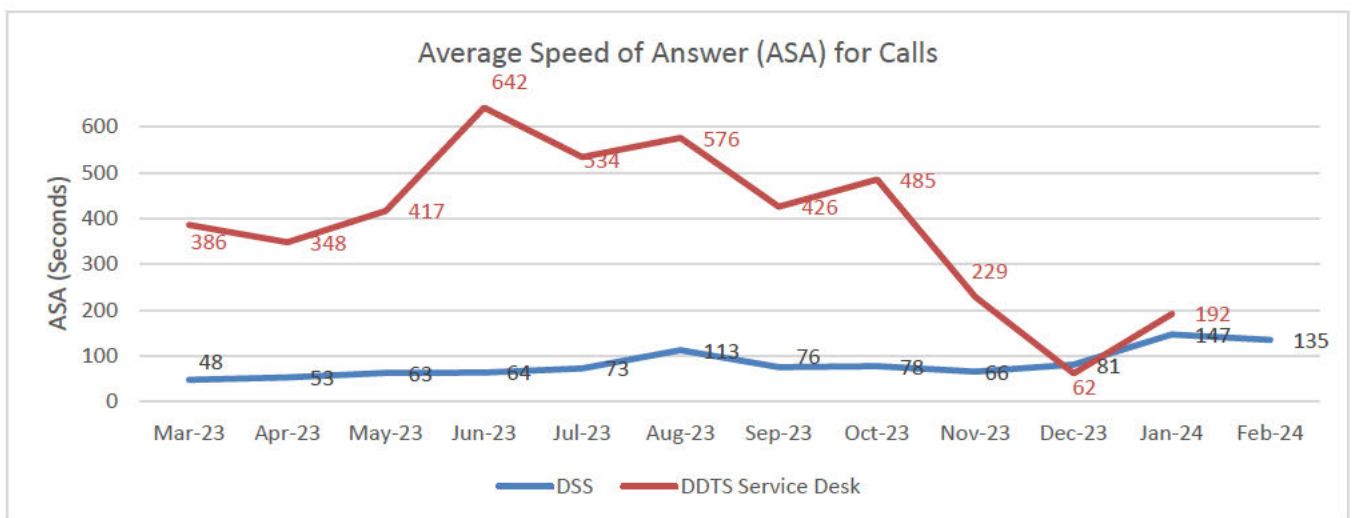
User Satisfaction  
Out of 5

### Monthly Request Summary

Metric	February 2024
Requests Created	8067
Requests Resolved	8120
Total request remaining open	4764
Standard Requests Responded to within KPI Timeframe (4 hours)	88.5%
Standard Requests Resolved within KPI Timeframe (24 hours)	81.7%
Total Number of Urgent Requests	360
Urgent Requests Responded to within KPI Timeframe (30 minutes)	70.8%
Urgent Requests Resolved within KPI Timeframe (2 hours)	55.2%
Total Number of Password Reset Requests	1042
Password Reset Requests Resolved within KPI Timeframe (2 hours)	81.9%

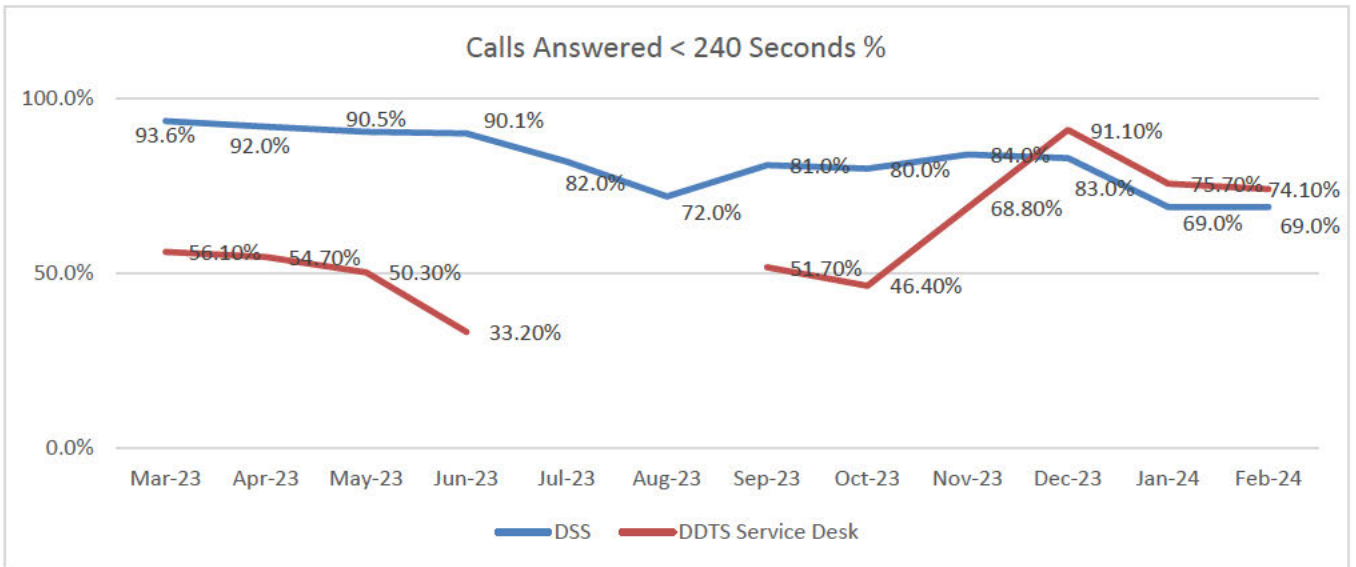


Graph 1 – Total volume of calls

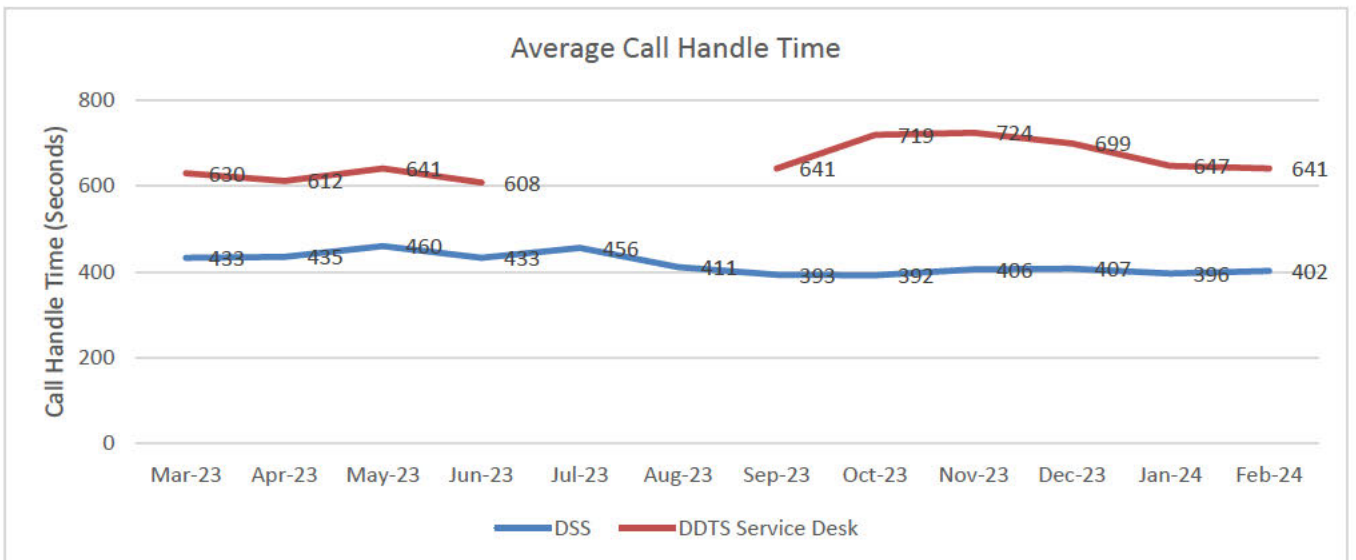


Graph 2 – Average speed of answer for calls. Note: the methodology for reporting ASA has changed from 2024 to represent the data more accurately.

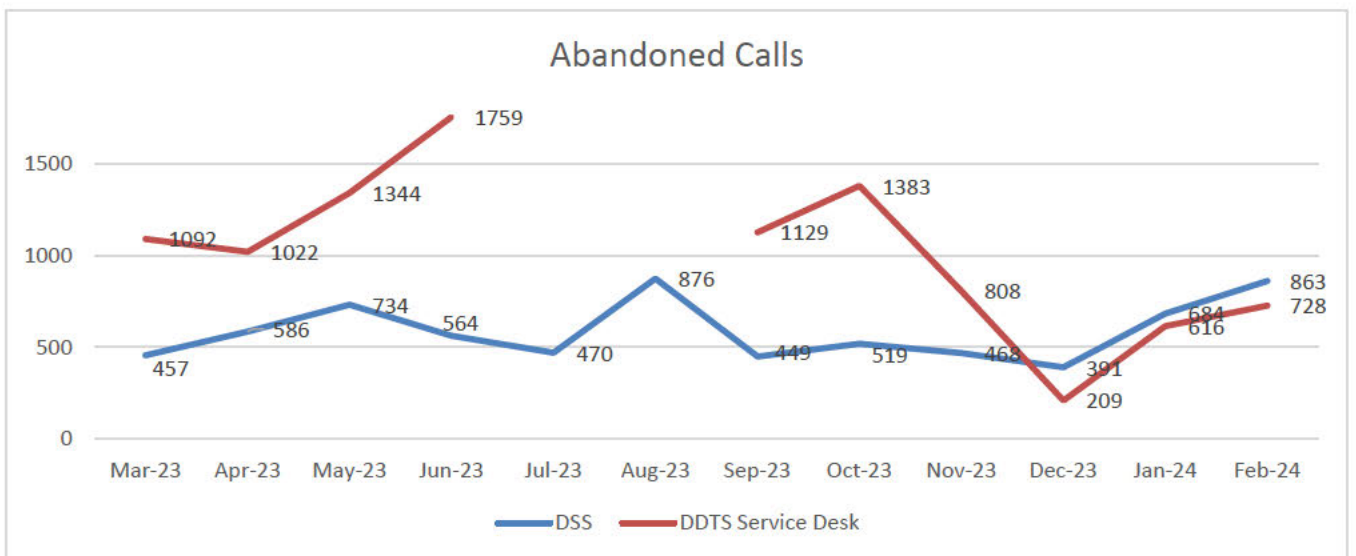




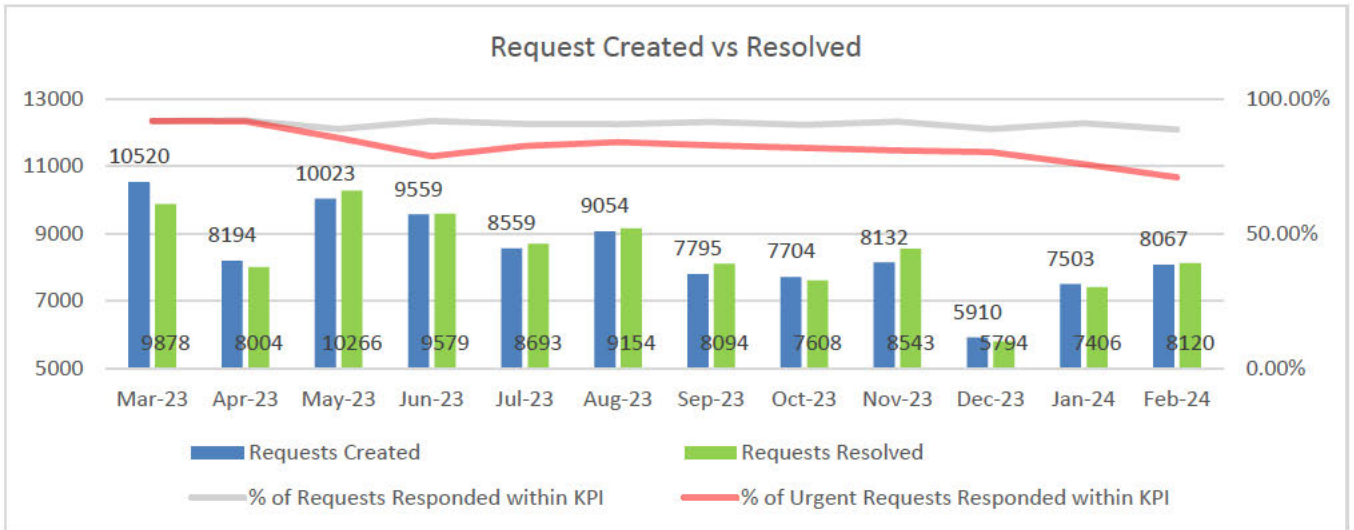
**Graph 3 – Total percentage of calls answered within SLA. Note DDTS data from July and August 2023 is unavailable.**



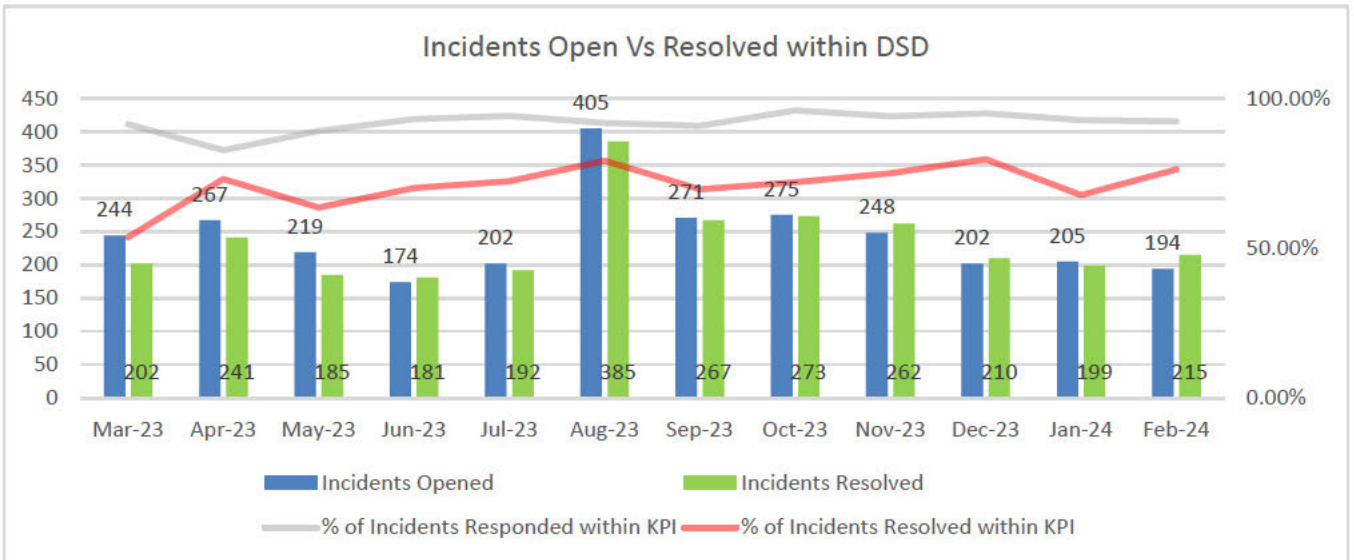
**Graph 4 – Average call handle time. Note DDTS data from July and August 2023 is unavailable.**



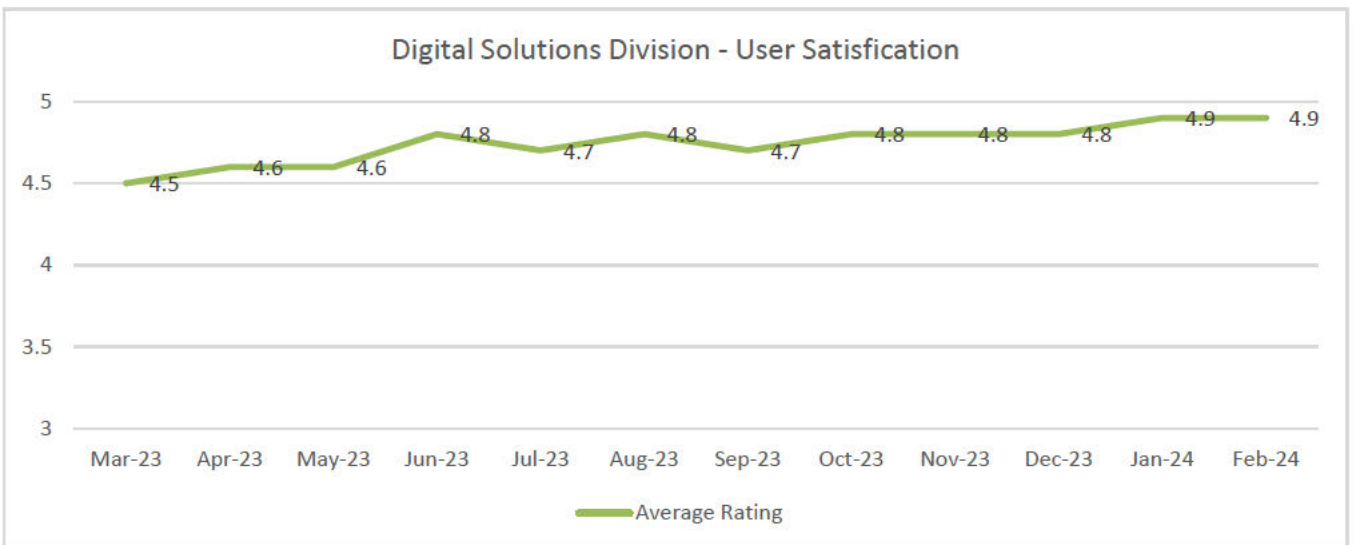
**Graph 5 – Total number of calls abandoned. Note DDTS data from July and August 2023 is unavailable.**



**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 194 incidents created and 215 incidents closed.

Of the incidents raised, 92.3% of were responded to within the first 30 minutes and 76.3% of incidents were resolved within four hours. This resulted in a positive increase of nearly 68% compared to the previous month.

There was a total of 63 incidents raised in relation to the Digital Health Record (DHR), all of these were identified as a Priority 4.

On the 28<sup>th</sup> of February a mandatory change was required across the Whole of Government to perform a Wi-Fi Certificate update. This was a complex piece of work to coordinate given the significant increase in the volume of devices used on the Wi-Fi. A collaborative approach was undertaken across the directorates to ensure minimal disruption was experienced across the health services. A total of 21 incidents were raised in relation to this change. This information has since been collated and reviewed with the teams across the directorates to use as lessons learnt in future activities.

Below is a summary of the five P2 incidents and one P1 incident for the reporting period:

Title	Incident Summary	Incident Window	Jira Ticket	Priority
NTT Azure - Backup handshakes failing through Veeam	<p>For the duration of the incident, backups for the AppSync Linux servers were failing.</p> <p>The current information we have is that the backups were timing out. A further investigation into root cause is underway.</p> <p>Technical Services and NTT had completed manual backups of the servers to relieve the impact of the outage in the short term.</p>	26h, 58m	DSD-418316	P2



	<p>The full resolution of the incident involved NTT expanding the number of strands that managed the backups. This allowed them to complete quicker, circumventing the time outs.</p>			
<p>Network switch failure TCH-B12-L2-SA01</p>	<p>For the duration of the outage, parts of the Emergency Department in the Canberra Hospital lost network connectivity on their devices.</p> <p>A planned change to update cabling in a communications room had an unplanned outage due to a failure with the Uninterruptible Power Supply (UPS) unit.</p> <p>The faulty UPS unit had been replaced and connectivity was restored.</p>	1h, 36m	DSD-418460	P2
<p>GoFax - Faxes not processing to external providers</p>	<p>For the duration of the outage, the transmittal of faxes from DHR to GoFax had stopped working.</p> <p>The cause of the outage was due to a change made by the GoFax vendor that altered the Application Programming Interface (API) security restrictions. This change came with a bug that no longer acknowledged a specific check box for restricting Internet Protocol (IP) ranges.</p> <p>The incident was resolved by applying a minor version upgrade/update to the system.</p>	3 Days	DSD-422935	P2
<p>Labguard - Application inaccessible</p>	<p>For the duration of the outage, Labguard was inaccessible for ACT Pathology and CHS Pharmacy.</p> <p>The loss of access was due to various services not starting on the Labguard server post-patching.</p> <p>The incident was resolved by manually started the failed services.</p>	11h, 24m (afterhours)	DSD-424124	P2
<p>Webex - Incoming call issues with all call centres</p>	<p>For the duration of the outage, all Webex-managed call centres across the ACT Government were unable to receive incoming calls.</p> <p>The cause of this outage was due to a software deployment completed by the vendor Cisco. This deployment, which was sent to all Australian Webex data centres, caused the application to become out of sync with the data caches used by the Webex Contact Centre platform.</p>	1h, 37m	DSD-424464	P1

	The incident had self-resolved when the cache had met its scheduled refresh time, which led to the contact centres re-syncing.			
Master Incident - Wi-Fi Root Certificate Update	<p>This incident was raised the day prior to capture any issues following the planned change to upgrade the ACTGOV Wi-Fi certificates across CHS, NCH and ACT Health.</p> <p>The master case had identified approximately 63 impacted devices impacted by this change.</p> <p>Resources were ready and assisted in resolving any networking issues throughout and after the change had been completed. This included restarting assets and updating the certificates locally on the impacted devices across the hospital.</p>	Partial, isolated impacts	DSD-425779	P2

## 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 there were a total of five active problem articles, with two being resolved this month:

Title	Open date	Problem Summary	Ticket #
AMS Citrix Issues	03/08/23	<p>A problem originally raised regarding AMS being inaccessible on Citrix.</p> <p>Currently, the issue being investigated relates to a wider issue with NetScaler failovers. It has been identified that the PGC NetScalers are failing over constantly, causing disconnections for users.</p> <p>A fix had been scheduled to be completed in late February but has been pushed back to March.</p>	DSD-369408
DHR Printing Script and Label printing issues	13/11/23	<p>Three distinct printing problems have been identified for investigation: prescription printing, label printing and printers getting stuck in sleep mode.</p> <p>As part of the problem remediations, the migration of Lexmark and Zebra printers from USB to Wi-Fi had been suggested, however this work has been put on hold. This will be continued once Technical Services considers a central management solution for managing these devices.</p>	DSD-398278
PROACT Citrix Logon Issues	04/12/23	<p>Citrix issues have been identified for PROACT where the citrix sessions will become stuck if they are incorrectly closed.</p> <p>DDTS have found the service stopping sessions from closing and have applied a registry key update to the Citrix session hosts.</p> <p>The problem ticket was marked as closed following the confirmation of the resolution.</p>	DSD-404121
Evolution NetLogon Service Issues	07/12/23	<p>Issues with Evolution have been identified where the NetLogon service will fail on the server. When this occurs, it stops Citrix from determining which session host is available for use, which leads to the server selecting unavailable hosts.</p> <p>NTT have suggested remediating this by doubling the total volume of session host servers to four, and by building a dedicated VDI solution for all citrix-based solutions.</p> <p>These remediations are currently on hold due to resourcing and priorities.</p>	DSD-405239
NTT Azure - Veeam handshake not occurring	02/02/24	<p>This problem article had been raised to manage the permanent resolution for the issues identified in DSD-418316.</p> <p>The investigations focused on the identification of what IP ranges were needed to be allowed through the ACTGOV firewall to facilitate traffic between the Veeam master server and Veeam Azure proxy server.</p>	DSD-418463



through VPN		This work has since been completed and NTT have confirmed that everything is working as expected.	
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## 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

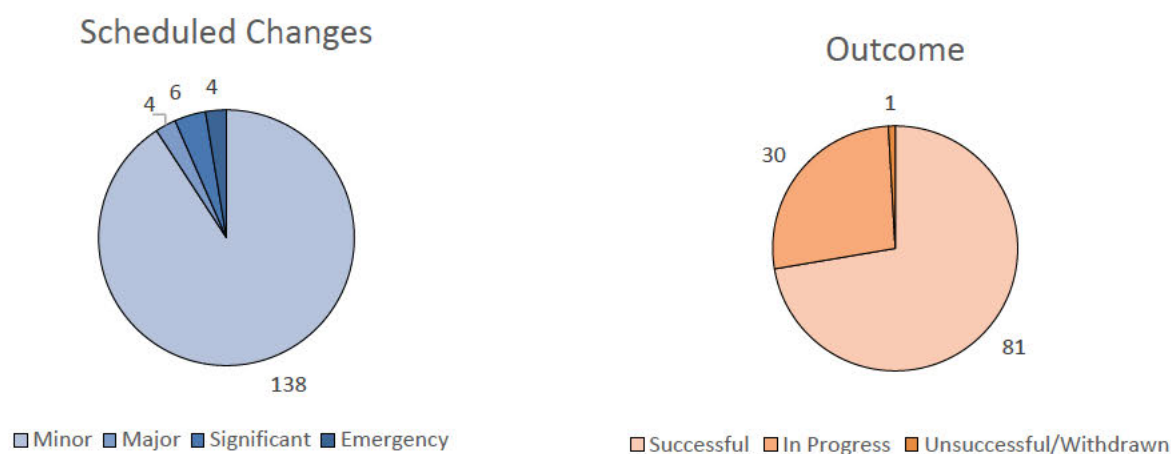
**Emergency** – Must be introduced as soon as possible to resolve an urgent incident address an unacceptable level of risk or prevent disruption to critical business services.

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

- 07 February 2024
- 14 February 2024
- 21 February 2024
- 28 February 2024

There was total of 17 changes tabled during the reporting period, 16 were endorsed with one being withdrawn.

### 2.5.1. Scheduled Changes



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

- Wi-Fi Root Certificate update.
- Standard monthly patching of Health Enclave systems, Phillips ISECG, IBE and ISP servers.
- DHE Routing Remediation.
- Upgrade to circuits in communications/server room, The Canberra Hospital, Building 12.

**Emergency changes included the following:**

- ISCV IntelliSpace version 7 rollout.
- Isolation of UPSA & UPSB at The Canberra Hospital, Building 12.

**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
26/07/2023	TBC	DSD-356223	CPF	CPF Copy production data from existing NTT Azure data stores to the new NTT physical data stores	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	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
Record transfer of a paper files to another officer	11	23	6	17	9	23	18	12	34	13	6	9
Paper File Retrieval Request	10	16	13	15	9	19	15	11	27	76	16	28
New Paper File Request	188	103	141	261	147	158	128	115	211	602	149	107
New File Part Request	4	4	7	13	11	2	3	6	3	25	8	22
Transfer Paper File to Records/Storage	7	12	9	18	10	18	8	6	12	93	7	5



## 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	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
General Objective/TRIM enquiry	33	25	52	21	18	64	51	29	26	35	27	39
Request Objective access + new user	58	51	73	40	71	81	87	57	48	50	51	73
Request Access/Restriction on a file or folder	29	24	28	23	21	18	30	31	20	24	25	39

## 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 11 February 2024.

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). The vendor has advised that their next release due late February to early March will include fixes to issues and some improvements.

The next project is the North Canberra Hospital OneID and Electronic Access Control (EACS) Replacement. The forecasted completion is now expected in by the end of July 2024, due to the impacts of the theatre fires, onsite asbestos, resource availability and additional backend infrastructure captivity required to CCURE.

The BreastScreen Information System upgrade is experience delays for the final two deliverables for replication and high availability configurations, the project is expected to close by April 2024.

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. A Business Case has been submitted to Treasury with an announcement expected around February 2024.

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

- Emergency Button Relocation - Building 12 Level 3, Post Anaesthetic Care Unit at the Canberra Hospital
- North Canberra Hospital (NCH) Sterile Stock Store and Pre-Rinse Upgrade
- Temporary Operational Centre Commissioning - Building 12 Level 2, at the Canberra Hospital
- IAM Remediation

No projects were closed during this reporting period.

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



## Digital Solutions Division PORTFOLIO DASHBOARD

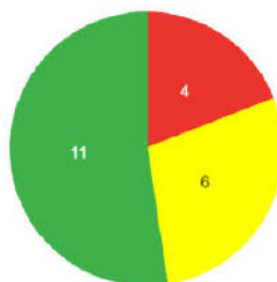
Reporting Period: 15 January 2024 to 11 February 2024

#### Overview

Number of Programs	2	Number of Active Projects	45
Number of New Projects	4	Number of Major Projects	21
Number of Projects Closed	0		

#### RAG Status of Major Projects

Red  
Yellow  
Green

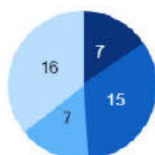


#### Resources

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

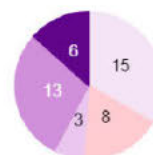
#### All Projects by Tier

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
PG0003	CSB Operational Commissioning Progra	Yellow	Tier 1	Execute	Sonya Floyer	Janet Zagari

#### Major Project Report

Project ID	Project Name	Project Health	Project Tier	Approval Stage or Tranche	Project Manager	Executive Sponsor	Governing Committee	Go-Live Tracking	Baseline Finish
PJ0002	Centenary Hospital for Women and Children Expansion Project	Green	Tier 1	Close	Navjeet Grover	Chris Tarbuck	Project Control Group	30/11/23	27/12/23
PJ0004	CSB (Critical Services Building) Main Build	Green	Tier 1	Deliver	Dale Ninness	Chief Minister	Project Control Group	30/06/24	16/11/23
PJ0009	Notifiable Disease Management System (NDMS)	Yellow	Tier 1	Deliver	TBA	Kerryn Coleman	NDMS Project Board	30/06/24 (HealthLink)	04/07/22
PJ0013	Pharmacy Inventory Management System	Red	Tier 2	Deliver	Elise Griffiths	Sandra Cook	PIMS Project Board	20/08/22 (CPHB); 26/09/22 (CHS); Phase2:20/04/24	31/07/23
PJ0016	TCH Building 12 Medical Imaging Refurbishment	Green	Tier 2	Deliver	Alkesh Hemrajani	Colm Mooney	Project Control Group	29/02/24	13/02/23
PJ0017	TCH Building 19 Level 3 Refurbishment	Green	Tier 2	Plan	Alkesh Hemrajani	Colm Mooney	Project Control Group	30/09/24	30/09/24
PJ0019	Weston Creek CHC Medical Imaging Expansion	Green	Tier 2	Close	Alkesh Hemrajani	Colm Mooney	Project Control Group	12/01/24	
PJ0033	North Canberra Hospital OneID and EACS Replacement	Red	Tier 2	Plan	Paul Harrison	Jarrad Nuss	NCH Health Infrastructure Project Control Group	26/06/24	31/10/22
PJ0036	BIS Upgrade Project	Red	Tier 2	Deliver	Paul Harrison	Julianne Siggins	BIS Project Board	31/03/24 (HA & Rep)	14/12/22
PJ0044	Identity Governance	Yellow	Tier 1	Initiate	Sonya Floyer	Hoiger Kaufmann		30/06/25	03/03/25
PJ0045	Distribution Centre Relocation	Yellow	Tier 2	Deliver	Francisco Colarte	Andrew Murphy	Project Control Group	30/01/24	16/11/23
PJ0041	Embedding a Positive Safety Culture	Yellow	Tier 2	Deliver	Nicola Wang	Hoiger Kaufmann	Project Control Group	26/01/24	
PJ0046	Eating Disorder Residential Treatment Care Centre	Green	Tier 2	Initiate	Agam Munshi	David Jones	Project Control Group	03/07/24	03/07/24
PJ0048	Building Fit-out works for CAMHS at Bowes Street	Yellow	Tier 2	Deliver	Agam Munshi	Evan Byrne	Project Control Group	22/01/24	29/12/23
PJ0050	ACT Pathology Laboratory Expansion	Green	Tier 2	Plan	Francisco Colarte	Glenn Edwards	Project Control Group	28/06/24	28/06/24
PJ0049	Environmental Monitoring System	Yellow	Tier 2	Initiate	Sonya Floyer	Hoiger Kaufmann		TBD	22/12/23
PJ0054	Critical Communications Infrastructure Upgrades at ACT Public Hospitals - Distributed Antenna Systems	Green	Tier 1	Initiate	Anthony Taylor	Hoiger Kaufmann	Project Control Group	30/06/25	19/12/25
PJ0061	Data and Reporting Remediation Project	Red	Tier 1	Initiate	Katherine Gechter	Rebecca Cross	Data & Reporting Remediation Project Board	Dec 2024	20/12/24
PJ0067	IHSS Food Services Model Transformation	Green	Tier 2	Plan	Francisco Colarte	Colm Mooney		01/09/24	02/08/24
PJ0069	CSB Operational Commissioning Program	Green	Tier 1	Initiate	Sonya Floyer	Janet Zagari	Canberra Hospital Expansion Project Management Board	05/08/24	29/03/24
PJ0071	Palliative Care Ward B12 L3	Green	Tier 2	Plan	Alkesh Hemrajani	Melissa O'Brien	Project Control Group	27/02/2026	27/02/26
PJ0091	IAM Remediation	Gray	Tier 2	Initiate	Richard Courtney	Hoiger Kaufmann			



## Tier 3 &amp; 4 Projects

Project ID	Project Name	Project Health	Project Tier	Approval Stage or Tranche	Project Manager	Executive Sponsor	Go-Live Tracking	Baseline Finish
PJ0035	Mainpac Expansion	●	Tier 3	Close	Bridget Maclean	David Jones	30/11/23	28/02/23
PJ0037	Electric Vehicle Charging ICT Standard	●	Tier 4	Execute	Francisco Colarte	Colm Mooney	31/03/24	08/12/23
PJ0040	DALI System Upgrade	Gray	Tier 4	Initiate	Nicole Wang	Chris Tarbuck	On hold	26/09/22
PJ0042	TCH B3 L1 Rheumatology & Dermatology Consultation Room Upgrades	Gray	Tier 4	Deliver	Navjeet Grover	Chris Tarbuck	TBD	30/06/23
PJ0043	1 Moore Street Security Upgrade	Gray	Tier 4	Deliver	Navjeet Grover	Scott Harding	31/10/23	31/03/23
PJ0047	RAPID	●	Tier 3	Close	Bridget MacLean	Sarah Mogford	30/06/23	23/08/23
PJ0051	Watson Health Hub (WHH)	●	Tier 4	Plan	Agam Munshi	David Jones	30/06/25	
PJ0052	North Canberra Hospital Transition	Gray	Tier 3	Execute	Krystle Huggett	Jarrod Nuss	31/03/25	
PJ0053	Legacy System Remediation and Data Preservation	Gray	Tier 4	Close	Arvin Sibug	Justine Spina	Dec 2023	
PJ0056	DHR Onboarding Form Report	Gray	Tier 4	Deliver	Taiwo Olalere	Sandra Cook	Dec 2023	
PJ0056	CPF - Build of Prod & Non-Prod hardware	Gray	Tier 4	Execute	Ian Bull	Colin Macdonald	Oct 2023	
PJ0060	Electrical Distribution Boards	Gray	Tier 4	Deliver	Satia Saktivelou	Chris Tarbuck	31/03/24	
PJ0062	Nuclear Medicine Equipment Upgrade Project	●	Tier 4	Plan	Alkesh Hamrajani	Colm Mooney	20/12/24	31/10/24
PJ0063	Decant of Staff from TCH B6, B17 and B23	Gray	Tier 3	Close	Satia Saktivelou	Susu El Hussein	17/11/23	17/11/23
PJ0065	DHR Upgrade to Hyperdrive	●	Tier 3	Plan	Megan Doherty	Holger Kaufmann	May 2024	30/05/24
PJ0068	Endoscopy Service Expansion	●	Tier 4	Initiate	Navjeet Grover	Brendan Docherty	02/09/24	02/09/24
PJ0070	BYO Device for DHR Apps	Gray	Tier 4	Deliver		Holger Kaufmann	06/01/24	
PJ0072	QScan	Gray	Tier 3	Initiate	Tim.panohe	Sarah Mogford	01/03/24	
PJ0073	iDose Upgrade and NTT Migration	Gray	Tier 4	Initiate	Damian.fuller	Holger Kaufmann	31/03/24	
PJ0075	B12 L3 PACU Emergency Button Relocation	●	Tier 4	Initiate	Laura Pitt	Holger Kaufmann		
PJ0099	North Canberra Hospital (NCH) Sterile Stock Store and Pre-Rinse Upgrade	●	Tier 3	Initiate	Francisco Colarte	Colm Mooney		
PJ0090	TCH B2 L2 Temporary Operational Centre	Gray	Tier 4	Initiate	Satia Saktivelou	Reuben Palizzer	02/15/24	
PJ0074	Dhulwa Security Upgrade	Gray	Tier 4	Initiate	Agam Munshi	Holger Kaufmann		

## Projects Budget

Project Budget						
Project ID	Project Name	Project Tier	Approved Baseline Budget (Capex)	Actual Capex	Approved Baseline Budget (Opex)	Actual Opex
PJ0002	Centenary Hospital for Women and Children Expansion Project	Tier 1	\$2,123,158.31	\$1,767,976.82	\$0.00	\$0.00
PJ0004	CSB (Critical Services Building) Main Build	Tier 1	\$0.00	\$0.00	\$16,483,515.94	\$7,219,064.08
PJ0009	Notifiable Disease Management System (NDMS)	Tier 1	\$7,913,000.00	\$4,302,610.51	\$3,119,296.00	\$266,956.30
PJ0044	Identity Governance	Tier 1	\$1,000,000.00	\$31,927.50	\$2,365,345.00	\$0.00
PJ0054	Critical Communications Infrastructure Upgrades at ACT Public Hospitals - Distributed Antenna Systems	Tier 1	\$11,328,000.00	\$163,732.00		\$0.00
PJ0061	Data and Reporting Remediation Project	Tier 1	\$7,543,502.00	\$1,444,330.57	\$14,265,216.00	\$331,600.00
PJ0069	CSB Operational Commissioning Program	Tier 1	\$7,987,000.00	\$346,523.86	\$2,681,000.00	\$0.00
PJ0013	Pharmacy Inventory Management System	Tier 2	\$0.00	\$0.00	\$866,292.00	\$751,915.44
PJ0016	TCH Building 12 Medical Imaging Refurbishment	Tier 2	\$0.00	\$0.00	\$196,513.00	\$170,713.00
PJ0017	TCH Building 19 Level 3 Refurbishment	Tier 2	\$0.00	\$0.00	\$211,220 (CC21507) \$150,004 (CC21570) \$108,917 (CC21210)	\$173,651.00
PJ0019	Weston Creek CHC Medical Imaging Expansion	Tier 2	\$0.00	\$0.00	\$292,001.00	\$148,295.00
PJ0033	North Canberra Hospital OneID and EACS Replacement	Tier 2	\$1,739,000.00	\$1,011,395.56	\$0.00	\$0.00
PJ0036	BIS Upgrade Project	Tier 2	\$715,000.00	\$640,078.20	\$1,010,817.00	\$993,893.03
PJ0045	Distribution Centre Relocation	Tier 2		\$0.00	\$507,970.00	\$193,836.18
PJ0041	Embedding a Positive Safety Culture	Tier 2	\$250,000.00	\$243,531.00		\$7,500.00
PJ0046	Eating Disorder Residential Treatment Care Centre	Tier 2	\$0.00	\$0.00	\$57,467.00	\$17,692.25
PJ0048	Building Fit-out works for CAMHS at Bowes Street	Tier 2		\$0.00	\$205,000.00	\$61,947.20
PJ0050	ACT Pathology Laboratory Expansion	Tier 2	\$0.00	\$0.00	\$53,766.00	\$7,291.50
PJ0049	Environmental Monitoring System	Tier 2	\$461,000.00	\$1,320.00	\$346,350.00	\$0.00
PJ0067	IHSS Food Services Modal Transformation	Tier 2		\$0.00	\$25,641.00	\$2,002.00
PJ0071	Palliative Care Ward B12 L3	Tier 2		\$0.00	\$49,747.50	\$0.00
PJ0091	IAM Remediation	Tier 2			369600 Phase 1 and 2 combined	
PJ0035	Mainpac Expansion	Tier 3	\$254,375.00	\$186,916.13	\$38,958.75	\$0.00
PJ0047	RAPID	Tier 3	\$187,680.00	\$0.00	\$46,749.00	\$0.00
PJ0052	North Canberra Hospital Transition	Tier 3	\$9,800,000.00	\$0.00	\$0.00	\$0.00
PJ0063	Decant of Staff from TCH B6, B17 and B23	Tier 3		\$0.00	292342 (\$4360 recurrent)	\$0.00
PJ0065	DHR Upgrade to Hyperdrive	Tier 3		\$0.00	\$173,210.00	\$14,862.50
PJ0072	QScan	Tier 3	\$100,000.00	\$0.00		\$0.00
PJ0089	North Canberra Hospital (NCH) Sterile Stock Store and Pre-Rinse Upgrade	Tier 3			\$44,017.60	
PJ0037	Electric Vehicle Charging ICT Standard	Tier 4	\$0.00	\$0.00	\$20,000.00	\$6,153.00
PJ0040	DALI System Upgrade	Tier 4	\$0.00	\$0.00	\$50,000.00	\$0.00
PJ0042	TCH B3 L1 Rheumatology & Dermatology Consultation Room Upgrades	Tier 4		\$0.00	\$4,200.00	\$0.00
PJ0043	1 Moore Street Security Upgrade	Tier 4		\$0.00	\$5,000.00	\$0.00
PJ0051	Watson Health Hub (WHH)	Tier 4	\$0.00	\$0.00	\$49,438.00	\$64.50
PJ0053	Legacy System Remediation and Data Preservation	Tier 4		\$0.00	\$20,000.00	\$0.00
PJ0055	DHR Onboarding Form Report	Tier 4		\$0.00	\$0.00	\$0.00
PJ0056	CPF - Build of Prod & Non-Prod hardware	Tier 4		\$0.00	\$70,000.00	\$0.00
PJ0060	Electrical Distribution Boards	Tier 4		\$0.00	\$22,000.00	\$0.00
PJ0062	Nuclear Medicine Equipment Upgrade Project	Tier 4		\$0.00	\$38,412.00	\$6,641.00
PJ0068	Endoscopy Service Expansion	Tier 4		\$0.00	\$54,530.30	\$1,397.00
PJ0070	BYO Device for DHR Apps	Tier 4		\$0.00	\$20,000.00	\$0.00
PJ0073	iDose Upgrade and NTT Migration	Tier 4		\$0.00	\$25,176.00	\$0.00
PJ0075	B12 L3 PACU Emergency Button Relocation	Tier 4		\$0.00	\$17,465.00	\$0.00
PJ0090	TCH B2 L2 Temporary Operational Centre	Tier 4			\$4,600.00	
PJ0074	Dhulwa Security Upgrade	Tier 4			\$16,500.00	

## Red Synopsis Report

Synopsis Status	Project ID	Project Name	Project Tier	Approval Stage or Tranche	Comments
●	PJ0013	Pharmacy Inventory Management System	Tier 2	Deliver	The project status remains RED. Pharmhos have advised their next release to fix issues and include improvements is scheduled for late Feb/ early March.
●	PJ0033	North Canberra Hospital OneID and EACS Replacement	Tier 2	Plan	This project is reporting RED for Schedule as it has been delayed until end of July 2024 due to impacts of Theatres fire, resource availability, onsite asbestos, resource availability and additional backend infrastructure capacity required to C-Curs. An exception report and stage gate planned for March 2024.
●	PJ0036	BIS Upgrade Project	Tier 2	Deliver	The project status is red for schedule as there are continued delays for final two deliverables for replication and high availability configuration. Project is expected for closure by April 2024.
●	PJ0061	Data and Reporting Remediation Project	Tier 1	Initiate	The project Status is reporting red for Risks and Budget. A Business Case has been submitted to Treasury, with an announcement expected late Feb 2024. Planning for Phase 2 continues, however the project remains red as important decisions and plans for Phase 2 are outstanding.

### New Projects

Project ID	Project Title	Project Overview
PJ0075	B12 L3 PACU Emergency Button Relocation	Relocation of nineteen (19) emergency buttons for B12 L3 Post Anaesthetic Care Unit (PACU)
PJ0089	North Canberra Hospital (NCH) Sterile Stock Store and Pre-Rinse Upgrade	Upgrade the sterilising facilities at North Canberra Hospital (NCH) as they do not meet the current contemporary standards, including the National Construction code. The upgrade will be achieved in two stages for level 1 and level 2 existing facilities at NCH.
PJ0090	TCH B2 L2 Temporary Operational Centre	CHS are establishing a temporary Operational Centre to be located in Building 2 level 2 Room
PJ0091	IAM Remediation	The current Health IAM platform has reached end of life and are out of support and require and upgrade of existing servers and software. Health IAM will be migrated to the Whole of ACT Government IAM as a good interim option while the new Identity Governance platform is being procured, designed and implemented.

### Closed Projects

Project ID	Project	Project Overview

#### Major Project Risks Heat map

Primary	2	3	4	5	6
<b>Risk Matrix</b>					
Almost Certain			1	7	2
Likely			2	6	4
Possible	2	23	32	11	
Unlikely	5	9	27	6	
Rare	5	4	4	1	
	Insignificant	Minor	Moderate	Major	Catastrophic

#### Major Project Issues Heat map

Primary	2	3	4	5	6
<b>Issue Matrix</b>					
Critical		9	3	1	
High		1	8	5	
Moderate	2	2	4		
Low	2	3	1		
Planning	2	3	3	2	
	Insignificant	Minor	Moderate	Major	Catastrophic

## Major Projects Critical Risks/Issues Report

Project Name	Risk/Issue	Title	Residual Rating	Action to Be Taken
Critical Communications Infrastructure Upgrades at ACT Pu	Risk	Asbestos - TCH and NCH	Extreme	MPC thru Principal Contractor will provide a condition report which will determine what works can be concluded and what works will require an alternative solution to ensure DAS is provided to all three hospital campus facilities.
Data and Reporting Remediation Project	Risk	The size of the data quality problem is not yet fully known	Extreme	<ul style="list-style-type: none"> <li>Establish the Data Quality Stream and appoint project manager and CHS and NCH leads to continue Phase 2 as per Data Quality Plan (endorsed by Project Board on 24 January 2024).</li> </ul>
Pharmacy Inventory Management System	Issue	PBS is not receiving dispensing cancellation messages from Merin	Extreme	11/02/24 - meeting held with Pharmhos on 29/01/24, who have advised that they are planning to release a fix into ACT's test environment in late February/early March, which should address these issues. 12/01/24 - nil update from vendor on resolving issue. Significant financial risk to CHS. Meeting booked with vendor 29/01/24 to discuss outstanding issues, have identified this is the highest priority for resolution. 10/12/23 - nil update. 8/11/23 - vendor is setting up test environment with PBS to be able to determine the cause of the issue. Await update.







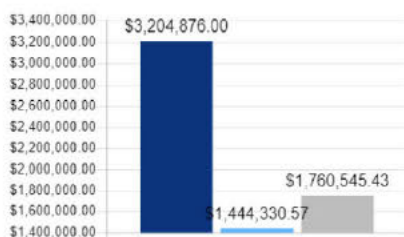
## Financial Performance

### Whole of Life Budget & Expenditure

CapEx	
Budget	\$7,543,502.00
Forecast	\$6,034,750.30
Actual	\$1,444,330.57
Variance	\$6,099,171.43

OpEx	
Budget	\$14,265,216.00
Forecast	\$5,272,394.75
Actual	\$331,800.00
Variance	\$13,933,416.00

### Current Financial Year 2023-2024



### Current Financial Year 2023-2024



● CapEx Forecast  
 ● CapEx Actual  
 ● CapEx Variance  
 ● OpEx Forecast  
 ● 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				4	1
Possible			3	2	1
Unlikely		1			
Rare					
	Insignificant	Minor	Moderate	Major	Catastrophic

### Issue Matrix

Primary	2	3	4	5	6
<b>Issue Matrix</b>					
Critical					
High				3	2
Moderate			1	3	
Low					
Planning				3	2
	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>Establish the Data Quality Stream and appoint project manager and CHS and NCH leads to continue Phase 2 as per Data Quality Plan (endorsed by Project Board on 24 January 2024).</li> </ul>
Insufficient funding approved for the project	High	<ul style="list-style-type: none"> <li>Define and seek agreement from Project Board on Phase 2 scope and capability requirements.</li> <li>Identify and forecast costs for critical project resources (staff and other) required to deliver project (to be documented in Phase 2 Program Plan).</li> <li>Seek approval from Project Board where resources are to be redirected, following endorsement of forecast costs noting impacts on other streams of work and overall project budget.</li> <li>Project budget status to be reported by Project Team in Monthly Status Report. Variances against the endorsed forecast costs to be discussed at Project Board.</li> </ul>
Financial impacts occur due to delays or incomplete data being provided for funding submissions	High	<ul style="list-style-type: none"> <li>ACTHD to discuss completeness of submissions and options for reducing funding impacts with Commonwealth and Treasury, where required data is incomplete or unable to be submitted in the required timeframe.</li> <li>Planning to complete the technical components required to support increased automation for future funding submissions.</li> <li>Build for Commonwealth Home Support Program Submission and Dental DWAU Submissions to be prioritised by Project Board.</li> </ul>
Key operational reporting requirements for National Safety and Quality in Health Standards (NSQHS) will not be met	High	<ul style="list-style-type: none"> <li>CHS to set priorities for the required Indicators and Standards, for immediate progression by project.</li> <li>The project team and CHS reporting teams to take parallel build approach to meet the immediate reporting needs for accreditation, while continuing to establish reporting in the Territory-wide Data Capability Production environment (referred to as Badger). This includes the development of some short-term solutions to meet immediate accreditation needs, alongside the establishment of long-term reporting solutions within the DHR and Badger, where possible.</li> <li>Project to continue to scope reporting requirements and methodologies and understand business workflows for prioritised list of indicators and Standards required for Accreditation. Project is progressing build to meet requirements when this information is known.</li> <li>Plan to be developed for any DHR report and dashboard development not completed by the date of the accreditation. This plan will highlight dependencies on changes to the DHR, training, and methodology agreements. It will also include a clearly defined scope with milestones and will be aligned with the Data Capability Delivery Roadmap.</li> <li>All data and reporting will not be completed in time for the short-notice accreditation. A defined completion state and scope will be documented to manage expectations on the remaining priorities.</li> <li>Establishment of Data Quality Stream to manage and coordinate work required to address data quality issues impacting data for accreditation.</li> <li>DHR configuration changes will be needed before some indicators can be reported on. For the duration of Phase 2 of the project these changes will be endorsed at the Data Quality Steering Committee (to be established) to ensure all changes are captured.</li> <li>A strong governance process needs to be established to ensure consistent methodologies. This includes documentation, Territory-wide agreement, central storage for accessibility, and a change control process.</li> </ul>
Key operational reporting/data not available to services	High	<ul style="list-style-type: none"> <li>Establish decision making mechanisms and processes to support the escalation of report requests.</li> <li>Communication is required to all staff regarding the current data and reporting priorities and process for escalating report requests.</li> <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> <li>Development and endorsement of Phase 2 Project Plan and key milestones.</li> <li>Development and endorsement of Data Capability Roadmap, outlining sequenced strategy for developing Territory-wide capability.</li> <li>Escalation of resource capacity issues and impacts to Project Board</li> </ul>
Scope for Phase 2 is too ambitious to achieve	High	<ul style="list-style-type: none"> <li>Define and agree Phase 2 scope in Project Plan.</li> <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> <li>Reassess what is realistic and critical and refine scope accordingly. Obtain Board approval on any changes to scope.</li> <li>Ensure impact of not delivering work is documented and tabled at project governance forums and impacts and interdependencies are considered in planning.</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>Review and strengthen project structure and governance structure to support 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>Provide team with access to available NMDS data, provided to Commonwealth for 2023/24 National Submissions.</li> <li>Project Board responsible for decisions on priority order for work and redirection of resources in Phase 2.</li> <li>Establish 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>
Organisational priorities and timelines do not align with project priorities.	Medium	<ul style="list-style-type: none"> <li>Priority order for the project will be overseen by the Project Board to ensure strategic oversight of priority and timelines.</li> <li>Each organisation is establishing internal process for prioritising their organisation-specific data and reporting requirements.</li> <li>Establish governance and processes for communication and coordination of work undertaken outside the project by organisational reporting teams</li> </ul>
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

Project Issues		
Title	Residual Rating	Action to Be Taken
Compacted period of time available for data quality rectification work and not enough staff available to do the work within the required timeframe	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> <li>Establish the Data Quality Stream</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> <li>Establish the Data Quality Stream for Phase 2</li> <li>Use Project Board and Change Control Board to ensure any Epic changes are approved once we have an understanding of the impact on BI and Reporting.</li> <li>Project Board to approve redirection of resources, noting impacts on project budget and other streams of work.</li> </ul>
The complete and detailed scope and requirements for Phase 2 is undefined	High	<ul style="list-style-type: none"> <li>The project team is engaging with key stakeholders and referencing documentation from Phase 1 and the DHR project to document and plan for the Phase 2 reporting scope.</li> <li>The project plan will be updated to reflect the Phase 2 scope and delivery approaches, key milestones, resource requirements, project and governance structures, and forecast costs for the project. This will be table at Project Board for endorsement.</li> </ul>
Phase 2 is not resourced to achieve the deliverables scoped for Phase 2	High	<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 prior to March</li> <li>Finalise scope, resource requirements and Project governance before end of March</li> <li>Commence recruitment for key project resources already identified and approved for project.</li> </ul>
Changes made to the front end of the DHR system do not consider impact on mandatory and other 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>Establish Data Governance Steering Committee to support Territory-wide agreement for definitions and methodologies for metrics reported. This includes documentation, Territory-wide agreement, central storage for accessibility, and a change control process.</li> <li>Outstanding governance, strategy and design documents to align with the recent decision to have a single data warehouse.</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 relationships and expectations are not strategically managed	Medium	<ul style="list-style-type: none"> <li>Finalise and seek agreement for Phase 2 project team structure.</li> <li>Provide clarity on roles and responsibilities of project leadership for Phase 2 and responsibilities across project team in terms of stakeholder engagement and communications.</li> <li>Recruit resource to establish Stakeholder Management and Communications Plan.</li> <li>Define key messages to ensure consistent communications across health system and with external stakeholders on status of project and current priority.</li> <li>Provide regular updates to stakeholders through communication channels identified in comms plan.</li> </ul>
Inavailability of ACT Cancer Registry data	Medium	<ul style="list-style-type: none"> <li>Continue to develop and embed processes for identifying, reviewing, recommending and seeking decision on prioritisation of program of work.</li> <li>Regular communications with key stakeholders on progress of work, availability of relevant data and timing to complete requests.</li> <li>Ensure impacts related to data inavailability are visible to Executive Board</li> </ul>
Inavailability of ACT Maternal and Perinatal Data Collection	Medium	<ul style="list-style-type: none"> <li>Continue to develop and embed processes for identifying, reviewing, recommending and seeking decision on prioritisation of program of work.</li> <li>Regular communications with key stakeholders on progress of work, availability of relevant data and timing to complete requests.</li> <li>Ensure impacts related to data inavailability are visible to Executive Board</li> </ul>
Commonwealth Home Support Program - Financial impacts occur due to delays in providing data to Commonwealth	Medium	<ul style="list-style-type: none"> <li>Continue to develop and embed processes for identifying, reviewing, recommending and seeking decision on prioritisation of program of work.</li> <li>Regular communications with key stakeholders on progress of work, availability of relevant data and timing to complete requests.</li> <li>Ensure impacts related to data inavailability are visible to Executive Board</li> </ul>



### 3.3. Critical Service Building (CBS) Main Build



## CSB (Critical Services Building) Main Build

## Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Strategy Theme:

- Patient-centred
- Health services enabled by contemporary technology

Reporting Period:

15 January 2024 to 11 February 2024

#### Project Overview

Canberra Hospital Expansion – Critical Services Building (CSB) is a significant investment from ACT Government and will support the growing health care needs of our city and help to future-proof hospital facilities while transforming acute health services delivered at The Canberra Hospital.

- CSB will deliver new, modern, health facilities for Canberrans, including:
- 114 Emergency Department (ED) treatment spaces – 39 more than are currently available at The Canberra Hospital
  - 60 Intensive Care Unit (ICU) beds – doubling the number currently available
  - Four new paediatric ICU beds and a family zone to provide support for families who have children in the ICU
  - 22 new state-of-the-art operating theatres – nine more than are currently available.

Project direction and management is the responsibility of Major Projects Canberra and construction of the facility is due to be completed in 2nd Quarter 2024.

Trending



#### Project Governance

Project ID	PJ0004
Approval Stage	Deliver
Tier	Tier 1
Sponsor	Chief Minister
Governing Committee	Project Control Group

#### Project Performance Indicators

Overall Health Status	Schedule Status	Budget Health Status	Risks & 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 Delivery Team

Project Manager	Dale Ninness
Approver	CIO

#### Project Baseline

Current Schedule	Baseline Schedule	Approved Budget / Fee for Service	Budget Variance
29/09/19 Start Date	29/09/19 Baseline Start Date	\$16,483,515.94 Approved Baseline Budget	\$0.00 CapEx Variance
16/11/23 End Date	30/06/24 Baseline End Date		\$9,264,451.86 OpEx Variance

### Project Status Commentary

#### Project Status

B5 Building commissioning DSD activities are on track with B1 L1 Tunnel Refurb and B2 L2 Refurb works as part of the overall CSB Project scope. DSD are continuing to work with DDTS progressing system designs and any remaining outstanding procurements to ensure equipment availability for building commissioning. Wireless Access Points and Bluetooth Beacons continue to be installed onsite by MPX. DSD awaiting confirmation when floors will be available to conduct surveys in preparation for commissioning. Cisco Webex Room Kits are currently held by DSD. Items will be held until MPX require them. Patient Bedside Information Boards (PBIB) Wall mounts continue to be installed by MPX. DSD continue to configure the PBIBs ready for installation. Dates still to be provided by MPC when areas are available for PBIB patching and installation. Final defect inspections of continuing.

DSD/DDTS have agreed to shared access and have installed active network equipment into the following Comms Rooms:  
 \* ICT UPS A and B (ICT UPS installation and commissioning activities have completed)  
 \* BD1.1 and 1.2  
 \* FD1.3  
 \* FD2.1 and 2.2  
 \* FD3.1 and 3.2  
 \* FD4.1 and 4.2  
 \* FD5.1 and 5.2  
 \* FD6.1 and 6.2  
 \* FD7.1 and 7.2

DSD continue to patch devices listed within the patching schedule across the above Comms rooms continue to work with MPX and DDTS to provide timely network connectivity to building systems to support building commissioning.

Optus has commenced installation of their DAS equipment onsite in the DAS Room with fibre connection and DAS commissioning expected to be completed March 2024. CHS continue to review DAS agreements with Telstra and TPG. NBN has been roughed into locations across B5. Issues have presented themselves whilst attempting to haul NBN fibre from B5 down Hospital Road. NBN completion also expected March 2024.

Ongoing issues with dust ingress and cleanliness of the shared comms rooms remains a main concern with a large amount of outstanding works still required and continuous access requirements by contractors dragging in dirt and debris with live network equipment running.

Approval of the Strategic Investment Proposal has been achieved. The ICT budget does not include operational commissioning activities post building completion.

#### Benefits

The completion of this project will support Canberra's expanding, changing and future requirements for health services and will increase capacity for Canberra Hospital's adult intensive care, paediatric intensive care, surgical, coronary care and emergency services functions. This new facility will provide new start of the art equipment for advanced healthcare and help to alleviate strain on critical health services in a Territory that is expected to experience a 20% increase in population by 2032.

#### Schedule

MPX/MPC are not providing the CSB Construction Schedule to DSD and as such, an ICT Schedule has been developed by MPX only until completion of Comms Rooms. Dates for commissioning deliverables by DSD that form part of building commissioning are still unknown at this stage. MPC are still lacking any accurate dates relating to DSD ICT deliverables for building commissioning which will likely affect resourcing allocations. DSD continue to ask for more details. Schedule is currently on track. No formal governance process exists for MPX schedule updates and schedule releases from MPC. DSD have previously been provided with schedule updates or extracts with tasks that are either removed or differ in every new version. The constant changes make it difficult to track progression of the overall building and commissioning schedule to organise resourcing and provide accurate dates to various project stakeholders who need to deliver work packages for MME and Operational Commissioning. DSD are currently working through updating the building commissioning schedule attached to this report to reflect current status and input deliverable dates once received by MPC/MPX.

#### Quality

Quality will be achieved by peer review of documentation, supervision, inspections and user acceptance testing of solutions deployed across Building 5 and other minor refurbishment projects in Building 1 and 2. Any ICT defects discovered within the building are captured in Acopex Field as an issue and submitted to MPC. These defects are then managed by MPC to ensure rectification by MPX. DSD are yet to be made aware of a project benefits management plan or whether we will be requested to formally provide input into measurable benefits planning.

#### Budget

The Strategic Investment Proposal has been finalised and approved by MPC and DSD. The costs included in the SIP are a combination of known costs and estimates including resourcing due to High-Level Vendor Designs reviews still ongoing for building systems. DSD have an agreed DSR cost which forms part of the ICT budget and covers project resourcing until end of FY23/24. Resource and ICT costs for Building 1 and Building 2 refurb works are not covered by the approved SIP. The estimates for equipment and resourcing required to support the commissioning of these spaces have been added into our monthly financial reporting and currently these costs can be covered within DSD ICT budget. All works are proceeding with the knowledge of the Project Director and monthly financial management updates between the Senior Director CSI Hub and Major Projects Canberra. Project is currently within budget including additional scope requirements and estimated costs for the additional works. These items are captured in DSD monthly financial report to MPC. Any additional scope items not covered within the agreed SIP are also captured in the DSD Monthly financial report in a separate section and is monitored to ensure we remain within budget. DSD remain well within budget with additional costs for system servers and solution starting to arrive from DDTS.

#### Risks & Issues

Refer to CSB Project Risk Register. DSD attend a monthly project Risk Management Committee (RMC) and the DSD CSB Project Team review and provide updated ICT Risks and Issues to this committee on a monthly basis. ICT is not identified as a formal workstream for the project and Multiplex are responsible for delivery of the facility, including all works within. Without the existence of a dedicated ICT programme, it is challenging to identify all ICT-related input that may be required across multiple workstreams (clinical, electrical, mechanical, other services, operational commissioning).

#### Scope

A scope delineation schedule was finalised and agreed with Major Projects Canberra and Multiplex on 28 June 2021. Project is currently within scope with DSD working to deliver requirements as per the delineation schedule. Building 1 Level 1 and Building 2 Level 2 Refurbishment works have not been formally added to DSD scope by MPC, but DSD are currently supporting these works and have included the equipment and resource costs into our MPC financial report.





### 3.4. Critical Services Building (CSB) Operational Commissioning



## CSB Operational Commissioning Program

## Digital Solutions Division PROGRAM STATUS DASHBOARD

Digital Health Strategy Theme

• Patient Centred  
• Health services enabled by contemporary technology

Reporting Period:

15 January - 11 February 2024

#### Project Overview

The ACT Government invested in a new critical services building (Building 5) on the Canberra Hospital Campus (TCH). Building 5 is to open to patients in August 2024. This project is focussed on the work required to ensure that the hospital is fully operational from an ICT perspective. The range of work required varies from integration and installation of new medical equipment and clinical devices required to support patient care, to changes in Digital Health Record (DHR), procurement of ACTGov standard ICT equipment and end user devices. It also covers a scope of work to stand up the new sterilisation services which are required for second quarter of 2024.

#### Trending

▲  
Stable

#### Project Governance

Project ID	PJ0069
Approval Stage	Initiate
Tier	Tier 1
Sponsor	Janet Zagari
Governing Committee	Canberra Hospital Expansion Project Management Board

#### 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: green;">●</span> Sonya Floyer
Approver	Holger Kaufmann

#### Project Baseline

Current Schedule	Schedule Baseline	Approved Budget	Budget - Actual
<b>02/07/23</b> Actual Start Date	<b>02/07/23</b> Baseline Start Date	<b>\$7,987,000.00</b> Approved Baseline Budget (Capex)	<b>\$7,640,476.15</b> Capex Variance
	<b>29/03/24</b> Baseline End Date	<b>\$2,581,000.00</b> Approved Baseline Budget (Opex)	<b>\$2,581,000.00</b> Opex Variance

## Project Status Commentary

#### Project Status

Overall the program is tracking in an upwards direction. The appointment of new project managers has helped with the detailed planning and execution activities. Each project manager is scoping and managing their project initiation documents (PID) for review by CSB stakeholders. The first suite of PIDS were delivered in an out of session paper to inform the CHE Project Board. All PIDS may be made available to other interested stakeholders, including the Digital Committee. It should be noted that March will be a significant month in terms of the ramp up of all activities across all projects.

#### Benefits

As per the tolerance guide the benefits RAG status is green as benefits have been measured and or track to be delivered.

#### Budget

Cost Centre 69847, CAPEX project code is 29244, OPEX project code is 29862 - Pending Treasury Business Case approval

#### Scope

As per the tolerance guide the RAG status of scope is green as there is no new scope elements that will jeopardise the delivery of the project benefits. In keeping with the directions of the ICT Critical Path members any item that could potentially impact on the go live of building 5 is being allocated to Tranche 2.

#### Risks & Issues

As per the tolerance guide the RAG status of risk and issues is green. The highest rated risk that is under constant monitoring is the timeframe required to deliver and deploy for the Philips Central Patient monitoring. There are no risks that are rated as extreme and high risks are currently being controlled.

#### Quality

As per the tolerance guide the RAG status of quality is green. The quality criteria has been set and is on track.

#### Schedule

Each Project has its own schedule and is recording its overall percentage complete. The program schedule draws up milestones to show the overall progress of the projects. While an overarching program percentage complete is showing it is more accurate to look at the percentage complete for each project.

## Project Summary Dashboard

### Capsule Integration

The Capsule solution design (CoSD) was approved on 30 January. Patient monitoring has a dependency on the delivery of axons and neurons, which have been finalised and PO will be sent to Capsule by 14/02. Capsule's can meet delivery of hardware by 5/04. Project requirements for professional services are being finalised with Capsule for setup and configuration. Discussion around centralising Axons in Comms room will impact the quantities of mounts required.

RAG ●  
Trend ▼  
% Complete **0%**

### Cardiology

Cardiology continues to track steadily.  
- ISCV went live on 13 February, ahead of schedule for CSB-dependent activities.  
- Enterprise Architecture has distributed an early draft of the Cardio Modality CoSD for DDTs review and feedback before formal socialisation and ADRP approval.  
- DHR builds continue to track steady against the recently updated MME program schedule.  
- DSD test plans for Cardiology have commenced.

RAG ●  
Trend —  
% Complete **30%**

### Devices

The Devices project is responsible for ICT procurement, configuration, deployment and testing for Building 5 Operational Commissioning. This includes devices serviced by DSD on the FFE schedule that are to be delivered under Group 3B such as ACTGov PC's, printers, phones, barcode scanners, COW's, etc. A procurement time line has been built and shared with the ICT Critical Path. The team continues to work on a detailed deployment schedule.

RAG ●  
Trend ▲  
% Complete **11%**

### Environmental Monitoring

The tender evaluation is nearing completion with SMEs to undertake the final referee checks on the two frontrunners.

RAG ●  
Trend —  
% Complete

### ICU Simulation Room

The objective of this project to design, procure, install and integrate an education and training simulation facility in the ICU of Building 5. This facility will be used by various areas in CHS including ICU, ED and Peri Operative to conduct various training and assessment simulations. DSD team is working with CHS and MPC to finalise the requirements and propose vendors and a solution for this facility.

RAG ●  
Trend —  
% Complete **25%**

### Imaging

Medical Imaging continues to track steady.  
- Enterprise Architecture has drafted and socialised an early version of the Medical Imaging Modality CoSD with DDTs for review and feedback  
- Vitrea went live on the 9/2 and is now available for vendor commissioning in Building 5  
- DSD Medical Imaging test plans have commenced  
- The biggest risk for Medical Imaging are the DHR builds required for the Hybrid Theatres (Hybrid CTs, Interventional Radiology, Hybrid Vascular, Neurology theatres). DSD are dependent on CHS endorsing an approach these hybrid theatres in DHR, with delays to these decisions impacting the time available for the DHR team to build in POC.

RAG ●  
Trend —  
% Complete **35%**

### Infusion Pumps

Infusion pumps is being managed outside the CSB project to ensure that work undertaken by CHS is complete. Infusion pumps will be brought into scope as patients are transferred from Building 12 to Building 5. The integration to DHR is planned for Tranche 2.

RAG ●  
Trend —  
% Complete

### Inpatient

The critical element of the Inpatients project is the delivery of centralised patient monitoring, this project also covers vital signs monitoring which is currently in a tender evaluation phase with a vendor expected to be selected by mid March.

RAG ●  
Trend ▲  
% Complete **15%**

### Integrations

A new project is being stood up to drive the completion and testing of all the integrations required for Building 5. A charter of all the systems being impacted was presented to the Health Architecture Review Panel (HARP) for endorsement. This charter will form the scope of integration work.

RAG  
Trend  
% Complete **new project**

### PA system extension to TCH

This is an interdependent project to provide PA capability into Emergency Department Administration being stood up. Its scope and timing is under consideration.

RAG  
Trend  
% Complete **new project**

### Pharmacy

The Conceptual design is complete and presented to ADRP. Technical discussions with NTT, Meditec team and DDTs are ongoing. The NTT Test server is being built to facilitate Philips progression and integration work to commence. CHS Pharmacy has completed the first stage of work on the ADC mapping which has been fed back to Meditec.

RAG ●  
Trend —  
% Complete **25%**

### Sterilisation

The project scope was amended to include Steris VPro Max 2, low temperature sterilisers which was initially out of scope for delivery for this project. The vendor has been asked to supply the HLVD which will be used to develop the CoSD. The inclusion of the VPRO into the scope has been discussed with SSD who currently use it manually and is not data logged and have indicated VPRO scope will not impact go live date.

MPX's revised schedule have pushed out some milestones by 1-2 weeks have been reflected in the Sterilisation project schedule. Discussion with CHS, DDTs, vendor and DSD have confirmed a schedule factoring in the hardware delivery timeframes, server build and installation and FFE readiness. Belimed CoSD has been approved with DDTs to complete server build by 19 January.

CHS has raised the PO for peripheral devices (label printers, scanners, printers) by 2 February with expected delivery by end of March. CHS will raise a separate purchase order for Platinum service levels by end of Feb to cover Getinge's integration work with Belimed.

Belimed System Security Plan is progressing, expected to be completed by end of February.

RAG ●  
Trend —  
% Complete **65%**

### Telemedicine

The objective of this project is the successful design, implementation and integration of the existing Critical Care Overbed Network (CCON) platform in NSW eHealth within Building 5. This includes procurement, installation and testing of necessary hardware equipment, possible expansion of bandwidth and testing of the NSW Health Wide Area Network (HiWAN) within Building 5 and any associated network or system upgrade to facilitate Telemedicine.

RAG ●  
Trend —  
% Complete **35%**

### Theatres

The project is on track. The vendor has completed the installation of their equipment in at least one of the 22 theatres. The vendor is correcting issues with the mapping of some of the equipment installed.

RAG ●  
Trend —  
% Complete **20%**





Risks			
ID#	Title	Residual Rating	Action to Be Taken
R&I080	Inpatients - Installation of the patient monitoring equipment	High	Review the revised schedule once available. If the revised schedule does not avoid the risk, discuss further options at the Program Manager's Working Group that contains representatives from with MPC, MPX, Philips and DSD. If schedule is still unacceptable, convert the risk to an issue and escalate the to the Board. The above treatments are effective in reducing the likelihood of this risk being realised.
R&I039	Pharmacy - Delivery of the ADC cabinets for Pharmacy Project is scheduled on end of May 2024 which may delay our delivery timeframe.	Medium	Negotiated with the Vendor (Meditec) and they are aiming to deliver all the 22 cabinets by early May. We are able to bring forward about 4 weeks.
R&I041	Pharmacy - Integration testing period for Pharmacy ADC project is upto 12 weeks, which may delay the delivery of the Project.	Medium	We have collaborated and negotiated with all the stakeholders to bring the testing period down by 4 weeks.
R&I046	Pharmacy - MerlinMAP vendor, Pharmhos may not be able to complete the work on time.	Medium	We have communicated with Pharmhos. Pharmhos will create a new phantom queue for the Omnicell integration. Waiting for the quote from them.
R&I047	Sterilisation - T-DOC - MME UAT Scripts	Medium	Review of test scripts and identify any potential issues
R&I050	Sterilisation- TDOC/Belimed Visibility of progress	Medium	Escalated and followed-up daily and likely to be resolved early Feb.
R&I051	Pharmacy- Decommissioning Pyxis	Medium	Pharmacy team will check the Pyxis contract document and advise Project team
R&I057	Inpatients - delivery of ten commissioned servers by 1 March.	Medium	Closely monitor the progress of the dependency tasks such as the CSD approval. Weekly meetings with relevant stakeholders undertaking the work. Proving early 'heads up' on requirements so work can commence prior to formal approvals.
R&I060	Sterilisation - T-DOC / Belimed SmartHub Connect high-availability Support	Medium	Discussed with SSD on the risk and have requested Belimed 24/25 roadmap for this capability.
R&I061	Sterilisation - T-DOC / Belimed SmartHub Orbit does not support Multi-factor authentication	Medium	Discussed with SSD on the risk and have requested Belimed 24/25 roadmap for this capability.
R&I062	Sterilisation - T-DOC / Belimed Network connectivity between AWS/Azure and the on-premises network	Medium	CoSD has identified the peak data transfer between Belimed washers/sterilisers and Belimed SmartHub Connect server typically would not exceed 5mb/s.
R&I065	Capsule - Hardware delivery timeframe	Medium	Escalated with vendor who will let our booking team aware about this order so that once we received the PO, Sameeh can arrange shipment to meet the 1st/2nd week in April delivery date.
R&I066	Pharmacy - Critical Business Requirements inadequately defined.	Medium	SMEs have been engaged in 1:1 session, and now in weekly forum. Reviews have been undertaken of requirements and the project has identified to ensure adequate depth of understanding.
R&I067	Pharmacy - Service and Support requirements for availability of ICT Capability has been inadequately defined.	Medium	Technical discussions occurred with architect, technical SMEs from the vendors. More discussions will be taking place.
R&I068	Pharmacy - Network connectivity between AWS/Azure and the on-premises network is of lower bandwidth and higher latency than connectivity within the on-premises network.	Medium	Verify application performance in the test environment prior to the production implementation. Move the server back to the on-premises network if the application cannot be configured to remediate any performance related to the latency increase and bandwidth reduction. On-premises hosting may attract higher costs.
R&I069	Pharmacy- New applications to the ACTGOV environment maybe rejected Software Management Reference Group	Medium	Approach the Software Management Reference Group (SMRG) as early as possible to confirm approvals
R&I070	Program - The timely integration of the anaesthetic machine monitors into Capsule through to DHR.	Medium	Determine the amount of work required to implement the solution. Outsource as much of the work as possible. Enlist the Capsule and Philip's organisations to help complete the work. Obtain additional resources in the Integration team.
R&I071	Program - The timely commissioning of the theatre axons and neurons to support medical device information integration to DHR.	Medium	The Supplier will be confirmed once PO has been received, they can deliver the equipment earlier between 7-14 April. The contract will be for the supply and install and professional services for device configuration.
R&I072	Pharmacy- Individual systems may fail to identify and respond to faults in upstream or downstream systems resulting in failed message delivery.	Medium	Perform exhaustive testing of all interfaces and systems, including during simulated failover events, to ensure message delivery is successful in all circumstances possible.
R&I073	Pharmacy - Business applications could require a full system rebuild if the solution installation suffers system/data corruption or failure of supporting infrastructure components.	Medium	Develop and test a Disaster Recovery plan for the Business Application before Production release (and periodically throughout the life of the system) to ensure the recovery meets the business risk profile.
R&I076	Pharmacy - System administrators and users will login with non-AD accounts i.e. using the local authentication.	Medium	The Business owner will be responsible for ensuring that any changes in system admin staff are explicitly updated in the VMWare account settings. This exposure will be closed as soon as Vendor provides the AD authentication solution.
R&I077	Pharmacy - The implementation of this system consists of Single point of failure from the application layer.	Medium	The business will be notified for any planned outages/failures and any Non planned outages will be mitigated with the appropriate BAU policies in place.
R&I078	Pharmacy - XT Touch screen cabinets hardware processor is currently reaching end of support.	Medium	Hardware processor issues will be carried out by the vendor. It will be notified to the business if there are any issues in terms of the failure and support.
R&I085	Pharmacy - There is a lack of visibility of the training program.	Medium	Communicate with CHS regarding the transparency on the training program.

Project Issues		
Title	Residual Rating	Action to Be Taken
Sterilisation - T-DOC/Belimed	Medium	CHS to have PO raised before Belimed integration work
Program - Integration Testing with monitoring Devices.	Medium	Escalation to MPC to identify a space to be shared with patient monitoring for end to end testing
Sterilisation - T-DOC V17 Client install connection to server	Medium	Getinge have investigated and it is a driver issue on the test devices
No funding has been provisioned for the System Administrator functions that DSD will have to undertake for the Wilhelm digital theatres and the Philips centralised patient monitoring.	Medium	The relevant areas in DSD will meet to discuss the specific roles, responsibilities, skillsets and time requirements of the system administrators. This will be used to identify which areas and people can take on this function and the quantity of new resources required. The work required by a system administrator to complete the necessary documentation to transition the theatres and patient monitoring into Production will be completed by existing staff within DSD using people in a number of teams.
Capsule: Integration team's resource availability	Medium	Currently working on the PID and schedule activities till resource resumes



### 3.5. 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:

15 January 2024 until 11 February 2024

#### Project Overview

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.

Trending



Improving

Project Governance	
Project ID	PJ0065
Approval Stage	Plan
Tier	Tier 3
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	Megan Doherty
Approver	Holger Kaufmann

Project Baseline			
Current Schedule	Schedule Baseline	Approved Budget	Budget - Actual
<b>26/10/23</b>	<b>04/09/23</b>	<b>\$173,210.00</b>	<b>\$158,347.50</b>
Actual Start Date	Baseline Start Date	Approved Baseline Budget (Opex)	Opex Variance
<b>15/07/24</b>	<b>30/05/24</b>		
Actual End Date	Baseline End Date		

### Project Status Commentary

**Project Status**  
Project status is reporting green, this reporting period has been able to close out multiple risks for the project.

**Benefits**  
Upgrading to Hyperdrive will provide the following benefits:  
 - Simplified installation and maintenance  
 - Ability to streamline updates to desktops.  
 - 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.  
 - 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%.

**Risks & Issues**  
The Hyperdrive project is currently reporting Green for risks and issues.  
 EPIC legal team provided an API agreement in line with ACT Health's contract. This has been signed and work is progressing.  
 MIPACS storage upgrade is not required as it is a current BAU issue, this closes out the risk.

**Budget**  
Project budget is currently on track, Negotiations with DDTS occurred to reduce project costs to align with approved SIP. MIPACS upgrade quotes were received but after further investigation this is not required.

**Schedule**  
 - Codefinder Upgrade has been completed in non production testing has passed for Hyperdrive and Hyperspace.  
 - Imprivata Upgrade to production has been approved to go live aligning with Hyperdrive requirements.  
 - Nova Note review build activities have been completed in line with the schedule with testing to commence this week.

**Scope**  
The approved scope from the Digital Steering Committee includes:  
 - Hyperdrive Design  
 - Codefinder Upgrade  
 - DMO Upgrade  
 An additional system upgrade of the storage application for MIPACS has been identified by the vendor. Negotiations are currently underway to understand the impact on the scope and budget

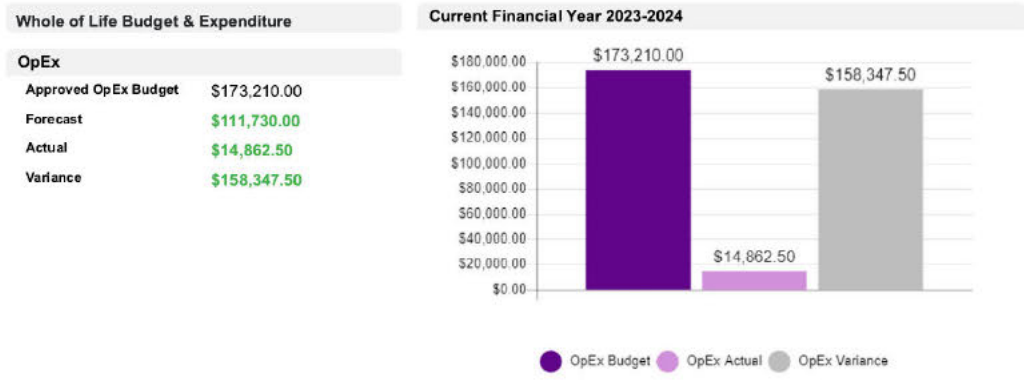
**Quality**  
Nil to report

### Key Project Milestones

Key Milestones Report - DHR Upgrade to Hyperdrive				Timeline (Jan to Nov)											
Task Name	Start Date	End Date	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
Deliverable: Approved Project Initiation Documentation (PID)	01/02/24	26/02/24	Complete	Deliverable: Approved Project Initiation Documentation (PID)											
Hyperdrive HARP Approved	17/01/24	17/01/24	Complete	Hyperdrive HARP Approved											
DMO Install Complete ready for testing	15/02/24	15/02/24	Complete	DMO Install Complete ready for testing											
3M Codefinder testing complete for Hyperdrive	20/02/24	20/02/24	Complete	3M Codefinder testing complete for Hyperdrive											
Health Services Endorsement of Super Users	17/05/24	17/05/24	Not started	Health Services Endorsement of Super Users											
Identify Select Site	18/03/24	02/04/24	Not started	Identify Select Site											
Hyperdrive Build Activities	22/01/24	09/02/24	Complete	Hyperdrive Build Activities											
Hyperdrive Build Complete	09/02/24	09/02/24	Complete	Hyperdrive Build Complete											
Update Regression Test Scripts	12/02/24	23/02/24	Complete	Update Regression Test Scripts											
System Ready for UAT	29/04/24	29/04/24	Not started	System Ready for UAT											
Go Live Kick off (Track Boards)	06/05/24	06/05/24	Not started	Go Live Kick off (Track Boards)											
Go Live Super Users	04/06/24	18/06/24	Not started	Go Live Super Users											
Go Live Select Sites (5%-15)	24/06/24	05/07/24	Not started	Go Live Select Sites (5%-15)											
Go Live Remaining Site	15/07/24	15/07/24	Not started	Go Live Remaining Site											



## Financial Performance



## Project Risks & Issues Profile

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

Risks		
Title	Residual Rating	Action to Be Taken
No Test Manager	Medium	Recruitment completed Test lead also filling in for the short term.
DMO Auto Anchoring	Medium	Working with vendors to resolve
API EPIC Integration Agreement	Low	EPIC to update agreement to not conflict with existing agreement
MIFACS Storage minor version update	Low	Fix this update provides is an existing issue in BAU not Hyperdrive related therefore this is out of scope for the project.

Project Issues		
Title	Residual Rating	Action to Be Taken

### 3.6. 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:

15 January to 11 February 2024

#### 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** PJ0054  
**Approval Stage** Initiate  
**Tier** Tier 1  
**Sponsor** Holger Kaufmann

#### Project Performance Indicators



#### Project Delivery Team

**Project Manager** 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>\$11,164,268.00</b> Capex Variance
<b>Actual End Date</b>	<b>19/12/25</b> Baseline End Date	<b>Approved Baseline Budget (Opex)</b>	<b>\$0.00</b> Opex Variance







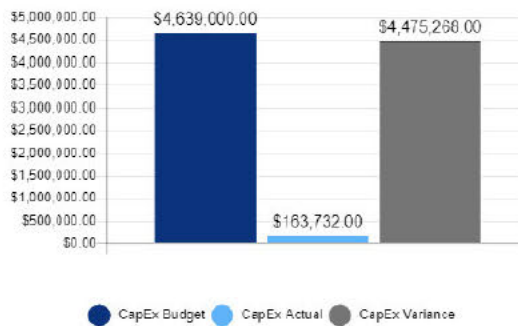
## Financial Performance

### Whole of Life Budget & Expenditure

### Current FY 2023/24

#### CapEx

Approved CapEx Budget	\$11,328,000.00
Forecast	\$11,328,000.00
Actual	\$163,732.00
Variance	\$11,164,268.00



## Project Risks & Issues Profile

### Risk Matrix (Post Treatment)

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

### Issue Matrix

Primary	2	3	4	5	6
<b>Issue Matrix</b>					
Critical			9	2	
High					
Moderate					
Low					
Planning					
	Insignificant	Minor	Moderate	Major	Catastrophic

### Risks

Title	Residual Rating	Action to Be Taken
Asbestos - TCH and NCH	Extreme	MPC thru Principal Contractor will provide a condition report which will determine what works can be conducted and what works will require an alternative solution to ensure DAS is provided to all three hospital campus facilities.
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 non-compliance.	High	To move forward with the upgrade.
Out of Scope facilities	High	DSD to confirm these buildings, networks to be included into RfQ 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.
GSO Legal advice	High	Project will identify this risk as early as possible
Government Procurement Board timelines	High	To continue to move forward with documentation completion for the project to register for a meeting with the board, to ensure we have contracts issued before MCF 2023 is approved early 2024 and 3G services close in July 2024
NCH CCTV Room redevelopment	High	If the project is asked to comply strictly to standards the redevelopment of the room will require acquisition of a carpark space to accommodate the expansion.
GSO outsourcing of services for contract development, timelines	High	Continue to work through and obtain timeframes for deliverables to ensure delays do not occur.
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 RfQ 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.
Procurement Board approval of the project approach to procurement.	Medium	Project will identify this risk as early as possible

### Project Issues

Title	Residual Rating	Action to Be Taken
Issue a letter of invitation for the procurement of Op	High	Continue to work with carriers to confirm one of them will review the submitted design if WHOG Telco Contract not awarded.
Change of approach from RFQ to RFT, requires doc	High	Engagement with MPC to determine the procurement methodology and approach to market
Confirm executive within their respective financial d	High	Approval through PCG to support the DG approval for CIO.
Revised PID asks for the appointment of Cameron S	High	Approval required at PCG to cover all delegations of authority for the project.
Revised PID asks for the appointment of Anthony Ta	High	Approval required at PCG to cover all delegations of authority for the project
Possible engagement of an external Probity Advisor	High	PCG to note and approve expenditure when and if required.
Possible outsourcing of GSO services due to lack of	High	PCG to note and approve expenditure when and if required.
Revised PID requires confirmation of the Organisati	High	PCG to approve for communication to work on the program
Revised PID asks for the PCG TOR to be approved	High	PCG to approve to provide leadership, direction and ownership to the program
Revised PID outlines the design approach for suppli	High	PCG confirm approach to ensure no ambiguity within the scope documents.
Continued requests for TRN to be included in the D	High	NCH Transition team to request formally in writing for the inclusion of TRN into scope for DAS for review and evaluation by PCG.

### 3.7. 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:

15 January 2024 to 11 February 2024

#### 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 Moving ACL on Rhapsody HL7 interface, improving interfaces, 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 Performance Indicators							
Project ID	PJ0009	Overall Health Status	Schedule Status	Budget Health Status	Risks and Issues Health Status	Benefits Health Status	Quality Health Status	Scope Health Status	
Approval Stage	Deliver	●	●	●	●	●	●	●	
Tier	Tier 1								
Sponsor	Kerryn Coleman								
Governing Committee	NDMS Project Board								
Project Delivery Team		Current Schedule		Baseline Schedule		Budget		Budget Variance	
Project Manager	TBA	07/09/20	07/09/20	Approved Baseline Budget	\$7,913,000.00	CapEx Variance	\$5,247,618.63		
Approver	CIO	17/06/25	04/07/22	Approved Baseline Budget (CapEx)	\$3,119,296.00	OpEx Variance	\$2,852,339.70		
				Approved Baseline Budget (OpEx)					

### Project Status Commentary

Project Status	Benefits	Risks & Issues
<p>NDMS Project continues to work with Preparedness, Planning and Surveillance Branch to resolve pain points and undelivered functionality of Phase 2 implementation.</p> <p>1. Rhapsody monitoring: Implementing monitoring through Rhapsody integration engine is in-progress. Requirements has been provided to interfaces team (DSD). Meeting scheduled for 28/02/2024 to discuss on the 3 recommendation options.</p> <p>2. AAIR Implementation: This work is not as per scheduled timeline, testing has been delayed. Currently there is no tester allocated to this project and System Admin will be testing the scenarios for Hepatitis B disease. Test data has been triggered from beaker into NDMS system for Hepatitis B disease. Target to push the change to CCB for approval on 6th March 24.</p> <p>3. ACL HL-7 Implementation: Timeline has been created and work has been divided into 2 parts: a) Moving ACL labs file drops and faxes on Rhapsody HL7 integration and decommissioning the use of SMSC(which is kite works). b) Moving ACL, Laverly and Capital (all private labs) on the NTT servers (Health enclave network). Currently they are on DDTS servers. A solution architect has been allocated to this project.</p> <p>ACTGAL project is in procurement phase and the timeline have been re-defined. A new requirement of security assessment has been added in the schedule, that has pushed the timeline to next FY. Request for funds to get reprofiled to next FY is in-progress.</p>	<p>A new Project plan has been 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.</p> <p>Business will benefit in reduction of manual entry and intervention for disease management workflows with increased AAIR functionality.</p> <p>Business will benefit in reduction of double handling of information both in Redcap and NDMS systems. Also for NNDSS reporting.</p> <p>Business will benefit from training modules and iMentor sessions.</p> <p>Business will benefit from Provider Portal for GP Notifications.</p> <p>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.</p>	<p>A new risk has been raised for NDMS currently there is no tester for the project deliverables like AAIR. 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.</p>
Schedule	Quality	Scope
<p>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 late 2024 rather than early 2024. The project would like to progress to an approach to market by early March 24.</p> <p>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.</p>	<p>Phase 3 NDMS quality expectations have been added in project plan. A new risk has been raised currently there has been no tester assigned for testing the functionalities of project deliverables, the master test plan has been made. The review of the scope of deliverables and iterations of testing required.</p> <p>ACTGAL LIMS Quality measures are yet to be established. The feedback on SOR has been received, and will affect Evaluation Plan, PID and Test Plan.</p>	<p>The deliverable "GP Provider Portal via HealthLink" has been de-scoped from the project, following an agreement from project board.</p> <p>NDMS Project Plan the scope and deliverables for Phase 3 NDMS has been submitted.</p> <ol style="list-style-type: none"> <li>1. ACL integration with Rhapsody</li> <li>3. Reducing reliance on Redcap projects and Improving interfaces</li> <li>4. AAIR workflows for all diseases</li> <li>5. iMentor trainings modules</li> <li>6. Monitoring using Rhapsody</li> </ol> <p>ACTGAL is progressing with the statement of requirements to accompany an approach to market. SOR and RFT sent to Solicitor for drafting the contract. Project timeline has been rescheduled due to addition of security assessment for 6-7 weeks as part on contract negotiations.</p>
Budget		Budget
		<p>The Project budget for the 23/24 financial year is \$3,046,751.</p> <p>NDMS allocation \$1,000,000.00 / Expended \$17,380 (23/24FY)</p> <p>ACTGAL Allocation \$2,046,751.00 / Expended amount \$33,784.05 (23/24FY)</p>



## Key Project Milestones

### Key Milestones Report - Notifiable Disease Managem

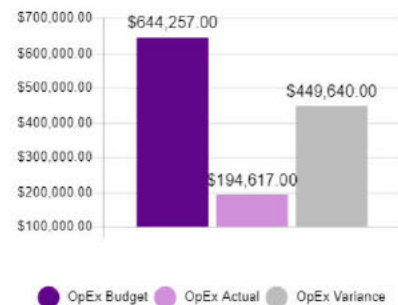
Health	Priority	Task Name	Start Date	End Date	Status	Q1												Q2												Q3												Q4											
						Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
●		NDMS Phase 2: 'Nightly Report' NINDSS Transmission Build	05/09/22	21/02/23	Complete																																																
●		NDMS Phase 3: Test Suite	19/07/23	30/05/24	In progress	NDMS Phase 3: Test Suite																																															
●		NDMS Phase 3: Conceptual Solution Design	12/02/24	23/02/24	In progress	NDMS Phase 3: Conceptual Solution Design																																															
●		NDMS Phase 3: DDTS Project Brief (Remaining scope)	26/02/24	26/02/24	In progress	NDMS Phase 3: DDTS Project Brief (Remaining scope)																																															
		NDMS Phase 3: Decommission Legacy front end	29/03/24	29/03/24	In progress	NDMS Phase 3: Decommission Legacy front end																																															
●		NDMS Phase 3: ACL HL7 Message Analysis and NDMS constrainable profile	12/02/24	23/02/24	In progress	NDMS Phase 3: ACL HL7 Message Analysis and NDMS constrainable profile																																															
		NDMS Phase 3: ACL Kick-Off Meeting with NTT, DDTS	01/11/24	04/11/24	Not started	NDMS Phase 3: ACL Kick-Off Meeting with NTT, DDTS																																															
		NDMS phase 3: Interface Build	26/02/24	18/11/24	Not started	NDMS phase 3: Interface Build																																															
		NDMS Phase 3: Change Management Plan Update /Change document for CSHC-For STI's usage	29/01/24	08/03/24	Not started	NDMS Phase 3: Change Management Plan Update /Change document for CSHC-For STI's usage																																															
		NDMS Phase 3: Schedule a Demo/ Show and Tell to CSHC Business users	15/02/24	21/02/24	Not started	NDMS Phase 3: Schedule a Demo/ Show and Tell to CSHC Business users																																															
		NDMS Phase 3: REDCap Generic form analysis	01/11/24	14/11/24	Not started	NDMS Phase 3: REDCap Generic form analysis																																															
●		NDMS Phase 3: Provider Portal	01/05/23	06/01/25	In progress	NDMS Phase 3: Provider Portal																																															
		NDMS Phase 3: Provider Portal Statement of Requirements	01/05/23	12/05/23	In progress	NDMS Phase 3: Provider Portal Statement of Requirements																																															
●		NDMS Phase 3: RFQ Provider Portal for Market	15/05/23	22/08/23	In progress	NDMS Phase 3: RFQ Provider Portal for Market																																															
		NDMS Phase 3: Value	01/06/24	20/06/24	Not started	NDMS Phase 3: Value Proposition for the Provider Portal Solution																																															

## Financial Performance

### Whole of Life Budget & Expenditure

CapEx	
Budget	\$7,913,000.00
Forecast	\$4,916,001.49
Actual	\$2,665,381.37
Variance	\$5,247,618.63

### Current FY 2023/24



## Project Risks & Issues Profile

### Risk Matrix (Post Treatment)

Primary	2	3	4	5	6
<b>Risk Matrix</b>					
Almost Certain					
Likely					
Possible			1	2	2
Unlikely			1		
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
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



## 3.8. 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:

15 Jan 2024 to 11 Feb 2024

#### Project Overview

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, to be procured in phase two of the project.

Trending

Stable

#### Project Governance

Project ID	PJ0013
Approval Stage	Deliver
Tier	Tier 2
Sponsor	Sandra Cook
Governing Committee	PIMS 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: red;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: yellow;">●</span>	<span style="color: red;">●</span>	<span style="color: yellow;">●</span>

#### Project Baseline

Project Delivery Team	Current Schedule	Baseline Schedule	Budget	Budget Variance
Project Manager <span style="color: green;">●</span> Elise Griffiths	28/02/21 Start Date	08/06/20 Baseline Start Date	\$0.00 Approved Baseline Budget (CapEx)	\$0.00 CapEx Variance
Approver Sandra Cook	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

Project status remains RED. ACT Health have previously been advised by Pharmhos that there will not be a November 2023 upgrade released, and the next upgrade will be made available in May 2024. However, due to a number of critical issues relating to Pharmaceutical Benefits Scheme (PBS) claims, Pharmhos have revised their release schedule and plan to release an upgrade late February/early March 2024, including fixes for these issues, as well as some other improvements previously requested that have been developed since the last upgrade in 2023. Pharmhos/DSD/CHS met on 29/01/24 to discuss prioritisation of remaining outstanding issues, for additional fixes to hopefully be included in the subsequent upgrade. After consultation and a number of revisions, there is a meeting scheduled for 20/02/24 with NCH/CHS/DSD to hopefully finalise the Statement of Requirements for the Electronic Controlled Drugs Register, in order to proceed with the select procurement process, as previously approved by the Deputy Director-General of ACT Health.

#### Scope

- The PIMS instance of Merlin/MerlinMAP has been live at NCH since June 2022, and at CHS since September 2022. At the last PIMS Board meeting on 23/01/24, the members agreed that a paper should be written to determine whether phase I of the project should be continued, noting the outstanding issues, but also the time since PIMS go-live and ability of the sites to complete day-to-day operations using a hybrid solution of MerlinMAP and Merlin. The acting CPIO was planning to draft this following a more detailed discussion with the DSD leadership team, but as this has had to be postponed, it will be actioned shortly.
- Phase II of the project to implement an electronic controlled drugs register is being progressed. The request for a select procurement approach has been approved, and the statement of requirements being finalised.

#### Quality

MerlinMAP remains a minimum viable product, but the pharmacy departments can mostly achieve what they require for day-to-day operations with some use of Merlin. 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.

#### Benefits

- Avoid duplication in effort in developing, testing and ongoing maintenance of integration between the PIMS and Epic DHR.
- Shared dispensing history across both CHS and NCH pharmacy departments.
- Streamline the management of software licensing, Service Level Agreements (SLA), and product maintenance.
- Better audit, reporting and management of controlled drugs via an electronic recording platform across ACT Health and as required by hospital accreditation.

#### Schedule

The PIMS Board have previously 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 vendor had previously announced that November 2023 upgrade had been delayed to May 2024, exceeding the planned project end date of 30 April 2024, but with critical PBS issues identified, they are now targeting a release in late February/early March 2024. After receiving the upgrade package, extensive testing will be required to ensure that the new functionality works as intended, and no other adverse impacts occur as a result of any changes. The Electronic Controlled Drugs Register is classified as Phase Two of the project. Funding arrangements have been determined, the request for select procurement approach approved, and the statement of requirements is close to being finalised.

#### Risks & Issues

MerlinMAP remains a minimum viable product. The issues register continues to be updated with new issues as they arise. 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. The risk is that PBS will reject the claim for these medications, potentially causing significant financial harm to the organisation. Pharmhos have stated that they are working on a resolution, and plan to release it, and other fixes, in late February/early March 2024 to the ACT testing environment.

#### Budget

- The SIP approved a total capex budget of \$770,052 against cost centre 69843. 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 \$24,365 required for database licences was approved by the CIO under cost centre 69854.
- 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).





Project Issues		
Title	Residual Rating	Action to Be Taken
PBS is not receiving dispensing cancellation messages from Merlin	Extreme	<p>11/02/24 - meeting held with Pharmhos on 29/01/24, who have advised that they are planning to release a fix into ACT's test environment in late February/early March, which should address these issues.</p> <p>12/01/24 - nil update from vendor on resolving issue. Significant financial risk to CHS. Meeting booked with vendor 29/01/24 to discuss outstanding issues, have identified this is the highest priority for resolution.</p> <p>10/12/23 - nil update.</p> <p>8/11/23 - vendor is setting up test environment with PBS to be able to determine the cause of the issue. Await update.</p>
MerlinMAP Modules not fit for purpose	High	<p>11/02/24 - Acting CPIO and CHS PIMS project pharmacist met with Pharmhos on 29/01/24 to discuss outstanding issues and prioritisation thereof. Confirmed intention to release an upgrade in late February/early March 2024 addressing some of these.</p> <p>16/01/24 - Acting CPIO and PIMS project pharmacists met to update outstanding issues relating to MerlinMAP; meeting scheduled on 29/01/24 with Pharmhos to discuss.</p> <p>10/12/23 - PIMS Board agreed a meeting should occur between the acting CPIO and PIMS project pharmacists to update risks and outstanding issues relating to MerlinMAP, to feed back to the vendor.</p> <p>08/11/23 - suggest there is a need to 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>15/06/22 - 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>11/02/24 - Statement of Requirements being finalised.</p> <p>16/01/24 - Request for select procurement approach approved by Deputy Director-General.</p> <p>10/12/23 - Electronic Controlled Drugs Register request for select procurement approach has been submitted for approval.</p> <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>13/06/23 - 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>11/02/24 - Canberra Script team have provided some feedback on dispensing data to CHS Pharmacy. One of the aspects for improvement is availability of PBS prescriber numbers in the system. DSD to assist with auditing and populating these wherever possible.</p> <p>12/01/24 - Canberra Script team are in the process of auditing dispensing data.</p> <p>10/12/23 - Canberra Script team have not yet been able to conduct audit due to conflicting priorities.</p> <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>11/02/24 - draft RACI remains a work in progress.</p> <p>12/01/24 - Acting CPIO working on RACI matrix for data maintenance in medication systems.</p> <p>15/12/23 - PIMS Board supportive of determining optimal management strategy for multiple drug libraries across multiple systems.</p> <p>8/11/23 - suggest 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, imprest 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 System team to manage all aspects of testing and data management.</p> <p>13/06/23 - 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>11/10/22 - DSD restructuring complete.</p>



## 3.9. Identity Governance Status Report



### Identity Governance

### Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

• Health services enabled by contemporary technology

Reporting Period:

15 January 2024 to 11 February 2024

#### 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	Holger Kaufmann

#### Project Delivery Team

Project Manager	Sonya Floyer
Approver	CIO

#### Project Performance Indicators

Overall Health Status	Schedule Health	Benefits Realised	Budget Health Status	Quality Health Status	Risks Health Status	Scope Health Status

#### 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

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	Feb 12							Feb 19							Feb 26							Mar 5							Mar 12													
					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	S	M	T	W	T	F	S	S	M	T	W	T	F
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																																										

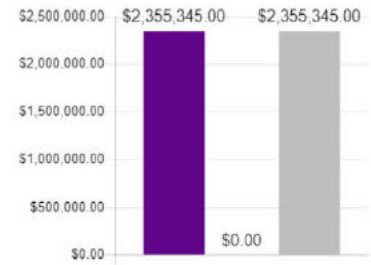
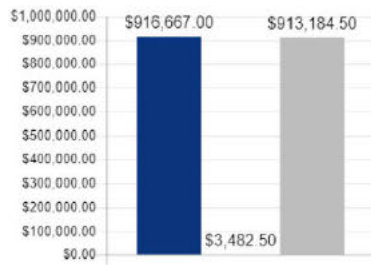
## Financial Performance

### 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

## 3.10. Environmental Monitoring System



### Environmental Monitoring System

### Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient Centred
- Health services enabled by contemporary technology

Reporting Period:

15 January 2024 to 11 February 2024

#### 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

Stable

#### Project Governance

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

#### 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: yellow;">●</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: green;">●</span> Sonya Floyer
Approver	Holger Kaufmann

#### Project Baseline

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

### Project Status Commentary

#### Project Status

Final referee checks are underway to complete the tender evaluation process.

#### 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, DDTS 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.





## 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 October – December 2023.

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

#### Incidents (6)

Date	Reference	Incident Type	Directorate	Status
13/11/2023	SEC-IST-23-256	Process Failure	HD	Closed - Fully Resolved
12/11/2023	SEC-IST-23-253	Phishing	HD	Closed - Fully Resolved
08/11/2023	SEC-IST-23-249	Phishing	HD	Closed - Fully Resolved
08/11/2023	SEC-IST-23-248	Phishing	HD	Closed - Fully Resolved
31/10/2023	SEC-IST-23-247	Device Based Threats	HD	Closed - Fully Resolved
09/10/2023	SEC-IST-23-232	Website Compromise	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 two and above across all the Essential 8 elements for hosting by June 2024.

#### 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	21	49
Other	16	53
Total	37	102



#### 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	34	91
Other	86	326
Total	120	417

#### 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 2 January 2024 outlining the status of the security plans across the ACT Government.

Directorate	Current	Expired	No Plan	Under Review	Total
Health	7	33	35	29	104
Other	74	21	14	45	154
Total	81	54	49	74	258



# Digital Solutions Division

March 2024

## Performance Report



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# 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.



In March, DSD have been working towards the rollout of the DHR Haiku application for use by all CHS doctors on Bring Your Own Device (BYOD) and shared Clinical Work Devices (CWD). The Haiku app can provide a level of efficiency and convenience on and off site, particularly for those working on-call. As of the go-live date on 3 April, Doctors using the Haiku app will be able to do the following:

- View patient lists (including ED track-board and theatre status-board)
- View their daily patient schedule
- Search for any patient
- Access a patient chart and view notes, observations and investigation results
- Write a basic note
- Place simple orders
- Capture clinical images using their device camera which will be saved directly to the chart
- Receive and send clinical messages between team members using secure chat

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

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## 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).

## 2.2. Snapshot

### 2024 MARCH SNAPSHOT

85% of Password Reset Requests were resolved within the KPI timeframe during March.

5954



Phone Calls Offered  
To Digital Solutions Support

86



Successful  
Scheduled  
Changes



6611

Requests  
Created  
During March 2024

Requests  
Resolved  
During March 2024

6697



3

Major Incidents  
Critical (P1) or High (P2)

45

Active Projects



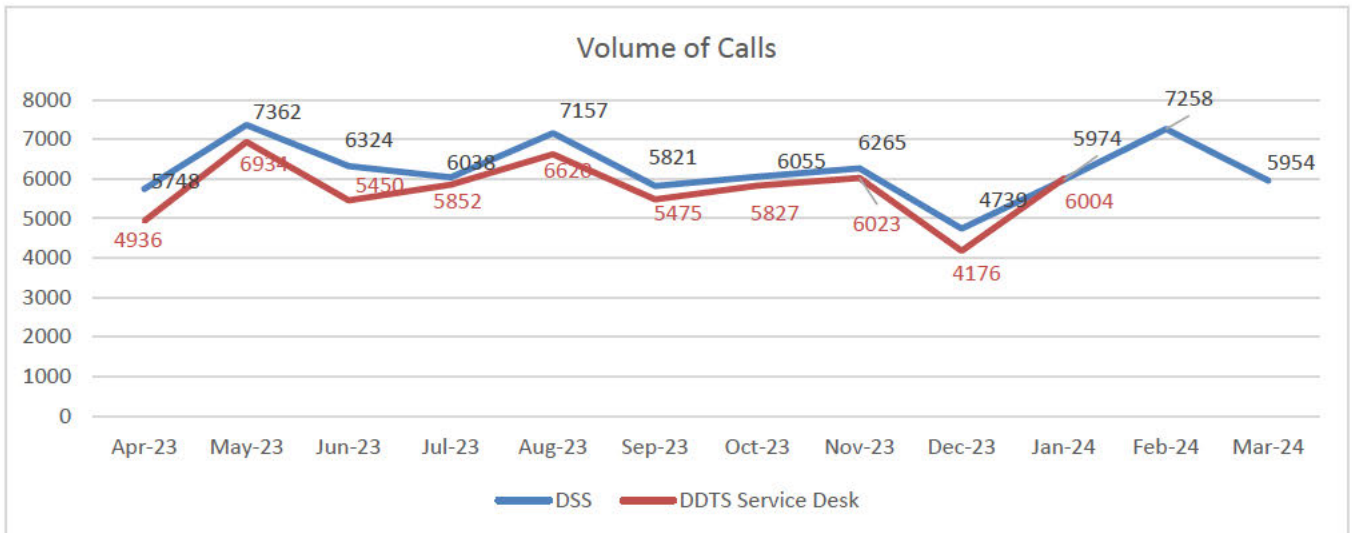
4.9

User Satisfaction  
Out of 5

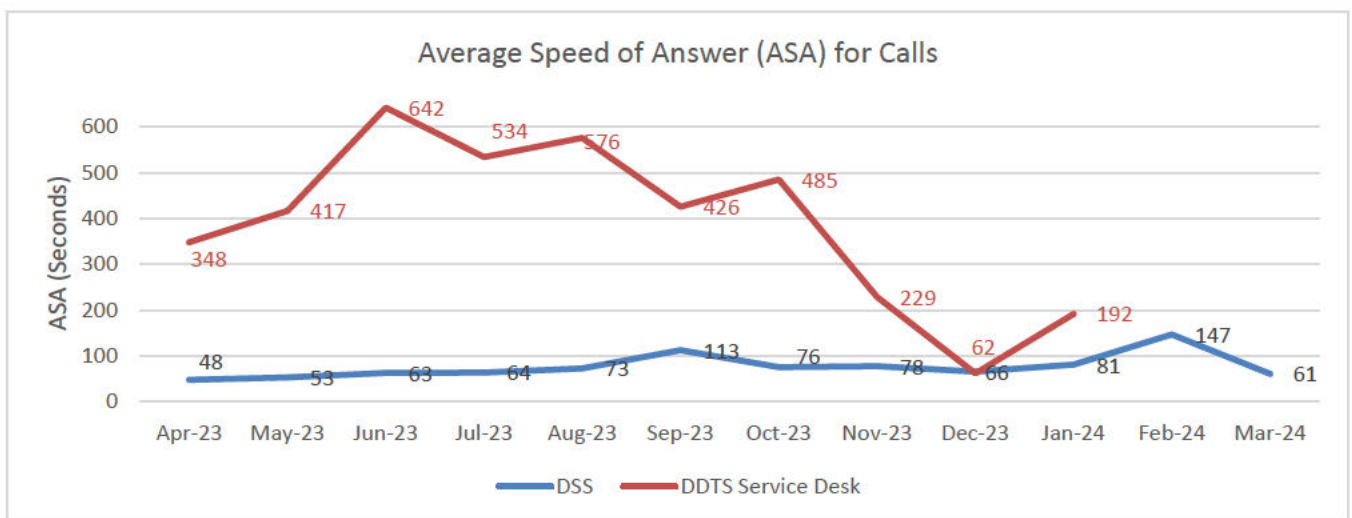


### Monthly Request Summary

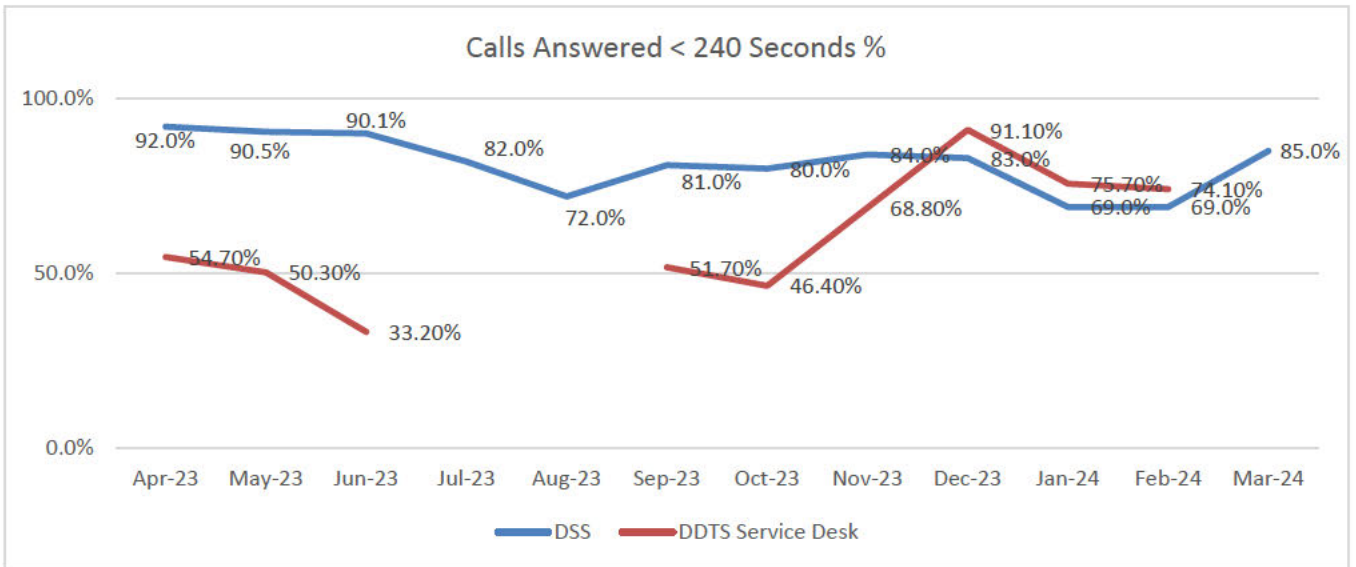
Metric	March 2024
Requests Created	6611
Requests Resolved	6697
Total request remaining open	4678
Standard Requests Responded to within KPI Timeframe (4 hours)	90.4%
Standard Requests Resolved within KPI Timeframe (24 hours)	85.1%
Total Number of Urgent Requests	260
Urgent Requests Responded to within KPI Timeframe (30 minutes)	78.8%
Urgent Requests Resolved within KPI Timeframe (2 hours)	55.6%
Total Number of Password Reset Requests	786
Password Reset Requests Resolved within KPI Timeframe (2 hours)	85.4%



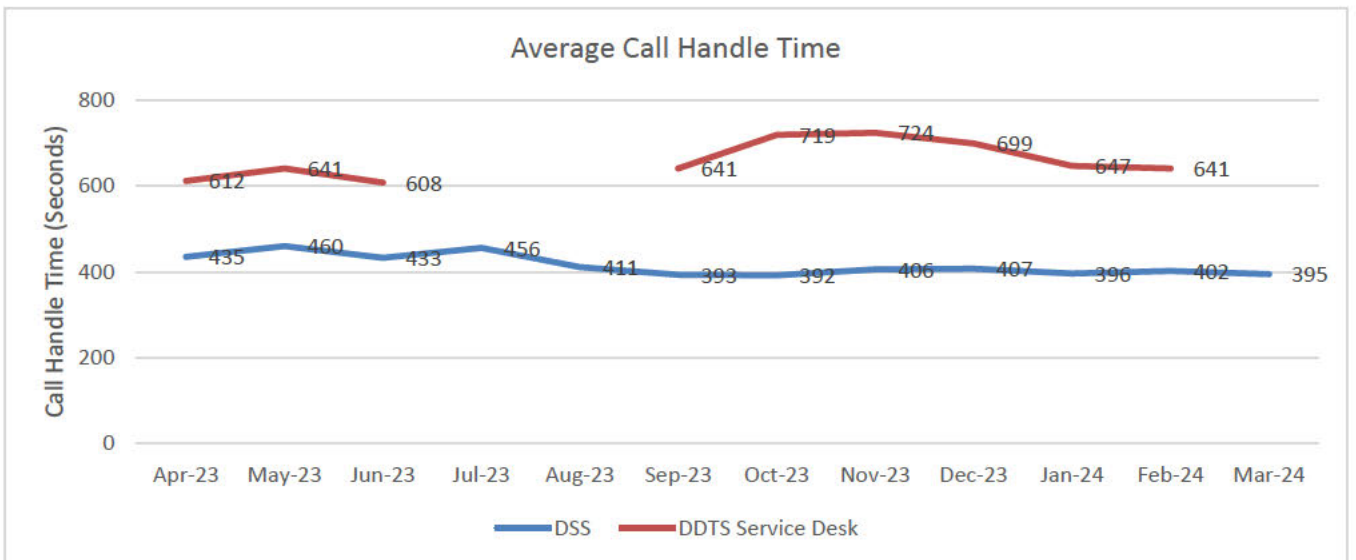
Graph 1 – Total volume of calls



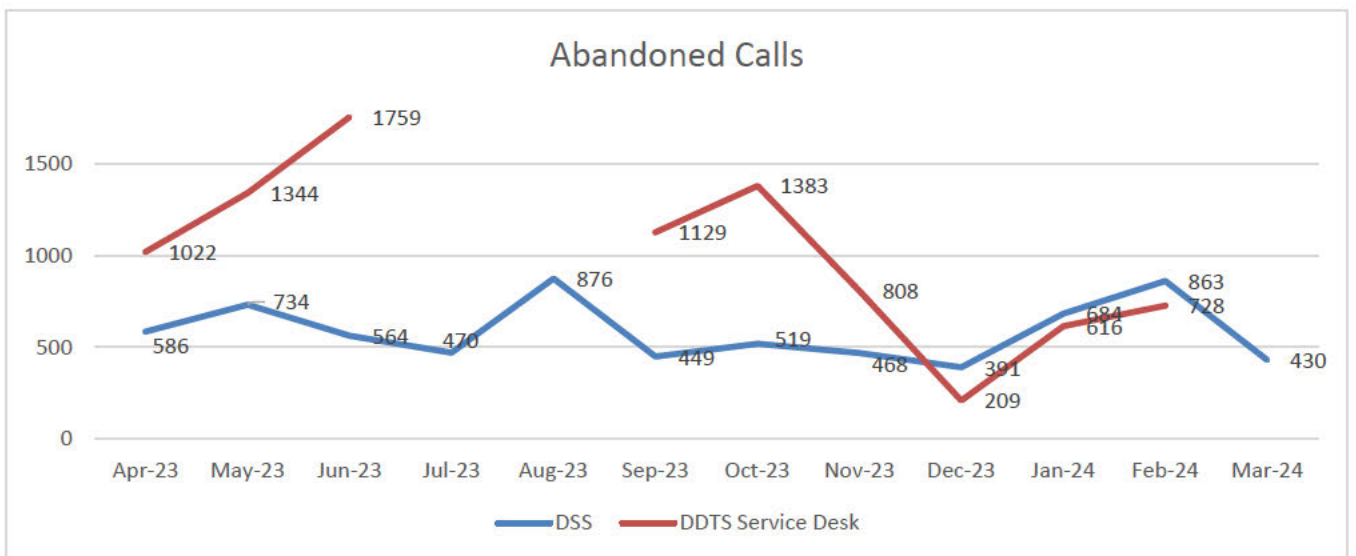
Graph 2 – Average speed of answer for calls



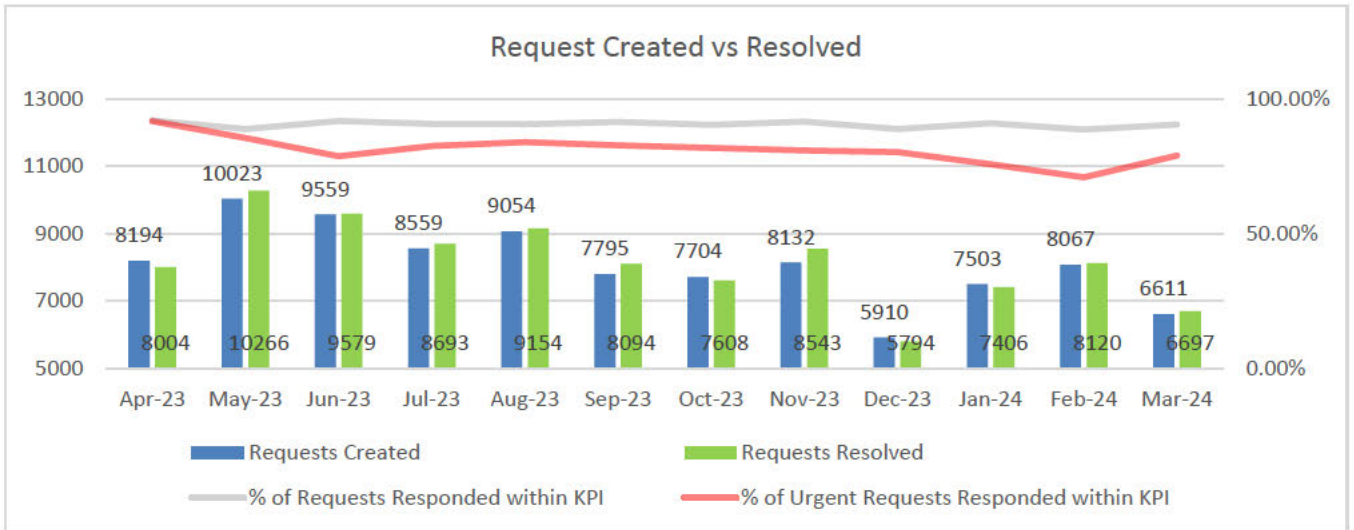
Graph 3 – Total percentage of calls answered within SLA. Note DDTS data from July and August 2023 is unavailable.



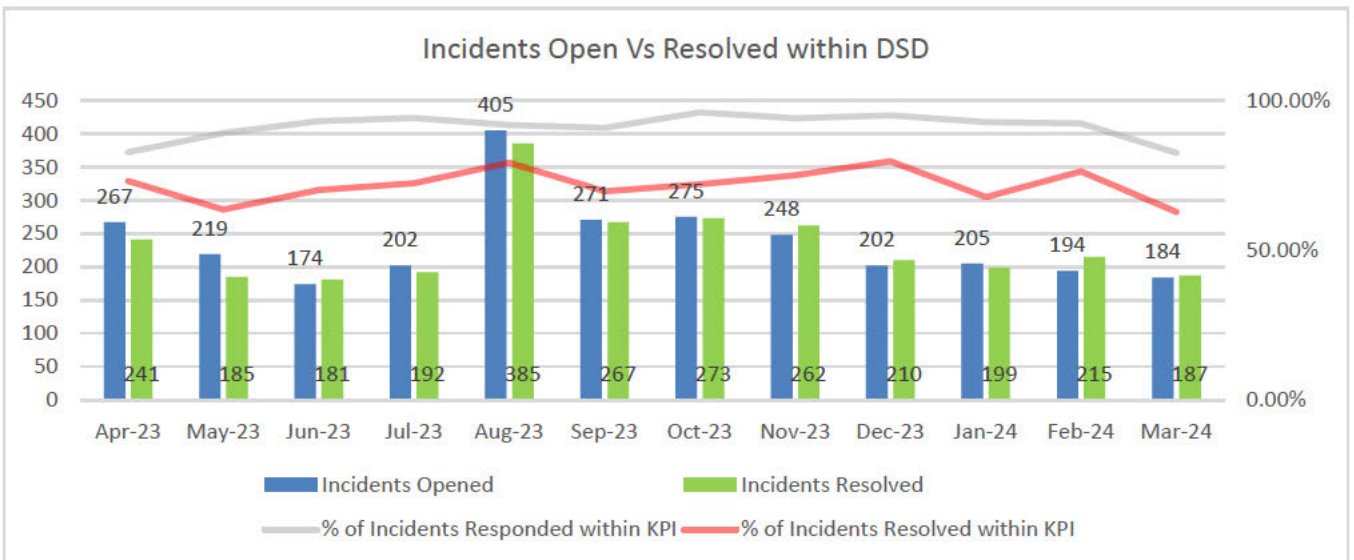
Graph 4 – Average call handle time. Note DDTS data from July and August 2023 is unavailable.



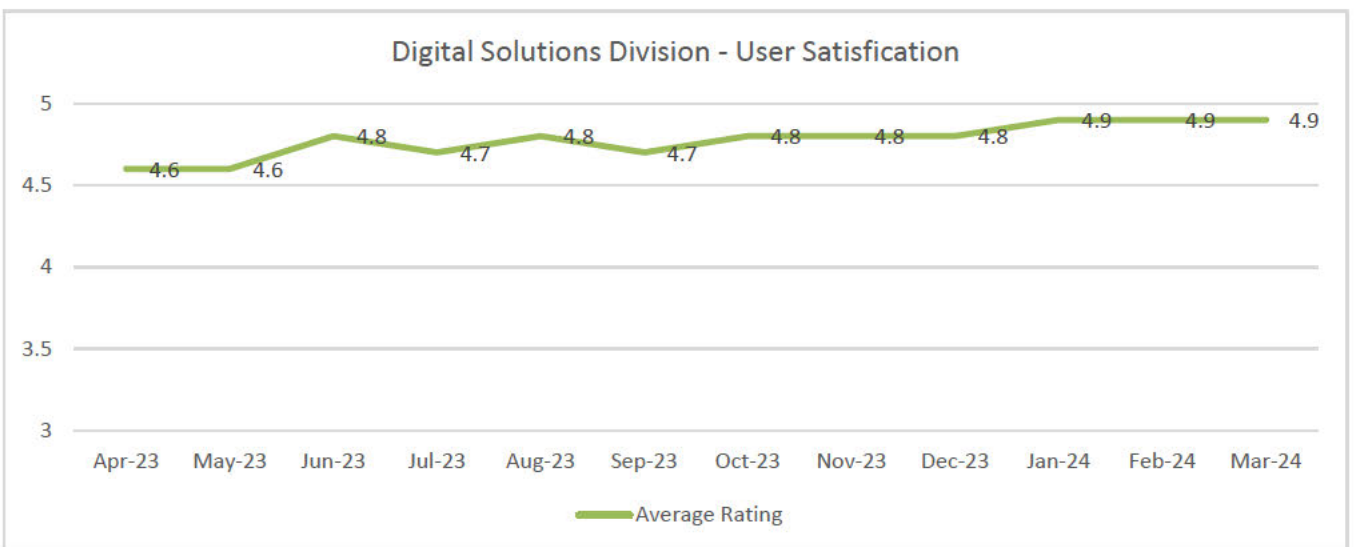
Graph 5 – Total number of calls abandoned. Note DDTS data from July and August 2023 is unavailable.



**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 184 incidents created and 187 incidents closed.

A total of 62.8% of incidents were resolved within four hours, this was a decrease from last period's 76.3%. The reason for these decreases is due to a retrospective bulk creation of incidents following two P1 incidents. The bulk creation had automatically marked these incidents as failing both Key Performance Indicators (KPIs), leading to approximately 11.89% of incidents being failed incorrectly.

On the 22<sup>nd</sup> of March the Digital Health Record (DHR) experienced a Priority 1 incident. There were intermittent issues occurring in the early hours of the morning where staff could not login to a new DHR session. This did not impact users that were currently logged in at the time of the incident occurring. This incident then again occurred again on the 26<sup>th</sup> of March.

The root cause of this issue was due to a patch provided by Microsoft which caused an issue on the Digital, Data and Technology Support's (DDTS) domain controllers (DCs) that stopped new DHR citrix sessions from starting. An emergency patch was provided by Microsoft to remediate the issue.

Further details can be found in the summary table below for the two P1 incidents and one P2 incident:

Title	Incident Summary	Incident Window	Jira Number	Priority
CPF – Unable to connect to Web Address	<p>For the duration of the outage staff were unable to access CPF.</p> <p>The cause of this had been due to the CPF servers mounting the wrong storage. CPF had two mounts due to some work that was being completed where data was migrating to an on-premises solution. The CPF servers had mounted to this on-premises solution in error.</p> <p>The incident was resolved with NTT mounting the correct storage, followed by the vendor Infomedix failing CPF back to the primary server. The on-premises</p>	10h, 16m	DSD-431328	P2

	mount has been disabled to stop these issues occurring in the future.			
DHR – Not Launching – DDTS DC Issues	<p>The first occurrence for this incident. For the duration of the outage, staff were unable to start new DHR sessions.</p> <p>The cause of this outage had been caused by a Microsoft patch that had been applied to two DCs managed by DDTS. These DCs manage the traffic from the ACTGOV network to the DHR servers. The introduced a memory leak that had caused the DCs to stall.</p> <p>The resolution for this iteration of the outage involved a rollback of the patch that introduced the memory leak, along with a reboot of both DCs.</p>	6h, 15m	DSD-441991	P1
DHR – Not Launching – DDTS DC Issues – Second Occurrence	<p>The second occurrence for this incident. For the duration of the outage, staff were unable to start new DHR sessions.</p> <p>The cause of the incident is still under investigation by DDTS. It's believed that the rollback of the Microsoft patch that introduced the memory leaks had not been fully removed.</p> <p>Two actions were completed to resolve this incident: the introduction of two additional DCs and the implementation of a fix provided by Microsoft.</p> <p>The combination of these two actions saw the overall load on the DCs drop to safe levels and stopped the memory leaks from occurring, permanently resolving this incident.</p>	1h, 24m	DSD-433046	P1

## 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 three problem records were open, following is a summary:

Title	Open date	Problem Summary	Ticket #
AMS Citrix Issues	03/08/2023	<p>A problem originally raised regarding AMS being inaccessible on Citrix.</p> <p>Currently, the issue being investigated relates to a wider issue with NetScaler failovers. It has been identified that the PGC NetScalers are failing over constantly, causing disconnections for users.</p> <p>A fix has been implemented that has update the NetScaler's authentication security encryption from Secure Sockets Layer (SSL) to plain text. This was suggested by Citrix as the extra load the servers face while decrypting the SSL encryption was causing it to fail over.</p> <p>While the fix has successfully stopped the NetScalers from failing over, a review is underway on whether this is an acceptable fix due to the potential security implications.</p>	DSD-369408
DHR Printing – Script and Label printing issues	13/11/2023	<p>Three distinct printing problems have been identified for investigation: prescription printing, label printing and printers getting stuck in sleep mode.</p> <p>Technical Services are progressively rolling out Order Transmittal mapping to the printers across the service. This rollout is a two-stage upgrade of moving printers to Wi-Fi/Networked printing and configuring the nearby workstations to be locked to those specific printers in their associated wards. Technical Services are ~20% completed with this work.</p>	DSD-398278
Evolution – NetLogon Service Issues	07/12/2023	<p>Issues with Evolution have been identified where the NetLogon service will fail on the server. When this occurs, it stops Citrix from determining which session host is available for use, which leads to the server selecting unavailable hosts.</p> <p>The Evolution system administrator is currently investigating moving the solution to a local installation as opposed to using Citrix. This move to local installations would mean that there is no longer a reason to use the NetLogon service, resolving the problem.</p> <p>Two test computers are currently being set up to be tested by the system administrator, with the assistance of DDTs and NTT.</p>	DSD-405239



## 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

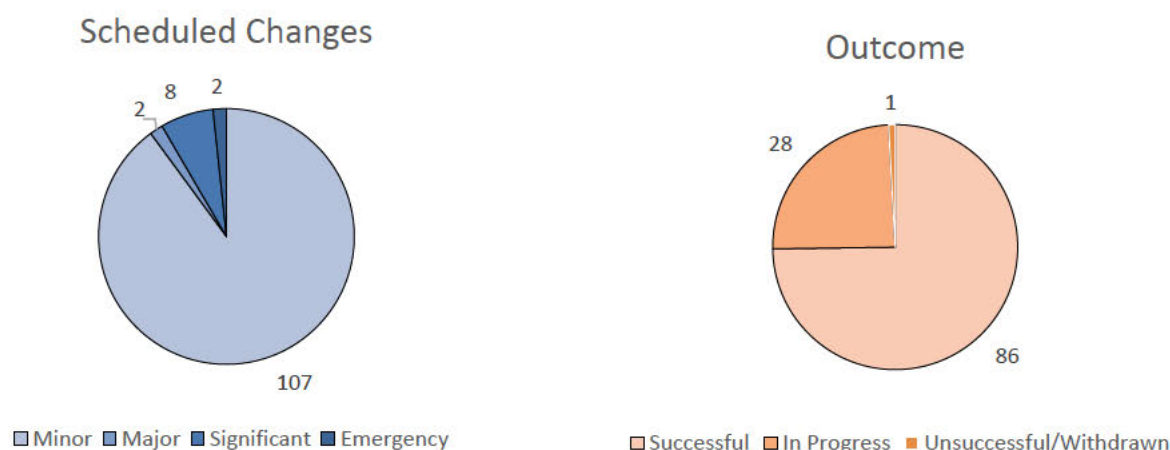
**Emergency** – Must be introduced as soon as possible to resolve an urgent incident address an unacceptable level of risk or prevent disruption to critical business services.

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

- 06 March 2024
- 13 March 2024
- 27 March 2024

A total of 15 changes were tabled during the reporting period, all of which were endorsed by the board.

### 2.5.1. Scheduled Changes



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

- Upgrades to Kiteworks and IntelliBridge Enterprise.
- Migration of internal Health DNS and Vaultstream.
- B12 Mezzanine power connection/isolation.
- Converting additional requested Immunology Referrals from Charm to Digital Health Record.
- Modifying LDAP Authentication Profile.

**Emergency changes included the following:**

- Wi-Fi AP Reboot.
- Deploy BIS to PACS Bridge file.

**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
26/07/2023	TBC	DSD-356223	CPF	CPF Copy production data from existing NTT Azure data stores to the new NTT physical data stores	In Progress
10/01/2024	03/04/2024	DSD-408174	DHR	Implement DDST MDM, DSD Haiku & Canto applications for doctors across the territory.	Scheduled
21/02/2024	Total completion of all phases expected by April 2024.	DSD-421617	Imprivata	Upgrade Imprivata to 23.2	Scheduled

## 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	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Record transfer of a paper files to another officer	23	6	17	9	23	18	12	34	13	6	9	11
Paper File Retrieval Request	16	13	15	9	19	15	11	27	76	16	28	12
New Paper File Request	103	141	261	147	158	128	115	211	602	149	107	70
New File Part Request	4	7	13	11	2	3	6	3	25	8	22	3
Transfer Paper File to Records/Storage	12	9	18	10	18	8	6	12	93	7	5	11



## 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	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
General Objective/TRIM enquiry	25	52	21	18	64	51	29	26	35	27	39	27
Request Objective access + new user	51	73	40	71	81	87	57	48	50	51	73	55
Request Access/Restriction on a file or folder	24	28	23	21	18	30	31	20	24	25	39	25

## 3. Projects and Program

### 3.1. Summary Overview

The Digital Solutions Division (DSD) has a work program with 45 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 10 March 2024.

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). The next release provided by Pharmhos will be put into the TEST environment in the week commencing 18 March. The vendor has advised this release will include fixes and improvements.

The next project is the North Canberra Hospital OneID and Electronic Access Control (EACS) Replacement. There have been several external factors that have contributed to the delay of this project which are outlined in the Red Synopsis Report below. This project has now been delayed until December 2024.

The BreastScreen Information System upgrade is experience delays for the final two deliverables for replication and high availability configurations, the project is expected to be formally closed by June 2024.

The last project tracking red is the Data and Reporting Remediation Project for Budget reasons. There was an estimated underspend of funds for the 2023/24 financial year which may not be approved for rollover into the next financial year.

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

- Design and installation of the associated infrastructure works for the Dhulwa Security Upgrades
- Demolition of Building 6 and 23 at the Canberra Hospital campus as a part of the Canberra Hospital Expansion

One project was formally closed, which was the DHR Onboarding Form Report. This project delivered a new Onboarding Form Submissions report to manage new requests for OHR user access/provider records.

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

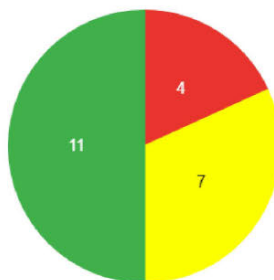
Reporting Period: 12 February 2024 to 10 March 2024

#### Overview

Number of Programs	2	Number of Active Projects	45
Number of New Projects	2	Number of Major Projects	21
		Number of Projects Closed	1

#### RAG Status of Major Projects

- Red
- Yellow
- Green

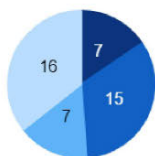


#### Resources

- [Portfolio Summary](#)
- [Major Projects List](#)
- [Portfolio Dashboard Met...](#)

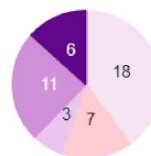
#### All Projects by Tier

- 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	<span style="color: yellow;">●</span>	Tier 1	Execute	Grant Clark	Colm Mooney
PG0003	CSB Operational Commissioning Progra	<span style="color: yellow;">●</span>	Tier 1	Execute	Sonya Floyer	Janet Zagari

#### Major Project Report

Project ID	Project Name	Project Health	Project Tier	Approval Stage or Tranche	Project Manager	Executive Sponsor	Governing Committee	Go-Live Tracking	Baseline Finish
PJ0002	Centenary Hospital for Women and Children Expansion Project	<span style="color: green;">●</span>	Tier 1	Close	Navjeet Grover	'Chris Tarbuck	Project Control Group	30/11/23	27/12/23
PJ0004	CSB (Critical Services Building) Main Build	<span style="color: green;">●</span>	Tier 1	Deliver	Dale Ninness	'Chief Minister	Project Control Group	30/06/24	16/11/23
PJ0009	Notifiable Disease Management System (NDMS)	<span style="color: yellow;">●</span>	Tier 1	Deliver	TBA	'Kerryn Coleman	NDMS Project Board	30/06/24 (HealthLink)	04/07/22
PJ0013	Pharmacy Inventory Management System	<span style="color: red;">●</span>	Tier 2	Deliver	Elise Griffiths	Sandra Cook	PIMS Project Board	20/06/22 (CPHB); 26/09/22 (CHS); Phase2:20/04/24	31/07/23
PJ0016	TCH Building 12 Medical Imaging Refurbishment	<span style="color: green;">●</span>	Tier 2	Deliver	Alkesh Hemrajani	'Colm Mooney	Project Control Group	29/02/24	13/02/23
PJ0017	TCH Building 19 Level 3 Refurbishment	<span style="color: green;">●</span>	Tier 2	Plan	Alkesh Hemrajani	'Colm Mooney	Project Control Group	30/09/24	30/09/24
PJ0019	Weston Creek CHC Medical Imaging Expansion	<span style="color: green;">●</span>	Tier 2	Close	Alkesh Hemrajani	'Colm Mooney	Project Control Group	12/01/24	
PJ0033	North Canberra Hospital OneID and EACS Replacement	<span style="color: red;">●</span>	Tier 2	Initiate	Paul Harrison	'Jarrad Nuss	NCH Health Infrastructure Project Control Group	26/06/24	31/10/22
PJ0036	BIS Upgrade Project	<span style="color: red;">●</span>	Tier 2	Deliver	Paul Harrison	'Julianne Siggins	BIS Project Board	31/03/24 (HA & Rep)	14/12/22
PJ0044	Identity Governance	<span style="color: yellow;">●</span>	Tier 1	Initiate	Sonya Floyer	Holger Kaufmann		30/06/25	03/03/25
PJ0045	Distribution Centre Relocation	<span style="color: yellow;">●</span>	Tier 2	Deliver	Francisco Colarte	'Andrew Murphy	Project Control Group	30/01/24	15/11/23
PJ0041	Embedding a Positive Safety Culture	<span style="color: yellow;">●</span>	Tier 2	Close	Nicole Wang	Holger Kaufmann	Project Control Group	26/01/24	
PJ0046	Eating Disorder Residential Treatment Care Centre	<span style="color: green;">●</span>	Tier 2	Initiate	Agam Munshi	'David Jones	Project Control Group	03/07/24	03/07/24
PJ0048	Building Fit-out works for CAMHS at Bowes Street	<span style="color: yellow;">●</span>	Tier 2	Deliver	Agam Munshi	Evan Byrne	Project Control Group	22/01/24	29/12/23
PJ0050	ACT Pathology Laboratory Expansion	<span style="color: green;">●</span>	Tier 2	Plan	Francisco Colarte	Glenn Edwards	Project Control Group	28/06/24	28/06/24
PJ0049	Environmental Monitoring System	<span style="color: yellow;">●</span>	Tier 2	Initiate	Sonya Floyer	Holger Kaufmann		TBD	22/12/23
PJ0054	Critical Communications Infrastructure Upgrades at ACT Public Hospitals - Distributed Antenna Systems	<span style="color: green;">●</span>	Tier 1	Initiate	Anthony Taylor	Holger Kaufmann	Project Control Group	30/06/25	19/12/25
PJ0061	Data and Reporting Remediation Project	<span style="color: red;">●</span>	Tier 1	Initiate	Katherine Gechter	Rebecca Cross	Data & Reporting Remediation Project Board	Dec 2024	20/12/24
PJ0067	IHSS Food Services Model Transformation	<span style="color: green;">●</span>	Tier 2	Plan	Francisco Colarte	Colm Mooney		01/08/24	02/08/24
PJ0069	CSB Operational Commissioning Program	<span style="color: green;">●</span>	Tier 1	Initiate	Sonya Floyer	Janet Zagari	Canberra Hospital Expansion Project Management Board	05/08/24	29/03/24
PJ0071	Palliative Care Ward B12 L3	<span style="color: green;">●</span>	Tier 2	Plan	Alkesh Hemrajani	Melissa O'Brien	Project Control Group	27/02/2026	27/02/26
PJ0091	IAM Remediation	<span style="color: yellow;">●</span>	Tier 2	Initiate	Prabhjot Singh	Holger Kaufmann		05/27/24	



## Tier 3 &amp; 4 Projects

Project ID	Project Name	Project Health	Project Tier	Approval Stage or Tranche	Project Manager	Executive Sponsor	Go-Live Tracking	Baseline Finish
PJ0035	Mainpac Expansion	●	Tier 3	Close	Bridget Maclean	'David Jones	30/11/23	28/02/23
PJ0037	Electric Vehicle Charging ICT Standard	●	Tier 4	Execute	Francisco Colarte	'Colm Mooney	31/03/24	08/12/23
PJ0040	DALI System Upgrade	Gray	Tier 4	Initiate	Nicole Wang	'Chris Tarbuck	On hold	26/09/22
PJ0042	TCH B3 L1 Rheumatology & Dermatology Consultation Room Upgrades	Gray	Tier 4	Deliver	Navjeet Grover	'Chris Tarbuck	TBD	30/06/23
PJ0043	1 Moore Street Security Upgrade	Gray	Tier 4	Deliver	Navjeet Grover	'Scott Harding	31/10/23	31/03/23
PJ0047	RAPID	●	Tier 3	Close	Bridget MacLean	Sarah Mogford	30/06/23	23/08/23
PJ0051	Watson Health Hub (WHH)	●	Tier 4	Plan	Agam Munshi	David Jones	30/06/25	
PJ0052	North Canberra Hospital Transition	Gray	Tier 3	Execute	Krystle Huggett	Jarrold Nuss	31/03/25	
PJ0053	Legacy System Remediation and Data Preservation	Gray	Tier 4	Close	Arvin Sibug	Justine Spina	Dec 2023	
PJ0056	CPF - Build of Prod & Non-Prod hardware	Gray	Tier 4	Execute	Ian Bull	Colin Macdonald	Oct 2023	
PJ0060	Electrical Distribution Boards	Gray	Tier 4	Deliver	Satia Saktivelou	Chris Tarbuck	31/03/24	
PJ0062	Nuclear Medicine Equipment Upgrade Project	●	Tier 4	Plan	Alkesh Hemrajani	Colm Mooney	20/12/24	31/10/24
PJ0063	Decant of Staff from TCH B6, B17 and B23	Gray	Tier 3	Initiate	Satia Saktivelou	Susu El Hussein	17/11/23	17/11/23
PJ0065	DHR Upgrade to Hyperdrive	●	Tier 3	Plan	Megan Doherty	Holger Kaufmann	May 2024	30/05/24
PJ0068	Endoscopy Service Expansion	●	Tier 4	Initiate	Navjeet Grover	Brendan Docherty	02/09/24	02/09/24
PJ0070	BYO Device for DHR Apps	Gray	Tier 4	Deliver		Holger Kaufmann	06/01/24	
PJ0072	QScan	Gray	Tier 3	Initiate	Tim.pano	Sarah Mogford	01/03/24	
PJ0073	iDose Upgrade and NTT Migration	Gray	Tier 4	Initiate	Damian,fuller	Holger Kaufmann	31/03/24	
PJ0075	B12 L3 PACU Emergency Button Relocation	●	Tier 4	Initiate	Laura Pitt	Holger Kaufmann		
PJ0089	North Canberra Hospital (NCH) Sterile Stock Store and Pre-Rinse Upgrade	●	Tier 3	Initiate	Francisco Colarte	Colm Mooney		
PJ0090	TCH B2 L2 Temporary Operational Centre	Gray	Tier 4	Initiate	Satia Saktivelou	Reuben Pellizzer	02/15/24	
PJ0074	Dhulwa Security Upgrade	Gray	Tier 4	Initiate	Agam Munshi	Holger Kaufmann		
PJ0094	TCH B6 and B23 Demolition	Gray	Tier 4	Initiate	Navjeet Grover			

## Projects Budget

Project Budget							
Project ID	Project Name	Project Tier	Approved Baseline Budget (Capex)	Actual Capex	Approved Baseline Budget (Opex)	Actual Opex	
PJ0002	Centenary Hospital for Women and Children Expansion Project	Tier 1	\$2,123,158.31	\$1,767,976.82	\$0.00		\$0.00
PJ0004	CSB (Critical Services Building) Main Build	Tier 1	\$0.00	\$0.00	\$16,483,515.94		\$7,219,064.08
PJ0009	Notifiable Disease Management System (NDMS)	Tier 1	\$7,913,000.00	\$3,151,537.00	\$3,119,296.00		\$266,956.30
PJ0044	Identity Governance	Tier 1	\$1,000,000.00	\$31,927.50	\$2,365,345.00		\$0.00
PJ0054	Critical Communications Infrastructure Upgrades at ACT Public Hospitals - Distributed Antenna Systems	Tier 1	\$11,328,000.00	\$202,450.00			\$0.00
PJ0061	Data and Reporting Remediation Project	Tier 1	\$6,634,000.00	\$2,224,708.91	\$13,907,000.00		\$1,382,859.00
PJ0069	CSB Operational Commissioning Program	Tier 1	\$7,987,000.00	\$485,230.17	\$2,581,000.00		\$0.00
PJ0013	Pharmacy Inventory Management System	Tier 2	\$0.00	\$0.00	\$866,292.00		\$751,915.44
PJ0016	TCH Building 12 Medical Imaging Refurbishment	Tier 2	\$0.00	\$0.00	\$196,513.00		\$172,049.00
PJ0017	TCH Building 19 Level 3 Refurbishment	Tier 2	\$0.00	\$0.00	\$211,220 (CC21507) \$150,004 (CC21570) \$108,917 (CC21210)		\$173,651.00
PJ0019	Weston Creek CHC Medical Imaging Expansion	Tier 2	\$0.00	\$0.00	\$292,001.00		\$148,705.00
PJ0033	North Canberra Hospital OneID and EACS Replacement	Tier 2	\$1,739,000.00	\$1,114,485.78	\$0.00		\$0.00
PJ0036	BIS Upgrade Project	Tier 2	\$715,000.00	\$640,078.20	\$1,010,817.00		\$933,893.03
PJ0045	Distribution Centre Relocation	Tier 2		\$0.00	\$507,970.00		\$195,795.43
PJ0041	Embedding a Positive Safety Culture	Tier 2	\$250,000.00	\$243,531.00			\$7,500.00
PJ0046	Eating Disorder Residential Treatment Care Centre	Tier 2		\$0.00	\$57,457.00		\$23,474.00
PJ0048	Building Fit-out works for CAMHS at Bowes Street	Tier 2		\$0.00	\$306,556.00		\$77,288.70
PJ0050	ACT Pathology Laboratory Expansion	Tier 2	\$0.00	\$0.00	\$53,786.00		\$9,854.00
PJ0049	Environmental Monitoring System	Tier 2	\$461,000.00	\$1,320.00	\$346,350.00		\$0.00
PJ0067	IHSS Food Services Model Transformation	Tier 2		\$0.00	\$25,641.00		\$4,536.00
PJ0071	Palliative Care Ward B12 L3	Tier 2		\$0.00	\$49,747.50		\$847.00
PJ0091	IAM Remediation	Tier 2			\$369,800.00		
PJ0035	Mainpac Expansion	Tier 3	\$254,375.00	\$186,916.13	\$38,958.75		\$0.00
PJ0047	RAPID	Tier 3	\$187,680.00	\$0.00	\$46,749.00		\$0.00
PJ0052	North Canberra Hospital Transition	Tier 3	\$9,800,000.00	\$0.00	\$0.00		\$0.00
PJ0063	Decant of Staff from TCH B6, B17 and B23	Tier 3		\$0.00	292342 (\$4360 recurrent)		\$0.00
PJ0065	DHR Upgrade to Hyperdrive	Tier 3		\$0.00	\$173,210.00		\$14,862.50
PJ0072	QScan	Tier 3	\$100,000.00	\$0.00			\$0.00
PJ0089	North Canberra Hospital (NCH) Sterile Stock Store and Pre-Rinse Upgrade	Tier 3			\$44,017.60		
PJ0037	Electric Vehicle Charging ICT Standard	Tier 4	\$0.00	\$0.00	\$20,000.00		\$8,973.00
PJ0040	DALI System Upgrade	Tier 4	\$0.00	\$0.00	\$50,000.00		\$0.00
PJ0042	TCH B3 L1 Rheumatology & Dermatology Consultation Room Upgrades	Tier 4		\$0.00	\$4,200.00		\$0.00
PJ0043	1 Moore Street Security Upgrade	Tier 4		\$0.00	\$5,000.00		\$0.00
PJ0051	Watson Health Hub (WHH)	Tier 4	\$0.00	\$0.00	\$49,438.00		\$64.50
PJ0053	Legacy System Remediation and Data Preservation	Tier 4		\$0.00	\$20,000.00		\$0.00
PJ0056	CPF - Build of Prod & Non-Prod hardware	Tier 4		\$0.00	\$70,000.00		\$0.00
PJ0060	Electrical Distribution Boards	Tier 4		\$0.00	\$22,000.00		\$0.00
PJ0062	Nuclear Medicine Equipment Upgrade Project	Tier 4		\$0.00	\$38,412.00		\$8,477.00
PJ0068	Endoscopy Service Expansion	Tier 4		\$0.00	\$54,530.30		\$3,031.00
PJ0070	BYO Device for DHR Apps	Tier 4		\$0.00	\$20,000.00		\$0.00
PJ0073	iDose Upgrade and NTT Migration	Tier 4		\$0.00	\$25,176.00		\$0.00
PJ0075	B12 L3 PACU Emergency Button Relocation	Tier 4		\$0.00	\$17,465.00		\$0.00
PJ0090	TCH B2 L2 Temporary Operational Centre	Tier 4			\$4,600.00		
PJ0074	Dhulwa Security Upgrade	Tier 4			\$16,500.00		
PJ0094	TCH B6 and B23 Demolition	Tier 4					

## Red Synopsis Report

Synopsis Status	Project ID	Project Name	Project Tier	Approval Stage or Tranche	Comments
●	PJ0013	Pharmacy Inventory Management System	Tier 2	Deliver	The project status remains RED, Pharmhos have advised their next release to fix issues and include improvements will be deployed to TEST in week commencing 18 March. .
●	PJ0033	North Canberra Hospital OneID and EACS Replacement	Tier 2	Initiate	This project is reporting RED for Schedule as it has been delayed until December 2024 due to cumulative impacts of inclusion of NCH integration EACS works of Gallagher door replacement, Theatres fire, resource availability and requirements for the Protective Security Infrastructure, onsite asbestos and additional backend infrastructure capacity required to C-Cure, The schedule has been amended with a new end date to reflect ongoing delays, forecast resourcing challenges and lessons learned onsite, An exception report and stage gate planned for April 2024.
●	PJ0036	BIS Upgrade Project	Tier 2	Deliver	The project status is red for schedule as there are continued delays for final two deliverables for replication and high availability configuration, Project is expected for formal closure by June 2024.
●	PJ0061	Data and Reporting Remediation Project	Tier 1	Initiate	The project Status is reporting red for Budget due to the estimated underspend of funds for the FY 23/24 which may not be approved for rollover to FY 24/25 which could impact the delivery of the project.

### New Projects

Project ID	Project Title	Project Overview
PJ0074	Dhulwa Security Upgrade	Design and Installation of the associated infrastructure works for the Dhulwa Security Upgrade
PJ0094	TCH B6 and B23 Demolition	Demolition of Building 6 and Building 23 to MPX as part of the Canberra Hospital Expansion.

### Closed Projects

Project ID	Project	Project Overview
PJ0055	DHR Onboarding Form Report	This project delivered a new Onboarding Form Submissions report to manage new requests for DHR user access/provider records

### Major Project Risks Heat map

Primary	2	3	4	5	6
<b>Risk Matrix</b>					
<b>Almost Certain</b>			3	7	1
<b>Likely</b>		2	6	4	
<b>Possible</b>	2	22	34	11	
<b>Unlikely</b>	5	13	30	6	
<b>Rare</b>	6	5	4		
	<b>Insignificant</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Catastrophic</b>

### Major Project Issues Heat map

Primary	2	3	4	5	6
<b>Issue Matrix</b>					
<b>Critical</b>		10	3	1	
<b>High</b>		1	5	3	
<b>Moderate</b>		1	12	1	
<b>Low</b>	2	3	2		
<b>Planning</b>			1	1	
	<b>Insignificant</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Catastrophic</b>

## Major Projects Critical Risks/Issues Report

Project Name	Risk/Issue	Title	Residual Rating	Action to Be Taken
Critical Communications Infrastructure Upgrades at ACT Pu	Risk	Asbestos - TCH and NCH	Extreme	MPC thru Principal Contractor will provide a condition report which will determine what works can be conducted and what works will require an alternative solution to ensure DAS is provided to all three hospital campus facilities.
Pharmacy Inventory Management System	Issue	PBS is not receiving dispensing cancellation messages from Merlin	Extreme	10/03/24 - Pharmhos advise that the next release with this fix will be deployed to TEST in the week commencing 18/04/24. 11/02/24 - meeting held with Pharmhos on 29/01/24, who have advised that they are planning to release a fix into ACT's test environment in late February/early March, which should address these issues. 12/01/24 - nil update from vendor on resolving issue. Significant financial risk to CHS. Meeting booked with vendor 29/01/24 to discuss outstanding issues, have identified this is the highest priority for resolution. 10/12/23 - nil update. 8/11/23 - vendor is setting up test environment with PBS to be able to determine the cause of the issue. Await update.





## Financial Performance

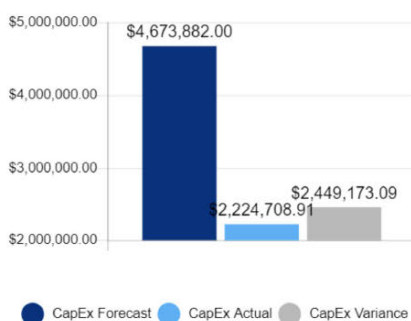
### Whole of Life Budget & Expenditure

CapEx	
Budget	\$6,634,000.00
Forecast	\$7,218,721.53
Actual	\$2,224,708.91
Variance	\$4,409,291.09

OpEx	
Budget	\$13,907,000.00
Forecast	\$5,318,406.14
Actual	\$1,382,859.00
Variance	\$12,524,141.00

### 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					
Likely				3	1
Possible			2	5	1
Unlikely		2		1	
Rare					
	Insignificant	Minor	Moderate	Major	Catastrophic

### Issue Matrix

Primary	2	3	4	5	6
<b>Issue Matrix</b>					
Critical					
High					
Moderate			1	10	1
Low				1	
Planning					1
	Insignificant	Minor	Moderate	Major	Catastrophic

### Risks

Title	Residual Rating	Action to Be Taken
Extent of data quality issues is not known	High	<ul style="list-style-type: none"> <li>Establish the Data Quality Stream and appoint project manager to continue data quality work in Phase 2.</li> <li>Agree to governance for directing and monitoring this stream of work, including communication and coordination of work required to resolve both data input and output issues.</li> <li>Investigate, procure and establish automated data quality solutions to increase confidence in the quality of reported data and decrease reliance on manual intervention and staffing requirements to resolve data quality issues.</li> <li>Establish and embed BAU processes within the health service for monitoring and managing data quality.</li> </ul>
Financial impacts occur due to delays or incomplete data being provided for funding submissions	High	<ul style="list-style-type: none"> <li>Data and Reporting Capability Stream Plan includes delivery of the technical components required to support increased automation for future funding submissions.</li> <li>Build for Commonwealth Home Support Program Submission, Dental DWAU and NHDCDC submissions to be prioritised.</li> <li>Include external stakeholder management and communication approach to manage this risk in Stakeholder Engagement and Communications Plan.</li> </ul>
Key operational reporting/data not available to services	High	<ul style="list-style-type: none"> <li>Regular reporting to Project Board on status of operational reporting, including current and planned priorities and timelines.</li> <li>Establish governance processes and decision making mechanisms to support the escalation of report requests by the business and recommendations on feasibility and priority from the project team.</li> <li>Develop and seek approval for build plans including milestones, deliverables and timelines.</li> <li>Project to prioritise and schedule operational reporting work using an agile delivery approach and ensure appropriate resources are allocated.</li> <li>Continue to support CHS Data and BI teams and CSBNZ contractors to expedite access to the available data for internal reporting purposes.</li> <li>Communication is required to all staff regarding the current data and reporting priorities and process for escalating report requests.</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> <li>Development and endorsement of Phase 2 Project Plan and key milestones, including timelines and dependencies for establishing critical strategies and frameworks.</li> <li>Escalation of resource capacity issues and impacts to Project Board</li> </ul>
Power BI will not be available in FY23/24	High	Complete a business case with 3 year cost projections to be reviewed by the Board.
Reputational harm to the ACT public health system and Government	Medium	<ul style="list-style-type: none"> <li>Revise the project plan, develop a Phase 2 project schedule and establish project controls to coordinate, manage and monitor delivery and project quality.</li> <li>Identify key stakeholders/stakeholder groups and develop and execute a stakeholder management and communications plan to ensure effective management of stakeholder expectations and clear and consistent messaging within the health system and externally.</li> <li>Send regular communications to key stakeholders (both internal and external to ACTHD) on project priorities, status of work, and relevant issues and actions.</li> <li>Establish two-way feedback mechanisms for stakeholders to communicate effectively with the project.</li> <li>Establish Data Quality Stream and develop stream plan for remediating historical data quality issues and for addressing ongoing data quality issues through system configuration changes, staff education and training.</li> <li>Continue to increase visibility and access to the available data for both internal and external stakeholders. This includes developing reports and self-service dashboards and maturing the current performance report (published monthly on the ACT Health website) to include elective surgery wait list (ESWL) data.</li> </ul>
Insufficient funding approved for the project	Medium	<ul style="list-style-type: none"> <li>Define and seek agreement from Project Board on Phase 2 scope and capability requirements (Board to approve revised PID in March 2024)</li> <li>Review forecast costs for critical project resources (staff and other) required to deliver Phase 2 of project and document in revised PID. Revised budget allocations to be endorsed by Project Board.</li> <li>Seek approval from the Project Board when resources need to be redirected to other priorities, noting impacts on other streams of work and overall project budget.</li> <li>Project budget status will continue to be reported as a standing agenda item at the Project Board and in the Monthly Status Report. Variances against the endorsed budget to be discussed as a regular agenda item at Project Board.</li> </ul>
Delay to Activity Based Funding (ABF) Project	Medium	<ul style="list-style-type: none"> <li>ABF Project team has been given full access to the National Minimum Data Set (NMDS) from Badger.</li> <li>Additional data will be available to the ABM project with the completion of work required for accreditation. This work is in progress.</li> <li>EBM, Future Capability DSD is working with ABF project team to identify and document data requirements and risks/impacts associated with further delays. This information should be presented in a paper to the Project Board for consideration when determining next priorities for the project.</li> <li>EBM, Future Capability DSD is managing communications and engagement with the ABF team to ensure regular updates on current project priorities, linkages/cross over between current priority work and the data required for the ABF project, and to provide updates on the availability and access to required data as it becomes available.</li> </ul>

National Safety and Quality in Health Standards (NSQHS) will not be met	Medium	<ul style="list-style-type: none"> <li>• CHS will continue to prioritise accreditation indicators and reports to be progressed by the project, following accreditation.</li> <li>• Project will continue to seek agreement on reporting requirements, methodologies and business workflows for prioritised list of indicators and Standards. Project is progressing build to meet requirements when this information is known.</li> <li>• All data and reporting was not completed in time for the short-notice accreditation. A defined completion state and scope will be presented to the Project Board to manage expectations on timelines for delivering the remaining priorities.</li> <li>• Establish Data Quality Stream to manage and coordinate work required to address data quality issues impacting data for accreditation.</li> <li>• DHR configuration changes will be needed before some indicators can be reported on. For the duration of Phase 2 of the project these changes will be endorsed at the Data Quality Steering Committee (to be established) and presented to Project Board to consider the redirection of project resources, as necessary.</li> <li>• Strong governance mechanisms are needed to ensure consistent methodologies are applied for reported data. This includes documentation, Territory-wide agreement, central storage for accessibility, and a change control process. A Data Governance Stream has been established and a Steering Committee will be stood up in April 2024.</li> </ul>
Organisational priorities and timelines do not align with project priorities.	Medium	<ul style="list-style-type: none"> <li>• Prioritisation, sequencing of work and delivery timelines will be overseen by the Project Board to ensure strategic alignment.</li> <li>• Each organisation to establish internal processes for identifying and escalating new or changed data and reporting priorities to the Project Board.</li> <li>• Establish processes for communication and coordination of work undertaken outside the project by other data and reporting teams to ensure solutions are strategically aligned with project</li> <li>• Ensure technical debt and additional project support requirements for workaround solutions are identified and escalated to the Project Board.</li> </ul>
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
Scope for Phase 2 is too ambitious to achieve	Medium	<ul style="list-style-type: none"> <li>• Refine and agree Phase 2 scope and resource requirements in PID (March 2024).</li> <li>• Reassess what is realistic and critical and refine scope accordingly.</li> <li>• Obtain Board approval on any changes to scope.</li> <li>• Ensure impact of not delivering work is documented and tabled at project governance forums and impacts and interdependencies are considered in planning.</li> <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>
Resource conflicts (Critical Services building)	Medium	<ul style="list-style-type: none"> <li>• Project Board to be notified in advance if resource conflicts are likely to impact timelines for either project. Project to identify and propose corrective actions to Project Board.</li> <li>• Project Board should review any impacts and approve redirection of resources or other corrective actions.</li> </ul>

Project Issues		
Title	Residual Rating	Action to Be Taken
Legacy systems are not decommissioned according to original timeframes	High	Project will define the scope and plan for a Legacy Systems solution during Phase 2
Changes made to the front end of the DHR system do not consider impact on mandatory and other reporting requirements	Medium	Project Director to ensure coordination of communications and engagement between teams. Review of current change control process and implementation of agreed to process improvements
Reporting of different numbers on metrics is reported externally	Medium	<ul style="list-style-type: none"> <li>• Establish Data Governance Steering Committee to support Territory-wide agreement for definitions and methodologies for metrics reported. This includes documentation, Territory-wide agreement, central storage for accessibility, and a change control process.</li> <li>• Outstanding governance, strategy and design documents to align with decision to have a single data warehouse.</li> <li>• Project to propose architecture and delivery layer designs and strategies.</li> <li>• Project to propose a validation strategy for DHR reports.</li> </ul>
Compacted timeframes for data quality rectification work and not enough staff available to complete the work within the required timeframe	Medium	<ul style="list-style-type: none"> <li>• Establish the Data Quality stream, appoint Project Manager and stand up steering committee to direct, coordinate and oversight the status of this stream of work.</li> <li>• Initial processes for early identification, escalation and communication of data quality issues have been established.</li> <li>• Data Quality Project Manager to facilitate communication and coordination of work between the data, business and DHR application teams. This role will also be responsible for early identification and escalation of resourcing issues to the Steering Committee, or to the Project Board where a decision to redirect project resources (including budget) is required.</li> <li>• Data and Reporting Capability stream to investigate automated solutions to decrease manual intervention and staffing requirements for identifying and resolving DQ issues.</li> </ul>
Project time pressures and volume of work negatively impact staff wellbeing, resulting in burnout, unplanned leave and turnover	Medium	<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 staff/manager/leader development</li> </ul>
Complexity of data quality issues will require more vendor and Application team support than originally anticipated	Medium	<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> <li>• Establish the Data Quality Stream for Phase 2</li> <li>• Use Project Board and Change Control Board to ensure any Epic changes are approved once we have an understanding of the impact on BI and Reporting.</li> <li>• Project Board to approve redirection of resources, noting impacts on project budget and other streams of work.</li> </ul>
The complete and detailed scope and requirements for Phase 2 is undefined	Medium	<ul style="list-style-type: none"> <li>• A data and reporting capability roadmap, Data and Reporting Capability Stream Plan and Data Quality Plan have been drafted and endorsed by the Project Board. A Data Governance Stream Plan is under development and will be presented to Project Board end of March 2024. The stream plans include scope, key deliverables and milestone dates.</li> <li>• The project plan will be revised to reflect the Phase 2 scope and delivery approaches, key milestones, resource requirements for Phase 2. This will be tabled at Project Board for endorsement.</li> <li>• The project team continue to work with the business areas to identify business requirements and workflows to inform the technical requirements, build plans and development. The team are prioritising engagement with business areas where a requirement has been endorsed as a priority by the Project Board.</li> <li>• A business engagement team has been established within the Data Capability and Reporting stream to scope the work.</li> </ul>
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
Project is not resourced to achieve the deliverables scoped for Phase 2	Medium	<ul style="list-style-type: none"> <li>• Finalise phase 2 scope and identify resource requirements before end of March. Document in PID - to be endorsed by Project Board.</li> <li>• Recruitment for key project resources identified and approved for project.</li> <li>• Project team to ensure issues arising from resource constraints are escalated to the Project Board early.</li> </ul>
Internal and external stakeholder relationships and expectations are not strategically managed	Medium	<ul style="list-style-type: none"> <li>• Phase 2 project team structure has been finalised.</li> <li>• Provide clarity on roles and responsibilities for project team, including communication and stakeholder engagement</li> <li>• Recruit resource to establish and execute stakeholder management and communications plan.</li> <li>• Define key messages for project team to ensure consistent communications across health system and with external stakeholders on status of project and current priority.</li> <li>• Provide regular, planned updates to stakeholders via communication channels identified in comms plan.</li> </ul>
Inavailability of ACT Cancer Registry data	Medium	<ul style="list-style-type: none"> <li>• Continue to develop and embed processes for identifying, reviewing, recommending and seeking decision on prioritisation of program of work.</li> <li>• Regular communications with key stakeholders on progress of work, availability of relevant data and timing to complete requests.</li> <li>• Ensure impacts related to data inavailability are visible to Executive Board</li> </ul>
Inavailability of ACT Maternal and Perinatal Data Collection	Medium	<ul style="list-style-type: none"> <li>• Continue to develop and embed processes for identifying, reviewing, recommending and seeking decision on prioritisation of program of work.</li> <li>• Regular communications with key stakeholders on progress of work, availability of relevant data and timing to complete requests.</li> <li>• Ensure impacts related to data inavailability are visible to Executive Board</li> </ul>
Commonwealth Home Support Program - Financial impacts occur due to delays in providing data to Commonwealth	Medium	<ul style="list-style-type: none"> <li>• Continue to develop and embed processes for identifying, reviewing, recommending and seeking decision on prioritisation of program of work.</li> <li>• Regular communications with key stakeholders on progress of work, availability of relevant data and timing to complete requests.</li> <li>• Ensure impacts related to data inavailability are visible to Executive Board</li> </ul>
Workaround solutions are implemented without following the established governance arrangements	Medium	Develop Stakeholder Engagement and Communications Plan and provide regular communications to executives and staff about status of the project, current priorities, and the mechanisms in place for prioritisation and escalation of work



### 3.3. Critical Service Building (CSB) Main Build



## CSB (Critical Services Building) Main Build

## Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Strategy Theme:

- Patient-centred
- Health services enabled by contemporary technology

Reporting Period:

12 February 2024 to 10 March 2024

#### Project Overview

Canberra Hospital Expansion – Critical Services Building (CSB) is a significant investment from ACT Government and will support the growing health care needs of our city and help to future-proof hospital facilities while transforming acute health services delivered at The Canberra Hospital.

- CSB will deliver new, modern, health facilities for Canberrans, including:
- 114 Emergency Department (ED) treatment spaces – 39 more than are currently available at The Canberra Hospital
  - 60 Intensive Care Unit (ICU) beds – doubling the number currently available
  - Four new paediatric ICU beds and a family zone to provide support for families who have children in the ICU
  - 22 new state-of-the-art operating theatres – nine more than are currently available.

Project direction and management is the responsibility of Major Projects Canberra and construction of the facility is due to be completed in 2nd Quarter 2024.

#### Trending

Stable

#### Project Governance

Project ID	PJ0004
Approval Stage	Deliver
Tier	Tier 1
Sponsor	Chief Minister
Governing Committee	Project Control Group

#### Project Delivery Team

Project Manager	Dale Ninness
Approver	CIO

#### Project Performance Indicators

Overall Health Status	Schedule Status	Budget Health Status	Risks & Issues Health Status	Benefits Health Status	Quality Health Status	Scope Health Status

#### Project Baseline

Current Schedule	Baseline Schedule	Approved Budget / Fee for Service	Budget Variance
29/09/19 Start Date	29/09/19 Baseline Start Date	\$16,483,515.94 Approved Baseline Budget	\$0,00 CapEx Variance
16/11/23 End Date	30/06/24 Baseline End Date		\$9,264,451.86 OpEx Variance

### Project Status Commentary

#### Project Status

B5 Building commissioning DSD activities are on track with B1 L1 Tunnel Refurb and B2 L2 Refurb works as part of the overall CSB Project scope.

DSD are continuing to work with DDTs progressing system designs and any remaining outstanding procurements to ensure equipment availability for building commissioning.

Wireless Access Points and Bluetooth Beacons continue to be installed onsite by MPX. DSD awaiting confirmation when floors will be available to conduct surveys in preparation for commissioning.

DDTS provide reports highlighting Wireless APs not operational and DSD are assisting with troubleshooting WAPs onsite as required.

Cisco Webex Room Kits are currently held by DSD. Items will be held until MPX require them.

Patient Bedside Information Boards (PBIB) Wall mounts continue to be installed by MPX.

DSD continue to configure the PBIBs ready for installation. Dates still to be provided by MPC when areas are available for PBIB patching and installation.

Final defect inspections of continuing.

DSD/DDTS have agreed to shared access and have installed active network equipment into the following Comms Rooms:

- \* ICT UPS A and B (ICT UPS installation and commissioning activities have completed)
- \* BD1.1 and 1.2
- \* FD1.3
- \* FD2.1 and 2.2
- \* FD3.1 and 3.2
- \* FD4.1 and 4.2
- \* FD5.1 and 5.2
- \* FD6.1 and 6.2
- \* FD7.1 and 7.2

UPS B has an ongoing issue that is to be investigated by MPX and DDTs. Coordination of this investigation has commenced.

DSD continue to patch devices listed within the patching schedule across the above Comms rooms continue to work with MPX and DDTs to provide timely network connectivity to building systems to support building commissioning.

Optus has completed installation of their DAS equipment onsite in the DAS Room with fibre connection and DAS commissioning has been completed. Optus is live throughout B5.

CHS continue to review DAS agreements with Telstra and TPG. NBN has been completed.

Ongoing issues with dust ingress and cleanliness of the shared comms rooms remains a main concern with a large amount of outstanding works still required and continuous access requirements by contractors dragging in dirt and debris with live network equipment running.

Approval of the Strategic Investment Proposal has been achieved. The ICT budget does not include operational commissioning activities post building completion.

#### Benefits

The completion of this project will support Canberra's expanding, changing and future requirements for health services and will increase capacity for Canberra Hospital's adult intensive care, paediatric intensive care, surgical, coronary care and emergency services functions, this new facility will provide new start of the art equipment for advanced healthcare and help to alleviate strain on critical health services in a Territory that is expected to experience a 20% increase in population by 2032.

#### Schedule

MPX/MPC are not providing the CSB Construction Schedule to DSD and as such, an ICT Schedule has been developed by MPX only until completion of Comms Rooms. Dates for commissioning deliverables by DSD that form part of building commissioning are still unknown at this stage.

MPC are still lacking any accurate dates relating to DSD ICT deliverables for building commissioning which will likely affect resourcing allocations. DSD continue to ask for more details.

Schedule is currently on track.

No formal governance process exists for MPX schedule updates and schedule releases from MPC. DSD have previously been provided with schedule updates or extracts with tasks that are either removed or differ in every new version. The constant changes make it difficult to track progression of the overall building and commissioning schedule to organise resourcing and provide accurate dates to various project stakeholders who need to deliver work packages for MME and Operational Commissioning.

DSD are currently working through updating the building commissioning schedule attached to this report to reflect current status and input deliverable dates once received by MPC/MPX.

#### Quality

Quality will be achieved by peer review of documentation, supervision, inspections and user acceptance testing of solutions deployed across Building 5 and other minor refurbishment projects in Building 1 and 2.

Any ICT defects discovered within the building are captured in Aconex Field as an issue and submitted to MPC. These defects are then managed by MPC to ensure rectification by MPX.

DSD are yet to be made aware of a project benefits management plan or whether we will be requested to formally provide input into measurable benefits planning.

#### Budget

The Strategic Investment Proposal has been finalised and approved by MPC and DSD.

The costs included in the SIP are a combination of known costs and estimates including resourcing due to High-Level Vendor Designs reviews still ongoing for building systems, DSD have an agreed DSR cost which forms part of the ICT budget and covers project resourcing until end of FY23/24. Resource and ICT costings for Building 1 and Building 2 refurb works are not covered by the approved SIP. The estimates for equipment and resourcing required to support the commissioning of these spaces have been added into our monthly financial reporting and currently these costs can be covered within DSD ICT budget.

All works are proceeding with the knowledge of the Project Director and monthly financial management updates between the Senior Director CSI Hub and Major Projects Canberra. Project is currently within budget including additional scope requirements and estimated costs for the additional works. These items are captured in DSD monthly financial report to MPC. Any additional scope items not covered within the agreed SIP are also captured in the DSD Monthly financial report in a separate section and is monitored to ensure we remain within budget. DSD remain well within budget with additional costs for system servers and solution starting to arrive from DDTs.

#### Risks & Issues

Refer to CSB Project Risk Register.

DSD attend a monthly project Risk Management Committee (RMC) and the DSD CSB Project Team review and provide updated ICT Risks and Issues to this committee on a monthly basis.

ICT is not identified as a formal workstream for the project and Multiplex are responsible for delivery of the facility, including all works within. Without the existence of a dedicated ICT programme, it is challenging to identify all ICT-related input that may be required across multiple workstreams (clinical, electrical, mechanical, other services, operational commissioning).

#### Scope

A scope delineation schedule was finalised and agreed with Major Projects Canberra and Multiplex on 28 June 2021.

Project is currently within scope with DSD working to deliver requirements as per the delineation schedule.

Building 1 Level 1 and Building 2 Level 2 Refurbishment works have not been formally added to DSD scope by MPC, but DSD are currently supporting these works and have included the equipment and resource costs into our MPC financial report.



## Key Project Milestones

### Key Milestone Report

Task Name	End Date	Status	Q1		Q2		Q3			Q4			Q1						
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	
Network Active (Welcome Hall Zone)	16/11/23	Not started																	
Deliverable: FD 1,3 Complete	09/01/24	Not started																	
Network Active (L4 North Zone)	04/10/23	Not started																	
Deliverable: FD 4,1 Complete	17/11/23	Not started																	
Deliverable: Network Active (L6 North Zone)	22/11/23	Not started																	
Deliverable: FD 6,1 Complete	18/01/24	Not started																	
Deliverable: Network Active (L6 South Zone)	22/11/23	Not started																	
Deliverable: FD 6,2 Complete	10/01/24	Not started																	
Deliverable: Network Active (L7, L8 & L9 Zones)	24/11/23	Not started																	
Deliverable: FD 7,1 Complete	15/01/24	Not started																	
Deliverable: Network Active (L7, L8 & L9 Zones)	22/11/23	Not started																	
Deliverable: FD 7,2 Complete	09/01/24	Not started																	
Whole of Building Active Network Operational	22/11/23	Not started																	
Lease Agreement Executed OPTUS/CHS	13/11/23	In progress																	
Deliverable: DAS Carrier Connection Complete	06/02/24	Not started																	
Deliverable: MPX PBJB mount installations complete	28/11/23	Not started																	
Cashier Office Go-Live (DSD ICT Support as required)	29/07/23	Complete																	
Go-Live (DSD ICT Support as required)	08/01/24	Not started																	
Deliverable: Audio Visual Display Commissioning Complete		Not started																	
Deliverable: TRN Commissioning Complete		Not started																	
Deliverable: DAS Carrier Connection Complete	12/02/24	Not started																	
Deliverable: Wireless Network Operational		Not started																	
Deliverable: Wireless Duress Operational	12/03/24	Not started																	
Deliverable: Fire Panel MOXA Complete		Not started																	

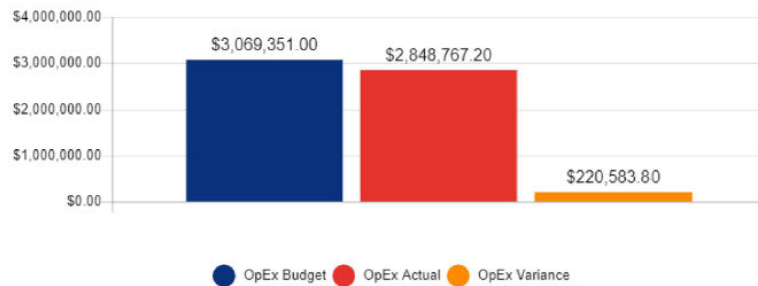
## Financial Performance

### Whole of Project life Budget & Expenditure

#### OpEx - Fee for Service

Approved OpEx Budget	\$16,483,515.94
Forecast	\$3,851,585.56
Actual	\$7,219,064.08
Variance	\$9,264,451.86

### Current FY 2022/23



## Project Risks & Issues Profile

### Risk Matrix (Post Treatment)

Primary	2	3	4	5	6
<b>Risk Matrix</b>					
Almost Certain					
Likely					
Possible			1	3	5
Unlikely			1	10	3
Rare				4	
	Insignificant	Minor	Moderate	Major	Catastrophic

### Issue Matrix

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

### Risks

Title	Residual Rating	Treatment Strategy	Existing Risk Controls
Covid-19	High	Prepare Contingency Plans	Monitor
DDTS ICT Procurement Approval	High	Avoid	Monitor and seek regular updates from DDTS
Construction Program	High	Reduce	Monitor and work closely with Multiplex and request regular updates to ICT Program to reduce risk.
Incomplete Cabling	High	Avoid	<ul style="list-style-type: none"> <li>MPX communicate project schedule and expectations in advance to accommodate timely delivery and implementation.</li> <li>MPX to provide cable test results prior to any network connections being made</li> </ul>
Completion and Acceptance of communication rooms	High	Avoid	<ul style="list-style-type: none"> <li>MPX to enable regular communication room site inspections as per DSD communication room checklist.</li> <li>MPX to rectify any issues identified during the communications room inspections in a timely manner.</li> <li>DSD, MPC and MPX to agree on communications room provisioning status for early commissioning requirements regarding power, cooling, cleanliness and construction completion.</li> </ul>
Network Equipment Delay due to COVID 19 Supply Issue	High		<ul style="list-style-type: none"> <li>DSD to communicate estimated delivery dates upon acceptance of an order by supplier.</li> <li>Procurement scheduled to align with project schedule and include contingency to allow for timely delivery</li> <li>MPC request early procurement</li> <li>MPX provide appropriate secure site storage for large early deliveries of ICT equipment</li> </ul>
ICT Schedule due to MPX's construction schedule	High		<ul style="list-style-type: none"> <li>MPC communicate project schedules to DSD as soon as practical to ensure project schedule is aligned.</li> <li>MPC to communicate schedule changes to DSD in a timely manner</li> <li>Collaboration on impacts of schedule change between MPX, MPC and DSD where they relate to ICT deliverables.</li> <li>Ensure that the DSD ICT schedule and dependencies are provided to MPC for incorporation into the MPX project schedule and monitored in relation to any future MPX schedule change.</li> </ul>
ICT Delivery Schedule Compression	High		<ul style="list-style-type: none"> <li>Collaboration and communication between MPX, MPC and DSD.</li> <li>MPC and DSD to set a go/ no go assessment date to assess ramifications and agree on a way forward.</li> </ul>

### 3.4. Critical Service Building (CSB) Operational Commissioning



## CSB Operational Commissioning Program

## Digital Solutions Division PROGRAM STATUS DASHBOARD

Digital Health Strategy Theme: Patient Centred  
Health services enabled by contemporary technology

Reporting Period: 12 February - 10 March 2024

#### Project Overview

The ACT Government invested in a new critical services building (Building 5) on the Canberra Hospital Campus (TCH). Building 5 is to open to patients in August 2024. This project is focussed on the work required to ensure that the hospital is fully operational from an ICT perspective. The range of work required varies from integration and installation of new medical equipment and clinical devices required to support patient care, to changes in Digital Health Record (DHR), procurement of ACTGov standard ICT equipment and end user devices. It also covers a scope of work to stand up the new sterilisation services which are required for second quarter of 2024.

Trending

▲  
Stable

#### Project Governance

Project ID	PJ0069
Approval Stage	Initiate
Tier	Tier 1
Sponsor	Janet Zagari
Governing Committee	Canberra Hospital Expansion Project Management Board

#### 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	3 Sonya Floyer
Approver	Holger Kaufmann

#### Project Baseline

Current Schedule	Schedule Baseline	Approved Budget	Budget - Actual
02/07/23 Actual Start Date	02/07/23 Baseline Start Date	\$7,987,000.00 Approved Baseline Budget (Capex)	\$7,501,769.83 Capex Variance
	29/03/24 Baseline End Date	\$2,581,000.00 Approved Baseline Budget	\$2,581,000.00 Opex Variance

### Project Status Commentary

#### Project Status

Overall the program is trending well. The project managers are attending the critical path meeting to provide updates on their respective projects and this has given the members of that meeting an opportunity to delve more deeply into various items as is required.

#### Benefits

As per the tolerance guide the benefits RAG status is green has benefits have been measured and/or track to be delivered.

#### Scope

As per the tolerance guide the RAG status of scope is green as there is no new scope elements that will jeopardise the delivery of the project benefits. In keeping with the directions of the ICT Critical Path members any item that could potentially impact on the go live of building 5 is being allocated post go live for further consideration. Some critical elements have been brought under the scope of an operational commissioning project manager to assure delivery while the CSI team provides the subject matter expertise; these are paging, mobile duress and DAS installation by Telstra and TPG.

#### Risks & Issues

As per the tolerance guide the RAG status of risk and issues is green. The highest rated risk that is under constant monitoring is the timeframe required to deliver and deploy for the Philips Central Patient monitoring. There are no risks that are rated as extreme and high risks are currently being controlled.

#### Quality

As per the tolerance guide the RAG status of quality is green. The quality criteria has been set and is on track.

#### Schedule

Each Project has its own schedule and is recording its overall percentage complete. The program schedule draws up milestones to show the overall progress of the projects. While an overarching program percentage complete is showing it is more accurate to look at the percentage complete for each project.

### Project Summary Dashboard

#### Capsule Integration

Capsuletech services have been engaged to support the integration team with configuration and content testing. Expected delivery is due mid-April. The full integration requirements are being worked through with the other Project managers where there are dependencies. Design work is planned for mid-March to consider what mounting solutions are required for the axons in pathology for centralisation in a comms room.

RAG ●  
Trend ▲  
% Complete 45%

#### Cardiology

Cardiology continues to track steadily. The Senis Vibe Haemodynamic upgrade formally commenced on Tuesday 27 February, and is tracking towards a 14 March test server availability timeframe in line with CSB Commissioning timeframes. The Cardiology/Imaging Modality CoSD was approved through ADRP on Tuesday 27 February. DHR builds, testing plans and deployment plans continue to progress steadily.

RAG ●  
Trend ▲  
% Complete 30%

#### Carrier DAS

A new project set up to ensure the delivery of Telstra and TPG into the building 5. Once the contracts are signed between CHS and the carriers the work to deliver into and up the vertical paths of the building will commence.

RAG ●  
Trend ▲  
% Complete new project

#### Devices

The Devices project is responsible for ICT procurement, configuration, deployment and testing for Building 5 Operational Commissioning. This includes devices serviced by DSD on the FFE schedule that are to be delivered under Group 3B such as ACTGov PCs, printers, phones, barcode scanners, COWs, etc. the majority of the equipment was ordered in December and January. Some additional equipment such as Ricoh printers have been requested by DSD of DDTS. Other equipment such as the ISCV monitors and COW trolleys are in the process of being procured.

RAG ●  
Trend ▲  
% Complete 11%

#### Environmental Monitoring

The tender evaluation is nearing completion with SMEs to undertake the final referee checks on the two frontrunners.

RAG ●  
Trend ▬  
% Complete

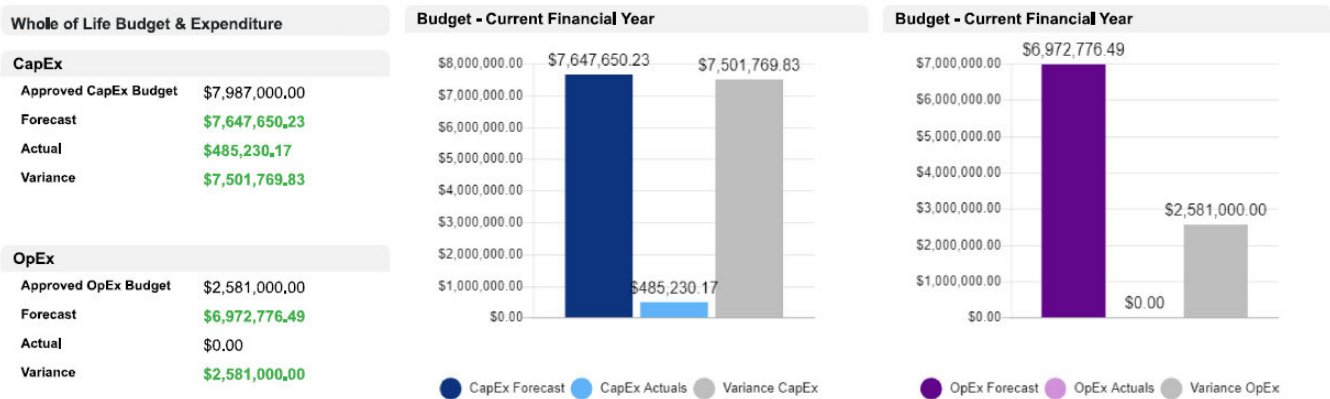
<p><b>ICU Simulation Room</b></p> <p>The objective of this project to design, procure, install and integrate an education and training simulation facility in the ICU of Building 5. It has been de-prioritised as a requirement for go-live.</p> <p>This facility will be used by various areas in CHS including ICU, ED and Peri Operative to conduct various training and assessment simulations. DSD team is working with CHS and MPC to finalised the requirements and propose vendors and a solution for this facility.</p>	<p>RAG <span style="color: green;">●</span></p> <p>Trend <span style="color: orange;">—</span></p> <p>% Complete <b>25%</b></p>
<p><b>Imaging</b></p> <p>Medical Imaging continues to track steadily.</p> <p>The Cardio/Imaging Modality CoSD was approved through ADRP on Tuesday 27 February, which now enables DDTS to undertake networking activities in line with MME commissioning tasks. More broadly, coordination of the patching and networking process across DDTS, DSD, NTT, MPC and Vendors is being worked through with the PMs. DHR builds for Medical Imaging continue to track steady, and there is now a clear path ahead for gaining endorsement of approved workflow changes required for the Hybrid Theatres. This is being managed through the Hybrid ORUG.</p> <p>Testing and deployment documentation continues to progress</p> <p>The Siemens middleware for MRI integration Syngo Via, requires a CoSD approved through ADRP for DDTS to undertake network activities. This is tracking steadily in line with the Siemens MRI installation dates.</p>	<p>RAG <span style="color: green;">●</span></p> <p>Trend <span style="color: orange;">—</span></p> <p>% Complete <b>35%</b></p>
<p><b>Infusion Pumps</b></p> <p>Infusion pumps is being managed outside the CSB project to ensure that work undertaken by CHS is complete. Infusion pumps will be brought into scope as patients are transferred from Building 12 to Building 5. The integration to DHR is planned for a later time.</p>	<p>RAG <span style="color: yellow;">●</span></p> <p>Trend <span style="color: orange;">—</span></p> <p>% Complete</p>
<p><b>Inpatient</b></p> <p>Philips is releasing a new patient monitoring equipment rollout schedule by 1 March. The critical element of the Inpatients project is the delivery of centralised patient monitoring. This project also covers vital signs monitoring which is currently in a tender evaluation phase with a vendor expected to be selected by mid March.</p>	<p>RAG <span style="color: yellow;">●</span></p> <p>Trend <span style="color: red;">▼</span></p> <p>% Complete <b>20%</b></p>
<p><b>Integrations</b></p> <p>The objective of the Integration project is coordinating the activities of the Interfaces team (DSD), along with the DHR team, Epic team and the vendors to complete all workflow builds, integrations and testing of new systems and workflows in the Critical Services Building. The initial analysis of workflows for each of the interfaces is underway.</p>	<p>RAG <span style="color: green;">●</span></p> <p>Trend <span style="color: orange;">—</span></p> <p>% Complete <b>new project</b></p>
<p><b>Mobile Duress</b></p> <p>A new project aimed at delivering a mobile duress capability for Emergency Department. It includes the purchase of additional hand held devices as well as the upgrade and extension of the backend system to support the new devices.</p>	<p>RAG <span style="color: green;">●</span></p> <p>Trend <span style="color: orange;">—</span></p> <p>% Complete <b>new project</b></p>
<p><b>PA system extension to TCH</b></p> <p>This is an interdependent project to provide PA capability into Emergency Department Administration being stood up as a one way feed. The design of the solution is being considered as there are a number of options available. It will be separately catered for outside the Main build scope.</p>	<p>RAG <span style="color: green;">●</span></p> <p>Trend <span style="color: orange;">—</span></p> <p>% Complete <b>new project</b></p>
<p><b>Paging</b></p> <p>Required for go live focussing primarily on the clinical areas of building 5 but required to also support paging for levels 1 and 4.</p>	<p>RAG <span style="color: green;">●</span></p> <p>Trend <span style="color: orange;">—</span></p> <p>% Complete</p>
<p><b>Pathology</b></p> <p>This project will cater for the implementation of point of care pathology devices. The PID is being developed and the design of each of the POC devices as information is gathered from Pathology.</p>	<p>RAG <span style="color: green;">●</span></p> <p>Trend <span style="color: orange;">—</span></p> <p>% Complete</p>
<p><b>Pharmacy</b></p> <p>The Information Security Form (ISA) is completed and sent to the Security team to assess.</p> <p>The Conceptual Design Document is being socialised with HARP on 07/03.</p> <p>NTT Test server is in the process of build, delayed by some technical information (download link for the access to the application file) from Meditec. The deployment strategy from Azure to VMWare as Azure implementation did not work with the conversion of VHDX to VHD.</p> <p>Meditec is unable to host the installation of the ADC Test server on Azure platform which they have confirmed, NTT has advised that the file Meditec has provided only supports VMWare deployments and requires conversion in order to support the Azure platform. NTT technical team has tried the conversion multiple times and the process did not work. This has delayed the NTT server build by 3 weeks. So, we are changing the hosting platform from Azure to Public Government Cloud (PGC) now, we are waiting for the work order from NTT. This is costing us time, Capex, Opex cost and changes in the Design document.</p> <p>Meditec to provide and upload the OVA/OVF files required for VMWare deployment.</p>	<p>RAG <span style="color: yellow;">●</span></p> <p>Trend <span style="color: red;">▼</span></p> <p>% Complete <b>25%</b></p>
<p><b>Sterilisation</b></p> <p>The project scope has been amended to include Steris VPro Max 2, low temperature sterilisers which was initially out of scope for delivery for this project. The vendor was requested to provide an HLYD on 9 February and this is yet to be provided to DSD. Until such time as this is provided the COSD cannot be completed and provided to ADRP. It will not impact the go live date.</p> <p>MPX's revised schedule have pushed out some milestones by 1-2 weeks have been reflected in the Sterilisation project schedule. Discussion with CHS, DDTS, vendor and DSD have confirmed a schedule factoring in the hardware delivery timeframes, server build and installation and FFE readiness.</p> <p>CHS has completed the PO for peripheral devices (label printers, scanners, printers) with Getinge who anticipate delivery between 27 March. CHS will raise a separate PO for Platinum SLA by end of Feb to cover Getinge's integration work with Belimed. Belimed server build was delayed by a week but does not impact the schedule.</p> <p>T-DOC System Security Plan is progressing well and at 95% completion, expected to be completed within this reporting period.</p>	<p>RAG <span style="color: green;">●</span></p> <p>Trend <span style="color: orange;">—</span></p> <p>% Complete <b>69%</b></p>
<p><b>Telemedicine</b></p> <p>The objective of this project is the successful design, implementation and integration of the existing Critical Care Overbed Network (CCON) platform in NSW eHealth within Building 5. This includes procurement, installation and testing of necessary hardware equipment, possible expansion of bandwidth and testing of the NSW Health Wide Area Network (HWAN) within Building 5 and any associated network or system upgrade to facilitate Telemedicine.</p>	<p>RAG <span style="color: yellow;">●</span></p> <p>Trend <span style="color: orange;">—</span></p> <p>% Complete <b>35%</b></p>
<p><b>Theatres</b></p> <p>The project is on track.</p> <p>The vendor is on target to complete the installation of their equipment by the 4 March.</p> <p>Epic changes to accommodate the new theatres are progressing well</p>	<p>RAG <span style="color: green;">●</span></p> <p>Trend <span style="color: orange;">—</span></p> <p>% Complete <b>35%</b></p>



## Key Project Milestones

Key Milestone Report						Q4						Q1				
Row ID	Milestone	Start Date	End Date	Status		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May			
479	Capsule Integration: Procurement Activities	09/02/24	20/03/24	In progress							99%					
588	Devices: CSB Server Room Access	04/03/24	04/03/24	Not started												
732	Cardio Milestone: CHE,08,050: Siemens large cath lab MME installation and networking complete	26/02/24	27/03/24	Not started							0%					
733	Cardio Milestone: CHE,08,051: Siemens EP lab MME installation and networking complete	26/02/24	27/03/24	Not started							0%					
1118	Imaging Milestone: Syngo CoSD approved through ADRP	04/03/24	19/03/24	In progress							5%					
1009	Imaging Milestone: DHR builds completed in POC for CSB	20/02/24	29/03/24	In progress							75%					
593	Inpatients - IBE upgrade in PROD	26/03/24	27/03/24	Not started							0%					
666	Pharmacy: Project Initiation Document review/approve by all the stakeholders	15/01/24	23/02/24	In progress							90%					
598	Pharmacy: DHR - ADCs integration	08/01/24	05/03/24	In progress							8%					
605	Pharmacy: DHR - CHS Pharmacy	06/11/23	06/03/24	In progress							61%					
608	DHR - Medication Systems Build	04/12/23	01/03/24	In progress							76%					
610	Sterilisation - T-DOC/Belimed: NCS non-prod task completion	27/02/24	28/02/24	In progress							20%					
620	Sterilisation - T-DOC/Belimed: Getinge non-prod task completion	22/12/23	22/12/23	In progress							31%					
621	Sterilisation: T-DOC/Belimed V17: Update Information Security Assessment	21/12/23	31/01/24	In progress							95%					
619	Sterilisation: T-DOC/Belimed: Update System Security Plan	05/01/24	25/01/24	In progress							95%					
615	Sterilisation: T-DOC V17: EUS non-prod tasks - Desktop packaging for thick client	19/02/24	19/02/24	In progress							95%					
598	Pharmacy: DHR - ADCs integration	08/01/24	05/03/24	In progress							8%					
605	Pharmacy: DHR - CHS Pharmacy	06/11/23	06/03/24	In progress							61%					
608	DHR - Medication Systems Build	04/12/23	01/03/24	In progress							83%					
710	Cardio Milestone: DHR builds completed in POC for CSB	20/02/24	20/02/24	In progress							60%					
1009	Imaging Milestone: DHR builds completed in POC for CSB	20/02/24	29/03/24	In progress							60%					

## 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			1			Critical					
Likely						High					
Possible	2	3		10		Moderate				2	
Unlikely	3	4		6		Low			2	1	
Rare	3	3				Planning					
	Insignificant	Minor	Moderate	Major	Catastrophic		Insignificant	Minor	Moderate	Major	Catastrophic

Risks			
ID#	Title	Residual Rating	Action to Be Taken
R&I083	Sterilisation - T-DOC V17 Client install connection to server	High	Issue has been isolated to be caused by the launcher which creates log files. Escalated to Getinge to trace the issue.
R&I039	Pharmacy - Delivery of the ADC cabinets for Pharmacy Project is scheduled on end of May 2024 which may delay our delivery timeframe.	Medium	Negotiated with the Vendor (Meditec) and they are aiming to deliver all the 22 cabinets by early May. We are able to bring forward about 4 weeks.
R&I041	Pharmacy - Integration testing period for Pharmacy ADC project is upto 12 weeks, which may delay the delivery of the Project.	Medium	We have collaborated and negotiated with all the stakeholders to bring the testing period down by 4 weeks.
R&I046	Pharmacy - MerlinMAP vendor, Pharmhos may not be able to complete the work on time.	Medium	We have communicated with Pharmhos. Pharmhos will create a new phantom queue for the Omnicell integration. Waiting for the quote from them.
R&I050	Sterilisation- TDOC/Belimed Visibility of progress	Medium	Escalated and followed-up daily and likely to be resolved early Feb.
R&I051	Pharmacy- Decommissioning Pyxis	Medium	Pharmacy team will check the Pyxis contract document and advise Project team
R&I060	Sterilisation - T-DOC / Belimed SmartHub Connect high-availability Support	Medium	Discussed with SSD on the risk and have requested Belimed 24/25 roadmap for this capability.
R&I061	Sterilisation - T-DOC / Belimed SmartHub Orbit does not support Multi-factor authentication	Medium	Discussed with SSD on the risk and have requested Belimed 24/25 roadmap for this capability.
R&I062	Sterilisation - T-DOC / Belimed Network connectivity between AWS/Azure and the on-premises network	Medium	CoSD has identified the peak data transfer between Belimed washers/sterilisers and Belimed SmartHub Connect server typically would not exceed 5mb/s.

R&I065	Capsule - Hardware delivery timeframe	Medium	Escalated with vendor who will let our booking team aware about this order so that once we received the PO, Sameh can arrange shipment to meet the 1st/2nd week in April delivery date.
R&I066	Pharmacy - Critical Business Requirements inadequately defined.	Medium	SMEs have been engaged in 1:1 session, and now in weekly forum. Reviews have been undertaken of requirements and the project has identified to ensure adequate depth of understanding.
R&I067	Pharmacy - Service and Support requirements for availability of ICT Capability has been inadequately defined.	Medium	Technical discussions occurred with architect, technical SMEs from the vendors. More discussions will be taking place.
R&I068	Pharmacy - Network connectivity between AWS/Azure and the on-premises network is of lower bandwidth and higher latency than connectivity within the on-premises network.	Medium	Verify application performance in the test environment prior to the production implementation. Move the server back to the on-premises network if the application cannot be configured to remediate any performance related to the latency increase and bandwidth reduction. On-premises hosting may attract higher costs.
R&I069	Pharmacy- New applications to the ACTGOV environment maybe rejected Software Management Reference Group	Medium	Approach the Software Management Reference Group (SMRG) as early as possible to confirm approvals
R&I071	Program - The timely commissioning of the theatre axons and neurons to support medical device information integration to DHR.	Medium	The Supplier will be confirmed once PO has been received, they can deliver the equipment earlier between 7-14 April. The contract will be for the supply and install and professional services for device configuration.
R&I072	Pharmacy- Individual systems may fail to identify and respond to faults in upstream or downstream systems resulting in failed message delivery.	Medium	Perform exhaustive testing of all interfaces and systems, including during simulated failover events, to ensure message delivery is successful in all circumstances possible.
R&I073	Pharmacy - Business applications could require a full system rebuild if the solution installation suffers system/data corruption or failure of supporting infrastructure components.	Medium	Develop and test a Disaster Recovery plan for the Business Application before Production release (and periodically throughout the life of the system) to ensure the recovery meets the business risk profile.
R&I076	Pharmacy - System administrators and users will login with non-AD accounts i.e. using the local authentication.	Medium	The Business owner will be responsible for ensuring that any changes in system admin staff are explicitly updated in the VMWare account settings. This exposure will be closed as soon as Vendor provides the AD authentication solution.
R&I077	Pharmacy - The implementation of this system consists of Single point of failure from the application layer.	Medium	The business will be notified for any planned outages/failures and any Non planned outages will be mitigated with the appropriate BAU policies in place.
R&I078	Pharmacy - XT Touch screen cabinets hardware processor is currently reaching end of support.	Medium	Hardware processor issues will be carried out by the vendor. It will be notified to the business if there are any issues in terms of the failure and support.
R&I079	Sterilisation: T-DOC / Belimed- VPro low temp sterilisers inclusion in scope	Medium	Request HLVD from vendor to complete the CoSD
R&I085	Pharmacy - There is a lack of visibility of the training program.	Medium	Communicate with CHS regarding the transparency on the training program.
R&I092	Telemedicine - Devices Procurement Delay	Medium	Work closely with NSW H to receive the updated SOW and progress procurement with DSD and Finance without delay.

#### Project Issues

Title	Residual Rating	Action to Be Taken
Sterilisation - T-DOC/Belimed	Medium	CHS to have PO raised before Belimed integration work
Program - Integration Testing with monitoring Devices.	Medium	Escalation to MPC to identify a space to be shared with patient monitoring for end to end testing
Program - No funding has been provisioned for the System Administrator functions that DSD will have to undertake for the Wilhelm digital theatres and the Philips centralised patient monitoring.	Medium	The relevant areas in DSD will meet to discuss the specific roles, responsibilities, skillsets and time requirements of the system administrators. This will be used to identify which areas and people can take on this function and the quantity of new resources required. The work required by a system administrator to complete the necessary documentation to transition the theatres and patient monitoring into Production will be completed by the Project Manager with support from existing staff within DSD using people in a number of teams.
Capsule: Integration team's resource availability	Medium	Currently working on the PID and schedule activities till resource resumes
Sterilisation: T-DOC / Belimed- VPro - Reconcile SSD equipment list	Medium	Communicating with MPC and CHS to gather full equipment list
Pharmacy - Meditec is unable to host the installation of the ADC Test server on Azure platform which they have confirmed and changing the hosting platform to Public Government Cloud (PGC). This is a vendor-initiated delay.		DSD has made a decision to change our hosting platform from Azure to PGC (Public Government Cloud). NTT will draft a variation work order but will continue to work on establishing the solution on the PGC (Public Government Cloud). This will raise additional cost consumption for NTT.
Pharmacy - InTune configuration profiles by DDTS is delayed due to the Imprivata planned upgrade		wait till the upgrade is complete.

### 3.5. DHR Upgrade to Hyperdrive

## DHR Upgrade to Hyperdrive



# PROJECT STATUS DASHBOARD

Digital Solutions Division

Digital Health Strategy Theme

- Patient Centred
- Health services enabled by contemporary technology

Reporting Period:

12 February 2024 until 10 March 2024

#### Project Overview

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.

Trending

▲  
Improving

#### Project Governance

Project ID	PJ0065
Approval Stage	Plan
Tier	Tier 3
Sponsor	Holger Kaufmann

#### Project Performance Indicators



#### Project Delivery Team

Project Manager	Megan Doherty
Approver	Holger Kaufmann

#### Project Baseline

Current Schedule	Schedule Baseline	Approved Budget	Budget - Actual
<b>26/10/23</b>	<b>04/09/23</b>	<b>\$173,210.00</b>	<b>\$158,347.50</b>
Actual Start Date	Baseline Start Date	Approved Baseline Budget (Opex)	Opex Variance
<b>15/07/24</b>	<b>30/05/24</b>		
Actual End Date	Baseline End Date		

## Project Status Commentary

#### Project Status

Project status is reporting green, the project is on track to delivery on time.

#### Benefits

- Upgrading to Hyperdrive will provide the following benefits:
- Simplified installation and maintenance
  - Ability to streamline updates to desktops.
  - 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.
  - 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%.

#### Risks & Issues

The Hyperdrive project is currently reporting Green for risks and issues. Imprivata project go live has been delayed but has now been scheduled to align with CHS requirements

#### Budget

Project budget is currently on track in line with Digital Steering Committee Endorsement, Work order from NTT has been received to completed the production build, this is within the expected discovery costs, A project variation will be submitted to the Digital Steering Committee for endorsement

#### Schedule

Hyperdrive project is currently on schedule communication plans are currently underway to ensure early engagement with CHS is completed successfully

#### Scope

The approved scope from the Digital Steering Committee includes:

- Hyperdrive Design
- Codefinder Upgrade
- DMO Upgrade

An additional system upgrade of the storage application for MIPACS has been identified by the vendor, Negotiations are currently underway to understand the impact on the scope and budget

#### Quality

Nil to report

## Key Project Milestones

### Key Milestones Report - DHR Upgrade to Hyperdrive

Task Name	Start Date	End Date	Status	Timeline											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
Deliverable: Approved Project Initiation Documentation (PID)	01/02/24	26/02/24	Complete	Deliverable: Approved Project Initiation Documentation (PID)											
Hyperdrive HARP Approved	17/01/24	17/01/24	Complete	Hyperdrive HARP Approved											
DMO Install Complete ready for testing	15/02/24	15/02/24	Complete	DMO Install Complete ready for testing											
DMO Upgrade Go live with Hyperspace	10/04/24	10/04/24	Not started	DMO Upgrade Go live with Hyperspace											
3M Codefinder testing complete for Hyperdrive	20/02/24	20/02/24	Complete	3M Codefinder testing complete for Hyperdrive											
Codefinder Go Live with Hyperspace	10/04/24	10/04/24	Not started	Codefinder Go Live with Hyperspace											
Health Services Endorsement of Super Users	22/04/24	06/05/24	Not started	Health Services Endorsement of Super Users											
Identify Select Site	18/03/24	02/04/24	Not started	Identify Select Site											
Hyperdrive Build Activities	22/01/24	09/02/24	Complete	Hyperdrive Build Activities											
Hyperdrive Build Complete	09/02/24	09/02/24	Complete	Hyperdrive Build Complete											
Update Regression Test Scripts	12/02/24	23/02/24	Complete	Update Regression Test Scripts											
System Ready for UAT	29/04/24	29/04/24	Not started	System Ready for UAT											
Go Live Kick off (Track Boards)	06/05/24	06/05/24	Not started	Go Live Kick off (Track Boards)											
Go Live Super Users	05/06/24	19/06/24	Not started	Go Live Super Users											
Go Live Select Sites (5%-15)	24/06/24	12/07/24	Not started	Go Live Select Sites (5%-15)											
Go Live Remaining Site	15/07/24	15/07/24	Not started	Go Live Remaining Site											



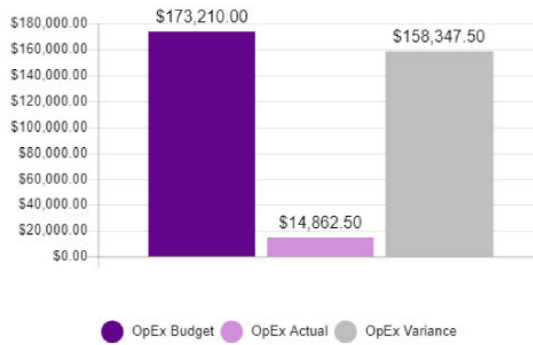
## Financial Performance

### Whole of Life Budget & Expenditure

#### OpEx

Approved OpEx Budget	\$173,210.00
Forecast	\$111,730.00
Actual	\$14,862.50
Variance	\$158,347.50

### 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					
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	Action to Be Taken
No Test Manager	Medium	Recruitment completed Test lead also filling in for the short term,
DMO Auto Ancoing	Medium	Working with vendors to resolve
API EPIC Integration Agreement	Low	EPIC to update agreement to not conflict with existing agreement
MIPACS Storage minor version update	Low	Fix this update provides is an existing issue in BAU not Hyperdrive related therefore this is out of scope for the project,

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



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

## PROJECT STATUS DASHBOARD

Digital Solutions Division

Digital Health Strategy Theme

- Patient Centred
- Health services enabled by contemporary technology

Reporting Period:

12 February to 10 March 2024

#### 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	PJ0054
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	Anthony Taylor
Approver	Holger Kaufmann

#### Project Baseline

Current Schedule	Schedule Baseline	Approved Budget	Budget - Actual
<b>23/03/23</b>	<b>11/08/23</b>	<b>\$11,328,000,00</b>	<b>\$11,125,550,00</b>
Actual Start Date	Baseline Start Date	Approved Baseline Budget (Capex)	Capex Variance
	<b>19/12/25</b>		<b>\$0.00</b>
Actual End Date	Baseline End Date	Approved Baseline Budget (Opex)	Opex Variance

### Project Status Commentary

#### Project Status

**Situation:**  
The CCIDAS Program has engaged the services of Major Projects Canberra (MPC), Infrastructure Delivery Partner (IDP), Social Infrastructure Branch (SIB) to manage the procurement and contractual engagement activities of a Head Contractor using the GC21 Edition 2 under a 2-Phase process, to undertake the investigative works, design and then construction of Critical Communication Infrastructure (CCI) upgrades for Cellular Distributed Antenna System (DAS) in the following sites: Canberra Hospital (multiple buildings), North Canberra Hospital (multiple buildings) and University of Canberra Hospital. The scope of the HC will also include the engagement of pre-approved specialised carrier endorsed vendors for the design and the build phases for the Individual In-Building Proprietary Cellular Carrier System Connections at Canberra Hospital, North Canberra Hospital and University of Canberra Hospital.

Program will be presenting to the ACT Government Procurement Board on the 19th March 2024.  
MPC developing procurement documentation, with Program to complete the presentation for the board.

DG Minute approved and noted 20 Nov 2023, supporting Selective Procurement Methodology process.

CIO Clearance form approved 12 Jan 2024, for ACTHD Digital Service Division (DSD) Critical Communications Hub to engage the services of MPC at an approximate cost of \$328K to progress the DAS program procurement process and approach to market, thru the engagement of a Consultant.

DG Minute to approve of engagement with MPC and sign RFIP for this engagement issued 6 Feb 2024, pending finalisation.

#### Outcomes:

Delivery of a Hybrid Passive Distributed Antenna System (DAS), supporting a Single campus HUB, providing for all frequency ranges for 4G/5G and future mobile telephone frequencies, in a Single Input Single Output (SISO) and Multiple Input Multiple Output (MIMO) design, component compliant 3500Mhz solution, for The Canberra Hospital, North Canberra Hospital and University of Canberra Hospital, including redundancy, in accordance with the MCF 2018 and Draft 2023 Specification.

Execution: Report Summary of works completed - Preliminary Draft Program, Procurement Plan Minute, Procurement Evaluation Plan, Procurement supporting documents, Program Plans drafted to be updated post GPB Review.

Review Program Performance: Revised Program developed and reviewed with a projected end date of 5 March 2026, Go Live for North Canberra Hospital. Noting the program will be reviewed and finalised with appointed HC. Budget refer to forecast for expenditure. Scope refer to above, Main risks recorded in risks, with review to occur. Quality is to be managed in accordance with the approved CCIDAS Quality Management Plan and associated plans. Benefits - Support delivery of essential health services at TCH, NCH and UCH and other healthcare facilities.

Next Steps Deliverables: GPB Review 25 Mar 2024, ACTHD Approval of PPM 3 April 2024, Approach to market 24 April 2024.

CHS to confirm how engagement with carriers will be conducted for development of lease agreements, with DSD in support.

Procurement PIHD00002185 is to cover the procurement activities for Design and Construction, with PIHD00002676 (Optus), PIHD00002678 (Telstra) and PIHD00002679 (TPG) - no change and PIHD00002674 AND 3271 to be cancelled

#### 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 will ensure all members of local 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

Program Schedule has been developed with MPC for presentation to the GPB and to be reviewed and revised with the Head Contractor - DAS - Preliminary Draft Program v2 - 19.02.2024.  
Smartsheet schedule updated to reflect the Prelim program, all supporting documents and plans to be updated after completion of GPB review.

#### Budget

Business Case has been approved.  
Ministerial Funding approved at \$11,328M  
Budget reprofile completed spreading the funding across FYs 23/24 - \$1,165,000,00, 24/25 - \$7,163,000,00 and 25/26 - \$3,000,000,00 refer breakdown.  
Detailed approved design, scope and BOM fully priced, to be supplied for review to confirm the programme has adequate funding to proceed or we need to request additional funding to support the required works.

#### Quality

Refer to 29032-CCIDAS Quality Management Plan

#### Risks & Issues

Refer to 29032 - CCIDAS Risk and Issues Register

#### Scope

Senior Project Manager will oversee the program for the three project sites, this includes but not limited to:  
- Program documentation such as scope, monthly status reports, outlining the schedule against deliverables, quality, budget, risk, and issues.  
- Program team management.  
- Procurement activities with MPC  
- Stakeholder coordination and management  
- Supplier coordination management  
- DISSTs and communication to business units of disruptions to services  
The scope of works has been broken down into phases - Design and Construction/Commissioning across the three (3) Project sites with all packages to be completed concurrently for each phase, refer to 29032\_CCIDAS\_Program Design Plan - Draft Design Package INVES 1: Investigations - asbestos, condition, signal strength testing etc.  
Design Package TCH 2: General Prelim and Final Design Doco  
Design Package UCH 3: General Prelim and Final Design Doco  
Design Package NCH 4: General Prelim and Final Design Doco - noting that the DAS Room has been included to obtain pricing to build for consideration and approval.  
Design Package MPC 5: Design, Construct NCH DAS Room  
Design Package Telstra 6: General Prelim and Final Design Layouts  
Design Package Optus 7: General Prelim and Final Design Layouts  
Design Package TPG 8: General Prelim and Final Design Layouts

Construction will be concurrently delivered across all three sites, in accordance with the Delegate endorsed and approved scope from the design process under the approved funding.

Additional works will require CHS to engage with the carriers to finalise lease agreements for the following:  
TCH Building 11 (Optus) with TPG and Telstra connecting where they haven't their services.  
TCH Building 1 (Telstra) with Optus and TPG connecting where they haven't their services.  
TCH Building 8, 12, 15, 19, 20, 25, 26 and 28, connecting back to Building 5 - revise lease agreements with the three carriers for extension of their services to the approved buildings requiring Internal DAS coverage (pending approval and review of submitted design).  
UCH (Optus) - with TPG and Telstra connecting where they haven't their services.  
NCH - Lead Carrier to be identified, pending award of the WHOg Telecommunications Contract. All carriers to be invited to connect.

Out of Scope Works Identified in the updated 29032\_CCIDAS Program Initiation Document (PID).

## Key Project Milestones

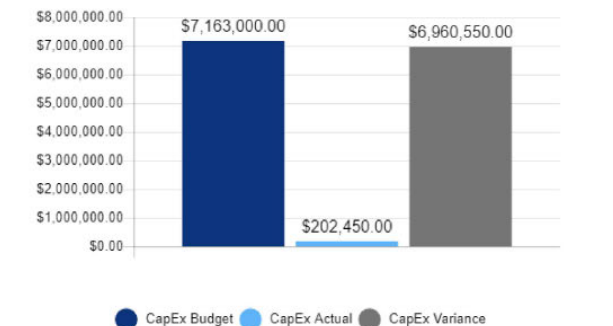
Key Milestones Report - Critical Comms DAS								Q1		Q2		Q3		Q4					
Health	Priority	Task Name	Details	Assigned To	Start Date	End Date	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
●		Infrastructure (CSI) Schedule			23/03/23	05/03/26	In progress												
		KEY MILESTONES			23/03/23	05/03/26	Not started												
		Business Case Approved		Grant Clark	23/03/23	23/03/23	Complete												
		Project Initiation Document (PID) Approved		Anthony Taylor, G	23/03/23	23/03/23	Complete												
		Program Establishment		Anthony Taylor	10/08/23	10/08/23	Complete												
		GPB Review Complete	Procurement review of program	Anthony Taylor, M	25/03/24	25/03/24	Not started												
		ATM Released	Two Phased approach to market for design and construction	Anthony Taylor, M	02/05/24	02/05/24	Not started												
		Head Contractor (HC) Engaged	MPC awards contract to Head Contractor	Anthony Taylor, M	28/08/24	28/08/24	Not started												
		HC Phase 1 Design Activities Completed	Noting Design MUST be approved by Lead Carrier	Anthony Taylor, M	14/02/25	14/02/25	Not started												
		The Canberra Hospital (TCH) - Go Live	Inclusive of Passive and Active Equipment	Anthony Taylor, M	19/12/25	19/12/25	Not started												
		North Canberra Hospital (NCH) - Go Live	Inclusive of Passive and Active Equipment	Anthony Taylor, M	05/03/26	05/03/26	Not started												
		University of Canberra Hospital (UCH) - Go Live	Inclusive of Passive and Active Equipment	Anthony Taylor, M	16/09/25	16/09/25	Not started												
		Engagement of Carriers (Telstra, Optus and TPG)	Letter of invite to connect issued by CHS	Anthony Taylor, M	19/04/24	19/04/24	Not started												
		CHS Lease Agreements - The Canberra Hospital (TCH)	Lease agreements approved before Carriers will attend site to complete works	Anthony Taylor, M	27/08/24	27/08/24	Not started												
		CHS Lease Agreement - University of Canberra Hospital (UCH)	Lease agreements approved before Carriers will attend site to complete works	Anthony Taylor, M	27/08/24	27/08/24	Not started												
		CHS Lease Agreement - North Canberra Hospital (NCH)	Lease agreements approved before Carriers will attend site to complete works	Anthony Taylor, M			Not started												
●		PRELIMINARY ACTIVITIES - MPC			23/03/23	28/08/24	In progress												
●		PHASE 1 ACTIVITIES - Head Contractor (HC)			29/08/24	21/02/25	Not started												

## Financial Performance

### Whole of Life Budget & Expenditure

<b>CapEx</b>	
Approved CapEx Budget	\$11,328,000.00
Forecast	\$11,327,999.60
Actual	\$202,450.00
Variance	\$11,125,550.00

### Current FY 2023/24



## Project Risks & Issues Profile

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

Issue Matrix					
Primary	2	3	4	5	6
<b>Issue Matrix</b>					
Critical			9	2	
High					
Moderate					
Low					
Planning					
	Insignificant	Minor	Moderate	Major	Catastrophic



Risks		
Title	Residual Rating	Action to Be Taken
Asbestos - TCH and NCH	Extreme	MPC thru Principal Contractor will provide a condition report which will determine what works can be conducted and what works will require an alternative solution to ensure DAS is provided to all three hospital campus facilities.
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 RFQ 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.
GSO Legal advice	High	Project will identify this risk as early as possible
Government Procurement Board timelines	High	To continue to move forward with documentation completion for the project to register for a meeting with the board, to ensure we have contracts issued before MCF 2023 is approved early 2024 and 3G services close in July 2024
NCH CCTV Room redevelopment	High	If the project is asked to comply strictly to standards the redevelopment of the room will require acquisition of a carpark space to accommodate the expansion.
GSO outsourcing of services for contract development, timelines	High	Continue to work through and obtain timeframes for deliverables to ensure delays do not occur.
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 RFQ 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.
Procurement Board approval of the project approach to procurement	Medium	Project will identify this risk as early as possible

Project Issues		
Title	Residual Rating	Action to Be Taken
Issue a letter of invitation for the procurement of Optus, Telstra, and TPG/Vodafone asking each individual company to take on the role of Lead Carrier for the design review and approval only for DAS at NCH	High	Continue to work with carriers to confirm one of them will review the submitted design if WHOG Telco Contract not awarded.
Change of approach from RFQ to RFT, requires documented approval to support DG approved Selective Procurement Methodology.	High	Engagement with MPC to determine the procurement methodology and approach to market
Confirm executive within their respective financial delegations may agree and sign the future procurement for additional individual proprietary In-Building cellular network - DAS carrier connections for UCH, TCH, NCH.	High	Approval through PCG to support the DG approval for CIO.
Revised PID asks for the appointment of Cameron Smith and Nicole Wang to the Conformance and Compliance Checking Team, for the evaluation process to confirm compliance with the requirements of the Request for Expression of Interest for the DAS design and construct works.	High	Approval required at PCG to cover all delegations of authority for the project.
Revised PID asks for the appointment of Anthony Taylor, Grant Clark, Patrick Premnath and Dale Ninness to the DAS Evaluation Team, for the evaluation of supplier submissions in line with the requirements of the Request for Expression of Interest for the DAS design and construct works.	High	Approval required at PCG to cover all delegations of authority for the project
Possible engagement of an external Probity Advisor, with an approximate cost of \$50K maybe required	High	PCG to note and approve expenditure when and if required.
Possible outsourcing of GSO services due to lack of skills and time to review contracts at a cost of \$100K.	High	PCG to note and approve expenditure when and if required.
Revised PID requires confirmation of the Organisational Structure and appointments noting the document will be updated monthly.	High	PCG to approve for communication to work on the program
Revised PID asks for the PCG TOR to be approved	High	PCG to approve to provide leadership, direction and ownership to the program
Revised PID outlines the design approach for suppliers to provide a Hybrid Passive Distributed Antenna System (DAS), supporting a Single campus HUB, providing for all frequency ranges for 4G/5G and future mobile telephone frequencies, in a Single Input Single Output (SISO) and Multiple Input Multiple Output (MIMO), component compliant 3500Mhz solution, for each hospital outlined in the geographic scope of the SOW, including redundancy, in accordance with the MCF 2018 specifications, refer to Attachment H PHID0002185 Detailed Statement of Works DSD CSI_DAS Design and Build.	High	PCG confirm approach to ensure no ambiguity within the scope documents,
Continued requests for TRN to be included in the DAS design	High	NCH Transition team to request formally in writing for the inclusion of TRN into scope for DAS for review and evaluation by PCG.

# 3.7. 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:

12 February 2024 to 10 March 2024

#### 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 Moving ACL on Rhapsody HL7 interface, improving interfaces, 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



Stable

#### 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: yellow;">●</span>	<span style="color: yellow;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: yellow;">●</span>	<span style="color: green;">●</span>

#### Project Baseline

Project Delivery Team	Current Schedule	Baseline Schedule	Budget	Budget Variance
Project Manager	07/09/20	07/09/20	\$7,913,000.00	\$2,963,463.00
Approver	17/06/25	Baseline Start Date	Approved Baseline Budget (CapEx)	CapEx Variance
		04/07/22	\$3,119,296.00	\$2,852,339.70
		Baseline End Date	Approved Baseline Budget (OpEx)	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.

1. AAIR Implementation:  
In-progress for Streptococcal disease, Target to push the change on production in first week of April 24.

2. Rhapsody monitoring:  
Implementing monitoring through Rhapsody integration engine is in-progress, POC(Proof of Concept) is complete.

3. ACL Rhapsody integration:  
Solution design in-progress. Timeline has been created, integration work started by ACL vendor and awaiting a quote.

ACTGAL project is in procurement phase and timeline has been re-defined.

#### 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 late 2024 rather than early 2024. The project would like to progress to an approach to market by early April 24. 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 has been 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.

Business will benefit in reduction of double handling of information both in Redcap and NDMS systems. Also for NNDS reporting.

Business will benefit from training modules and iMentor sessions.

Business will benefit from Provider Portal for GP Notifications.

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. A new risk has been raised currently there has been no tester assigned for testing the functionalities of project deliverables, the master test plan has been made. The review of the scope of deliverables and iterations of testing required.

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

#### Risks & Issues

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

The deliverable "GP Provider Portal via HealthLink" has been de-scoped from the project, following an agreement from project board.

NDMS Project Plan the scope and deliverables for Phase 3 NDMS has been submitted.

1. ACL integration with Rhapsody
3. Reducing reliance on Redcap projects and Improving Interfaces
4. AAIR workflows for all diseases
5. iMentor trainings modules
6. Monitoring using Rhapsody

ACTGAL is progressing with the statement of requirements to accompany an approach to market. SOR and RFT sent to Solicitor for drafting the contract. Project timeline has been rescheduled due to addition of security assessment for 6-7 weeks as part on contract negotiations.

#### Budget

The Project budget for the 23/24 financial year is \$3,046,751. Total Expenditure in 23/24 financial year is \$87,881 (23/24FY)

NDMS allocation \$1,000,000.00 / Expended \$45,221 (23/24FY)  
ACTGAL Allocation \$2,046,751.00 / Expended amount \$42,660 (23/24FY)





### 3.8. 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:

12 February 2024 to 10 March 2024

#### Project Overview

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, to be procured in phase two of the project.

#### Trending

Stable

#### Project Governance

Project ID	PJ0013
Approval Stage	Deliver
Tier	Tier 2
Sponsor	Sandra Cook
Governing Committee	PIMS 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: red;">●</span>	<span style="color: red;">●</span>	<span style="color: green;">●</span>	<span style="color: red;">●</span>	<span style="color: yellow;">●</span>	<span style="color: red;">●</span>	<span style="color: yellow;">●</span>

#### Project Baseline

#### Project Delivery Team

Project Manager	<span style="color: green;">E</span> Elise Griffiths
Approver	Sandra Cook

Current Schedule	Baseline Schedule	Budget	Budget Variance
<b>28/02/21</b> Start Date	<b>08/06/20</b> Baseline Start Date	\$0.00 Approved Baseline Budget (CapEx)	\$0.00 CapEx Variance
<b>30/04/24</b> End Date	<b>30/04/24</b> Baseline End Date	<b>\$866,292.00</b> Approved Baseline Budget (OpEx)	<b>\$114,376.56</b> OpEx Variance

### Project Status Commentary

#### Project Status

Project status remains RED. ACT Health have previously been advised by Pharmhos that there will not be a November 2023 upgrade released, and the next upgrade will be made available in May 2024. However, due to a number of critical issues relating to Pharmaceutical Benefits Scheme (PBS) claims, Pharmhos have revised their release schedule and plan to release an upgrade late February/early March 2024, including fixes for these issues, as well as some other improvements previously requested that have been developed since the last upgrade in 2023. Pharmhos advise that the next release of MerlinMAP, including critical Pharmaceutical Benefits Scheme (PBS) fixes will be deployed to TEST in the week commencing 18 March.

Further market research into Electronic Controlled Drugs Registers indicates that there are multiple solutions available on the market resulting in a change of approach to market for this solution to an Open Public Tender. Monica Rayson has prepared a procurement plan, and this has been submitted to the Deputy Director-General (DDG) of ACT Health for approval.

#### Scope

- The PIMS instance of Merlin/MerlinMAP has been live at NCH since June 2022, and at CHS since September 2022.
- At the last PIMS Board meeting on 23/01/24, the members agreed that a paper should be written to determine whether phase I of the project should be continued, noting the outstanding issues, but also the time since PIMS go-live and ability of the sites to complete day-to-day operations using a hybrid solution of MerlinMAP and Merlin. The acting CPIO was planning to draft this following a more detailed discussion with the DSD leadership team, but as this has had to be postponed, it will be actioned shortly.
- Phase II of the project to implement an electronic controlled drugs register is being progressed. The approach to market has changed to an Open Public Tender, and a procurement plan has been prepared and submitted to DDG ACT Health for approval.

#### Quality

MerlinMAP remains a minimum viable product, but the pharmacy departments can mostly achieve what they require for day-to-day operations with some use of Merlin. 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.

#### Benefits

- Avoid duplication in effort in developing, testing and ongoing maintenance of integration between the PIMS and Epic DHR.
- Shared dispensing history across both CHS and NCH pharmacy departments.
- Streamline the management of software licensing, Service Level Agreements (SLA), and product maintenance.
- Better audit, reporting and management of controlled drugs via an electronic recording platform across ACT Health and as required by hospital accreditation.

#### Schedule

The PIMS Board have previously 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 vendor had previously announced that November 2023 upgrade had been delayed to May 2024, exceeding the planned project end date of 30 April 2024, but with critical PBS issues identified, they are now targeting a release in late February/early March 2024. Pharmhos advise that the release will be deployed to TEST during the week commencing 18 March. After receiving the upgrade package, extensive testing will be required to ensure that the new functionality works as intended, and no other adverse impacts occur as a result of any changes.

The Electronic Controlled Drugs Register is classified as Phase Two of the project. The approach to market has changed to an Open Public Tender, and a procurement plan has been prepared and submitted to DDG ACT Health for approval. The Request for Tender is planned to be released in May 2024, with contract execution planned for the end of September 2024.

#### Risks & Issues

MerlinMAP remains a minimum viable product. The issues register continues to be updated with new issues as they arise. Most recently, an issue has been reported where a prescription dispensed in Merlin or MMAP, and 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. The risk is that PBS will reject the claim for these medications, potentially causing significant financial harm to the organisation. Pharmhos have stated that they are working on a resolution, and plan to release it, and other fixes, in the week commencing 18 March 2024 to the ACT testing environment.

#### Budget

- The SIP approved a total capex budget of \$770,052 against cost centre 69843.
- 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.
- 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).





Project Issues		
Title	Residual Rating	Action to Be Taken
PBS is not receiving dispensing cancellation messages from Merlin	Extreme	<p>10/03/24 - Pharmhos advise that the next release with this fix will be deployed to TEST in the week commencing 18/04/24.</p> <p>11/02/24 - meeting held with Pharmhos on 29/01/24, who have advised that they are planning to release a fix into ACT's test environment in late February/early March, which should address these issues.</p> <p>12/01/24 - nil update from vendor on resolving issue. Significant financial risk to CHS. Meeting booked with vendor 29/01/24 to discuss outstanding issues, have identified this is the highest priority for resolution.</p> <p>10/12/23 - nil update.</p> <p>8/11/23 - vendor is setting up test environment with PBS to be able to determine the cause of the issue. Await update.</p>
MerlinMAP Modules not fit for purpose	High	<p>10/03/24 - Pharmhos advise next release will be deployed to test the week commencing 18/04/24 which includes critical PBS fixes. A paper will go to the PIMS board to consider accepting the hybrid Merlin/MerlinMAP solution, closing this issue and phase 1 of the project.</p> <p>11/02/24 - Acting CPIO and CHS PIMS project pharmacist met with Pharmhos on 29/01/24 to discuss outstanding issues and prioritisation thereof. Confirmed intention to release an upgrade in late February/early March 2024 addressing some of these.</p> <p>16/01/24 - Acting CPIO and PIMS project pharmacists met to update outstanding issues relating to MerlinMAP; meeting scheduled on 29/01/24 with Pharmhos to discuss.</p> <p>10/12/23 - PIMS Board agreed a meeting should occur between the acting CPIO and PIMS project pharmacists to update risks and outstanding issues relating to MerlinMAP, to feed back to the vendor.</p> <p>08/11/23 - suggest there is a need to 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>20/02/23 - 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 to 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>10/03/24 - Procurement plan has been developed by Monica Rayson, and submitted to the DDG ACT Health for approval, with revised approach to market as an Open Public Tender.</p> <p>11/02/24 - Statement of Requirements being finalised.</p> <p>16/01/24 - Request for select procurement approach approved by Deputy Director-General.</p> <p>10/12/23 - Electronic Controlled Drugs Register request for select procurement approach has been submitted for approval.</p> <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>9/1/23 - 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>10/03/24 - Meeting to discuss auditing Canberra Script PBS prescriber numbers occurred. Medication Systems Hib team are actively working on improving the data quality of PBS prescriber numbers in MerlinMAP.</p> <p>11/02/24 - Canberra Script team have provided some feedback on dispensing data to CHS Pharmacy. One of the aspects for improvement is availability of PBS prescriber numbers in the system. DSD to assist with auditing and populating these wherever possible.</p> <p>12/01/24 - Canberra Script team are in the process of auditing dispensing data.</p> <p>10/12/23 - Canberra Script team have not yet been able to conduct audit due to conflicting priorities.</p> <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>10/03/24 - Draft RACI is progressing.</p> <p>11/02/24 - draft RACI remains a work in progress.</p> <p>12/01/24 - Acting CPIO working on RACI matrix for data maintenance in medication systems.</p> <p>9/12/23 - PIMS Board supportive of determining optimal management strategy for multiple drug libraries across multiple systems.</p> <p>8/11/23 - suggest 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, imprest 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 System 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> <p>15/11/22: DSD restructure currently occurring. As per last Board meeting, Sandra Cook to investigate funding arrangements for health services to provide data maintenance.</p>
MerlinMAP application on portable devices does not work well	High	<p>10/03/24 - Pharmhos advise that the next release with improvements for portable devices will be deployed to TEST in the week commencing 18/04/24.</p> <p>11/02/24 - discussed in meeting with Pharmhos on 29/01/24, who stated that some improvements have been made since ACT's last upgrade. These will be released into the testing environment with other fixes in late February/early March. Team to provide further feedback if concerns not addressed after testing new functionality.</p> <p>18/01/24 - issue first raised 31/01/24. Categorised as critical by PIMS project pharmacists in issue review on 17/01/24. Re-sent list of outstanding issues to vendor on 18/01/24, meeting scheduled with vendor on 29/01/24 to discuss issues and timelines for resolution.</p>



## 3.9. Identity Governance Status Report

### Identity Governance



ACT Health

### Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

• Health services enabled by contemporary technology

Reporting Period:

12 February 2024 to 10 March 2024

#### Project Overview

Trending

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.

Unchanged

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.

#### Project Governance

Project ID	PJ0044
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: yellow;">●</span>	<span style="color: yellow;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: yellow;">●</span>	<span style="color: green;">●</span>

#### Project Delivery Team

Project Manager	<span style="color: green;">●</span> Sonya Floyer
Approver	CJO

#### 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-focused 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

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 \$1m 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

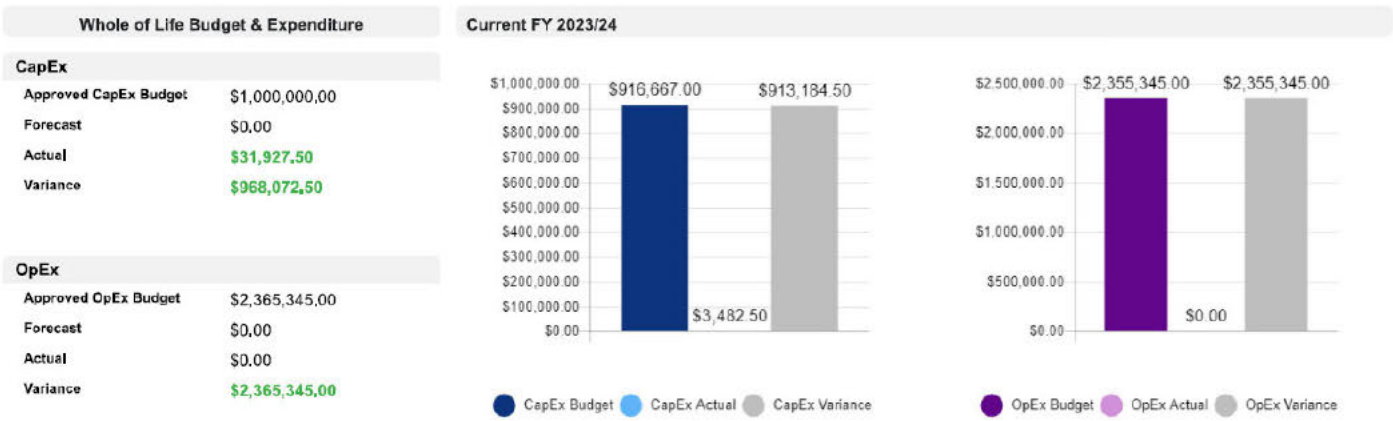
#### Quality

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					Q1		Q2			Q3			Q4					
Task Name	Assigned To	Start Date	End Date	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
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



## 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				1		Critical					
Likely			2	1		High					
Possible			6	4		Moderate					
Unlikely	2		2	7		Low					
Rare	2		1			Planning					
	Insignificant	Minor	Moderate	Major	Catastrophic		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.

## 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 January – March 2024.

For this 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
06/03/2024	SEC-IST-24-060	Device Based Threats	HD	In Progress
13/02/2024	SEC-IST-24-040	Phishing	HD	Closed - Fully Resolved
05/02/2024	SEC-IST-24-031	Account Compromised	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 two and above across all the Essential 8 elements for hosting by June 2024.

#### 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 reached end of life in January 2024.

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

Directorate	Shared Windows 2008 Servers	Citrix 2008 Servers	Shared 2008 SQL Servers
Health	11	14	1
Other	10	9	42
Total	21	23	43

#### 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, although DDTS have arranged for extended support until October 2026. The below table includes the total of Health/CHS servers including other directorates across the ACT Government.

Directorate	Servers
Health	39
Other	87
Total	126

#### 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 for this reporting period outlining the status of the security plans.

	Current	Expired	In Progress	No BSO Acceptance	No Plan	Not Required	Under Review
Total	17	33	8	1	130	16	36