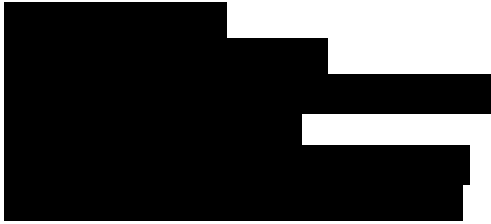


Our reference: **ACTHDFOI23-24.22**



Dear [REDACTED],

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 **Tuesday 14 November 2023**.

This application requested access to:

'All Performance Reports by the Digital Solutions Division since (and including) September 2023.'

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 3 January 2024**.

I have identified two documents holding the information within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

Decisions

I have decided to grant full access to two documents. The documents released to you are provided as [Attachment B](#) 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;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

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 Your personal contact details will not be published.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
Website: 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
Allara House
15 Constitution Avenue
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.

Yours sincerely,



Holger Kaufmann
Chief Information Officer
ACT Health Directorate

7 December 2023

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
[REDACTED]	<i>'All Performance Reports by the Digital Solutions Division since (and including) September 2023.'</i>	ACTHDFOI23-24.22

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 38	Digital Solutions Division September 2023 Performance Report	25 October 2023	Full release		Yes
2.	39 – 77	Digital Solutions Division October 2023 Performance Report	14 November 2023	Full Release		Yes
Total Number of Documents						
2						



ACT
Government

1
ACT Health

Digital Solutions Division

September 2023

Performance Report



Issued 25 October 2023

Contents

1.	From the Chief Information Officer	3
2.	Service Metrics.....	4
2.1.	Service Metrics Summary	4
2.2.	Snapshot	5
2.3.	Incident Management.....	9
2.4.	Problem Management	14
2.5.	Change Management.....	15
2.6.	Legacy Records Management (Paper Records)	17
2.7.	Digital Records Management.....	18
3.	Projects and Program.....	19
3.1.	Summary Overview	19
3.1.	Digital Solutions Divisions Portfolio Dashboard.....	20
3.2.	Data and Reporting Remediation Project Status Report	22
3.3.	Notifiable Diseases Management System Status Report	24
3.4.	Pharmacy Inventory Management System Status Report.....	28
3.5.	Identity Governance Status Report.....	31
3.6.	Embedding a Positive Safety Culture	33
3.7.	Environmental Monitoring System	35
4.	Cyber Security	36
4.1.	Cyber Incidents	36
4.2.	Operational Security Updates.....	36
4.3.	Unsupported Operating Systems.....	37
4.4.	System Security Plans	38

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 September we celebrated a momentous achievement, we've seen the collaboration from the data teams across ACT Health, Canberra Hospital and North Canberra Hospital come together to achieve the best outcome.

We have now submitted the Emergency Department Submission and Elective Surgery Waitlist Submission to the Commonwealth. While we celebrate this achievement there is still some work to do in this space as we continue to rebuild the data reporting requirements that will have a positive impact on our health services for years to come.

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
- 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

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 for our Technology Operations Branch team members 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 in the coming year.

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. At times, we are unable to provide the full twelve months of data as the metrics may not have been collected in a manner that enables the analysis to occur or in other areas (such as digital records management) we may not have been providing the full service provision over 12 months. Further, 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).

DSDs continues to provide a reliable and responsive service. The number of incidents raised had drop significantly compared to the previous month. There were only 12 Priority 2 (High) incidents raised which are outlined in section 2.3 Incident Management.

2.2. Snapshot

2023 SEPTEMBER SNAPSHOT

The Service Desk's average call handle time is the best it has been within a 12 month period.

5821



Phone Calls Offered
To Digital Solutions Support

98



Successful
Scheduled
Changes



7,795

Requests
Created

During September 2023

Requests
Resolved

8,094

During September 2023



!

12

Major Incidents
Critical (P1) or High (P2)

35

Active Projects

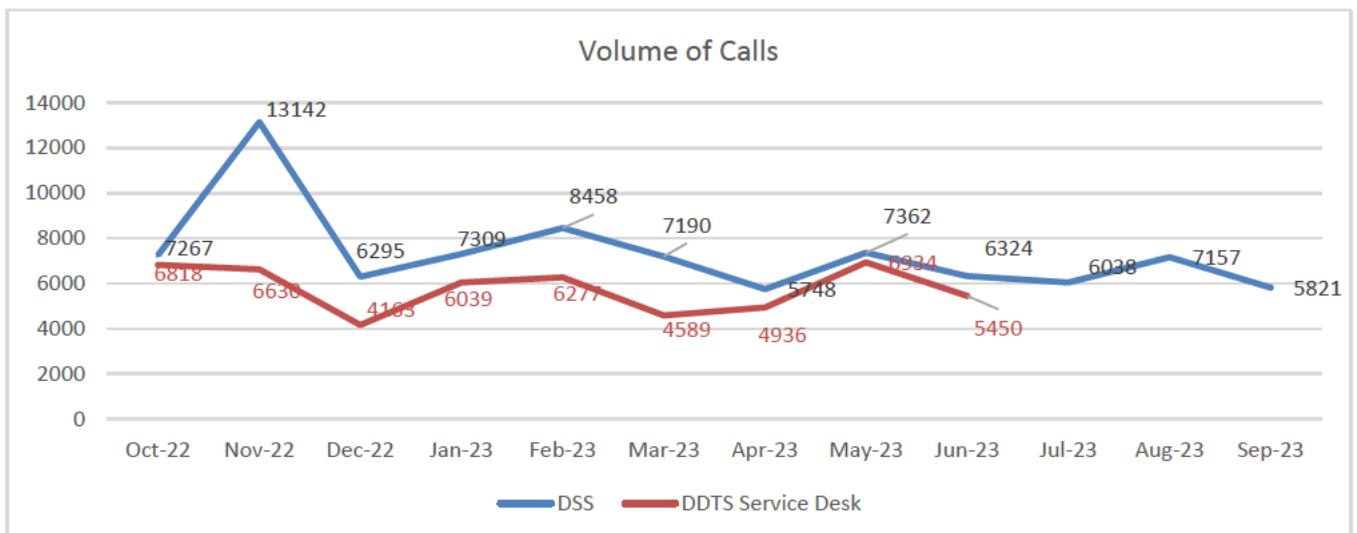


4.7

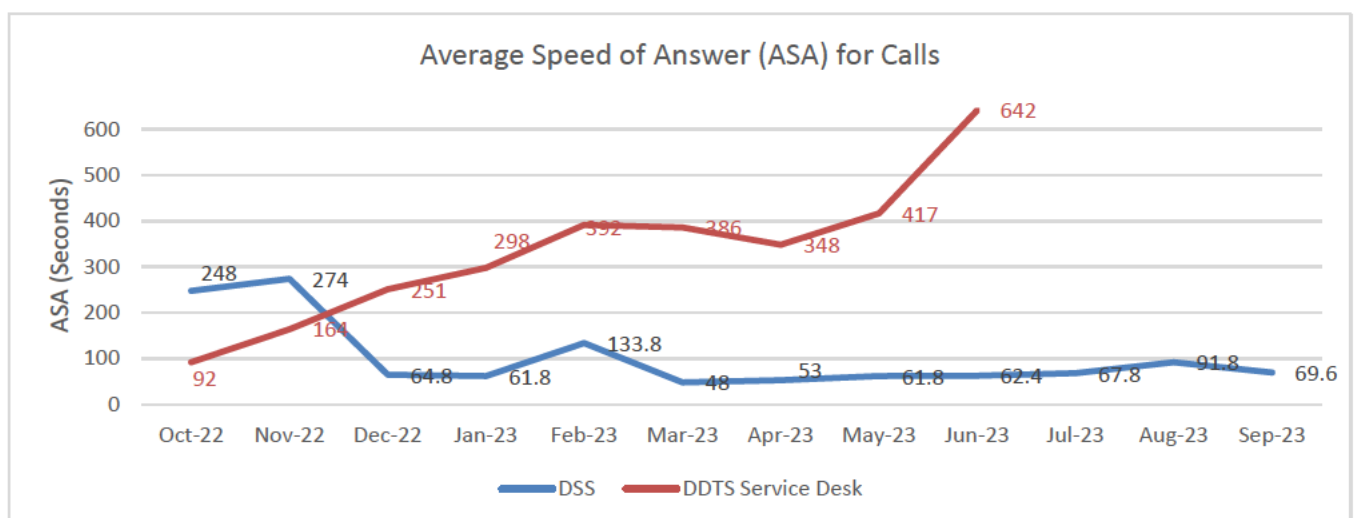
User Satisfaction
Out of 5

Monthly Request Summary

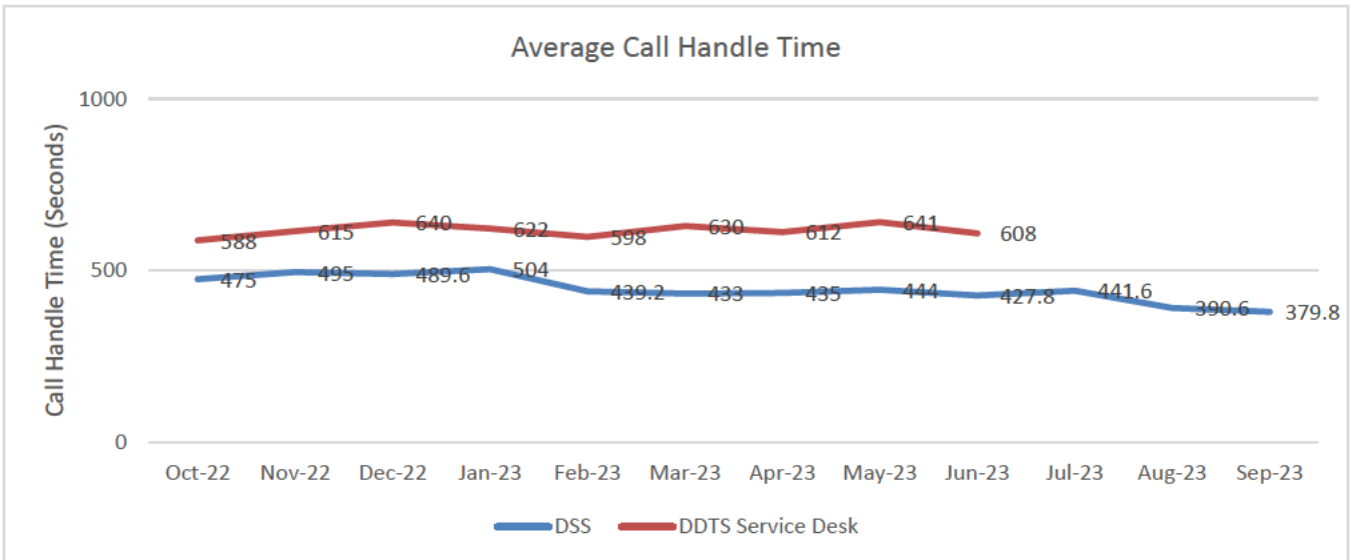
Metric	September 2023
Requests Created	7795
Requests Resolved	8094
Total request remaining open	4917
Standard Requests Responded to within KPI Timeframe (4 hours)	91.3%
Standard Requests Resolved within KPI Timeframe (24 hours)	79.8%
Total Number of Urgent Requests	267
Urgent Requests Responded to within KPI Timeframe (30 minutes)	82.6%
Urgent Requests Resolved within KPI Timeframe (2 hours)	53.6%
Total Number of Password Reset Requests	769
Password Reset Requests Resolved within KPI Timeframe (2 hours)	81%



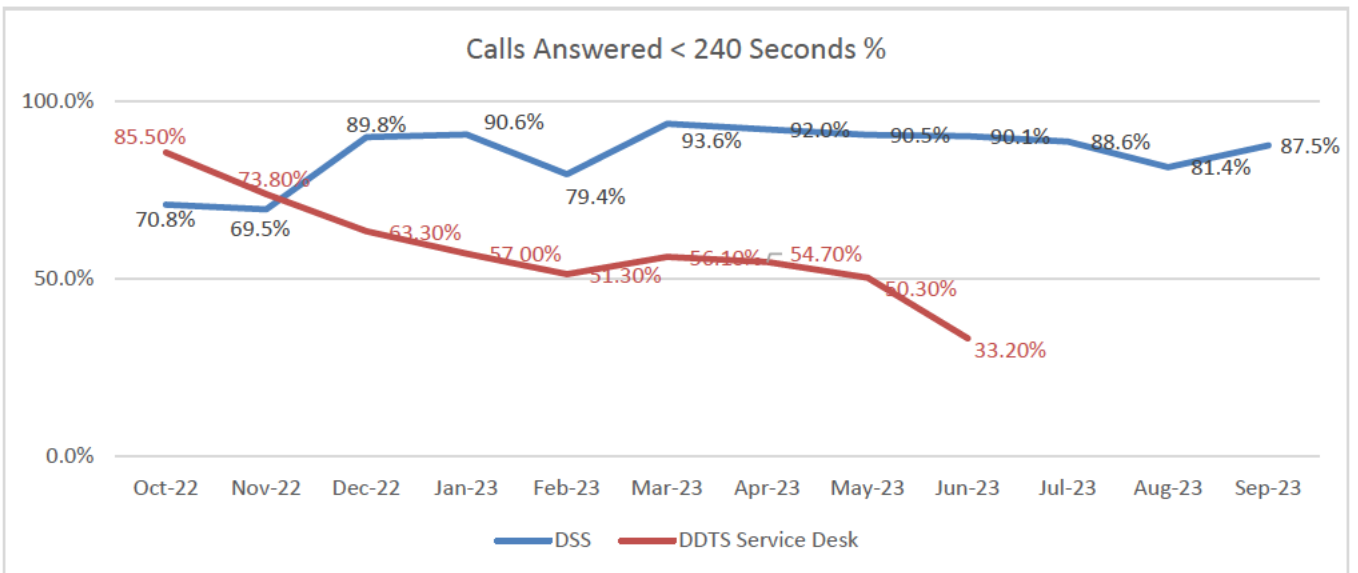
Graph 1 – Total volume of calls



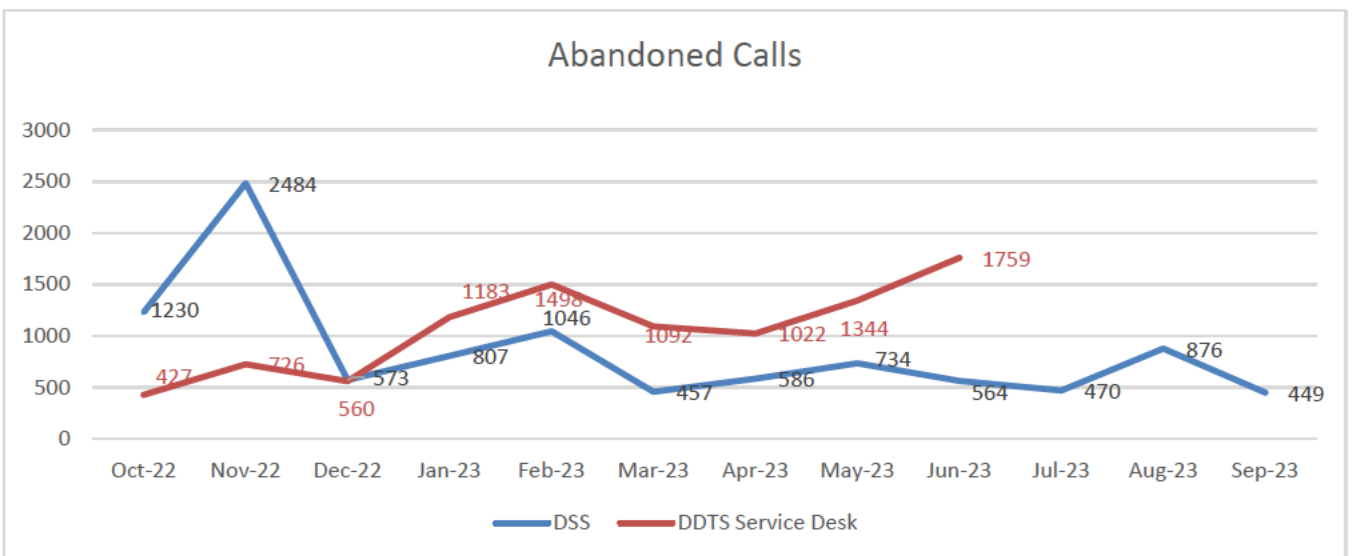
Graph 2 – Average speed of answer for calls



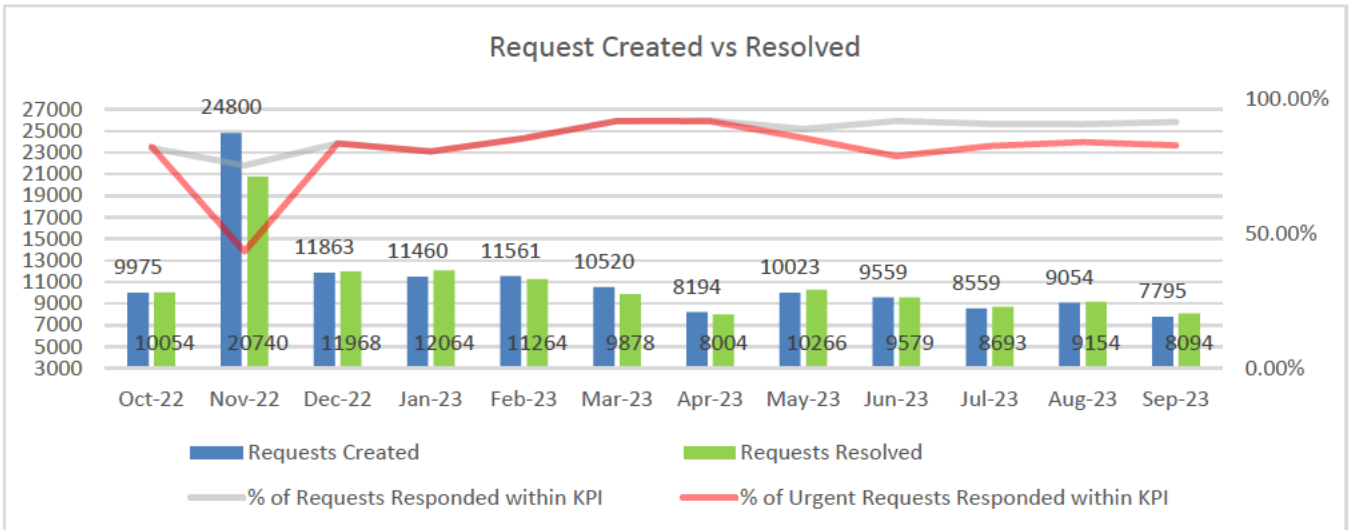
Graph 3 – Average Call Handle Time



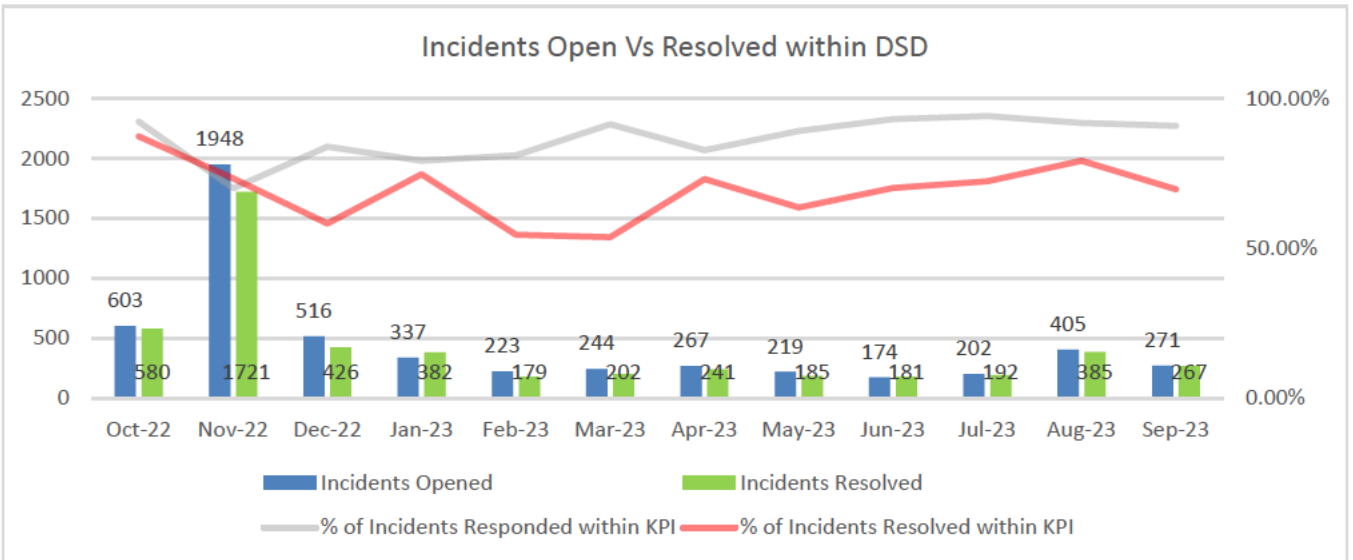
Graph 4 – Total percentage of calls answered within SLA



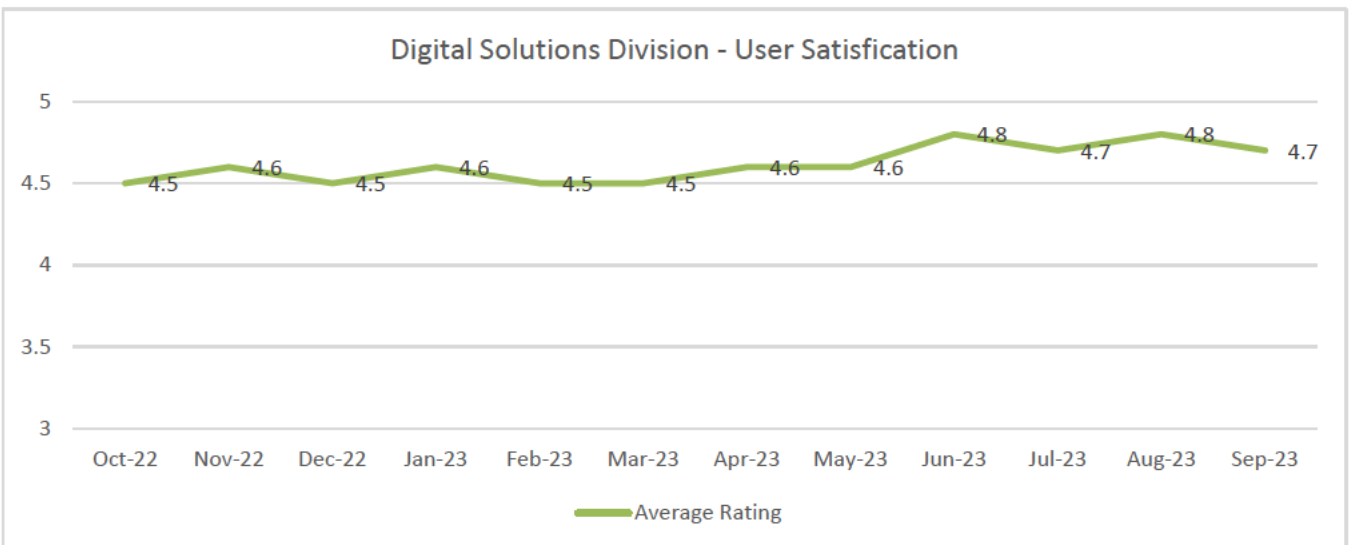
Graph 5 – Total number of calls abandoned.



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 271 new incidents and a total of 267 incidents closed, both a significant decrease from last period.

In this period, 90.8% of incidents were responded to within the first 30 minutes, and 69.7% of incidents were resolved within four hours.

A total of 116 incidents had been raised in relation to DHR and its related business systems, the largest total for any business system. Two of these incidents were classified as P2 with several related incidents associated with them.

108 of the DHR-related incidents consisted of P4 incidents that encompass single user or minor configuration issues.

A total of 21 incidents relating to Clinical Work Devices (CWDs) had been raised this period, which included one P2 incident affecting all devices at the time of outage. The remaining incidents were classified as P4.

Out of the 271 incidents recorded, 12 were classified as a High Priority Incident (P2).

Of the four incidents relating to government critical systems, two were related to DHR systems and the other two were related to CCure.

Of the eight business critical systems, four related to Breast Screen systems. This includes issues between the BIS system and the SectraPACS imaging software. Comprehensive internal reviews are being undertaken in part with the vendor to elevate these incidents to provide a stable and reliable platform.

A summary of each of the 12 P2 incidents can be found in the table below.

Title	Incident Summary	Incident Window	Jira/SNOW #	Priority
AMS Not Launching	<p>The two staff members who were the overnight workers for Pathology were unable to access AMS for the duration of the outage. Due to the importance of AMS, this incident was raised as a P2 for immediate assistance.</p> <p>Both users were confirmed to have been affected with the identified Omnilab error message associated with the currently open AMS Problem record.</p> <p>Force terminating the users sessions and having them sign into new session hosts resolved their issues.</p>	1h, 19m	DSD-378473	P2
Capsule – Application Configuration Error	<p>Messaging from the Medical Devices were not flowing through Capsule into DHR.</p> <p>This had been caused by a corruption to the configuration on the main Capsule server.</p> <p>The Interfaces team restored the configuration from a back up point, tested and confirmed messages begun flowing through Capsule once more.</p>	Partial outage 3h, 17m	DSD-379931	P2
MyMeal – Errors occurring while performing actions	<p>For the duration of the outage, a large number of staff were unable to perform any action in MyMeal after logging into the system.</p> <p>This was cited by NTT to have been caused by an error within the app pool of one of the servers.</p> <p>Once the app pool was restarted on the server, all staff were able to use MyMeal as expected. Further investigation into the root cause of this incident are being completed by the vendor.</p>	Partial Outage 3 Days, 19h, 36m	DSD-380590	P2
BIS – Unable to Access System	<p>Staff were unable to login to the BIS application for the duration of the outage. Staff who were already logged in were unaffected by this issue.</p> <p>An automatic renewal of the certificate on the server had caused any new login to be accepted as the BIS system did not recognise it.</p> <p>With the assistance of the vendor, BIS' system administrators loaded the new</p>	20h, 43m	DSD-382432	P2

	certificate into BIS, which allowed staff to log into the system.			
DHR – Functions unavailable for users with Research Principal investigator sub-template	<p>Staff who had been tagged with the Research Principal Investigator sub-template in DHR had found that they had no pages to display within the system.</p> <p>It had been found that a change to the two sub-templates had caused the issue to the affected staff.</p> <p>Once the changes to the sub-templates were reverted the impacted staff were able to see the pages that they expected to within DHR.</p> <p>Investigation into the finer details of the incident are still underway.</p>	Partial outage 3h, 39m	DSD-384379	P2
DHR – Unexpected Error appearing for users	<p>A growing issue with user sessions had been identified where they were receiving a generic error message within DHR whenever they tried to open PDF documents. Initial impact had been low, however slowly, more and more users begun seeing this issue appear in DHR.</p> <p>Investigations had determined that the cause of the incident was due to an update to Acrobat Reader within the DHR Citrix Session Hosts.</p> <p>The immediate resolution of the incident involved switching the affected session hosts into maintenance mode to stop users from accessing them and then turning off the updates for Acrobat for the remaining hosts.</p> <p>Full resolution of the incident involved reverting the Acrobat update on the affected session hosts so that they could be used again.</p>	Partial Outage 13 Days, 22h, 14m	DSD-384561	P2
CWD – All iOS devices disconnected from network	<p>For the duration of the outage, all iOS and Android devices in TCH and all iOS devices in NCH were unable to connect to the network.</p> <p>The cause of this incident had been due to a DDTS update that consisted of replacing end-of-life switches in Hume. There was a configuration to the switches that was missed that allows the Clinical Work Devices to connect that had caused the outage.</p> <p>Once identified and escalated to DDTS, they were able to update the</p>	1h, 33m	DSD-385756	P2

	configuration, resuming connectivity to all of the affected devices.			
BIS – Application Access Issues	<p>For the duration of the outage, data was not flowing from DHR to BIS. System was accessible however everything appeared empty.</p> <p>The cause of the incident had been determined to the embedded database driver on the server.</p> <p>The system admins, with the assistance of the vendor, resolved the incident by rebuilding the database and pointing it directly towards SQL instead of the embedded database.</p> <p>It will be noted that this was retrospectively escalated as a P2 due to follow-on outages with BIS that occurred the day after.</p>	Partial Outage 6h, 1m	DSD-385831	P2
CCURE – SAS1 Server Issues	<p>It had been identified between DSD and CHS Security that there was an increasing delay with accessing doors and raising code blues across the hospital and community centres.</p> <p>Through investigation it had been identified that the disk drive for the SAS1 database had reached full capacity.</p> <p>An emergency downtime had been raised for Security to back up and purge the disk drive. Once this was completed, it was confirmed that response time to the doors and code blue buttons had returned to expected speeds.</p>	Partial Outage 3h, 51m	DSD-385920	P2
SectraPACS – Issues retrieving images	<p>Over the course of the incident, staff were unable to access any image from the SectraPACS environment.</p> <p>An extensive investigation of the incident had occurred over the long weekend to determine the cause of the incident. Through these investigations it had been determined that the authentication keys were not available on the storage accounts, stopping the authentication from succeeding.</p> <p>With the assistance of Microsoft, scripts were run to fix the storage accounts. Once the short-term and archive storage accounts had the scripts run on them, images began loading in SectraPACS.</p>	Varied, full outage from Friday to Monday. Partial outage Monday to Tuesday 4 Days, 7h	DSD-386181	P2

<p>BIS – Messaging between DHR and BIS failing</p>	<p>For the duration of the outage, all messages between BIS and DHR had stopped working. This meant that patient demographics were not loading and were unable to be updated within the system.</p> <p>The suspected root cause for this incident is due to a large file or query that was causing transactions to roll back, with the remaining transactions stuck on that same thread. This then affects all queries and table look ups.</p> <p>Once the table look ups were tidied and the server was restarted, the system began working as expected.</p> <p>An investigation is still ongoing by the vendor to ensure that this has been permanently resolved and to confirm root cause.</p>	<p>Partial outage 4 Days, 5h, 30m</p>	<p>DSD-386365</p>	<p>P2</p>
<p>CCURE – Emergency Data Maintenance</p>	<p>Following on from the previous CCure incident, Security identified that resources were rapidly being consumed on the SAS1 server, causing the doors and buttons to have a delay in response.</p> <p>An emergency downtime had been scheduled overnight to free up resources and bring the system back to normal operation.</p> <p>The root cause for this instance is still uncertain and an investigation ongoing by DSD Security.</p>	<p>TBA – Awaiting Post Incident Review completion</p>	<p>DSD-386440</p>	<p>P2</p>

2.4. Problem Management

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

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

For this reporting period a total of one problem record was open, following is a summary:

Title	Open date	Problem Summary	Ticket #
AMS Citrix Issues	03/08/2023	<p>Two issues have been identified relating to AMS becoming inaccessible on Citrix.</p> <p>The first issue identified had been in relation to an error message that occurs when a staff member is unsafely removed from their session, and then attempts to log back in. When this occurs, an error message appears advising that they cannot access a specific C Drive Omnilab link.</p> <p>This issue is currently being investigated by NTT, who have identified a potential fix by updating the FSLogix software on the Citrix Session Hosts. This update is currently in testing and will be presented as a change when ready.</p> <p>The second issue relates to a wider issue with NetScaler failovers. It has been identified that the PGC NetScalers are failing over constantly, removing all users from their connected sessions when it occurs.</p> <p>A temporary fix has been implemented in early September that has remediated the issue, with the permanent fix being investigated. It is expected that the permanent fix will be ready to present as a change in early October.</p>	DSD-369408

2.5. Change Management

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

The definition of the changes recorded are:

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

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

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

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

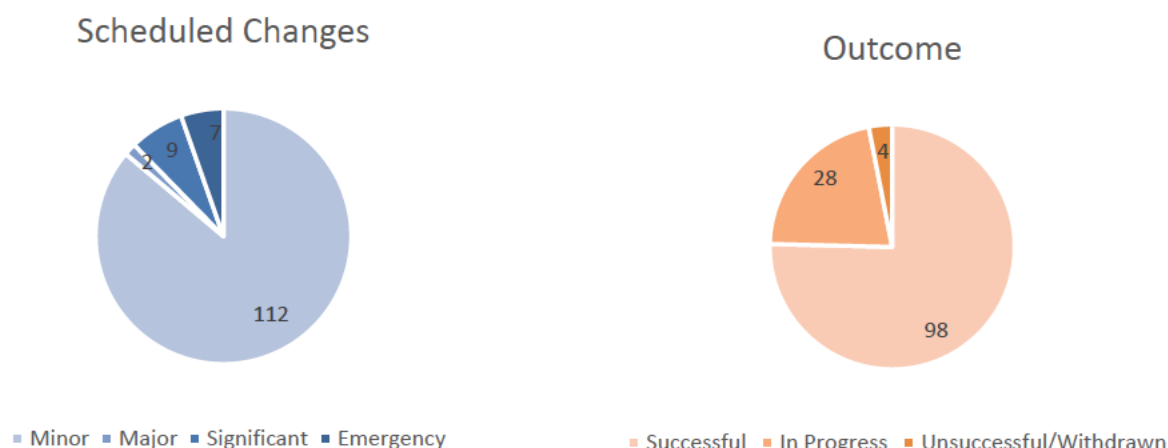
All Major and Significant changes must be considered through the Change Control Board (CCB) approval process prior to proceeding. The CCB met four times during September on the following dates:

- 6 September 2023
- 13 September 2023
- 20 September 2023
- 27 September 2023

A total of 16 changes were tabled for the month, 14 of those were changes lead by Health. The remaining two were managed and lead by Digital, Data, and Technology Services (DDTS).

All changes were endorsed by the committee, two that were presented were not initially endorsed by the committee and were required to be re-presented following recommendations from the committee.

2.5.1. Scheduled Changes



Major and Significant changes included the following:

- Standard monthly patching of Health Enclave systems, including Philips systems
- Healthlink Referrals - Cutover to Rhapsody
- 3M Codefinder - Version Update
- MerlinMap – version update
- Migration and decommissioning of VIMs related hosts
- Promotion of 2 new domain controllers and updates to AD Sites and Services
- Network Modernisation of Building 11's network switches
- CHWC Building 11 - 3.2 Communications Room Switch Upgrade

Emergency changes included the following:

- Adobe update roll back to fix issue with crashing hyperspace
- HEYEX database backup moved from C: to G: drive
- CCURE Virtual machine MAS and SAS1A Server Restart
- CHS CCURE SAS1 Restart

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

Status	Total
Backed out	1
Deferred	2
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
14/12/2022	Ongoing	DSD-289058	AETHER	Migration from AETHER to Rhapsody	In Progress
12/07/2023	TBC	CHG0106665	ProACT	Update the PROACT nursing report and the PIE reporting environment	TBC
26/07/2023	TBC	DSD-356223	CPF	CPF Copy production data from existing NTT Azure data stores to the new NTT physical data stores	TBC

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	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23
Record transfer of a paper files to another officer	24	4	45	18	16	11	23	6	17	9	23	18
Paper File Retrieval Request	27	13	5	10	10	10	16	13	15	9	19	15
New Paper File Request	161	285	209	237	149	188	103	141	261	147	158	128
New File Part Request	7	15	9	17	10	4	4	7	13	11	2	3
Transfer Paper File to Records/Storage	6	8	16	11	14	7	12	9	18	10	18	8

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	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23
General Objective/TRIM enquiry	44	37	67	24	33	33	25	52	21	18	64	51
Request Objective access + new user	16	14	19	53	64	58	51	73	40	71	81	87
Request Access/Restriction on a file or folder	19	25	9	13	19	29	24	28	23	21	18	30

3. Projects and Program

3.1. Summary Overview

The Digital Solutions Division (DSD) has a work program with 35 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 September 2023.

Out of the 20 major (Tier 1 and Tier 2) there are two projects tracking red. The first is the Pharmacy Inventory Management System (PIMS). Following the upgrade on 8 August 2023, there are still errors with the MerlinMAP packing module which has the potential to duplicate medication orders. Weekly meetings are being held with the vendor to address the issues.

The second project tracking red is the Data and Reporting Remediation Project. The work around the Non-Admitted Patient Care and Mental Health data sets are not on track for submission by 29 September 2023, however there are aims to seek a resubmission on 1 November 2023.

The two risks are related to post-treatment the first is due to the size of the data quality problem not being known yet and the second is an unknown risk that the funding body may not agree to an acceptable financial mitigation strategy for a late or incomplete submission.

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

- Relocation of staff from Building 6 and 28 at the Canberra Hospital
- Rhapsody Cutover
- Electrical Distribution Boards
- Data and Reporting Remediation Project
- Nuclear Medicine Equipment Upgrade

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:

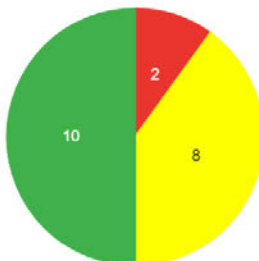
14 August 2023 to 10 September 2023

Overview

Number of Programs	Number of Active Projects
1	35
Number of New Projects	Number of Major Projects
5	20
Number of Projects Closed	
0	

RAG Status of Major Projects

Red
Yellow
Green



Resources

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

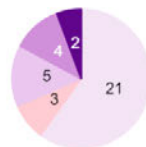
All Projects by Tier

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

Major Project Report

Project ID	Project Name	Project Health	Project Tier	Approval Stage or Tranche	Digital Health Strategy Theme	Executive Sponsor	Go-Live Tracking
PJ0002	Centenary Hospital for Women and Children Expansion Project	Green	Tier 1	Execute	• Patient-centred • Health services enabled by contemporary technology	'Chris Tarbuck	30/11/23
PJ0004	CSB (Critical Services Building) Main Build	Green	Tier 1	Plan	• Patient-centred • Health services enabled by contemporary technology	'Chief Minister	30/06/24
PJ0009	Notifiable Disease Management System (NDMS)	Green	Tier 1	Deliver	• Patient Centred • Research, discovery and collaboration	'Kerryn Coleman	04/01/24 Phase 2
PJ0013	Pharmacy Inventory Management System	Red	Tier 2	Initiate	• Patient-centred • Health services enabled by contemporary technology	Sandra Cook	20/06/22 (CPHB) 26/09/22 (CHS), Phase 2: 31/07/23
PJ0015	TCH Building 12 ICU Redevelopment	Green	Tier 2	Close	• Patient-centred • Health services enabled by contemporary technology	'Colm Mooney	31/03/22
PJ0016	TCH Building 12 Medical Imaging Refurbishment	Yellow	Tier 2	Deliver	• Patient-centred • Health services enabled by contemporary technology	'Colm Mooney	23/09/23
PJ0017	TCH Building 19 Level 3 Refurbishment	Green	Tier 2	Plan	• Patient-centred • Health services enabled by contemporary technology	'Colm Mooney	31/07/23
PJ0018	TCH Building 20 L1 RadOnc Linac Replacement	Green	Tier 2	Close	• Patient-centred • Health services enabled by contemporary technology	'Colm Mooney	31/12/22
PJ0019	Weston Creek CHC Medical Imaging Expansion	Green	Tier 2	Deliver	• Patient-centred • Health services enabled by contemporary technology	'Colm Mooney	21/07/23
PJ0033	North Canberra Hospital OneID and EACS Replacement	Yellow	Tier 2	Initiate	• Health services enabled by contemporary technology	'Jarrad Nuss	27/12/23
PJ0036	BIS Upgrade Project	Yellow	Tier 2	Initiate	• Patient-centred • Health services enabled by contemporary technology • Research, discovery and collaboration	'Julianne Siggins	09/11/22
PJ0044	Identity Governance	Yellow	Tier 1	Initiate	• Health services enabled by contemporary technology	CIO	30/06/25
PJ0045	Distribution Centre Relocation	Yellow	Tier 2	Deliver	• Health services enabled by contemporary technology	'Andrew Murphy	30/10/23
PJ0041	Embedding a Positive Safety Culture	Yellow	Tier 2	Plan	• Health services enabled by contemporary technology	CIO	30/06/23
PJ0046	Eating Disorder Residential Treatment Care Centre	Green	Tier 2	Initiate	• Patient-centred • Health services enabled by contemporary technology	'David Jones	TBD
PJ0048	Building Fit-out works for CAMHS at Bowes Street	Yellow	Tier 2	Initiate	• Patient-centred • Health services enabled by contemporary technology	Evan Byrne	28/12/23
PJ0050	ACT Pathology Laboratory Expansion	Green	Tier 2	Initiate	• Health services enabled by contemporary technology	Glenn Edwards	TBD
PJ0049	Environmental Monitoring System	Yellow	Tier 2	Initiate	• Health services enabled by contemporary technology	Holger Kaufmann	22/12/23
PJ0054	Critical Communications Infrastructure Upgrades at ACT Public Hospitals - Distributed Antenna Systems	Green	Tier 1	Initiate	• Health services enabled by contemporary technology	Holger Kaufmann	Dec 2025
PJ0061	Data and Reporting Remediation Project	Red	Tier 1	Initiate	• Patient-centred • Health services enabled by contemporary technology • Research, discovery and collaboration	Rebecca Cross	Dec 2024

Tier 3 & 4 Projects

Project ID	Project Name	Executive Sponsor	Digital Health Strategy Theme	Approved Baseline Budget (Capex)	Approved Baseline Budget (Opex)
PJ0035	Mainpac Expansion	David Jones	• Health services enabled by contemporary technology	\$254,375.00	\$38,958.75
PJ0037	Electric Vehicle Charging ICT Standard	Colm Mooney	• Health services enabled by contemporary technology	\$20,000.00	
PJ0040	DALI System Upgrade	Chris Tarbuck	• Health services enabled by contemporary technology	\$0.00	\$50,000.00
PJ0042	TCH B3 L1 Rheumatology & Dermatology Consultation Room Upgrades	Chris Tarbuck	• Health services enabled by contemporary technology		\$4,200.00
PJ0043	1 Moore Street Security Upgrade	Scott Harding	• Health services enabled by contemporary technology		\$5,000.00
PJ0047	RAPID	Sarah Mogford	• Patient Centred • Health services enabled by contemporary technology	\$187,680.00	\$46,749.00
PJ0051	Watson Health Hub (WHH)	David Jones	• Patient Centred • Health services enabled by contemporary technology		\$49,438.00
PJ0052	North Canberra Hospital Transition	Director General	• Patient Centred • Health services enabled by contemporary technology	ICT estimate \$100,000	
PJ0053	Legacy System Remediation and Data Preservation	Justine Spina	• Health services enabled by contemporary technology		\$20,000.00
PJ0055	DHR Onboarding Form Report	Sandra Cook	• Health services enabled by contemporary technology		\$0.00
PJ0056	CPF - Build of Prod & Non-Prod hardware	Ryan Mavin	• Health services enabled by contemporary technology		\$70,000.00
PJ0058	B6 and B28 Staff Relocation to B1, Level 8 Project	Brendan Docherty	• Health services enabled by contemporary technology		\$34,520.00
PJ0059	Rhapsody Cutover	Holger Kaufmann	• Health services enabled by contemporary technology		\$10,000.00
PJ0060	Electrical Distribution Boards	Chris Tarbuck	• Health services enabled by contemporary technology		\$22,000.00
PJ0062	Nuclear Medicine Equipment Upgrade Project	Colm Mooney	• Health services enabled by contemporary technology		\$36,412.00

Red Synopsis Report

Synopsis Status	Project ID	Project Name	Project Tier	Approval Stage or Tranche	Comments
●	PJ0013	Pharmacy Inventory Management System	Tier 2	Initiate	The project status remains RED as new issues continue to be reported after the upgrade v1.0.827 was implemented on 08/08/23. Not all issues however relate directly to the upgrade. There are significant errors with MerlinMAP packing module and potential duplicate medication orders pose a patient safety risk. Issue management meetings are held weekly with the vendor, to address.
●	PJ0061	Data and Reporting Remediation Project	Tier 1	Initiate	The project Status is reporting red for Schedule and Risks with the work for Non-Admitted Patient Care and Mental Health data sets not on track for submission by 29 September 2023 however aiming to provide a resubmission on 1 November 2023. Two risks are currently post-treatment rated as extreme with the size of the data quality problem not yet known and the risk that the funding body will not agree to an acceptable financial mitigation strategy for late or incomplete submissions.

New Projects

Project ID	Project Title	Project Overview
PJ0058	B6 and B28 Staff Relocation to B1, Level 8 Project	The relocation of seven staff from Building 6 and Building 28 is in support of the upcoming demolition of buildings 6 and 23.
PJ0059	Rhapsody Cutover	Transition from AETHER to Rhapsody is expected to yield significant cost savings by streamlining integration processes and reducing maintenance overhead. Rhapsody's robust and efficient integration capabilities can result in optimized resource utilization and reduced operational expenses. The migration to Rhapsody provides an opportunity to enhance the overall security posture. Rhapsody's advanced security features and protocols offer heightened protection against potential vulnerabilities and cyber threats, safeguarding sensitive patient data and maintaining compliance with industry regulations.
PJ0060	Electrical Distribution Boards	The upgrade and replacement of electrical distribution boards across buildings 1, 2, 3 and 20 at the Canberra Hospital. Completion of this work is critical to address patient safety and meet Australian Electrical and Building code standards.
PJ0061	Data and Reporting Remediation Project	The Data and Reporting Remediation Project will be delivered in multiple phases to ensure critical data capture and availability and reporting needs are met, in line with timelines agreed with the National Health Funding Body (NHFB), Independent Health and Aged Care Pricing Authority (IHACPA), and Australian Institute of Health and Welfare (AIHW), as well as operational and strategic data and reporting priorities agreed for the ACT public health system.
PJ0062	Nuclear Medicine Equipment Upgrade Project	This project will replace ageing medical equipment and provideneccessary building works for three scanners which is critical to providing high quality Nuclear Medicine Services. This project will be the responsibility of Major Projects Canberra, Capital Project Delivery (CHS) and DSD who is responsible for delivering the ICT requirements.

Closed Projects

Project ID	Project	Project Overview

Major Project Risks Heat map

Primary	2	3	4	5	6
Risk Matrix					
Almost Certain	1		4	1	
Likely		2	3	2	
Possible	2	14	23	8	1
Unlikely	2	8	19	4	
Rare	4	3	5		
	Insignificant	Minor	Moderate	Major	Catastrophic

Major Project Issues Heat map

Primary	2	3	4	5	6
Issue Matrix					
Critical					
High		1	6	5	
Moderate	1		3		
Low	2	2			
Planning	1	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	Project Director to manage resource planning for the project and escalate resource risks and emerging issues to Project Board for discussion and resolution. Continue to analyse and be flexible with resourcing arrangements, including prioritising the project and mobilising the existing ACT public health system workforce to assist with this work. Use project resources in the areas with most issues.
Data and Reporting Remediation Project	Risk	The funding body will not agree to an acceptable financial mitigation strategy for late or incomplete submissions	Extreme	ACTHD to continue discussions and negotiations with funding body.

3.2. Data and Reporting Remediation Project Status Report



Data and Reporting Remediation Project

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient Centred
- Health services enabled by contemporary technology

Reporting Period:

14 August 2023 to 10 September 2023

Project Overview

Trending

The Data and Reporting Remediation Project will be delivered in multiple phases to ensure critical data capture and availability and reporting needs are met, in line with timelines agreed with the National Health Funding Body (NHFB), Independent Health and Aged Care Pricing Authority (IHACPA), and Australian Institute of Health and Welfare (AIHW), as well as operational and strategic data and reporting priorities agreed for the ACT public health system.

Stable

Project Governance

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

Project Performance Indicators

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

Project Baseline

	Current Schedule	Schedule Baseline	Approved Budget	Budget - Actual
	01/08/23	01/08/23	\$788,875.00	\$788,875.00
	Actual Start Date	Baseline Start Date	Approved Baseline Budget (Capex)	Capex Variance
	20/12/24	20/12/24	\$2,881,288.00	\$2,881,288.00
	Actual End Date	Baseline End Date	Approved Baseline Budget (Opex)	Opex Variance

Project Delivery Team

Project Manager	Katherine Gechter
Approver	Holger Kaufmann

Project Status Commentary

Project Status

The project has submitted the data required for Emergency Department and Elective Surgery Waitlist on the dates required. The next key deadline is Friday 29 September to submit the first full submission to the National Health Funding Body, the submission should include the Emergency Department (ED), Admitted Patient Care (APC), Non-Admitted Patient Care (NAP) and Mental Health (MH) data sets. For 29 September the team will only be prepared to submit a subset of the ED and APC data sets. The subset will include the elements required for National Weighted Activity Units (NWAU) calculations. ED is on track and APC is a watch status. The work for NAP and MH is off track and will not be ready for a submission on 29 September. We have the ability to do a resubmission on 1 November 2023 and are aiming to submit subsets of the MH and NAP data sets then.

Benefits

As of early September the Data Ecosystem has data available for reporting on Emergency Department and Elective Surgery Wait List activity and outcomes. This data has been submitted to AIHW for inclusion in the Report on Government Services.

Risks & Issues

- Issue: Project time pressures and volume of work are negatively impacting staff wellbeing, resulting in burnout, unplanned leave and turnover
- Issue: Compacted period of time available for data quality rectification work and not enough staff available to do the work in the short period
- Risk: The funding body will not agree to an acceptable financial mitigation strategy for late or incomplete submissions
- Risk: The size of the data quality problem is not yet fully known

Budget

The Project Director is working with Strategic Finance on actual expenditures which will be reported in next month's report. The budget is expected to be on track as several of the planned resources have not been utilised at this stage in the project. Recruitment is still underway for an external Project Director and Project Officer.

Scope

Providing FY22/23 mandatory national submission datasets is the highest priority for this project and the primary focus for the work effort in Phase 1 of this project. This phase will also include scoping of the legacy systems project, with many legacy systems due to be decommissioned at the end of 2023.

Schedule

- ED data submitted on 1 September
- ESWL data submitted on 8 September
- Priority 1 elements required for NWAU submission due 29 September for APC and ED. ED is on track and APC is a watch status.
- Priority 1 elements required for NWAU submission due 1 November for NAP. This is off track
- Resubmission on APC and ED are due 1 November. This will include any priority 2 elements that are complete.
- Mental Health core build is targeted for 1 November. This is off track.
- Phase 1 is to be completed by 30 November 2023.
- Phase 2 will be completed within 12 months and planning is underway.

Quality

The project has processes in place ensure the build quality of the Data Ecosystem and the submission outputs. This includes a contracted resource from PwC who is reviewing the end-to-end outputs, code and processes for data extraction. The Data Quality workstream has several risks and issues that are impacting the team's ability to rectify all the data quality issues identified and many are issues are still unknown. A Data Quality Management Process has been approved by the Steering Committee and Project Board to respond quickly to any issues as they arise and seek approval for the proposed rectification.

To ensure the delivery of mandatory elements required for NWAU calculations, the scope has been reduced to priority 1 elements. Priority 2 elements, required for full submissions of APC, ED, ESWL, NAP and MH is likely to carry over into Phase 2 of the project.

Phase 2 of the project will focus on continuing work from Phase 1, to build foundations and establish governance required for reporting across the ACT public health system. The Operational and Internal Reporting workstream will commence in this phase. Governance will be a strong focus in this phase to lay the groundwork required for successful transition to BAU in Phase 3.

Key Project Milestones

Key Milestones Report - Data and Reporting Remedia

Health	Priority	Task Name	Details	Assigned To	Jul 30							Aug 6							Aug 13							Aug 20						
					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			
		Deliverable: ED submission to AIHW																														
		Deliverable: ESWL submission to AIHW																														
		Deliverable: APC NWAU elements submitted to NHFB																														
		Deliverable: ED NWAU elements submitted to NHFB																														
		Deliverable: NAP NWAU elements submitted to NHFB																														

Financial Performance

Whole of Life Budget & Expenditure

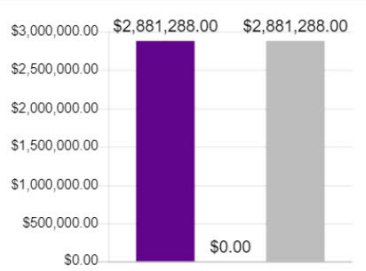
CapEx	
Budget	\$788,875.00
Forecast	\$788,875.00
Actual	\$0.00
Variance	\$788,875.00

OpEx	
Approved OpEx Budget	\$2,881,288.00
Forecast	\$2,881,288.00
Actual	\$0.00
Variance	\$2,881,288.00

Current Financial Year 2023-2024



Current Financial Year 2023-2024



● CapEx Budget
 ● CapEx Actual
 ● CapEx Variance
 ● OpEx Forecast
 ● OpEx Actuals
 ● Variance OpEx

Project Risks & Issues Profile

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

Issue Matrix					
Primary	2	3	4	5	6
Issue Matrix					
Critical					
High				1	1
Moderate			2		
Low					
Planning					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	Project Director to manage resource planning for the project and escalate resource risks and emerging issues to Project Board for discussion and resolution. Continue to analyse and be flexible with resourcing arrangements, including prioritising the project and mobilising the existing ACT public health system workforce to assist with this work. Use project resources in the areas with most issues.
The funding body will not agree to an acceptable financial mitigation strategy for late or incomplete submissions	Extreme	ACTHD to continue discussions and negotiations with funding body.
Key operational reporting/data not available to services	High	Project to prioritise and schedule operational work to be undertaken by project and ensure appropriate resources are allocated.
Reputational harm to the ACT public health system and Government	Medium	Establish project schedule, plan and controls to coordinate, manage and monitor the delivery of the project. Continued engagement with AIHW and funding body on agreed timelines and completeness of each submission. Health system leaders, senior executives at ACTHD, CHS and NCH, and Minister's to be regularly briefed on status of project.
Insufficient funding approved for the project	Medium	Phased approach for delivery project to ensure resources are focused on current priority areas for the project or areas where critical issues are identified. Project Director to manage resource planning for the project and escalate resource risks and emerging issues to Project Board for discussion and resolution.
Delay to Activity Based Funding (ABF) Project	Medium	Establish project schedule, plan and controls to coordinate, manage and monitor the delivery of the project. Manage communications and engage with the ABF team on status of required data for the ABF project.
Key operational reporting requirements for National Safety and Quality in Health Standards (NSQHS) will not be met	Medium	Project to scope reporting requirements and priorities.
Data and reporting priorities are not aligned	Medium	Project will identify priorities for BAU reporting teams. Combine high level teams across public health service to provide a single and consistent prioritisation process.

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 in the short period	High	Project Director to ensure coordination and communication between teams. Project leadership establishing improvements to processes for efficient and quick identification, escalation and communication of data quality issues.
Project time pressures and volume of work are negatively impacting staff wellbeing, resulting in burnout, unplanned leave and turnover	High	Ensure staff are not working long hours and provide flexibility in work arrangements. Establish a balanced approach to scope and timeframes between what is required versus best practice and "nice to have". 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.
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	Project to define agreed to definitions and methodologies for metrics reported externally. Project to propose a reporting layer design.
Legacy systems are not decommissioned according to original timeframes	Medium	Project will define the scope and plan for a Legacy Systems project during Phase 1 of this project.

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



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

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient Centred
- Health services enabled by contemporary technology

Reporting Period:

14 August 2023 to 10 Sept 2023

Project Overview

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

Trending



Project Governance		Project Performance Indicators						
Project ID	PJ0054	Overall Health Status	Schedule Health	Benefits Realised	Budget Health Status	Quality Health Status	Risks Health Status	Scope Health Status
Approval Stage	Initiate	●	●	●	●	●	●	●
Tier	Tier 1							
Sponsor	Holger Kaufmann							
Project Delivery Team		Project Baseline						
Project Manager	Anthony Taylor	Current Schedule	Schedule Baseline	Approved Budget	Budget - Actual			
Approver	Holger Kaufmann	11/08/23 Actual Start Date	11/08/23 Baseline Start Date	\$11,328,000.00 Approved Baseline Budget (Capex)	\$11,328,000.00 Capex Variance			
			19/12/25 Baseline End Date	Approved Baseline Budget (Opex)	\$0.00 Opex Variance			

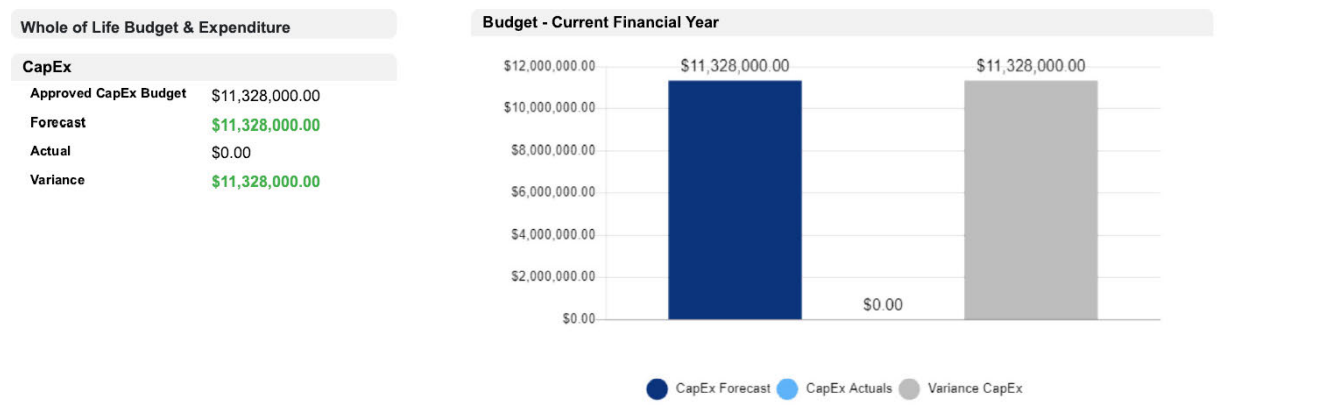
Project Status Commentary

Project Status	Benefits	Risks & Issues
<p>Project is reviewing business case and PID to prepare minutes for DG/CIO approval to engage with carriers to provide actual SOW, costs and schedule for NCH, UCH and CH.</p> <p>Identifying for review Whole of Gov Contracts and Lease agreements related to carrier services across NCH, UCH and CH.</p> <p>Identifying all stakeholders, not identified in the PID to develop a detailed communication plan for NCH, UCH, CH.</p> <p>Organising meetings with Finance and Procurement to confirm the correct contacts, procedures and approvals are set in place before any engagement to procure is issued, for ongoing communication.</p> <p>Identifying the correct carrier contacts to provide initial briefings on DAS works across the three sites, pending minute approvals to commence SOW, Schedule, and cost proposals.</p> <p>Developing High Level Scope document for issue to carriers, based on approved Business Case and PID, to allow carriers to develop their scope, schedule and actual costs.</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"> • 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. 	<p>Refer to Critical Comms DAS Risk and Issues Register</p> <p>Scope</p> <p>A scope delineation schedule is to be finalised and agreed in collaboration with the three carriers Telstra, Optus, TPG/Vodafone, for:</p> <p>CH - Buildings 1, 2, 3, 11, & 12 – Upgrade to allow inbuilding coverage for 4G and 5G mobile cellular network connections.</p> <p>UCH - Installation and connection of Telstra and TPG/Vodafone to existing DAS.</p> <p>NCH - Implement new DAS to allow inbuilding coverage for 4G and 5G mobile cellular network connections.</p> <p>Covering: System Integration - Replacement and upgrade of existing DAS solutions. Design - Architecture and detailed design of the DAS system for CHS facilities. Implementation - Deployment of infrastructure to support solution.</p> <p>Schedule</p> <p>Schedule to be developed and finalised in collaboration with Telstra, Optus, TPG/Vodafone</p>
<p>Budget</p> <p>Business Case has been approved.</p> <p>Minutes are being prepared to request approval for invite to develop SOW and actual costs for Telstra, TPG/Vodafone to connect to existing DAS solution at NCH, CH and UCH.</p>		
<p>Quality</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.</p>		

Key Project Milestones

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

Financial Performance



Project Risks & Issues Profile

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

Risks		
Title	Residual Rating	Action to Be Taken
DAS Infrastructure becoming redundant.	High	To move forward with the upgrade.
Limited Monitoring for existing DAS.	High	To move forward with the upgrade.
Potential for noncompliance.	High	To move forward with the upgrade.
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

Project Issues		
Title	Residual Rating	Action to Be Taken

3.4. Notifiable Diseases Management System Status Report



Notifiable Disease Management System

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient Centred
- Health services enabled by contemporary technology

Reporting Period: 14 August 2023 to 10 September 2023

Project Overview	Trending
<p>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.</p> <p>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.</p>	<p>Stable</p>

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						
Project Manager	M Maddison Noble	Current Schedule	Baseline Schedule	Budget	Budget Variance			
Approver	CIO	07/09/20	07/09/20	\$7,913,000.00	\$3,815,264.89			
		02/05/24	Baseline Start Date	Approved Baseline Budget (CapEx)	CapEx Variance			
			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	Benefits	Risks & Issues
<p>The Project continues to work with CDC to resolve pain points and undelivered functionality of Phase 2 implementation. The NNDSS Solution is pending approval of the solution design before promotion to production can occur. The decommission of the legacy NDMS system has been completed. Migration of the AETHER interfaces to Rhapsody has been successfully completed. The switch will see new monitoring capabilities to enable quality assurance of laboratory result integrations.</p> <p>A Project Support Officer has been recruited to the Project and is set to commence in October. This resource will provide administrative support for the Project and be given minor work packages to take ownership of.</p> <p>The ACTGAL Statement of Requirements is under final review with DSD Architecture. The Project is aiming for review at the Digital Committee being held 29 September.</p>	<p>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.</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 risk to schedule is developing for ACTGAL with the work on the SoR taking longer than expected. It is becoming less likely that a contract signing will occur in this calendar year. Prioritisation of the SoR development has been given with available resources working daily on its completion. Adequate project resourcing is the key risk for both projects this reporting period. An EOI for project support is being progressed to address this.</p>
Schedule	Budget	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 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.</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>The remaining Project budget at the end of 22/23 financial year was \$3,046,751. This is an overspend of forecast amount by \$153,000 however the Project continues to report within tolerance.</p> <p>NDMS allocation \$1,000,000.00 / Expended \$7255.00 (23/24FY)</p> <p>ACTGAL Allocation \$2,200,000.00 / Expended amount \$8834.00 (23/24FY)</p>	<p>A Project Plan detailing the scope and deliverables for Phase 3 NDMS is in draft. A brief to the Chief Health Officer will be submitted along with the Project Plan for endorsement in their role of Executive Sponsor. ACTGAL is progressing with the statement of requirements to accompany an approach to market. This will be required to establish the ACTGAL component of the Phase 3 scope. A draft PID is being developed by the Project Manager.</p>
Quality		
<p>The Quality expectations for Phase 3 NDMS have not yet been documented. Test planning meetings have commenced to review to scope of deliverables and iterations of testing required.</p> <p>ACTGAL LIMS Quality measures are yet to be established however requirements analysis has commenced and will be documented in the SoR and PID. Test planning for the LIMS solution can progress once the SoR is complete.</p>		

Key Project Milestones

Key Milestones Report - Notifiable Disease Managem

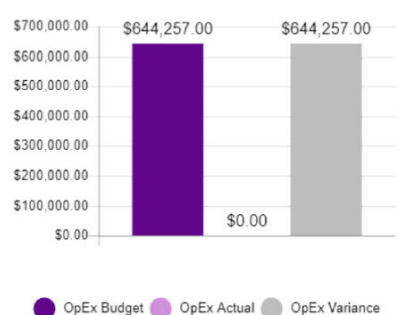
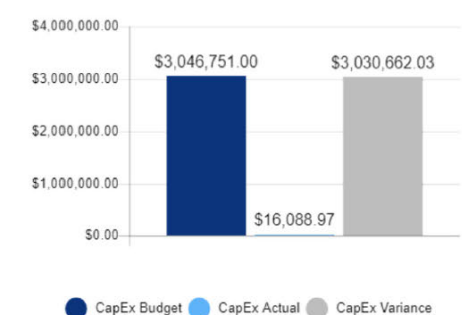
Health	Priority	Task Name	Start Date	End Date	Status	Q3		Q4				Q1		Q2			Q3	
						Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
●		NDMS Phase 2: 'Nightly Report' NINDSS Transmission Build	05/09/22	21/02/23	Complete													
		NDMS Phase 3: Project Planning Workshop	18/07/23	18/07/23	Complete													
		NDMS Phase 3: NNDSS Automation	27/04/23	25/08/23	In progress													
		NDMS Phase 3: DDTs Project Brief	13/07/23	17/07/23	Complete													
		NDMS Phase 3: NNDSS Solution Design	10/07/23	28/07/23	Complete													
		NDMS Phase 3: Cyber Security endorsement	15/06/23	15/06/23	Not started													
		NDMS Phase 3: Dev/Test Sharepoint instance	15/06/23	26/07/23	Complete													
		NDMS Phase 3: NNDSS Automation testing	28/07/23	10/08/23	In progress													
		NDMS Phase 3: NNDSS Automation UAT	11/08/23	17/08/23	Not started													
		NDMS Phase 3: Legacy System	24/07/23	12/01/24	In progress													
		NDMS Phase 3: UAT Legacy SQL scripts	14/08/23	01/09/23	Complete													

Financial Performance

Whole of Life Budget & Expenditure Current FY 2023/24

CapEx	
Budget	\$7,913,000.00
Forecast	\$6,296,935.63
Actual	\$4,097,735.11
Variance	\$3,815,264.89

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



Project Risks & Issues Profile

Risk Matrix (Post Treatment)						
Primary	2	3	4	5	6	
Risk Matrix						
Almost Certain						
Likely						
Possible			1	2		
Unlikely			1			
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	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.
ACTGAL (Phase 3) Expectation management of business unit.	Medium		Project manager to raise the risk with the Board and work with the business throughout on expectations.
ACTGAL Resourcing availability of the business unit is limited in the procurement phase.	Medium		Coordinate workshops around ACTGAL availability to allow maximum contribution from SMEs. Facilitate multiple opportunities for contribution to improve opportunity for participation.
NDMS SME Availability	Medium		Advise the Board of the risk associated. Finalise schedule for NDMS 2.0 work to identify in advance areas requiring CDC resourcing.
NDMS DSD Resource availability	Medium		Early coordination of resourcing. Request additional testing support.

Project Issues		
Title	Residual Rating	Action to Be Taken

3.5. Pharmacy Inventory Management System Status Report



Pharmacy Inventory Management System

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient-centred
- Health services enabled by contemporary technology

Reporting Period:

14 August '23 to 10 Sept. '23

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.

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
●	●	●	●	●	●	●

Project Baseline

Project Delivery Team	Current Schedule	Baseline Schedule	Budget	Budget Variance
Project Manager: A Andrew Matthews	28/02/21 Start Date	08/06/20 Baseline Start Date	\$0.00 Approved Baseline Budget (CapEx)	\$0.00 CapEx Variance
Approver: Sandra Cook	31/07/23 End Date	31/07/23 Baseline End Date	\$866,292.00 Approved Baseline Budget (OpEx)	\$114,376.56 OpEx Variance

Project Status Commentary

Project Status

Project status remains RED. New issues continue to be reported after Upgrade v1.0.827 was deployed on 8/8/23. Not all issues are related directly to Upgrade changes. Significantly, errors with the MerlinMAP (MMAP) packing module and potential duplicate medication orders pose a patient safety risk. Additional issues relate to NCH stock management including the inability to enter a new product into MMAP. Workflow issues related to how the order of prescriptions is displayed for users is impacting dispensing efficiency. And though the Upgrade was intended to provide business reporting and cyclical stocktake functions for NCH, further work has been requested from Pharmhos to finalise the build of these reports now that the functionality has been enabled. Medication Systems and pharmacy services remain in constant liaison with Pharmhos to determine the root cause of problems and to implement fixes. Issues management meetings with the vendor are held weekly since 8/9/23. A PIMS Project Board meeting is planned for week of 25/9/23. The Electronic Controlled Drugs Register - ECDR- (Project Phase II) is now a 'must have' priority project via the system wide Digital Work Plan overseen by the Digital Committee. MMAP project reports were subject to a FoI media request; a negative news article was published in the Canberra Times on 24/8/23. In contrast, the PIMS Project Team has been nominated for a team excellence award in the 2023 ACT Allied Health Excellence Awards and was a winner of a Society of Hospital Pharmacists of Australia (SHPA) Hospital Team Innovation Award.

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

MMAP remains a minimum viable product, with performance still to meet expectations. The focus on improvements within the governance of a defined project is recommended. This factor, plus delays in gaining approval of funding for Project Phase II (ECDR) means it is recommended that the PIMS project is subject to an exception report to re-map and extend the Schedule (now that ECDR funding approval has been granted). This will also include milestones to continue to address vendor performance in improving MMAP beyond a minimal viable product.

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).

Risks & Issues

- The MMAP solution implemented across both health services remains barely a minimum viable product and does not meet all business requirements for the pharmacy departments. Key issues regarding report functionality and electronic purchasing of medication orders have been fixed with deployment of v1.0.827. An end-of-month report was able to be generated by NCH, but NCH continues to work with Pharmhos to resolve some incorrect stock counts in the cyclical stocktakes.
- The errors with the MMAP packing module and potential duplicate medication orders pose a patient safety risk and additional safety measures are being put in place whilst Pharmhos investigates the root cause and works towards a fix.
- A CanberraScript audit has been scheduled with both Pharmacy Services and ACTHD Pharmaceutical Services for week beginning 11 September. This is required to confirm fixes installed are properly uploading monitored medicines dispensed on discharge or outpatients into CanberraScript from MMAP.
- Gaps still exist in DSD MMAP system administration skill sets, but there has been some upskilling of staff to manage Release testing. The issues identified post Upgrade with the packing module are complex and causes have not yet been identified. It is unlikely DSD staff could have picked up these issues with existing test scripts.
- The issues register continues to be updated to capture the new issues identified over the current reporting period.

Scope

- The PIMS instance of Merlin/MerlinMAP has been live at NCH now for 15 months (go-live June 2022) and now 12 months at CHS (go-live 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.

Quality

The solution delivered in Project Phase 1 remains barely a minimum viable product. Release v1.0.827 has made some inroads to improved functionality for NCH issues but appears to have added issues that may include a patient safety risk in the packing module for CHS that is being managed, while the root cause (and a potential fix) is established via the vendor. Given these ongoing issues, it is not reasonable to close off the project and an exception report has been written to extend the project schedule to ensure MMAP achieves its expected functionality.

Key Project Milestones

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

Schedule to be re-baselined subject to exception report approval

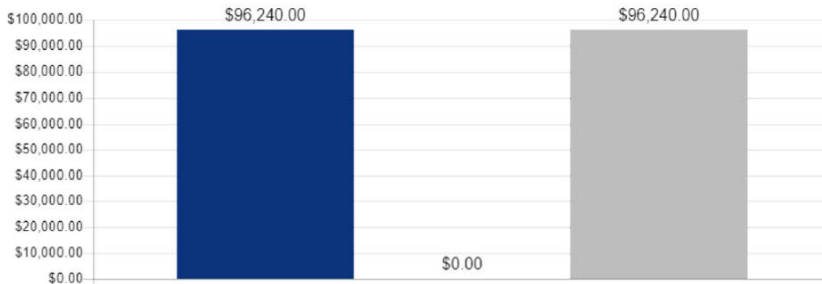
Financial Performance

Whole of Life Budget & Expenditure

OpEx

Budget	\$866,292.00
cast	\$882,068.63
Actual	\$751,915.44
Variance	\$114,376.56

Current FY 2023/24



● OpEx Budget ● OpEx Actual ● OpEx Variance

Project Risks & Issues Profile

Risk Matrix (Post Treatment)					
Primary	2	3	4	5	6
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				1	4
Moderate					
Low			1		
Planning					
	Insignificant	Minor	Moderate	Major	Catastrophic

Risks			
Title	Residual Rating	Treatment Strategy	Action to Be Taken

Project Issues		
Title	Residual Rating	Action to Be Taken
MerlinMAP Modules not fit for purpose	High	<p>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 which then needs to be provided to Pharmhos to incorporate into their build schedule.</p> <p>19/09/22 - PIMS Board agree that critical issues would be included in final release deployed prior the DHR go-live. Build issues log has over 160 items currently logged.</p> <p>15/08/22 - Release 1.0.754 is in test. 3 fixes have failed testing. Options paper to address competing priorities between PIMS and DHR to be tabled to Board for discussion.</p> <p>18/07/22 - CPHB: Sarah to review and prioritise issues logs for CPHB this week to provide to vendor for inclusion in next release. Advice from vendor is they expect 2 more build prior to DHR go-live.</p> <p>CHS: Exception report to be tabled to project board this week, preferred option for CHS is to stay on Merlin.</p> <p>20/06/22 - v1.0.724 deployed to test on 3/6, Sarah Smith has been working with the vendor to ensure the product provides a minimum viable build for CPHB go-live, PM is tracking issues and future build list, awaiting confirmation from vendor on timeframe for this development.</p>
Electronic drugs register implementation	High	<p>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 & 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>10/9/23 - 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>10/09/23 - 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>
Potential for duplicate packed medications	High	<p>10/09/23 - New issue; vendor investigating root case and to deploy fix.</p>

3.6. Identity Governance Status Report



Identity Governance

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

• Health services enabled by contemporary technology

Reporting Period:

14 August 2023 to 10 Sept 2023

Project Overview

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

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

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

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

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

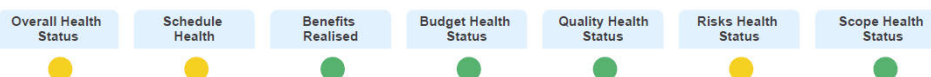
Trending

▲
Improving

Project Governance

Project ID	PJ0044
Approval Stage	Initiate
Tier	Tier 1
Sponsor	CIO

Project Performance Indicators



Project Delivery Team

Project Manager	S Sonya Floyer
Approver	CIO

Project Baseline

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

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

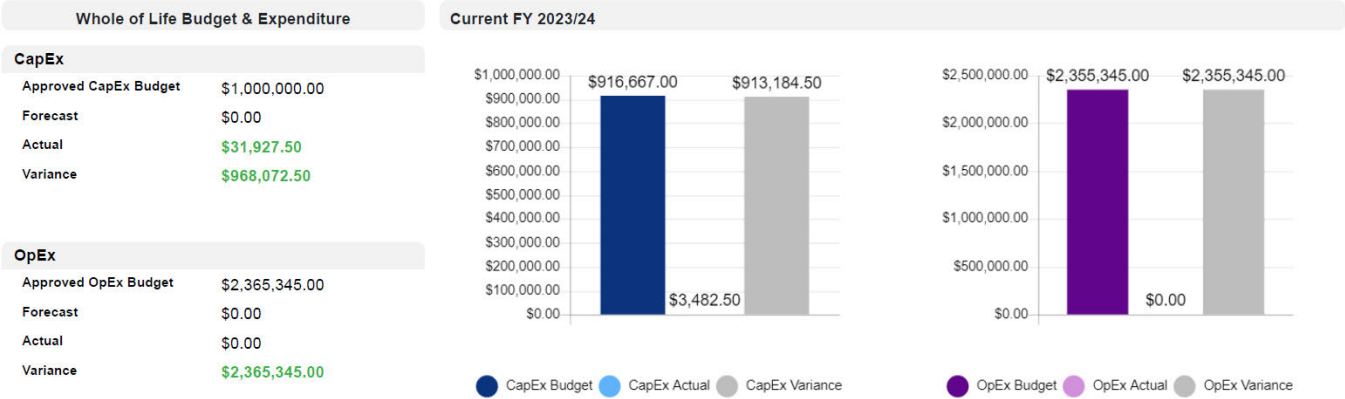
Quality

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.

Key Project Milestones

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

Financial Performance



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						Low					
Rare						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.

Project Issues		
Title	Residual Rating	Action to Be Taken

3.7. Embedding a Positive Safety Culture



Embedding a Positive Safety Culture

PROJECT STATUS DASHBOARD

Digital Solutions Division

Digital Health Strategy Theme

- Patient Centred
- Health services enabled by contemporary technology

Reporting Period:

14 August 2023 to 10 September 2023

Project Overview

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

Trending

Declining

Project Governance

Project ID	PJ0041
Approval Stage	Plan
Tier	Tier 2
Sponsor	CIO
Governing Committee	

Project Performance Indicators



Project Delivery Team

Project Manager	Nicole Wang
Approver	CIO

Project Baseline

Current Schedule	Schedule Baseline	Approved Budget	Budget - Actual
04/10/22	04/10/22	\$250,000.00	\$217,858.50
Start Date	Baseline Start Date	Approved Baseline Budget (Capex)	Capex Actuals
30/10/23	30/06/23		\$32,141.50
End Date	Baseline End Date		Capex Variance

Project Status Commentary

Project Status

Infrastructure works for 8B Nurse Call upgrade carried out by Trinity Electrical Pty Ltd have been completed. Hills Health Solutions have delivered 50% of the hardware to DSD on 12th July 2023, the other 50% were taken back to Sydney pending pre-programming of IP addresses. Nurse Call End Devices fit off scheduled for early October 2023. Duress upgrade to BCHC and TCHC WIC carried out by Securitas Pty Ltd have been completed, witness testing completed on 24 Aug 2023.

Benefits

Provides better safety to both patients and staff.

Risks & Issues

Nurse Call vendor Hills Health Solutions Pty Ltd has gone into administration on 2 June 2023 following the loss of a lawsuit. While the administrators have allowed the vendor to continue trading in the meantime, it is important to note that there have been some delays in the delivery of latest update received from Hills Health Solutions on 28 August 2023 indicates that the administration process moving towards a close. Stellar Vision are going to incorporate into Hills rather than Hills incorporating into Stellar Vision.

Budget

Total Capital budget allocation is \$250,000, to date \$238,021.21 has been committed for project Infrastructure works, Nurse Call and Duress works. This project is currently under budget by 5%, estimated further 2% to be spent on minor variations. Overall, the project is expected to be delivered on budget.

Scope

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

Schedule

Duress upgrade to BCHC and TCHC WIC carried out by Securitas Pty Ltd have been completed, Witness testing completed on 24 Aug 2023. 8B Nurse Call working is currently waiting on 2 new switch installation and vendor fit off the end devices. Switch installation scheduled on 28th Sep 2023, Nursecall devices fit off work scheduled to be confirmed by Vendor.

Key Project Milestones

Key Milestones Report - Embedding a Positive Safet

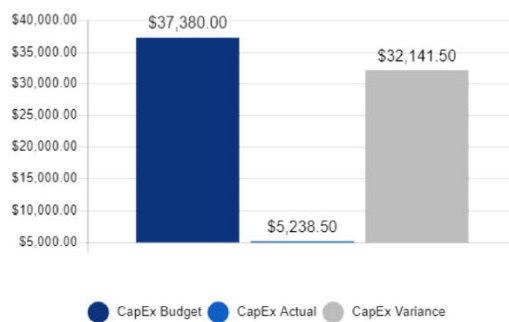
Task Name	Start Date	End Date	Status	Timeline (Feb 26 to Mar 19)																											
				S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
Register DSD Project	01/03/23	01/03/23	Complete																												
Review Function Brief	03/03/23	03/03/23	Complete																												
Stage Complete: Stage 1 Approved for Exit. Progress to Plan	15/03/23	15/03/23	Complete																												
Prepare DSD Engagement Brief	09/03/23	10/03/23	Complete																												
System Matrix (SM)	01/04/23	03/04/23	Complete																												
Staging and Decanting Document	25/06/23	28/06/23	Complete																												
Operational Commissioning Document			Complete																												
Stage Complete: Stage 2 Approved for Exit. Progress to Execute & Deliver	01/06/23	28/09/23	In progress																												
DISST	30/03/23	05/04/23	Complete																												
Procurement Activities	03/03/23	31/03/23	Complete																												
Install Nurse Call and TVs	02/09/23	13/10/23	Not started																												
Install & commission network equipment	01/08/23	29/08/23	In progress																												
Stage Complete: Stage 3 Approved for Exit. Progress to Close	23/10/23	27/10/23	Not started																												
As Built Documentation			Not started																												
DDTS Project Delivery Acceptance Certificate			Not started																												
Stage Complete: Project Closed			Not started																												

Financial Performance

Whole of Life Budget & Expenditure

Current FY 2023/24

CapEx	
Approved CapEx Budget	\$250,000.00
Actual	\$217,858.50
Variance	\$32,141.50



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				1	
Moderate					
Low					
Planning					
	Insignificant	Minor	Moderate	Major	Catastrophic

Risks		
Title	Residual Rating	Action to Be Taken

Project Issues		
Title	Residual Rating	Action to Be Taken
Hills Health Solutions entered Administration	High	Frequent communications with vendor to obtain updates of company's viability to operate.

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.

The information in this section has been updated with the latest information provided from the DDTS Cyber Security Report April – June 2023.

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

Investigations and Requests for information (1)

Date	Reference	Investigation/RFI	Directorate	Status
17/05/2023	SEC-IST-23-123	E-discovery: Email	HD	Closed - Fully Resolved

Incidents (1)

Date	Reference	Incident Type	Directorate	Status
19/06/2023	SEC-IST-23-143	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 one and above across all the Essential 8 elements for hosting.

4.2.2. Privileged Account Management

DSD is in the process of implementing 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. The PAM solution is now live, and 41 systems have been onboarded. The ACTHD cyber team is continuing to work with the ACTHD Tech team and system administrators 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 (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	On Premise Server 2008	Azure Server 2008
Health	50	15
Other	46	68
Total	96	83

4.3.2. Windows 2012 Servers (On Premise)

Windows support will reach end of life on all on premise Windows Server 2012 in October 2023. The below table includes the total of Health/CHS servers including other directorates across the ACT Government.

Directorate	Development	Test	Production
Health	14	24	38
Other	35	90	250
Total	49	114	288

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 03 July 2023 outlining the status of the security plans across the ACT Government.

Directorate	Current	Expired	No Plan	Under Review	Not Required	Total
Health	9	30	15	34	15	103
Other	46	33	25	53	31	188
Total	55	63	40	87	46	291

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



Digital Solutions Division

October 2023

Performance Report



**Connecting
Your Care.**

Issued 14 November 2023

Contents

1.	From the Chief Information Officer	3
2.	Service Metrics.....	4
2.1.	Service Metrics Summary	4
2.2.	Snapshot	5
2.3.	Incident Management.....	9
2.4.	Problem Management	11
2.5.	Change Management.....	12
2.6.	Legacy Records Management (Paper Records)	15
2.7.	Digital Records Management.....	16
3.	Projects and Program.....	17
3.1.	Summary Overview	17
3.1.	Digital Solutions Divisions Portfolio Dashboard.....	18
3.2.	Data and Reporting Remediation Project Status Report	21
3.3.	Critical Communications Infrastructure Upgrades at ACT Public Hospitals - Distributed Antenna Systems	24
3.4.	Notifiable Diseases Management System Status Report	26
3.5.	Pharmacy Inventory Management System Status Report.....	28
3.6.	Identity Governance Status Report.....	31
3.7.	Embedding a Positive Safety Culture	33
3.8.	Environmental Monitoring System	35
4.	Cyber Security	37
4.1.	Cyber Incidents	37
4.2.	Operational Security Updates.....	37
4.3.	Unsupported Operating Systems.....	38
4.4.	System Security Plans	39

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.



Our teams were busy throughout October undertaking rigorous testing on the build that has been completed in preparation for the next version update of the DHR. The testing occurs in three stages which is comprised of dedicated application testing, then moving to integrated testing to ensure workflows are working as expected across the entire system. The last stage of our testing is the most important, which is the user acceptance testing to ensure our end users endorse the new build that we have provided prior to moving it into production.

This is a process that occurs bi-annually to maintain an up-to-date solution of the DHR.

These updates sometimes may include backend system changes which may not be visible to our end users; we also provide improved system functionality to ensure we are continually improving the digital health experience across the ACT Public Health system.

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

+61 2 5124 9000 or 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 for our Technology Operations Branch team members 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 in the coming year.

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).

Service levels across the division continue to remain steady, in addition to this our service delivery also remains around the similar levels. The division has reach over 80% for request being resolved within the 24 hours and calls answered within 240 seconds. This is a great demonstration that the division are continuing to uphold a reliable and responsive service for out clients.

2.2. Snapshot

2023

OCTOBER

SNAPSHOT

DSD received 195 user reviews on completed service requests which averaged out to 4.8 out of 5 for user satisfaction.

6055

Phone Calls Offered

To Digital Solutions Support



142

Successful Scheduled Changes



7,704

Requests Created

During October 2023

Requests Resolved

7608

During October 2023



4

Major Incidents

Critical (P1) or High (P2)

36

Active Projects



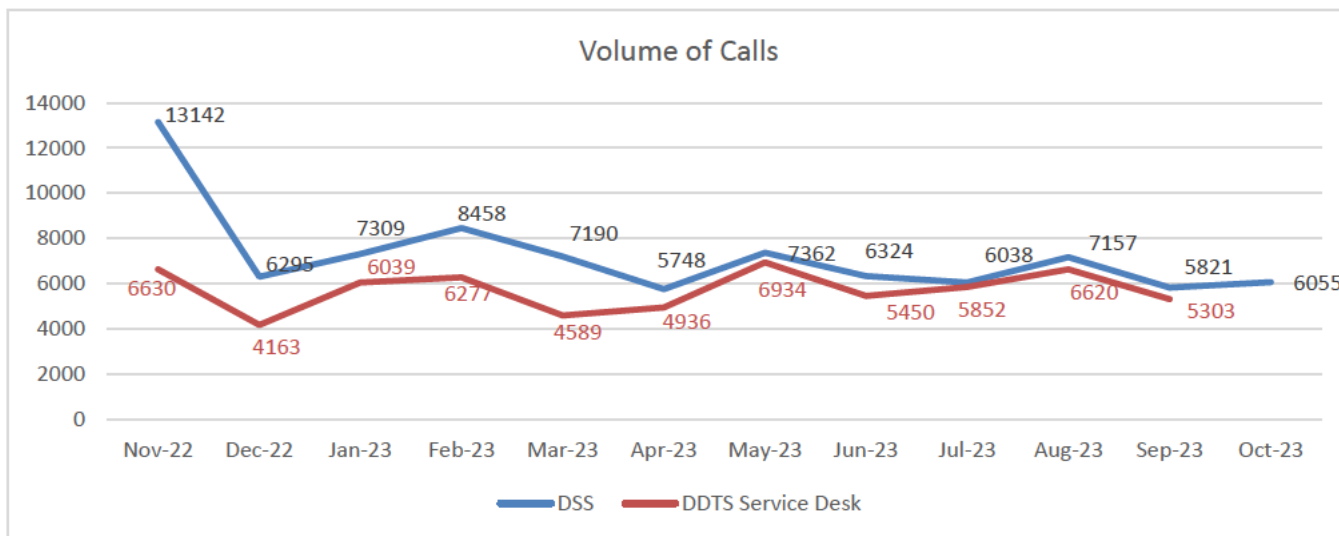
4.8

User Satisfaction

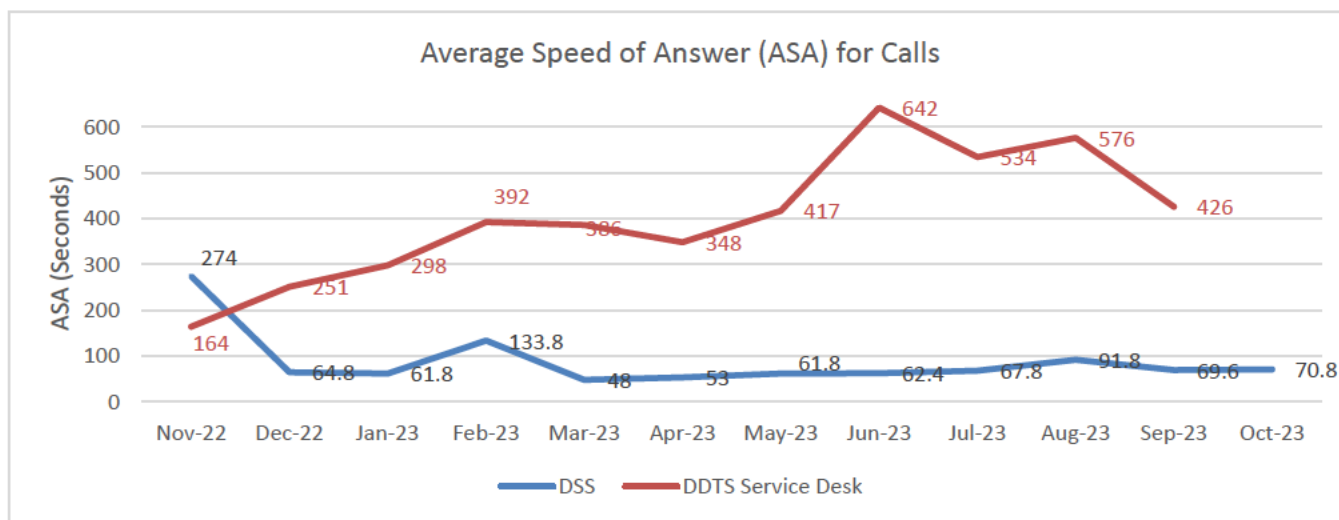
Out of 5

Monthly Request Summary

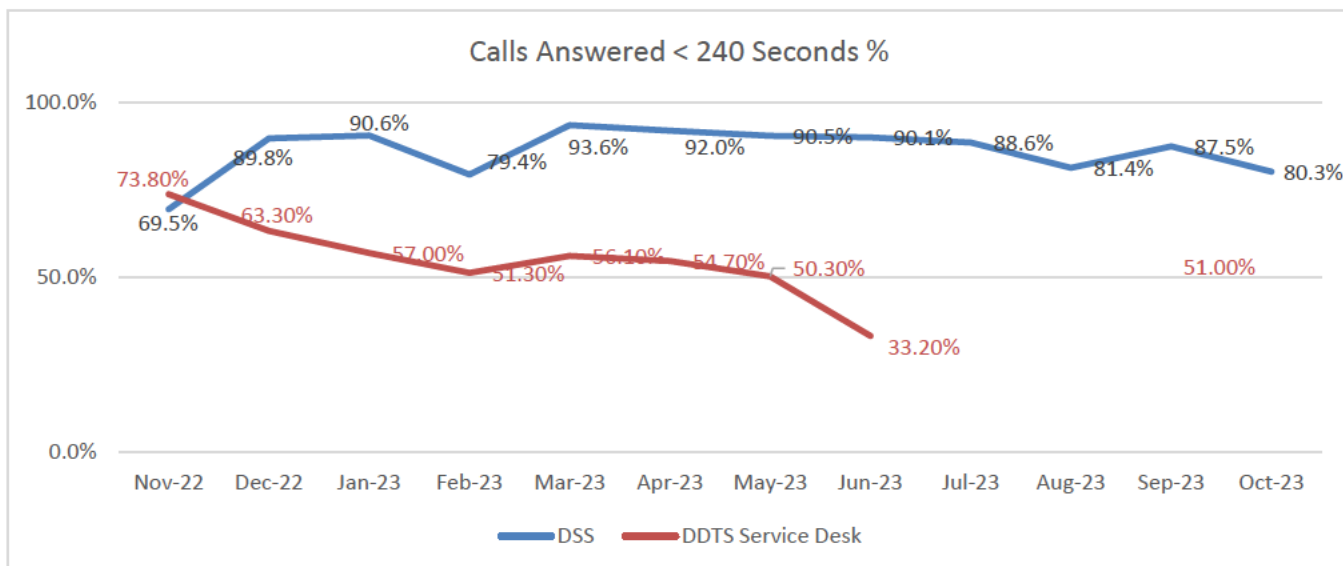
Metric	October 2023
Requests Created	7705
Requests Resolved	7602
Total request remaining open	4914
Standard Requests Responded to within KPI Timeframe (4 hours)	90.3%
Standard Requests Resolved within KPI Timeframe (24 hours)	80.3%
Total Number of Urgent Requests	312
Urgent Requests Responded to within KPI Timeframe (30 minutes)	81.7%
Urgent Requests Resolved within KPI Timeframe (2 hours)	56.6%
Total Number of Password Reset Requests	842
Password Reset Requests Resolved within KPI Timeframe (2 hours)	82.3%



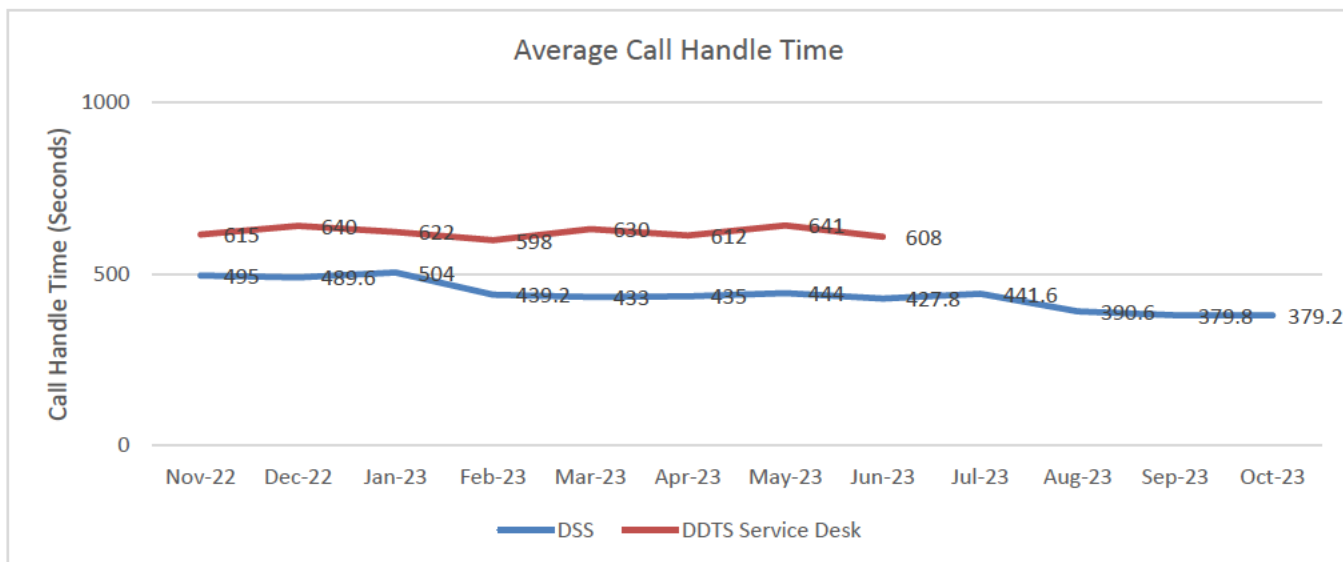
Graph 1 – Total volume of calls



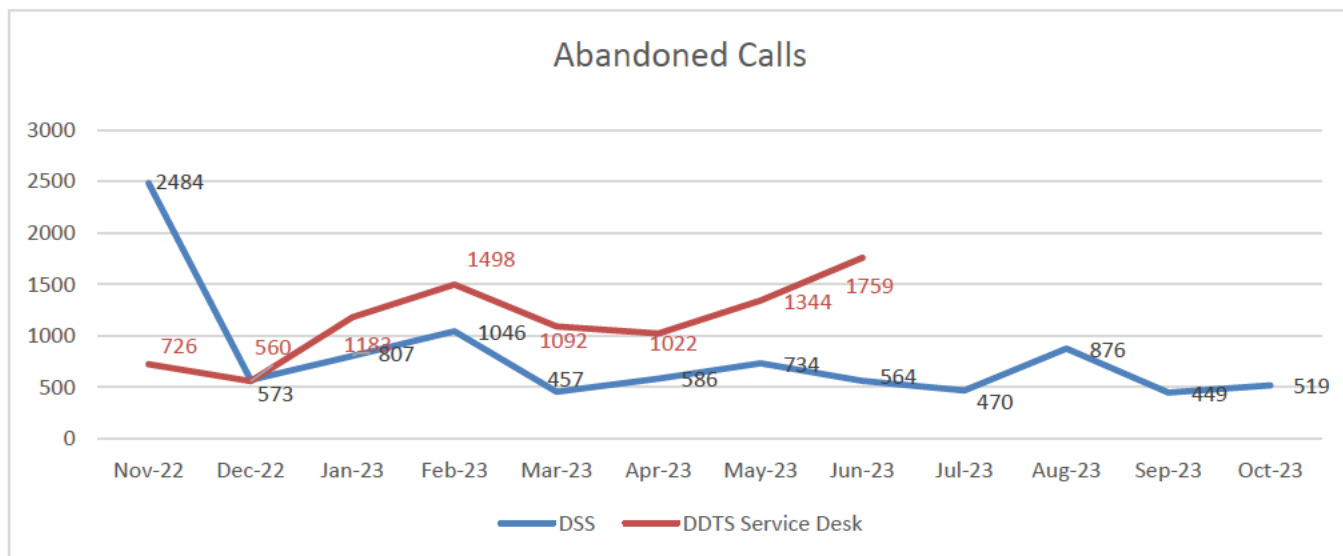
Graph 2 – Average speed of answer for calls



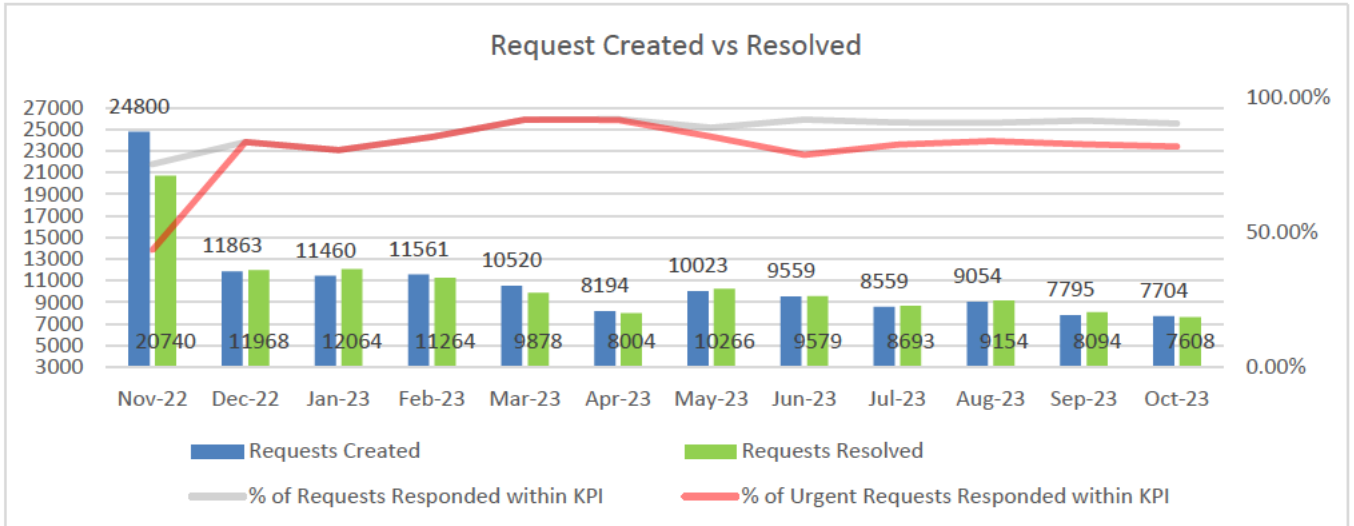
Graph 3 – Total percentage of calls answered within SLA. Note DDTS data for July and August 2023 is unavailable.



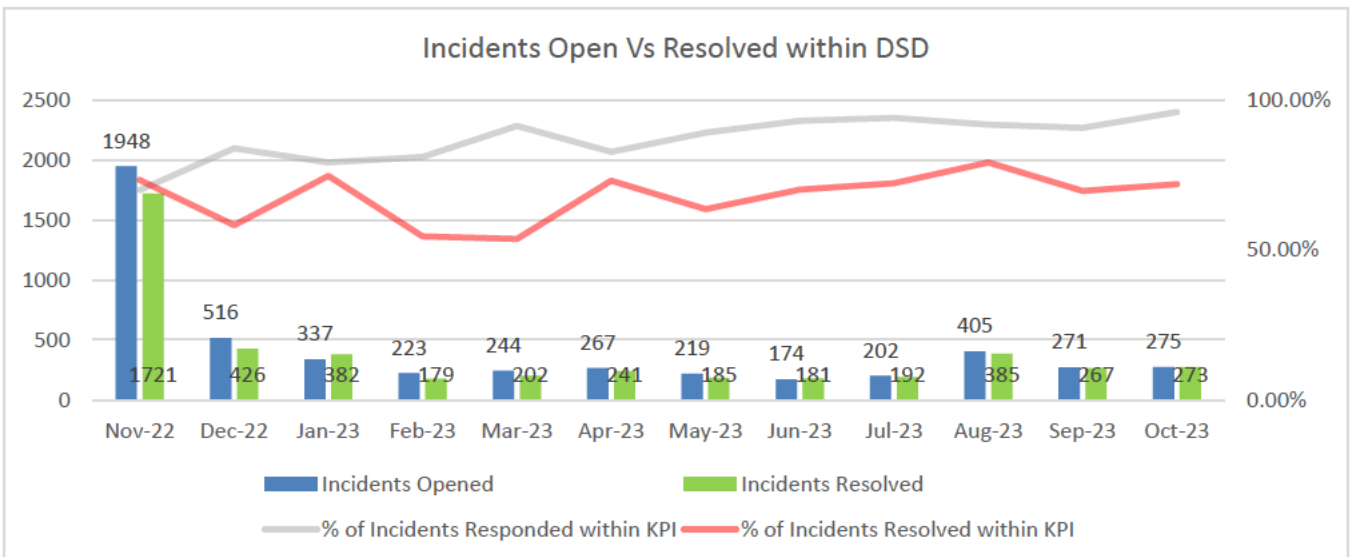
Graph 4 – Average call handle time. Note DDTS data is not available from July 2023.



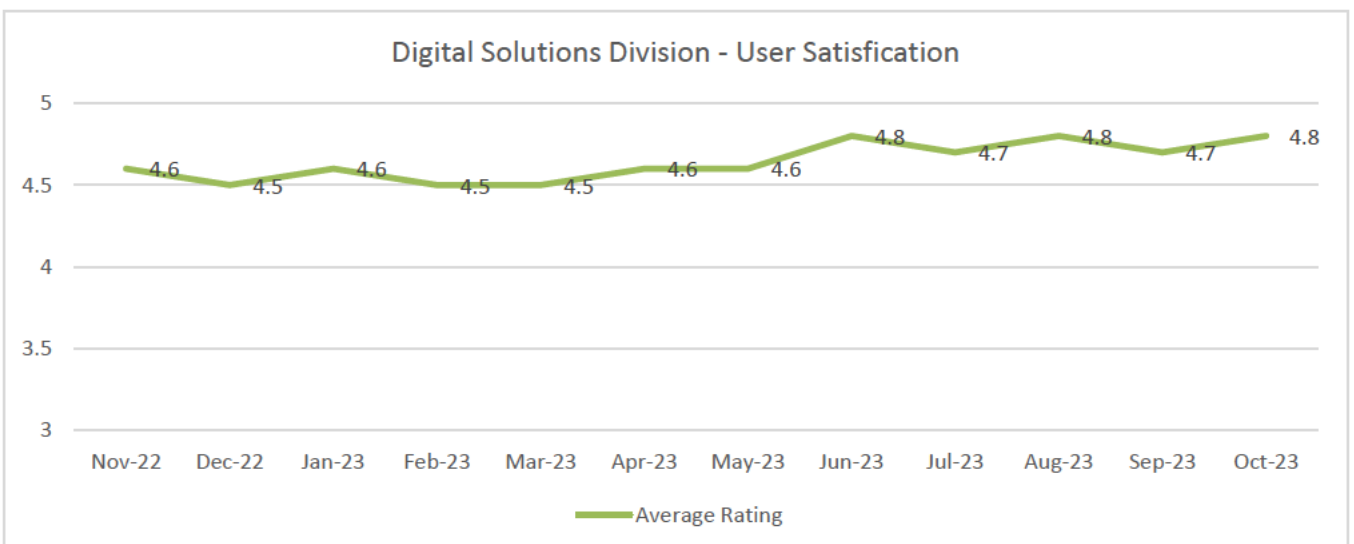
Graph 5 – Total number of calls abandoned. Note DDTS data is not available from July 2023.



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



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



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

2.3. Incident Management

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

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

Incidents are defined under four priority levels:

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

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

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

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

For this reporting period DSD recorded a total of 275 incidents created and 273 incidents closed.

Of the incidents raised, 96% of those were responded to within the first 30 minutes and 72% of incidents were resolved within four hours.

A total of 69 incidents had been raised in relation to DHR and its related business systems, the largest total for any system this period. All the DHR related incidents were deemed a P4 status where one was identified as a P3 involved the support environment being down for system administrators.

A total of 61 incidents relating to end user devices had been raised this period. Of these, 28 incidents related to hardware faults, 23 related to Clinical Work Devices and 10 related to printing.

Of the incidents created this month, four were classified as P2 with the following break-down based on criticality:

- Two incidents related to government critical systems; and
- Two incidents related to business critical systems.

Both incidents impacting government critical systems related to CCure.

Of the two incidents impacting business critical systems, one related to a BreastScreen system and the other related to a Pathology system.

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

Title	Incident Summary	Incident Window	Jira/SNOW #	Priority
CCure - NCH Staff building access issues	For the duration of the outage all doors within North Canberra Hospital were stuck in a closed state. This had been caused by a default system parameter that applied a holiday schedule to all active time schedules on SAS5 instead of nominated actions such as	3h, 1m	DSD-386606	P2

	<p>entry doors to facilities.</p> <p>Once DSD Security updated the parameter to only impact nominated actions, the doors were once again accessible.</p>			
AMS/Instrument Manager - System not transmitting results to DHR	<p>For the duration of the outage all integrations in Instrument Manager were not working. This primarily impacted the ability to send results from AMS to DHR.</p> <p>The cause of this had been due to Instrument Manager's secondary server not having a valid activation key. Instrument Manager failed over to its secondary server as part of the Monthly NTT Patching, leading to the outage.</p> <p>With the assistance of Level 3 support the activation key had been assigned to and validated on the secondary server.</p>	Partial Outage 3h, 29m	DSD-391241	P2
Unable to log into Sectra PACS	<p>For the duration of the outage staff were unable to access the Sectra PACS system. This meant that staff were unable to process or view breast screening images.</p> <p>This had been caused by a loss of connection between the Application server and the servers managed by the vendor. The connection had been lost when the Sectra PACs server failed over as part of the monthly NTT Patching.</p> <p>The resolution of the incident involved rebooting the vendor-managed servers, which reestablished connectivity to the App server.</p>	3h, 9m	DSD-391305	P2
CCure - Electronic Access Control Issues	<p>For the duration of the outage messaging sent from the SAS1 server was not going out to doors. Messaging to the server, such as duress alerts, were working as expected.</p> <p>The cause of this is still under investigation by DSD Security and the vendor.</p> <p>This incident had been resolved by restarting the SAS1 server.</p>	Partial Outage 17h,14m	DSD-394140	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 a total of one problem record was open, following is a summary:

Title	Open date	Problem Summary	Ticket #
AMS Citrix Issues	03/08/2023	<p>Two issues have been identified relating to AMS becoming inaccessible on Citrix.</p> <p>The first issue identified had been in relation to an error message that occurs when a staff member is unsafely removed from their session, and then attempts to log back in. When this occurs, an error message appears advising that they cannot access a specific C Drive Omnilab link.</p> <p>This issue is currently being investigated by NTT, who have identified a potential fix by updating the FSLogix software on the Citrix Session Hosts. This update is currently in testing and will be presented as a change when ready.</p> <p>The second issue relates to a wider issue with NetScaler failovers. It has been identified that the PGC NetScalers are failing over constantly, removing all users from their connected sessions when it occurs.</p> <p>A temporary fix has been implemented in early September that has remediated the issue, with the permanent fix being investigated. It is expected that the permanent fix will be ready to present as a change in early October.</p>	DSD-369408

2.5. Change Management

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

The definition of the changes recorded are:

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

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

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

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

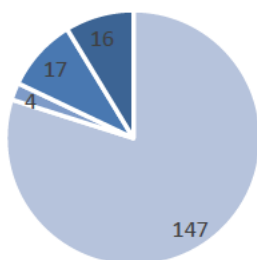
All Major and Significant changes must be considered through the Change Control Board (CCB) approval process prior to proceeding. The CCB met four times during October on the following dates:

- 4 October 2023
- 11 October 2023
- 18 October 2023
- 25 October 2023

There were 14 changes tabled and all 14 were endorsed during the same reporting period.

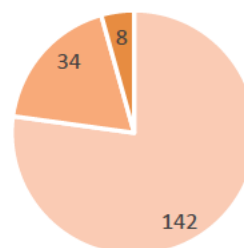
2.5.1. Scheduled Changes

Scheduled Changes



■ Minor ■ Major ■ Significant ■ Emergency

Outcome



■ Successful ■ In Progress ■ Unsuccessful/Withdrawn

Major and Significant changes included the following:

- Standard monthly patching of Health Enclave systems, including Philips systems
- Philips IntelliSpace Perinatal (ISP) production rollout to North Canberra Hospital
- Go live for GoFax and Rapid AI
- Migration of servers from old to new NTT cloud platform and HealthLink production from NTT Azure to ACT Government tenancy
- TruCredential and Breesuite/Respiro – Downgrade from SQL Enterprise to SQL standard
- VPAM appliance upgrade
- Update admin category item to outpatient appointments in Digital Health Record
- Aether decommission

Emergency changes included the following:

- SAS-1 server restart may be required due to Electronic Access Control systems (EACS) issues at Canberra Hospital and Community Health Centres
- Upgrade ACT Health VMWare vSphere Servers – VMware critical vulnerability patching
- Update B28 Switch firmware
- Update Ground Control package with latest Apple Mobile Device Support Installer
- MerlinMap – Production fixes
- TCH Chemistry Lab – Upgrade TSM/TWM software
- Server reboots for multiple systems - AGFA Core, SECTRA PACS, BIS, Synapse, Ascom ENSUREspeech, Epiphany and Elilink.

A total of 8 changes were reported as unsuccessful, following is a break-down of the associated resolution type:

Status	Total
Backed out	1
Cancelled	2
Deferred	1
Duplicate	3
Withdrawn	1

Unresolved changes greater than 30 days

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

CCB Approval Date	Planned Implementation Date	Change #	System Name	Description	Status
12/07/2023	End Nov	CHG0106665	ProACT	Update the PROACT nursing report and the PIE reporting environment	Scheduled
26/07/2023	TBC	DSD-356223	CPF	CPF Copy production data from existing NTT Azure data stores to the	In Progress

				new NTT physical data stores	
20/09/2023	23/11/2023	DSD-382138	Agfa PACS	AGFA Oracle Linux Patching (CHG0169002)	Scheduled
20/09/2023	22/11/2023	DSD-382130	Agfa PACS	AGFA Update Virtual Server Infrastructure 6.0u3 --> 6.5u3u (CHG0170678)	Scheduled
20/09/2023	TBC	DSD-381614	Multiple	CHWC Building 11 - 1.2 Communications Room Switch Upgrade	In Progress
20/09/2023	TBC	DSD-381178	Multiple	CHWC Building 11 - 3.2 Communications Room Switch Upgrade	In Progress

2.6. Legacy Records Management (Paper Records)

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

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

Service	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23
Record transfer of a paper files to another officer	4	45	18	16	11	23	6	17	9	23	18	12
Paper File Retrieval Request	13	5	10	10	10	16	13	15	9	19	15	11
New Paper File Request	285	209	237	149	188	103	141	261	147	158	128	115
New File Part Request	15	9	17	10	4	4	7	13	11	2	3	6
Transfer Paper File to Records/Storage	8	16	11	14	7	12	9	18	10	18	8	6

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	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23
General Objective/TRIM enquiry	37	67	24	33	33	25	52	21	18	64	51	29
Request Objective access + new user	14	19	53	64	58	51	73	40	71	81	87	57
Request Access/Restriction on a file or folder	25	9	13	19	29	24	28	23	21	18	30	31

3. Projects and Program

3.1. Summary Overview

The Digital Solutions Division (DSD) has a work program with 36 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 15 October 2023.

Out of the 21 major (Tier 1 and Tier 2) there are three projects tracking red. The first is the Pharmacy Inventory Management System (PIMS). Following a fix that was installed on the 11 October 2023, another error has been identified with the packaging module. There are ongoing discussions occurring to progress components of MerlinMAP that are yet to be delivered.

The second 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 last project tracking red is the Data and Reporting Remediation Project. The work around the Non-Admitted Patient Care and Mental Health data sets are not on track for submission by 29 September 2023, however there are aims to seek a resubmission on 1 November 2023. The two risks are related to post-treatment the first is due to the size of the data quality problem not being known yet and the second is an unknown risk that the funding body may not agree to an acceptable financial mitigation strategy for a late or incomplete submission.

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

- Decant of staff from The Canberra Hospital building's 6, 17 and 23
- Infusion (IV) Pumps
- DHR Upgrade to Hyperdrive

There was one project closed during this reporting period, which was the North Canberra Hospital Philips Monitor Replacement. This work was delivered successfully by the Digital Data and Technology Solutions Technical Team as a part of a BAU process.

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:

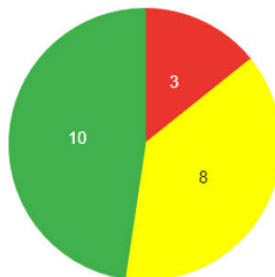
11 September 2023 to 15 October 2023

Overview

Number of Programs	Number of Active Projects
1	36
Number of New Projects	Number of Major Projects
3	21
Number of Projects Closed	
1	

RAG Status of Major Projects

Red
Yellow
Green

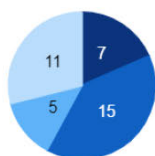


Resources

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

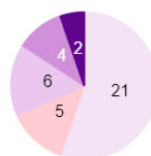
All Projects by Tier

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	Yellow	Tier 1	Execute	Grant Clark	Colm Mooney

Major Project Report

Project ID	Project Name	Project Health	Project Tier	Approval Stage or Tranche	Digital Health Strategy Theme	Executive Sponsor	Go-Live Tracking
PJ0002	Centenary Hospital for Women and Children Expansion Project	Green	Tier 1	Execute	• Patient-centred • Health services enabled by contemporary technology	'Chris Tarbuck	30/11/23
PJ0004	CSB (Critical Services Building) Main Build	Green	Tier 1	Plan	• Patient-centred • Health services enabled by contemporary technology	'Chief Minister	30/06/24
PJ0009	Notifiable Disease Management System (NDMS)	Green	Tier 1	Deliver	• Patient Centred • Research, discovery and collaboration	'Keryn Coleman	04/01/24 Phase 2
PJ0013	Pharmacy Inventory Management System	Red	Tier 2	Initiate	• Patient-centred • Health services enabled by contemporary technology	Sandra Cook	20/06/22 (CPHB) 26/09/22 (CHS); Phase 2: 20/04/24
PJ0015	TCH Building 12 ICU Redevelopment	Green	Tier 2	Close	• Patient-centred • Health services enabled by contemporary technology	'Colm Mooney	31/03/22
PJ0016	TCH Building 12 Medical Imaging Refurbishment	Yellow	Tier 2	Deliver	• Patient-centred • Health services enabled by contemporary technology	'Colm Mooney	23/09/23
PJ0017	TCH Building 19 Level 3 Refurbishment	Yellow	Tier 2	Plan	• Patient-centred • Health services enabled by contemporary technology	'Colm Mooney	31/07/23
PJ0018	TCH Building 20 L1 RadOnc Linac Replacement	Green	Tier 2	Close	• Patient-centred • Health services enabled by contemporary technology	'Colm Mooney	31/12/22
PJ0019	Weston Creek CHC Medical Imaging Expansion	Green	Tier 2	Deliver	• Patient-centred • Health services enabled by contemporary technology	'Colm Mooney	21/07/23
PJ0033	North Canberra Hospital OneID and EACS Replacement	Red	Tier 2	Initiate	• Health services enabled by contemporary technology	'Jarrad Nuss	27/12/23

PJ0036	BIS Upgrade Project	●	Tier 2	Initiate	• Patient-centred • Health services enabled by contemporary technology • Research, discovery and collaboration	'Julianne Siggins	09/11/22
PJ0044	Identity Governance	●	Tier 1	Initiate	• Health services enabled by contemporary technology	CIO	30/06/25
PJ0045	Distribution Centre Relocation	●	Tier 2	Deliver	• Health services enabled by contemporary technology	'Andrew Murphy	30/10/23
PJ0041	Embedding a Positive Safety Culture	●	Tier 2	Plan	• Health services enabled by contemporary technology	CIO	26/01/24
PJ0046	Eating Disorder Residential Treatment Care Centre	●	Tier 2	Initiate	• Patient-centred • Health services enabled by contemporary technology	'David Jones	TBD
PJ0048	Building Fit-out works for CAMHS at Bowes Street	●	Tier 2	Plan	• Patient-centred • Health services enabled by contemporary technology	Evan Byrne	28/12/23
PJ0050	ACT Pathology Laboratory Expansion	●	Tier 2	Initiate	• Health services enabled by contemporary technology	Glenn Edwards	TBD
PJ0049	Environmental Monitoring System	●	Tier 2	Initiate	• Health services enabled by contemporary technology	Holger Kaufmann	22/12/23
PJ0054	Critical Communications Infrastructure Upgrades at ACT Public Hospitals - Distributed Antenna Systems	●	Tier 1	Initiate	• Health services enabled by contemporary technology	Holger Kaufmann	Dec 2025
PJ0061	Data and Reporting Remediation Project	●	Tier 1	Initiate	• Patient-centred • Health services enabled by contemporary technology • Research, discovery and collaboration	Rebecca Cross	Dec 2024
PJ0064	Infusion (IV) Pumps	Gray	Tier 2	Execute	• Patient-centred • Health services enabled by contemporary technology	Holger Kaufmann	
PJ0065	DHR Upgrade to Hyperdrive	●	Tier 1	Initiate	• Health services enabled by contemporary technology	Holger Kaufmann	

Tier 3 & 4 Projects

Project ID	Project Name	Executive Sponsor	Digital Health Strategy Theme	Approved Baseline Budget (Capex)	Approved Baseline Budget (Opex)
PJ0035	Mainpac Expansion	'David Jones	• Health services enabled by contemporary technology	\$254,375.00	\$38,958.75
PJ0037	Electric Vehicle Charging ICT Standard	'Colm Mooney	• Health services enabled by contemporary technology	\$0.00	\$20,000.00
PJ0040	DALI System Upgrade	'Chris Tarbuck	• Health services enabled by contemporary technology	\$0.00	\$50,000.00
PJ0042	TCH B3 L1 Rheumatology & Dermatology Consultation Room Upgrades	'Chris Tarbuck	• Health services enabled by contemporary technology		\$4,200.00
PJ0043	1 Moore Street Security Upgrade	'Scott Harding	• Health services enabled by contemporary technology		\$5,000.00
PJ0047	RAPID	Sarah Mogford	• Patient Centred • Health services enabled by contemporary technology	\$187,680.00	\$46,749.00
PJ0051	Watson Health Hub (WHH)	David Jones	• Patient Centred • Health services enabled by contemporary technology		\$49,438.00
PJ0052	North Canberra Hospital Transition	Director General	• Patient Centred • Health services enabled by contemporary technology	ICT estimate \$100,000	
PJ0053	Legacy System Remediation and Data Preservation	Justine Spina	• Health services enabled by contemporary technology		\$20,000.00
PJ0055	DHR Onboarding Form Report	Sandra Cook	• Health services enabled by contemporary technology		\$0.00
PJ0056	CPF - Build of Prod & Non-Prod hardware	Ryan Mavin	• Health services enabled by contemporary technology		\$70,000.00
PJ0058	B6 and B28 Staff Relocation to B1, Level 8 Project	Brendan Docherty	• Health services enabled by contemporary technology		\$34,520.00
PJ0059	Rhapsody Cutover	Holger Kaufmann	• Health services enabled by contemporary technology		\$10,000.00
PJ0060	Electrical Distribution Boards	Chris Tarbuck	• Health services enabled by contemporary technology		\$22,000.00
PJ0062	Nuclear Medicine Equipment Upgrade Project	Colm Mooney	• Health services enabled by contemporary technology		\$38,412.00
PJ0063	Decant of Staff from TCH B6, B17 and B23	Susu El Hussein	• Health services enabled by contemporary technology		\$308,082.00

Red Synopsis Report

Synopsis Status	Project ID	Project Name	Project Tier	Approval Stage or Tranche	Comments
●	PJ0013	Pharmacy Inventory Management System	Tier 2	Initiate	The project status remains RED as new issues continue to be reported after the upgrade v1.0.827 was implemented on 08/08/23. Fixes were installed on 11/10/23 however another error with the packing module was identified. Ongoing discussions are occurring to progress components of MerlinMAP that are yet to be delivered.
●	PJ0033	North Canberra Hospital OneID and EACS Replacement	Tier 2	Initiate	Project completion is forecast to be delayed until March 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 mid-November.
●	PJ0061	Data and Reporting Remediation Project	Tier 1	Initiate	The project Status is reporting red for Schedule and Risks with the work for Non-Admitted Patient Care and Mental Health data sets not on track for submission by 29 September 2023 however aiming to provide a resubmission on 1 November 2023. Two risks are currently post-treatment rated as extreme with the size of the data quality problem not yet known and the risk that the funding body will not agree to an acceptable financial mitigation strategy for late or incomplete submissions.

New Projects

Project ID	Project Title	Project Overview
PJ0063	Decant of Staff from TCH B6, B17 and B23	Relocation of approximately 421 staff from B6, B17 and B23 in preparation for the buildings' demolition in November 2023
PJ0064	Infusion (IV) Pumps	CHS has recently replaced all Infusion (IV) pumps as the existing devices were no longer meeting the demands for use within CHS and they were not able to be integrated with DHR. The new capability will enable bi-directional integration with various IV pumps with flow of information between DHR and the pump which is then linked to the patient's record.
PJ0065	DHR Upgrade to Hyperdrive	DHR move to web-based platform called Hyperdrive which will provide the territory with more flexibility in the way updates and upgrades are completed. The upgrade will also implement enhancement to improve workflows and user interaction with DHR. There are three DHR related systems (Imprivata, 3m Codefinder and Dragon Medical One) which will require upgrades to be compatible with Hyperdrive.

Project ID	Project	Project Overview
PJ0066	NCH Philips Monitor Replacement	The demand brief was established to identify a cost centre to complete the work as part of the NCH Theatres fire, however the DDTS technical teams completed this work as part of a BAU process. Project closed.

Major Project Risks Heat map

Primary	2	3	4	5	6
Risk Matrix					
Almost Certain			4	1	
Likely		2	4	4	
Possible	2	23	20	8	
Unlikely	2	7	19	4	
Rare	2	3	5		
	Insignificant	Minor	Moderate	Major	Catastrophic

Major Project Issues Heat map

Primary	2	3	4	5	6
Issue Matrix					
Critical					
High		1	6	5	3
Moderate		1	5		
Low	2	2			
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	Project Director to manage resource planning for the project and escalate resource risks and emerging issues to Project Board for discussion and resolution. Continue to analyse and be flexible with resourcing arrangements, including prioritising the project and mobilising the existing ACT public health system workforce to assist with this work. Use project resources in the areas with most issues.
Data and Reporting Remediation Project	Issue	Late or incomplete submissions to the funding body will have a financial impact on ACT Health Directorate funding.	Extreme	ACTHD to continue discussions and negotiations with funding body.
Data and Reporting Remediation Project	Issue	Reporting of Non-Admitted Patients (NAP) activity in FY22/23 will be significantly lower than previous financial years due to issues extracting the data.	Extreme	Continue analysis of encounter type configurations and workflows. Prioritise effort based on weight first and then volume of encounters. In Phase 2 of the project work with Applications teams on training and DHR configuration changes.
Data and Reporting Remediation Project	Issue	Reporting of Health of the Nation Outcomes Scales (HoNOS) data in the APC submission for FY22/23 will be incomplete due to data quality issues.	Extreme	Complete build of HoNOS scores in Badger and assess level of data quality issues. Decision from the Project Board on whether any data quality efforts should be undertaken for the FY22/23 submission. In Phase 2 of the project work with the Applications teams on training and DHR configuration changes.

3.2. Data and Reporting Remediation Project Status Report



Data and Reporting Remediation Project

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient Centred
- Health services enabled by contemporary technology

Reporting Period:

11 September 2023 to 15 October 2023

Project Overview

Trending

The Data and Reporting Remediation Project will be delivered in multiple phases to ensure critical data capture and availability and reporting needs are met, in line with timelines agreed with the National Health Funding Body (NHFB), Independent Health and Aged Care Pricing Authority (IHACPA), and Australian Institute of Health and Welfare (AIHW), as well as operational and strategic data and reporting priorities agreed for the ACT public health system.



Declining

Project Governance

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

Project Performance Indicators

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

Project Baseline

Current Schedule	Schedule Baseline	Approved Budget	Budget - Actual
01/08/23	01/08/23	\$788,875.00	\$454,504.74
Actual Start Date	Baseline Start Date	Approved Budget Budget (Capex)	Capex Variance
20/12/24	20/12/24	\$2,881,288.00	\$2,552,016.00
Actual End Date	Baseline End Date	Approved Baseline Budget (Opex)	Opex Variance

Project Delivery Team

Project Manager	K Katherine Gechter
Approver	Holger Kaufmann

Project Status Commentary

Project Status

The project has submitted the data required for ED, ESWL, and APC on the dates required. ACTHD have met with NHFB and IHACPA officials and agreed to submit available ED, APC, NAP and MH data by the revised date of 27 October 2023. There is an opportunity for ACTHD to resubmit on 10 November 2023 and provide a final submission on 24 November 2023, if required. Several data quality issues have been identified and will likely impact funding if not resolved prior to resubmission. The project team are working closely with staff at Canberra Health Services and North Canberra Hospital to resolve the data quality issues where possible, prior to the final submissions in late November. It is expected that a number of the issues currently identified will not be rectified in time for the final submission of activity data.

Schedule

- The Schedule status is re-baselined to the new agreed dates with NHFB.
- Priority 1 elements required for NWAU submitted on 29 September for APC and ED.
 - Initial submission of Non-Admitted Patients and Mental Health HoNOS data elements is due 27 October. This is a watch status due to the incompleteness of activity data available to submit.
 - Final resubmission of APC, ED, NAP and Mental Health (MH) are due 24 November. APC and ED are on track.
 - Phase 1 is to be completed by 30 November 2023.
 - Phase 2 will be completed within 12 months and planning is underway.

Benefits

The Data Ecosystem has data available for reporting on Emergency Department (ED), Elective Surgery Wait List (ESWL) and Admitted Patient Care (APC) activity and outcomes. This data has been submitted to AIHW for inclusion in the Report on Government Services. Preliminary data for ED and APC were submitted to the NHFB, IHACPA and DVA on 29 September 2023 and feedback has been positive.

Budget

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

Quality

The project has processes in place ensure the build quality of the Data Ecosystem and the accuracy of submission outputs. A Data Quality Management Process has been approved by the Steering Committee and Project Board to respond quickly to any issues as they arise and seek approval for the proposed rectification.

The Data Quality workstream has several risks and issues that are impacting the team's ability to rectify all the data quality issues identified and many are issues are still unknown. Several data quality issues have been identified that will result in incomplete submissions for NAP and MH if not rectified.

Risks & Issues

- Several new issues and risks have been added to the project, primarily around the data quality issues and Phase 2 planning. A subset from the full list:
- Issue: Reporting of Health of the Nation Outcomes Scales (HoNOS) data in the APC submission for FY22/23 will be incomplete due to data quality issues.
 - Issue: Reporting of Non-Admitted Patients (NAP) activity in FY22/23 will be significantly lower than previous financial years due to issues extracting the data.
 - Issue: Compacted period of time available for data quality rectification work and not enough staff available to do the work in the short period
 - Risk: Insufficient funding approved for the project

Scope

Providing FY22/23 mandatory national submission datasets is the highest priority for this project and the primary focus for the work effort in Phase 1 of this project. The scope has been re-baselined and reflected in the PID on the agreement by the Board to focus on data elements required for NWAU calculations. Data has been submitted for three of the five submissions in scope. Final submissions for ED and APC are on track to accurately and completely reflect activity data. Several data quality issues have been identified that will result in incomplete submissions for NAP and MH if not rectified.

This phase also includes scoping of the legacy systems project, which is on track to deliver a project initiation document for approval in November.

Phase 2 of the project will focus on continuing work from Phase 1, to build foundations and establish governance required for reporting across the ACT public health system. The complete scope of data and reporting requirements for Phase 2 is unknown. Work is underway to identify requirements from key stakeholders across the Territory. The project leadership team are also developing a prioritisation process to provide transparency and a clear and defined scope for Phase 2.

Key Project Milestones

Key Milestones Report - Data and Reporting Remedia

Health	Priority	Task Name	Start Date	End Date	Status	Oct 1							Oct 8							Oct 15							Oct 22							Oct 29						
						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		
●		Deliverable: APC NWAU elemen	30/09/23	24/11/23	In progress																																			
●		Deliverable: ED NWAU elements	30/09/23	27/10/23	In progress																																			
		Deliverable: APC NWAU elements submitted to NHFB	01/08/23	29/09/23	Complete																																			
		Deliverable: ED NWAU elements submitted to NHFB	01/08/23	29/09/23	Complete																																			
●		Deliverable: NAP NWAU elements submitted to NHFB	01/08/23	01/11/23	In progress																																			
		Legacy: Spreadsheet Completion, Refinement & Review	25/09/23	29/09/23	Complete																																			
		Legacy: Stakeholder Review & F	18/10/23	20/10/23	In progress																																			
		Legacy: Prepare Presentation	01/11/23	09/11/23	Not started																																			
		Legacy: Seek Formal Project Approval	17/11/23	23/11/23	Not started																																			

Financial Performance

Whole of Life Budget & Expenditure

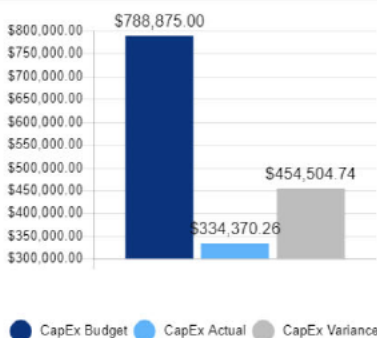
CapEx

Budget	\$788,875.00
Forecast	\$788,875.00
Actual	\$334,370.26
Variance	\$454,504.74

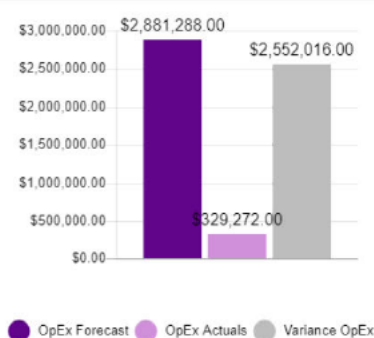
OpEx

Approved OpEx Budget	\$2,881,288.00
Forecast	\$2,881,288.00
Actual	\$329,272.00
Variance	\$2,552,016.00

Current Financial Year 2023-2024



Current Financial Year 2023-2024



Project Risks & Issues Profile

Risk Matrix (Post Treatment)

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

Issue Matrix

Primary	2	3	4	5	6
Issue Matrix					
Critical					
High			1	2	1
Moderate			1	4	
Low					
Planning					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	Project Director to manage resource planning for the project and escalate resource risks and emerging issues to Project Board for discussion and resolution. Continue to analyse and be flexible with resourcing arrangements, including prioritising the project and mobilising the existing ACT public health system workforce to assist with this work. Use project resources in the areas with most issues.
Insufficient funding approved for the project	High	Phased approach for delivery project to ensure resources are focused on current priority areas for the project or areas where critical issues are identified. Project Director to manage resource planning for the project and escalate resource risks and emerging issues to Project Board for discussion and resolution. Identify resources critical to Phase 2 of the project that must be onboarded prior to receiving decision from Treasury on funding for the project.
Key operational reporting/data not available to services	High	Project to prioritise and schedule operational work to be undertaken by project and ensure appropriate resources are allocated.
Reputational harm to the ACT public health system and Government	Medium	Establish project schedule, plan and controls to coordinate, manage and monitor the delivery of the project. Continued engagement with AIHW and funding body on agreed timelines and completeness of each submission. Health system leaders, senior executives at ACTHD, CHS and NCH, and Minister's to be regularly briefed on status of project.
Delay to Activity Based Funding (ABF) Project	Medium	Establish project schedule, plan and controls to coordinate, manage and monitor the delivery of the project. Manage communications and engage with the ABF team on status of required data for the ABF project.
Key operational reporting requirements for National Safety and Quality in Health Standards (NSQHS) will not be met	Medium	Project to scope reporting requirements and priorities.
Data and reporting priorities are not aligned	Medium	Project will identify priorities for BAU reporting teams. Combine high level teams across public health service to provide a single and consistent prioritisation process.
Lack of stakeholder engagement in Legacy Systems Data requirements gathering	Medium	Establish regular stakeholder engagement plan for Legacy Systems Data Workstream
Inadequate Legacy Systems Data requirements gathering leading to the omission of some stakeholder needs	Medium	Enhance data capture processes and validation
Potential Data Loss in Already Decommissioned System	Medium	Conduct a comprehensive data recovery assessment for decommissioned legacy systems
Epic upgrade in November may result in a change that breaks data models in Badger used for submissions less than a week prior to the final submission date	Medium	-Review tables and fields impacted by upgrade provided by the Technical team prior to Go Live. -Review Badger build day after upgrade -If errors identified and cannot be treated in time, repoint to snapshot of data prior to upgrade to run submissions from
Phase 2 is not resourced to achieve the deliverables scoped for Phase 2	Medium	-Receive agreement and clear direction from the Project Board on resourcing commitments from all Data and BI teams. -Refine scope and resourcing requirements to identify core project team needed to kick off in December -Finalise scope, resource requirements and project governance before end of year

Project Issues		
Title	Residual Rating	Action to Be Taken
Late or incomplete submissions to the funding body will have a financial impact on ACT Health Directorate funding.	Extreme	ACTHD to continue discussions and negotiations with funding body.
Reporting of Non-Admitted Patients (NAP) activity in FY22/23 will be significantly lower than previous financial years due to issues extracting the data.	Extreme	Continue analysis of encounter type configurations and workflows. Prioritise effort based on weight first and then volume of encounters. In Phase 2 of the project work with Applications teams on training and DHR configuration changes.
Reporting of Health of the Nation Outcomes Scales (HoNOS) data in the APC submission for FY22/23 will be incomplete due to data quality issues.	Extreme	Complete build of HoNOS scores in Badger and assess level of data quality issues. Decision from the Project Board on whether any data quality efforts should be undertaken for the FY22/23 submission. In Phase 2 of the project work with the Applications teams on training and DHR configuration changes.
Compacted period of time available for data quality rectification work and not enough staff available to do the work in the short period	High	Project Director to ensure coordination and communication between teams. Project leadership establishing improvements to processes for efficient and quick identification, escalation and communication of data quality issues.
Project time pressures and volume of work are negatively impacting staff wellbeing, resulting in burnout, unplanned leave and turnover	High	Ensure staff are not working long hours and provide flexibility in work arrangements. Establish a balanced approach to scope and timeframes between what is required versus best practice and "nice to have". 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.
Complexity of data quality issues identified during Phase 1 will require more vendor and Application team support than originally anticipated	High	Escalate and engage with Application teams and vendor early. Identify immediate rectification tasks and plan for longer term rectification during Phase 2
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	Project to define agreed to definitions and methodologies for metrics reported externally. Project to propose a reporting layer design.
Legacy systems are not decommissioned according to original timeframes	Medium	Project will define the scope and plan for a Legacy Systems project during Phase 1 of this project.
The scope of reporting requirements for Phase 2 is unknown	Medium	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.
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

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



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

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient Centred
- Health services enabled by contemporary technology

Reporting Period:

11 September to 15 October 2023

Project Overview

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

Trending

Stable

Project Governance

Project ID	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
●	●	●	●	●	●	●

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	\$11,304,885.00
Actual Start Date	Baseline Start Date	Approved Baseline Budget (Capex)	Capex Variance
	19/12/25	Approved Baseline Budget (Opex)	\$0.00
Actual End Date	Baseline End Date		Opex Variance

Project Status Commentary

Project Status

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

These options are:

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

Questions have been issued to DSD to confirm their requirements for DAS to be discussed with CHS and DDTs to ensure all parties are informed and where required on board with the proposal across all three sites, the replies have informed the DG Minute issued 28 Sept 23 to the CIO office and retracted 13 Oct 23 to provide further information to provide further detail to inform the DG and to be reissued by 19 Oct 2023 for approval.

Budget

Business Case has been approved. DG Minute issued to CIO office, Finance and Procurement 26th and 29th Sept 23 for review and comment. Finance confirm the cost centre is 69838 - HD HEAC08 - Critical Comms Upgrade – DAS, approval date 4th Oct and revised to 16 Oct 23. After discussions with Procurement the DG Minute was retracted 12 Oct 23 for updating with current information in relation to how the RFQ process will work to fully inform the Executive.

Quality

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

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

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

Risks & Issues

Refer to Critical Comms DAS Risk and Issues Register

Scope

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

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

Covering:

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

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

- CH – Buildings 7,8,15,19,20,25, 28 and car park
- CH – Lead Carrier swap over of headends in Bld 1 currently Telstra, if Optus confirmed as Lead Carrier for AGTHD
- UCH – Upgrade existing DAS to comply with MCF 2018 Specification

3.4. Notifiable Diseases Management System Status Report



Notifiable Disease Management System

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient Centred
- Health services enabled by contemporary technology

Reporting Period:

11 September 2023 to 15 October 2023

Project Overview

The NDMS Project was established for the replacement of the existing notifiable disease management systems/tools that are not fit-for-purpose through the implementation of a Commercial-Off-The-Shelf (COTS) solution. The solution will see added functionality for the Communicable Disease Control (CDC) section within Health Protection Service (HPS) branch to better manage their response to notifiable conditions. NDMS Project remaining deliverables include automating NNDSS report, Moving ACL on Rhapsody HL7 interface, Improving interfaces, Provider Portal for GP's, Closing gaps in documented procedures, Implement AAIR for all diseases. Phase 3 of the Project will deliver a replacement of the ACTGAL Laboratory Information Management System (LIMS) as a part of the ACTGAL modernisation project. The replacement will also migrate the functionality and reporting of supplementary systems used by ACTGAL, streamlining process and increasing efficiencies.

Trending



Project Governance

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

Project Performance Indicators

Overall Health Status	Schedule Status	Budget Health Status	Risks and Issues Health Status	Benefits Health Status	Quality Health Status	Scope Health Status
●	●	●	●	●	●	●

Project Baseline

Project Delivery Team	Current Schedule	Baseline Schedule	Budget	Budget Variance
Project Manager M Maddison Noble	07/09/20	07/09/20	\$7,913,000.00	\$3,798,822.06
Approver CIO	06/05/24	Baseline Start Date	Approved Baseline Budget (CapEx)	CapEx Variance
		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

The Project continues to work with Preparedness, Planning and Surveillance Branch to resolve pain points and undelivered functionality of Phase 2 implementation. The NNDSS automation is pending approval by ADRP before promotion to production can occur. Implementing monitoring through Rhapsody is under discussion with Interfaces team (DSD) and Data and Reporting (PPS). Work for AAIR implementation has started for Covid, Salmonella and Campylobacter and is pending sign-off of requirements. Project have developed a sprint plan to implement AAIR iteratively which will form a part of the project plan. A Project Support Officer has commenced. The ACTGAL Statement of Requirements is completed and Digital Committee has approved. An updated draft agreement has been supplied by Legal and is currently being reviewed by DSD contracts team. The Evaluation Plan and PID is in progress.

Schedule

Schedule baselines are required for Phase 3 LIMS replacement which is expected to take 24 months to complete from execution of a contract. The procurement timelines are at risk with a likely completion of early 2024 rather than end of 2023. The project would like to progress to an approach to market prior to the end of the calendar year. The NDMS schedule has been updated as per supported scope which is estimated to take up to 12 months to deliver in a phased approach.

Benefits

A new Project plan is being drafted for the NDMS enhancement work which will see a review and re-baseline of expected benefits. Improved integrations and message monitoring, increased compliance with provider notifications and documented policies and procedures are the key benefits to be realised. Business will benefit in reduction of manual entry and intervention for disease management workflows with increased AAIR functionality. Benefits for Phase 3 ACTGAL LIMS have been considered and added to the draft PID. The business unit would like to see a reduction in the number of systems required for business delivery. Increasing efficiency, quality and reducing manual/paper workflows.

Quality

The Quality expectations for Phase 3 NDMS have not yet been documented. Test planning meetings have commenced to review to scope of deliverables and iterations of testing required. ACTGAL LIMS Quality measures are yet to be established however requirements analysis has commenced and will be documented in the SoR and PID. Test planning for the LIMS solution can progress once the SoR is complete.

Risks & Issues

A new risk has been raised for NDMS. A risk to schedule is developing for ACTGAL with the work on the SoR taking longer than expected. It is becoming less likely that a contract signing will occur in this calendar year. Prioritisation of the SoR development has been given with available resources working daily on its completion. Adequate project resourcing is the key risk for both projects this reporting period.

Scope

A Project Plan detailing the scope and deliverables for Phase 3 NDMS is in draft. A brief to the Chief Health Officer will be submitted along with the Project Plan for endorsement in their role of Executive Sponsor. ACTGAL is progressing with the statement of requirements to accompany an approach to market. This will be required to establish the ACTGAL component of the Phase 3 scope. A draft PID is being developed by the Project Manager.

Budget

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

Key Project Milestones

Key Milestones Report - Notifiable Disease Managem

Health	Priority	Task Name	Start Date	End Date	Status	Q2		Q3			Q4			Q1			Q2	
						Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
		approval																
		ACTGAL: Conduct Stakeholder Engagement on DDTS Project Brief / NTT SOW	06/03/23	06/03/23	Complete													
		ACTGAL: Draft Statement of Requirements (SOR) for Procurement	30/01/23	30/06/23	Complete													
		Final Review SOW	28/06/23	11/07/23	Not started													
		ACTGAL: Milestone: Statement of Works Ready for Approval Process	11/07/23	11/07/23	Not started													
		Draft and review Risk Plan	12/07/23	01/08/23	In progress													
		ACTGAL: Send draft SOW to Legal for Contract prep	03/07/23	03/07/23	Complete													
		Draft and Review Contract	04/07/23	14/08/23	In progress													
		Deliverable: Evaluation Plan			Not started													
		Deliverable: Risk Management Plan			Not started													
		Deliverable: Probity Statement			Not started													
		Deliverable: Draft Contract Management Plan			Not started													
		Procurement Review Proforma Doc			Not started													
		Procurement Approval Process (Both Packages)			Not started													
		RFT Approach to Market			Not started													

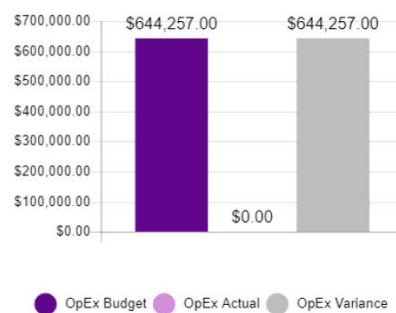
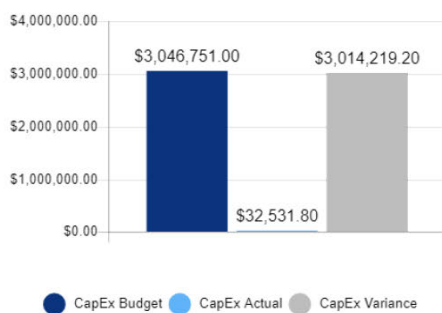
Financial Performance

Whole of Life Budget & Expenditure

CapEx	
Budget	\$7,913,000.00
Forecast	\$6,561,935.63
Actual	\$4,114,177.94
Variance	\$3,798,822.06

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
Risk Matrix					
Almost Certain					
Likely					
Possible		1	2	1	
Unlikely		1			
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	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.
ACTGAL (Phase 3) Expectation management of business unit.	Medium		Project manager to raise the risk with the Board and work with the business throughout on expectations.
ACTGAL Resourcing availability of the business unit is limited in the procurement phase.	Medium		Coordinate workshops around ACTGAL availability to allow maximum contribution from SMEs. Facilitate multiple opportunities for contribution to improve opportunity for participation.
NDMS SME Availability	Medium		Advise the Board of the risk associated. Finalise schedule for NDMS 2.0 work to identify in advance areas requiring CDC resourcing.
NDMS DSD Resource availability	Medium		Early coordination of resourcing. Request additional testing support.

Project Issues

Title	Residual Rating	Action to Be Taken

3.5. Pharmacy Inventory Management System Status Report



Pharmacy Inventory Management System

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient-centred
- Health services enabled by contemporary technology

Reporting Period:

11 Sept '23 to 20 Oct '23

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.

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
●	●	●	●	●	●	●

Project Baseline

Project Delivery Team	Current Schedule	Baseline Schedule	Budget	Budget Variance
Project Manager: E 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. An upgrade (v1.0.827) was deployed on 8/08/23, and a number of issues were subsequently reported, though not all were directly related to the upgrade. Extensive liaising with Pharmhos and many cycles of testing proposed fixes, providing feedback, getting updated fixes and re-testing occurred. The fixes were planned to be installed on 25/09/23, but this was postponed when it was identified the issues still were not fully resolved and further development was required. The fixes were finally installed into the Production Merlin/MerlinMAP environment on 11/10/23. Unfortunately, another error in the packing module, where duplicate doses were packed using the Titration/Short Course Dosing functionality, was reported to Pharmhos from CHS on 20/10/23. And on 19/10/23, NCH reported they are unable to complete a rolling stocktake. Pharmhos are investigating these issues. A PIMS Board meeting was held on 27/09/23. There, it was agreed to extend the PIMS project, noting that MerlinMAP is a minimum viable product, and would benefit from ongoing formal reporting and governance. It was also agreed that the EBM of Application Support and the CPIO would discuss steps forward for progressing components of MerlinMAP that have not yet been successfully delivered.

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 met on 27/09/23, and agreed that the PIMS project should be extended to 30/04/24, to ensure that there is ongoing formal reporting and governance whilst trying to work with the vendor to improve MerlinMAP from a barely minimum viable product. The Electronic Controlled Drugs Register will be classified as Phase Two of the project, now that funding arrangements have been determined.

Risks & Issues

MerlinMAP remains barely a minimum viable product. The issues register continues to be updated with new issues as they arise. Following implementation of the most recent batch of fixes on 11/10/23, another duplicate dosing error was identified in the packing module on 20/10/23, meaning that extra resource-intensive checks will continue to be required until this can be investigated and resolved. In addition, NCH reported on 19/10/23 that they are unable to complete a rolling stocktake. Medication Systems staff have site visits scheduled in early November to CHS and to NCH Pharmacy Departments. The aim is to increase familiarity with workflows in both Merlin and MerlinMAP, which will facilitate development of more robust test scripts for future testing of fixes and upgrades.

Scope

- The PIMS instance of Merlin/MerlinMAP has been live at NCH now for 15 months (go-live June 2022) and now 12 months at CHS (go-live 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.

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 Paxis 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).

Quality

MerlinMAP remains barely 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.

Key Project Milestones

Key Milestones Report - Pharmacy Inventory Managem

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

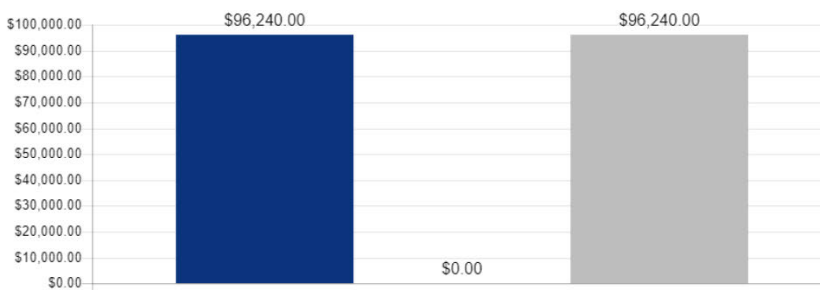
Financial Performance

Whole of Life Budget & Expenditure

OpEx

Budget	\$866,292.00
Forecast	\$882,068.63
Actual	\$751,915.44
Variance	\$114,376.56

Current FY 2023/24



● OpEx Budget ● OpEx Actual ● OpEx Variance

Project Risks & Issues Profile

Risk Matrix (Post Treatment)

Primary	2	3	4	5	6
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	Treatment Strategy	Action to Be Taken

Project Issues		
Title	Residual Rating	Action to Be Taken
MerlinMAP Modules not fit for purpose	High	<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 Phamhos to incorporate into their build schedule.</p> <p>19/09/22 - PIMS Board agree that critical issues would be included in final release deployed prior the DHR go-live. Build issues log has over 160 items currently logged.</p> <p>15/08/22 - Release 1.0.754 is in test, 3 fixes have failed testing. Options paper to address competing priorities between PIMS and DHR to be tabled to Board for discussion.</p> <p>18/07/22 - CPHB: Sarah to review and prioritise issues logs for CPHB this week to provide to vendor for inclusion in next release. Advice from vendor is they expect 2 more build prior to DHR go-live.</p> <p>CHS: Exception report to be tabled to project board this week, preferred option for CHS is to stay on Merlin.</p> <p>20/06/22 - v1.0.724 deployed to test on 3/6, Sarah Smith has been working with the vendor to ensure the product provides a minimum viable build for CPHB go-live, PM is tracking issues and future build list, awaiting confirmation from vendor on timeframe for this development.</p>
Electronic drugs register implementation	High	<p>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 & 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>19/07/22 - 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>10/9/23 - 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 HP11 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 Phamhos 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>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>
Potential for duplicate packed medications	High	<p>20/10/23 - Fix installed on 11/10/23, but new report of duplicate medication in packing module made by CHS on 20/10/23, being investigated by the vendor.</p> <p>10/09/23 - New issue; vendor investigating root case and to deploy fix.</p>

3.6. Identity Governance Status Report



Identity Governance

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

• Health services enabled by contemporary technology

Reporting Period:

11 September 2023 to 15 October 2023

Project Overview

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

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

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

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

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

Trending

Unchanged

Project Governance

Project ID	PJ0044
Approval Stage	Initiate
Tier	Tier 1
Sponsor	CIO

Project Performance Indicators

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

Project Delivery Team

Project Manager	S Sonya Floyer
Approver	CIO

Project Baseline

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

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

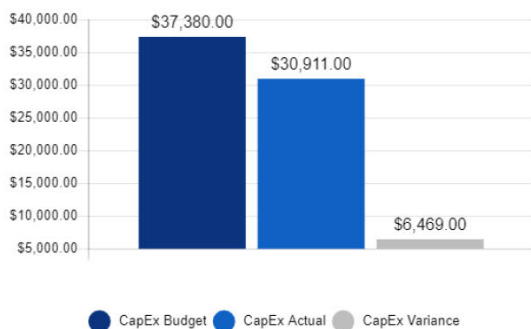
A project board has been established to ensure overall governance, approval of requirements, oversight of the procurement and management of the risks and issues as the project progresses. The first meeting being 20 April 2023, at which time there will be an initial review of the documentation required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

Financial Performance

Whole of Life Budget & Expenditure

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

Current FY 2023/24



Project Risks & Issues Profile

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

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

Risks		
Title	Residual Rating	Action to Be Taken
Budget constraint	Medium	

Project Issues		
Title	Residual Rating	Action to Be Taken

3.8. 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:

11 September 2023 to 15 October 2023

Project Overview

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

Trending

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
●	●	●	●	●	●	●

Project Delivery Team

Project Manager	S Sonya Floyer
Approver	Holger Kaufmann

Project Baseline

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

Project Status Commentary

Project Status

The evaluation is underway.

Benefits

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

Risks & Issues

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

Budget

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

Quality

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

Scope

The scope covers the procurement and contracting processes to select a new vendor, implementation of the new system and then the transition to a business as usual framework. The support for the system will revert to the Critical Infrastructure team, 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.

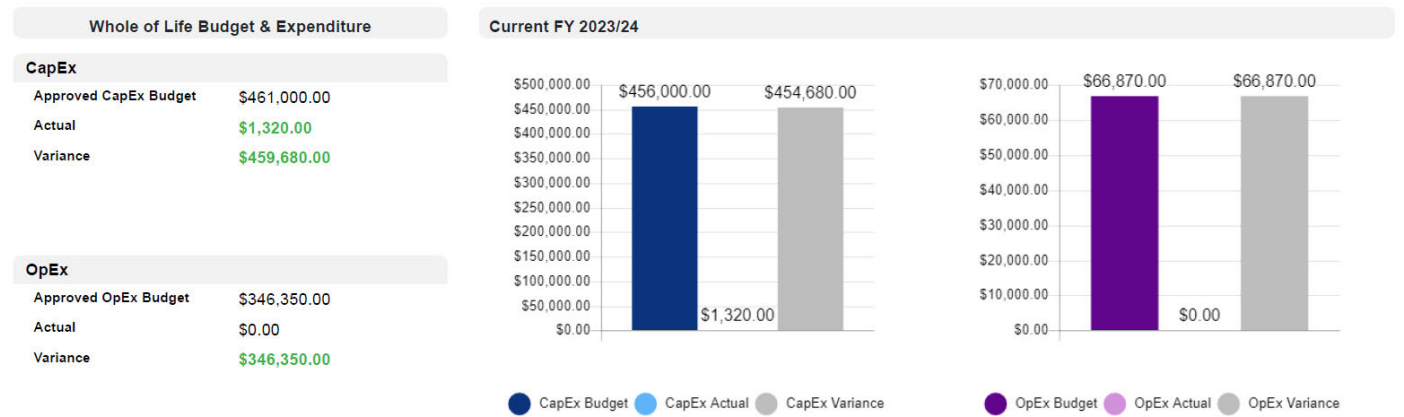
Schedule

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.

Key Project Milestones

Key Milestones Report - Environmental Monitoring S				Mar 26							Apr 2							Apr 9							Apr 16							Apr 23							Apr 30													
Health	Priority	Task Name	Details	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
		Deliverable: Approved Project Initiation Documentation (PID)																																																		
		Deliverable: Approved DDTS Project Brief / NTT Statement of Work																																																		
		Stage Complete: Stage 1 Approved for Exit. Progress to Plan																																																		
		Conduct and Approve Stakeholder Engagement Communications Plan																																																		
		Deliverable: Draft Business Transition Plan																																																		
		Milestone: Training Readiness for Go Live Completed																																																		
		ACTH Deliverable: Update Draft Procedural Documents																																																		

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							Low						
Rare							Planning						
	Insignificant	Minor	Moderate	Major	Catastrophic		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 prejt 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

Project Issues		
Title	Residual Rating	Action to Be Taken

4. Cyber Security

4.1. Cyber Incidents

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

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

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
02/07/2023	SEC-IST-23-182	Phishing	HD	Closed - Fully Resolved
03/07/2023	SEC-IST-23-163	Account Compromised	HD	Closed - Fully Resolved
06/07/2023	SEC-IST-23-156	Phishing	HD	Closed - Fully Resolved

4.2. Operational Security Updates

4.2.1. Essential 8 maturity level

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

4.2.2. Privileged Account Management

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

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

4.2.3. Network and device visibility

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

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

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

4.2.5. Network Monitoring and Segmentation

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

4.2.6. Personnel Security

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

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

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

4.3. Unsupported Operating Systems

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

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

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

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

4.3.2. Windows 2012 Servers DDTS Hosted (On Premise)

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

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

4.4. System Security Plans

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

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

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

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