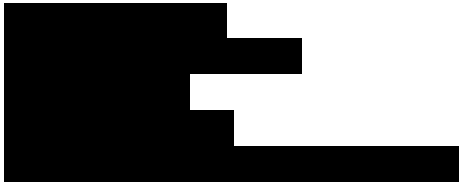


Our reference: **ACTHDFOI23-24.03**



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 **Monday 10 July 2023**.

This application requested access to:

'All Performance Reports by the Digital Solutions Division since February 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 **Monday 21 August 2023**.

I have identified five 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 five 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; 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 Your personal contact details will not be published.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
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

Further assistance

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

Yours sincerely,



Holger Kaufmann
Chief Information Officer
ACT Health Directorate

1st August 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 February 2023'</i>	ACTHDFOI23-24.03

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 32	Digital Solutions Division Performance Report February 2023	27 March 2023	Full Release		YES
2.	33 – 66	Digital Solutions Division Performance Report March 2023	26 April 2023	Full Release		YES
3.	67 – 101	Digital Solutions Division Performance Report April 2023	23 May 2023	Full Release		YES
4.	102 – 140	Digital Solutions Division Performance Report May 2023	14 June 2023	Full Release		YES
5.	141 – 168	Digital Solutions Division Performance Report June 2023	19 July 2023	Full Release		YES
Total Number of Documents						
5						



ACT
Government

ACT¹ Health

Digital Solutions Division Performance Report

February 2023

Issued 27 March 2023



PROUD TO BE
AN ALLY



Connecting Your Care.

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Cover photo – As Sydney hosted WorldPride Week 17 February to 5 March; here in the ACT Health Directorate we are PROUD of our inclusive and diverse workforce. Our Pride Network is a positive community to make everyone feel safe, supported and to promote a positive and inclusive culture.

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, Calvary Public Hospital Bruce, Canberra Health Services 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.



The focus for the month of January 2023 was on stabilising our systems, continuing to work on issues raised from the implementation of the Digital Health Record (DHR). There was also significant work in training the large intakes of staff across the public health system, particularly the JMO's, Registrars, nursing graduates and allied health graduates.

The Division has also commenced transitioning staff into the new Divisional reporting structures to support systems and infrastructure ongoing. It has been wonderful to see how enthusiastic staff are to be trained in new systems and processes

Over the next year, DSD has several important deliverables. Some of the more notable deliverables include:

- Upgrades for the Digital Health Record
- Supporting the preparations for operational commissioning of the Critical Services Building at the Canberra Hospital campus
- 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

Sandra Cook

A/g Chief Information Officer and Executive Group Manager
Digital Solutions Division, ACT Health Directorate

+61 2 5124 9000 or HealthCIO@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 Calvary 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 month 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).

Following the end of year break, DSD continues to see a steady increase month on month for the volume of requests and phone calls made to the division. There was a significant noticeable reduction in the volume of major incidents Critical (P1) or High (P2), which could be an indication that services may be stabilising since the DHR implementation.

2.2. Snapshot

2023

FEBRUARY

SNAPSHOT

This month was the smallest number of incidents raised for the past 12 months.

8,458

Phone Calls Offered

To Digital Solutions Support



88

Successful
Scheduled
Changes



11,561 Requests
Created
During February 2023

Requests
Resolved **11,264**
During February 2023



4

Major Incidents
Critical (P1) or High (P2)

24

Active Projects

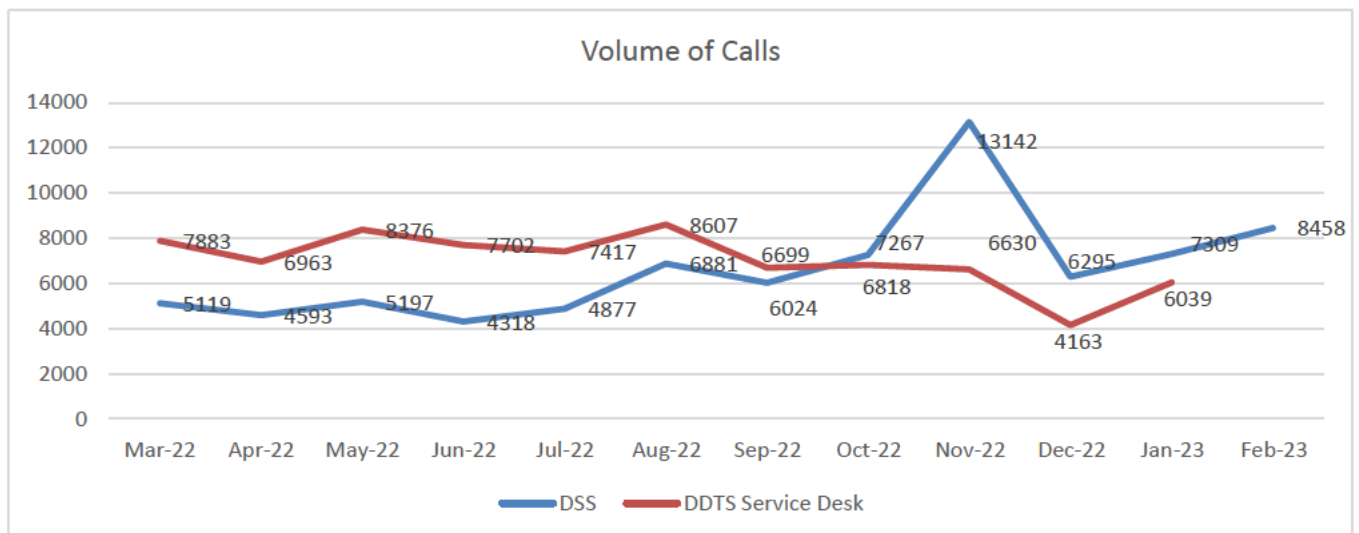


4.5

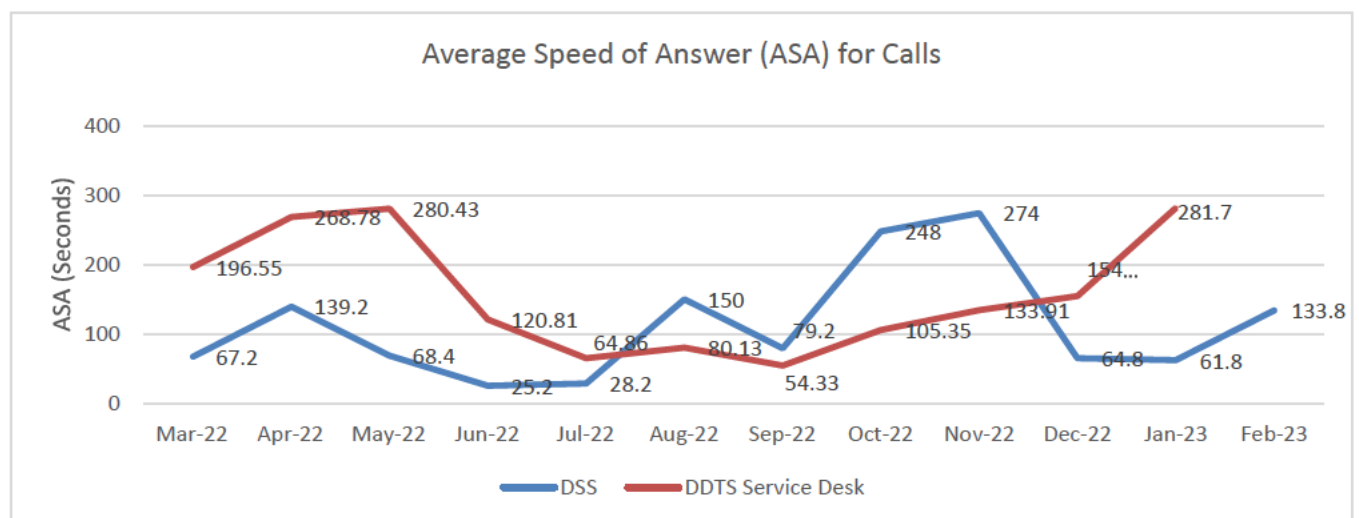
User Satisfaction
Out of 5

Monthly Request Summary

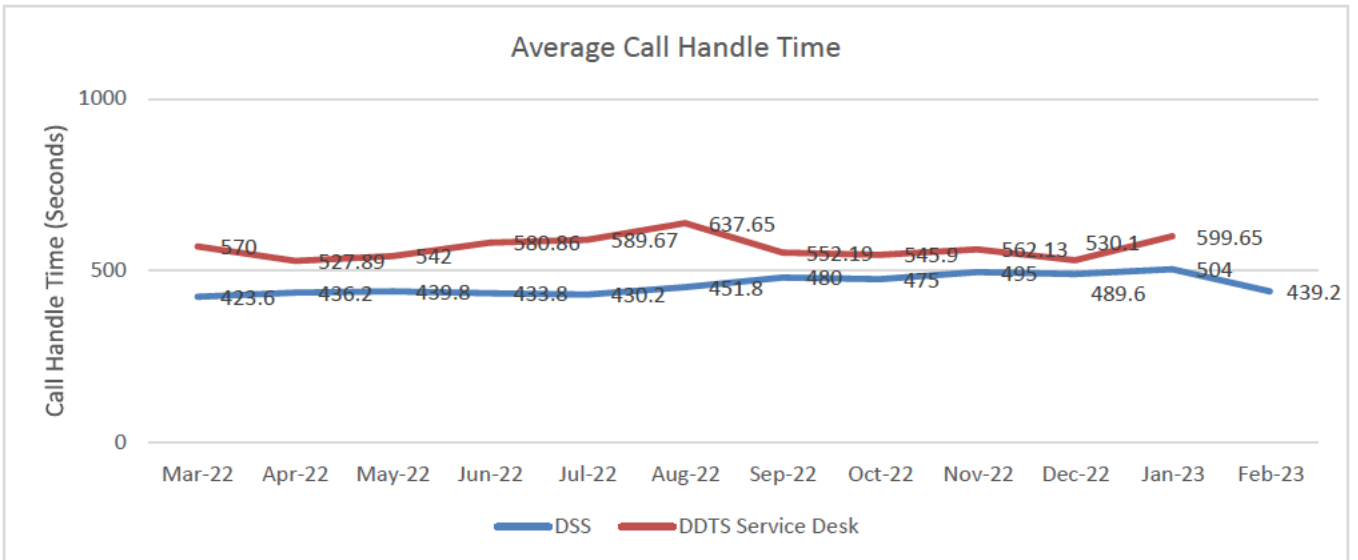
Metric	February 2023
Requests Created	11561
Requests Resolved	11264
Requests Open	2705
Standard Requests Responded to within KPI Timeframe (4 hours)	85.3%
Standard Requests Resolved within KPI Timeframe (24 hours)	80.9%
Total Number of Urgent Requests	444
Urgent Requests Responded to within KPI Timeframe (30 minutes)	85.3%
Urgent Requests Resolved within KPI Timeframe (2 hours)	46.4%
Total Number of Password Reset Requests	1076
Password Reset Requests Resolved within KPI Timeframe (2 hours)	74.3%



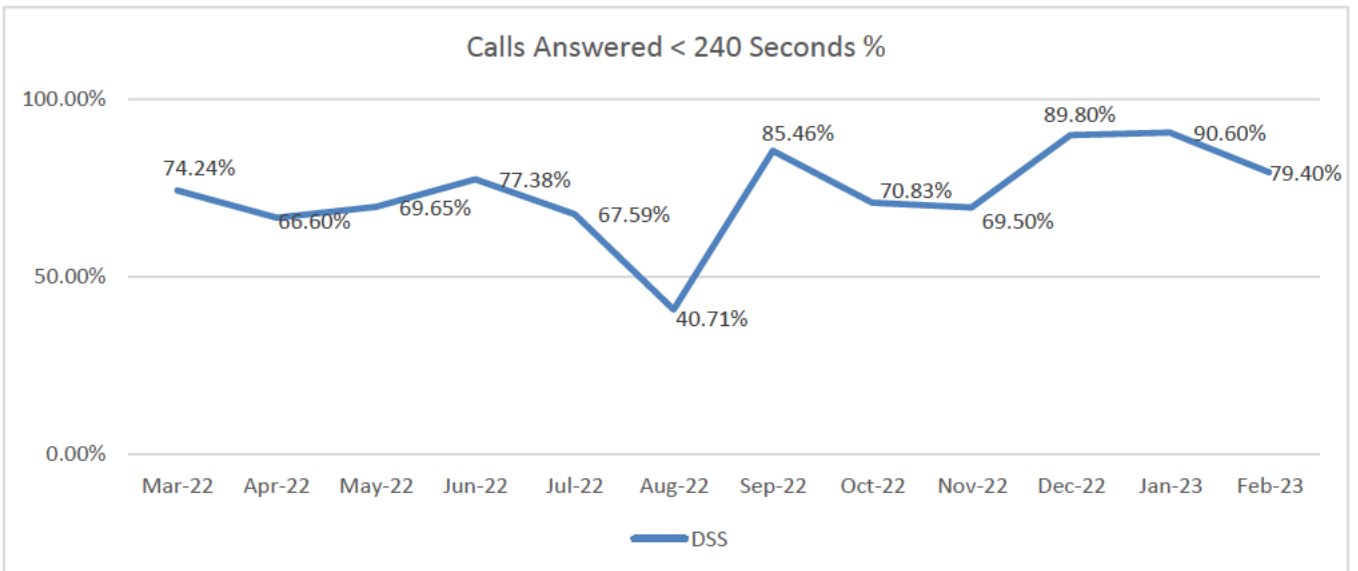
Graph 1 – Total volume of calls



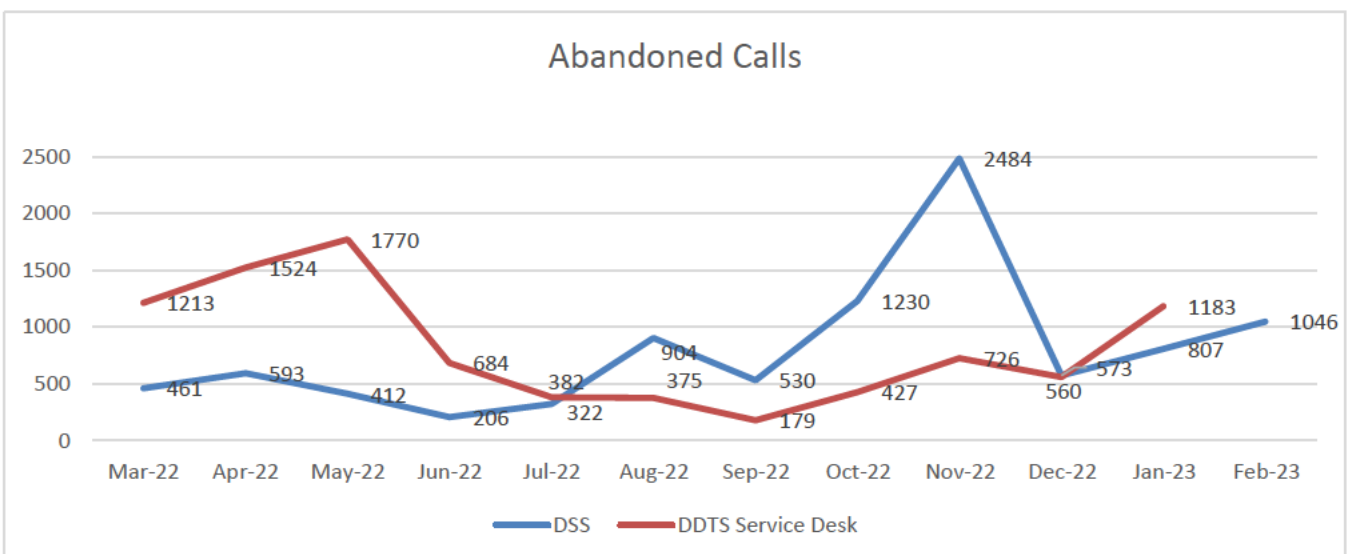
Graph 2 – Average speed of answer for calls



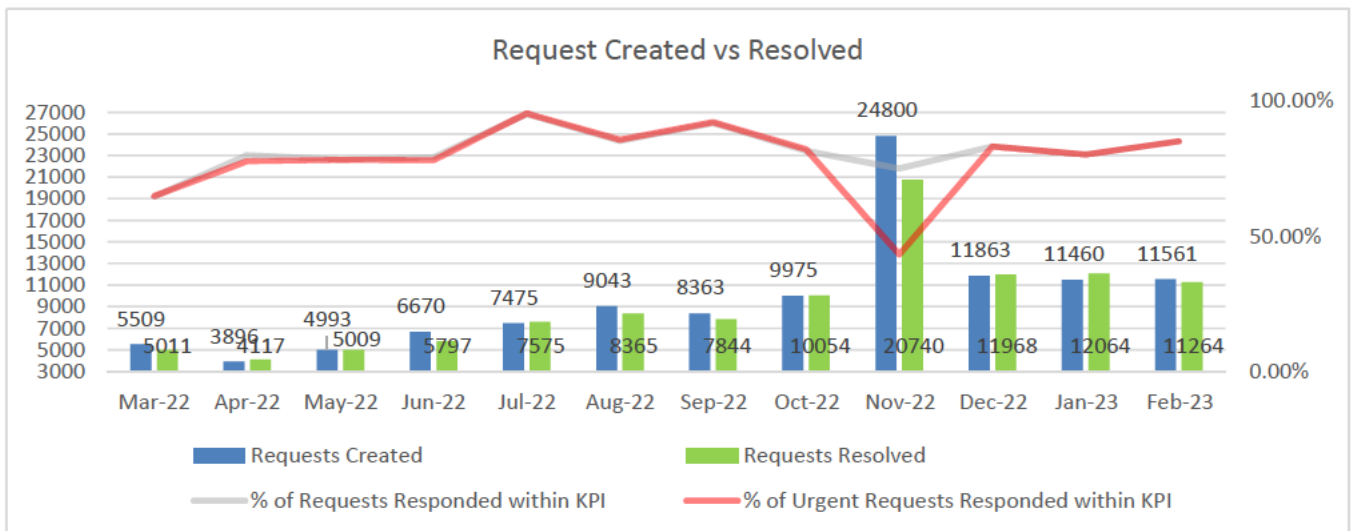
Graph 3 – Average Call Handle Time



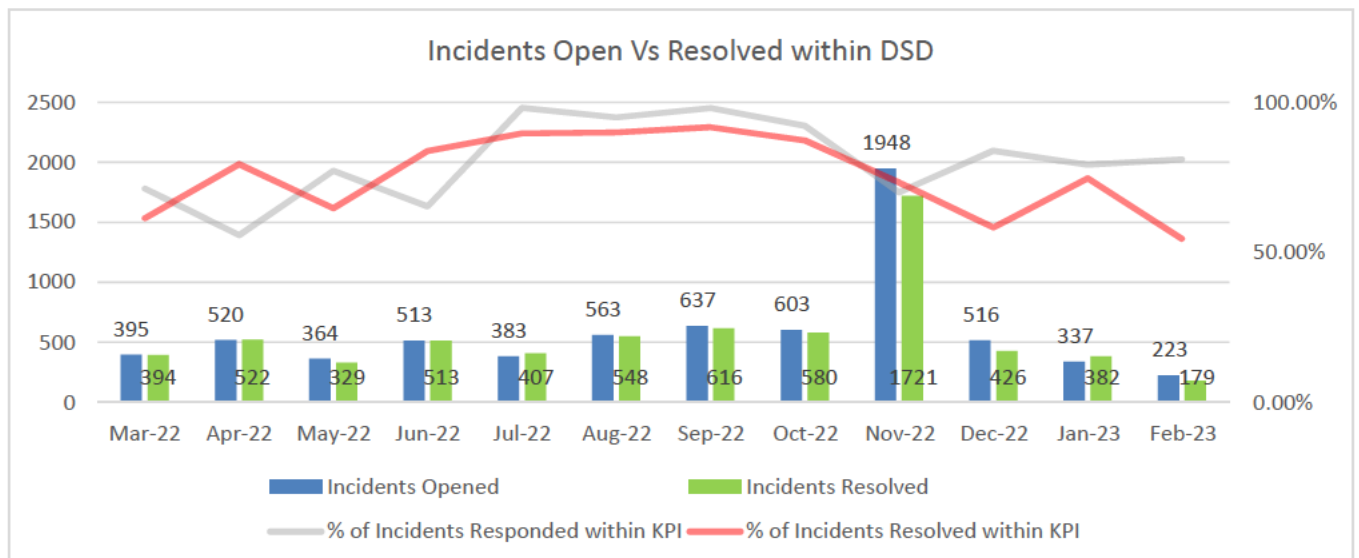
Graph 4 – Total percentage of calls answered within SLA. Please note DSD’s SLA was previously set to <30 Seconds prior to September 2022. DDTs data has been temporarily removed due to the inconsistency between QMAC Reports.



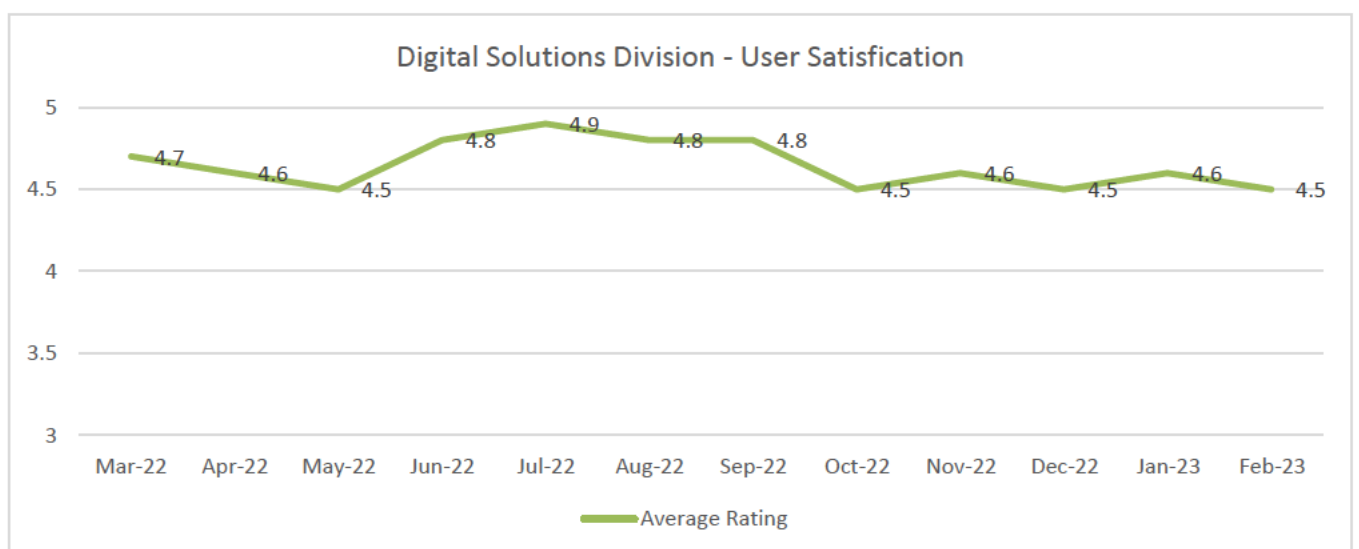
Graph 5 – Total number of calls abandoned



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 (ie 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 223 new incidents raised with a total of 179 closed, we continue to see a reduction in the volume of incidents raised which is an indication we are continuing to stabilise.

81% of incidents were responded to within the first 30 minutes. There was a reduction in the time to resolve an incident, given only 54.5% of incidents were resolved within four hours.

DSD will be looking at strategies to improve against this KPI. As there may be known gaps with a system resolution being implemented and a ticket being left open for ongoing monitoring.

This may be attributing to providing a misleading data representation to the real time fix of an incident.

From the 223 incidents recorded, 4 were classified as a high priority incident (priority 2). For this period there were no major incident (priority 1) reported.

Title	Incident Summary	Jira/SNOW #	Priority
MerlinMap - System down	MerlinMap became inaccessible for all users for the during an outage that lasted XX . This outage was due to the application database reaching maximum capacity caused by large log files. The database has since been cleaned of log files and the generation of said files turned down to ensure that this does not occur again.	DSD-317317	P2
Aether – Server component crash affecting messaging	Multiple services had lost the capability to receive messaging after the node that they were attached to had stopped working over the weekend.	DSD-311996	P2

	<p>Monitoring additionally failed to alert of the stoppage as the server had appeared “fine” by all accounts.</p> <p>The resolution of this outage involved restarting the server and resending all the messaging after the fact.</p> <p>Almost 3 days-worth of messaging had been held because of this outage, which led to a considerable effort to resend all messaging during that time.</p> <p>With the planned decommissioning of AETHER later in 2023, there should be a stabilisation with these incidents as it will be replaced by the Rhapsody interface.</p>		
CPF - Read Only Mode	<p>A monitoring alert had been received to advise that CPF had received no messaging and had reverted to a Read-Only stage overnight.</p> <p>Investigations had occurred and vendor assistance had been requested.</p> <p>The vendor advised that CPF goes into Read-Only mode overnight to create a snapshot of the database for back-up purposes.</p> <p>This information has since been relayed across DSD to ensure that it isn't misrepresented as an incident in the future.</p>	DSD-311017	P2
MModal - Rhapsody messaging queueing	<p>A monitoring alert had been received from Rhapsody to advise that messaging had started to queue and were not going to MModal.</p> <p>It had been identified that the MModal application server was become stuck and as a result the commpoints were offline.</p> <p>Restarting the server and turning those commpoints on resolved the issue.</p>	DSD-308046	P2

2.4. Change Management

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

The definition of the changes recorded are:

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

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

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

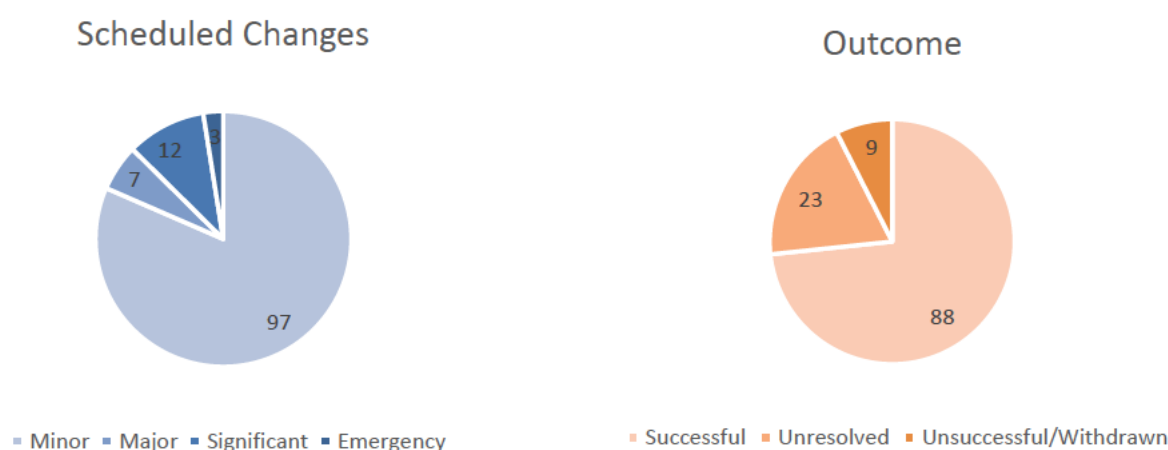
Emergency – Must be introduced as soon as possible to resolve an urgent incident address an unacceptable level of risk, or prevent disruption to critical business services

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

- 1 February 2023
- 8 February 2023
- 15 February 2023
- 22 February 2023

A Total of 18 changes were endorsed at the above-mentioned meetings with one change reviewed and endorsed as an out of session circulation by the board during the reporting period.

2.4.1. Scheduled Changes



There was an increase in all categories compared to the month prior, this is likely due to a return to business-as-usual type status with change planning and implementation.

Major and Significant changes included the following:

- Digital Health Record (DHR) updates; and
- Updates to various other systems including Health Consumer App, Respiro, 3M Codefinder, Kiteworks, Kestral, Beyond Trust Remove Access, Notifiable Disease Management System and Patient Billing and Receipt Collection system; and
- NTT and Intellispace PeriNatal ISP Production Patching.

Emergency changes included the following:

- Increase disk space for DHR; and
- Vendor session to resolve an issue with BeliMed; and
- Emergency Department wait time disclaimer version update; and
- Canberra Health Services CCure licensing update.

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

Status	Total
Duplicate	3
Withdrawn	3
Cancelled	2
Deferred	1

Unsuccessful changes greater than 30 days

This table reflects changes that have been endorsed CCB and have yet to be successfully implemented.

CCB Approval Date	Planned Implementation Date	Change #	System Name	Description	Comment
17/08/2022	TBC	DSD-227446	NxClinical	NxClinical upgrade to version 6.2 Issue with TST environment, vendor to reinstall and implementation date updated to TBC.	Scheduled
07/09/2022	ongoing	DSD-233775	CHS Infrastructure	Network Modernisation Program – Upgrade of the Cisco 3750 Floor Distribution Network Switches to Cisco 9300 Series Switches	Scheduled – work ongoing as planned
16/11/2022	TBC	DSD-253490	Nexus360	Nexus360 production implementation	In Progress – Resolving

				(upgrade) and DHR integration Testing ongoing	testing issues with connectivity)
14/12/2022	TBC	DSD-289058	AETHER RHAPSODY (DHR)	Migration from AETHER to Rhapsody	In Progress

2.5. Legacy Records Management (Paper Records)

DSD manages the physical (paper) administrative files for the ACT Health Directorate and Canberra Health Services. With ACT Health undertaking the majority of record keeping digitally now, new paper files are primarily created for Canberra Health Services (only the ACT Government Analytical Laboratory team are still permitted to create new paper files in ACT Health).

The legacy records management is currently undertaken by a team based at the DSD warehouse in Hume where 205,872 files are currently stored in records boxes on box shelving. A file census was completed in early 2022 where 99.32% of files marked as located in the warehouse were sighted and recorded during the census. This was the first census undertaken in over a decade and followed significant consolidation (such as the closure of the Mitchell warehouse, Mitchell office and file rooms in building 5 and 6 at Canberra Hospital) and warehouse rearrangement at Hume over the last four years. The team are now actively searching for the outstanding files.

Under the Calvary Network Agreement, record keeping responsibilities vest in the Little Company of Mary and ACT Health does not undertake any administrative records management functions for Calvary Public Hospital Bruce.

Service	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
Record transfer of a paper files to another officer	0	0	2	14	6	25	12	24	4	45	18	16
Paper File Retrieval Request	10	9	10	5	14	12	18	27	13	5	10	10
New Paper File Request	241	101	164	216	181	160	192	161	285	209	237	149
New File Part Request	4	3	2	17	4	17	19	7	15	9	17	10
Transfer Paper File to Records/Storage	10	6	3	15	7	19	5	6	8	16	11	14

2.6. Digital Records Management

All ACT Health Directorate areas have been transitioned from the Q: Drive, into Objective for the management of administrative records. The Objective Ministerial Workflow is being rolled-out across the Directorate, it is anticipated this will be finalised by end of May 2023.

Work is continuing of 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 them 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.

Digital Records Support (Shared Services) are currently engaged with both the Objective Vendor and all ACT Government Directorates using Objective on a project to upgrade the current version of Objective being used and transition the system to a cloud-based solution.

Testing will commence in May, with the planned upgrade scheduled for June.

Metric	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
General objective enquiry	10	5	35	50	44	43	60	44	37	67	24	33
Request Objective access + new user	11	3	31	42	51	37	31	16	14	19	53	64
Objective Training	4	4	20	119	149	26	35	14	10	7	8	9
Request Access/Restriction on a file or folder	7	1	7	14	24	19	19	19	25	9	13	19

3. Projects and Program

3.1. Summary Overview

The Digital Solutions Division (DSD) has a work program with 24 active projects in progress. The Division tiers projects from 1 to 4 in accordance with the Portfolio Delivery Framework. The Tier 1 projects are the most complex and Tier 4 are considered smaller and less complex.

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

From the 17 major (Tier 1 and Tier 2) there are 2 project tracking red which is the Digital Health Record Business intelligence and Data Project. This is due to schedule delays and risks/issues with unplanned complex transformations. The other is this Pharmacy Inventory Management System (PIMS) which has been escalated to red by the Project Board in accordance with the Project Tolerance Guidelines. Funding sources to progress with Phase 2 of the PIMS project are being investigated.

During this reporting period there were 4 projects closed, 3 of these were successfully delivered which included the Critical Communications project, Clinical Patient Folder (CPF) V4-2 Upgrade and the My Meals System Upgrade. The TechLauncher Clinical Trials Administration System project closed due to being dormant for over two years.

There was 1 new project established which will see the implementation of an Identity Governance Solution in the Health Enclave to manage identity and systems in addition to providing enhanced auditing capabilities. It is envisaged that this solution will also have an integration into HR platforms that will streamline administrative processes.

3.1. Digital Solutions Divisions Portfolio Dashboard



Digital Solutions Division PORTFOLIO DASHBOARD

Reporting Period: 16 January 2023 to 12 February 2023

Overview

Number of Programs	2	Number of Active Projects	24
Number of New Projects	1	Number of Major Projects	17
Number of Projects Closed	4		

RAG Status of Major Projects

Legend: Red (2), Yellow (5), Green (9)

Resources

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

All Projects by Tier

Legend: Tier 1 (8), Tier 2 (9), Tier 3 (2), Tier 4 (5)

All Projects by Stages

Legend: Initiate (10), Plan (1), Execute (8), Deliver (1), Close (4)

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
PG0002	Digital Health Record Program	Red	Tier 1	Deliver	Sandra Cook	Rebecca Cross

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
PJ0005	Digital Health Record Implementation Project	Green	Tier 1	Deliver	• Patient-centred • Health services enabled by contemporary technology • Research, discovery and collaboration	'Rebecca Cross	12/11/22
PJ0006	Digital Health Record Technical Project	Yellow	Tier 1	Deliver	• Patient-centred • Health services enabled by contemporary technology • Research, discovery and collaboration	'Rebecca Cross	12/11/22
PJ0007	Digital Health Record Business Intelligence and Data Project	Red	Tier 1	Plan	• Patient-centred • Health services enabled by contemporary technology • Research, discovery and collaboration	'Rebecca Cross	12/11/22
PJ0009	Notifiable Disease Management System (NDMS)	Yellow	Tier 1	Deliver	• Patient Centred • Research, discovery and collaboration	'Kerryn Coleman	22/09/2022 Phase 2
PJ0010	Power Billing and Revenue Collection (PBRC) Upgrade: Phase Two - DIR Integration, Pathology & Dental Billing	Green	Tier 1	Deliver	• Health services enabled by contemporary technology	'Paul Ogden	18/11/22
PJ0011	Birth of a Child	Yellow	Tier 2	Deliver	• Patient-centred	'Peter O'Halloran	30/06/23
PJ0013	Pharmacy Inventory Management System	Red	Tier 2	Initiate	• Patient-centred • Health services enabled by contemporary technology	'Peter O'Halloran	20/06/2022 (CPHB) 26/09/2022 (CHS);

PJ0015	TCH Building 12 ICU Redevelopment	●	Tier 2	Close	• Patient-centred • Health services enabled by contemporary technology	'Colm Mooney	31/03/22
PJ0016	TCH Building 12 Medical Imaging Refurbishment	●	Tier 2	Plan	• Patient-centred • Health services enabled by contemporary technology	'Colm Mooney	30/11/22
PJ0017	TCH Building 19 Level 3 Pharmacy Refurbishment	●	Tier 2	Plan	• Patient-centred • Health services enabled by contemporary technology	'Colm Mooney	31/07/23
PJ0018	TCH Building 20 L1 RadOnc Linac Replacement	●	Tier 2	Deliver	• Patient-centred • Health services enabled by contemporary technology	'Colm Mooney	31/12/22
PJ0019	Weston Creek CHC Medical Imaging Expansion	●	Tier 2	Deliver	• Patient-centred • Health services enabled by contemporary technology	'Colm Mooney	30/11/22
PJ0033	Calvary Public Hospital Bruce OneID Implementation and EACS Replacement	●	Tier 2	Initiate	• Health services enabled by contemporary technology	'Jarrad Nuss	30/06/23
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	Gray	Tier 1	Initiate	• Health services enabled by contemporary technology	'Peter O'Halloran	06/30/25

Tier 3 & 4 Projects

Project ID	Project Name	Executive Sponsor	Digital Health Strategy Theme	Approved Baseline Budget (Capex)	Approved Baseline Budget (Opex)	Approval Stage or Tranche
PJ0034	Food Safety Monitoring System	'Colm Mooney	• Health services enabled by contemporary technology	\$25,000.00	\$0.00	Deliver
PJ0035	Mainpac Expansion	'David Jones	• Health services enabled by contemporary technology	\$254,375.00	\$38,958.75	Initiate
PJ0037	Electric Vehicle Charging ICT Standard	'Colm Mooney	• Health services enabled by contemporary technology	\$20,000.00		Initiate
PJ0039	Medical Imaging Additional Nurse Call Equipment	'Sean Fenotti	• Health services enabled by contemporary technology	\$22,000.00		Initiate
PJ0040	DALI System Upgrade	'Chris Tarbuck	• Health services enabled by contemporary technology	\$50,000.00		Initiate
PJ0042	TCH B3 L1 Rheumatology & Dermatology Consultation Room Upgrades	'Chris Tarbuck	• Health services enabled by contemporary technology		\$4,200.00	Initiate
PJ0043	1 Moore Street Security Upgrade	'Scott Harding	• Health services enabled by contemporary technology		\$5,000.00	Initiate

Red Synopsis Report

Synopsis Status	Project ID	Project Name	Project Tier	Approval Stage or Tranche	Comments
●	PJ0007	Digital Health Record Business Intelligence and Data Project	Tier 1	Plan	DHR BID project is reporting RED for Schedule and Risks/Issues due to delays with unplanned complex transformations. This is required to extract core activity data to meet national reporting requirements and is placing deliverable dates at risk.
●	PJ0013	Pharmacy Inventory Management System	Tier 2	Initiate	The project status has been escalated to RED as directed by the PIMS Project board and in accordance to the Project Tolerance Guidelines. MerlinMAP is barely a minimum viable product with significant amount of resource time being dedicated to basic operations. Options for Phase 2 funding sources are being investigated.

Closed Projects

Project ID	Project	Project Overview
PJ0003	Critical Communications Project	Critical Communications project implemented the Switchboard SPOK system and delivery of ward-person workflows in preparation for the Digital Health Record (DHR) Program. Clinical Work Devices were also rolled out as part of the DHR implementation.
PJ0012	Clinical Patient Folder v4-2 Upgrade	Clinical Patient Folder Upgrade project successfully delivered upgraded infrastructure and product version 4.7 as well as migration to the NTT enclave. BAU activities are now managed by the DHR HIMs team.
PJ0031	TechLauncher Clinical Trials Administration System	Administrative closure with the project dormant for over two years.
PJ0032	MyMeal System Upgrade to v15	The successful delivery of the MyMeal upgrade provided increased reliability, availability and patient care functionality. Enhancements also supported CHS Accreditation in meeting instrument tracking and tracing standards. This system was also successfully migrated to the NTT enclave.

New Projects

Project ID	Project Title	Project Overview
PJ0044	Identity Governance	The Identity Governance Solution will be implemented in the Health Enclave which will manage identity and systems and provide enhanced auditing capabilities. It will integrate with multiple HR platforms to streamline onboarding, offboarding and alignment of role-based access into DHR and other clinical systems.

Major Project Risks Heat map

Primary	2	3	4	5	6
Risk Matrix					
Almost Certain		1		3	
Likely			5	5	2
Possible	1		3	20	14
Unlikely	1		20	14	6
Rare	4		7	3	1
	Insignificant	Minor	Moderate	Major	Catastrophic

Major Project Issues Heat map

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

Major Projects Critical Risks/Issues Report

Project Name	Risk/Issue	Title	Residual Rating	Description
Pharmacy Inventory Management System	Issue	Insufficient budget to expand scope to include Electronic Drug Register.	Extreme	Options for funding sources for Phase 2 including DSD/CHS/CPHB are being investigated.

4. Digital Health Record (DHR)

4.1. Digital Health Record Program Report



ACT Health

Digital Health Record Program

Digital Solutions Division PROGRAM STATUS DASHBOARD

Digital Health Strategy Theme

- Patient-centred
- Health services enabled by contemporary technology
- Research, discovery and collaboration

Reporting Period: 7 January 2023 to 6 February 2023

Program Governance		Program Overview	
Program ID	PG0002	The Digital Health Record (DHR) Program will deliver a single, contemporary, trusted, real-time, person-centred clinical record that can be accessed by all members of the treating team regardless of location.	<p>Trending</p> <p>▼</p> <p>Declining</p>
Approval Stage	Tranche 2 - Delivering the Capability		
Executive Sponsor	Rebecca Cross		
Governing Committee	DHR Program Board		

Clinical Owner/s	Program Performance Indicators						
David Peffer, Chief Executive Officer, Canberra Health Services	Overall Health Status	Schedule Status	Budget Health Status	Quality Health Status	Risks & Issues Health Status	Scope Health Status	Benefits Health Status
Ross Hawkins, ACT Regional CEO, Calvary Public Hospital Bruce	●	●	●	●	●	●	●

Program Delivery Team	Program Baseline			
Approver	S Sandra Cook			
EBM, Future Capability	J Justine Spina			
Technical Project	T Timothy Panoho			
Implementation Project	P Philippa Kirkpatrick			
BI & Data Project	S Sean Winefield			
	Current Schedule	Baseline Schedule	Approved Budget	Budget Variance
	01/01/19	01/07/19	\$130,787,000.00	\$47,610,970.00
	Start Date	Baseline Start Date	CapEx Budget	CapEx Variance
	31/03/23	30/12/22	\$77,752,000.00	\$58,273,720.00
	End Date	Baseline End Date	OpEx Budget	OpEx Variance

Program Status Commentary

Program Status	Risks & Issues	Budget
<p>The program is reporting a red status. The DHR system was successfully implemented on Saturday 12 November 2022 at 5.30am; however, issues have been discovered in the production data available for external reporting such as National Submissions. The focus of the DHR Implementation Project and DHR Technical Project has been on managing support tickets and working through issues as they arise as well as planning for the Epic Upgrade to the February 2023 version in May 2023. As of 6 February 2023, there have been 28,752 jobs logged for assistance with 24,998 of those jobs resolved and 443 jobs awaiting confirmation from the reporters that the job is resolved. The stabilisation period will continue until the 24 February 2023. The ACT Health ongoing support team recruitment to manage the DHR ecosystem has been completed with job offers made and all positions filled. These resources will transition into their new ongoing roles by the 24 March 2023. The Privacy Impact Assessment is now final and is published. Progress against recommendations will be managed and monitored by the DHR Program Office.</p> <p>The EY Go-Live Readiness Assurance review has been presented to the Program Board. The next and final review will be performed in April 2023 and will focus on the Benefits Realisation/ Post Implementation Review for the Program.</p>	<p>Risks - There are currently 35 open risks. There are 10 risks reporting a high rating:</p> <ul style="list-style-type: none"> #12 The Territory may have problems with national reporting and submissions during the transition period from existing systems to the Digital Health Record. #20 Data Quality in the DHR is poor - additional risks associated with the reporting database have been added to this risk #22 The Clinical Record does not provide ready access to information #29 Clinical Engagement #38 Slow decision making #46 DHR team unable to deliver tasks in alignment to schedule #47 Cyber Attack #49, #50 & #51 Technical Architecture risks. <p>Issues - there are 6 high issues still open the top one being: Pathology result formatting and sending to external parties through the interface and provider information not being correct is impacting timely review of results for referring clinicians.</p>	<p>The figures in this report are still report to October 2022 as the DSD Finance Manager has resigned and a replacement is due to commence next week. As soon as this replacement starts, actual figures for November and December 2022 will be added to the March 2023 report. The below figures are predicated on the assumptions of offsets being achieved and next month's finance report will deep dive into the likelihood of these offsets being able to be actualised. The total budget for the DHR Program is now \$328.803 Million over 8 years with the addition of funds to ACT Health Directorate from the Supplementary Business Case. This comprises of \$114.932 Million Treasury Capital, \$64.273 Million Treasury Operational and \$122.622 Million in Offsets. A Supplementary Business Case has been approved in the 2022/23 Treasury Budget Cycle totalling \$50.828 Million (\$26.070 Million Capital and \$24.758 Million Operational). There is \$20.348 Million allocated to the ACT Health Directorate and these figures have been added to the Program Budget (\$15.855 Million Capital and \$4.493 Million Operational budget). The Actual figures to October 2022 are as follows - Capital \$83.176 Million (Budget \$84.702 Million) Opex \$19.478 Million (Budget \$22.689 Million). There is \$31.756 Million Capital remaining and \$44.796 Million Opex remaining. At the end of October 2022, the total forecast over-expenditure for Capital over the 8 years is \$3.583 Million and a forecast underspend of Operational expenditure of \$37.593 Million. This is without recouping the \$7.515 Million reallocation to the notifiable disease management system. The forecast underspend for the whole of life DHR Program at present is \$2.212 Million over the 8 years with including the BAU expenditure. Therefore, the budget will be reporting Green. Detailed quarterly reports will be provided to the Board in December 2022 (Jul-Sept 2022 quarter) and March 2023 (Oct 2022 to Dec 2022).</p>
<p>Quality</p> <p>The final Quality and Assurance Strategy and Plan was approved by the Program Board on 18 May 2021.</p> <p>EY has been selected as the company to provide external assurance activities outlined in the Quality & Assurance Strategy and Plan. Recommendations arising from the previous assurance review reports are being tracked and added to the Program Board papers monthly. The next review will be the Benefits realisation/ Post Implementation Review in April 2023 with EY attending the March 2023 Board to discuss the scope of this review.</p>	<p>Benefits</p> <p>Abt Associates (in partnership with bdna) were the successful external consultancy to perform the Benefits Realisation Plan for the DHR.</p> <p>The overarching headline Benefits Management Plan was approved by the DHR Program Board 8 April 2022 and will now be managed in the DHR Program Office to gather the baseline data prior to Go-Live of the Epic DHR solution and will work on cadence of gathering data post Go-Live. There are 23 baseline data metrics related to the 14 headline benefits identified. The metrics were approved by the DHR Program Board in October 2022 and baseline data will be provided in March 2023. The BI & Data team are working to deliver this data in the timeframes set and have collated baseline data for the last 3 years where available.</p>	<p>Scope</p> <p>Scope refinements are being managed through Change Request processes. A request to add 3 use cases to the DHR Link pilot has been drafted and is on the agenda for the February 2023 Board meeting.</p>
<p>Schedule</p> <p>The DHR Program schedule has been reforecast after the agreement from the September 2021 Board to delay Go-Live from September 2022 to November 2022. The re-baselined schedule was achieved with Go-Live of the system occurring on 12 November 2022.</p>		

Project Summary Dashboard

DHR Technical Project

RAG ● % Complete **96%**
 Trending ▬

The project status is green as the solution is in production and operating. The focus of the technical project is now on the transition of interfaces from the AETHER integration engine to Rhapsody to combat the intermittent issues with the AETHER integration engine. This was agreed to through a formal paper circulated amongst key stakeholders in CHS, Calvary and ACT Health. This switchover is planned to be completed by March 2023.

DHR Implementation Project

RAG ● % Complete **99%**
 Trending ▬

The Digital Health Record (DHR) Implementation Project is reporting an overall green status and is improving.

The application workstreams are now managing the tickets logged across the health services to stabilise the system prior to optimisation requests being reviewed and prioritised over the next month. The application teams are also preparing for the Epic upgrade to the February 2023 version in May 2023. Each workstream will be noting the feature improvements available and will take recommendations through governance processes for what should be implemented in that Upgrade.

DHR Business Intelligence & Data Project

RAG ● % Complete **77%**
 Trending ▾

This project is reporting red due to the issues with external reporting for required reports such as National Submissions. There are daily meetings with subworking groups in Admitted Patient Care (APC), ED, Elective Surgery Waitlists (ESWL), Mental Health and Non-Admitted Patient Care. The request to extend the BI and Data project was not agreed at the January 2023 Board and the project will prepare closure documentation detailing what was delivered for Go-Live and what is still outstanding work and will manage this outstanding work as Business As Usual (BAU). Scope for reporting for Go-Live has been delivered but issues are being managed in ED data and other elements of National Reporting. The National Submission data is being carefully analysed now prior to the first submission that will contain Epic and legacy system data combined.

Key Program Activities

Key Program Activities

At Risk	Task Name	Start Date	End Date	Status	2022	Q3	Q4	Q1	Q2											
					Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
<input type="checkbox"/>	Program authorised to commence	08/02/21	08/02/21	Complete																
<input type="checkbox"/>	Contract with vendor signed	01/01/19	01/01/19	Complete																
<input type="checkbox"/>	Completion of staffing and program team training	30/06/21	30/06/21	Complete																
<input type="checkbox"/>	Completion of detailed program planning	30/06/21	30/06/21	Complete																
<input type="checkbox"/>	Completion of system configuration base build	31/12/21	31/01/22	Complete																
<input type="checkbox"/>	Completion of testing and content build	30/06/22	29/07/22	Complete																
<input type="checkbox"/>	Completion of end user training	29/08/22	04/11/22	Complete																
<input type="checkbox"/>	120 day Go-Live Readiness Assessment (GLRA)	07/07/22	07/07/22	Complete																
<input type="checkbox"/>	90 day Go-Live Readiness Assessment (GLRA)	10/08/22	10/08/22	Complete																
<input type="checkbox"/>	60 day Go-Live Readiness Assessment (GLRA)	12/09/22	12/09/22	Complete																
<input type="checkbox"/>	30 day Go-Live Readiness Assessment (GLRA)	11/10/22	11/10/22	Complete																
<input type="checkbox"/>	Execute Cutover	04/11/22	11/11/22	Complete																
<input type="checkbox"/>	Go live	12/11/22	12/11/22	Complete																

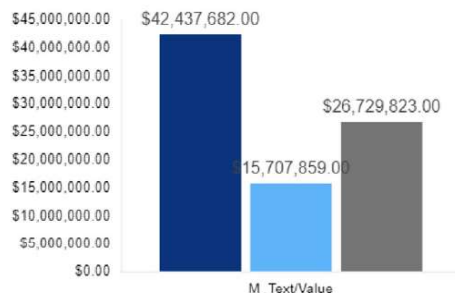
Financial Performance

Whole of Life Budget & Expenditure

Current FY 2022/23

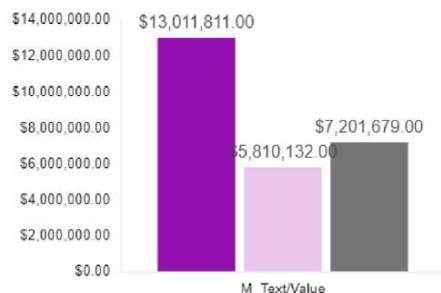
CapEx

Budget **\$130,787,000.00**
 Actual **\$83,176,030.00**
 Variance **\$47,610,970.00**



OpEx

Budget **\$77,752,000.00**
 Actual **\$19,478,280.00**
 Variance **\$58,273,720.00**



● CapEx Budget ● CapEx Actual ● CapEx Variance

● OpEx Budget ● OpEx Actual ● OpEx Variance

Program 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

Program Risks		
Title	Residual Rating	Description
Data quality in the Digital Health Record is poor	High	"Insufficient focus on the design of the data dictionary and structures. Data entry by end-users may not enter quality data into the fields. "
Lack of or insufficient clinical engagement in the development and implementation of the DHR	High	The Program may be delayed, or may not deliver a high quality outcome.
Schedule delays due to slower than required decision-making or revisiting decisions already made	High	The project will require a devolved decision-making framework to ensure decisions are made in a timely manner. If this does not occur due to stakeholder unavailability or inability to reach a decision, this will delay the project. Scope creep/changes
The team are unable to complete all tasks in accordance with the schedule.	High	Causes of task non-completion may include: - The scope of work is larger than originally anticipated and there are issues that arise that take longer to troubleshoot delaying delivery of tasks - Delays to decision-making - team member's performance is not as expected - delays due to external pressures such as COVID-19 - delays to dependencies including conversions, interfaces and user provisioning Task effort not estimated correctly Recruitment and onboarding of staff Unplanned leave Unidentified scope
Cyber attack penetrates the DHR system	High	Hacking of the system or through mismanagement of the data. Critical systems fail to have geographic redundancy and availability.
Technical Architecture Documentation may be siloed and not sight clinical workflow requirements required to ensure a seamless clinical end user experience	High	Lack of architecture documentation and end user journey maps due to a lack of resourcing in the technical team
The DHR solution does not work in an efficient and effective way for end users at the time of Go-Live	High	Medical Grade End User Devices are not available in time for Go-Live, there are not enough devices for the workflow or the wrong devices are procured for areas making the workflow slower than anticipated.

Program Issues		
Description	Residual Rating	Action to Be Taken
There have been issues with Pathology results being sent to the appropriate referring clinicians. This is for a number of reasons; provider data is poor, the AETHER integration engine failed to send the message, data entry did not add the right doctor to the record. There has been significant work to improve this and there is a daily process in place to check results have been sent. This issue will remain open until the work to switch the interface from AETHER to Rhapsody is complete.	Medium	
When results are sent to GPs there is an issue with some types of test results formatting poorly. This is due to the interface not marrying up with the GP Practice Management Software (PMS) systems. There are around 7 PMS systems used in Canberra with 3 of them being used by 90% of the GP community. Epic are working on a change to send a PDF report to reduce this issue in the interim whilst the team work on changing the atomic data in the longer term.	Medium	
National Submissions data had started to be validated and there were errors noted in the data. The BI and Data team are now going through each operational database data field and ensuring it is mapped appropriately to the Epic SQL reporting tables appropriately. There is also work to identify why the data is not as expected. Reasons could include - the field is not mandatory and therefore not being captured, the order of the data capture is wrong and therefore the workflow needs to change, the fields do not contain the right selections, the mapping from the operational database to the reporting database may not be right. Each data element is being investigated to ensure the data is accurate before being reported. This was a risk that was reported throughout the program and has been realised. It was only able to be fully understood when production data was available.	Medium	
There have been issues with referrals not going to the right clinician due to the HealthLink Service tree not going down to the sub-specialty level. This results in clinicians having to redirect the referral in the Epic system manually which can be time consuming and can delay the referral getting to the right person. There are iterative changes being made to the Healthlink service tree (and these are likely to be needed fortnightly ongoing to adjust the changes in the health service staff and services provided). This will be tracked for the first few iterations to ensure that these changes have improved the experience.	Medium	
Issues have been raised with the Aria to Epic interface and the management of oncology protocols with the Slade Pharmacy arrangement for the provision of oncology drugs. Slade do not have access to the real-time information they need to be able to prep the Oncology protocols appropriately, so investigations are occurring to provide them access to patient charts through DHR	Medium	
An ongoing governance structure has yet to be agreed but needs to be prior to the DHR Program closure on 24 March 2023 to ensure that decisions and changes to the system are agreed by health services. The Support Model working group has regular meetings for the next 4 weeks to finalise this governance.	Medium	

4.2. Digital Health Record Implementation Report



Digital Health Record Implementation Project

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient-centred
- Health services enabled by contemporary technology
- Research, discovery and collaboration

Reporting Period:

7 January 2023 to 6 February 2023

Project Overview

The Digital Health Record Implementation Project will deliver the configuration, testing, implementation, and training of all end users of the Digital Health Record.

Trending



Stable

Project Governance

Project ID	PJ0005
PJM ID	PROJ10112
Approval Stage	Deliver
Tier	Tier 1
Sponsor	Rebecca Cross
Governing Committee	DHR Program Board

Project Performance Indicators



Project Baseline

Project Delivery Team		Current Schedule	Baseline Schedule	Approved Budget	Budget Variance
Project Manager	Philippa Kirkpatrick	02/08/21	02/08/21	\$74,598,945.00	\$23,497,640.00
Approver	Sandra Cook	Actual Start Date	Baseline Start Date	Baseline (Capex)	Variance (Capex)
		30/12/22	30/12/22	\$32,613,453.00	\$27,375,821.00
		Actual End Date	Baseline End Date	Baseline (Opex)	Variance (Opex)

Project Status Commentary

Project Status

The Digital Health Record (DHR) Implementation Project is reporting an overall green status.

The system is live and all planned areas are now using the DHR. Areas experiencing the greatest issues are the patient administration area (particularly in referral management) as well as pathology. Active work is occurring in these areas to reduce the impact of the issues. The implementation team are now preparing to transition to ongoing support and perform the first Epic Upgrade to the February 2023 version of the system in May 2023.

Scope

The DHR went live with all modules planned, other than applications on bring-your-own devices (Haku, Canto and Limerick).

An optimisation register has been developed to capture requests for changes that are not go-live critical. An Optimisation Framework is under development that will guide the management of optimisation activities including the prioritisation of work on optimisation requests.

Risks & Issues

Many risks were closed out with the implementation of the project as they related to achieving go-live on schedule, budget and with staff trained. There remains one high risk, about attracting and retaining the right staff. Recruitment for the business-as-usual team is completed. However, there remains a risk of turnover as some team members are returning to their previous roles or taking new positions which will leave the project without all resources for 1-2 months.

There are 4 issues designated as high for the implementation project (decrease of 1 since the last report). Two of the high issues are with regard to referral management and external access to pathology reports. Updates on these are tracked regularly at the Top 10 meetings.

Schedule

The DHR went live according to schedule. The hypercare period is now finished. The team are focussed on resolution of issues from tickets. Early in 2023 the focus will move to focus on transition to BAU arrangements.

Budget

The budget figures for this report are the same as last month as the key Finance Resource in DSD left the organisation and a replacement has not started yet so actuals for November 2022 were not available at the time of reporting. This will be caught up next month. The project budget remains to be forecasting a budget surplus. This may be reallocated to the program if it is not required.

The capital forecast is a deficit of \$641,000 due to overtime work by the team to achieve go-live according to schedule. The operational forecast is \$24 million under budget. However, this is the project budget which includes funding to support the BAU team as well as the pathology system. Neither of these expenses are included in the project budget and therefore, this amount is deceptive.

Quality

Quality and assurance activities are being managed at the program level and is reported in the program status report.

Benefits

The project benefits are being managed at the program level and is reported in the program status report.

Key Project Activities

Key Project Activities - Implementation

Task Name	Status	At Risk	Start Date	End Date	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Super user training complete	Complete	☐	29/09/22	09/09/22								
Workflow dress rehearsal complete	Complete	☐	01/10/22	04/11/22								
End user training complete	Complete	☐	13/09/22	04/11/22								
Abstraction undertaken	Complete	☐	03/10/22	14/11/22								
Blood bank system ready for implementation	Complete	☐	01/11/22	11/11/22								
PAS conversion production loads complete	Complete	☐	29/10/22	11/11/22								
Cutover of inpatients complete	Complete	☐	07/11/22	11/11/22								
80 Day Go-Live Readiness Assessment (GLRA)	Complete	☐	15/09/22	15/09/22								
30 day Go-Live Readiness Assessment (GLRA)	Complete	☐	13/10/22	13/10/22								
First live production use of the DHR	Complete	☐	12/11/22	12/11/22								
Hypercare period complete	Complete	☐	25/11/22	25/11/22								

Financial Performance

Whole of Life Budget & Expenditure

Current FY 2022/23

CapEx	
Budget	\$74,598,945.00
Actuals	\$51,101,305.00
Variance	\$23,497,640.00

OpEx	
Budget	\$32,613,453.00
Actuals	\$5,237,632.00
Variance	\$27,375,821.00



● CapEx Budget FY
 ● CapEx Actual FY
 ● Variance CapEx
 ● OpEx Budget FY
 ● OpEx Actual FY
 ● Variance OpEx

Project Risks & Issues Profile

Risk Matrix (Post Treatment)

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

Issue Matrix

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

Project Risks

ID#	Title	Source	Residual Rating	Existing Risk Controls
DHRIMP52	Health services policies or procedures may not align with the configuration of the DHR.	Changes in workflows need to be reflected in changes in policy. The health services may not be resourced to undertake all required policy updates.	High	Health services leads are planning this work. A register of known policy changes has been developed.

Project Issues

ID#	Title	Description	Residual Rating	Action to Be Taken
DHRIMP-123	Dependent projects	User provisioning is a deliverable of the technical project and is delayed. If users are not available in the system, the implementation team cannot progress testing as per the schedule. Also, if all providers are not added, this will create problems for letter addressing etc	High	Hakan Gultekin and Tim Panofo are leading this activity. Collection and analysis of data is progressing. Weekly reports on progress are provided to the Board. 16/3/2022 This is improving. It is now progressing and an initial upload of providers underway. 26/5/2022 Sonya Floyer has been engaged to support this work. 1/8/2022 Sonya to implement app to collect this data. 15/10/22 Data is being collected via a webform. However updated provider information will not be uploaded until late October. 9/12/2022 Work continues on the clean up of providers in the system. The greatest impact is now with external providers, including providers with records associated with inactive provider numbers. This is resulting in users selecting an inactive provider and results not being received.
DHRIMP-124	People	Some staff have reported burnout or stress at rates that are not healthy.	High	This is a limited number of staff but has resulted in turnover. Managers are monitoring any staff where this has been reported, and for those that have remained with the team, there have been improvements. However, with high workloads and schedule delays, this issue may remain. Therapy dogs were organised. All staff were encouraged to take at least two weeks off over the Christmas period. 16/3/2022 Last week was meeting free week which was well received. Another time period when we will encourage leave is being identified (possibly last two weeks of July - one week per team member at their own choice) 26/5/2022 Additional boost request going in to support the team over go-live. 1/8/2022 Retention of some Boost over go-live has been approved. There is still some turnover in the team with two team members resigning in the past few weeks. Action is for ongoing monitoring by managers and escalation as required. 15/10/22 This continues and around 5 staff have left recently. Managers continue to support their teams and assist with prioritisation. The team is focussed on go-live critical activities. 9/12/2022 This continues although is reducing for some teams since go-live. Other teams with large ticket numbers are still feeling stress.
DHRIMP-192	Workflow	CPF integration has critical defects	High	15/10/22 Monitor resolution of critical defects. CIO escalating with Infomedix frequently.
DHRIMP-197	Workflow	Difficulties with referral management	High	9/12/22 The DHR went live with CPF integration. Ongoing issues are reported with the ability to open document level links.
DHRIMP-198	Workflow	Pathology results not all being received by GPs	High	9/12/2022 Both education, engagement and configuration corrections are underway.
				9/12/2022 Investigations are underway. Planning also underway to retrigger results.

4.3. Digital Health Record Business Intelligence and Data Project Report



Digital Health Record Business Intelligence and Data Project

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient-centred
- Health services enabled by contemporary technology
- Research, discovery and collaboration

Reporting Period:

7 January 2023 to 6 February 2023

Project Overview

The DHR Business Intelligence and Data project brings together existing resources from across the health system business intelligence teams and engages expertise to deliver the technical and enabling capabilities, with the existing DHR project resources under a single project structure to ensure successful delivery of data and reporting capabilities.

Trending



Project Governance	
Project ID	PJ0007
Approval Stage	Plan
Tier	Tier 1
Sponsor	Rebecca Cross
Governing Committee	DHR Program Board

Project Performance Indicators						
Overall Health Status	Schedule Status	Budget Health Status	Risks & Issues Health Status	Benefits Health Status	Quality Health Status	Scope Health Status
●	●	●	●	●	●	●

Project Delivery Team	
Project Manager	Sean Winefield
Approver	Sandra Cook

Project Baseline			
Current Schedule	Baseline Schedule	Baseline Budget	Budget Variance
01/03/22 Actual Start Date	01/03/22 Baseline Start Date	\$1,496,215.00 Capex	\$1,172,769.00 Capex
23/04/23 Actual End Date	23/04/23 Baseline End Date	\$1,161,948.00 Opex	-\$152,134.00 Opex

Project Status Commentary

Project Status	Schedule	Risks & Issues
<ul style="list-style-type: none"> • Report validations and remediation in Production are underway now that metrics are populating with real data, this is having a major impact on submissions. There are now daily meetings to assist with this and national bodies have been advised of a delay in available data • Development of new reports continue to be prioritised based on operational need • Data Capability (Badger) release 2 has been completed 23 Dec including core ED data • Mid term data access and development approach agreed with Calvary – Hybrid approach required due to Calvary requirements differing from anticipated usage patterns from initial design options paper (AKA options 1/2/3) • Calvary and CHS enabled access to PRD Clarity data daily snapshots via ACT Health data lake • EPIC resources assisting in remediation of raw data validation scripts • Data Analytics Branch provided with data access to validate data scripts • 5 legacy systems decommissioned with data migrated to data capability legacy data hold • There is a continuing focus on data mapping and validation against production data • ED Real-time data delivery issues now impacting the consumer app team continues to work on both a resolution and a workaround to deliver the agreed methodology using 80 percentiles • BI has kicked off the planned training sessions for end users in slicer dicer and other reporting tools, the session will continue till early March 2023 	<ul style="list-style-type: none"> • Complex transformations required to extract core activity data is placing all delivery dates at risk • Test build of national submission elements is complete. Testing is finalised for elements that have been mapped. • Review and validation of methodologies target completion Feb 2023 • Validation of all reports in Epic – Jan 2023 will not be complete • Tables to support National Submissions - February 2023 	<ul style="list-style-type: none"> • Production data does not match anticipated outputs for reporting due to lack of documentation of workflows • Roles and responsibilities are not defined across the three Health agencies and this is impacting the ability to improve governance processes • Unplanned complex transformations required to extract core activity data to meet nation reporting requirements placing submissions at risk.
Scope	Quality	Budget
<ul style="list-style-type: none"> • Scoping ongoing deliverables 	<ul style="list-style-type: none"> • Quality and assurance is being managed at the program level and is reported in the program status report. 	<ul style="list-style-type: none"> • Budget is being management at the program level. Figures for this report are as at end October 2022 as the new financial resource is due to start next week. The new project team is focused bringing the project out of critical and will refine the budget expenditure over the coming weeks to provide more detailed information by next month's status report.
Benefits	<ul style="list-style-type: none"> • Benefits are being managed at the program level and is reported in the program status report. 	

Key Project Milestones

Key Milestones Report - Digital Health Record Busi					Timeline															
At Risk	Health	Task Name	Start Date	Status	Q3 Feb	Mar	Apr	Q4 May	Jun	Jul	Q1 Aug	Sep	Oct	Q2 Nov	Dec	Q3 Jan	Feb	Mar	Apr	May
<input type="checkbox"/>		BI Project Plan (initial version)	30/03/22	Complete	BI Project Plan (initial version)															
<input type="checkbox"/>		Core data structures for Regulatory Submissions completed	01/01/22	In progress	Core data structures for Reg															
<input type="checkbox"/>		Finalise data element mapping	01/01/22	In progress	Finalise data element mappi															
<input type="checkbox"/>		Finalise data structures for testing	01/04/22	Not started	Finalise data structures for t															
<input type="checkbox"/>		Requirements and design refined for final submission structures	01/07/22	Not started	Requirements and design re															
<input type="checkbox"/>		Revise final submission structures	31/01/23	Not started	Revise final submission struc															
<input type="checkbox"/>		Custom metric scope defined	01/01/22	Complete	Custom metric scope defined															
<input type="checkbox"/>		Methodology endorsed	01/01/22	Complete	Methodology endorsed															
<input type="checkbox"/>		Metrics built in Epic for Go Live Reports/Dashboards	01/01/22	Complete	Metrics built in Epic for Go Live Reports/Dashboards															
<input type="checkbox"/>		Complete data element mapping	01/01/22	Complete	Complete data element mapping															

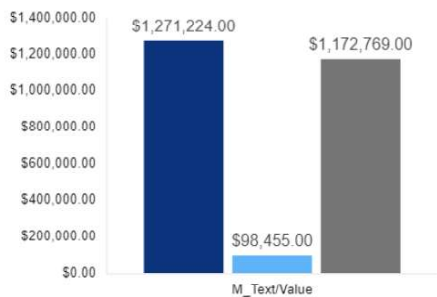
Financial Performance

Whole of Life Budget & Expenditure

Current FY 2022/23

CapEx	
Budget	\$1,496,215.00
Actual	\$323,446.00
Variance	\$1,172,769.00

OpEx	
Budget	\$1,161,948.00
Actual	\$1,314,082.00
Variance	-\$152,134.00



● CapEx Budget
 ● CapEx Actual
 ● CapEx Variance
 ● OpEx Budget
 ● OpEx Actual
 ● OpEx Variance

Project Risks & Issues Profile

Risk Matrix (Post Treatment)

Primary	2	3	4	5	6
Risk Matrix					
Almost Certain				3	
Likely				4	1
Possible			1		9
Unlikely			6	2	1
Rare					
	Insignificant	Minor	Moderate	Major	Catastrophic

Issue Matrix

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

Risks

Title	Residual Rating	Action to Be Taken
National Reporting	High	Testing of data elements required for submissions. Close collaboration and communication with submission team. There are well-established processes for resubmission of data.
Critical Data Elements	High	We are working with app team and executives on mitigations, which include addressing through training Meetings will be scheduled week starting 5 September to discuss mitigation.
Limited Resources	High	Keep app workstream managers in the loop Escalate to senior management and executives as required
Lack of organisational readiness for such a significant change.	High	Treatments include the health services recruiting additional staff to support the change management Robust end user training Data governance/literacy
Clients receive the wrong reports and use them incorrectly.	High	Efforts underway to identify users, job roles to ensure they are assigned to the appropriate user group and tiers Recruitment of additional staff to support change management Robust end user training Data governance/literacy
The Territory may have problems with national reporting and submissions during the transition period from existing systems to the Digital Health Record	High	Map data fields from the DHR into the ACT data repository. There are well-established processes for resubmission of data. Sending brief to Minister and letter to DG and funding bodies about potential impact to submission timeline.
Inability to meet national submission requirements.	High	Testing of data elements required for submission Close collaboration and communication with submission team There are well established processes for re-submission of data
Loss of historical data - Audit data in chronicles is truncated regularly and if Clarity CTLs miss data it may be impossible to retrieve.	High	Regularly review all the specifications. Keep abreast of any new reporting requirements and/or standards Identify all relevant stakeholders for the BID project Extensive consultation regarding deliverable required by stakeholders Regular meetings with all stakeholders POTENTIAL: increase log audit retention in Chronicles, however, will affect cost and performance
Data migration is incomplete - Data is notified for migration prior to Go-Live	High	DHR Data conversion team is assessing the Legacy Systems migration strategy DHR and Epic are developing a Data Conversions Strategy (Project Charter) for the migration of key data elements into the DHR (data seeding) ration strategy DHR and DSD keep contracts for legacy systems in a reduced state to ensure that data can be converted in a reasonable timeframe Testing process is planned and coordinated with key stakeholders
Data is lost, corrupted or mapped incorrectly through migration progress	High	Legacy data is currently being migrated from decommissioning systems. This data is landed in the new Data Health Enclave (PAUCLDRSQL207) server. Validation of data is dependent on the availability of an SME in the particular system area.
Accidental release of confidential data -	High	Training in data governance and best practices Build secure data handling network zones
Software as implemented does not meet our mandatory reporting needs	High	Working with vendor to identify mandatory reporting concepts to ensure inclusion prior to Go-Live
Data Access & Security	High	Draft key procedures required for Go-Live and training Communicating dependencies and timelines to DAB for required policies Clear approval process
Waiting Times for ACT Consumer App	High	Work with Epic on what solutions will meet requirements Escalate decision if required before the next GLRA
Lack of dedicated resourcing	High	
Strategy for reporting historical data	High	Currently assessing certain systems which will require reporting user interfaces. Systems like CHARM have been identified to require reporting for research, patient workflows, etc. That will require extraction from the data warehouse.
Difficulty accessing historical data	High	a) Monitoring progress of the data migration into the data repository. b) Training staff in the data repository team early so that their work aligns with the future state after implementation of the Digital Health Record. c) Monitor the implementation of document level context switching in CPF. d) DHR Data conversion team and IDM team are assessing the Legacy Systems migration strategy with the intent that legacy system information will be migrated to either Clinical Patient Folder and/or the Data Repository and be the source for historic information. e) DHR and Epic have developed a Data Conversions Strategy (Project Charter) for the migration of key data elements into the DHR (data seeding) and have this approved by the program governance. f) DHR and DSD keep contracts for legacy systems in a reduced state to ensure that data can be converted in a reasonable timeframe g) DI IR conversions team have developed business requirements for each system that will be converted upfront with the vendor agreed components h) Developing a proof of concept for a legacy data viewer for data that is unable to migrate to Epic
Loss of Legacy system metadata	High	Currently being assessed at a system by system basis. Some systems already have metadata available in their logs which have been extracted from the SQL database. Some documentation are already have been stored in Confluence and Objective. These are being documented at there System Handover Document to DSS.

Project Issues		
Title	Residual Rating	Action to Be Taken
Recruitment and onboarding staff	High	<ul style="list-style-type: none"> Making sure recruitment paperwork is submitted in a timely manner Training is available and staff supported Training materials and documentation developed, including induction
Difficulty accessing historical data	High	<ul style="list-style-type: none"> DHR Data conversion team and IDM team are assessing the Legacy Systems migration strategy with the intent that legacy system information will be migrated to either Clinical Patient Folder and/or the Data Repository and be the source for historic information. DHR and Epic have developed a Data Conversions Strategy (Project Charter) for the migration of key data elements into the DHR (data seeding) and have this approved by the program governance. DHR and DSD keep contracts for legacy systems in a reduced state to ensure that data can be converted in a reasonable timeframe DHR conversions team have developed business requirements for each system that will be converted upfront with the vendor agreed components Developing a proof of concept for a legacy data viewer for data that is unable to migrate to Epic

4.4. Digital Health Record Business Technical Project



Digital Health Record Technical Project

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient-centred
- Health services enabled by contemporary technology
- Research, discovery and collaboration

Reporting Period:

7 January 2023 to 6 February 2023

Project Overview

The Project will deliver technology components to support the migration of ACT Health systems, DHR and Related Systems environments, interfaces, end user devices, medical devices, and foundational technology solutions.

Trending



Project Governance

Project ID	PJ0006
Approval Stage	Deliver
Tier	Tier 1
Sponsor	Rebecca Cross
Governing Committee	DI IR Program Board

Project Performance Indicators

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

Project Baseline

Project Delivery Team

Project Manager	Tim Panoho
Approver	Sandra Cook

Current Schedule

11/05/21
Actual Start Date
07/03/23
Actual End Date

Baseline Schedule

01/08/21
Baseline Start Date
30/12/22
Baseline End Date

Approved Budget

\$18,715,578.00
Baseline (Capex)
\$17,697,823.00
Baseline (Opex)

Budget Variance

\$5,089,097.00
Capex
\$12,337,013.00
Opex

Project Status Commentary

Project Status

- There is significant focus to complete the following activities as part of the transition to BAU:
- The team are working on the cutover from the AETHER platform to Rhapsody. This work is expected to be finalised at the end of March.
 - The team have been working to plan for the first special upgrade for the DHR to the February 2023 version. This special update will take place on 14 February 2023 and will result in the implementation of new functions and improvement in the usability of the DHR.
 - Pre-work has commenced to transition to Hyperdrive and will continue until June after which the team will prepare for the roll out at the end of the year.
 - There is a large amount of work being completed to build the servers and migrate a number of outstanding system to the Health Enclave.

Schedule

The DHR went live according to schedule. The hypercare period is now finished and the team are focussed on migrating urgent systems and will move to a focus on transition to BAU arrangements in 2023.

Scope

The scope of the technical team was to deliver all the infrastructure and application components for running the Epic application. This was delivered with processes now in place to support patching and special updates for ongoing future scheduled outages. The team delivered end user devices to all areas for CHS and Calvary and there is ongoing changes and improvements that will continue on through BA. The EUD team are now transitioning into DSS support. Medical devices are also continuing to support the biomedical services to ensure that there is ongoing monitoring and management of medical devices that have been delivered to BAU. The Security and User Provisioning team are managing the queues for support and maintaining end user access. There will be a project next year to improve the end to end provisioning of users to align with the CHS and Calvary onboarding projects. Interfaces are continuing with integration support with an outstanding action to migrate interfaces from the AETHER platform due to the lack of sufficient monitoring functionality.

Budget

To address the Capital overspent on this project, we have requested an operational funding reprofile to capital that has been accepted and actioned by Finance. For this year, \$8.415 million in DHR recurrent funding will be moved to DHR capital funding.

Risks & Issues

Please refer to the risks and issues summary report below.

Benefits

Benefits are being managed at the program level and is reported in the DHR Program status report.

Quality

A Quality and Assurance plan are being managed at the program level and is reported in the DHR Program status report.

5. Cyber Security

5.1. 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 statistics in the cyber security section are supplied by DDTS quarterly therefore there is no new data available to update this month's DSD performance report.

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

Date	Reference	Investigation/RFI	Directorate	Status
06/12/2022	SEC-IST-22-192	E-discovery: Email	HD	Closed - Fully Resolved
06/12/2022	SEC-IST-22-191	E-discovery: Email	HD	Closed - Fully Resolved
07/11/2022	SEC-IST-22-179	E-discovery: Email	HD	Closed - Fully Resolved

Incidents (2)

Date	Reference	Incident Type	Directorate	Status
13/12/2022	SEC-IST-22-194	Account Compromise	HD	Closed - Fully Resolved
25/10/2022	SEC-IST-22-168	Phishing	HD	Closed - Fully Resolved

5.2. Operational Security Updates

5.2.1. Essential 8 maturity level

ACT Health has undertaken considerable work to establish the Health Enclave, which has enabled us to meet all the Essential 8 elements for hosting. The current maturity levels vary between level zero and three, however, ACT Health is on target to achieve a minimum of maturity level two across all the Essential 8 elements for hosting by mid 2023.

At a Whole of Government level, DDTS have a plan to reach maturity level one (the base level) over the coming years. Until DDTS reach a similar level of maturity in this space to that in the Health Enclave, this will continue to pose a significant security risk to our services and infrastructure.

5.2.2. 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 with multiple systems now being accessed this way. The cyber team is working with the Tech team and system administrators to continue onboarding systems and removing individual administrator accounts for system administrators.

5.2.3. Network and device visibility

DSD have had ForeScout eyeSight and Medigate implemented for several months now. These 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 have been impacted by the network modernisation project at CHS, which has resulted in the data feeds to break. The Cyber team is working with the DDTS network team to restore connectivity so that network visibility is established.

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

DDTS are implementing port level security (802.1X) across the ACTGOV network. 802.1X 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 in 2022. Resource constraints within DDTS and hospital capacity issues within CHS are limiting the progress of this essential work, however plans are in place to accelerate this work in early 2023.

5.2.5. Network Monitoring and Segmentation

DSD has formed a working group with DDTS Security and DDTS Networks to explore network segmentation for health systems. This working group explores the current state of ACT Health's networks, limitations of current technologies used across ACTGOV and future requirements. This work will continue with the inclusion of the CHS CIO with the aim 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.

5.2.6. 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 340 staff that are fully vetted and roughly 25 staff that are in the process of being vetted.

5.3. Unsupported Operating Systems

5.3.1. Windows 7 Eradication

DSD and DDTS are collectively working towards reducing the Windows 7 devices across the ACT public health system.

The below table provides an overview on the Windows 7 devices across the Government network in December 2022 excluding 22 kiosks in directorates outside Health which are being remediated in a separate DDTS project.

Directorate	Oct 21	Jan 22	April 22	July 22	Oct 22	Dec 22
Health/CHS	312	165	58	57	47	29
Other	211	112	73	48	39	22
Total	523	279	131	105	86	51

5.3.2. Legacy Servers

DSD have been working actively to migrate/decommission the Windows Server 2008. There are currently 27 systems, which are actively being address as a priority.

The follow table identified the legacy Windows Server 2008 operating system servers hosting Directorate business systems as at the end of December 2022. The count includes shared infrastructure servers used to host multiple Directorate systems such as IIS web servers and SQL servers.

Directorate	Server May 22 Count	Server July 22 Count	Server Dec 22 Count
Health	124	112	98
Other	174	151	151
Total	298	263	249

5.4. System Security Plans

Our Security Hub is actively 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 December 2022 outlining the status of the security plans across the ACT Government.

Directorate	Current	Expired	No Plan	Under Review	Not Required	Total
Health	13	23	14	30	15	95
Other	50	37	16	54	34	181
Total	63	60	30	84	49	276

The Security Hub are actively working to address the outstanding System Security Plans as can be evidenced from the table above where 30 are currently under review by either DDTS or DSD.



Digital Solutions Division Performance Report

March 2023

Issued 26 April 2023



Connecting Your Care.

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Cover photo – Bowes Street Concierge, the first face many see when entering the ACT Health Directorate building is a friendly face of a DSD staff member. Pictured here is Ruth De vries, who supports visitors signing into the building, printing of ID passes, hot desk bookings and offering a comforting smile each day.

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, Calvary Public Hospital Bruce, Canberra Health Services 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.



The focus for the month of March 2023 was around finalising our transition to business as usual. This involved the staff within the division transitioning into their new reporting structures. Another big highlight for the division was the official closure of the DHR Program which was on the 24 March 2023.

Our teams are continuing to work hard to support the Health Services with their transition to the DHR. We conducted many post live visits over several days across the services which involved onsite visits with our teams.

Over the next year, DSD has several important deliverables. Some of the more notable deliverables include:

- Two formal upgrades for the Digital Health Record alongside monthly special updates and weekly system changes.
- 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

Sandra Cook
A/g Chief Information Officer and Executive Group Manager
Digital Solutions Division, ACT Health Directorate

+61 2 5124 9000 or HealthCIO@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 Calvary 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 month 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).

For the month of March, DSD seen a slight reduction in phone calls offered. In a positive response to this our phone call abandonment rate and time to answer improved dramatically. Request volumes are also continuing to remain high, as we continue to trend much higher compared to the months leading up to November 2022. Incidents are also continuing to remain low although there is an area for improvement against the SLAs to get back to pre DHR implementation levels.

2.2. Snapshot

2023

MARCH

SNAPSHOT

94% of phone calls for the month of March were answered within 240 seconds.

7,190 Phone Calls Offered
To Digital Solutions Support



75

Successful
Scheduled
Changes



10,520 Requests
Created
During March 2023

Requests
Resolved **9,878**
During March 2023



!
12

Major Incidents
Critical (P1) or High (P2)

24

Active Projects

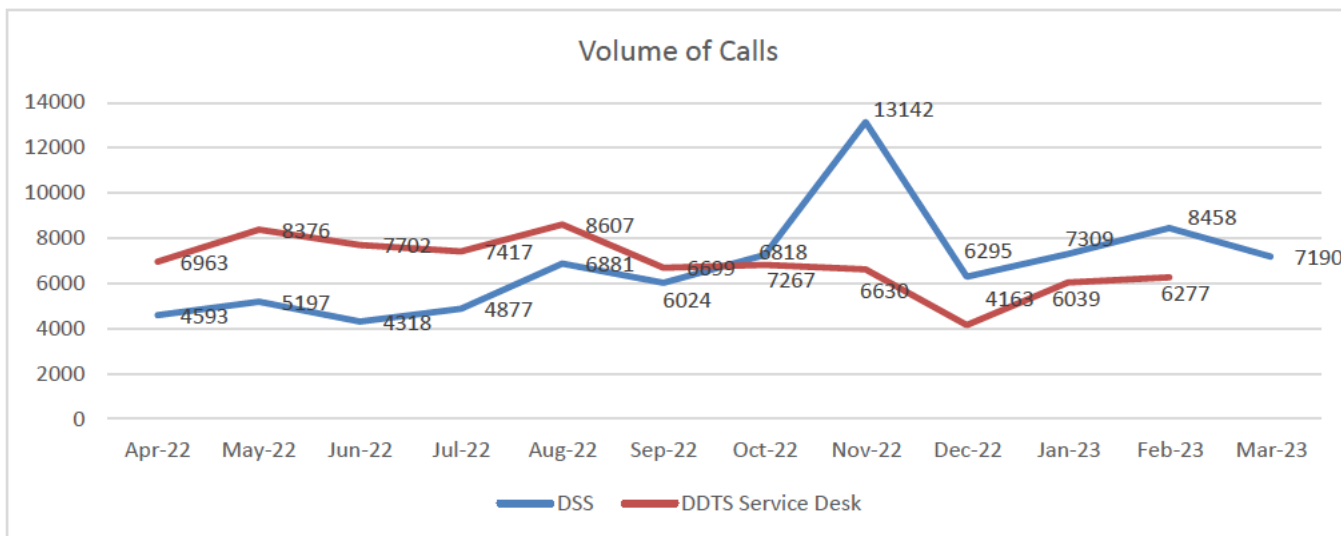


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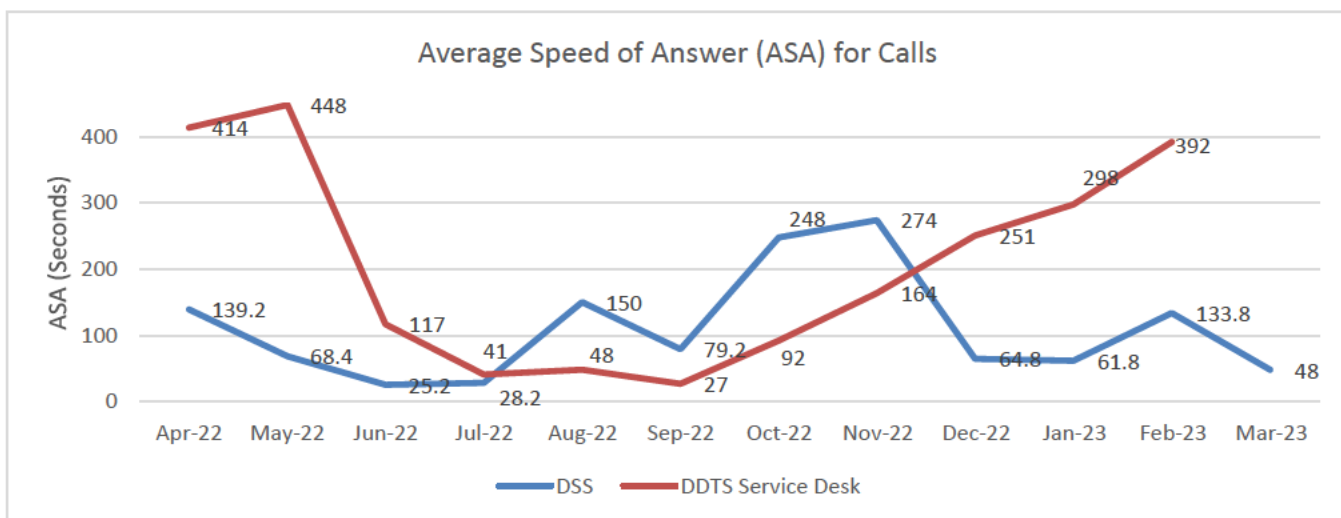
User Satisfaction
Out of 5

Monthly Request Summary

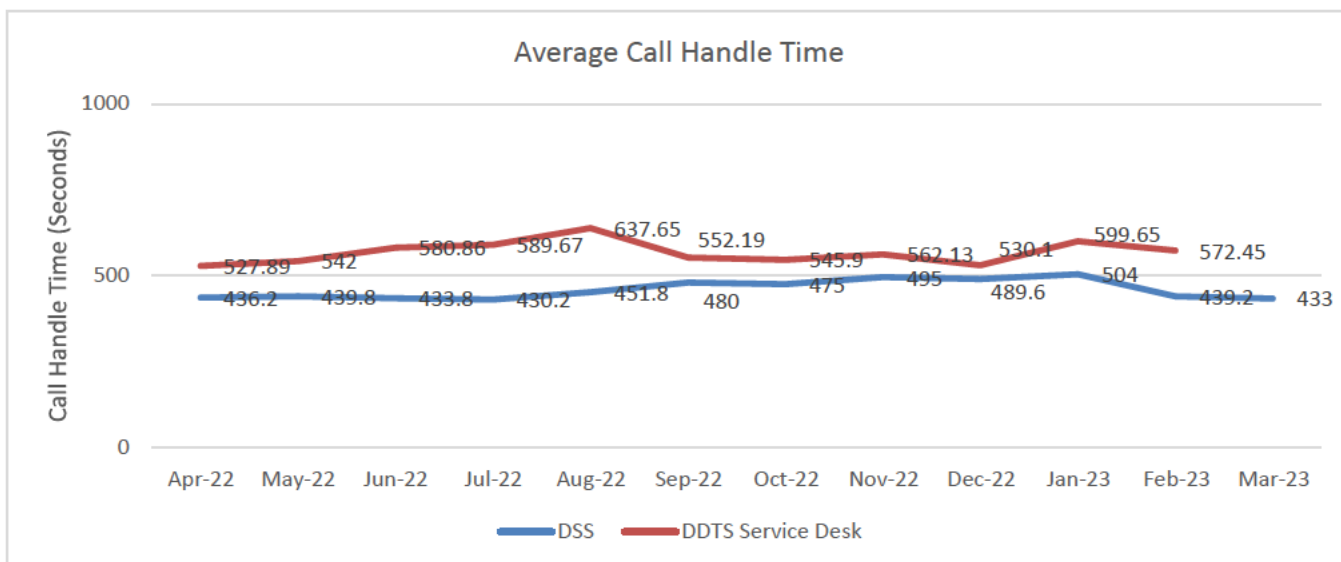
Metric	March 2023
Requests Created	10520
Requests Resolved	9878
Total request remaining open	5701
Standard Requests Responded to within KPI Timeframe (4 hours)	91.7%
Standard Requests Resolved within KPI Timeframe (24 hours)	80.4%
Total Number of Urgent Requests	364
Urgent Requests Responded to within KPI Timeframe (30 minutes)	91.7%
Urgent Requests Resolved within KPI Timeframe (2 hours)	47.0%
Total Number of Password Reset Requests	869
Password Reset Requests Resolved within KPI Timeframe (2 hours)	83.7%



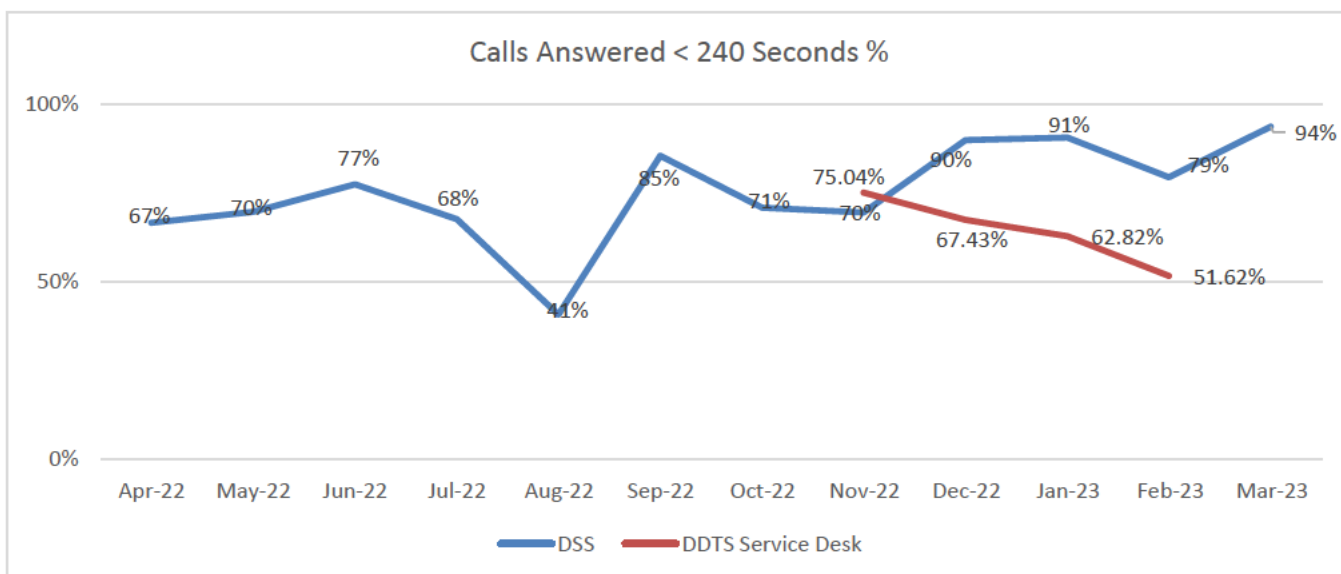
Graph 1 – Total volume of calls



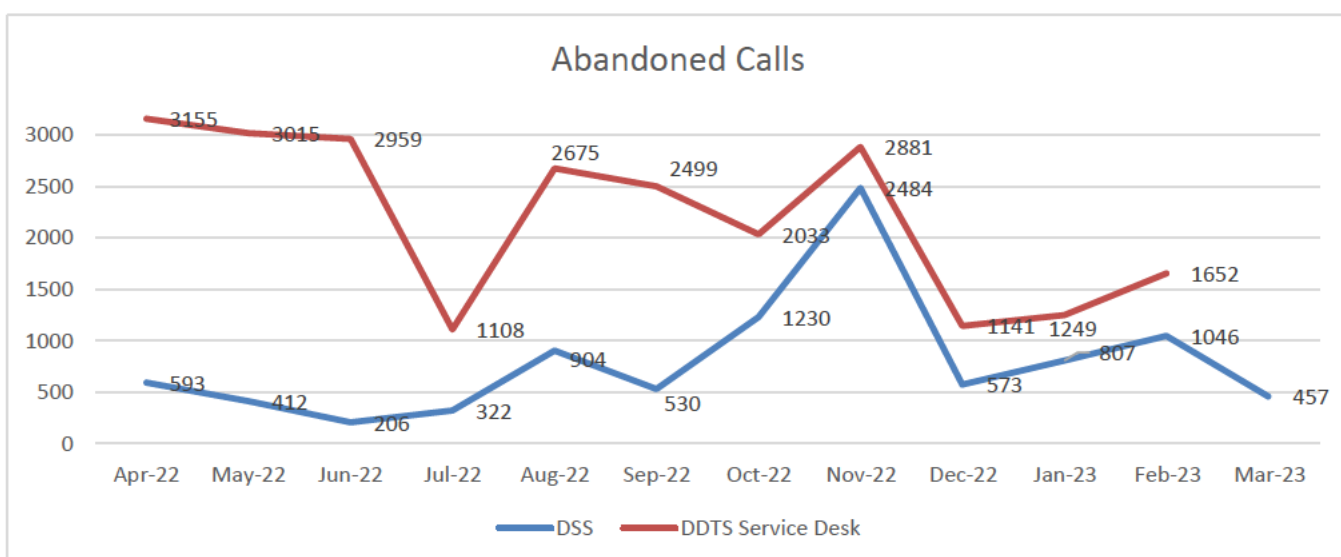
Graph 2 – Average speed of answer for calls. DDTS data has retrospectively updated to reflect most recent QMAC report.



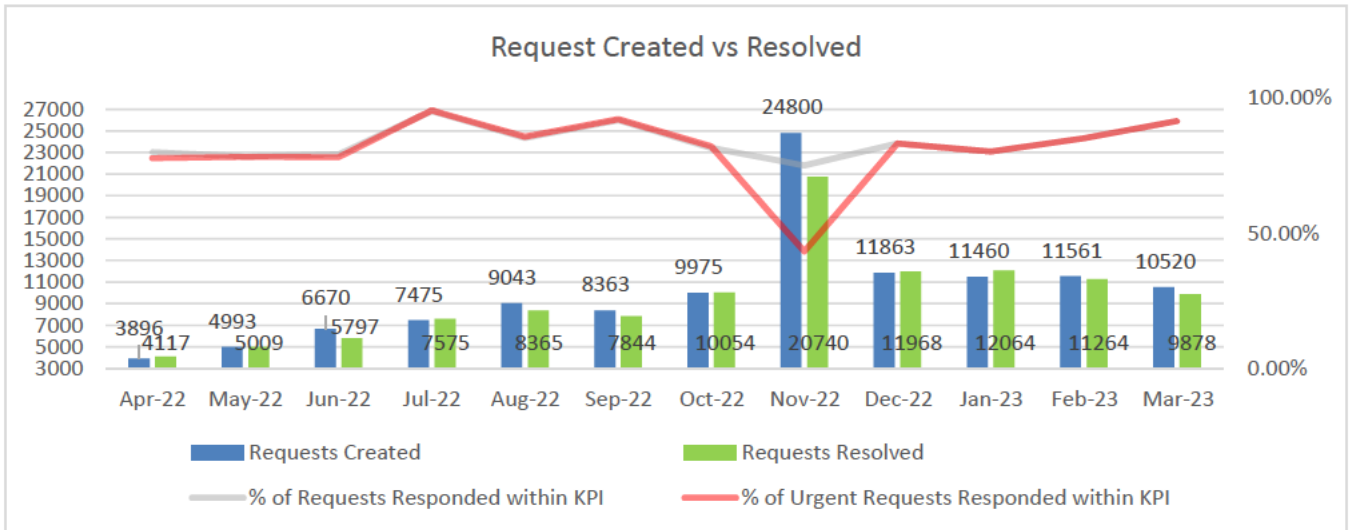
Graph 3 – Average Call Handle Time



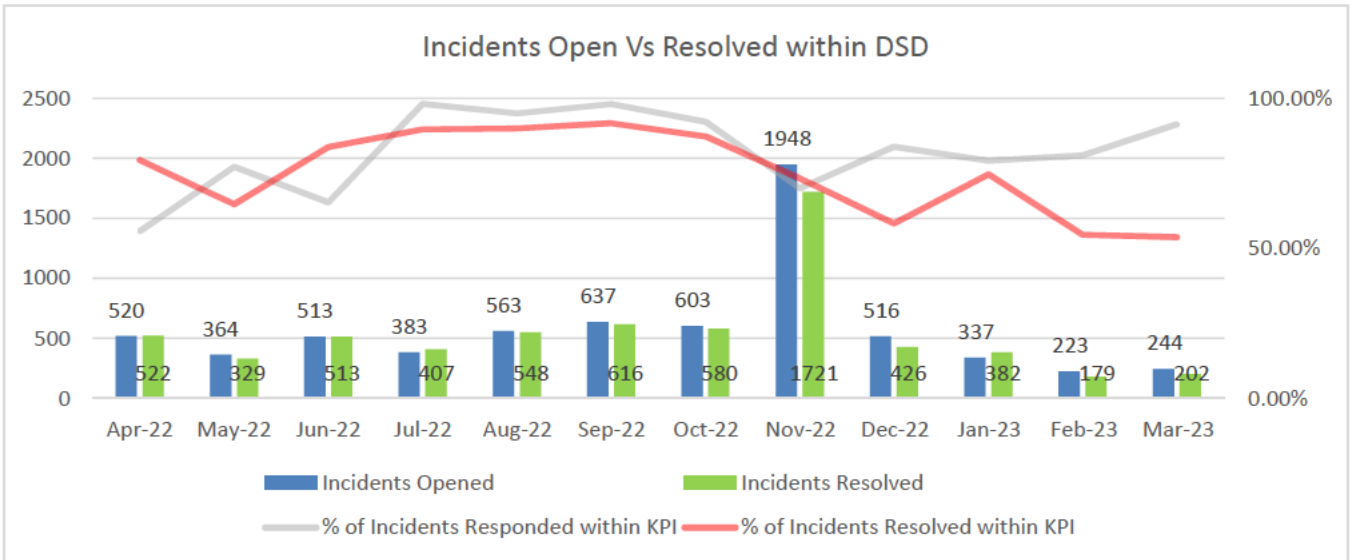
Graph 4 – Total percentage of calls answered within SLA. Please note DSD’s SLA was previously set to <30 Seconds prior to September 2022. Not all DDTS data has been included due to the inconsistency between QMAC Reports.



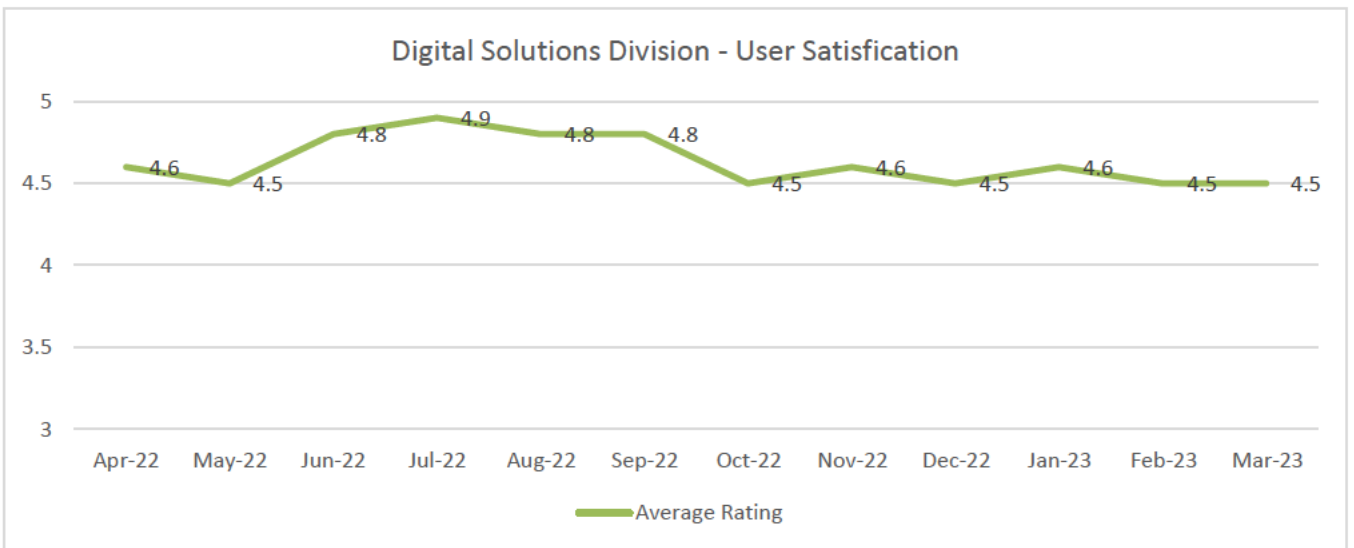
Graph 5 – Total number of calls abandoned.



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 (ie 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 244 new incidents raised with a total of 202 closed.

There were two notable priority 2 incidents which may have attributed to an increase in the overall incidents raised.

On the 8th of March 2023 there was an issue relating to the Clinical Work Devices, which are used to support workflows within the DHR. This resulted in a total of 14 tickets raised for this one issue. More information on this incident can be found in the summary table below as the first item.

There was also an increase of reports on the 19th of March 2023 relating to the overall slowness of the DHR. This was a result of a script issue on the servers which lasted around 12-14 hours.

From the 244 incidents recorded, 12 were classified as a high priority incident (priority 2). For this period there were no major incident (priority 1) reported.

Title	Incident Summary	Jira/SNOW #	Priority
CWD - Rovers unable to connect to WIFI	All Clinical Work Devices (CWDs) lost network connection and were unable to reconnect. It had been identified that the network account used to connect CWDs to the internet had been disabled via a standard auditing process completed by DDTS. The account has since been altered to not appear on future auditing reports.	DSD-321275 INC0915779	P2
MerlinMAP – DHR does not seem to be destocking MerlinMAP	A subset of messages from the DHR was not feeding into MerlinMap at the time of outage. This issue only affected Calvary and was stopping the charging of medications. After investigation from the vendor, it had been found that there was a small number	DSD-322488	P2

	<p>of failed messages that were blocking the feed.</p> <p>It's suggested that these were caused by an unmapped ward within MerlinMap. After fixing the mapping and clearing the failed messages, the remaining flowed through.</p>		
Unable to admit patients	<p>Two P2 incidents raised were raised, one for Calvary Obstetrics and one for the Birthing Suite at CHS. Staff were not able to admit various patients due to being unable to input the Primary Care provider.</p> <p>Incident had been caused due to a build upgrade for DHR that had been implemented.</p> <p>The build was reverted, and the issue was resolved.</p>	DSD-322523 DSD-322538	P2
ARIA - Unable to connect to DHR	<p>System monitoring alerted that messaging had been queueing between DHR and ARIA. Investigation determined that the ARIA interface had failed due to a bug.</p> <p>The vendor restarted the interface and resolved the issue.</p>	DSD-323872	P2
DHR Rhapsody - Multiple Commpoint failures	<p>Rhapsody, the interfacing engine between DHR and multiple applications, had experienced multiple failures of the communication points between multiple downstream systems. It had been found that the CPU utilisation for these systems had maxed out, causing them to freeze.</p> <p>Restarting the services allowed the commpoints to be turned back on, resolving the issue.</p>	DSD-324837	P2
DHR - Unexpected system slowness	<p>There was a two-day intermittent outage that had caused DHR to behave slowly which affected all users. Initial investigation and remediation involved restarting the servers which had alleviated the problem for roughly 12-14 hours. When the issue represented itself, it had been identified that a script failure had caused overutilisation of the CPU, causing the servers to slow down. Fixing this failure resolved the issue.</p>	DSD-324958	P2
DHR Rhapsody - Service Stuck Restarting	<p>Following the previous above outage, Rhapsody had undergone an unclean shutdown and restart. This caused Rhapsody to fall into a loop where it could not fully restart, shutting down once again.</p> <p>When Rhapsody shut down, it will dump a large amount of information into log files.</p>	DSD-325195	P2

	This had filled the drive to capacity which is what stopped Rhapsody from restarting.		
Calvary Patients Eprescriptions not received from DHR to MerlinMAP	<p>It had been identified that some prescriptions were not flowing through from DHR to MerlinMap. Investigations involved checking the interfaces and confirmed that the issue was on the vendor-side.</p> <p>The vendor had implemented a fix that had brought the messages through; however it has not been identified yet what the fix was.</p>	DSD-325822	P2
Instrument Manager - Results not sent to and from DHR	<p>It had been identified that the Instrument Manager middleware had not come back up properly after DSD's monthly patching.</p> <p>After liaison between DSD and NTT, the two servers managing the middleware had been restarted and brought back up, allowing messaging to send through as expected.</p>	DSD-326118	P2
VPN License expiry affecting Community LTE CWDs	<p>CWDs had lost the ability to connect to the network during this outage. This had been caused by the VPN licensing expiring for the service. The licenses had been planned to be replaced prior to expiring however the vendor had been late in providing them.</p> <p>DSD implemented temporary licenses to resolve the immediate issue while the vendor was preparing the proper licenses.</p>	DSD-326621	P2
INC - AETHER Preventing messages flowing to downstream Systems	<p>An issue with AETHER occurred that had stopped messaging flowing through to systems such as NDMS, Connex and Healthlink.</p> <p>The cause of the incident was not identified, however scaling down the interfaces and scaling them back up allowed the messaging to flow once again, resolving the incident.</p>	DSD-326996	P2

2.4. Change Management

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

The definition of the changes recorded are:

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

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

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

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

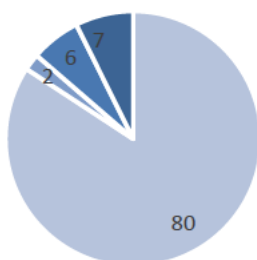
All Major and Significant changes must be considered through the Change Control Board (CCB) approval process prior to proceeding. The CCB met five times during March on the following dates:

- 1 March 2023
- 8 March 2023
- 15 March 2023
- 22 March 2023
- 29 March 2023

From the above meeting there was a total of 16 changes were tabled to the board, all but one was endorsed by the Change Control Board.

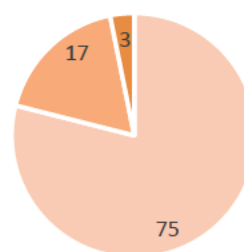
2.4.1. Scheduled Changes

Scheduled Changes



■ Minor ■ Major ■ Significant ■ Emergency

Outcome



■ Successful ■ Unresolved ■ Unsuccessful/Withdrawn

Major and Significant changes included the following:

- The Digital Health Record undertook a Special Update to release new functionality within the system across many areas. During this outage there was also a change across the system to revert to AEST time.
- The BreastScreen Information System (BIS) was upgraded and during the process the hosting of this solution was migrated from DDTS to the Health Enclave.

Emergency changes included the following:

- Firewall rule changes were required as there were ongoing connection issues with the Dialysis Machines.
- The TRAKA key cabinets for CHS were not responding, the server was restarted which resolved the issue.

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

Status	Total
Duplicate	1
Cancelled	1
Deferred	1

Unsuccessful changes greater than 30 days

This table reflects changes that have been endorsed CCB and have yet to be successfully implemented.

CCB Approval Date	Planned Implementation Date	Change #	System Name	Description	Comment
17/08/2022	20/05/2023	DSD-227446	NxClinical	NxClinical upgrade to version 6.2 Ongoing issues with moving production data into test.	Scheduled
07/09/2022	30/04/2023	DSD-233775	CHS Infrastructure	Network Modernisation Program – Upgrade of the Cisco 3750 Floor Distribution Network Switches to Cisco 9300 Series Switches	Scheduled – work ongoing as planned
16/11/2022	TBC	DSD-253490	Nexus360	Nexus360 production implementation (upgrade) and DHR integration	Withdrawn

				Testing ongoing. This change ticket was closed on 20/04/2023, a new request will be presented to CCB in due course.	
14/12/2022	TBC	DSD-289058	AETHER RHAPSODY (DHR)	Migration from AETHER to Rhapsody.	In Progress
08/02/2023	27/04/023	DSD-305060	DHR	Enabling application whitelisting enforcement mode on ACT Health production Servers	In Progress - Ongoing

2.5. Legacy Records Management (Paper Records)

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

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

Under the Calvary Network Agreement, record keeping responsibilities vest in the Little Company of Mary and ACT Health does not undertake any administrative records management functions for Calvary Public Hospital Bruce.

Service	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Record transfer of a paper files to another officer	0	2	14	6	25	12	24	4	45	18	16	11
Paper File Retrieval Request	9	10	5	14	12	18	27	13	5	10	10	10
New Paper File Request	101	164	216	181	160	192	161	285	209	237	149	188
New File Part Request	3	2	17	4	17	19	7	15	9	17	10	4
Transfer Paper File to Records/Storage	6	3	15	7	19	5	6	8	16	11	14	7

2.6. Digital Records Management

All ACT Health Directorate areas have been transitioned from the Q: Drive, into Objective for the management of administrative records. The Objective Ministerial Workflow is being rolled-out across the Directorate, it is anticipated this will be finalised by end of May 2023.

Work is continuing of 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 them 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.

Digital Records Support (Shared Services) are currently engaged with both the Objective Vendor and all ACT Government Directorates using Objective on a project to upgrade the current version of Objective being used and transition the system to a cloud-based solution. Testing will commence in May, with the planned upgrade scheduled for June.

Metric	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
General objective enquiry	5	35	50	44	43	60	44	37	67	24	33	33
Request Objective access + new user	3	31	42	51	37	31	16	14	19	53	64	58
Objective Training	4	20	119	149	26	35	14	10	7	8	9	10
Request Access/Restriction on a file or folder	1	7	14	24	19	19	19	25	9	13	19	29

3. Projects and Program

3.1. Summary Overview

The Digital Solutions Division (DSD) has a work program with 25 active projects in progress. The Division tiers projects from 1 to 4 in accordance with the Portfolio Delivery Framework. The Tier 1 projects are the most complex and Tier 4 are considered smaller and less complex.

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

As reported from the previous reporting period there are still there 2 project tracking red from the 17 major (Tier 1 and Tier 2). These are the Digital Health Record Business intelligence and Data Project. This is due to schedule delays and risks/issues with unplanned complex transformations. The other is this Pharmacy Inventory Management System (PIMS) which has been escalated to red by the Project Board in accordance with the Project Tolerance Guidelines. Funding sources to progress with Phase 2 of the PIMS project are being investigated.

During this reporting period there were 2 projects closed as they were both successfully delivered. The first was phase two of the Power Billing and Revenue Collection (PBRC). This project established an integration between the DHR, Pathology and Dental Billing. The second project delivered was the Food Safety Monitoring System which is a SaaS solution, to manage temperature monitoring and food handling tasks for CHS Food Services to obtain HACCP Certification.

There were 3 new projects recently established these include a relocation of a distribution centre for CHS Supply which includes ICT components. Secondly embedding a Positive Safety Culture that will look to modernise and update the nurse call systems across Canberra Health Services and potentially Calvary Public Hospital Bruce. The last project is for Digital Solutions Division to deliver the ICT components for the construction of a Residential Care Unit at Coombs.

3.1. Digital Solutions Divisions Portfolio Dashboard



ACT Health

Digital Solutions Division PORTFOLIO DASHBOARD

Reporting Period:

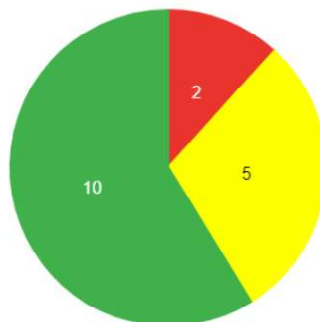
13 February 2023 to 12 March 2023

Overview

Number of Programs	2	Number of Active Projects	25
Number of New Projects	3	Number of Major Projects	17
Number of Projects Closed	2		

RAG Status of Major Projects

Red
Yellow
Green

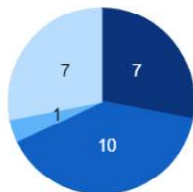


Resources

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

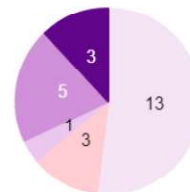
All Projects by Tier

Tier 1
Tier 2
Tier 3
Tier 4



All Projects by Stages

Initiate
Plan
Execute
Deliver
Close



Major Program & Projects List

Major Program Report

Program ID	Program Name	RAG Status	Tier	Project Stage	Program Manager	Executive Sponsors
PG0001	Critical Services Building Program	Yellow	Tier 1	Execute	Grant Clark	Colm Mooney
PG0002	Digital Health Record Program	Red	Tier 1	Deliver	Sandra Cook	Rebecca Cross

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	●	Tier 1	Execute	• Patient-centred • Health services enabled by contemporary technology	'Chris Tarbuck	30/11/23
PJ0004	CSB (Critical Services Building) Main Build	●	Tier 1	Plan	• Patient-centred • Health services enabled by contemporary technology	'Chief Minister	30/06/24
PJ0005	Digital Health Record Implementation Project	●	Tier 1	Deliver	• Patient-centred • Health services enabled by contemporary technology • Research, discovery and collaboration	'Rebecca Cross	12/11/22
PJ0006	Digital Health Record Technical Project	●	Tier 1	Deliver	• Patient-centred • Health services enabled by contemporary technology • Research, discovery and collaboration	'Rebecca Cross	12/11/22
PJ0007	Digital Health Record Business Intelligence and Data Project	●	Tier 1	Plan	• Patient-centred • Health services enabled by contemporary technology • Research, discovery and collaboration	'Rebecca Cross	12/11/22
PJ0009	Notifiable Disease Management System (NDMS)	●	Tier 1	Deliver	• Patient Centred • Research, discovery and collaboration	'Kerryn Coleman	22/09/2022 Phase 2
PJ0011	Birth of a Child	●	Tier 2	Deliver	• Patient-centred	'Peter O'Halloran	30/06/23
PJ0013	Pharmacy Inventory Management System	●	Tier 2	Initiate	• Patient-centred • Health services enabled by contemporary technology	Sandra Cook	20/06/2022 (CPHB) 26/09/2022 (CHS);
PJ0015	TCH Building 12 ICU Redevelopment	●	Tier 2	Close	• Patient-centred • Health services enabled by contemporary technology	'Colm Mooney	31/03/22
PJ0016	TCH Building 12 Medical Imaging Refurbishment	●	Tier 2	Close	• Patient-centred • Health services enabled by contemporary technology	'Colm Mooney	30/11/22
PJ0017	TCH Building 19 Level 3 Pharmacy Refurbishment	●	Tier 2	Plan	• Patient-centred • Health services enabled by contemporary technology	'Colm Mooney	31/07/23
PJ0018	TCH Building 20 L1 RadOnc Linac Replacement	●	Tier 2	Close	• Patient-centred • Health services enabled by contemporary technology	'Colm Mooney	31/12/22
PJ0019	Weston Creek CHC Medical Imaging Expansion	●	Tier 2	Deliver	• Patient-centred • Health services enabled by contemporary technology	'Colm Mooney	30/11/22
PJ0033	Calvary Public Hospital Bruce OneID Implementation and EACS Replacement	●	Tier 2	Initiate	• Health services enabled by contemporary technology	'Jarrad Nuss	30/06/23
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	'Peter O'Halloran	06/30/25
PJ0041	Embedding a Positive Safety Culture	●	Tier 2	Initiate	• Health services enabled by contemporary technology	'Peter O'Halloran	06/30/23

Tier 3 & 4 Projects

Project ID	Project Name	Executive Sponsor	Digital Health Strategy Theme	Approved Baseline Budget (Capex)	Approved Baseline Budget (Opex)	Approval Stage or Tranche
PJ0035	Mainpac Expansion	'David Jones	• Health services enabled by contemporary technology	\$254,375.00	\$38,958.75	Initiate
PJ0037	Electric Vehicle Charging ICT Standard	'Colm Mooney	• Health services enabled by contemporary technology	\$20,000.00		Initiate
PJ0039	Medical Imaging Additional Nurse Call Equipment	'Sean Fenotti	• Health services enabled by contemporary technology	\$22,000.00		Initiate
PJ0040	DALI System Upgrade	'Chris Tarbuck	• Health services enabled by contemporary technology	\$50,000.00		Initiate
PJ0042	TCH B3 L1 Rheumatology & Dermatology Consultation Room Upgrades	'Chris Tarbuck	• Health services enabled by contemporary technology		\$4,200.00	Initiate
PJ0043	1 Moore Street Security Upgrade	'Scott Harding	• Health services enabled by contemporary technology		\$5,000.00	Initiate
PJ0045	Distribution Centre Relocation	'Andrew Murphy	• Health services enabled by contemporary technology		\$52,694.00	Initiate
PJ0046	Eating Disorder Residential Treatment Care Centre	'David Jones	• Health services enabled by contemporary technology			Initiate

Red Synopsis Report

Synopsis Status	Project ID	Project Name	Project Tier	Approval Stage or Tranche	Comments
●	PJ0007	Digital Health Record Business Intelligence and Data Project	Tier 1	Plan	DHR BID project is reporting RED for Schedule and Risks/Issues due to delays with unplanned complex transformations. This is required to extract core activity data to meet national reporting requirements and is placing deliverable dates at risk.
●	PJ0013	Pharmacy Inventory Management System	Tier 2	Initiate	The project status remains RED, noting Schedule, Risks & Issues and Quality project controls are RED. MerinMAP is barely a minimum viable product with significant amount of resource time being dedicated to basic operations. Options for Phase 2 funding sources are being investigated.

Closed Projects

Project ID	Project	Project Overview
PJ0010	Power Billing and Revenue Collection (PBRC) Upgrade: Phase Two - DHR Integration, Pathology & Dental Billing	This project successfully delivered the agreed scope including the consolidation of billing functions across CHS, CPHB, Pathology and Oral Health into a single application, transition to the NTT enclave as well as migration to the Medicare Online Gateway.
PJ0034	Food Safety Monitoring System	This project successfully delivered the SAAS solution to manage temperature monitoring and food handling tasks by CHS Food Services Department to attain HACCP certification.

New Projects

Project ID	Project Title	Project Overview
PJ0045	Distribution Centre Relocation	CHS require construction of a fit-for-purpose warehouse facility in Hume to meet inventory warehousing and logistics (supply) requirements. CSI team will deliver the ICT components for this build.
PJ0041	Embedding a Positive Safety Culture	This project will modernise and update the current duress and nurse call systems across CHS and possibly CPHB.
PJ0046	Eating Disorder Residential Treatment Care Centre	Major Projects Canberra are constructing a dedicated Residential Care Unit at Coombs. This facility will provide inpatient and outpatient treatment services for clients to better manage their acute and chronic eating disorders. CSI team are to deliver the ICT components for this construction.

Major Project Risks Heat map

Primary	2	3	4	5	6
Risk Matrix					
Almost Certain	1		3		
Likely		5	5	2	
Possible	1	4	20	14	
Unlikely	1	19	14	6	
Rare	4	7	3	1	
	Insignificant	Minor	Moderate	Major	Catastrophic

Major Project Issues Heat map

Primary	2	3	4	5	6
Issue Matrix					
Critical					
High			6	5	1
Moderate	2	3	9	3	
Low	1	2	3		
Planning	1	1			
	Insignificant	Minor	Moderate	Major	Catastrophic

Major Projects Critical Risks/Issues Report

Project Name	Risk/Issue	Title	Residual Rating	Description
Pharmacy Inventory Management System	Issue	Insufficient budget to expand scope to include Electronic Drug Register.	Extreme	Budget impact included in single select DG minute. Options for funding sources for Phase 2 including DSD/CHS/CPHB are being investigated.

4. Digital Health Record (DHR)

4.1. Digital Health Record Program Report



Digital Health Record Program

Digital Solutions Division PROGRAM STATUS DASHBOARD

Digital Health Strategy Theme

- Patient-centred
- Health services enabled by contemporary technology
- Research, discovery and collaboration

Reporting Period: 7 February 2023 to 6 March 2023

Program Governance		Program Overview				
Program ID	PG0002	The Digital Health Record (DHR) Program will deliver a single, contemporary, trusted, real-time, person-centred clinical record that can be accessed by all members of the treating team regardless of location.				
Approval Stage	Tranche 2 - Delivering the Capability	Trending				
Executive Sponsor	Rebecca Cross					
Governing Committee	DHR Program Board	Declining				

Clinical Owner/s		Program Performance Indicators						
David Peffer, Chief Executive Officer, Canberra Health Services		Overall Health Status	Schedule Status	Budget Health Status	Quality Health Status	Risks & Issues Health Status	Scope Health Status	Benefits Health Status
Ross Hawkins, ACT Regional CEO, Calvary Public Hospital Bruce								

Program Delivery Team		Program Baseline			
Approver	Sandra Cook	Current Schedule	Baseline Schedule	Approved Budget	Budget Variance
EBM, Future Capability	Justine Spina	01/01/19	01/07/19	\$130,787,000.00	\$34,310,607.00
Technical Project	Timothy Panoho	Start Date	Baseline Start Date	CapEx Budget	CapEx Variance
Implementation Project	Philippa Kirkpatrick	31/03/23	30/12/22	\$75,394,562.00	\$49,398,710.00
BI & Data Project	Sean Winefield	End Date	Baseline End Date	OpEx Budget	OpEx Variance

Program Status Commentary

Program Status

The program is reporting a red status. The DHR system was successfully implemented on Saturday 12 November 2022 at 5.30am; however, issues have been discovered in the production data available for external reporting such as National Submissions. The focus of the DHR Implementation Project and DHR Technical Project has been on managing support tickets and working through issues as they arise as well as planning for the Epic Upgrade to the February 2023 version in May 2023. As of 6 March 2023, there have been 31,256 jobs logged for assistance with 27,200 of those jobs resolved and 427 jobs awaiting confirmation from the reporters that the job is resolved. The ACT Health ongoing support team recruitment to manage the DHR ecosystem has been completed with job offers made and all positions filled. These resources will transition into their new ongoing roles by the 24 March 2023. The Privacy Impact Assessment is now final and is published. Progress against recommendations will be managed and monitored by the DHR Program Office.

The EY Go-Live Readiness Assurance review has been presented to the Program Board. The next and final review will be performed in April 2023 and will focus on the Benefits Realisation/ Post Implementation Review for the Program.

Quality

The final Quality and Assurance Strategy and Plan was approved by the Program Board on 18 May 2021.

EY has been selected as the company to provide external assurance activities outlined in the Quality & Assurance Strategy and Plan. Recommendations arising from the previous assurance review reports are being tracked and added to the Program Board papers monthly. The next review will be the Benefits realisation/ Post Implementation Review in April 2023 with EY attending the March 2023 Board to discuss the scope of this review.

Schedule

The DHR Program schedule has been reforecast after the agreement from the September 2021 Board to delay Go-Live from September 2022 to November 2022. The re-baselined schedule was achieved with Go-Live of the system occurring on 12 November 2022.

Risks & Issues

Risks - There are currently 35 open risks. There are 10 risks reporting a high rating:
 #12 The Territory may have problems with national reporting and submissions during the transition period from existing systems to the Digital Health Record.
 #20 Data Quality in the DHR is poor - additional risks associated with the reporting database have been added to this risk
 #22 The Clinical Record does not provide ready access to information
 #29 Clinical Engagement
 #38 Slow decision making
 #46 DHR team unable to deliver tasks in alignment to schedule
 #47 Cyber Attack
 #49, #50 & #51 Technical Architecture risks.

Issues - there are 6 high issues still open the top one being: Pathology result formatting and sending to external parties through the interface and provider information not being correct is impacting timely review of results for referring clinicians.

Benefits

Abt Associates (in partnership with bdna) were the successful external consultancy to perform the Benefits Realisation Plan for the DHR.

The overarching headline Benefits Management Plan was approved by the DHR Program Board 8 April 2022 and will now be managed in the DHR Program Office to gather the baseline data prior to Go-Live of the Epic DHR solution and will work on cadence of gathering data post Go-Live. There are 23 baseline data metrics related to the 14 headline benefits identified. The metrics were approved by the DHR Program Board in October 2022 and baseline data will be provided in March 2023. The BI & Data team are working to deliver this data in the timeframes set and have collated baseline data for the last 3 years where available.

Budget

The figures in this report are to January 2023. The below figures are predicated on the assumptions of offsets being achieved and it is clear that these are at high risk. The total budget for the DHR Program is now \$328.803 Million over 8 years with the addition of funds to ACT Health Directorate from the Supplementary Business Case. This comprises of \$114.932 Million Treasury Capital, \$64.273 Million Treasury Operational and \$122.622 Million in Offsets. A Supplementary Business Case has been approved in the 2022/23 Treasury Budget Cycle totalling \$50.828 Million (\$26.070 Million Capital and \$24.758 Million Operational). There is \$20.348 Million allocated to the ACT Health Directorate and these figures have been added to the Program Budget (\$15.855 Million Capital and \$4.493 Million Operational budget). The Actual figures to January 2023 are as follows - Capital \$97.288 Million (Budget \$98.226 Million) Opex \$26.623 Million (Budget \$26.24 / Million). There is \$33.499 Million Capital remaining and \$48.771 Million Opex remaining. At the end of January 2023, the total forecast under-expenditure for Capital over the 8 years is \$10.020 Million and a forecast underspend of Operational expenditure of \$35.769 Million. This is without recouping the \$7.515 Million reallocation to the notifiable disease management system. The forecast underspend for the whole of life DHR Program at present is \$19.790 Million over the 8 years with including the BAU expenditure. Therefore, the budget will be reporting Green but noting there are some risks with the first few years of system and staffing offsets proposed, so this underspend is likely to be utilised to combat this in the first 2 years post Go-Live.

Scope

Scope refinements are being managed through Change Request processes. A request to add 3 use cases to the DHR Link pilot has been drafted and is on the agenda for the February 2023 Board meeting.

Project Summary Dashboard

DHR Technical Project

RAG ● % Complete **96%**
Trending —

The project status is amber as the solution is in production and operating but there are still some technical issues in the integration space being completed. The focus of the technical project is now on the transition of interfaces from the AETHER integration engine to Rhapsody to combat the intermittent issues with the AETHER integration engine. This was agreed to through a formal paper circulated amongst key stakeholders in CHS, Calvary and ACT Health. This switchover was planned to be completed by March 2023 but due to leave may push into May

DHR Implementation Project

RAG ● % Complete **99%**
Trending —

The Digital Health Record (DHR) Implementation Project is reporting an overall green status and is improving.

The application workstreams are now managing the tickets logged across the health services to stabilise the system prior to optimisation requests being reviewed and prioritised over the next month. The application teams are also preparing for the Epic upgrade to the February 2023 version in May 2023. Each workstream will be noting the feature improvements available and will take recommendations through governance processes for what should be implemented in that Upgrade. Post Live visits to 140 different areas have occurred and more issues are being

DHR Business Intelligence & Data Project

RAG ● % Complete **77%**
Trending ▼

This project is reporting red due to the issues with external reporting for required reports such as National Submissions. There are daily meetings with subworking groups in Admitted Patient Care (APC), ED, Elective Surgery Waitlists (ESWL), Mental Health and Non-Admitted Patient Care. The request to extend the BI and Data project was not agreed at the January 2023 Board and the project will prepare closure documentation detailing what was delivered for Go-Live and what is still outstanding work and will manage this outstanding work as Business As Usual (BAU). Scope for reporting for Go-Live has been delivered but issues are being managed in ED data and other elements of National Reporting. The National Submission data is being carefully analysed now prior to the first submission that will contain Epic and legacy system data combined.

Key Program Activities

Key Program Activities

At Risk	Task Name	Start Date	End Date	Status
<input type="checkbox"/>	Program authorised to commence	08/02/21	08/02/21	Complete
<input type="checkbox"/>	Contract with vendor signed	01/01/19	01/01/19	Complete
<input type="checkbox"/>	Completion of staffing and program team training	30/06/21	30/06/21	Complete
<input type="checkbox"/>	Completion of detailed program planning	30/06/21	30/06/21	Complete
<input type="checkbox"/>	Completion of system configuration base build	31/12/21	31/01/22	Complete
<input type="checkbox"/>	Completion of testing and content build	30/06/22	29/07/22	Complete
<input type="checkbox"/>	Completion of end user training	29/08/22	04/11/22	Complete
<input type="checkbox"/>	120 day Go-Live Readiness Assessment (GLRA)	07/07/22	07/07/22	Complete
<input type="checkbox"/>	90 day Go-Live Readiness Assessment (GLRA)	10/08/22	10/08/22	Complete
<input type="checkbox"/>	60 day Go-Live Readiness Assessment (GLRA)	12/09/22	12/09/22	Complete
<input type="checkbox"/>	30 day Go-Live Readiness Assessment (GLRA)	11/10/22	11/10/22	Complete
<input type="checkbox"/>	Execute Cutover	04/11/22	11/11/22	Complete
<input type="checkbox"/>	Go live	12/11/22	12/11/22	Complete

Financial Performance

Whole of Life Budget & Expenditure

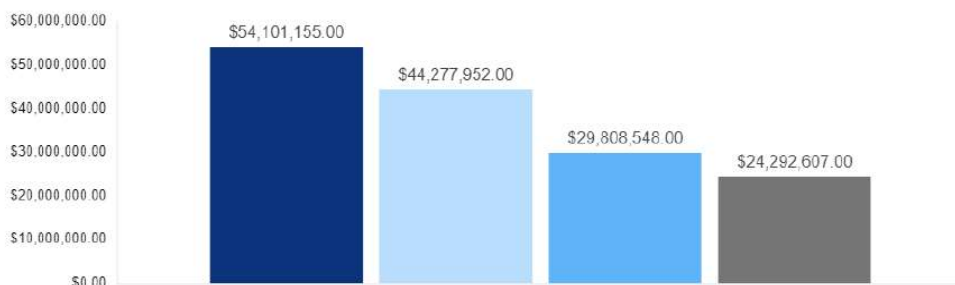
Current FY 2022/23

CapEx

Budget **\$130,787,000.00**
Actual **\$96,476,393.00**
Variance **\$34,310,607.00**

OpEx

Budget **\$75,394,562.00**
Actual **\$25,995,852.00**
Variance **\$49,398,710.00**



● CapEx Budget ● CapEx Forecast ● CapEx Actual ● CapEx Variance



● OpEx Budget ● OpEx Forecast ● OpEx Actual ● OpEx Variance

Program 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				2	2	High					
Possible				2	3	Moderate			6		
Unlikely						Low					
Rare						Planning					
	Insignificant	Minor	Moderate	Major	Catastrophic		Insignificant	Minor	Moderate	Major	Catastrophic

Program Risks		
Title	Residual Rating	Description
Data quality in the Digital Health Record is poor	High	"Insufficient focus on the design of the data dictionary and structures. Data entry by end-users may not enter quality data into the fields."
Lack of or insufficient clinical engagement in the development and implementation of the DHR	High	The Program may be delayed, or may not deliver a high quality outcome.
Schedule delays due to slower than required decision-making or revisiting decisions already made	High	The project will require a devolved decision-making framework to ensure decisions are made in a timely manner. If this does not occur due to stakeholder unavailability or inability to reach a decision, this will delay the project.
The team are unable to complete all tasks in accordance with the schedule.	High	Scope creep/changes Causes of task non-completion may include: - The scope of work is larger than originally anticipated and there are issues that arise that take longer to troubleshoot delaying delivery of tasks - Delays to decision-making - team member's performance is not as expected - delays due to external pressures such as COVID-19 - delays to dependencies including conversions, interfaces and user provisioning Task effort not estimated correctly Recruitment and onboarding of staff Unplanned leave Undertaken scope
Cyber attack penetrates the DHR system	High	Hacking of the system or through mismanagement of the data. Critical systems fail to have geographic redundancy and availability.
Technical Architecture Documentation may be siloed and not sight clinical workflow requirements required to ensure a seamless clinical end user experience	High	Lack of architecture documentation and end user journey maps due to a lack of resourcing in the technical team
The DHR solution does not work in an efficient and effective way for end users at the time of Go-Live	High	Medical Grade End User Devices are not available in time for Go-Live, there are not enough devices for the workflow or the wrong devices are procured for areas making the workflow slower than anticipated.

Program Issues		
Description	Residual Rating	Action to Be Taken
There have been issues with Pathology results being sent to the appropriate referring clinicians. This is for a number of reasons; provider data is poor, the AETHER integration engine failed to send the message, data entry did not add the right doctor to the record. There has been significant work to improve this and there is a daily process in place to check results have been sent. This issue will remain open until the work to switch the interface from AETHER to Rhapsody is complete.	Medium	
When results are sent to GPs there is an issue with some types of test results formatting poorly. This is due to the interface not marrying up with the GP Practice Management Software (PMS) systems. There are around 7 PMS systems used in Canberra with 3 of them being used by 90% of the GP community. Epic are working on a change to send a PDF report to reduce this issue in the interim whilst the team work on changing the atomic data in the longer term.	Medium	
National Submissions data had started to be validated and there were errors noted in the data. The BI and Data team are now going through each operational database data field and ensuring it is mapped appropriately to the Epic SQL reporting tables appropriately. There is also work to identify why the data is not as expected. Reasons could include - the field is not mandatory and therefore not being captured, the order of the data capture is wrong and therefore the workflow needs to change, the fields do not contain the right selections, the mapping from the operational database to the reporting database may not be right. Each data element is being investigated to ensure the data is accurate before being reported. This was a risk that was reported throughout the program and has been realised. It was only able to be fully understood when production data was available.	Medium	
There have been issues with referrals not going to the right clinician due to the HealthLink Service tree not going down to the sub-specialty level. This results in clinicians having to redirect the referral in the Epic system manually which can be time consuming and can delay the referral getting to the right person. There are iterative changes being made to the Healthlink service tree (and these are likely to be needed fortnightly ongoing to adjust the changes in the health service staff and services provided). This will be tracked for the first few iterations to ensure that these changes have improved the experience.	Medium	
Issues have been raised with the Aria to Epic interface and the management of oncology protocols with the Slade Pharmacy arrangement for the provision of oncology drugs. Slade do not have access to the real-time information they need to be able to prep the Oncology protocols appropriately, so investigations are occurring to provide them access to patient charts through DHR	Medium	
An ongoing governance structure has yet to be agreed but needs to be prior to the DHR Program closure on 24 March 2023 to ensure that decisions and changes to the system are agreed by health services. The Support Model working group has regular meetings for the next 4 weeks to finalise this governance.	Medium	

4.2. Digital Health Record Implementation Report



Digital Health Record Implementation Project

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient-centred
- Health services enabled by contemporary technology
- Research, discovery and collaboration

Reporting Period:

7 February 2023 to 6 March 2023

Project Overview

The Digital Health Record Implementation Project will deliver the configuration, testing, implementation, and training of all end users of the Digital Health Record.

Trending



Stable

Project Governance		Project Performance Indicators						
Project ID	PJ0005	Overall Health Status	Schedule Status	Budget Health Status	Quality Health Status	Risks & Issues Health Status	Scope Health Status	Benefits Health Status
P3M ID	PROJ10112	●	●	●	●	●	●	●
Approval Stage	Deliver	Project Baseline						
Tier	Tier 1	Current Schedule	Baseline Schedule	Approved Budget	Budget Variance			
Sponsor	Rebecca Cross	02/08/21	02/08/21	\$74,598,945.00	\$15,401,181.00			
Governing Committee	DHR Program Board	Actual Start Date	Baseline Start Date	Baseline (Capex)	Variance (Capex)			
Project Delivery Team		30/12/22	30/12/22	\$32,613,453.00	\$25,301,191.00			
Project Manager	Philippa Kirkpatrick	Actual End Date	Baseline End Date	Baseline (Opex)	Variance (Opex)			
Approver	Sandra Cook							

Project Status Commentary

Project Status	Scope	Risks & Issues
<p>The Digital Health Record (DHR) Implementation Project is reporting an overall green status.</p> <p>The system is live and all planned areas are now using the DHR. Areas experiencing the greatest issues are the Business Intelligence space with the work required for National Submissions, Oncology for both the work with Slade and the impacts on the Radiation Oncology teams and the patient administration area (particularly in referral management). Active work is occurring in these areas to reduce the impact of the issues. The Implementation team are managing the requirement to support all end users and commence the build for the first Epic Upgrade to the February 2023 version of the system in May 2023.</p>	<p>The DHR went live with all modules planned, other than applications on bring-your-own devices (Haiku, Canto and Limerick).</p> <p>An optimisation register has been developed to capture requests for changes that are not go-live critical. An Optimisation Framework is under development that will guide the management of optimisation activities including the prioritisation of work on optimisation requests.</p>	<p>Many risks were closed out with the implementation of the project as they related to achieving go-live on schedule, budget and with staff trained. There remains one high risk, about attracting and retaining the right staff. Recruitment for the business-as-usual team is completed. However, there remains a risk of turnover as some team members are returning to their previous roles or taking new positions which will leave the project without all resources for 1-2 months.</p> <p>There are 4 issues designated as high for the implementation project (decrease of 1 since the last report). Two of the high issues are with regard to referral management and external access to pathology reports. Updates on these are tracked regularly at the Top 10 meetings.</p>
Schedule	Budget	Quality
<p>The team are focusing on supporting all end users, the transition to BAU arrangements and completion of the first upgrade of Epic that has build completion due by 14 April and go live of the upgrade on 23 May 2023.</p>	<p>The capital forecast is in surplus of \$5.2 million and the operational forecast is \$15.3 million under budget. However, this is the project budget which includes funding to support the BAU team as well as the pathology system. Neither of these expenses are included in the project budget and therefore, this amount is deceptive.</p>	<p>Quality and assurance activities are being managed at the program level and is reported in the program status report.</p>
Benefits		
<p>The project benefits are being managed at the program level and is reported in the program status report.</p>		

Key Project Activities

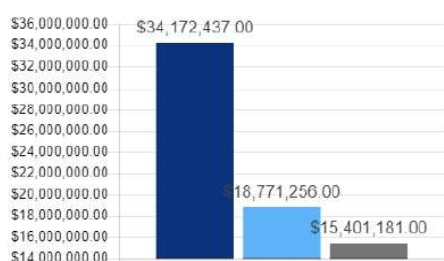
Key Project Activities - Implementation					Timeline (Q3 to Feb)							
Task Name	Status	At Risk	Start Date	End Date	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Super user training complete	Complete	<input type="checkbox"/>	29/08/22	09/09/22			■					
Workflow dress rehearsal complete	Complete	<input type="checkbox"/>	01/10/22	04/11/22				■				
End user training complete	Complete	<input type="checkbox"/>	13/09/22	04/11/22				■				
Abstraction undertaken	Complete	<input type="checkbox"/>	03/10/22	14/11/22				■				
Blood bank system ready for implementation	Complete	<input type="checkbox"/>	01/11/22	11/11/22					■			
PAS conversion production loads complete	Complete	<input type="checkbox"/>	29/10/22	11/11/22					■			
Cutover of inpatients complete	Complete	<input type="checkbox"/>	07/11/22	11/11/22						■		
60 Day Go-Live Readiness Assessment (GLRA)	Complete	<input type="checkbox"/>	15/09/22	15/09/22			■					
30 day Go-Live Readiness Assessment (GLRA)	Complete	<input type="checkbox"/>	13/10/22	13/10/22				■				
First live production use of the DHR	Complete	<input type="checkbox"/>	12/11/22	12/11/22						■		
Hypercare period complete	Complete	<input type="checkbox"/>	25/11/22	25/11/22							■	

Financial Performance

Whole of Life Budget & Expenditure

CapEx	
Budget	\$74,598,945.00
Actuals	\$59,197,764.00
Variance	\$15,401,181.00
OpEx	
Budget	\$32,613,453.00
Actuals	\$7,312,262.00
Variance	\$25,301,191.00

Current FY 2022/23



● CapEx Budget FY ● CapEx Actual FY ● Variance CapEx

● OpEx Budget FY ● OpEx Actual FY ● Variance OpEx

Project Risks & Issues Profile

Risk Matrix (Post Treatment)

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

Issue Matrix

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

Project Risks

ID#	Title	Source	Residual Rating	Existing Risk Controls
DHRIMP52	Health services policies or procedures may not align with the configuration of the DHR.	Changes in workflows need to be reflected in changes in policy. The health services may not be resourced to undertake all required policy updates.	High	Health services leads are planning this work. A register of known policy changes has been developed.

Project Issues

ID#	Title	Description	Residual Rating	Action to Be Taken
DHRIMP-I23	Dependent projects	User provisioning is a deliverable of the technical project and is delayed. If users are not available in the system, the implementation team cannot progress testing as per the schedule. Also, if all providers are not added, this will create problems for letter addressing etc.	High	<p>Hakan Gultekin and Tim Panoho are leading this activity. Collection and analysis of data is progressing. Weekly reports on progress are provided to the Board.</p> <p>16/3/2022 This is improving. It is now progressing and an initial upload of providers underway.</p> <p>26/5/2022 Sonya Floyer has been engaged to support this work.</p> <p>1/8/2022 Sonya to implement app to collect this data.</p> <p>15/10/22 Data is being collected via a webform. However updated provider information will not be uploaded until late October.</p> <p>9/12/2022 Work continues on the clean up of providers in the system. The greatest impact is now with external providers, including providers with records associated with inactive provider numbers. This is resulting in users selecting an inactive provider and results not being received.</p>
DHRIMP-I24	People	Some staff have reported burnout or stress at rates that are not healthy.	High	<p>This is a limited number of staff but has resulted in turnover. Managers are monitoring any staff where this has been reported, and for those that have remained with the team, there have been improvements. However, with high workloads and schedule delays, this issue may remain. Therapy dogs were organised. All staff were encouraged to take at least two weeks off over the Christmas period.</p> <p>16/3/2022 Last week was meeting free week which was well received. Another time period when we will encourage leave is being identified (possibly last two weeks of July - one week per team member at their own choice)</p> <p>26/5/2022 Additional boost request going in to support the team over go-live.</p> <p>1/8/2022 Retention of some Boost over go-live has been approved. There is still some turnover in the team with two team members resigning in the past few weeks. Action is for ongoing monitoring by managers and escalation as required.</p> <p>15/10/22 This continues and around 5 staff have left recently. Managers continue to support their teams and assist with prioritisation. The team is focussed on go-live critical activities.</p> <p>9/12/2022 This continues although is reducing for some teams since go-live. Other teams with large ticket numbers are still feeling stress.</p>
DHRIMP-192	Workflow	CPF integration has critical defects	High	15/10/22 Monitor resolution of critical defects. CIO escalating with Infomedix frequently.
DHRIMP-197	Workflow	Difficulties with referral management	High	9/12/22 The DHR went live with CPF integration. Ongoing issues are reported with the ability to open document level links.
DHRIMP-198	Workflow	Pathology results not all being received by GPs	High	9/12/2022 Both education, engagement and configuration corrections are underway. 9/12/2022 Investigations are underway. Planning also underway to retrigger results.

4.3. Digital Health Record Business Intelligence and Data Project Report



Digital Health Record Business Intelligence and Data Project

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient-centred
- Health services enabled by contemporary technology
- Research, discovery and collaboration

Reporting Period:

7 February 2023 to 6 March 2023

Project Overview

The DHR Business Intelligence and Data project brings together existing resources from across the health system business intelligence teams and engages expertise to deliver the technical and enabling capabilities, with the existing DHR project resources under a single project structure to ensure successful delivery of data and reporting capabilities.

Trending



Project Governance

Project ID	PJ0007
Approval Stage	Plan
Tier	Tier 1
Sponsor	Rebecca Cross
Governing Committee	DHR Program Board

Project Performance Indicators

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

Project Baseline

Current Schedule	Baseline Schedule	Baseline Budget	Budget Variance
01/03/22 Actual Start Date	01/03/22 Baseline Start Date	\$1,496,215.00 Capex	\$1,172,769.00 Capex
23/04/23 Actual End Date	23/04/23 Baseline End Date	\$1,161,948.00 Opex	-\$152,134.00 Opex

Project Delivery Team

Project Manager	Sean Winefield
Approver	Sandra Cook

Project Status Commentary

Project Status

- Report validations and remediation in Production are underway now that metrics are populating with real data, this is having a major impact on submissions. There are now daily meetings to assist with this and national bodies have been advised of a delay in available data
- Development of new reports continue to be prioritised based on operational need
- Data Capability (Badger) release 2 has been completed 23 Dec including core ED data
- Mid term data access and development approach agreed with Calvary -- Hybrid approach required due to Calvary requirements differing from anticipated usage patterns from initial design options paper (AKA options 1/2/3)
- Calvary and CHS enabled access to PRD Clarity data daily snapshots via ACT Health data lake
- EPIC resources assisting in remediation of raw data validation scripts
- Data Analytics Branch provided with data access to validate data scripts
- 5 legacy systems decommissioned with data migrated to data capability legacy data hold
- There is a continuing focus on data mapping and validation against production data
- ED Real-time data delivery issues now impacting the consumer app team continues to work on both a resolution and a workaround to deliver the agreed methodology using 80 percentiles
- BI has kicked off the planned training sessions for end users in slicer dicer and other reporting tools, the session will continue till early March 2023

Schedule

- Complex transformations required to extract core activity data is placing all delivery dates at risk
- Test build of national submission elements is complete. Testing is finalised for elements that have been mapped.
- Review and validation of methodologies target completion Feb 2023
- Validation of all reports in Epic – Jan 2023 will not be complete
- Tables to support National Submissions - February 2023

Risks & Issues

- Production data does not match anticipated outputs for reporting due to lack of documentation of workflows
- Roles and responsibilities are not defined across the three Health agencies and this is impacting the ability to improve governance processes
- Unplanned complex transformations required to extract core activity data to meet nation reporting requirements placing submissions at risk

Scope

Scoping ongoing deliverables

Budget

Budget is being managed at the program level. Figures for this report are as at end October 2022 as the new financial resource is due to start next week. The new project team is focused bringing the project out of critical and will refine the budget expenditure over the coming weeks to provide more detailed information by next month's status report.

Quality

Quality and assurance is being managed at the program level and is reported in the program status report.

Benefits

Benefits are being managed at the program level and is reported in the program status report.

Key Project Milestones

Key Milestones Report - Digital Health Record Busi

At Risk	Health	Task Name	Start Date	Status	Q3 Feb	Q3 Mar	Q4 Apr	Q4 May	Q4 Jun	Q1 Jul	Q1 Aug	Q1 Sep	Q2 Oct	Q2 Nov	Q2 Dec	Q3 Jan	Q3 Feb	Q3 Mar	Q3 Apr	Q3 May
<input type="checkbox"/>		BI Project Plan (initial version)	30/03/22	Complete																
<input type="checkbox"/>		Core data structures for Regulatory Submissions completed	01/01/22	In progress																
<input type="checkbox"/>		Finalise data element mapping	01/01/22	In progress																
<input type="checkbox"/>		Finalise data structures for testing	01/04/22	Not started																
<input type="checkbox"/>		Requirements and design refined for final submission structures	01/07/22	Not started																
<input type="checkbox"/>		Revise final submission structures	31/01/23	Not started																
<input type="checkbox"/>		Custom metric scope defined	01/01/22	Complete																
<input type="checkbox"/>		Methodology endorsed	01/01/22	Complete																
<input type="checkbox"/>		Metrics built in Epic for Go Live Reports/Dashboards	01/01/22	Complete																
<input type="checkbox"/>		Complete data element mapping	01/01/22	Complete																

Financial Performance

Whole of Life Budget & Expenditure

Current FY 2022/23

CapEx	
Budget	\$1,496,215.00
Actual	\$323,446.00
Variance	\$1,172,769.00

OpEx	
Budget	\$1,161,948.00
Actual	\$1,314,082.00
Variance	-\$152,134.00



Project Risks & Issues Profile

Risk Matrix (Post Treatment)						
Primary	2	3	4	5	6	
Risk Matrix						
Almost Certain				3		
Likely				4	1	
Possible			1		9	
Unlikely			6	2	1	
Rare						
	Insignificant	Minor	Moderate	Major	Catastrophic	

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

Risks		
Title	Residual Rating	Action to Be Taken
National Reporting	High	Testing of data elements required for submissions. Close collaboration and communication with submission team. There are well-established processes for resubmission of data.
Critical Data Elements	High	We are working with app team and executives on mitigations, which include addressing through training Meetings will be scheduled week starting 5 September to discuss mitigation.
Limited Resources	High	Keep app workstream managers in the loop Escalate to senior management and executives as required
Lack of organisational readiness for such a significant change.	High	Treatments include the health services recruiting additional staff to support the change management Robust end user training Data governance/literacy
Clients receive the wrong reports and use them incorrectly.	High	Efforts underway to identify users, job roles to ensure they are assigned to the appropriate user group and tiers Recruitment of additional staff to support change management Robust end user training Data governance/literacy
The Territory may have problems with national reporting and submissions during the transition period from existing systems to the Digital Health Record	High	Map data fields from the DHR into the ACT data repository. There are well-established processes for resubmission of data. Sending brief to Minister and letter to DG and funding bodies about potential impact to submission timeline.
Inability to meet national submission requirements.	High	Testing of data elements required for submission Close collaboration and communication with submission team There are well established processes for re-submission of data
Loss of historical data - Audit data in chronicles is truncated regularly and if Clarity ETLs miss data it may be impossible to retrieve.	High	Regularly review all the specifications. Keep abreast of any new reporting requirements and/or standards Identify all relevant stakeholders for the BID project Extensive consultation regarding deliverable required by stakeholders Regular meetings with all stakeholders POTENTIAL: increase log audit retention in Chronicles, however, will affect cost and performance
Data migration is incomplete - Data is notified for migration prior to Go-Live	High	DHR Data conversion team is assessing the Legacy Systems migration strategy DHR and Epic are developing a Data Conversions Strategy (Project Charter) for the migration of key data elements into the DHR (data seeding) ration strategy DHR and DSD keep contracts for legacy systems in a reduced state to ensure that data can be converted in a reasonable timeframe Testing process is planned and coordinated with key stakeholders
Data is lost, corrupted or mapped incorrectly through migration progress	High	Legacy data is currently being migrated from decommissioning systems. This data is landed in the new Data Health Enclave (PAUCLDRSQL207) server. Validation of data is dependent on the availability of an SME in the particular system area.
Accidental release of confidential data -	High	Training in data governance and best practices Build secure data handling network zones
Software as implemented does not meet our mandatory reporting needs	High	Working with vendor to identify mandatory reporting concepts to ensure inclusion prior to Go-Live
Data Access & Security	High	Draft key procedures required for Go-Live and training Communicating dependencies and timelines to DAB for required policies Clear approval process
Waiting Times for ACT Consumer App	High	Work with Epic on what solutions will meet requirements Escalate decision if required before the next GLRA
Lack of dedicated resourcing	High	

Strategy for reporting historical data	High	Currently assessing certain systems which will require reporting user interfaces. Systems like CHARM have been identified to require reporting for research, patient workflows, etc. That will require extraction from the data warehouse.
Difficulty accessing historical data	High	<p>a) Monitoring progress of the data migration into the data repository.</p> <p>b) Training staff in the data repository team early so that their work aligns with the future state after implementation of the Digital Health Record.</p> <p>c) Monitor the implementation of document level context switching in CPF.</p> <p>d) DHR Data conversion team and IDM team are assessing the Legacy Systems migration strategy with the intent that legacy system information will be migrated to either Clinical Patient Folder and/or the Data Repository and be the source for historic information.</p> <p>e) DHR and Epic have developed a Data Conversions Strategy (Project Charter) for the migration of key data elements into the DHR (data seeding) and have this approved by the program governance.</p> <p>f) DHR and DSD keep contracts for legacy systems in a reduced state to ensure that data can be converted in a reasonable timeframe</p> <p>g) DHR conversions team have developed business requirements for each system that will be converted upfront with the vendor agreed components</p> <p>h) Developing a proof of concept for a legacy data viewer for data that is unable to migrate to Epic"</p>
Loss of Legacy system metadata	High	Currently being assessed at a system by system basis. Some systems already have metadata available in their logs which have been extracted from the SQL database. Some documentation are already have been stored in Confluence and Objective. These are being documented at there System Handover Document to DSS.

Project Issues		
Title	Residual Rating	Action to Be Taken
Recruitment and onboarding staff	High	<p>Making sure recruitment paperwork is submitted in a timely manner</p> <p>Training is available and staff supported</p> <p>Training materials and documentation developed, including induction</p>
Difficulty accessing historical data	High	<p>DHR Data conversion team and IDM team are assessing the Legacy Systems migration strategy with the intent that legacy system information will be migrated to either Clinical Patient Folder and/or the Data Repository and be the source for historic information.</p> <p>DHR and Epic have developed a Data Conversions Strategy (Project Charter) for the migration of key data elements into the DHR (data seeding) and have this approved by the program governance.</p> <p>DHR and DSD keep contracts for legacy systems in a reduced state to ensure that data can be converted in a reasonable timeframe</p> <p>DHR conversions team have developed business requirements for each system that will be converted upfront with the vendor agreed components</p> <p>Developing a proof of concept for a legacy data viewer for data that is unable to migrate to Epic</p>

4.4. Digital Health Record Business Technical Project



Digital Health Record Technical Project

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient-centred
- Health services enabled by contemporary technology
- Research, discovery and collaboration

Reporting Period:

7 February 2023 to 6 March 2023

Project Overview

The Project will deliver technology components to support the migration of ACT Health systems, DHR and Related Systems environments, interfaces, end user devices, medical devices, and foundational technology solutions.

Trending

Declining

Project Governance

Project ID	PJ0006
Approval Stage	Deliver
Tier	Tier 1
Sponsor	Rebecca Cross
Governing Committee	DHR Program Board

Project Performance Indicators

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

Project Baseline

Project Delivery Team

Project Manager	Tim Panoho
Approver	Sandra Cook

Current Schedule

11/05/21
Actual Start Date

07/03/23
Actual End Date

Baseline Schedule

01/08/21
Baseline Start Date

30/12/22
Baseline End Date

Approved Budget

\$18,715,578.00
Baseline (Capex)

\$17,697,823.00
Baseline (Opex)

Budget Variance

\$5,089,097.00
Capex

\$12,337,013.00
Opex

Project Status Commentary

Project Status

There is significant focus to complete the following activities as part of the transition to BAU:

- The team are working on the cutover from the AETHER platform to Rhapsody. This work was expected to be finalised at the end of March 2023 but due to leave issues this may be pushed back to May 2023.
- The team have been working to plan for the first special upgrade for the DHR to the February 2023 version which will be implemented on 29 May 2023. A special update was implemented on 14 February 2023 and other special updates will continue monthly.
- Pre-work has commenced to transition to Hyperdrive and will continue until June 2023 after which the team will prepare a plan for the timeframe for the roll out of this function.
- There is a large amount of work being completed to build the servers and migrate a number of outstanding systems to the Health Enclave.

Schedule

The DHR went live according to schedule. The hypercare period is now finished and the team are focussed on migrating urgent systems and will move to a focus on transition to BAU arrangements in March 2023.

Budget

The technical project has had some movement from the Operational budget to the Capital budget to adjust overspend in the Capital budget for this year. The project is now tracking against the rebased budget.

Scope

The scope of the technical team was to deliver all the infrastructure and application components for running the Epic application. This was delivered with processes now in place to support patching and special updates for ongoing future scheduled outages. The team delivered end user devices to all areas for CHS and Calvary and there is ongoing changes and improvements that will continue on through BA. The EUD team are now transitioning into DSS support. Medical devices are also continuing to support the biomedical services to ensure that there is ongoing monitoring and management of medical devices that have been delivered to BAU. The Security and User Provisioning team are managing the queues for support and maintaining end user access. There will be a project next year to improve the end to end provisioning of users to align with the CHS and Calvary onboarding projects. Interfaces are continuing with integration support with an outstanding action to migrate interfaces from the AETHER platform due to the lack of sufficient monitoring functionality.

Risks & Issues

Please refer to the risks and issues summary report below.

Benefits

Benefits are being managed at the program level and is reported in the DHR Program status report.

Quality

A Quality and Assurance plan are being managed at the program level and is reported in the DHR Program status report.

Key Project Activities

Key Project Activities - Technical

Health	Task Name	Start Date	End Date	Status	Milestones	Timeline																	
						Jul 3	Jul 10	Jul 17	Jul 24	Jul 31	Aug 7	Aug 14	Aug 21	Aug 28									
	Interfaces: PRD DHR Integrated related systems connected	31/08/22	31/08/22	Complete	★																		
	September 2022 Upgrade	29/08/22	05/09/22	Complete	★																		
	Imprivata PRD Completed	29/08/22	29/08/22	Complete	★																		
	External Access Available: Public facing	12/08/22	12/08/22	Complete	★																		
	Security Assurance: Pentest completed	26/08/22	26/08/22	Complete	★																		
	PHI: First Patient Load into PRD	09/09/22	09/09/22	Complete	★																		
	PHI: Kestral Data Load	12/09/22	12/09/22	Complete	★																		
	Environment: Rhapsody PRD Environment ready	12/09/22	12/09/22	Complete	★																		
	Active Directory Synch in place	20/08/22	20/08/22	Complete	★																		
	PRD Downstream Systems Ready	25/07/22	30/09/22	Complete	★																		
	Medical Devices: All systems live in PRD.	14/10/22	14/10/22	Complete	★																		
	Business Continuity Tested	0 days	07/09/22	Complete	★																		
	Login Testing (Labs) Start PRD	14/10/22	14/10/22	Complete	★																		
	Abstraction (FULL)	14/10/22	14/10/22	Complete	★																		
	PAS: Appointment / Scheduling Tasks	14/10/22	14/10/22	Complete	★																		
	Technical Dress Rehearsal	01/08/22	30/11/22	Complete	★																		
	Milestone: Production Environment Completed	29/08/22	29/08/22	Complete	★																		
	Go Live	12/11/22	12/11/22	Complete	★																		
	Post production support	07/11/22	23/12/22	In progress	★																		

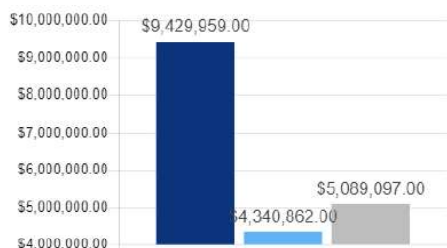
Financial Performance

Whole of Life Budget & Expenditure

Current FY 2022/23

CapEx

Budget	\$18,715,578.00
Actuals	\$13,626,481.00
Variance	\$5,089,097.00



OpEx

Budget	\$17,697,823.00
Actuals	\$5,360,810.00
Variance	\$12,337,013.00



● CapEx Budget FY ● CapEx Actual FY ● Variance CapEx

● OpEx Budget FY ● OpEx Actual FY ● Variance OpEx

Project Risks & Issues Profile

Risk Matrix (Post Treatment)

Primary	2	3	4	5	6
Risk Matrix					
Almost Certain					
Likely			2		
Possible				7	
Unlikely					
Rare	1				
	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	Description	Residual Rating	Action to Be Taken

Project Issues

Title	Description	Residual Rating	Action to Be Taken

5. Cyber Security

5.1. 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 statistics in the cyber security section are supplied by DDTS quarterly therefore there is no new data available to update this month's DSD performance report.

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

Date	Reference	Investigation/RFI	Directorate	Status
06/12/2022	SEC-IST-22-192	E-discovery: Email	HD	Closed - Fully Resolved
06/12/2022	SEC-IST-22-191	E-discovery: Email	HD	Closed - Fully Resolved
07/11/2022	SEC-IST-22-179	E-discovery: Email	HD	Closed - Fully Resolved

Incidents (2)

Date	Reference	Incident Type	Directorate	Status
13/12/2022	SEC-IST-22-194	Account Compromise	HD	Closed - Fully Resolved
25/10/2022	SEC-IST-22-168	Phishing	HD	Closed - Fully Resolved

5.2. Operational Security Updates

5.2.1. Essential 8 maturity level

ACT Health has undertaken considerable work to establish the Health Enclave, which has enabled us to meet all the Essential 8 elements for hosting. The current maturity levels vary between level zero and three, however, ACT Health is on target to achieve a minimum of maturity level two across all the Essential 8 elements for hosting by mid 2023.

At a Whole of Government level, DDTS have a plan to reach maturity level one (the base level) over the coming years. Until DDTS reach a similar level of maturity in this space to that in the Health Enclave, this will continue to pose a significant security risk to our services and infrastructure.

5.2.2. 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 with multiple systems now being access this way. The cyber team is working with the Tech team and system administrators to continue onboarding systems and removing individual administrator accounts for system administrators.

5.2.3. Network and device visibility

DSD have had ForeScout eyeSight and Medigate implemented for several months now. These 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 have been impacted by the network modernisation project at CHS, which has resulted in the data feeds to break. The Cyber team is working with the DDTS network team to restore connectivity so that network visibility is established.

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

DDTS are implementing port level security (802.1X) across the ACTGOV network. 802.1X 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 in 2022. Resource constraints within DDTS and hospital capacity issues within CHS are limiting the progress of this essential work, however plans are in place to accelerate this work in early 2023.

5.2.5. Network Monitoring and Segmentation

DSD has formed a working group with DDTS Security and DDTS Networks to explore network segmentation for health systems. This working group explores the current state of ACT Health's networks, limitations of current technologies used across ACTGOV and future requirements. This work will continue with the inclusion of the CHS CIO with the aim 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.

5.2.6. 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 340 staff that are fully vetted and roughly 25 staff that are in the process of being vetted.

5.3. Unsupported Operating Systems

5.3.1. Windows 7 Eradication

DSD and DDTS are collectively working towards reducing the Windows 7 devices across the ACT public health system.

The below table provides an overview on the Windows 7 devices across the Government network in December 2022 excluding 22 kiosks in directorates outside Health which are being remediated in a separate DDTS project.

Directorate	Oct 21	Jan 22	April 22	July 22	Oct 22	Dec 22
Health/CHS	312	165	58	57	47	29
Other	211	112	73	48	39	22
Total	523	279	131	105	86	51

5.3.2. Legacy Servers

DSD have been working actively to migrate/decommission the Windows Server 2008. There are currently 27 systems, which are actively being address as a priority.

The follow table identified the legacy Windows Server 2008 operating system servers hosting Directorate business systems as at the end of December 2022. The count includes shared infrastructure servers used to host multiple Directorate systems such as IIS web servers and SQL servers.

Directorate	Server May 22 Count	Server July 22 Count	Server Dec 22 Count
Health	124	112	98
Other	174	151	151
Total	298	263	249

5.4. System Security Plans

Our Security Hub is actively 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 December 2022 outlining the status of the security plans across the ACT Government.

Directorate	Current	Expired	No Plan	Under Review	Not Required	Total
Health	13	23	14	30	15	95
Other	50	37	16	54	34	181
Total	63	60	30	84	49	276

The Security Hub are actively working to address the outstanding System Security Plans as can be evidenced from the table above where 30 are currently under review by either DDTS or DSD.



ACT
Government

⁶⁷
ACT Health

Digital Solutions Division Performance Report

April 2023

Issued 23 May 2023



Connecting Your Care.

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1. From the Chief Information Officer

The Digital Solutions Division (DSD) within ACT Health is responsible for the delivery of digital health capabilities across the ACT public health system which includes our colleagues in ACT Health, Calvary Public Hospital Bruce, Canberra Health Services 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.

The month of April from a statistical perspective was much steadier compared to recent months. Although in the background the team have still been working hard. Work is underway on new projects as the division continues to work towards our goals of delivering against the Digital Health Strategy 2019-2029.

In addition to this the team have also been working to implement the first major upgrade for the Digital Health Record (DHR). The update is planned to occur on Wednesday 24 May 2023.

Over the next year, DSD has several important deliverables. Some of the more notable deliverables include:

- Two formal upgrades for the Digital Health Record alongside monthly special updates and weekly system changes.
- 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 Kauffman
Chief Information Officer and Executive Group Manager
Digital Solutions Division, ACT Health Directorate

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2. Service Metrics

2.1. Service Metrics Summary

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

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

Request levels were slightly reduced compared to previous months; this may be because of the several public holidays throughout the month. Although the teams across the division are continuing to provide responsive levels of support which is demonstrated in the graphs below in this section.

2.2. Snapshot

2023

APRIL

SNAPSHOT

The monthly average speed of answer for a phone call was under 1 minute for the second month in a row.

5,748

Phone Calls Offered
To Digital Solutions Support



79

Successful
Scheduled
Changes



8,194

Requests
Created
During April 2023

Requests
Resolved

8,004

During April 2023



3

Major Incidents
Critical (P1) or High (P2)

27

Active Projects

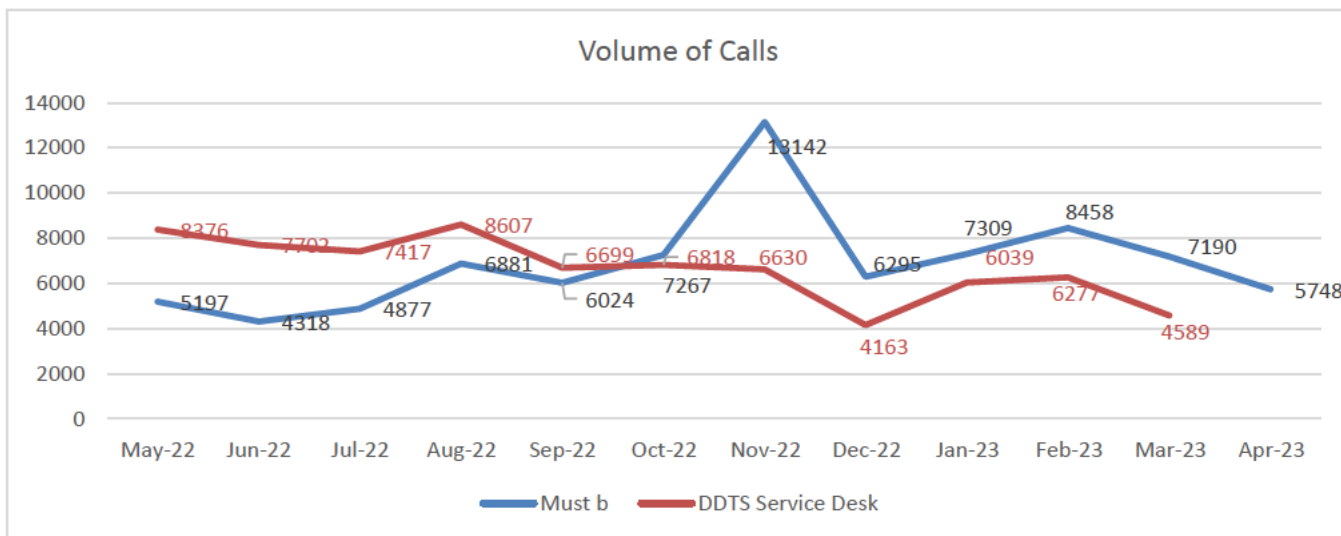


4.6

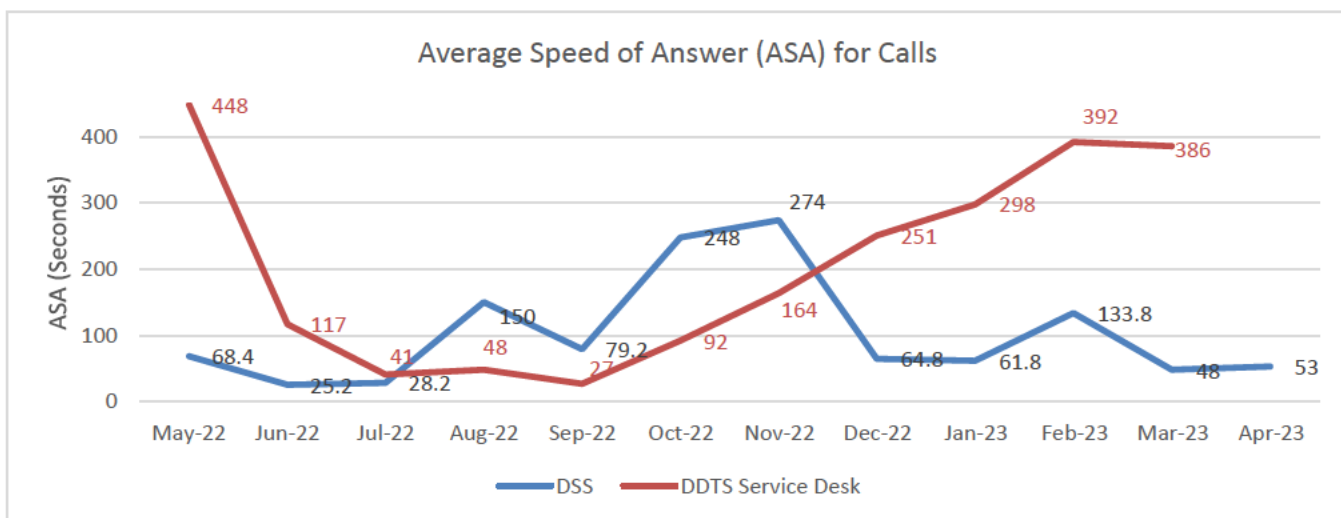
User Satisfaction
Out of 5

Monthly Request Summary

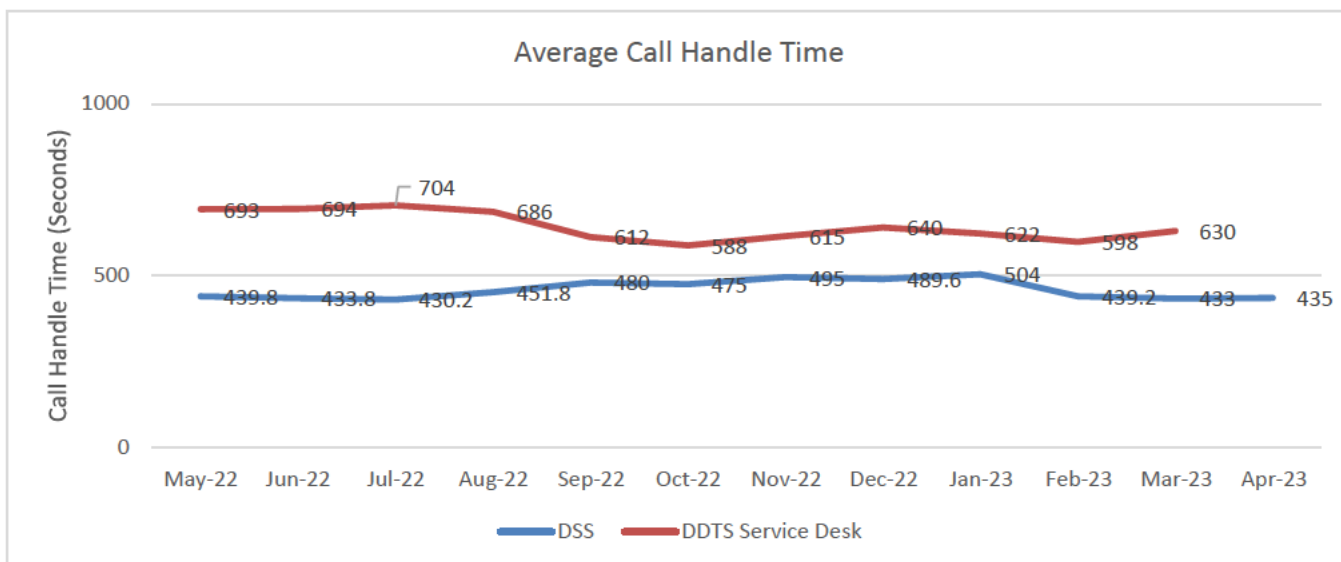
Metric	April 2023
Requests Created	8194
Requests Resolved	8004
Total request remaining open	5620
Standard Requests Responded to within KPI Timeframe (4 hours)	91.9%
Standard Requests Resolved within KPI Timeframe (24 hours)	78.6%
Total Number of Urgent Requests	267
Urgent Requests Responded to within KPI Timeframe (30 minutes)	91.6%
Urgent Requests Resolved within KPI Timeframe (2 hours)	48.7%
Total Number of Password Reset Requests	746
Password Reset Requests Resolved within KPI Timeframe (2 hours)	80.4%



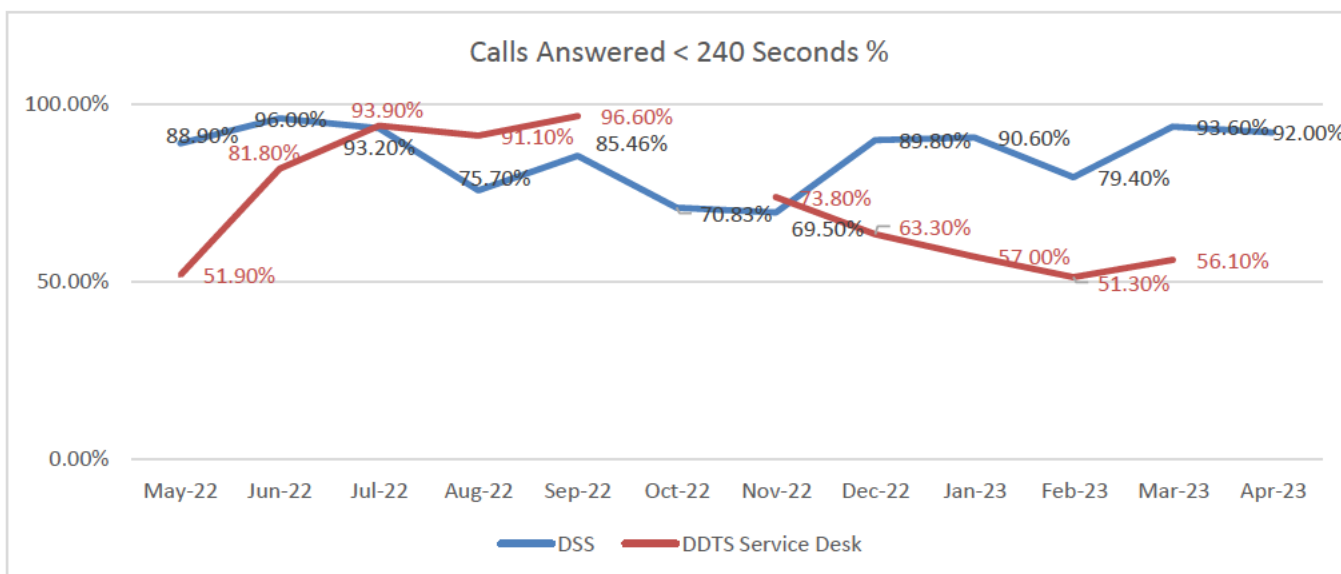
Graph 1 – Total volume of calls



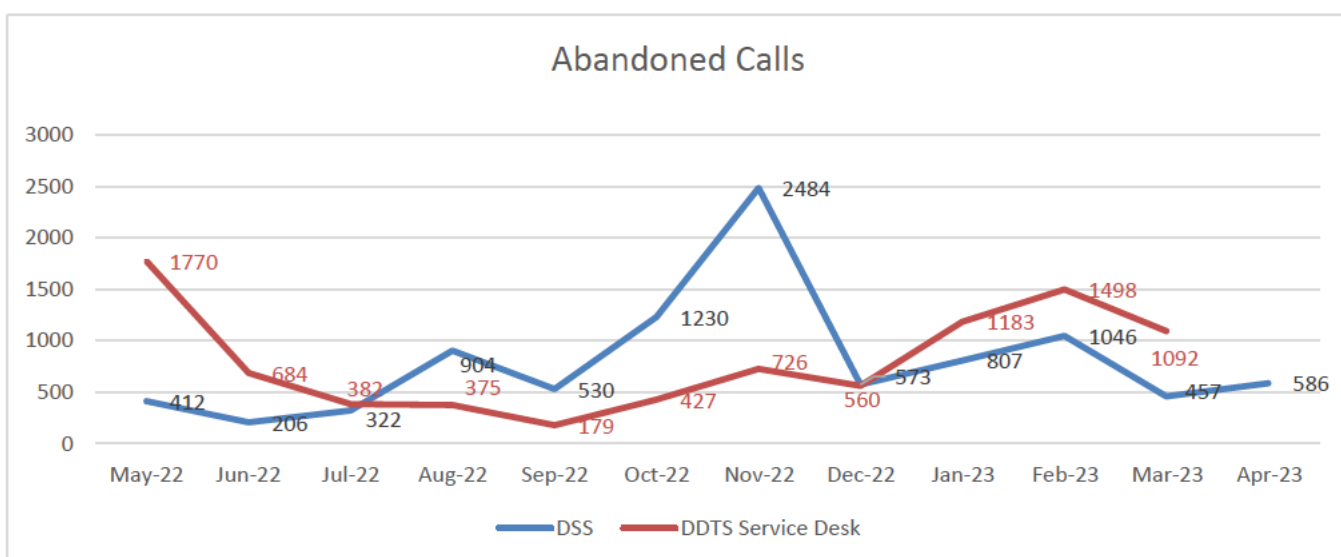
Graph 2 – Average speed of answer for calls. DDTS data has retrospectively updated to reflect most recent QMAC report.



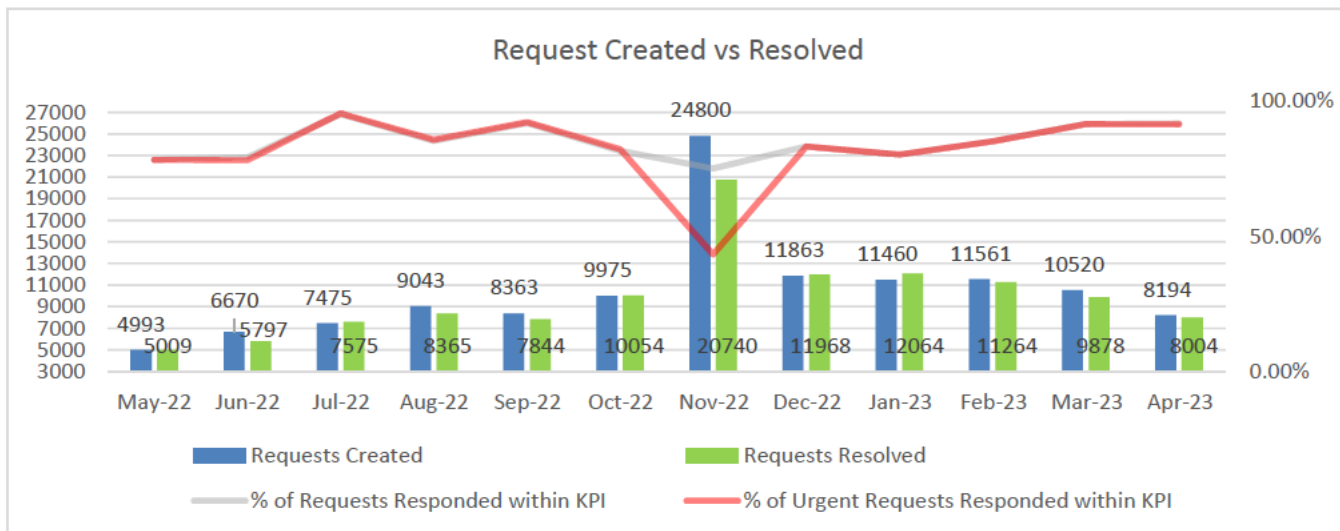
Graph 3 – Average Call Handle Time



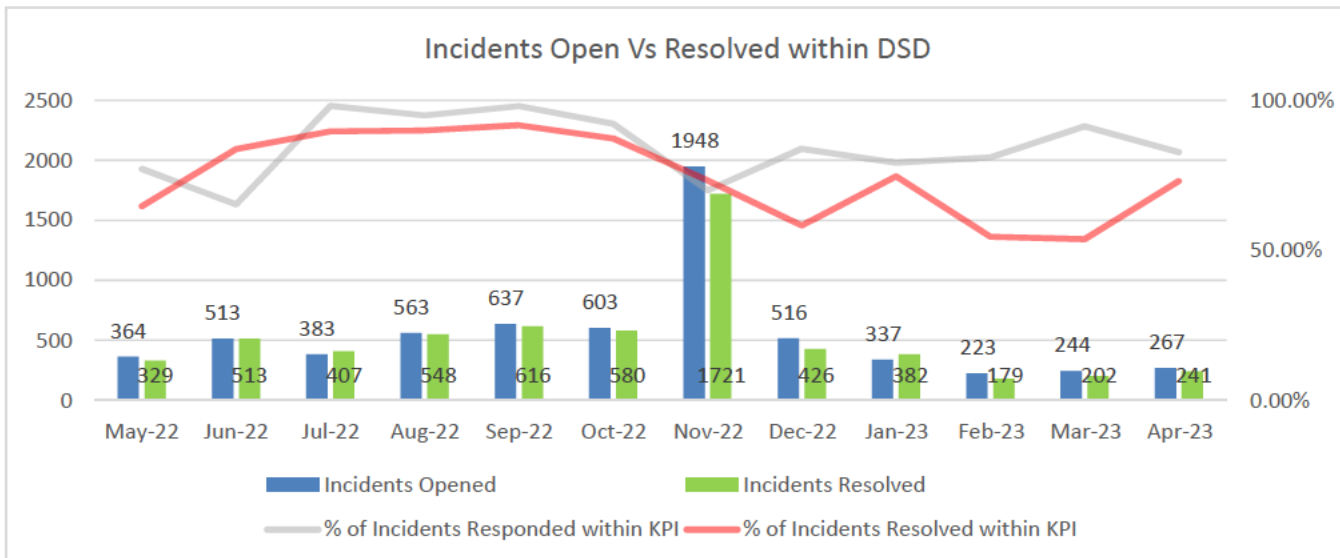
Graph 4 – Total percentage of calls answered within SLA. DDTS data has been retrospectively updated to reflect a change with the latest QMAC numbers. DDTS October numbers were not available.



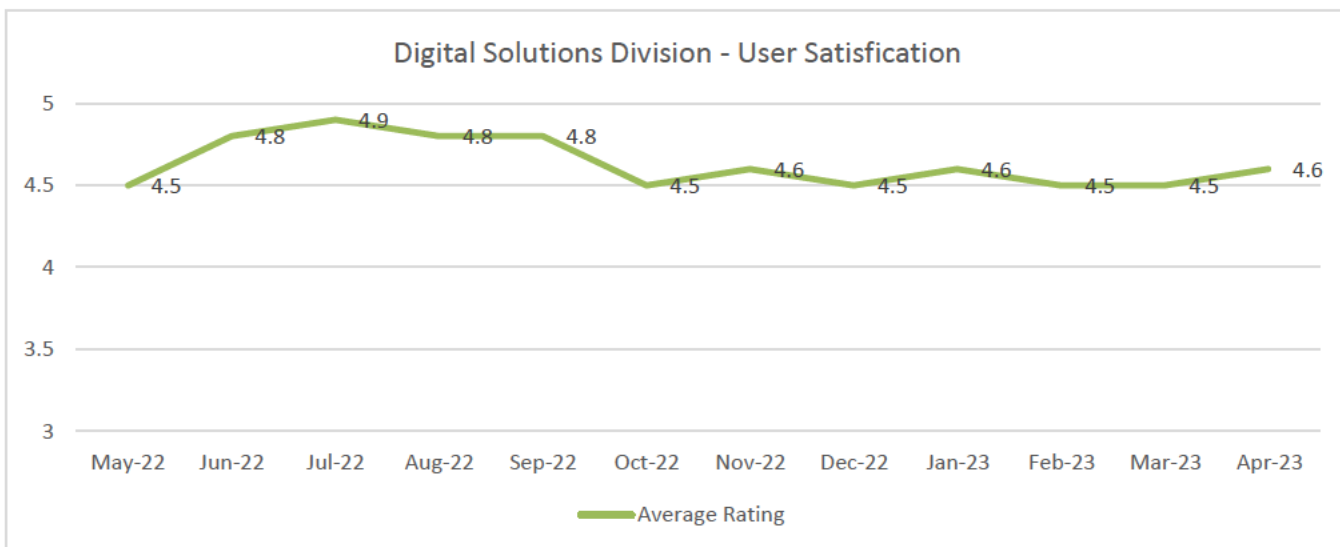
Graph 5 – Total number of calls abandoned. DDTS data has been retrospectively updated to reflect a significant change with the latest QMAC numbers.



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 (ie 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 267 new incidents raised with a total of 244 closed.

On the 26th of April 2023 there was a Priority 1 (Critical) incident that occurred.

There was a widespread outage to the Health Enclave where the DHR and many Health ICT applications are hosted. As a result, the Health Services were required to enact their BCP processes while NTT worked to restore services.

Although DSD's first response to an incident continues to remain above 80%, the divisions overall response resolution rate continues to see a decline of resolving an incident within the 4-hour level agreement timeframe.

Out of the 267 incidents recorded, 3 were classified as a High Priority Incident (P2) and 1 was classified as a Major Incident (P1). A summary of these four incidents can be found in the table below.

Title	Incident Summary	Jira/SNOW #	Priority
Lost access to multiple Health Applications within the Health Enclave	<p>For the duration of this outage there was no access to any of the applications housed within the Health Enclave. This included systems such as the Digital Health Record (DHR), Riskman, AMS, CPF, and more.</p> <p>This outage was not Health specific and had also affected other NTT stakeholders.</p> <p>While the incident has been resolved, NTT are still investigating and creating the Post Incident Report (PIR) to advise of root cause and recommendations. This PIR will be tabled to the Health Change Control Board.</p>	<p>DSD-337097</p> <p>ICM23218202</p> <p>INC0931887</p>	P1

Kestral not working	<p>Kestral PLS had ceased functions and stopped users from being able to log in. Work between DSD, DDTs and the vendor brought the services back online.</p> <p>The cause of this incident was due to a corruption of one of Kestral's databases. The vendor is currently reviewing the outage alongside DSD to determine what the cause of the corruption is.</p> <p>It's also noted that while Kestral is now considered read-only, it's still listed as a Government Critical application and is still subject to its P2 prioritisation of incidents.</p>	DSD-329794 INC0924611	P2
DHR Outage - extended for another 60 minutes (04:00AM AEST)	<p>This incident was raised in response to a planned change requiring an extra hour's duration to complete. A planned change to implement the daylight savings change and add special updates to DHR had experienced an extension of time due to a fault with updating one of the components.</p> <p>Technical Services are still reviewing the results of the change and will provide a PIR at a later date to the Health Change Control Board.</p>	DSD-329913 DSD-327212	P2
Telehealth – Server Issues	<p>One of the servers that houses Telehealth was experiencing an overload on resources. This was causing some of the Telehealth video appointments to fail when trying to start them.</p> <p>Restarting the overloaded server allowed users to connect and run appointments as normal.</p>	DSD-335345	P2

2.4. Change Management

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

The definition of the changes recorded are:

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

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

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

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

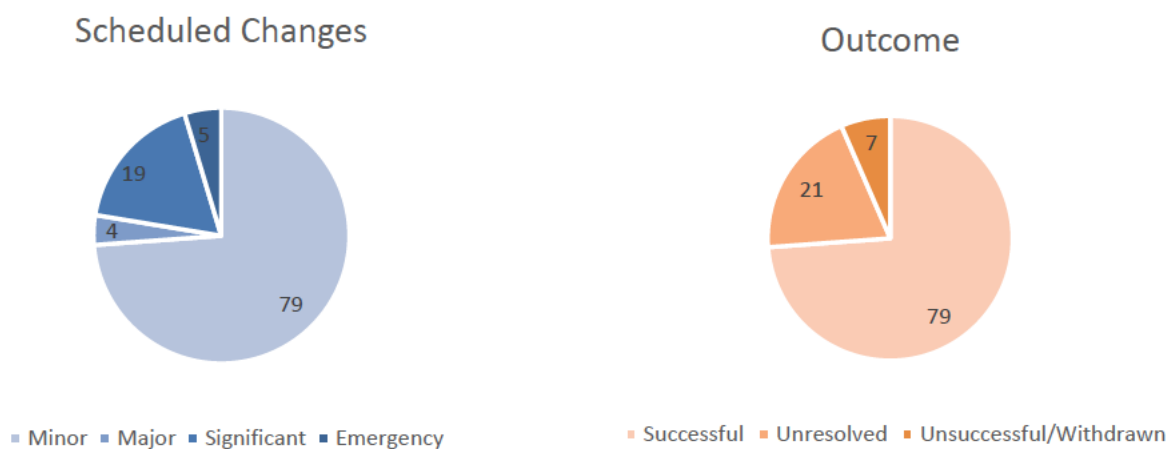
All Major and Significant changes must be considered through the Change Control Board (CCB) approval process prior to proceeding. The CCB met three times during April on the following dates:

- 5 April 2023
- 12 April 2023
- 19 April 2023

The Change Control Board meeting scheduled for 26 April 2023 was cancelled due to the priority 1 outage that occurred that day.

A total of 17 changes were tabled with 15 of being endorsed either at the meeting or as an out of session circulation following in cases where more information was requested by the board.

2.4.1. Scheduled Changes



Major and Significant changes included the following:

- DHR's April Special Update and updating of Daylight Savings Time; and
- Production patching of Health Applications within NTT; and
- Routine quarterly patching of CCure; and
- It is an Essential 8 requirement to have application control enforcement in place on production servers. A change was put in place to enable the application whitelisting enforcement mode for Epiphany and RedCap.

Emergency changes included the following:

- Restarts of the SAS-1 and SAS-3 servers for CCure; and
- Changes to IP routing from Riskman to Rhapsody; and
- Spot Monitor integrations from AETHER to Rhapsody.

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

Status	Total
Duplicate	2
Cancelled	2
Deferred	2
Failed	1

Unsuccessful changes greater than 30 days

This table reflects changes that have been endorsed CCB and have yet to be successfully implemented.

CCB Approval Date	Planned Implementation Date	Change #	System Name	Description	Comment
14/12/2022	Ongoing	DSD-289058	AETHER RHAPSODY (DHR)	Migration from AETHER to Rhapsody	Scheduled - Work ongoing as planned
22/03/2023	TBC	DSD-288415	DHR	Users currently receive error messages when trying to import/export documents from Epic. A default file path needs to be set to remove the confusing error message for users.	Pending UAT

2.5. Legacy Records Management (Paper Records)

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

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

Under the Calvary Network Agreement, record keeping responsibilities vest in the Little Company of Mary and ACT Health does not undertake any administrative records management functions for Calvary Public Hospital Bruce.

Service	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
Record transfer of a paper files to another officer	2	14	6	25	12	24	4	45	18	16	11	23
Paper File Retrieval Request	10	5	14	12	18	27	13	5	10	10	10	16
New Paper File Request	164	216	181	160	192	161	285	209	237	149	188	103
New File Part Request	2	17	4	17	19	7	15	9	17	10	4	4
Transfer Paper File to Records/Storage	3	15	7	19	5	6	8	16	11	14	7	12

2.6. Digital Records Management

All ACT Health Directorate areas have been transitioned from the Q: Drive, into Objective for the management of administrative records. The Objective Ministerial Workflow is being rolled-out across the Directorate, it is anticipated this will be finalised by end of May 2023.

Work is continuing of 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 them 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.

Digital Records Support (Shared Services) are currently engaged with both the Objective Vendor and all ACT Government Directorates using Objective on a project to upgrade the current version of Objective being used and transition the system to a cloud-based solution. Testing will commence in May, with the planned upgrade scheduled for June.

Metric	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
General objective enquiry	35	50	44	43	60	44	37	67	24	33	33	25
Request Objective access + new user	31	42	51	37	31	16	14	19	53	64	58	51
Objective Training	20	119	149	26	35	14	10	7	8	9	10	4
Request Access/Restriction on a file or folder	7	14	24	19	19	19	25	9	13	19	29	24

3. Projects and Program

3.1. Summary Overview

The Digital Solutions Division (DSD) has a work program with 27 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 16 April 2023.

As reported from the previous reporting period there are still there 2 project tracking red from the 18 major (Tier 1 and Tier 2). These are the Digital Health Record Business intelligence and Data Project. This is due to schedule delays and risks/issues with unplanned complex transformations. The other is this Pharmacy Inventory Management System (PIMS). Funding has been declined for the Electronic Controlled Drug Register (ECDR). This phase of the project is on hold until a funding source can be obtained.

There were no new projects closed during this reporting period.

For this reporting period there were two new projects established. The first is for the relocation of the Child & Adolescent Mental Health Services (Southside) (CAMHS) from their existing space within Callum Offices to a fit for purpose space on Bowes Street.

The second is the implementation of RAPID, which is a stroke imaging software that will enable communication with the NSW stroke services to easily identify suitable patients for endovascular clot retrieval.

3.1. Digital Solutions Divisions Portfolio Dashboard



ACT Health

Digital Solutions Division PORTFOLIO DASHBOARD

Reporting Period:

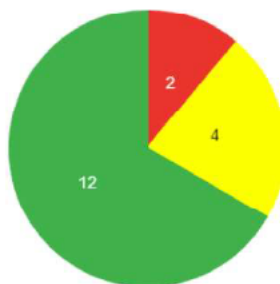
13 March 2023 to 16 April 2023

Overview

Number of Programs	Number of Active Projects
2	27
Number of New Projects	Number of Major Projects
2	18
Number of Projects Closed	
0	

RAG Status of Major Projects

Red
Yellow
Green



Resources

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

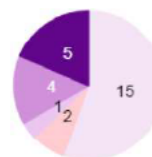
All Projects by Tier

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
PG0002	Digital Health Record Program	Red	Tier 1	Close	Sandra Cook	Rebecca Cross

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
PJ0005	Digital Health Record Implementation Project	Green	Tier 1	Close	• Patient-centred • Health services enabled by contemporary technology • Research, discovery and collaboration	'Rebecca Cross	12/11/22
PJ0006	Digital Health Record Technical Project	Yellow	Tier 1	Close	• Patient-centred • Health services enabled by contemporary technology • Research, discovery and collaboration	'Rebecca Cross	12/11/22
PJ0007	Digital Health Record Business Intelligence and Data Project	Red	Tier 1	Close	• Patient-centred • Health services enabled by contemporary technology • Research, discovery and collaboration	'Rebecca Cross	12/11/22
PJ0009	Notifiable Disease Management System (NDMS)	Green	Tier 1	Deliver	• Patient Centred • Research, discovery and collaboration	'Kerryn Coleman	22/09/2022 Phase 2
PJ0011	Birth of a Child	Yellow	Tier 2	Deliver	• Patient-centred	CIO	30/06/23
PJ0013	Pharmacy Inventory Management System	Red	Tier 2	Initiate	• Patient-centred • Health services enabled by contemporary technology	Sandra Cook	20/06/2022 (CPHB) 28/09/2022 (CHS);
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	Green	Tier 2	Deliver	• Patient-centred • Health services enabled by contemporary technology	'Colm Mooney	30/11/22
PJ0017	TCH Building 19 Level 3 Pharmacy 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	30/11/22

PJ0033	Calvary Public Hospital Bruce OneID Implementation and EACS Replacement	●	Tier 2	Initiate	• Health services enabled by contemporary technology	'Jarrad Nuss	30/06/23
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	06/30/25
PJ0041	Embedding a Positive Safety Culture	●	Tier 2	Initiate	• Health services enabled by contemporary technology	CIO	06/30/23
PJ0048	Building Fit-out works for CAMHS at Bowes Street	●	Tier 2	Initiate	• Patient-centred • Health services enabled by contemporary technology	Fvan Byrne	

Tier 3 & 4 Projects

Project ID	Project Name	Executive Sponsor	Digital Health Strategy Theme	Approved Baseline Budget (Capex)	Approved Baseline Budget (Opex)	Approval Stage or Tranche
PJ0035	Mainpac Expansion	'David Jones	• Health services enabled by contemporary technology	\$254,375.00	\$38,058.75	Initiate
PJ0037	Electric Vehicle Charging ICT Standard	'Colm Mooney	• Health services enabled by contemporary technology	\$20,000.00		Initiate
PJ0039	Medical Imaging Additional Nurse Call Equipment	'Sean Fenotti	• Health services enabled by contemporary technology	\$22,000.00		Initiate
PJ0040	DALI System Upgrade	'Chris Tarbuck	• Health services enabled by contemporary technology	\$50,000.00		Initiate
PJ0042	TCH B3 L1 Rheumatology & Dermatology Consultation Room Upgrades	'Chris Tarbuck	• Health services enabled by contemporary technology		\$4,200.00	Initiate
PJ0043	1 Moore Street Security Upgrade	'Scott Harding	• Health services enabled by contemporary technology		\$5,000.00	Initiate
PJ0045	Distribution Centre Relocation	'Andrew Murphy	• Health services enabled by contemporary technology		\$52,694.00	Initiate
PJ0046	Eating Disorder Residential Treatment Care Centre	'David Jones	• Health services enabled by contemporary technology		\$57,457.00	Initiate
PJ0047	RAPID	Sarah Mogford	• Patient Centred • Health services enabled by contemporary technology	\$187,680.00	\$46,749.00	Initiate

Red Synopsis Report

Synopsis Status	Project ID	Project Name	Project Tier	Approval Stage or Tranche	Comments
●	PJ0007	Digital Health Record Business Intelligence and Data Project	Tier 1	Close	DHR BID project is reporting RED for Schedule and Risks/Issues due to delays with unplanned complex transformations. This is required to extract core activity data to meet national reporting requirements and is placing deliverable dates at risk.
●	PJ0013	Pharmacy Inventory Management System	Tier 2	Initiate	The project status remains RED, noting Schedule, Risks & Issues and Quality project controls are RED. MerlinMAP is barely a minimum viable product with significant amount of resource time being dedicated to basic operations. DG has rejected a single select procurement approach for the Electronic Controlled Drug Register (ECDR) due to a lack of funds. ECDR is on hold until sufficient funding is found.

Closed Projects

Project ID	Project	Project Overview

New Projects

Project ID	Project Title	Project Overview
PJ0048	Building Fit-out works for CAMHS at Bowes Street	Building Fit-out works for Child & Adolescent Mental Health Service (Southside) at Bowes Street Woden
PJ0047	RAPID	Implement RAPID (acute stroke imaging software) into Canberra Health Services. This will enable communication with NSW's Telestroke Service to deliver a standardised assessment for patients who present with acute stroke and who maybe suitable for endovascular clot retrieval.

Major Project Risks Heat map

Primary	2	3	4	5	6
Risk Matrix					
Almost Certain		1		4	
Likely			7	6	2
Possible	1	10	23	14	
Unlikely	3	17	20	7	
Rare	6	8	3	1	
	Insignificant	Minor	Moderate	Major	Catastrophic

Major Project Issues Heat map

Primary	2	3	4	5	6
Issue Matrix					
Critical					
High			7	5	1
Moderate	2	2	9	3	
Low	1	3	3		
Planning	1	1			
	Insignificant	Minor	Moderate	Major	Catastrophic

Major Projects Critical Risks/Issues Report

Project Name	Risk/Issue	Title	Residual Rating	Description
Pharmacy Inventory Management System	Issue	Insufficient budget to expand scope to include Electronic Drug Register.	Extreme	Director General has rejected single select ECDR proposal given lack of available funds. CHS & CPHB have agreed (in-principle) to cover ongoing licensing and hosting fees, but without DSD implementation funds, ECDR progress is on hold. Options for other funding sources continue to be investigated.

3.2. Notifiable Diseases Management System Status Report



Notifiable Disease Management System

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient Centred
- Research, discovery and collaboration

Reporting Period:

13 March 2023 to 16 April 2023

Project Overview

The project has two objectives, the first is to replace the existing notifiable disease management systems/tools that are not fit-for-purpose through the implementation of a Commercial-Off-The-Shelf (COTS) solution. This will ensure Communicable Disease Control (CDC) section within Health Protection Service (HPS) branch has a system in place to efficiently manage any notifiable disease outbreaks. The second is to replace the ACTGAL Laboratory Information management System (LIMS) as a part of the ACTGAL modernisation project.

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 Delivery Team	
Project Manager	M Maddison Noble
Approver	CIO

Project Baseline			
Current Schedule	Baseline Schedule	Budget	Budget Variance
07/09/20	07/09/20	\$7,913,000.00	\$3,923,281.00
	Baseline Start Date	Approved Baseline Budget (CapEx)	CapEx Variance
19/09/23	04/07/22	\$3,119,296.00	\$3,085,685.50
	Baseline End Date	Approved Baseline Budget (OpEx)	OpEx Variance

Project Status Commentary

Project Status

The Project has delivered Phase 1 and 2 with the exception of reporting, including the nightly transmission to NNDSS. A new data model has been promoted to production by the Data Repository team which was a dependency for NNDSS implementation. A package has been provided to NNDSS to update their records with the new NDMS IDs and reporting has been brought up to date. Planning is underway for the automation of the nightly report via Rhapsody. The NDMS Project Board has been reinstated with the first meeting Scheduled for 20 April 2023. The terms of reference have been circulated for update by the members. The ACTGAL Procurement Plan was endorsed by the delegate, Victor Martin, and provided to Procurement ACT. The draft Statement of Requirements has been circulated to the ACTGAL Project Board for feedback. The Project is aiming to table the requirements at the Digital Committee in May 2023.

Benefits

Additional post go-live deliverables are required for the business unit to fully realise the benefits of NDMS including ongoing updates to HL7 results and automated reporting. A Quality and Benefits review was done with CDC to determine progress of benefits realisation and determine blockers. The general feedback was that the team would like to receive additional training in some components of the NDMS that will enable them to expand their use of the system, including Contact management and Outbreak Management. Benefits for Phase 3 ACTGAL LIMS replacement are yet established. 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.

Risks & Issues

Risk planning for the LIMS procurement has started with the Project team meeting with the procurement panel to review and complete the procurement plan. There are currently 4 open risks for the ACTGAL phase on the risk register. The most significant is in relation to the available budget and whether a solution can be procured and implemented with the available funding.

Quality

The Quality expectations and acceptance criteria have been documented in the PID for Phase 1 and 2. ACTGAL LIMS Quality measures are yet to be established however requirements analysis has commenced and will be documented in the PID.

Budget

Project is reporting within tolerance for budget. Additional work on post Go-Live enhancement for Phase 1 and 2 are being costed against the Project. ACTGAL LIMS is still in the planning stages and a budget baseline is yet to be established for this deliverable. A request to rollover \$3.2m was submitted for the 23/24FY. Approximately \$1.02m of the \$3.2m for 23/24FY is committed for the remaining annual contract costs for the NDMS vendor. The split of remaining funding has been agreed by Project Boards as \$1.2. for NDMS, as already committed to existing purchase orders, and \$2m for ACTGAL implementation.

Scope

Phase 2 Scope is almost fully delivered pending automation of NINDSS reporting. The NDMS Project Board has agreed to a set scope for delivery under its reinstatement which includes HL7 integration for Australian Clinical Labs (ACL), Replacing pipelines with Rhapsody integrations, delivery of a provider portal for electronic notifications by general practitioners. ACTGAL is progressing with the statement of requirements to accompany an approach to market. This will be required to establish the scope of Phase 3. A draft PID is being developed by the Project Manager.

Schedule

Schedule baselines are required for Phase 3 LIMS replacement which is currently entering into procurement planning. The project would like to progress to an approach to market prior to the end of the calendar year.

Key Project Milestones

Key Milestones Report - Notifiable Disease Managem

Health	Priority	Task Name	Start Date	End Date	Status	Jul	Q3 Aug	Sep	Q4 Oct	Nov	Dec	Jan	Q1 Feb	Mar	Q2 Apr	May	Jun	Jul	Q3 Aug	
●		NDMS Phase 2: 'Nightly Report' NINDSS Transmission Build	05/09/22	21/02/23	Complete															
		NDMS Phase 3: Kick-Off Meeting with Rhapsody NINDSS Automation	27/04/23	27/04/23	Complete															
		NDMS Phase 3: NINDSS Rhapsody Firewalls	02/05/23	08/05/23	Not started															
		NDMS Phase 3: ACL HL7	29/05/23	16/08/23	Not started															
		NDMS Phase 3: Rhapsody Pipelines			Not started															
		NDMS Phase 3: Provider Portal	01/05/23	19/09/23	In progress															
		NDMS Phase 3: Provider Portal Statement of Requirements	01/05/23	12/05/23	In progress															
		NDMS Phase 3: RFQ Provider Portal	15/05/23	26/05/23	In progress															
		NDMS Phase 3: Board Endorsed Provider Portal Option	05/06/23	12/06/23	Not started															
●		ACTGAL: Deliverable: Approved Project Initiation Documentation (PID)	20/02/23	01/05/23	In progress															
		ACTGAL: Conduct Stakeholder Engagement on DDTs Project Brief / NTT SOW	06/03/23	06/03/23	Not started															
●		ACTGAL: Draft Statement of Requirements (SOR) for Procurement	30/01/23	31/05/23	In progress															

Financial Performance

Whole of Life Budget & Expenditure

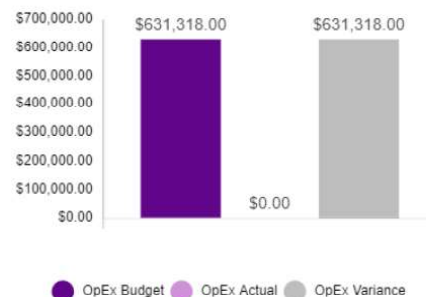
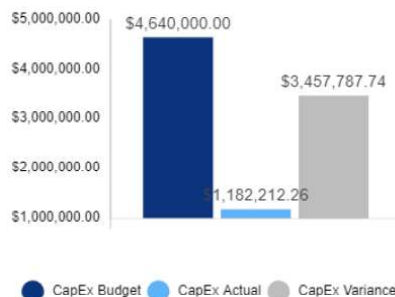
Current FY 2022/23

CapEx

Budget	\$7,913,000.00
Forecast	\$4,675,498.03
Actual	\$3,989,719.00
Variance	\$3,923,281.00

OpEx

Budget	\$3,119,296.00
Forecast	\$1,128,234.78
Actual	\$33,610.50
Variance	\$3,085,685.50



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			1		
Unlikely			1			Low					
Rare						Planning					
	Insignificant	Minor	Moderate	Major	Catastrophic		Insignificant	Minor	Moderate	Major	Catastrophic

Risks			
Title	Residual Rating	Treatment Strategy	Action to Be Taken
ACTGAL (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.			

Project Issues		
Title	Residual Rating	Action to Be Taken
Phase 2 Delays for delivery of NINDSS transmission due to replication and data quality issues.	Medium	Postpone Go-Live to accommodate resolution of replication and completion of Phase 2 deliverables

3.3. 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:

13 March to 9 April 2023

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.

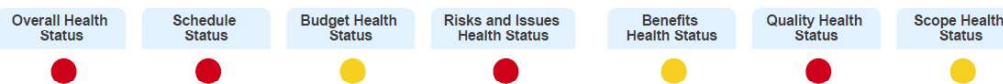
Trending



Project Governance

Project ID	PJ0013
Approval Stage	Initiate
Tier	Tier 2
Sponsor	Sandra Cook
Governing Committee	PIMS Project Board

Project Performance Indicators



Project Baseline

Project Delivery Team	Current Schedule	Baseline Schedule	Budget	Budget Variance
Project Manager: ● Sarah Carpenter	28/02/21	08/06/20	\$0.00	\$0.00
Approver: Sandra Cook	Start Date	Baseline Start Date	Approved Baseline Budget (CapEx)	CapEx Variance
	31/07/23	31/07/23	\$770,051.66	\$18,136.22
	End Date	Baseline End Date	Approved Baseline Budget (OpEx)	OpEx Variance

Project Status Commentary

Project Status

Project status remains at RED, noting Schedule; Risks and Issues; and Quality project criteria are rated RED. MerlinMAP is barely a minimum viable product (not delivered to full potential) and this has ongoing resource impacts on CHS and CPHB pharmacy departments. A further contract management meeting with Pharmhos was held on 23 March and an issues management meeting on 29 March with Pharmhos and both pharmacies. Pharmhos has confirmed a twice-yearly upgrade release (June and November) and a small number of issues will be addressed in the June release - but insufficient to make a real impact on functionality. At a meeting on 20 March, CHS and CPHB have both given in-principle agreement to pay for future hosting and licensing costs for the Electronic Controlled Drug Register (ECDR); but options for implementation funding from DSD are limited. This was the reason for the Director General rejecting the request (on 31 March) for a single select procurement approach for the ECDR, based on lack of available funds. DSD Executive continue to advocate for available funds; but unless funding is forthcoming, any progress on ECDR system purchase and implementation is on hold. For this reason, a planned PIMS Project Board meeting on 6 April was postponed.

Benefits

- Avoid duplication in effort in developing, testing and ongoing maintenance of integration between the PIMS and Epic DHR.
- Shared dispensing history across both CI IS and CPI ID 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 Project Board meeting scheduled for 6 April was postponed. MerlinMAP contract and issues meetings were held between Pharmhos/ DSD/ and both pharmacy services, but without funding for ECDR implementation, there was no further progress update to be reported to the the PIMS Project Board.

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. Future project costs will be drawn out of Opex (MSH cost centre 69815). The budget for 2022/23 FY is \$204,673, which is 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.
- There is insufficient budget to cover the implementation of the ECDR. If DSD pays for product implementation, CHS and CPHB have provided in-principle agreement to pay for ongoing licence and hosting costs. But the DG has rejected a single select procurement because of funding- there is currently no available funds and the ECDR component of the project remains on hold until budget can be sourced.

Risks & Issues

- The Merlin/MerlinMAP solution implemented across both health services is barely a minimum viable product and does not meet all business requirements for the pharmacy departments. This is especially true for CPHB given MerlinMAP lacks some report generation capability (e.g. cyclical stocktakes to ensure consistent inventory management). An audit by ACT Health Pharmaceutical Services has identified that a majority of monitored medicines dispensed on discharge or outpatients are not uploading from MerlinMAP into CanberraScript; some progress has been made by the vendor on this issue, but future CanberraScript audits will be necessary.
- There are no suitably skilled resources currently in the DSD Medication Systems Hub to enable centralising the data maintenance, which continues to be managed locally by both health services. A new system admin staff member started on 11 April within Medication Systems but they will need significant training to start to provide genuine support. A staff training plan for data management is being developed between Medication Systems and both pharmacy services.
- There is insufficient budget to cover Phase 2 (ECDR) implementation. A single select procurement proposal was rejected by the DG based on lack of available funds.

Scope

- The PIMS instance of Merlin/MerlinMAP is now live at both CHS and CPHB.
- A Project Exception Report has been approved by the CIO following recommendations from the Project Board to extend the project timeline to address outstanding MerlinMAP issues and expand the project scope to include an electronic controlled drug register as phase 2 of the project.

Quality

A quality management approach to be developed as a component of the planning phase has not occurred yet. The solution delivered in Phase 1 is barely 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). MerlinMAP will require additional development by the vendor to meet all business requirements which will likely require a series of upgrades. Contract management meetings with Pharmhos continue.

Key Project Milestones

Key Milestones Report - Pharmacy Inventory Managem

Task Name	Start Date	End Date	Status	Timeline																		
				Apr 16	Apr 23	Apr 30	May 7	May 14	May 21	May 28	Jun 4	Jun 11	Jun 18	Jun 25								
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																			

Financial Performance

Whole of Life Budget & Expenditure

OpEx	
Budget	\$770,051.66
Forecast	\$882,068.63
Actual	\$751,915.44
Variance	\$18,136.22

Current FY 2022/23



● 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
Insufficient budget to expand scope to include Electronic Drug Register.	Extreme	<p>7/04/23 - DG has rejected single select proposal for ECDR based on lack of available funds</p> <p>20/03/23 - Budget impact included in single select DG Minute</p> <p>20/2/23 - Investigating alternative options to source additional project funds</p> <p>8/1/23 - Sarah Carpenter appointed as project manager.</p> <p>15/11/22 - PIMS 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>19/09/22 - This has not been progressed</p> <p>15/08/22 - This has not progressed in the past month.</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 - Request for quote to be progressed, with shared funding arrangements between CHS, CPHB and DSD to be formalised following this.</p> <p>17/02/22 - Change request presented to the Board who endorsed in principle but queried the NTT hosting costs. To be submitted to the CIO for consideration. additional funding</p>
MerlinMAP Modules not fit for purpose	High	<p>7/04/23 - Contract and issues management meetings with vendor continue.</p> <p>20/03/23 - Contract management meetings with vendor established.</p> <p>20/2/23 - PIMS Project Board confirmed that functionality has not been addressed within project tolerance guidelines and project status should now be declared RED.</p> <p>21/12/22 - PIMS Project Board members reiterated that the MerlinMAP solution delivered in PIMS Phase 1 is a minimum viable product, noting that CPHB has the MerlinMAP solution only and some reporting functionality is only available via original Merlin (CHS has access to both solutions).</p> <p>11/12/22 - CPHB continues to express frustration that standard business reporting functions (e.g. capacity to generate cyclical stocktakes) is not available in MerlinMAP</p> <p>15/11/22 - Final release deployed prior to DHR go-live. Still many issues outstanding (over 185 logged). Sarah and Monica to review the issues log and prioritise for both health services, which then needs to be provided to Pharmhos to incorporate into their build schedule.</p> <p>19/09/22 - PIMS Board agree that critical issues would be included in final release deployed prior the DHR go-live. Build issues log has over 160 items currently logged.</p> <p>15/08/22 - Release 1.0.754 is in test, 3 fixes have failed testing. Options paper to address competing priorities between PIMS and DHR to be tabled to Board for discussion.</p> <p>18/07/22 - CPHB: Sarah to review and prioritise issues logs for CPHB this week to provide to vendor for inclusion in next release. Advice from vendor is they expect 2 more build prior to DHR go-live.</p> <p>CHS: Exception report to be tabled to project board this week, preferred option for CHS is to stay on Merlin.</p> <p>20/06/22 - v1.0.724 deployed to test on 3/6, Sarah Smith has been working with the vendor to ensure the product provides a minimum viable build for CPHB go-live, PM is tracking issues and future build list, awaiting confirmation from vendor on timeframe for this development.</p> <p>10/05/22 - Next version to be deployed to test WC 16/05/22. Vendor advises this will resolve all issues except for enhancement requesting "number of days dispensed".</p> <p>11/04/22 - MerlinMAP v1.0.709 deployed to test Friday 8/4/22, testing underway. This incorporates bug fixes from previous version.</p> <p>18/03/22 - Contingency planning - CHS may choose to implement Merlin; CPHB are determining critical requirements for minimum viable build.</p> <p>Testing required to reduce the likelihood of Merlinmap modules not fit for purpose.</p>
Electronic drugs register implementation	High	<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> <p>Change request to seek additional funding to include this in scope Escalate to appropriate CHS governance committee to put in place other mitigation strategies to address CHS controlled medicines management risks in time for Accreditation in March 2022.</p>
Canberra Script integration	High	<p>7/04/23 - 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>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>

3.4. Identity Governance Status Report



Identity Governance

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

• Health services enabled by contemporary technology

Reporting Period:

13 March 2023 to 16 April 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



Project Governance

Project ID	PJ0044
Approval Stage	Initiate
Tier	Tier 1
Sponsor	CIO

Project Performance Indicators

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

Project Delivery Team

Project Manager	Sonya Floyer
Approver	CIO

Project Baseline

Current Schedule	Schedule Baseline	Approved Budget	Budget - Actual
02/01/23 Actual Start Date	02/01/23 Baseline Start Date	\$1,000,000.00 Approved Baseline Budget (Capex)	\$993,485.00 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 establishment is well underway. DOTS has nominated a representative work on the procurement evaluation panel.

Schedule

Procurement ACT has been engaged and is working with DSD on the initial procurement documentation. The procurement will require review by the Government Procurement Board under its two pass process. The estimated time for completion of such a procurement is 33 weeks. Once the contract is signed after this process the implementation may commence. At this stage the aim is to commence implementation in the new year.

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.

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.

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. NB To date \$6,515 has been expensed against the capital budget for HR resources.

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 issues reported to date.

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

4. Digital Health Record (DHR)

4.1. Digital Health Record Program Report



Digital Health Record Program

Digital Solutions Division PROGRAM STATUS DASHBOARD

Digital Health Strategy Theme

- Patient-centred
- Health services enabled by contemporary technology
- Research, discovery and collaboration

Reporting Period: 13 March 2023 to 16 April 2023

Program Governance		Program Overview		Trending	
Program ID	PG0002	The Digital Health Record (DHR) Program delivered a single, contemporary, trusted, real-time, person-centred clinical record that can be accessed by all members of the treating team regardless of location.		Trending	
Approval Stage	Tranche 2 - Delivering the Capability			Declining	
Executive Sponsor	Rebecca Cross				
Governing Committee	DHR Program Board				

Clinical Owner/s		Program Performance Indicators						
David Peffer, Chief Executive Officer, Canberra Health Services		Overall Health Status	Schedule Status	Budget Health Status	Quality Health Status	Risks & Issues Health Status	Scope Health Status	Benefits Health Status
Ross Hawkins, ACT Regional CEO, Calvary Public Hospital Bruce		●	●	●	●	●	●	●

Program Delivery Team		Program Baseline			
Approver	Sandra Cook	Current Schedule	Baseline Schedule	Approved Budget	Budget Variance
EBM, Future Capability	Justine Spina	01/01/19	01/07/19	\$130,787,000.00	\$34,310,607.00
Technical Project	Timothy Panoho	Start Date	Baseline Start Date	CapEx Budget	CapEx Variance
Implementation Project	Philippa Kirkpatrick	31/03/23	30/12/22	\$75,394,562.00	\$49,398,710.00
BI & Data Project	Sean Winefield	End Date	Baseline End Date	OpEx Budget	OpEx Variance

Program Status Commentary

Program Status	Risks & Issues	Budget
<p>The program is reporting a red status. The DHR system was successfully implemented on Saturday 12 November 2022 at 5.30am; however, issues have been discovered in the production data available for external reporting such as National Submissions. The program board approved on 21 March for this project to progress towards closure and that will be overseen by the Digital Committee.</p> <p>The EY Implementation Quality Assurance review is currently being prepared and will be presented at the Digital Committee. The next and final review will be performed in April 2023 and will focus on the Benefits Realisation/ Post Implementation Review for the Program.</p>	<p>Risks - There are currently 35 open risks. There are 10 risks reporting a high rating:</p> <ul style="list-style-type: none"> #12 The Territory may have problems with national reporting and submissions during the transition period from existing systems to the Digital Health Record. #20 Data Quality in the DHR is poor - additional risks associated with the reporting database have been added to this risk #22 The Clinical Record does not provide ready access to information #29 Clinical Engagement #38 Slow decision making #46 DHR team unable to deliver tasks in alignment to schedule #47 Cyber Attack #49, #50 & #51 Technical Architecture risks. <p>Issues - there are 6 high issues still open the top one being: Business Intelligence requirements for National Submissions and Operational Reporting.</p> <p>Difficulty in accessing DHR in Dental Vans.</p> <p>Issues related to ordering practices for inpatient vs outpatient status.</p> <p>All issues and risks will be transferred to the Divisional risk register and report through to Digital Committee as this program is closed.</p>	<p>The figures in this report are to January 2023. The below figures are predicated on the assumptions of offsets being achieved and it is clear that these are at high risk. The total budget for the DHR Program is now \$328.803 Million over 8 years with the addition of funds to ACT Health Directorate from the Supplementary Business Case. This comprises of \$114.932 Million Treasury Capital, \$64.273 Million Treasury Operational and \$122.622 Million in Offsets. A Supplementary Business Case has been approved in the 2022/23 Treasury Budget Cycle totalling \$50.828 Million (\$26.070 Million Capital and \$24.758 Million Operational). There is \$20.348 Million allocated to the ACT Health Directorate and these figures have been added to the Program Budget (\$15.855 Million Capital and \$4.493 Million Operational budget). The Actual figures to January 2023 are as follows - Capital \$97.288 Million (Budget \$98.226 Million) Opex \$26.623 Million (Budget \$26.247 Million). There is \$33.499 Million Capital remaining and \$48.771 Million Opex remaining. At the end of January 2023, the total forecast under-expenditure for Capital over the 8 years is \$10.020 Million and a forecast underspend of Operational expenditure of \$35.769 Million. This is without recouping the \$7.515 Million reallocation to the notifiable disease management system. The forecast underspend for the whole of life DHR Program at present is \$19.790 Million over the 8 years with including the BAU expenditure.</p> <p>Therefore, the budget will be reporting Green but noting there are some risks with the first few years of system and staffing offsets proposed, so this underspend is likely to be utilised to combat this in the first 2 years post Go-Live.</p>
<p>Quality</p> <p>The final Quality and Assurance Strategy and Plan was approved by the Program Board on 18 May 2021.</p> <p>EY has been selected as the company to provide external assurance activities outlined in the Quality & Assurance Strategy and Plan. Recommendations arising from the previous assurance review reports are being tracked and added to the Program Board papers monthly. The next review is the Benefits Realisation/ Post Implementation Review which is currently being undertaken by EY and will be presented to the Digital Committee in late May 2023.</p>	<p>Benefits</p> <p>Abt Associates (in partnership with bdna) were the successful external consultancy to perform the Benefits Realisation Plan for the DHR.</p> <p>The overarching headline Benefits Management Plan was approved by the DHR Program Board 8 April 2022 and will now be managed in the DHR Program Office to gather the baseline data prior to Go-Live of the Epic DHR solution and will work on cadence of gathering data post Go-Live. There are 23 baseline data metrics related to the 14 headline benefits identified. The metrics were approved by the DHR Program Board in October 2022 and baseline data will be provided in March 2023. The BI & Data team are working to deliver this data in the timeframes set and have collated baseline data for the last 3 years where available.</p>	<p>Scope</p> <p>The scope of the program was delivered with work to deliver the scope of the BI deliverables for national submissions ongoing and Haiku the last item to be delivered within the next month.</p>
<p>Schedule</p> <p>The DHR Program went live on 12 November 2022 and is on now track for closure.</p>		

Project Summary Dashboard

DHR Technical Project

RAG ● % Complete **96%**
Trending ▬

The project status is amber as the solution is in production and operating but there are still some technical issues in the integration space being completed. The focus of the technical project is on the transition of interfaces from the AETHER integration engine to Rhapsody which is close to completion.

DHR Implementation Project

RAG ● % Complete **99%**
Trending ▬

The Digital Health Record (DHR) Implementation Project is reporting an overall green status and is improving.

The application workstreams are now managing the tickets logged across the health services to stabilise the system prior to optimisation requests being continuously reviewed and prioritised. The application teams are also about to upgrade to the February 2023 version in May 2023.

DHR Business Intelligence & Data Project

RAG ● % Complete **77%**
Trending ▾

This project is reporting red due to the issues with external reporting for required reports such as National Submissions. There are daily meetings with subworking groups in Admitted Patient Care (APC), ED, Elective Surgery Waitlists (ESWL), Mental Health and Non-Admitted Patient Care. The request to extend the BI and Data project was not agreed at the January 2023 Board and the project will prepare closure documentation detailing what was delivered for Go-Live and what is still outstanding work and will manage this outstanding work as Business As Usual (BAU). Scope for reporting for Go-Live has been delivered but issues are being managed in ED data and other elements of National Reporting. The National Submission data is being carefully analysed now prior to the first submission that will contain Epic and legacy system data combined.

Key Program Activities

Key Program Activities

At Risk	Task Name	Start Date	End Date	Status	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
<input type="checkbox"/>	Program authorised to commence	08/02/21	08/02/21	Complete																	Program au
<input type="checkbox"/>	Contract with vendor signed	01/01/19	01/01/19	Complete																	
<input type="checkbox"/>	Completion of staffing and program team training	30/06/21	30/06/21	Complete																	
<input type="checkbox"/>	Completion of detailed program planning	30/06/21	30/06/21	Complete																	
<input type="checkbox"/>	Completion of system configuration base build	31/12/21	31/01/22	Complete																	
<input type="checkbox"/>	Completion of testing and content build	30/06/22	29/07/22	Complete																	
<input type="checkbox"/>	Completion of end user training	29/08/22	04/11/22	Complete																	
<input type="checkbox"/>	120 day Go-Live Readiness Assessment (GLRA)	07/07/22	07/07/22	Complete																	
<input type="checkbox"/>	90 day Go-Live Readiness Assessment (GLRA)	10/08/22	10/08/22	Complete																	
<input type="checkbox"/>	60 day Go-Live Readiness Assessment (GLRA)	12/09/22	12/09/22	Complete																	
<input type="checkbox"/>	30 day Go-Live Readiness Assessment (GLRA)	11/10/22	11/10/22	Complete																	
<input type="checkbox"/>	Execute Cutover	04/11/22	11/11/22	Complete																	
<input type="checkbox"/>	Go live	12/11/22	12/11/22	Complete																	

Financial Performance

Whole of Life Budget & Expenditure

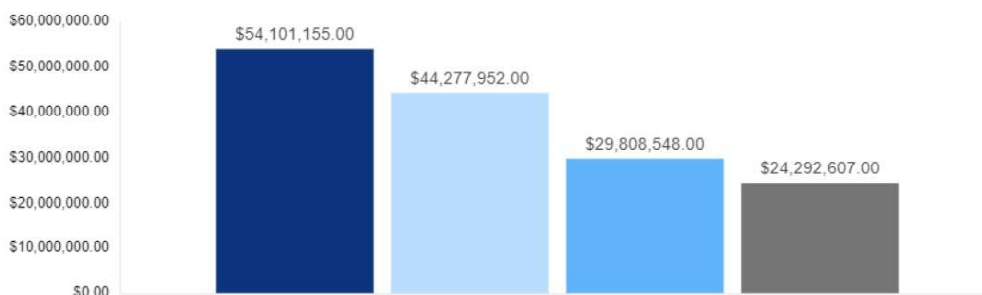
Current FY 2022/23

CapEx

Budget \$130,787,000.00
Actual \$96,476,393.00
Variance \$34,310,607.00

OpEx

Budget \$75,394,562.00
Actual \$25,995,852.00
Variance \$49,398,710.00



Program 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				2	2	High					
Possible				2	3	Moderate			6		
Unlikely						Low					
Rare						Planning					
	Insignificant	Minor	Moderate	Major	Catastrophic		Insignificant	Minor	Moderate	Major	Catastrophic

Program Risks		
Title	Residual Rating	Description
Data quality in the Digital Health Record is poor	High	"Insufficient focus on the design of the data dictionary and structures. Data entry by end-users may not enter quality data into the fields. "
Lack of or insufficient clinical engagement in the development and implementation of the DHR	High	The Program may be delayed, or may not deliver a high quality outcome.
Schedule delays due to slower than required decision-making or revisiting decisions already made	High	The project will require a devolved decision-making framework to ensure decisions are made in a timely manner. If this does not occur due to stakeholder unavailability or inability to reach a decision, this will delay the project. Scope creep/changes
The team are unable to complete all tasks in accordance with the schedule.	High	Causes of task non-completion may include: - The scope of work is larger than originally anticipated and there are issues that arise that take longer to troubleshoot delaying delivery of tasks - Delays to decision-making - team member's performance is not as expected - delays due to external pressures such as COVID-19 - delays to dependencies including conversions, interfaces and user provisioning Task effort not estimated correctly Recruitment and onboarding of staff Unplanned leave Unidentified scope
Cyber attack penetrates the DHR system	High	Hacking of the system or through mismanagement of the data. Critical systems fail to have geographic redundancy and availability.
Technical Architecture Documentation may be siloed and not sight clinical workflow requirements required to ensure a seamless clinical end user experience	High	Lack of architecture documentation and end user journey maps due to a lack of resourcing in the technical team
The DHR solution does not work in an efficient and effective way for end users at the time of Go-Live	High	Medical Grade End User Devices are not available in time for Go-Live, there are not enough devices for the workflow or the wrong devices are procured for areas making the workflow slower than anticipated.

Program Issues		
Description	Residual Rating	Action to Be Taken
There have been issues with Pathology results being sent to the appropriate referring clinicians. This is for a number of reasons; provider data is poor, the AETHER integration engine failed to send the message, data entry did not add the right doctor to the record. There has been significant work to improve this and there is a daily process in place to check results have been sent. This issue will remain open until the work to switch the interface from AETHER to Rhapsody is complete.	Medium	
When results are sent to GPs there is an issue with some types of test results formatting poorly. This is due to the interface not marrying up with the GP Practice Management Software (PMS) systems. There are around 7 PMS systems used in Canberra with 3 of them being used by 90% of the GP community. Epic are working on a change to send a PDF report to reduce this issue in the interim whilst the team work on changing the atomic data in the longer term.	Medium	
National Submissions data had started to be validated and there were errors noted in the data. The BI and Data team are now going through each operational database data field and ensuring it is mapped appropriately to the Epic SQL reporting tables appropriately. There is also work to identify why the data is not as expected. Reasons could include - the field is not mandatory and therefore not being captured, the order of the data capture is wrong and therefore the workflow needs to change, the fields do not contain the right selections, the mapping from the operational database to the reporting database may not be right. Each data element is being investigated to ensure the data is accurate before being reported. This was a risk that was reported throughout the program and has been realised. It was only able to be fully understood when production data was available.	Medium	
There have been issues with referrals not going to the right clinician due to the HealthLink Service tree not going down to the sub-specialty level. This results in clinicians having to redirect the referral in the Epic system manually which can be time consuming and can delay the referral getting to the right person. There are iterative changes being made to the Healthlink service tree (and these are likely to be needed fortnightly ongoing to adjust the changes in the health service staff and services provided). This will be tracked for the first few iterations to ensure that these changes have improved the experience.	Medium	
Issues have been raised with the Ania to Epic interface and the management of oncology protocols with the Slade Pharmacy arrangement for the provision of oncology drugs. Slade do not have access to the real-time information they need to be able to prep the Oncology protocols appropriately, so investigations are occurring to provide them access to patient charts through DHR	Medium	
An ongoing governance structure has yet to be agreed but needs to be prior to the DHR Program closure on 24 March 2023 to ensure that decisions and changes to the system are agreed by health services. The Support Model working group has regular meetings for the next 4 weeks to finalise this governance.	Medium	

4.2. Digital Health Record Implementation Report



Digital Health Record Implementation Project

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient-centred
- Health services enabled by contemporary technology
- Research, discovery and collaboration

Reporting Period:

13 March 2023 to 16 April 2023

Project Overview

The Digital Health Record Implementation Project will deliver the configuration, testing, implementation, and training of all end users of the Digital Health Record.

Trending

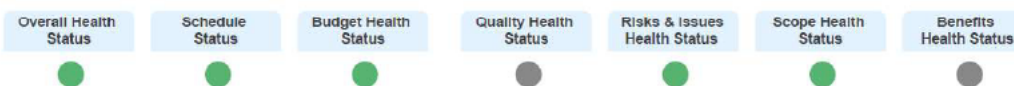


Stable

Project Governance

Project ID	PJ0005
P3M ID	PROJ10112
Approval Stage	Deliver
Tier	Tier 1
Sponsor	Rebecca Cross
Governing Committee	DHR Program Board

Project Performance Indicators



Project Delivery Team

Project Manager	Philippa Kirkpatrick
Approver	Sandra Cook

Current Schedule

02/08/21
Actual Start Date
30/12/22
Actual End Date

Baseline Schedule

02/08/21
Baseline Start Date
30/12/22
Baseline End Date

Approved Budget

\$74,598,945.00
Baseline (Capex)
\$32,613,453.00
Baseline (Opex)

Budget Variance

\$15,401,181.00
Variance (Capex)
\$25,301,191.00
Variance (Opex)

Project Status Commentary

Project Status

The Digital Health Record (DHR) Implementation Project is reporting an overall green status.

The system is live and all planned areas are now using the DHR. At the program board meeting held on 21 March 2023 approval was given for this project to close as the work moves into Business as Usual support. Closure documentation will be completed and presented to the next Digital Committee.

Scope

The DHR went live with all modules planned, Haiku app is planned for a go live within the next month with a pilot commencing within the week.

Risks & Issues

Many risks were closed out with the implementation of the project as they related to achieving go-live on schedule, budget and with staff trained. There remains one high risk, about attracting and retaining the right staff. Recruitment for the business-as-usual team is completed. However, there remains a risk of turnover as some team members are returning to their previous roles or taking new positions which will leave the project without all resources for 1-2 months.

All risks will be closed and transferred to the Divisional risk register that will be overseen by the Digital Committee.

Schedule

The team are focusing on the upgrade and are currently testing the build that will be released on 23 May.

Budget

The capital forecast is in surplus of \$5.2 million and the operational forecast is \$15.3 million under budget. However, this is the project budget which includes funding to support the BAU team as well as the pathology system. Neither of these expenses are included in the project budget and therefore, this amount is deceptive.

Quality

Quality and assurance activities are being managed at the program level and is reported in the program status report.

Benefits

The project benefits are being managed at the program level and is reported in the program status report.

Key Project Activities

Key Project Activities - Implementation

Task Name	Status	At Risk	Start Date	End Date	Q3		Q4		Jan	Feb
					Jul	Aug	Sep	Oct		
Super user training complete	Complete	<input type="checkbox"/>	29/08/22	09/09/22						
Workflow dress rehearsal complete	Complete	<input type="checkbox"/>	01/10/22	04/11/22						
End user training complete	Complete	<input type="checkbox"/>	13/09/22	04/11/22						
Abstraction undertaken	Complete	<input type="checkbox"/>	03/10/22	14/11/22						
Blood bank system ready for implementation	Complete	<input type="checkbox"/>	01/11/22	11/11/22						
PAS conversion production loads complete	Complete	<input type="checkbox"/>	29/10/22	11/11/22						
Cutover of inpatients complete	Complete	<input type="checkbox"/>	07/11/22	11/11/22						
60 Day Go-Live Readiness Assessment (GLRA)	Complete	<input type="checkbox"/>	15/09/22	15/09/22						
30 day Go-Live Readiness Assessment (GLRA)	Complete	<input type="checkbox"/>	13/10/22	13/10/22						
First live production use of the DHR	Complete	<input type="checkbox"/>	12/11/22	12/11/22						
Hypercare period complete	Complete	<input type="checkbox"/>	25/11/22	25/11/22						

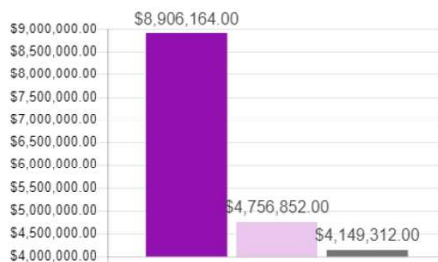
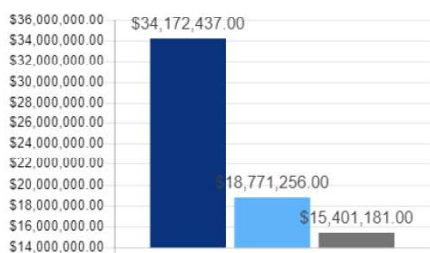
Financial Performance

Whole of Life Budget & Expenditure

Current FY 2022/23

CapEx	
Budget	\$74,598,945.00
Actuals	\$59,197,764.00
Variance	\$15,401,181.00

OpEx	
Budget	\$32,613,453.00
Actuals	\$7,312,262.00
Variance	\$25,301,191.00



● CapEx Budget FY
 ● CapEx Actual FY
 ● Variance CapEx
 ● OpEx Budget FY
 ● OpEx Actual FY
 ● Variance OpEx

Project Risks & Issues Profile

Risk Matrix (Post Treatment)

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

Issue Matrix

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

Project Risks

ID#	Title	Source	Residual Rating	Existing Risk Controls
DHRIMP52	Health services policies or procedures may not align with the configuration of the DHR.	Changes in workflows need to be reflected in changes in policy. The health services may not be resourced to undertake all required policy updates.	High	Health services leads are planning this work. A register of known policy changes has been developed.

Project Issues

ID#	Title	Description	Residual Rating	Action to Be Taken
DHRIMP-123	Dependent projects	User provisioning is a deliverable of the technical project and is delayed. If users are not available in the system, the implementation team cannot progress testing as per the schedule. Also, if all providers are not added, this will create problems for letter addressing etc	High	Hakan Gultekin and Tim Panoho are leading this activity. Collection and analysis of data is progressing. Weekly reports on progress are provided to the Board. 16/3/2022 This is improving. It is now progressing and an initial upload of providers underway. 26/5/2022 Sonya Floyer has been engaged to support this work. 1/8/2022 Sonya to implement app to collect this data. 15/10/22 Data is being collected via a webform. However updated provider information will not be uploaded until late October. 9/12/2022 Work continues on the clean up of providers in the system. The greatest impact is now with external providers, including providers with records associated with inactive provider numbers. This is resulting in users selecting an inactive provider and results not being received.
DHRIMP-124	People	Some staff have reported burnout or stress at rates that are not healthy.	High	This is a limited number of staff but has resulted in turnover. Managers are monitoring any staff where this has been reported, and for those that have remained with the team, there have been improvements. However, with high workloads and schedule delays, this issue may remain. Therapy dogs were organised. All staff were encouraged to take at least two weeks off over the Christmas period. 16/3/2022 Last week was meeting free week which was well received. Another time period when we will encourage leave is being identified (possibly last two weeks of July - one week per team member at their own choice) 26/5/2022 Additional boost request going in to support the team over go-live. 1/8/2022 Retention of some Boost over go-live has been approved. There is still some turnover in the team with two team members resigning in the past few weeks. Action is for ongoing monitoring by managers and escalation as required. 15/10/22 This continues and around 5 staff have left recently. Managers continue to support their teams and assist with prioritisation. The team is focussed on go-live critical activities. 9/12/2022 This continues although is reducing for some teams since go-live. Other teams with large ticket numbers are still feeling stress.
DHRIMP-192	Workflow	CPF integration has critical defects	High	15/10/22 Monitor resolution of critical defects. CIO escalating with Infomedix frequently. 9/12/22 The DHR went live with CPF integration. Ongoing issues are reported with the ability to open document level links.
DHRIMP-197	Workflow	Difficulties with referral management	High	9/12/2022 Both education, engagement and configuration corrections are underway.
DHRIMP-198	Workflow	Pathology results not all being received by GPs	High	9/12/2022 Investigations are underway. Planning also underway to retrigger results.

4.3. Digital Health Record Business Intelligence and Data Project Report



Digital Health Record Business Intelligence and Data Project

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient-centred
- Health services enabled by contemporary technology
- Research, discovery and collaboration

Reporting Period:

13 March 2023 to 16 April 2023

Project Overview

The DHR Business Intelligence and Data project brings together existing resources from across the health system business intelligence teams and engages expertise to deliver the technical and enabling capabilities, with the existing DHR project resources under a single project structure to ensure successful delivery of data and reporting capabilities.

Trending

Declining

Project Governance

Project ID	PJ0007
Approval Stage	Close
Tier	Tier 1
Sponsor	Rebecca Cross
Governing Committee	DHR Program Board

Project Performance Indicators



Project Baseline

Project Delivery Team

Project Manager	Sean Winefield
Approver	Sandra Cook

Current Schedule	Baseline Schedule	Baseline Budget	Budget Variance
01/03/22	01/03/22	\$1,496,215.00	\$1,172,769.00
Actual Start Date	Baseline Start Date	Capex	Capex
23/04/23	23/04/23	\$1,161,948.00	-\$152,134.00
Actual End Date	Baseline End Date	Opex	Opex

Project Status Commentary

Project Status

The DHR Program Board approved the project progress to the Closure phase on 21 March 2023. The Project is currently finalising Closure activities.
The remaining deliverables which will be addressed as part of Business As Usual activity include:
• Data Structures for regulatory submissions finalised with the submissions data due August 2023
• Core Data structures for reporting which includes Power BI executive reports
• BI materials rework. The team are working to identify the variance between between expected and actual production data delivered.

Schedule

- Complex transformations required to extract core activity data is placing all delivery dates at risk
- Test build of national submission elements is complete. Testing is finalised for elements that have been mapped.
- Review and validation of methodologies target completion Feb 2023
- Validation of all reports in Epic – Jan 2023 will not be complete
- Tables to support National Submissions - February 2023

Risks & Issues

- Production data does not match anticipated outputs for reporting due to lack of documentation of workflows
- Roles and responsibilities are not defined across the three Health agencies and this is impacting the ability to improve governance processes
- Unplanned complex transformations required to extract core activity data to meet nation reporting requirements placing submissions at risk.

Scope

Scoping ongoing deliverables

Quality

Quality and assurance is being managed at the program level and is reported in the program status report.

Benefits

Benefits are being managed at the program level and is reported in the program status report.

Budget

Budget is being management at the program level. Figures for this report are as at end October 2022 as the new financial resource is due to start next week. The new project team is focused bringing the project out of critical and will refine the budget expenditure over the coming weeks to provide more detailed information by next month's status report.

Key Project Milestones

Key Milestones Report - Digital Health Record Busi

At Risk	Health	Task Name	Start Date	Status	Q3 Feb	Mar	Apr	Q4 May	Jun	Jul	Q1 Aug	Sep	Oct	Q2 Nov	Dec	Q3 Jan	Feb	Mar	Apr	May
<input type="checkbox"/>		BI Project Plan (initial version)	30/03/22	Complete																
<input type="checkbox"/>		Core data structures for Regulatory Submissions completed	01/01/22	In progress																
<input type="checkbox"/>		Finalise data element mapping	01/01/22	In progress																
<input type="checkbox"/>		Finalise data structures for testing	01/04/22	Not started																
<input type="checkbox"/>		Requirements and design refined for final submission structures	01/07/22	Not started																
<input type="checkbox"/>		Revise final submission structures	31/01/23	Not started																
<input type="checkbox"/>		Custom metric scope defined	01/01/22	Complete																
<input type="checkbox"/>		Methodology endorsed	01/01/22	Complete																
<input type="checkbox"/>		Metrics built in Epic for Go Live Reports/Dashboards	01/01/22	Complete																
<input type="checkbox"/>		Complete data element mapping	01/01/22	Complete																

Financial Performance

Whole of Life Budget & Expenditure

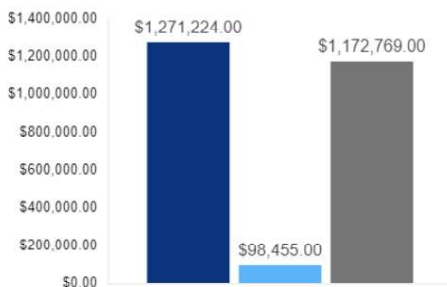
Current FY 2022/23

CapEx

Budget	\$1,496,215.00
Actual	\$323,446.00
Variance	\$1,172,769.00

OpEx

Budget	\$1,161,948.00
Actual	\$1,314,082.00
Variance	-\$152,134.00



● CapEx Budget
 ● CapEx Actual
 ● CapEx Variance
 ● OpEx Budget
 ● OpEx Actual
 ● OpEx Variance

Project Risks & Issues Profile

Risk Matrix (Post Treatment)

Primary	2	3	4	5	6
Risk Matrix					
Almost Certain				3	
Likely				4	1
Possible		1			9
Unlikely			6	2	1
Rare					
	Insignificant	Minor	Moderate	Major	Catastrophic

Issue Matrix

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

Risks

Title	Residual Rating	Action to Be Taken
National Reporting	High	Testing of data elements required for submissions. Close collaboration and communication with submission team. There are well-established processes for resubmission of data.
Critical Data Elements	High	We are working with app team and executives on mitigations, which include addressing through training Meetings will be scheduled week starting 5 September to discuss mitigation.
Limited Resources	High	Keep app workstream managers in the loop Escalate to senior management and executives as required
Lack of organisational readiness for such a significant change.	High	Treatments include the health services recruiting additional staff to support the change management Robust end user training Data governance/literacy
Clients receive the wrong reports and use them incorrectly.	High	Efforts underway to identify users, job roles to ensure they are assigned to the appropriate user group and tiers Recruitment of additional staff to support change management Robust end user training Data governance/literacy
The Territory may have problems with national reporting and submissions during the transition period from existing systems to the Digital Health Record	High	Map data fields from the DHR into the ACT data repository. There are well-established processes for resubmission of data. Sending brief to Minister and letter to DG and funding bodies about potential impact to submission timeline.
Inability to meet national submission requirements.	High	Testing of data elements required for submission Close collaboration and communication with submission team There are well established processes for re-submission of data
Loss of historical data - Audit data in chronicles is truncated regularly and if Clarity ETLs miss data it may be impossible to retrieve.	High	Regularly review all the specifications. Keep abreast of any new reporting requirements and/or standards Identify all relevant stakeholders for the BID project Extensive consultation regarding deliverable required by stakeholders Regular meetings with all stakeholders POTENTIAL: increase log audit retention in Chronicles, however, will affect cost and performance
Data migration is incomplete - Data is notified for migration prior to Go-Live	High	DHR Data conversion team is assessing the Legacy Systems migration strategy DHR and Epic are developing a Data Conversions Strategy (Project Charter) for the migration of key data elements into the DHR (data seeding) ration strategy DHR and DSD keep contracts for legacy systems in a reduced state to ensure that data can be converted in a reasonable timeframe Testing process is planned and coordinated with key stakeholders
Data is lost, corrupted or mapped incorrectly through migration progress	High	Legacy data is currently being migrated from decommissioning systems. This data is landed in the new Data Health Enclave (PAUCLDRSQL207) server. Validation of data is dependent on the availability of an SME in the particular system area.
Accidental release of confidential data -	High	Training in data governance and best practices Build secure data handling network zones
Software as implemented does not meet our mandatory reporting needs	High	Working with vendor to identify mandatory reporting concepts to ensure inclusion prior to Go-Live
Data Access & Security	High	Draft key procedures required for Go-Live and training Communicating dependencies and timelines to DAB for required policies Clear approval process
Waiting Times for ACT Consumer App	High	Work with Epic on what solutions will meet requirements Escalate decision if required before the next GLRA
Lack of dedicated resourcing	High	
Strategy for reporting historical data	High	Currently assessing certain systems which will require reporting user interfaces. Systems like CHARM have been identified to require reporting for research, patient workflows, etc. That will require extraction from the data warehouse.
Difficulty accessing historical data	High	a) Monitoring progress of the data migration into the data repository. b) Training staff in the data repository team early so that their work aligns with the future state after implementation of the Digital Health Record. c) Monitor the implementation of document level context switching in CPF. d) DHR Data conversion team and IDM team are assessing the Legacy Systems migration strategy with the intent that legacy system information will be migrated to either Clinical Patient Folder and/or the Data Repository and be the source for historic information. e) DHR and Epic have developed a Data Conversions Strategy (Project Charter) for the migration of key data elements into the DHR (data seeding) and have this approved by the program governance. f) DHR and DSD keep contracts for legacy systems in a reduced state to ensure that data can be converted in a reasonable timeframe g) DHR conversions team have developed business requirements for each system that will be converted upfront with the vendor agreed components h) Developing a proof of concept for a legacy data viewer for data that is unable to migrate to Epic"
Loss of Legacy system metadata	High	Currently being assessed at a system by system basis. Some systems already have metadata available in their logs which have been extracted from the SQL database. Some documentation are already have been stored in Confluence and Objective. These are being documented at there System Handover Document to DSS.

Project Issues		
Title	Residual Rating	Action to Be Taken
Recruitment and onboarding staff	High	Making sure recruitment paperwork is submitted in a timely manner Training is available and staff supported Training materials and documentation developed, including induction
Difficulty accessing historical data	High	DHR Data conversion team and IDM team are assessing the Legacy Systems migration strategy with the intent that legacy system information will be migrated to either Clinical Patient Folder and/or the Data Repository and be the source for historic information. DHR and Epic have developed a Data Conversions Strategy (Project Charter) for the migration of key data elements into the DHR (data seeding) and have this approved by the program governance. DHR and DSD keep contracts for legacy systems in a reduced state to ensure that data can be converted in a reasonable timeframe DHR conversions team have developed business requirements for each system that will be converted upfront with the vendor agreed components Developing a proof of concept for a legacy data viewer for data that is unable to migrate to Epic

4.4. Digital Health Record Business Technical Project



Digital Health Record Technical Project

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient centred
- Health services enabled by contemporary technology
- Research, discovery and collaboration

Reporting Period:

13 March 2023 to 16 April 2023

Project Overview

The Project will deliver technology components to support the migration of ACT Health systems, DHR and Related Systems environments, interfaces, end user devices, medical devices, and foundational technology solutions.

Trending



Project Governance	
Project ID	PJ0006
Approval Stage	Close
Tier	Tier 1
Sponsor	Rebecca Cross
Governing Committee	DHR Program Board

Project Performance Indicators						
Overall Health Status	Schedule Status	Budget Health Status	Risks & Issues Health Status	Benefits Health Status	Quality Health Status	Scope Health Status
●	●	●	●	●	●	●

Project Delivery Team	
Project Manager	Tim Panoho
Approver	Sandra Cook

Project Baseline			
Current Schedule	Baseline Schedule	Approved Budget	Budget Variance
11/05/21	01/08/21	\$18,715,578.00	\$5,089,097.00
Actual Start Date	Baseline Start Date	Baseline (Capex)	Capex
07/03/23	30/12/22	\$17,697,823.00	\$12,337,013.00
Actual End Date	Baseline End Date	Baseline (Opex)	Opex

Project Status Commentary

Project Status

The project is currently finalising closure activities, with the DHR Program board approving its progress to closure phase on 21 March 2023. There is significant focus to complete the following activities as part of the transition to BAU:

- The team are working on the cutover from the AETHER platform to Rhapsody for completion by May 2023.
- The team have been working to plan for the first special upgrade for the DHR which will be implemented on 29 May 2023.
- Pre-work has commenced to transition to Hyperdrive and will continue until June 2023 after which the team will prepare a plan for the timeframe for the roll out of this function.
- There is a large amount of work being completed to build the servers and migrate a number of outstanding systems to the Health Enclave.

Schedule

The DHR went live according to schedule. The hypercare period is now finished and the team are focussed on migrating urgent systems and will move to a focus on transition to BAU arrangements in March 2023.

Scope

The scope of the technical team was to deliver all the infrastructure and application components for running the Epic application. This was delivered with processes now in place to support patching and special updates for ongoing future scheduled outages. The team delivered end user devices to all areas for CHS and Calvary and there is ongoing changes and improvements that will continue on through BA. The EUD team are now transitioning into DSS support. Medical devices are also continuing to support the biomedical services to ensure that there is ongoing monitoring and management of medical devices that have been delivered to BAU. The Security and User Provisioning team are managing the queues for support and maintaining end user access. There will be a project next year to improve the end to end provisioning of users to align with the CHS and Calvary onboarding projects. Interfaces are continuing with integration support with an outstanding action to migrate interfaces from the AETHER platform due to the lack of sufficient monitoring functionality.

Budget

The technical project has had some movement from the Operational budget to the Capital budget to adjust overspend in the Capital budget for this year. The project is now tracking against the rebased budget.

Risks & Issues

Please refer to the risks and issues summary report below.

Benefits

Benefits are being managed at the program level and is reported in the DHR Program status report.

Quality

A Quality and Assurance plan are being managed at the program level and is reported in the DHR Program status report.

Key Project Activities

Key Project Activities - Technical

Health	Task Name	Start Date	End Date	Status	Milestones	Jul					Aug			
						Jul 3	Jul 10	Jul 17	Jul 24	Jul 31	Aug 7	Aug 14	Aug 21	Aug 28
	Interfaces: PRD DHR Integrated related systems connected	31/08/22	31/08/22	Complete	★									
	September 2022 Upgrade	29/08/22	05/09/22	Complete	★									
	Imprivata PRD Completed	29/08/22	29/08/22	Complete	★									
	External Access Available: Public facing	12/08/22	12/08/22	Complete	★									
	Security Assurance: Pentest completed	26/08/22	26/08/22	Complete	★									
	PHI: First Patient Load into PRD	09/09/22	09/09/22	Complete	★									
	PHI: Kestral Data Load	12/09/22	12/09/22	Complete	★									
	Environment: Rhapsody PRD Environment ready	12/09/22	12/09/22	Complete	★									
	Active Directory Synch in place	20/08/22	20/08/22	Complete	★									
	PRD Downstream Systems Ready	25/07/22	30/09/22	Complete	★									
	Medical Devices: All systems live in PRD.	14/10/22	14/10/22	Complete	★									
	Business Continuity Tested	0 days	07/09/22	Complete	★									
	Login Testing (Labs) Start PRD	14/10/22	14/10/22	Complete	★									
	Abstraction (FULL)	14/10/22	14/10/22	Complete	★									
	PAS: Appointment / Scheduling Tasks	14/10/22	14/10/22	Complete	★									
	Technical Dress Rehearsal	01/08/22	30/11/22	Complete	★									
	Milestone: Production Environment Completed	29/08/22	29/08/22	Complete	★									
	Go Live	12/11/22	12/11/22	Complete	★									
	Post production support	07/11/22	23/12/22	In progress	★									

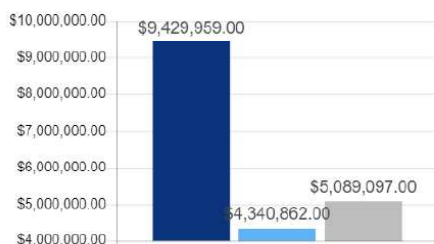
Financial Performance

Whole of Life Budget & Expenditure

Current FY 2022/23

CapEx

Budget	\$18,715,578.00
Actuals	\$13,626,481.00
Variance	\$5,089,097.00



OpEx

Budget	\$17,697,823.00
Actuals	\$5,360,810.00
Variance	\$12,337,013.00



● CapEx Budget FY ● CapEx Actual FY ● Variance CapEx

● OpEx Budget FY ● OpEx Actual FY ● Variance OpEx

Project Risks & Issues Profile

Risk Matrix (Post Treatment)

Primary	2	3	4	5	6
Risk Matrix					
Almost Certain					
Likely			2		
Possible				7	
Unlikely					
Rare	1				
	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	Description	Residual Rating	Action to Be Taken

Project Issues

Title	Description	Residual Rating	Action to Be Taken

5. Cyber Security

5.1. 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 statistics in the cyber security section are supplied by DDTS quarterly therefore there is no new data available to update this month's DSD performance report.

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

5.2. Operational Security Updates

5.2.1. Essential 8 maturity level

ACT Health has undertaken considerable work to establish the Health Enclave, which has enabled us to meet all the Essential 8 elements for hosting. The current maturity levels vary between level zero and three, however, ACT Health is on target to achieve a minimum of maturity level two across all the Essential 8 elements for hosting by mid 2023.

At a Whole of Government level, DDTS have a plan to reach maturity level one (the base level) over the coming years. Until DDTS reach a similar level of maturity in this space to that in the Health Enclave, this will continue to pose a significant security risk to our services and infrastructure.

5.2.2. 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 with multiple systems now being accessed this way. The cyber team is working with the Tech team and system administrators to continue onboarding systems and removing individual administrator accounts for system administrators.

5.2.3. Network and device visibility

DSD have had ForeScout eyeSight and Medigate implemented for several months now.

These 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 have been impacted by the network modernisation project at CHS, which has resulted in the data feeds to break. The Cyber team is working with the DDTS network team to restore connectivity so that network visibility is established.

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

DDTS are implementing port level security (802.1X) across the ACTGOV network. 802.1X 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 in 2022. Resource constraints within DDTS and hospital capacity issues within CHS are limiting the progress of this essential work, however plans are in place to accelerate this work in early 2023.

5.2.5. Network Monitoring and Segmentation

DSD has formed a working group with DDTS Security and DDTS Networks to explore network segmentation for health systems. This working group explores the current state of ACT Health's networks, limitations of current technologies used across ACTGOV and future requirements. This work will continue with the inclusion of the CHS CIO with the aim 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.

5.2.6. 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 340 staff that are fully vetted and roughly 25 staff that are in the process of being vetted.



Digital Solutions Division Performance Report

May 2023

Issued 14 June 2023



Connecting Your Care.

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Cover Photo – Artist Lynnice Church (Ngunnawal, Wiradjuri, Kamilaroi)

The 27th of May marks Reconciliation Day in Canberra, we are lucky to have amazing walls of arts across Bowes Street which is a representation of ‘Our Health Journey’.

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, Calvary Public Hospital Bruce, Canberra Health Services 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.



May was an exciting month for the division, I officially commenced in the Chief Information Officer position. In the short few weeks here, I have had the opportunity to meet many staff already who have I the pleasure of seeing firsthand the breadth of knowledge across the division. Including the high drive to make a positive impact for the health system through technological entablments.

Within my second week the team delivered the first formal upgrade to the DHR system since its implementation. The entire process was delivery to a high standard with the evening running smoothly.

I am looking forwards to seeing what the team can continue to deliver into the future.

Over the next year, DSD has several important deliverables. Some of the more notable deliverables include:

- Two formal upgrades for the Digital Health Record alongside monthly special updates and weekly system changes.
- 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 Calvary 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 month 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).

The volume of activity across the division was high again for the month of May. There was a positive turn with the number of resolved tickets being slightly higher than those created.

The staff are continuing to work hard to reduce the 5000+ tickets still open across the division.

A slight change has been made against the way we capture our performance against how we meet our KIP's. This will provide a better representation of our performance by capturing the KIP's total in the month the ticket is resolved.

2.2. Snapshot

2023

MAY

SNAPSHOT

There was a 22% increase in the number of tickets created compared to the previous month.

7362



Phone Calls Offered
To Digital Solutions Support

95



Successful
Scheduled
Changes



10,023 Requests
Created
During May 2023

Requests
Resolved **10,266**
During May 2023



!

10

Major Incidents
Critical (P1) or High (P2)

27

Active Projects

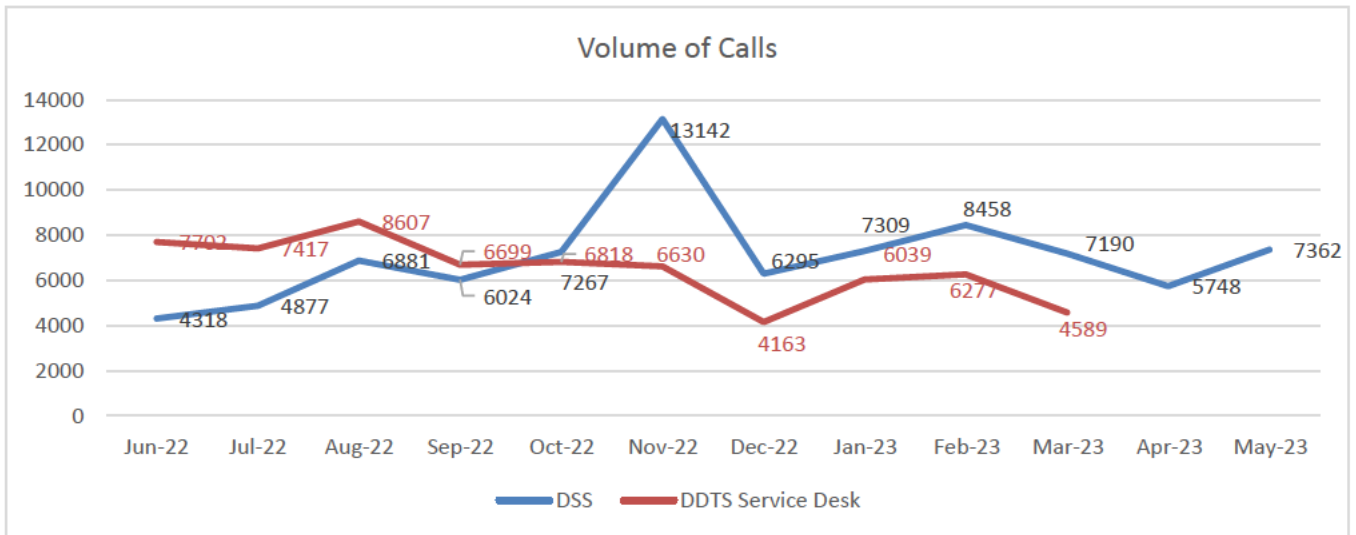


4.6

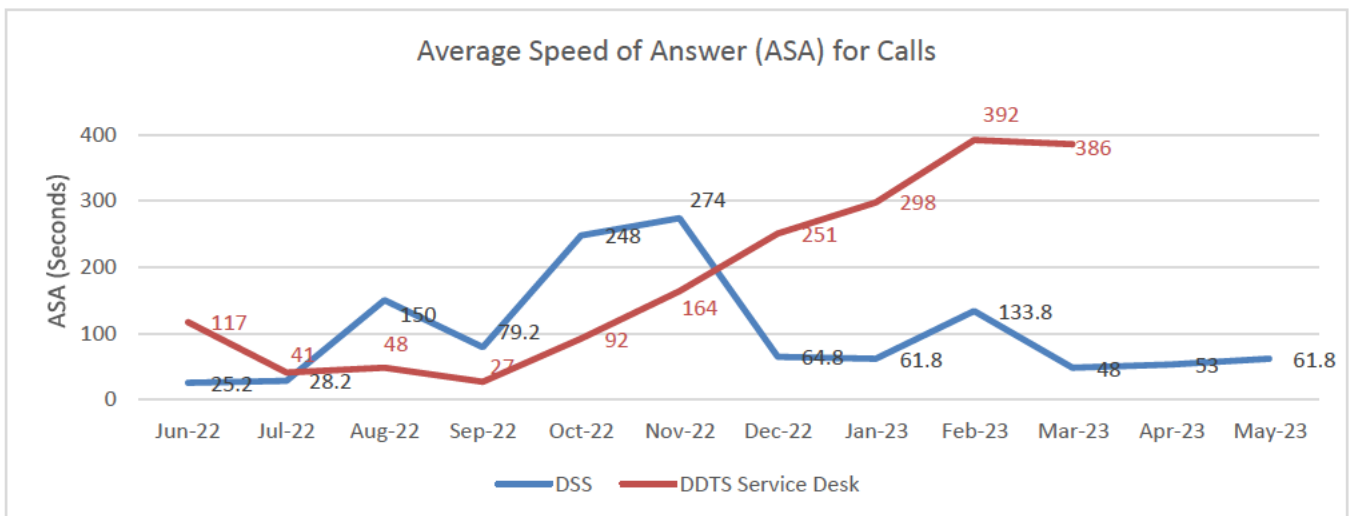
User Satisfaction
Out of 5

Monthly Request Summary

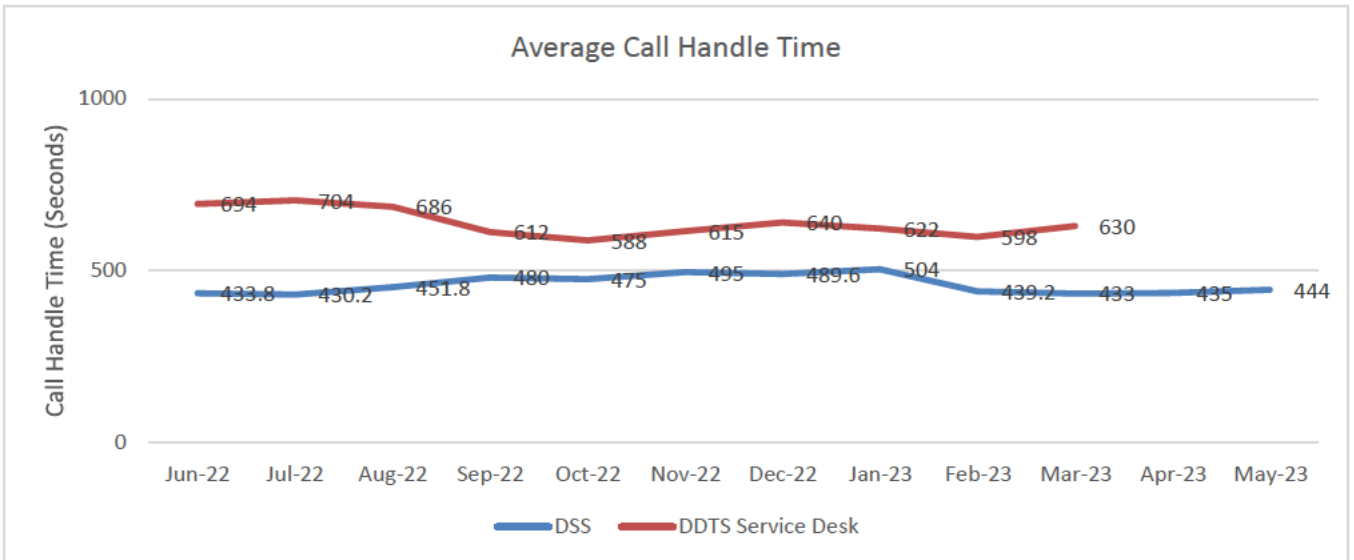
Metric	May 2023
Requests Created	10023
Requests Resolved	10266
Total request remaining open	5366
Standard Requests Responded to within KPI Timeframe (4 hours)	88.7%
Standard Requests Resolved within KPI Timeframe (24 hours)	77.5%
Total Number of Urgent Requests	426
Urgent Requests Responded to within KPI Timeframe (30 minutes)	85.4%
Urgent Requests Resolved within KPI Timeframe (2 hours)	46.9%
Total Number of Password Reset Requests	1031
Password Reset Requests Resolved within KPI Timeframe (2 hours)	82.7%



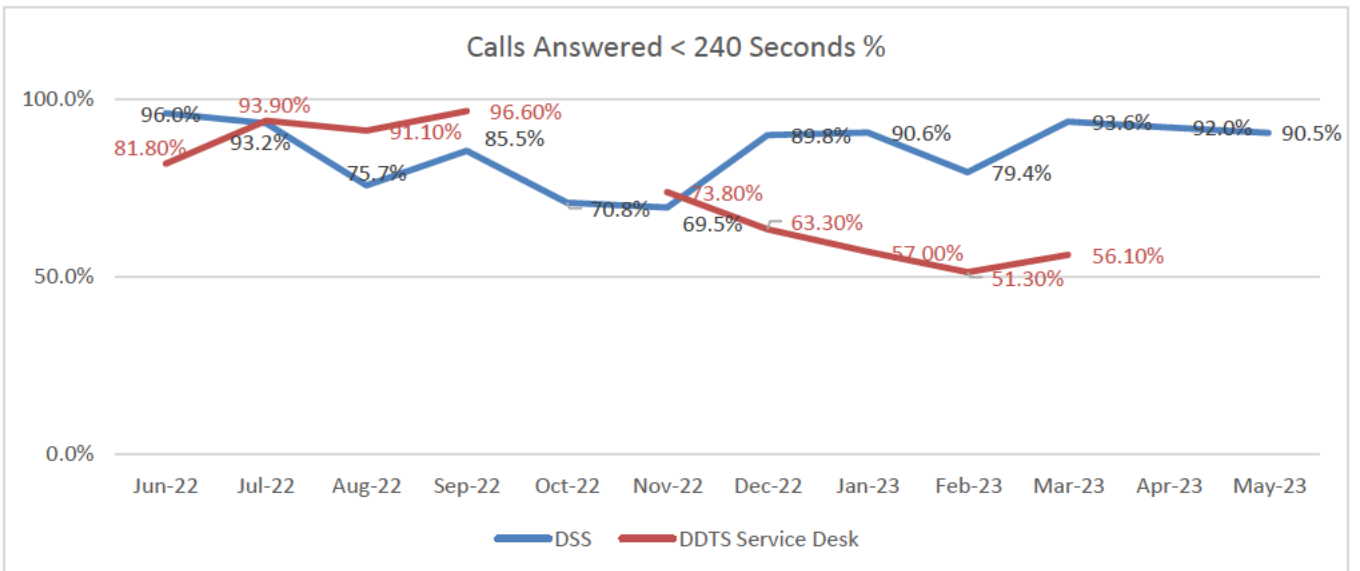
Graph 1 – Total volume of calls



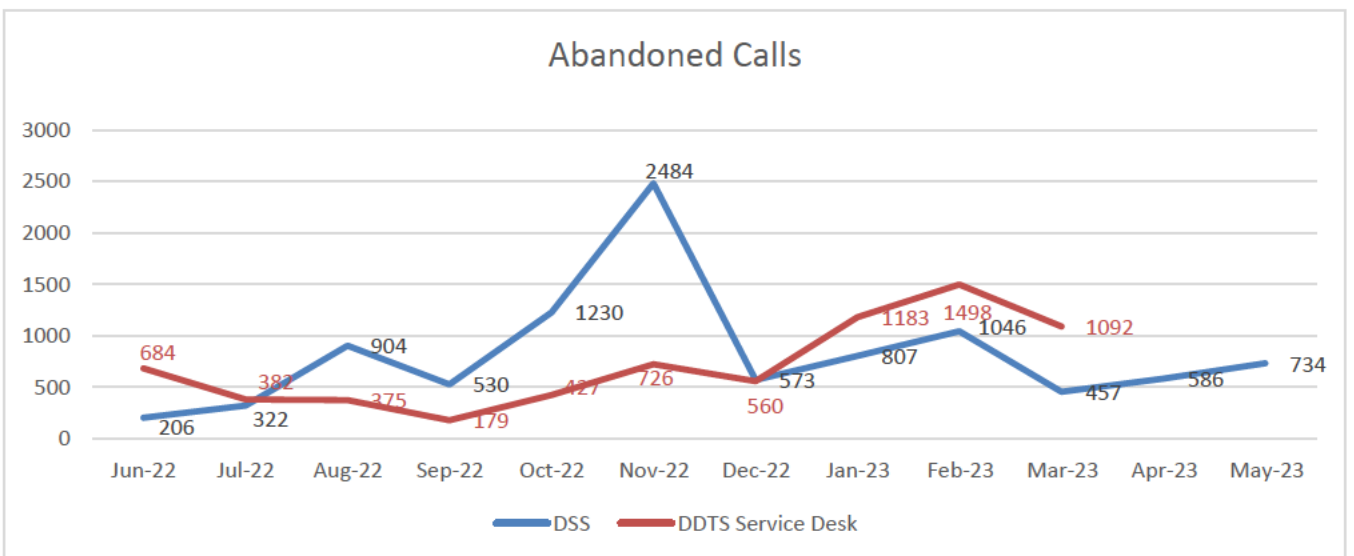
Graph 2 – Average speed of answer for calls



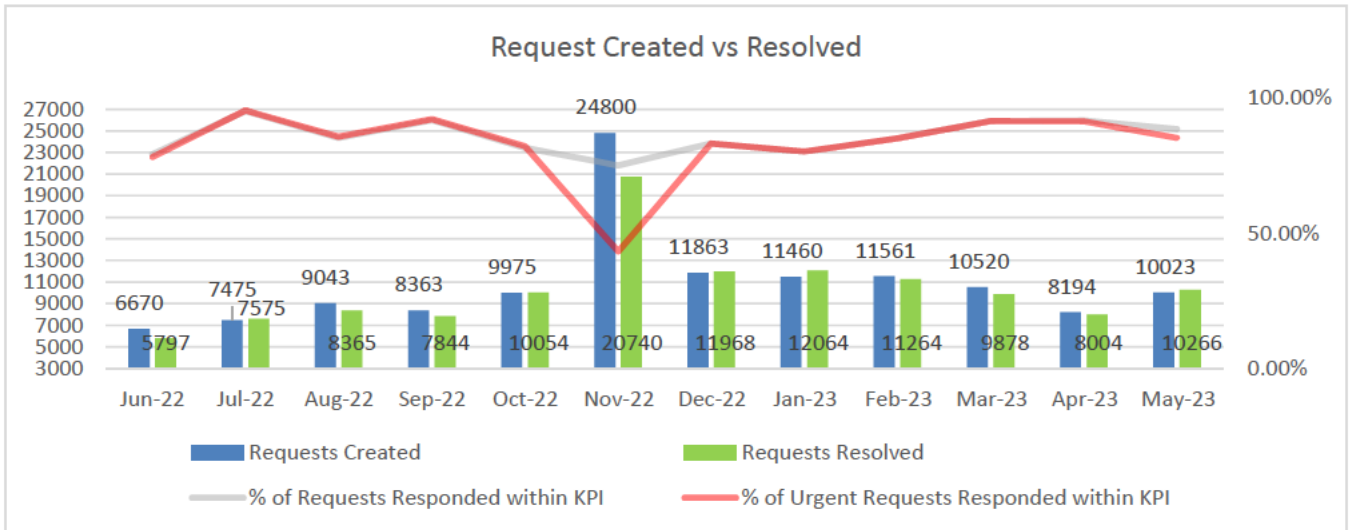
Graph 3 – Average Call Handle Time



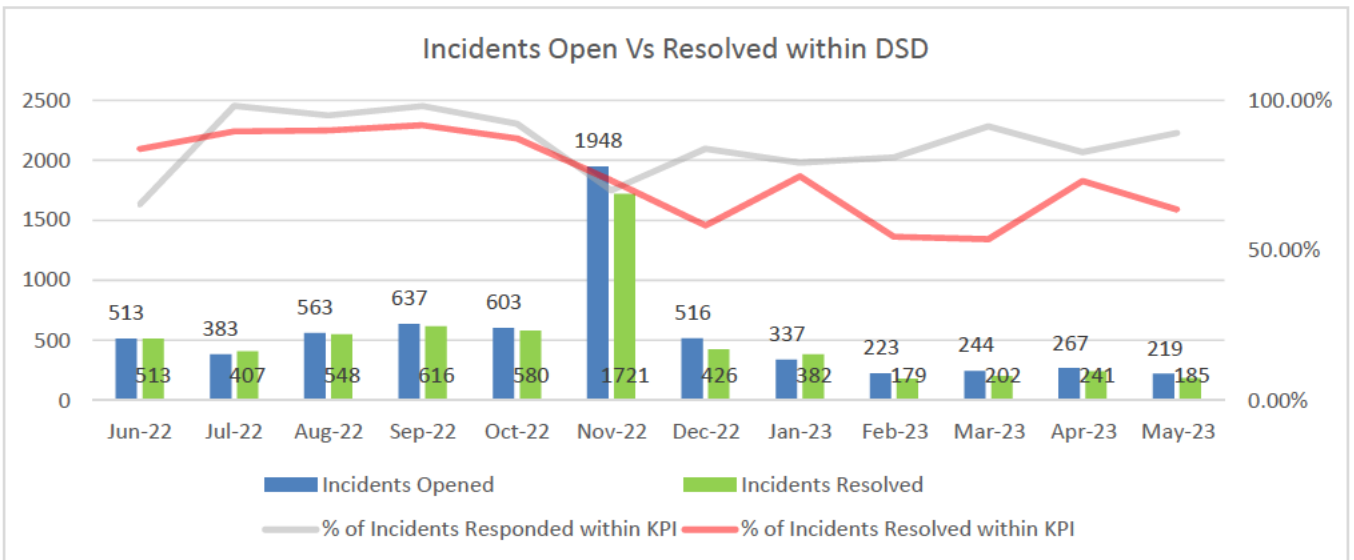
Graph 4 – Total percentage of calls answered within SLA



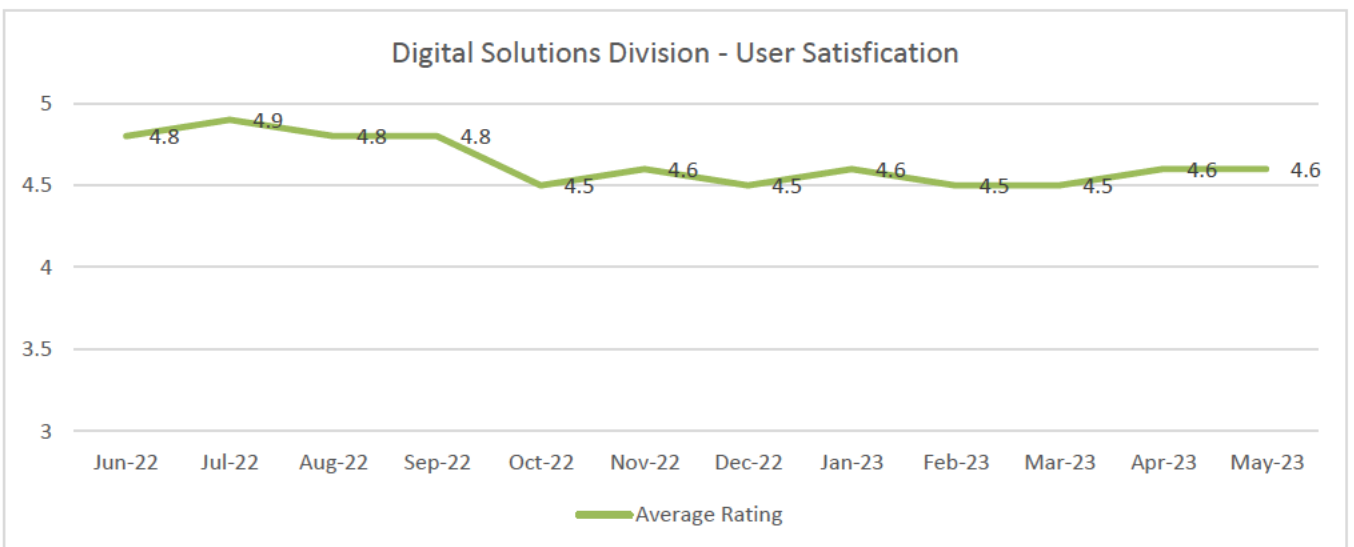
Graph 5 – Total number of calls abandoned



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 (ie 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 219 new incidents raised with a total of 185 closed.

This month was the smallest number of incidents raised for over 12 months.

On the 17th of May 2023 there was three Priority 2 incidents raised which accumulated to a total of 31 tickets. These incidents were a result of an interface issue between the DHR and some related systems.

The following day on the 18th of May there was a total of 22 incidents raised. These were related to an issue that was identified with integration engine Rhapsody where there was a degradation of the messaging speed.

Out of the 219 incidents recorded, 10 were classified as a High Priority Incident (P2). A summary of these four incidents can be found in the table below.

Title	Incident Summary	Incident Outage	Jira/SNOW #	Priority
Labguard - Application inaccessible	Labguard was inaccessible for all users within the directorate. With Labguard down, the temperatures of medicine and vaccines could not be monitored. A restart of the Web service on the server brought it back up, resolving the issue.	1 Hour	DSD-340746	P2
NTT Citrix - PGC Citrix Cert Expiry	Various applications housed on the Protected Government Cloud were inaccessible as the certificate for Citrix had expired. Renewing the certificate allowed staff to access the systems again.	6 Hours, 55 Minutes	DSD-340863	P2

Ascom - UCM outage affecting handsets	UCM was sitting at 100% CPU utilisation, causing issues with messaging between i62 and i63 handsets. The vendor had applied a fix and brought the systems back online.	1 Hour, 30 Minutes	DSD-341682	P2
Epiphany - ECG Machine connectivity Issues	Multiple ECGs were having issues connecting to the network, stopping messaging from transferring to DHR. A restart of the Epiphany servers were completed which allowed the ECG machines to connect once again, resolving the issue.	3 Hours, 59 Minutes	DSD-343509	P2
DHR RHAPSODY - CPF messaging issues	Messaging between CPF and DHR had stopped due to the collector on the CPF server stopping. A restart of the collector service on the CPF server allowed messaging to come through again, resolving the issue.	38 Minutes	DSD-343833	P2
Rhapsody – System Failure	Rhapsody was having issues across the board, causing downstream systems to be unable to transfer messages to DHR. The issue was caused by a network outage that brought the main Rhapsody server down. Further issues occurred where Rhapsody experienced severe degradation post-restart of the server. The servers and commpoints had been restarted and systems had been brought back to normal.	3 Hours, 46 Minutes	DSD-344250	P2
Evolution/Blood Bank Interface Issues	Interface issues that were caused by the above Rhapsody system failure. This incident had been raised as it's own P2 at the time due to concerns that they were separate issues originally, however had been confirmed to be related to Rhapsody during investigation.	45 Minutes	DSD-344305 Related to DSD-344250	P2
AETHER Components down	Issues had been identified by the Interfaces team that AETHER's messaging has stopped between various systems.	4 Hours	DSD-344725	P2

	A restart of the worker nodes had been completed which resolved the issue.			
Rhapsody – Degradation of messaging speeds	<p>Further issues with Rhapsody the day after DSD-344250 was resolved.</p> <p>Further investigations led to determining that some call processes for provider records had caused resourcing issues on Rhapsody, leading to it's slowness.</p> <p>The Interface team had made changes to the system noting this and resolved the issue.</p>	Identified a duration of 4 Hours, 24 Minutes	DSD-345095	P2
CPF – Messaging Issues	<p>CPF was not receiving HL7 messaging from Rhapsody.</p> <p>A restart of the communication point on the CPF server resolved the issue.</p>	2 Hours, 39 Minutes (based on when the queues cleared and confirmed working)	DSD-346791	P2

2.4. Change Management

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

The definition of the changes recorded are:

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

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

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

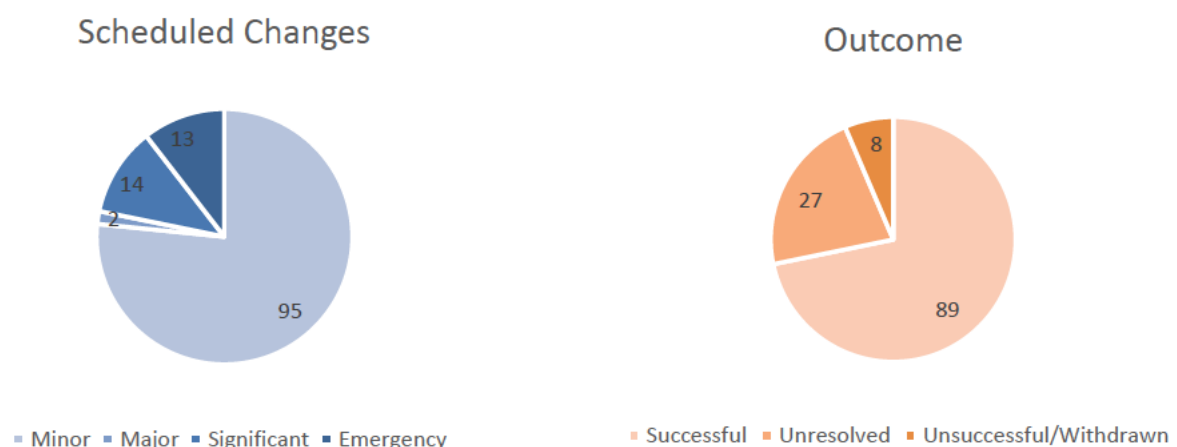
Emergency – Must be introduced as soon as possible to resolve an urgent incident address an unacceptable level of risk or prevent disruption to critical business services

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

- 3 May 2023
- 10 May 2023
- 17 May 2023
- 24 May 2023
- 31 May 2023

A total of 24 changes were tabled, 19 of which were endorsed either at the meeting or as an out of session circulation following in cases where more information was requested by the board.

2.4.1. Scheduled Changes



Major and Significant changes included the following:

- DHR's production upgrade to Epic build Feb23; and
- REDCap's production upgrade to version 13.4.13; and
- Production patching of Philips IBE and ISP servers; and
- Migration of Labguard to a new Azure tenancy; and
- Standard monthly patching of Health Enclave systems.

Emergency changes included the following:

- Three restarts of the SAS-1 server and one restart for the SAS3 server for CCure; and
- Emergency reboots of Philips IBE and ISP servers; and
- Importing of the corrected appointment dates from ACTPAS to DHR; and
- Emergency restarts of the Epiphany server to bring back communications from ECGs to DHR.

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

Status	Total
Duplicate	2
Cancelled	2
Deferred	3
Failed	1

Unsuccessful changes greater than 30 days

This table reflects changes that have been endorsed CCB and have yet to be successfully implemented.

CCB Approval Date	Planned Implementation Date	Change #	System Name	Description	Comment
14/12/2022	Ongoing	DSD-289058	AETHER RHAPSODY (DHR)	Migration from AETHER to Rhapsody	Scheduled - Work ongoing as planned
22/03/2023	TBC	DSD-288415	DHR	Users currently receive error messages when trying to import/export documents from Epic. A default file path needs to be set to remove the confusing error message for users.	Pending UAT
19/04/2023	27/04/2023	DSD-331901	Agfa Imaging	Oracle Linux Patching - Enterprise Imaging	Scheduled

2.5. Legacy Records Management (Paper Records)

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

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

Service	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23
Record transfer of a paper files to another officer	14	6	25	12	24	4	45	18	16	11	23	6
Paper File Retrieval Request	5	14	12	18	27	13	5	10	10	10	16	13
New Paper File Request	216	181	160	192	161	285	209	237	149	188	103	141
New File Part Request	17	4	17	19	7	15	9	17	10	4	4	7
Transfer Paper File to Records/Storage	15	7	19	5	6	8	16	11	14	7	12	9

2.6. Digital Records Management

All ACT Health Directorate areas have been transitioned from the Q: Drive, into Objective for the management of administrative records. The Objective Ministerial Workflow is being rolled-out across the Directorate, it is anticipated this will be finalised by end of May 2023.

Work is continuing of 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 them 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.

Digital Records Support (Shared Services) are currently engaged with both the Objective Vendor and all ACT Government Directorates using Objective on a project to upgrade the current version of Objective being used and transition the system to a cloud-based solution. Testing will commence in May, with the planned upgrade scheduled for June.

Metric	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23
General Objective/TRIM enquiry	50	44	43	60	44	37	67	24	33	33	25	52
Request Objective access + new user	42	51	37	31	16	14	19	53	64	58	51	73
Request Access/Restriction on a file or folder	14	24	19	19	19	25	9	13	19	29	24	28

3. Projects and Program

3.1. Summary Overview

The Digital Solutions Division (DSD) has a work program with 27 active projects in progress. The Division tiers projects from 1 to 4 in accordance with the Portfolio Delivery Framework. The Tier 1 projects are the most complex and Tier 4 are considered smaller and less complex.

Projects that have been classified as a Tier 1 or Tier 2 are required to report monthly to the Executive Sponsor and Chief Information Officer. The below reporting dashboards are derived from the reports submitted by Project Managers for the period ending 14 May 2023.

Two projects are tracking red from the 18 major (Tier 1 and Tier 2). The first is the Digital Health Record Business intelligence and Data Project. This is due to schedule delays and risks/issues with unplanned complex transformations.

The second is this Pharmacy Inventory Management System (PIMS). Funding has been declined for the Electronic Controlled Drug Register (ECDR). This phase of the project is on hold until a funding source can be obtained.

For this reporting period there were no new projects closed or established.

3.1. Digital Solutions Divisions Portfolio Dashboard



Digital Solutions Division PORTFOLIO DASHBOARD

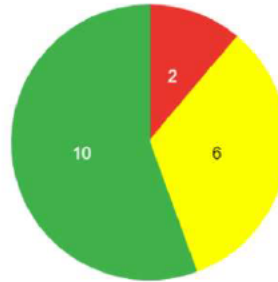
Reporting Period: 17 April 2023 to 14 May 2023

Overview

Number of Programs	2	Number of Active Projects	27
Number of New Projects	0	Number of Major Projects	18
Number of Projects Closed		0	

RAG Status of Major Projects

Red
Yellow
Green



Resources

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

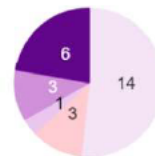
All Projects by Tier

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
PG0002	Digital Health Record Program	Red	Tier 1	Close	Sandra Cook	Rebecca Cross

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	Yellow	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
PJ0005	Digital Health Record Implementation Project	Green	Tier 1	Close	• Patient-centred • Health services enabled by contemporary technology • Research, discovery and collaboration	'Rebecca Cross	12/11/22
PJ0006	Digital Health Record Technical Project	Yellow	Tier 1	Close	• Patient-centred • Health services enabled by contemporary technology • Research, discovery and collaboration	'Rebecca Cross	12/11/22
PJ0007	Digital Health Record Business Intelligence and Data Project	Red	Tier 1	Close	• Patient-centred • Health services enabled by contemporary technology • Research, discovery and collaboration	'Rebecca Cross	12/11/22
PJ0009	Notifiable Disease Management System (NDMS)	Green	Tier 1	Deliver	• Patient Centred • Research, discovery and collaboration	'Kerryn Coleman	22/09/2022 Phase 2
PJ0011	Birth of a Child	Green	Tier 2	Close	• Patient-centred	CIO	30/06/23
PJ0013	Pharmacy Inventory Management System	Red	Tier 2	Initiate	• Patient-centred • Health services enabled by contemporary technology	Sandra Cook	20/06/2022 (CPHB) 26/09/2022 (CHS);
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	Green	Tier 2	Deliver	• Patient-centred • Health services enabled by contemporary technology	'Colm Mooney	30/11/22
PJ0017	TCH Building 19 Level 3 Pharmacy 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	30/11/22

PJ0033	Calvary Public Hospital Bruce OneID Implementation and EACS Replacement	●	Tier 2	Initiate	• Health services enabled by contemporary technology	'Jarrad Nuss	30/06/23
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	06/30/25
PJ0041	Embedding a Positive Safety Culture	●	Tier 2	Plan	• Health services enabled by contemporary technology	CIO	06/30/23
PJ0048	Building Fit-out works for CAMHS at Bowes Street	●	Tier 2	Initiate	• Patient-centred • Health services enabled by contemporary technology	Evan Byrne	

Tier 3 & 4 Projects

Project ID	Project Name	Executive Sponsor	Digital Health Strategy Theme	Approved Baseline Budget (Capex)	Approved Baseline Budget (Opex)	Approval Stage or Tranche
PJ0035	Mainpac Expansion	'David Jones	• Health services enabled by contemporary technology	\$254,375.00	\$38,958.75	Initiate
PJ0037	Electric Vehicle Charging ICT Standard	'Colm Mooney	• Health services enabled by contemporary technology	\$20,000.00		Initiate
PJ0039	Medical Imaging Additional Nurse Call Equipment	'Sean Fenotti	• Health services enabled by contemporary technology	\$22,000.00		Initiate
PJ0040	DAI I System Upgrade	'Chris Tarbuck	• Health services enabled by contemporary technology	\$50,000.00		Initiate
PJ0042	TCH B3 L1 Rheumatology & Dermatology Consultation Room Upgrades	'Chris Tarbuck	• Health services enabled by contemporary technology		\$4,200.00	Initiate
PJ0043	1 Moore Street Security Upgrade	'Scott Harding	• Health services enabled by contemporary technology		\$5,000.00	Initiate
PJ0045	Distribution Centre Relocation	'Andrew Murphy	• Health services enabled by contemporary technology		\$52,694.00	Initiate
PJ0046	Eating Disorder Residential Treatment Care Centre	'David Jones	• Health services enabled by contemporary technology		\$57,457.00	Initiate
PJ0047	RAPID	Sarah Mogford	• Patient Centred • Health services enabled by contemporary technology	\$187,680.00	\$46,749.00	Initiate

Red Synopsis Report

Synopsis Status	Project ID	Project Name	Project Tier	Approval Stage or Tranche	Comments
●	PJ0007	Digital Health Record Business Intelligence and Data Project	Tier 1	Close	DHR BID project remains RED for Schedule and Risks/Issues due to delays with unplanned complex transformations. This is required to extract core activity data to meet national reporting requirements and is placing deliverable dates at risk.
●	PJ0013	Pharmacy Inventory Management System	Tier 2	Initiate	The project status is reporting RED as MerlinMAP remains barely a minimum viable product with significant amount of resource time being dedicated to basic operations. DG has rejected a single select procurement approach for the Electronic Controlled Drug Register (ECDR) due to a lack of funds. ECDR is on hold until sufficient funding is found.

Closed Projects

Project ID	Project	Project Overview

New Projects

Project ID	Project Title	Project Overview

Major Project Risks Heat map

Primary	2	3	4	5	6
Risk Matrix					
Almost Certain	1		4		
Likely		6	6	3	
Possible	1	12	25	14	
Unlikely	2	17	21	5	
Rare	5	2	5		
	Insignificant	Minor	Moderate	Major	Catastrophic

Major Project Issues Heat map

Primary	2	3	4	5	6
Issue Matrix					
Critical					
High			6	6	1
Moderate	2	2	9	3	
Low	1	2	3		
Planning	1	1			
	Insignificant	Minor	Moderate	Major	Catastrophic

Major Projects Critical Risks/Issues Report

Project Name	Risk/Issue	Title	Residual Rating	Description
Pharmacy Inventory Management System	Issue	Insufficient budget to expand scope to include Electronic Drug Register.	Extreme	Director General has rejected single select ECDR proposal given lack of available funds. CHS & CPHB have agreed (in-principle) to cover ongoing licensing and hosting fees, but without DSD implementation funds. ECDR progress is on hold. Options for other funding sources continue to be investigated.

3.2. Notifiable Diseases Management System Status Report



Notifiable Disease Management System

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient Centred
- Research, discovery and collaboration

Reporting Period:

17 April 2023 to 14 May 2023

Project Overview

The project has two objectives, the first is to replace the existing notifiable disease management systems/tools that are not fit-for-purpose through the implementation of a Commercial-Off-The-Shelf (COTS) solution. This will ensure Communicable Disease Control (CDC) section within Health Protection Service (HPS) branch has a system in place to efficiently manage any notifiable disease outbreaks. The second is to replace the ACTGAL Laboratory Information management System (LIMS) as a part of the ACTGAL modernisation project.

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 Delivery Team

Project Manager	M Maddison Noble
Approver	CIO

Project Baseline

Current Schedule	Baseline Schedule	Budget	Budget Variance
07/09/20	07/09/20	\$7,913,000.00	\$3,895,612.22
	Baseline Start Date	Approved Baseline Budget (CapEx)	CapEx Variance
06/10/23	04/07/22	\$3,119,296.00	\$3,085,685.50
	Baseline End Date	Approved Baseline Budget (OpEx)	OpEx Variance

Project Status Commentary

Project Status

The Project has delivered Phase 1 and 2. Work on post go-live enhancement is being commenced with key pieces being, HL7 implementation with Australian clinical labs, Automation of the NINDSS Daily Report, Community Reporting Portal for GP notifications. The NDMS Project Board has been reinstated to govern the implementation of enhancements. The ACTGAL Statement of Requirements is in its final review prior to endorsement by the Digital Committee. The project is working with Legal to produce a draft agreement as a part of the procurement package.

Benefits

Additional post go-live deliverables are required for the business unit to fully realise the benefits of NDMS including ongoing updates to HL7 results and automated reporting. Benefits for Phase 3 ACTGAL LIMS replacement are yet established. 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.

Risks & Issues

Risk planning for the LIMS procurement has started with the Project team meeting with the procurement panel to review and complete the procurement plan. There are currently 4 open risks for the ACTGAL phase on the risk register. The most significant is in relation to the available budget and whether a solution can be procured and implemented with the available funding.

Quality

The Quality expectations and acceptance criteria have been documented in the PID for Phase 1 and 2. ACTGAL LIMS Quality measures are yet to be established however requirements analysis has commenced and will be documented in the PID.

Budget

Project is reporting within tolerance for budget. Additional work on post Go-Live enhancement for Phase 1 and 2 are being costed against the Project. We are yet to have confirmation that the rollover of requested NDMS budget to 23/24FY has been approved. The split of remaining funding has been agreed by Project Boards as \$1.2 for NDMS and \$2m for ACTGAL implementation. A review of the NDMS budget is currently being taken due to inconsistencies in balance sheets and purchase orders.

Scope

Phase 2 Scope is almost fully delivered pending automation of NINDSS reporting. The NDMS Project Board has agreed to a set scope for delivery under its reinstatement which includes HL7 integration for Australian Clinical Labs (ACL), Replacing pipelines with Rhapsody integrations, delivery of a provider portal for electronic notifications by general practitioners. ACTGAL is progressing with the statement of requirements to accompany an approach to market. This will be required to establish the scope of Phase 3. A draft PID is being developed by the Project Manager.

Schedule

Schedule baselines are required for Phase 3 LIMS replacement which is currently entering into procurement planning. The project would like to progress to an approach to market prior to the end of the calendar year.

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: Endorse Scope of deliverables			Not started													
		NDMS Phase 3: Endorse resource requirements			Not started													
		NDMS Phase 3: Endorse Proposed budget requirements			Not started													
		NDMS Phase 3: NNDSS Automation	27/04/23	06/06/23	In progress													
		NDMS Phase 3: Kick-Off Meeting with Rhapsody NNDSS Automation	27/04/23	27/04/23	Complete													
		NDMS Phase 3: NNDSS Rhapsody Firewalls	02/05/23	08/05/23	Not started													
		NDMS Phase 3: Provider Portal	01/05/23	19/09/23	In progress													
		NDMS Phase 3: Provider Portal Statement of Requirements	01/05/23	12/05/23	In progress													
		NDMS Phase 3: RFQ Provider Portal	15/05/23	26/05/23	In progress													
●		ACTGAL: Deliverable: Approved Project Initiation Documentation (PID)	20/02/23	01/05/23	In progress													
		ACTGAL: Conduct Stakeholder Engagement on DDTS Project Brief / NTT SOW	09/03/23	09/03/23	Not started													
●		ACTGAL: Draft Statement of Requirements (SOR) for Procurement	30/01/23	31/05/23	In progress													
		ACTGAL: milestone: Statement of Works Ready for Approval	10/06/23	10/06/23	Not started													

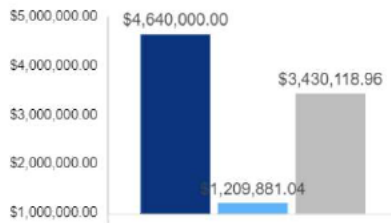
Financial Performance

Whole of Life Budget & Expenditure

Current FY 2022/23

CapEx

Budget	\$7,913,000.00
Forecast	\$4,779,629.03
Actual	\$4,017,387.78
Variance	\$3,895,612.22



OpEx

Budget	\$3,119,296.00
Forecast	\$1,113,234.78
Actual	\$33,610.50
Variance	\$3,085,685.50

● CapEx Budget ● CapEx Actual ● CapEx Variance

● OpEx Budget ● OpEx Actual ● OpEx Variance

Project Risks & Issues Profile

Risk Matrix (Post Treatment)

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

Issue Matrix

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

Risks

Title	Residual Rating	Treatment Strategy	Action to Be Taken
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		

Project Issues

Title	Residual Rating	Action to Be Taken
Phase 2 Delays for delivery of NINDSS transmission due to replication and data quality issues.	Medium	Postpone Go-Live to accommodate resolution of replication and completion of Phase 2 deliverables

3.3. 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:

17 April to 14 May 2023

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: Sarah Carpenter	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	\$770,051.66 Approved Baseline Budget (OpEx)	\$18,136.22 OpEx Variance

Project Status Commentary

Project Status

MerlinMAP remains barely a minimum viable product (not delivered to full potential) and this continues to have ongoing resource impacts on CHS and CPHB pharmacy departments. Hence Project status remains at RED. Schedule; Risks and Issues; and Quality project criteria are each rated RED. An issues management meeting scheduled for early May was postponed due to vendor and health services staff absences/illness, and is to be rescheduled. Pharmhos has confirmed a twice-yearly upgrade release (June and November) and the upcoming issues management meeting will also investigate what pre-upgrade testing and change management will be required, noting a server environment change is also anticipated. Noting the DG's rejection of the single select procurement Minute (due to budget constraints) a PIMS Project Board meeting was held on 8 May; at this meeting the Board was informed that additional options to source funds for the ECDR project component had been exhausted. A final option to re-cost the project and potentially absorb some project resource costs within DSD and re-examine other costs has been prepared for decision at the May Digital Committee meeting.

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 CPHB 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.

Risks & Issues

- The Merlin/MerlinMAP solution implemented across both health services is barely a minimum viable product and does not meet all business requirements for the pharmacy departments. This is especially true for CPHB given MerlinMAP lacks some report generation capability (e.g. cyclical stocktakes to ensure consistent inventory management). An audit by ACT Health Pharmaceutical Services has identified that a majority of monitored medicines dispensed on discharge or outpatients are not uploading from MerlinMAP into CanberraScript; some progress has been made by the vendor on this issue, but future CanberraScript audits will be necessary.
- Upskilling of staff within Medication Systems team continues; the goal is to better support both health service pharmacy departments and centralise the data maintenance and governance. Currently, this is managed primarily by key staff with the health services. A staff training plan for data management is being developed between Medication Systems and both pharmacy services.
- There is insufficient budget to cover Phase 2 (ECDR) implementation. A single select procurement proposal was rejected by the DG based on lack of available funds. A re-costed proposal is being presented to Digital Committee in May.

Schedule

- The PIMS Project Board met on 8 May. A MerlinMAP issues meeting between Pharmhos/ DSD/ and both pharmacy services was postponed due to vendor and staff absence/illness but will be rescheduled for late May.

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. Future project costs will be drawn out of Opex (MSH cost centre 69815). The budget for 2022/23 FY is \$204,673, which is 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.
- There is insufficient budget to cover the implementation of the ECDR. Additional sources of funds have near-been exhausted. A proposal to absorb project resource costs and re-examine other project costs has been prepared for consideration at the May Digital Committee meeting.

Scope

- The PIMS instance of Merlin/MerlinMAP is now live at both CHS and CPHB.
- A Project Exception Report has been approved by the CIO following recommendations from the Project Board to extend the project timeline to address outstanding MerlinMAP issues and expand the project scope to include an electronic controlled drug register as phase 2 of the project.

Quality

The solution delivered in Phase 1 is barely 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). MerlinMAP will require additional development by the vendor to meet all business requirements which will likely require a series of upgrades. Contract management meetings with Pharmhos continue.

Key Project Milestones

Key Milestones Report - Pharmacy Inventory Managem

Task Name	Start Date	End Date	Status	Timeline													
				May 21	May 28	Jun 4	Jun 11	Jun 18	Jun 25	Jul 2	Jul 9	Jul 16	Ju				
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														

Financial Performance

Whole of Life Budget & Expenditure

OpEx	
Budget	\$770,051.66
Forecast	\$882,068.63
Actual	\$751,915.44
Variance	\$18,136.22

Current FY 2022/23



● 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				2	2	1
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
Insufficient budget to expand scope to include Electronic Drug Register.	Extreme	<p>14/05/23 - The ECDR proposal has been re-costed and is to be presented for decision at May Digital Committee</p> <p>7/04/23 - DG has rejected single select proposal for ECDR based on lack of available funds</p> <p>20/03/23 - Budget impact included in single select DG Minute</p> <p>20/2/23 - Investigating alternative options to source additional project funds</p> <p>8/1/23 - Sarah Carpenter appointed as project manager.</p> <p>15/11/22 - PIMS 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>19/09/22 - This has not been progressed.</p> <p>15/08/22 - This has not progressed in the past month.</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 - Request for quote to be progressed, with shared funding arrangements between CHS, CPHB and DSD to be formalised following this</p> <p>17/02/22 - Change request presented to the Board who endorsed in principle but queried the NTT hosting costs. To be submitted to the CIO for consideration. additional fundin-</p>
MerlinMAP Modules not fit for purpose	High	<p>14/05/23 - May issues management meeting with vendor scheduled</p> <p>7/04/23 - Contract and issues management meetings with vendor continue.</p> <p>20/03/23 - Contract management meetings with vendor established.</p> <p>20/2/23 - PIMS Project Board confirmed that functionality has not been addressed within project tolerance guidelines and project status should now be declared RED.</p> <p>21/12/22 - PIMS Project Board members reiterated that the MerlinMAP solution delivered in PIMS Phase 1 is a minimum viable product, noting that CPHB has the MerlinMAP solution only and some reporting functionality is only available via original Merlin (CHS has access to both solutions).</p> <p>11/12/22 - CPHB continues to express frustration that standard business reporting functions (e.g. capacity to generate cyclical stocktakes) is not available in MerlinMAP</p> <p>15/11/22 - Final release deployed prior to DHR go-live. Still many issues outstanding (over 185 logged). Sarah and Monica to review the issues log and prioritise for both health services, which then needs to be provided to Pharmhos to incorporate into their build schedule.</p> <p>19/09/22 - PIMS Board agree that critical issues would be included in final release deployed prior the DHR go-live. Build issues log has over 160 items currently logged.</p> <p>15/08/22 - Release 1.0.754 is in test. 3 fixes have failed testing. Options paper to address competing priorities between PIMS and DHR to be tabled to Board for discussion.</p> <p>18/07/22 - CPHB: Sarah to review and prioritise issues logs for CPHB this week to provide to vendor for inclusion in next release. Advice from vendor is they expect 2 more build prior to DHR go-live.</p> <p>CHS: Exception report to be tabled to project board this week, preferred option for CHS is to stay on Merlin.</p> <p>20/06/22 - v1.0.724 deployed to test on 3/6. Sarah Smith has been working with the vendor to ensure the product provides a minimum viable build for CPHB go-live, PM is tracking issues and future build list, awaiting confirmation from vendor on timeframe for this development.</p> <p>10/05/22 - Next version to be deployed to test WC 16/05/22. Vendor advises this will resolve all issues except for enhancement requesting "number of days dispensed".</p> <p>11/04/22 - MerlinMAP v1.0.709 deployed to test Friday 8/4/22, testing underway. This incorporates bug fixes from previous version.</p> <p>18/03/22 - Contingency planning - CHS may choose to implement Merlin; CPHB are determining critical requirements for minimum viable build.</p> <p>Testing required to reduce the likelihood of Merlinmap modules not fit for purpose.</p>
Electronic drugs register implementation	High	<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> <p>Change request to seek additional funding to include this in scope. Escalate to appropriate CHS governance committee to put in place other mitigation strategies to address CHS controlled medicines management risks in time for Accreditation in March 2022.</p>
Canberra Script integration	High	<p>14/05/23 - Pending repeat audit to determine whether uploads are properly occurring</p> <p>7/04/23 - 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 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>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>

3.4. Identity Governance Status Report

Identity Governance



Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

• Health services enabled by contemporary technology

Reporting Period:

17 April to 14 May 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 Delivery Team

Project Manager	Sonya Floyer
Approver	CIO

Project Performance Indicators

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

Project Baseline

Current Schedule	Schedule Baseline	Approved Budget	Budget - Actual
02/01/23 Actual Start Date	02/01/23 Baseline Start Date	\$1,000,000.00 Approved Baseline Budget (Capex)	\$993,485.00 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 progressing for both the remediation component and the larger procurement. There has been ongoing constructive consultation between DDTS and DSD and the documentation for both components are being updated for provisioning to the Government Procurement Board. A request is also being drafted to the GSO to ensure that the Procurement Plan Minute and subsequent contract is appropriately drafted to cater for both the needs of ACT Health and the Whole of Government requirements and ongoing management.

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 issues reported to date.

Schedule

Procurement ACT has been engaged and is working with DSD on the initial procurement documentation. The procurement will require review by the Government Procurement Board under its two pass process. The estimated time for completion of such a procurement is 33 weeks. Once the contract is signed after this process the implementation may commence. At this stage the aim is to commence implementation in the new year.

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. NB To date \$6,515 has been expensed against the capital budget for HR resources.

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.

4. Digital Health Record (DHR)

4.1. Digital Health Record Program Report



Digital Health Record Program

Digital Solutions Division PROGRAM STATUS DASHBOARD

Digital Health Strategy Theme

- Patient-centred
- Health services enabled by contemporary technology
- Research, discovery and collaboration

Reporting Period: 17 April 2023 to 14 May 2023

Program Governance		Program Overview	Trending
Program ID	PG0002	The Digital Health Record (DHR) Program delivered a single, contemporary, trusted, real-time, person-centred clinical record that can be accessed by all members of the treating team regardless of location.	Declining
Approval Stage	Tranche 2 - Delivering the Capability		
Executive Sponsor	Rebecca Cross		
Governing Committee	DHR Program Board		

Clinical Owner/s	Program Performance Indicators						
	Overall Health Status	Schedule Status	Budget Health Status	Quality Health Status	Risks & Issues Health Status	Scope Health Status	Benefits Health Status
David Peffer, Chief Executive Officer, Canberra Health Services							
Ross Hawkins, ACT Regional CEO, Calvary Public Hospital Bruce							

Program Delivery Team	Program Baseline			
	Current Schedule	Baseline Schedule	Approved Budget	Budget Variance
Approver Sandra Cook	01/01/19	01/07/19	\$130,787,000.00	\$34,310,607.00
EBM, Future Capability Justine Spina	Start Date	Baseline Start Date	CapEx Budget	CapEx Variance
Technical Project Timothy Panoho	31/03/23	30/12/22	\$75,394,562.00	\$49,398,710.00
Implementation Project Philippa Kirkpatrick	End Date	Baseline End Date	OpEx Budget	OpEx Variance
BI & Data Project Sean Winefield				

Program Status Commentary

Program Status	Risks & Issues	Budget
<p>The program is reporting a red status. The DHR system was successfully implemented on Saturday 12 November 2022 at 5.30am; however, issues have been discovered in the production data available for external reporting such as National Submissions that are taking significant work effort to reach the September timeframe. The program board approved on 21 March for this project to progress towards closure and that will be overseen by the Digital Committee. The EY Implementation Quality Assurance review is currently being prepared and will be presented at the June Digital Committee. The next and final review will focus on the Benefits Realisation/ Post Implementation Review for the Program.</p>	<p>Risks - There are currently 35 open risks. There are 10 risks reporting a high rating: #12 The Territory may have problems with national reporting and submissions during the transition period from existing systems to the Digital Health Record. #20 Data Quality in the DHR is poor - additional risks associated with the reporting database have been added to this risk #22 The Clinical Record does not provide ready access to information #29 Clinical Engagement #38 Slow decision making #46 DHR team unable to deliver tasks in alignment to schedule #47 Cyber Attack #49, #50 & #51 Technical Architecture risks.</p> <p>Issues - there are 6 high issues still open the top one being: Business Intelligence requirements for National Submissions and Operational Reporting. Difficulty in accessing DHR in Dental Vans. Issues related to ordering practices for inpatient vs outpatient status.</p> <p>All issues and risks will be transferred to the Divisional risk register and report through to Digital Committee as this program is closed.</p>	<p>The figures in this report are to January 2023. The below figures are predicated on the assumptions of offsets being achieved and it is clear that these are at high risk. The total budget for the DHR Program is now \$328.803 Million over 8 years with the addition of funds to ACT Health Directorate from the Supplementary Business Case. This comprises of \$114.932 Million Treasury Budget Cycle totalling \$50.828 Million (\$26.070 Million Capital and \$24.758 Million Operational). There is \$20.348 Million allocated to the ACT Health Directorate and these figures have been added to the Program Budget (\$15.855 Million Capital and \$4.493 Million Operational budget). The Actual figures to January 2023 are as follows - Capital \$97.288 Million (Budget \$98.226 Million) Opex \$26.623 Million (Budget \$26.247 Million). There is \$33.499 Million Capital remaining and \$48.771 Million Opex remaining. At the end of January 2023, the total forecast under-expenditure for Capital over the 8 years is \$10.020 Million and a forecast underspend of Operational expenditure of \$35.769 Million. This is without recouping the \$7.515 Million reallocation to the notifiable disease management system. The forecast underspend for the whole of life DHR Program at present is \$19.790 Million over the 8 years with including the BAU expenditure. Therefore, the budget will be reporting Green but noting there are some risks with the first few years of system and staffing offsets proposed, so this underspend is likely to be utilised to combat this in the first 2 years post Go-Live.</p>
<p>Quality</p> <p>The final Quality and Assurance Strategy and Plan was approved by the Program Board on 18 May 2021.</p> <p>EY has been selected as the company to provide external assurance activities outlined in the Quality & Assurance Strategy and Plan. Recommendations arising from the previous assurance review reports are being tracked and added to the Program Board papers monthly. The next review is the Benefits realisation/ Post Implementation Review which is currently being undertaken by EY and will be presented to the Digital Committee in late May 2023.</p>	<p>Benefits</p> <p>Abt Associates (in partnership with bdna) were the successful external consultancy to perform the Benefits Realisation Plan for the DHR.</p> <p>The overarching headline Benefits Management Plan was approved by the DHR Program Board 8 April 2022 and will now be managed in the DHR Program Office to gather the baseline data prior to Go-Live of the Epic DHR solution and will work on cadence of gathering data post Go Live. There are 23 baseline data metrics related to the 11 headline benefits identified. The metrics were approved by the DHR Program Board in October 2022 and baseline data will be provided in March 2023. The BI & Data team are working to deliver this data in the timeframes set and have collated baseline data for the last 3 years where available.</p>	<p>Scope</p> <p>The scope of the program was delivered with work to deliver the scope of the BI deliverables for national submissions ongoing and Haiku the last item to be delivered within the next month.</p>
<p>Schedule</p> <p>The DHR Program went live on 12 November 2022 and is on now track for closure.</p>		

Project Summary Dashboard

DHR Technical Project

RAG ● % Complete **96%**
 Trending ▬

The project status is amber as the solution is in production and operating but there are still some technical issues in the integration space being completed. The focus of the technical project is on the transition of interfaces from the AETHER integration engine to Rhapsody which is close to completion.

DHR Implementation Project

RAG ● % Complete **99%**
 Trending ▬

The Digital Health Record (DHR) Implementation Project is reporting an overall green status and is improving.
 The application workstreams are now managing the tickets logged across the health services to stabilise the system prior to optimisation requests being continuously reviewed and prioritised. The application teams are also about to upgrade to the February 2023 version in May 2023.

DHR Business Intelligence & Data Project

RAG ● % Complete **77%**
 Trending ▾

This project is reporting red due to the issues with external reporting for required reports such as National Submissions. There are daily meetings with subworking groups in Admitted Patient Care (APC), ED, Elective Surgery Waitlists (ESWL), Mental Health and Non-Admitted Patient Care. The request to extend the BI and Data project was not agreed at the January 2023 Board and the project will prepare closure documentation detailing what was delivered for Go-Live and what is still outstanding work and will manage this outstanding work as Business As Usual (BAU). Scope for reporting for Go-Live has been delivered but issues are being managed in ED data and other elements of National Reporting. The National Submission data is being careful analysed now prior to the first submission that will contain Epic and Icqacy system data combined.

Key Program Activities

Key Program Activities

At Risk	Task Name	Start Date	End Date	Status	Q2	Q3	Q4	Q1	Q2											
					Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
<input type="checkbox"/>	Program authorised to commence	08/02/21	08/02/21	Complete																
<input type="checkbox"/>	Contract with vendor signed	01/01/19	01/01/19	Complete																
<input type="checkbox"/>	Completion of staffing and program team training	30/06/21	30/06/21	Complete																
<input type="checkbox"/>	Completion of detailed program planning	30/06/21	30/06/21	Complete																
<input type="checkbox"/>	Completion of system configuration base build	31/12/21	31/01/22	Complete																
<input type="checkbox"/>	Completion of testing and content build	30/06/22	29/07/22	Complete																
<input type="checkbox"/>	Completion of end user training	29/08/22	04/11/22	Complete																
<input type="checkbox"/>	120 day Go-Live Readiness Assessment (GLRA)	07/07/22	07/07/22	Complete																
<input type="checkbox"/>	90 day Go-Live Readiness Assessment (GLRA)	10/08/22	10/08/22	Complete																
<input type="checkbox"/>	60 day Go-Live Readiness Assessment (GLRA)	12/09/22	12/09/22	Complete																
<input type="checkbox"/>	30 day Go-Live Readiness Assessment (GLRA)	11/10/22	11/10/22	Complete																
<input type="checkbox"/>	Execute Cutover	04/11/22	11/11/22	Complete																
<input type="checkbox"/>	Go live	12/11/22	12/11/22	Complete																

Financial Performance

Whole of Life Budget & Expenditure

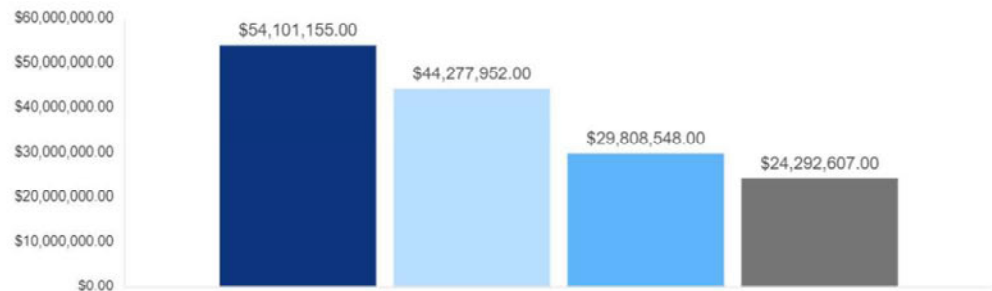
Current FY 2022/23

CapEx

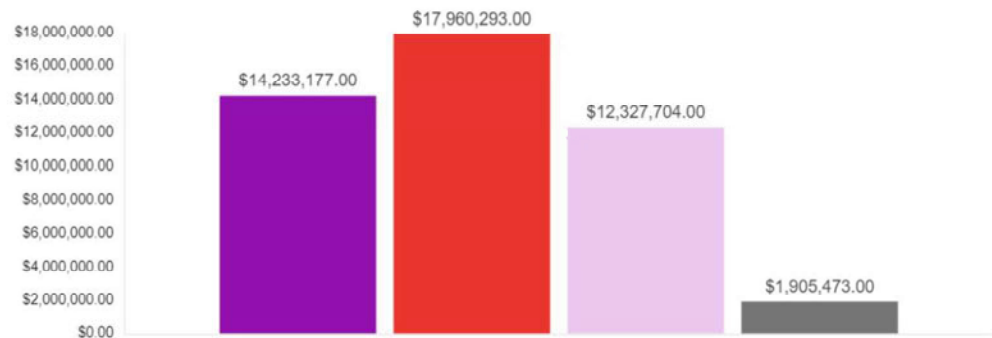
Budget \$130,787,000.00
Actual \$96,476,393.00
Variance \$34,310,607.00

OpEx

Budget \$75,394,562.00
Actual \$25,995,852.00
Variance \$49,398,710.00



● CapEx Budget ● CapEx Forecast ● CapEx Actual ● CapEx Variance



● OpEx Budget ● OpEx Forecast ● OpEx Actual ● OpEx Variance

Program Risks & Issues Profile

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

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

Program Risks		
Title	Residual Rating	Description
Data quality in the Digital Health Record is poor	High	"Insufficient focus on the design of the data dictionary and structures. Data entry by end-users may not enter quality data into the fields."
Lack of or insufficient clinical engagement in the development and implementation of the DHR	High	The Program may be delayed, or may not deliver a high quality outcome.
Schedule delays due to slower than required decision-making or revisiting decisions already made	High	The project will require a devolved decision-making framework to ensure decisions are made in a timely manner. If this does not occur due to stakeholder unavailability or inability to reach a decision, this will delay the project. Scope creep/changes
The team are unable to complete all tasks in accordance with the schedule.	High	Causes of task non-completion may include: - The scope of work is larger than originally anticipated and there are issues that arise that take longer to troubleshoot delaying delivery of tasks - Delays to decision-making - team member's performance is not as expected - delays due to external pressures such as COVID-19 - delays to dependencies including conversions, interfaces and user provisioning Task effort not estimated correctly Recruitment and onboarding of staff Unplanned leave Unidentified scope
Cyber attack penetrates the DHR system	High	Hacking of the system or through mismanagement of the data. Critical systems fail to have geographic redundancy and availability.
Technical Architecture Documentation may be siloed and not sight clinical workflow requirements required to ensure a seamless clinical end user experience	High	Lack of architecture documentation and end user journey maps due to a lack of resourcing in the technical team
The DHR solution does not work in an efficient and effective way for end users at the time of Go-Live	High	Medical Grade End User Devices are not available in time for Go-Live, there are not enough devices for the workflow or the wrong devices are procured for areas making the workflow slower than anticipated.

Program Issues		
Description	Residual Rating	Action to Be Taken
There have been issues with Pathology results being sent to the appropriate referring clinicians. This is for a number of reasons: provider data is poor, the AETHER integration engine failed to send the message, data entry did not add the right doctor to the record. There has been significant work to improve this and there is a daily process in place to check results have been sent. This issue will remain open until the work to switch the interface from AETHER to Rhapsody is complete.	Medium	
When results are sent to GPs there is an issue with some types of test results formatting poorly. This is due to the interface not marrying up with the GP Practice Management Software (PMS) systems. There are around 7 PMS systems used in Canberra with 3 of them being used by 90% of the GP community. Epic are working on a change to send a PDF report to reduce this issue in the interim whilst the team work on changing the atomic data in the longer term.	Medium	
National Submissions data had started to be validated and there were errors noted in the data. The BI and Data team are now going through each operational database data field and ensuring it is mapped appropriately to the Epic SQL reporting tables appropriately. There is also work to identify why the data is not as expected. Reasons could include - the field is not mandatory and therefore not being captured, the order of the data capture is wrong and therefore the workflow needs to change, the fields do not contain the right selections, the mapping from the operational database to the reporting database may not be right. Each data element is being investigated to ensure the data is accurate before being reported. This was a risk that was reported throughout the program and has been realised. It was only able to be fully understood when production data was available.	Medium	
There have been issues with referrals not going to the right clinician due to the HealthLink Service tree not going down to the sub-specialty level. This results in clinicians having to redirect the referral in the Epic system manually which can be time consuming and can delay the referral getting to the right person. There are iterative changes being made to the Healthlink service tree (and these are likely to be needed fortnightly ongoing to adjust the changes in the health service staff and services provided). This will be tracked for the first few iterations to ensure that these changes have improved the experience.	Medium	
Issues have been raised with the Ana to Epic interface and the management of oncology protocols with the Slade Pharmacy arrangement for the provision of oncology drugs. Slade do not have access to the real-time information they need to be able to prep the Oncology protocols appropriately, so investigations are occurring to provide them access to patient charts through DHR	Medium	
An ongoing governance structure has yet to be agreed but needs to be prior to the DHR Program closure on 24 March 2023 to ensure that decisions and changes to the system are agreed by health services. The Support Model working group has regular meetings for the next 4 weeks to finalise this governance.	Medium	

4.2. Digital Health Record Implementation Report



Digital Health Record Implementation Project

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient-centred
- Health services enabled by contemporary technology
- Research, discovery and collaboration

Reporting Period:

17 April to 14 May 2023

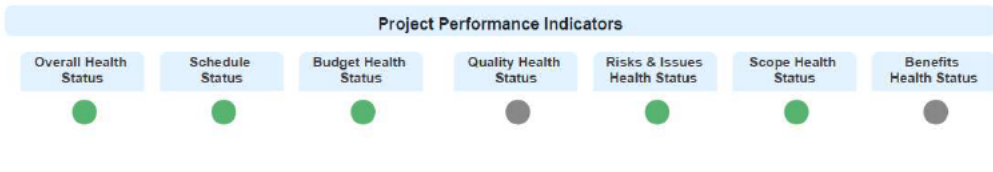
Project Overview

The Digital Health Record Implementation Project will deliver the configuration, testing, implementation, and training of all end users of the Digital Health Record.

Trending



Project Governance	
Project ID	PJ0005
P3M ID	PROJ10112
Approval Stage	Close
Tier	Tier 1
Sponsor	Rebecca Cross
Governing Committee	DHR Program Board



Project Delivery Team	
Project Manager	+ Philippa Kirkpatrick
Approver	Sandra Cook

Project Baseline			
Current Schedule	Baseline Schedule	Approved Budget	Budget Variance
02/08/21 Actual Start Date	02/08/21 Baseline Start Date	\$74,598,945.00 Baseline (Capex)	\$15,401,181.00 Variance (Capex)
30/12/22 Actual End Date	30/12/22 Baseline End Date	\$32,613,453.00 Baseline (Opex)	\$25,301,191.00 Variance (Opex)

Project Status Commentary

Project Status
The Digital Health Record (DHR) Implementation Project is reporting an overall green status.

The system is live and all planned areas are now using the DHR. At the program board meeting held on 21 March 2023 approval was given for this project to close as the work moves into Business as Usual support. Closure documentation is currently being finalised for sign off. All outstanding risks and issues will be managed at a division level.

Scope
The DHR went live with all modules planned, Haiku app is currently in pilot stage with users across both health services, full implementation will occur following pilot feedback.

Risks & Issues
Many risks were closed out with the implementation of the project as they related to achieving go-live on schedule, budget and with staff trained. There remains one high risk, about attracting and retaining the right staff. Recruitment for the business-as-usual team is completed. However, there remains a risk of turnover as some team members are returning to their previous roles or taking new positions which will leave the project without all resources for 1-2 months.

All risks will be closed and transferred to the Divisional risk register that will be overseen by the Digital Committee.

Schedule
The team are focusing on the upgrade and are currently testing the build that will be released on 23 May.

Budget
The capital forecast is projecting a slight surplus and that will be rolled forward into the 2023/24 financial year.

Quality
Quality and assurance activities are being managed at the program level and is reported in the program status report.

Benefits
The project benefits are being managed at the program level and is reported in the program status report.

Key Project Activities

Key Project Activities - Implementation

Task Name	Status	At Risk	Start Date	End Date	Q3		Q4		Jan	Feb
					Jul	Aug	Sep	Oct		
Super user training complete	Complete	<input type="checkbox"/>	29/08/22	09/09/22						
Workflow dress rehearsal complete	Complete	<input type="checkbox"/>	01/10/22	04/11/22						
End user training complete	Complete	<input type="checkbox"/>	13/09/22	04/11/22						
Abstraction undertaken	Complete	<input type="checkbox"/>	03/10/22	14/11/22						
Blood bank system ready for implementation	Complete	<input type="checkbox"/>	01/11/22	11/11/22						
PAS conversion production loads complete	Complete	<input type="checkbox"/>	29/10/22	11/11/22						
Cutover of inpatients complete	Complete	<input type="checkbox"/>	07/11/22	11/11/22						
60 Day Go-Live Readiness Assessment (GLRA)	Complete	<input type="checkbox"/>	15/09/22	15/09/22						
30 day Go-Live Readiness Assessment (GLRA)	Complete	<input type="checkbox"/>	13/10/22	13/10/22						
First live production use of the DHR	Complete	<input type="checkbox"/>	12/11/22	12/11/22						
Hypercare period complete	Complete	<input type="checkbox"/>	25/11/22	25/11/22						

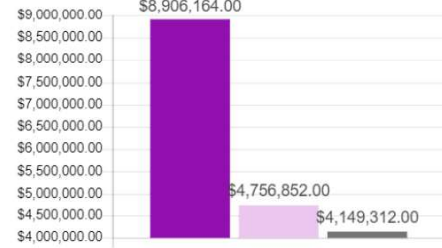
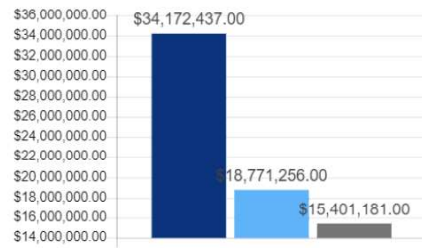
Financial Performance

Whole of Life Budget & Expenditure

Current FY 2022/23

CapEx	
Budget	\$74,598,945.00
Actuals	\$59,197,764.00
Variance	\$15,401,181.00

OpEx	
Budget	\$32,613,453.00
Actuals	\$7,312,262.00
Variance	\$25,301,191.00



● CapEx Budget FY
 ● CapEx Actual FY
 ● Variance CapEx
 ● OpEx Budget FY
 ● OpEx Actual FY
 ● Variance OpEx

Project Risks & Issues Profile

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

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

Project Risks

ID#	Title	Source	Residual Rating	Existing Risk Controls
DHRIMP52	Health services policies or procedures may not align with the configuration of the DHR.	Changes in workflows need to be reflected in changes in policy. The health services may not be resourced to undertake all required policy updates.	High	Health services leads are planning this work. A register of known policy changes has been developed.

Project Issues

ID#	Title	Description	Residual Rating	Action to Be Taken
DHRIMP-123	Dependent projects	User provisioning is a deliverable of the technical project and is delayed. If users are not available in the system, the implementation team cannot progress testing as per the schedule. Also, if all providers are not added, this will create problems for letter addressing etc.	High	Hakan Gultekin and Tim Panoho are leading this activity. Collection and analysis of data is progressing. Weekly reports on progress are provided to the Board. 16/3/2022 This is improving. It is now progressing and an initial upload of providers underway. 26/5/2022 Sonya Floyer has been engaged to support this work. 1/8/2022 Sonya to implement app to collect this data. 15/10/22 Data is being collected via a webform. However updated provider information will not be uploaded until late October. 9/12/2022 Work continues on the clean up of providers in the system. The greatest impact is now with external providers, including providers with records associated with inactive provider numbers. This is resulting in users selecting an inactive provider and results not being received.
DHRIMP-124	People	Some staff have reported burnout or stress at rates that are not healthy.	High	This is a limited number of staff but has resulted in turnover. Managers are monitoring any staff where this has been reported, and for those that have remained with the team, there have been improvements. However, with high workloads and schedule delays, this issue may remain. Therapy dogs were organised. All staff were encouraged to take at least two weeks off over the Christmas period. 10/3/2022 Last week was meeting free week which was well received. Another time period when we will encourage leave is being identified (possibly last two weeks of July - one week per team member at their own choice) 26/5/2022 Additional boost request going in to support the team over go-live. 1/8/2022 Retention of some Boost over go-live has been approved. There is still some turnover in the team with two team members resigning in the past few weeks. Action is for ongoing monitoring by managers and escalation as required. 15/10/22 This continues and around 5 staff have left recently. Managers continue to support their teams and assist with prioritisation. The team is focussed on go-live critical activities. 9/12/2022 This continues although is reducing for some teams since go-live. Other teams with large ticket numbers are still feeling stress.
DHRIMP-192	Workflow	CPF integration has critical defects	High	15/10/22 Monitor resolution of critical defects. CIO escalating with Infomedix frequently. 9/12/22 The DHR went live with CPF integration. Ongoing issues are reported with the ability to open document level links.
DHRIMP-197	Workflow	Difficulties with referral management	High	9/12/2022 Both education, engagement and configuration corrections are underway.
DHRIMP-198	Workflow	Pathology results not all being received by GPs	High	9/12/2022 Investigations are underway. Planning also underway to retrigger results.

4.3. Digital Health Record Business Intelligence and Data Project Report



Digital Health Record Business Intelligence and Data Project

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient-centred
- Health services enabled by contemporary technology
- Research, discovery and collaboration

Reporting Period:

17 April 2023 to 14 May 2023

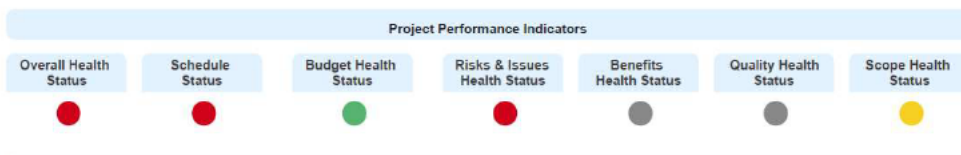
Project Overview

The DHR Business Intelligence and Data project brings together existing resources from across the health system business intelligence teams and engages expertise to deliver the technical and enabling capabilities, with the existing DHR project resources under a single project structure to ensure successful delivery of data and reporting capabilities.

Trending

Declining

Project Governance	
Project ID	PJ0007
Approval Stage	Close
Tier	Tier 1
Sponsor	Rebecca Cross
Governing Committee	DHR Program Board



Project Delivery Team	
Project Manager	Sean Winefield
Approver	Sandra Cook

Project Baseline			
Current Schedule	Baseline Schedule	Baseline Budget	Budget Variance
01/03/22 Actual Start Date	01/03/22 Baseline Start Date	\$1,496,215.00 Capex	\$1,172,769.00 Capex
23/04/23 Actual End Date	23/04/23 Baseline End Date	\$1,161,948.00 Opex	-\$152,134.00 Opex

Project Status Commentary

Project Status

The DHR Program Board approved the project progress to the Closure phase on 21 March 2023. The Project is currently finalising Closure activities.

The remaining deliverables which will be addressed as part of Business As Usual activity include:

- Data Structures for regulatory submissions finalised with the submissions data due August 2023
- Core Data structures for reporting which includes Power BI executive reports
- BI materials rework. The team are working to identify the variance between expected and actual production data delivered.

Schedule

- Complex transformations required to extract core activity data is placing all delivery dates at risk
- Test build of national submission elements is complete. Testing is finalised for elements that have been mapped.
- Review and validation of methodologies target completion Feb 2023
- Validation of all reports in Epic – Jan 2023 will not be complete
- Tables to support National Submissions - February 2023

Risks & Issues

- Production data does not match anticipated outputs for reporting due to lack of documentation of workflows
- Roles and responsibilities are not defined across the three Health agencies and this is impacting the ability to improve governance processes
- Unplanned complex transformations required to extract core activity data to meet nation reporting requirements placing submissions at risk.

Scope

Scoping ongoing deliverables

Quality

Quality and assurance is being managed at the program level and is reported in the program status report.

Benefits

Benefits are being managed at the program level and is reported in the program status report.

Budget

Budget is being management at the program level. Figures for this report are as at end October 2022 as the new financial resource is due to start next week. The new project team is focused bringing the project out of critical and will refine the budget expenditure over the coming weeks to provide more detailed information by next month's status report.

Key Project Milestones

At Risk	Health	Task Name	Start Date	Status	Q3 Feb	Q3 Mar	Q4 Apr	Q4 May	Q4 Jun	Q1 Jul	Q1 Aug	Q1 Sep	Q2 Oct	Q2 Nov	Q2 Dec	Q3 Jan	Q3 Feb	Q3 Mar	Q3 Apr	Q3 May
		BI Project Plan (initial version)	30/03/22	Complete																
		Core data structures for Regulatory Submissions completed	01/01/22	In progress																
		Finalise data element mapping	01/01/22	In progress																
		Finalise data structures for testing	01/04/22	Not started																
		Requirements and design refined for final submission structures	01/07/22	Not started																
		Revise final submission structures	31/01/23	Not started																
		Custom metric scope defined	01/01/22	Complete																
		Methodology endorsed	01/01/22	Complete																
		Metrics built in Epic for Go Live Reports/Dashboards	01/01/22	Complete																
		Complete data element mapping	01/01/22	Complete																

Financial Performance

Whole of Life Budget & Expenditure

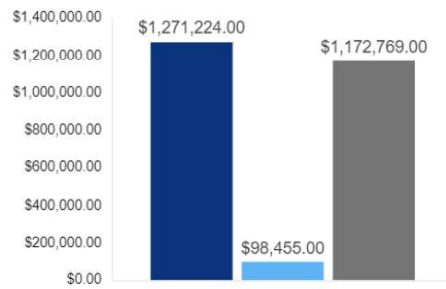
Current FY 2022/23

CapEx

Budget	\$1,496,215.00
Actual	\$323,446.00
Variance	\$1,172,769.00

OpEx

Budget	\$1,161,948.00
Actual	\$1,314,082.00
Variance	-\$152,134.00



● CapEx Budget ● CapEx Actual ● CapEx Variance ● OpEx Budget ● OpEx Actual ● OpEx Variance

Project Risks & Issues Profile

Risk Matrix (Post Treatment)

Primary	2	3	4	5	6
Risk Matrix					
Almost Certain				3	
Likely				4	1
Possible		1			9
Unlikely		6	2		1
Rare					
	Insignificant	Minor	Moderate	Major	Catastrophic

Issue Matrix

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

Risks

Title	Residual Rating	Action to Be Taken
National Reporting	High	Testing of data elements required for submissions. Close collaboration and communication with submission team. There are well-established processes for resubmission of data.
Critical Data Elements	High	We are working with app team and executives on mitigations, which include addressing through training Meetings will be scheduled week starting 5 September to discuss mitigation.
Limited Resources	High	Keep app workstream managers in the loop Escalate to senior management and executives as required
Lack of organisational readiness for such a significant change.	High	Treatments include the health services recruiting additional staff to support the change management Robust end user training Data governance/literacy
Clients receive the wrong reports and use them incorrectly.	High	Efforts underway to identify users, job roles to ensure they are assigned to the appropriate user group and tiers Recruitment of additional staff to support change management Robust end user training Data governance/literacy
The Territory may have problems with national reporting and submissions during the transition period from existing systems to the Digital Health Record	High	Map data fields from the DHR into the ACT data repository. There are well-established processes for resubmission of data. Sending brief to Minister and letter to DG and funding bodies about potential impact to submission timeline.
Inability to meet national submission requirements.	High	Testing of data elements required for submission Close collaboration and communication with submission team There are well established processes for re-submission of data
Loss of historical data - Audit data in chronicles is truncated regularly and if Clarity ETLs miss data it may be impossible to retrieve	High	Regularly review all the specifications. Keep abreast of any new reporting requirements and/or standards Identify all relevant stakeholders for the BID project Extensive consultation regarding deliverable required by stakeholders Regular meetings with all stakeholders POTENTIAL: increase log audit retention in Chronicles, however, will affect cost and performance
Data migration is incomplete - Data is notified for migration prior to Go-Live	High	DHR Data conversion team is assessing the Legacy Systems migration strategy DHR and Epic are developing a Data Conversions Strategy (Project Charter) for the migration of key data elements into the DHR (data seeding) ration strategy DHR and DSD keep contracts for legacy systems in a reduced state to ensure that data can be converted in a reasonable timeframe Testing process is planned and coordinated with key stakeholders
Data is lost, corrupted or mapped incorrectly through migration progress	High	Legacy data is currently being migrated from decommissioning systems. This data is landed in the new Data Health Enclave (PAUCLDRSQL207) server. Validation of data is dependent on the availability of an SME in the particular system area.
Accidental release of confidential data -	High	Training in data governance and best practices Build secure data handling network zones
Software as implemented does not meet our mandatory reporting needs	High	Working with vendor to identify mandatory reporting concepts to ensure inclusion prior to Go-Live

Data Access & Security	High	Draft key procedures required for Go-Live and training Communicating dependencies and timelines to DAB for required policies Clear approval process
Waiting Times for ACT Consumer App	High	Work with Epic on what solutions will meet requirements Escalate decision if required before the next GLRA
Lack of dedicated resourcing	High	
Strategy for reporting historical data	High	Currently assessing certain systems which will require reporting user interfaces. Systems like CHARM have been identified to require reporting for research, patient workflows, etc. That will require extraction from the data warehouse.
Difficulty accessing historical data	High	a) Monitoring progress of the data migration into the data repository. b) Training staff in the data repository team early so that their work aligns with the future state after implementation of the Digital Health Record. c) Monitor the implementation of document level context switching in CPF. d) DHR Data conversion team and IDM team are assessing the Legacy Systems migration strategy with the intent that legacy system information will be migrated to either Clinical Patient Folder and/or the Data Repository and be the source for historic information. e) DHR and Epic have developed a Data Conversions Strategy (Project Charter) for the migration of key data elements into the DHR (data seeding) and have this approved by the program governance. f) DHR and DSD keep contracts for legacy systems in a reduced state to ensure that data can be converted in a reasonable timeframe g) DHR conversions team have developed business requirements for each system that will be converted upfront with the vendor agreed components h) Developing a proof of concept for a legacy data viewer for data that is unable to migrate to Epic"
Loss of Legacy system metadata	High	Currently being assessed at a system by system basis. Some systems already have metadata available in their logs which have been extracted from the SQL database. Some documentation are already have been stored in Confluence and Objective. These are being documented at there System Handover Document to DSS.

Project Issues		
Title	Residual Rating	Action to Be Taken
Recruitment and onboarding staff	High	Making sure recruitment paperwork is submitted in a timely manner Training is available and staff supported Training materials and documentation developed, including induction
Difficulty accessing historical data	High	DHR Data conversion team and IDM team are assessing the Legacy Systems migration strategy with the intent that legacy system information will be migrated to either Clinical Patient Folder and/or the Data Repository and be the source for historic information. DHR and Epic have developed a Data Conversions Strategy (Project Charter) for the migration of key data elements into the DHR (data seeding) and have this approved by the program governance. DHR and DSD keep contracts for legacy systems in a reduced state to ensure that data can be converted in a reasonable timeframe DHR conversions team have developed business requirements for each system that will be converted upfront with the vendor agreed components Developing a proof of concept for a legacy data viewer for data that is unable to migrate to Epic

4.4. Digital Health Record Business Technical Project



Digital Health Record Technical Project

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient-centred
- Health services enabled by contemporary technology
- Research, discovery and collaboration

Reporting Period:

17 April 2023 to 14 May 2023

Project Overview

The Project will deliver technology components to support the migration of ACT Health systems, DHR and Related Systems environments, interfaces, end user devices, medical devices, and foundational technology solutions.

Trending

Stable

Project Governance

Project ID	FJ0006
Approval Stage	Close
Tier	Tier 1
Sponsor	Rebecca Cross
Governing Committee	DHR Program Board

Project Performance Indicators

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

Project Baseline

Project Delivery Team

Project Manager	Tim Panoho
Approver	Sandra Cook

Current Schedule

11/05/21
Actual Start Date

07/03/23
Actual End Date

Baseline Schedule

01/08/21
Baseline Start Date

30/12/22
Baseline End Date

Approved Budget

\$18,715,578.00
Baseline (Capex)

\$17,697,823.00
Baseline (Opex)

Budget Variance

\$5,089,097.00
Capex

\$12,337,013.00
Opex

Project Status Commentary

Project Status

The project is currently finalising closure activities, with the DHR Program board approving its progress to closure phase on 21 March 2023. There is significant focus to complete the following activities as part of the transition to BAU:

- The team are working on the cutover from the AETHER platform to Rhapsody for completion by May 2023.
- The team have been working on the first DHR upgrade which will be implemented on 24 May 2023.
- Pre-work has commenced to transition to Hyperdrive and will continue throughout the calendar year with significant impacts on interfaces.
- There is a large amount of work being completed to build the servers and migrate a number of outstanding systems to the Health Enclave.

Schedule

The DHR went live according to schedule and the program is progressing towards closure with all work efforts moved into BAU.

Scope

The scope of the technical team was to deliver all the infrastructure and application components for running the Epic application. This was delivered with processes now in place to support patching and special updates for ongoing future scheduled outages. The team delivered end user devices to all areas for CHS and Calvary and there is ongoing changes and improvements that will continue on through BA. The EUD team are now transitioning into DSS support. Medical devices are also continuing to support the biomedical services to ensure that there is ongoing monitoring and management of medical devices that have been delivered to BAU. The Security and User Provisioning team are managing the queues for support and maintaining end user access. There will be a project next year to improve the end to end provisioning of users to align with the CHS and Calvary onboarding projects. Interfaces are continuing with integration support with an outstanding action to migrate interfaces from the AETHER platform due to the lack of sufficient monitoring functionality.

Budget

The technical project has had some movement from the Operational budget to the Capital budget to adjust overspend in the Capital budget for this year. The project is now tracking against the rebased budget.

Risks & Issues

Please refer to the risks and issues summary report below.

Benefits

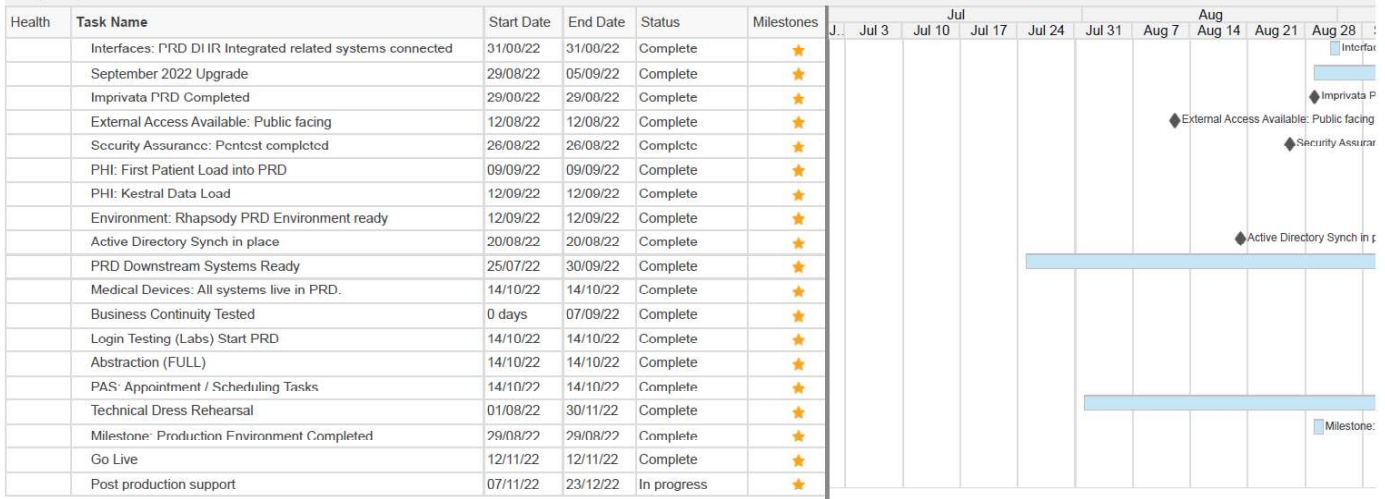
Benefits are being managed at the program level and is reported in the DHR Program status report.

Quality

A Quality and Assurance plan are being managed at the program level and is reported in the DHR Program status report.

Key Project Activities

Key Project Activities - Technical



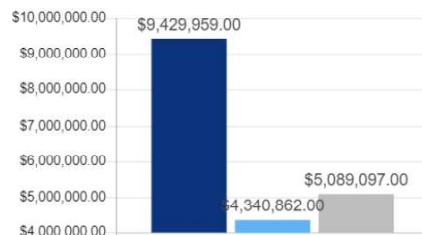
Financial Performance

Whole of Life Budget & Expenditure

Current FY 2022/23

CapEx

Budget	\$18,715,578.00
Actuals	\$13,626,481.00
Variance	\$5,089,097.00



OpEx

Budget	\$17,697,823.00
Actuals	\$5,360,810.00
Variance	\$12,337,013.00



● CapEx Budget FY ● CapEx Actual FY ● Variance CapEx ● OpEx Budget FY ● OpEx Actual FY ● Variance OpEx

Project Risks & Issues Profile

Risk Matrix (Post Treatment)

Primary	2	3	4	5	6
Risk Matrix					
Almost Certain					
Likely		2			
Possible			7		
Unlikely					
Rare	1				
	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	Description	Residual Rating	Action to Be Taken

Project Issues

Title	Description	Residual Rating	Action to Be Taken

5. Cyber Security

5.1. 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 statistics in the cyber security section are supplied by DDTS quarterly the most recent information available is from the January 2023 – March 2023 period.

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 (12)

Date	Reference	Investigation/RFI	Directorate	Status
31/03/2023	SEC-IST-23-081	E-discovery: Files	HD	Closed - Fully Resolved
6/03/2023	SEC-IST-23-055	E-discovery: Email	HD	Closed - Fully Resolved
1/03/2023	SEC-IST-23-050	E-discovery: Email	HD	Closed - Fully Resolved
1/03/2023	SEC-IST-23-049	E-discovery: Email	HD	Closed - Fully Resolved
1/03/2023	SEC-IST-23-048	E-discovery: Email	HD	Closed - Fully Resolved
14/02/2023	SEC-IST-23-035	E-discovery: Logon	HD	Closed - Fully Resolved
6/02/2023	SEC-IST-23-030	E-discovery: Email	HD	Closed - Fully Resolved
25/01/2023	SEC-IST-23-019	E-discovery: Email	HD	Closed - Fully Resolved
25/01/2023	SEC-IST-23-018	E-discovery: Email	HD	Closed - Fully Resolved
17/01/2023	SEC-IST-23-011	E-discovery: Files and Logon	HD	Closed - Fully Resolved
16/01/2023	SEC-IST-23-009	E-discovery: Email	HD	Closed - Fully Resolved
4/01/2023	SEC-IST-23-002	E-discovery: Email	HD	Closed - Fully Resolved

Incidents (8)

Date	Reference	Incident Type	Directorate	Status
23/03/2023	SEC-IST-23-076	Phishing	HD	Closed - Fully Resolved
8/03/2023	SEC-IST-23-058	Data Spill	HD	In Progress
22/02/2023	SEC-IST-23-043	Process Failure	HD	Closed - Fully Resolved
20/02/2023	SEC-IST-23-041	Phishing	HD	Closed - Fully Resolved
2/02/2023	SEC-IST-23-028	Device Based Threats	HD	Closed - Fully Resolved
27/01/2023	SEC-IST-23-025	Device Based Threats	HD	Closed - Fully Resolved
6/01/2023	SEC-IST-23-004	Device Based Threats	HD	Closed - Fully Resolved
4/01/2023	SEC-IST-23-001	Account Compromise	HD	Closed - Fully Resolved

5.2. Operational Security Updates

5.2.1. Essential 8 maturity level

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

5.2.2. 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 28 systems have been onboarded. The ACTHD cyber team is working with the ACTHD Tech team and system administrators to continue onboarding systems and removing individual administrator accounts for system administrators.

5.2.3. 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 have been impacted by the network modernisation project at CHS, which has resulted in the data feeds to break. The Cyber team is working with the DDTS network team to restore connectivity so that network visibility is established. There has been some progress, however, the systems are not yet fully functional.

5.2.4. 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 in 2022. Resource constraints within DDTS and hospital capacity issues within CHS are limiting the progress of this essential work, however plans are in place to accelerate this work in early 2023.

5.2.5. Network Monitoring and Segmentation

DSD has formed a working group with DDTS Security and DDTS Networks to explore network segmentation for health systems. This working group explores the current state of ACT Health's networks, limitations of current technologies used across ACTGOV and future requirements. This work will continue with the inclusion of the CHS CIO with the aim 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.

5.2.6. 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 340 staff that are fully vetted and roughly 25 staff that are in the process of being vetted.

5.3. Unsupported Operating Systems

5.3.1. Legacy Servers

DSD have been working actively to migrate/decommission the Windows Server 2008.

Windows Server 2008 (on premise) support ceased in January 2023. DDTS and DSD are working proactively to ensure security controls are in place. As of January 2023, Health has a total of 20 Windows Server 2008 (Azure) Servers which are still supported until January 2024.

October 2023 Windows Server 2012 (on premise) will reach end of support life. Out of the 445 servers across the Government, Health has a total of 39.

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	Server May 22 Count	Server July 22 Count	Server Dec 22 Count	Server Jan 23 Count
Health	124	112	98	43
Other	174	151	151	27
Total	298	263	249	70

5.4. 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 05 April 2023 outlining the status of the security plans across the ACT Government.

Directorate	Current	Expired	No Plan	Under Review	Not Required	Total
Health	15	23	24	29	15	106
Other	49	30	19	53	32	183
Total	64	53	43	82	47	289

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.



ACT
Government

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ACT Health

Digital Solutions Division Performance Report

June 2023

Issued 19 July 2023



Connecting Your Care.

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1. From the Chief Information Officer

The Digital Solutions Division (DSD) within ACT Health is responsible for the delivery of digital health capabilities across the ACT public health system which includes our colleagues in ACT Health, Calvary Public Hospital Bruce, Canberra Health Services 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.



Over the month there has been a lot of focus from our teams to support on the transition for the Northside Hospital. From a technological perspective there were many changes required to our ICT Health Systems to support a successful transition.

As we reflect on the first half of the year the Division has already delivered the first of two formal upgrades to the Digital Health Record. Work is still actively underway to support the important deliverables still listed below. We are now delivering monthly special updates to continually enhance the DHR to meet the needs of the Health Services.

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

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2. Service Metrics

2.1. Service Metrics Summary

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

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

Overall, the Division continues to provide a high level of service delivery, more of note from the divisions phone service desk. On average users are only waiting on average around 1 minute for their calls to be answered. Across the division there is currently 5200+ service request tickets open.

2.2. Snapshot

2023 JUNE SNAPSHOT

There were 60,955 requests resolved between January 2023 to June 2023 across the division.

6324

Phone Calls Offered
To Digital Solutions Support



85

Successful
Scheduled
Changes



9,559

Requests
Created
During June 2023

Requests
Resolved 9,579
During June 2023



5

Major Incidents
Critical (P1) or High (P2)

25

Active Projects

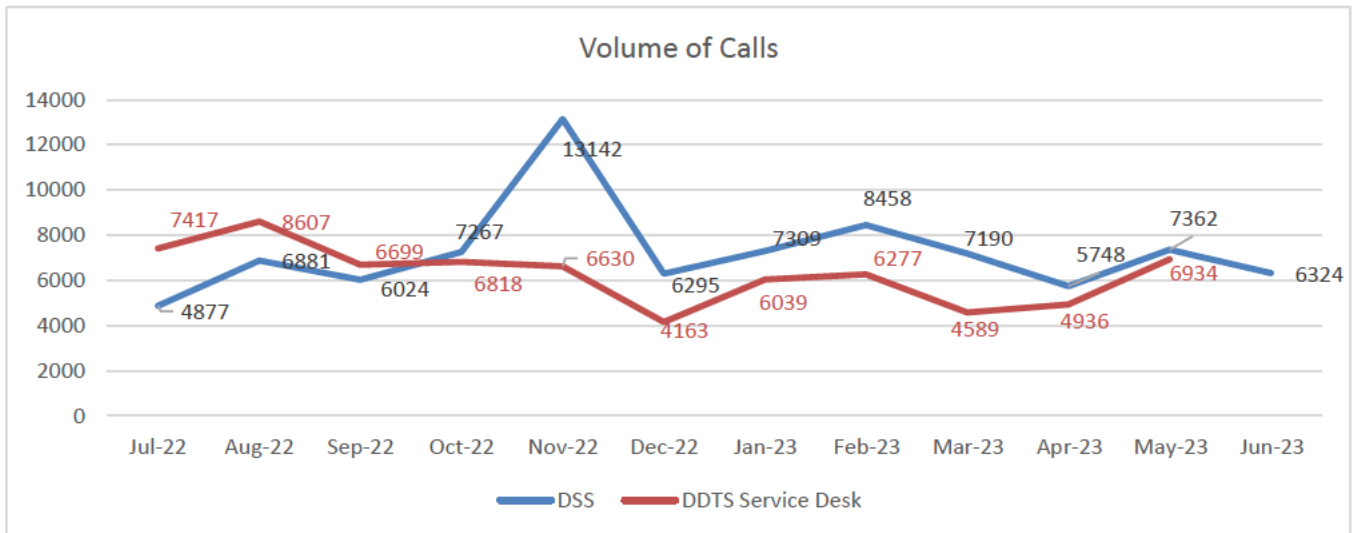


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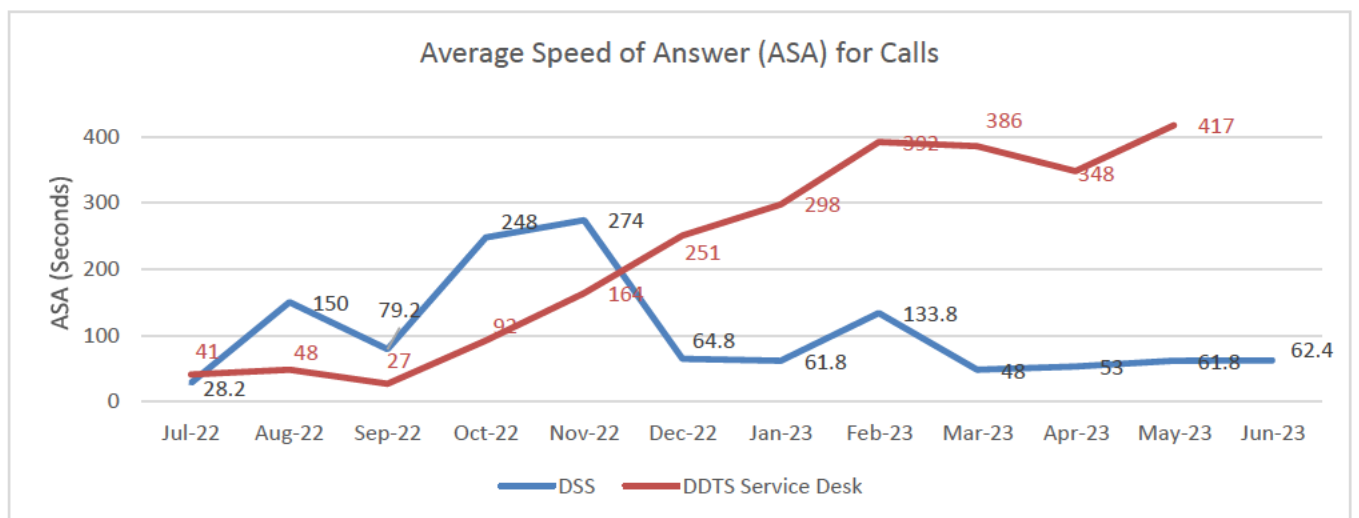
User Satisfaction
Out of 5

Monthly Request Summary

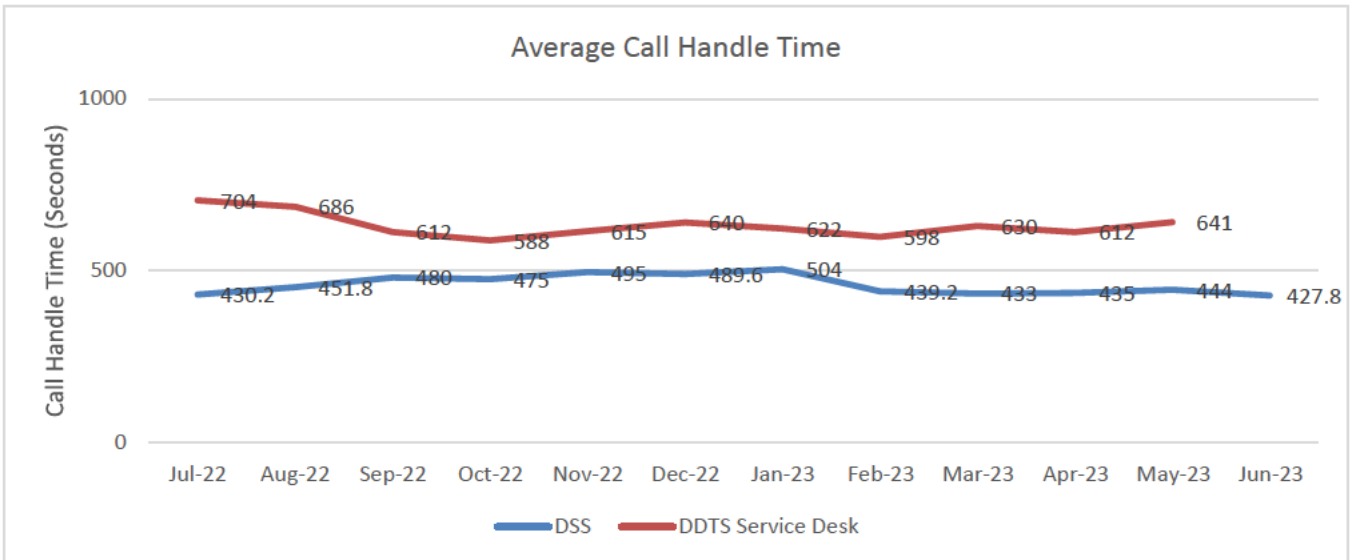
Metric	June 2023
Requests Created	9559
Requests Resolved	9579
Total request remaining open	5241
Standard Requests Responded to within KPI Timeframe (4 hours)	91.7%
Standard Requests Resolved within KPI Timeframe (24 hours)	78.6%
Total Number of Urgent Requests	353
Urgent Requests Responded to within KPI Timeframe (30 minutes)	85.8%
Urgent Requests Resolved within KPI Timeframe (2 hours)	52.7%
Total Number of Password Reset Requests	873
Password Reset Requests Resolved within KPI Timeframe (2 hours)	83%



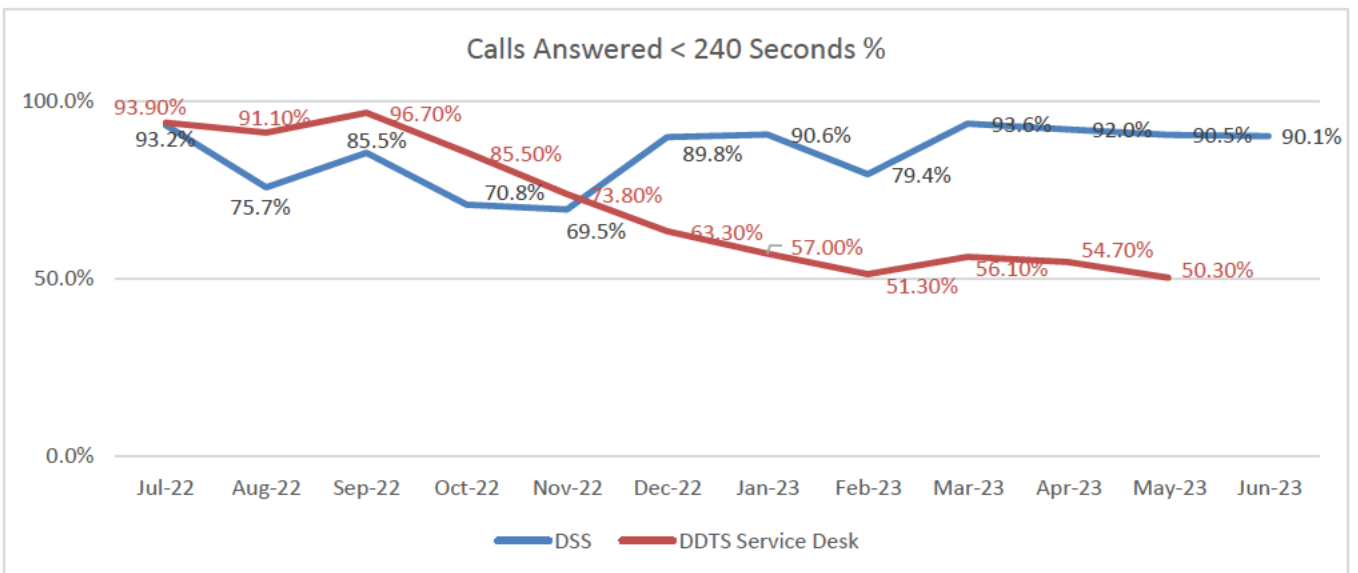
Graph 1 – Total volume of calls



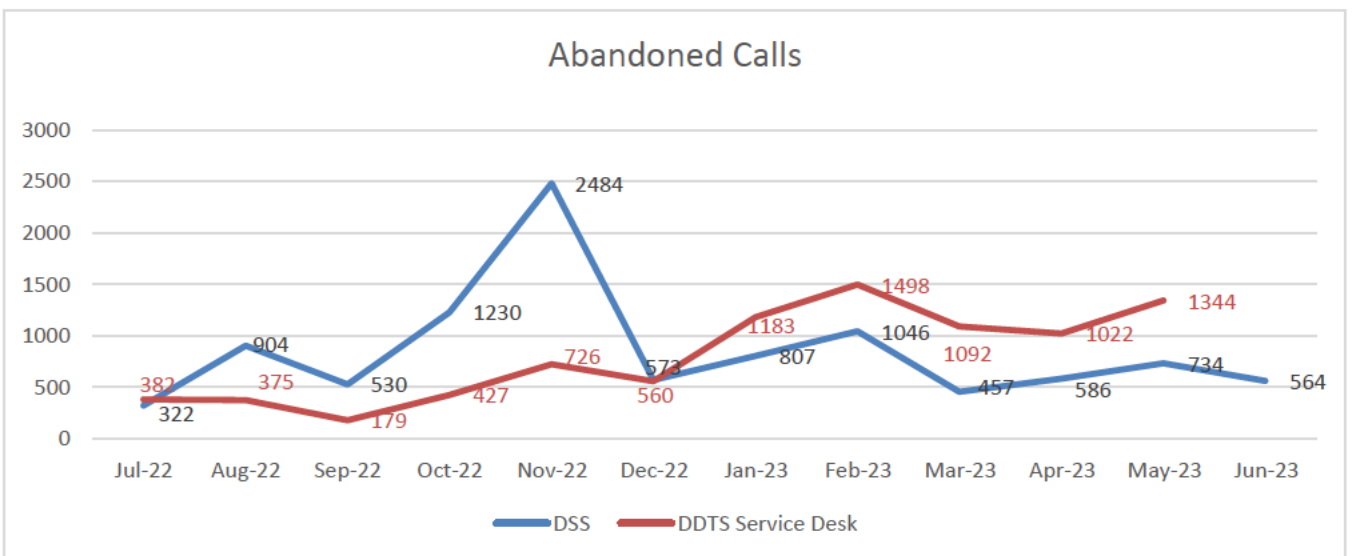
Graph 2 – Average speed of answer for calls



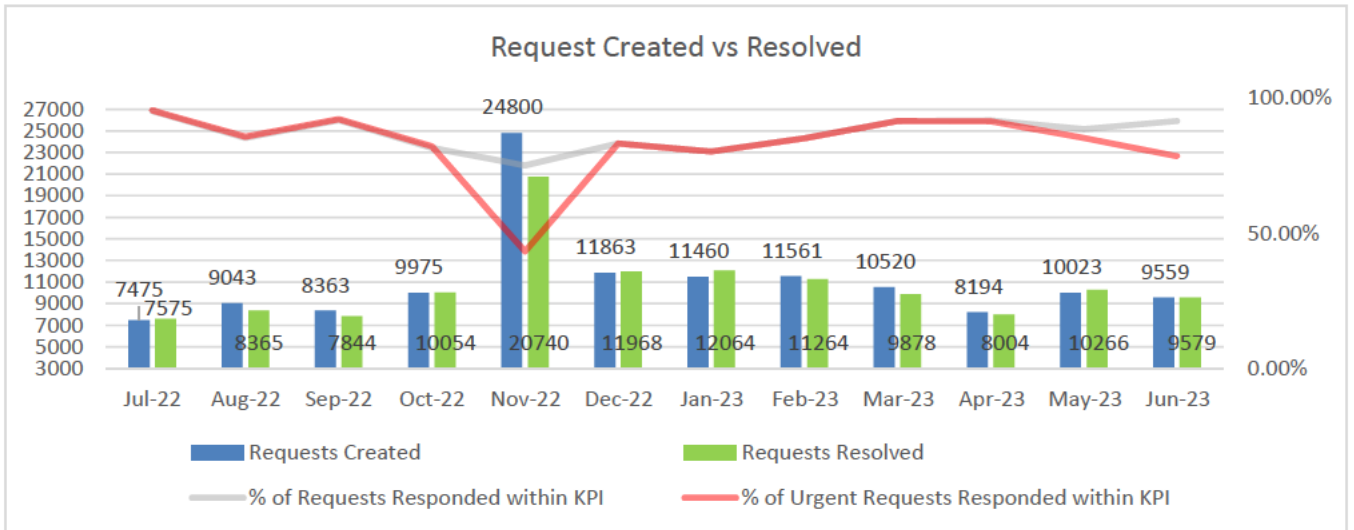
Graph 3 – Average Call Handle Time



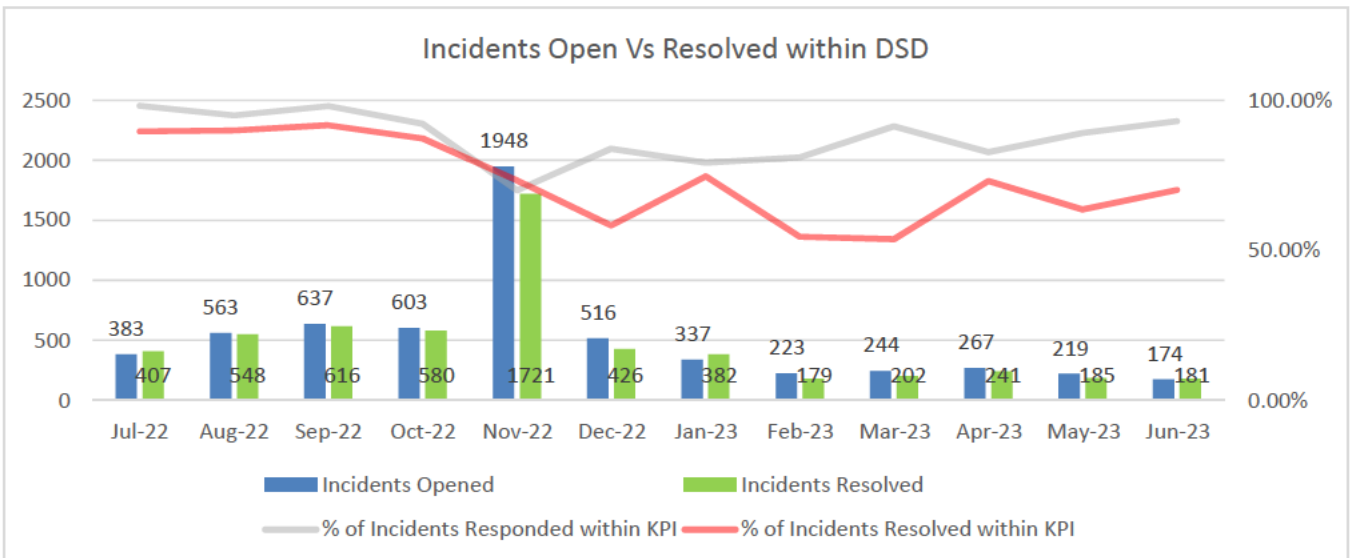
Graph 4 – Total percentage of calls answered within SLA



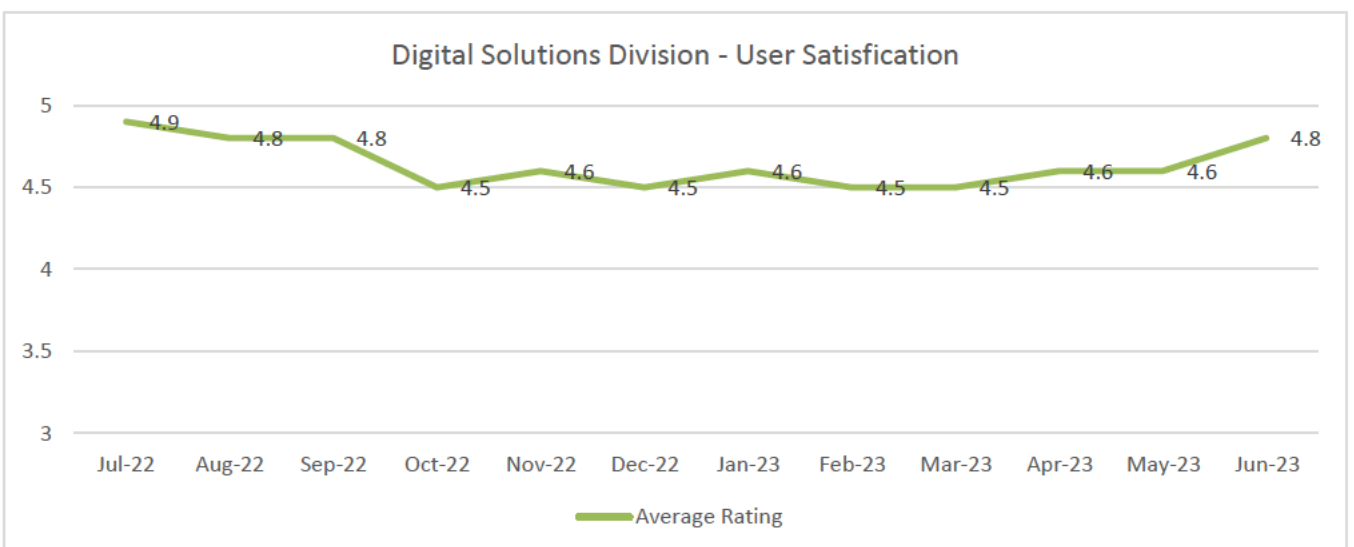
Graph 5 – Total number of calls abandoned.



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 (ie 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 174 new incidents raised which was decrease from last period's of 219. A total of 181 incidents were recorded as closed for the month.

The 14th of June 2023 had a larger than normal volume this period of 16 incidents. Of these, a total of five incidents were raised for Rhapsody related issues. Additionally, a P2 incident had been reported for DHR Link.

93.1% of incidents were responded to within the first 30 minutes and 70.1% of incidents were resolved within four hours which is a slight increase from the previous month.

Out of the 174 incidents recorded, 5 were classified as a High Priority Incident (P2). A summary of these five incidents can be found in the table below.

Title	Incident Summary	Incident Outage	Jira/SNOW #	Priority
Phillips Monitor not slaving DHR-TCH-ICU& ED	It had been identified overnight that the Phillips monitors were not sending information to the DHR. An investigation into the matter found that an IP address on the Phillips firewall had changed which had caused the issue. While the incident has been resolved, the root cause analysis is still in progress to find why the firewall had changed.	Partial outage over 21 Hours & 38 Minutes	DSD-350009	P2
DHR Link - MFA unavailable externally	It had been identified that external users were unable to access DHR via the DHR Link application. Investigation had determined that the Azure gateway was unable to connect to the Load balancer.	Partial outage over 7 Hours & 14 Minutes	DSD-353236	P2

	<p>Once the entry was removed and re-entered the link began working again.</p> <p>Root cause has been narrowed down to two potential issues that the system admins are still reviewing.</p>			
Sectra PACS - System Logon Issues	<p>The Sectra PACS was unavailable for a short duration of time. The vendor was required to investigate the issue and it had been determined that there was an issue with one of the services on the database cluster. Restarting that service resolved the outage.</p>	47 Minutes	DSD-353581	P2
HEALTH users affected Outlook / Webex / Sharepoint / Riskman login issues	<p>Health Staff were unable to access any web-based applications that required Microsoft Authentication to access. This issue was caused due to the active node on SQL Cluster PRDGEO001PN2 dying and not being able to fail over correctly.</p> <p>Once the file share between 2 and 1 had been fixed and SQL services were restarted services started working correctly.</p>	Partial outage over 6 Hours & 51 Minutes	DSD-355970	P2
PICS - Database Offline	<p>It had been identified that staff were having issues with PICS during the outage. An error advising that the database was down had been observed by staff. Initial troubleshooting led to believe that the database had filled to capacity.</p> <p>During DDTS investigation, it appeared that the database was in the process of cleaning itself up. After this had been observed, the database had connected, and PICS was operational once again. A root cause investigation into the self-recovery is currently underway by the vendor.</p>	Partial outage over 1 Hour & 20 Minutes	DSD-358491	P2

2.4. Change Management

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

The definition of the changes recorded are:

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

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

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

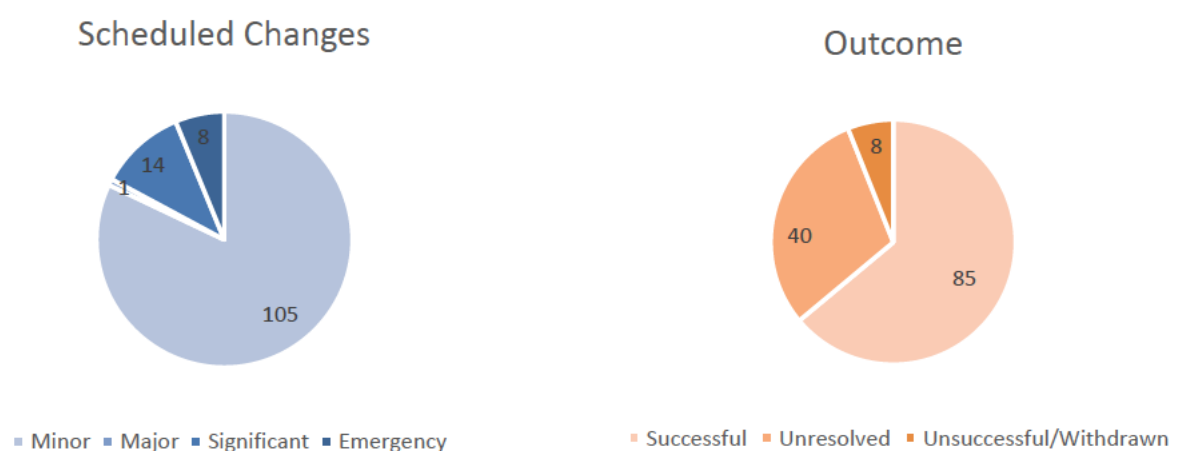
Emergency – Must be introduced as soon as possible to resolve an urgent incident address an unacceptable level of risk or prevent disruption to critical business services

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

- 7 June 2023
- 14 June 2023
- 21 June 2023
- 28 June 2023
- 29 June 2023 (North Canberra Hospital (NCH) DHR Change Control Board).

A total of 9 changes were tabled, 9 of which were endorsed either at the meeting or as an out of session circulation following in cases where more information was requested by the board.

2.4.1. Scheduled Changes



Major and Significant changes included the following:

- NDMS Production Upgrade to version 19.5.22; and
- 3M Codefinder Update to Production; and
- Standard monthly patching of Health Enclave systems; and
- NCH Transition Updates for DSD Systems.

Emergency changes included the following:

- CHS ECGs not transmitting through Epiphany Server PFYSAPP022 – server reboot required; and
- Uplift in RAM to AETHER master nodes; and
- MerlinMap – Certificate Update and emergency restart; and
- Restart of Nurse Call server in TCH ED.

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

Status	Total
Duplicate	1
Cancelled	1
Deferred	1
Failed	1

Unsuccessful changes greater than 30 days

This table reflects changes that have been endorsed CCB and have yet to be successfully implemented.

CCB Approval Date	Planned Implementation Date	Change #	System Name	Description	Comment
14/12/2022	Ongoing	DSD-289058	AETHER RHAPSODY (DHR)	Migration from AETHER to Rhapsody	Scheduled - Work ongoing as planned
24/05/2023	30/05/2023	DSD-343639	Labguard – Temperature Monitoring	Labguard Production Migration	In Progress
24/05/2023	31/05/2023	DSD-341323	HealthLink	Migrate HealthLink Production	In Progress

2.5. Legacy Records Management (Paper Records)

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

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

Service	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23
Record transfer of a paper files to another officer	6	25	12	24	4	45	18	16	11	23	6	17
Paper File Retrieval Request	14	12	18	27	13	5	10	10	10	16	13	15
New Paper File Request	181	160	192	161	285	209	237	149	188	103	141	261
New File Part Request	4	17	19	7	15	9	17	10	4	4	7	13
Transfer Paper File to Records/Storage	7	19	5	6	8	16	11	14	7	12	9	18

2.6. Digital Records Management

All ACT Health Directorate areas have been transitioned from the Q: Drive, into Objective for the management of administrative records. The Objective Ministerial Workflow was rolled-out across the Directorate during May 2023.

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.

Digital Records Support (Shared Services) are currently engaged with both the Objective Vendor and all ACT Government Directorates using Objective on a project to upgrade the current version of Objective being used and transition the system to a cloud-based solution.

Metric	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23
General Objective/TRIM enquiry	44	43	60	44	37	67	24	33	33	25	52	21
Request Objective access + new user	51	37	31	16	14	19	53	64	58	51	73	40
Request Access/Restriction on a file or folder	24	19	19	19	25	9	13	19	29	24	28	23

3. Projects and Program

3.1. Summary Overview

The Digital Solutions Division (DSD) has a work program with 25 active projects in progress. The Division tiers projects from 1 to 4 in accordance with the Portfolio Delivery Framework. The Tier 1 projects are the most complex and Tier 4 are considered smaller and less complex.

Projects that have been classified as a Tier 1 or Tier 2 are required to report monthly to the Executive Sponsor and Chief Information Officer. The below reporting dashboards are derived from the reports submitted by Project Managers for the period ending 11 June 2023.

Out of the 15 major (Tier 1 and Tier 2) there is only one project tracking red which is the Pharmacy Inventory Management System (PIMS). This remains barely a minimum viable product with significant amount of resource time being dedicated to basic operations. Key fixes are to be included in the June upgrade but a release date and testing schedule is yet to be provided. The Electronic Controlled Drug Register (ECDR) is awaiting a formal decision after being presented to the Digital Committee.

For this reporting period, there were two new projects established. The first in an expansion of the ACT Pathology Laboratory, DSD will be responsible for the delivery of the ICT requirements of this project. The second is the procurement and implementation of a new environmental monitoring system for the ACT Government Analytical Laboratory.

The DHR Program was formally closed in March 2023, project status reports are no longer produced. Governance for the DHR is being managed through the Health ICT Governance Structure with support from the Health Services.

3.1. Digital Solutions Divisions Portfolio Dashboard



ACT
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ACT Health

Digital Solutions Division PORTFOLIO DASHBOARD

Reporting Period:

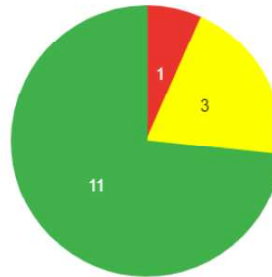
15 May 2023 to 11 June 2023

Overview

Number of Programs	Number of Active Projects
1	25
Number of New Projects	Number of Major Projects
2	15
Number of Projects Closed	
0	

RAG Status of Major Projects

Red
Yellow
Green



Resources

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

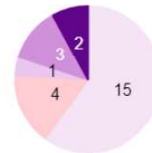
All Projects by Tier

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	22/09/2022 Phase 2
PJ0013	Pharmacy Inventory Management System	Red	Tier 2	Initiate	• Patient-centred • Health services enabled by contemporary technology	Sandra Cook	20/06/2022 (CPHB) 26/09/2022 (CHS);
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	Green	Tier 2	Deliver	• Patient-centred • Health services enabled by contemporary technology	'Colm Mooney	30/11/22
PJ0017	TCH Building 19 Level 3 Pharmacy 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	30/11/22
PJ0033	Calvary Public Hospital Bruce OneID Implementation and EACS Replacement	Yellow	Tier 2	Initiate	• Health services enabled by contemporary technology	'Jarrad Nuss	30/09/23
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
PJ0041	Identity Governance	Green	Tier 1	Initiate	• Health services enabled by contemporary technology	CIO	06/30/25
PJ0041	Embedding a Positive Safety Culture	Green	Tier 2	Plan	• Health services enabled by contemporary technology	CIO	06/30/23
PJ0048	Building Fit-out works for CAMHS at Bowes Street	Yellow	Tier 2	Initiate	• Patient-centred • Health services enabled by contemporary technology	Evan Byrne	
PJ0049	Environmental Monitoring System	Green	Tier 2	Initiate	• Health services enabled by contemporary technology	Holger Kaufmann	12/22/23

Tier 3 & 4 Projects

Project ID	Project Name	Executive Sponsor	Digital Health Strategy Theme	Approved Baseline Budget (Capex)	Approved Baseline Budget (Opex)	Approval Stage or Tranche
PJ0035	Mainpac Expansion	'David Jones	• Health services enabled by contemporary technology	\$254,375.00	\$38,958.75	Initiate
PJ0037	Electric Vehicle Charging ICT Standard	'Colm Mooney	• Health services enabled by contemporary technology	\$20,000.00		Initiate
PJ0039	Medical Imaging Additional Nurse Call Equipment	'Sean Fenotti	• Health services enabled by contemporary technology	\$22,000.00		Initiate
PJ0040	DALI System Upgrade	'Chris Tarbuck	• Health services enabled by contemporary technology	\$50,000.00		Initiate
PJ0042	TCH B3 L1 Rheumatology & Dermatology Consultation Room Upgrades	'Chris Tarbuck	• Health services enabled by contemporary technology		\$4,200.00	Initiate
PJ0043	1 Moore Street Security Upgrade	'Scott Harding	• Health services enabled by contemporary technology		\$5,000.00	Initiate
PJ0045	Distribution Centre Relocation	'Andrew Murphy	• Health services enabled by contemporary technology		\$52,694.00	Plan
PJ0046	Eating Disorder Residential Treatment Care Centre	'David Jones	• Health services enabled by contemporary technology		\$57,457.00	Initiate
PJ0047	RAPID	Sarah Mogford	• Patient Centred • Health services enabled by contemporary technology	\$187,680.00	\$46,749.00	Initiate
PJ0050	ACT Pathology Laboratory Expansion	Glenn Edwards	• Health services enabled by contemporary technology			Initiate

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 is reporting RED as MerlinMAP remains barely a minimum viable product with significant amount of resource time being dedicated to basic operations. Key fixes are to be included in the June upgrade but a release date and testing schedule is yet to be provided. ECDR is on hold pending an outcome from the June Digital Committee.

New Projects

Project ID	Project Title	Project Overview
PJ0050	ACT Pathology Laboratory Expansion	ACT Anatomical Pathology Laboratory in Canberra Hospital's Building 10 level 3 will be expanded to address the unacceptable WH&S risks from cramped space to ensure a sustainable pathology service is provided into the future. The refurbishment and fit-out will be achieved in two stages and will be the responsibility of Major Projects Canberra, Capital Project Delivery (CHS) and DSD who is responsible for delivering the ICT requirements.
PJ0049	Environmental Monitoring System	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.

Closed Projects

Project ID	Project	Project Overview

Major Project Risks Heat map

Primary	2	3	4	5	6
Risk Matrix					
Almost Certain	1			1	
Likely		4		1	
Possible	1	12		10	7
Unlikely	2	7		19	4
Rare	4	1		5	
	Insignificant	Minor	Moderate	Major	Catastrophic

Major Project Issues Heat map

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

Major Projects Critical Risks/Issues Report

Project Name	Risk/Issue	Title	Residual Rating	Description
Pharmacy Inventory Management System	Issue	Insufficient budget to expand scope to include Electronic Drug Register.	Extreme	Director General has rejected single select ECDR proposal given lack of available funds. CHS & CPHB have agreed (in-principle) to cover ongoing licensing and hosting fees, but without DSD implementation funds, ECDR progress is on hold. A follow-up paper to the ECDR proposal will be presented to the June Digital Committee with a focus on licence costs and project prioritisation.

3.2. Notifiable Diseases Management System Status Report



Notifiable Disease Management System

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient Centred
- Research, discovery and collaboration

Reporting Period:

15 May 2023 to 11 June 2023

Project Overview

The project has two objectives, the first is to replace the existing notifiable disease management systems/tools that are not fit-for-purpose through the implementation of a Commercial-Off-The-Shelf (COTS) solution. This will ensure Communicable Disease Control (CDC) section within Health Protection Service (HPS) branch has a system in place to efficiently manage any notifiable disease outbreaks. The second is to replace the ACTGAL Laboratory Information management System (LIMS) as a part of the ACTGAL modernisation project.

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 Baseline Start Date	\$7,913,000.00 Approved Baseline Budget (CapEx)	\$3,861,189.12 CapEx Variance
Approver CIO	04/01/24	04/07/22 Baseline End Date	\$3,119,296.00 Approved Baseline Budget (OpEx)	\$3,075,914.20 OpEx Variance

Project Status Commentary

Project Status

Work on post go-live enhancement for NDMS has commenced with key pieces being, HL7 implementation with Australian clinical Labs, Automation of the NNDS Daily Report, Community Reporting Portal for GP notifications. The NDMS Project Board has been reinstated to govern the implementation of enhancements. The ACTGAL Statement of Requirements is in its final review prior to endorsement by the Digital Committee. The project is working with Legal to produce a draft agreement as a part of the procurement package.

Benefits

Additional post go-live deliverables are required for the business unit to fully realise the benefits of NDMS including ongoing updates to HL7 results and automated reporting. Benefits for Phase 3 ACTGAL LIMS replacement are yet established. 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.

Risks & Issues

Risk planning for the LIMS procurement has started with the Project team meeting with the procurement panel to review and complete the procurement plan. There are currently 4 open risks for the ACTGAL phase on the risk register. The most significant is in relation to the available budget and whether a solution can be procured and implemented with the available funding. A new risk has been added for NDMS work in relation to the availability of SMEs to gather requirements and test.

Schedule

Schedule baselines are required for Phase 3 LIMS replacement which is currently entering into procurement planning. The project would like to progress to an approach to market prior to the end of the calendar year. A new schedule will be developed for the delivery of NDMS enhancements. There are a number of work packages within scope which is estimated to take up to 6 months to deliver.

Budget

Project is reporting within tolerance for budget. Additional work on post Go-Live enhancement for Phase 1 and 2 are being costed against the Project. We are yet to have confirmation that the rollover of requested NDMS budget to 23/24FY has been approved. The split of remaining funding has been agreed by Project Boards as \$1.2m for NDMS and \$2m for ACTGAL implementation. A review of the NDMS budget is currently being taken due to inconsistencies in balance sheets and purchase orders.

Scope

The NDMS Project Board has agreed to a set scope for delivery under its reinstatement which includes HL7 integration for Australian Clinical Labs (ACL), replacing interfaces with Rhapsody integrations, delivery of a provider portal for electronic notifications by general practitioners and roll out of additional/improved AAIR. ACTGAL is progressing with the statement of requirements to accompany an approach to market. This will be required to establish the scope of Phase 3. A draft PID is being developed by the Project Manager.

Quality

The Quality expectations and acceptance criteria have been documented in the PID for Phase 1 and 2. ACTGAL LIMS Quality measures are yet to be established however requirements analysis has commenced and will be documented in the PID.

3.3. Pharmacy Inventory Management System Status Report



Pharmacy Inventory Management System

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

- Patient-centred
- Health services enabled by contemporary technology

Reporting Period:

15 May 2023 to 11 June 2023

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



Project Baseline

Project Delivery Team		Current Schedule	Baseline Schedule	Budget	Budget Variance
Project Manager	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	\$770,051.66 Approved Baseline Budget (OpEx)	\$18,136.22 OpEx Variance

Project Status Commentary

Project Status

The PIMS Project Board continues to express extreme frustration with the MerlinMAP system. Nearly 12 months since implementation at CPHB (21 June 2022 go-live) the system remains barely a minimum viable product. Calvary Director of Pharmacy reports patient impacts on timely access to medications and staff dissatisfaction with the functionality of the product. Contract and issue management with the vendor is ongoing but fixes to known bugs are delayed and generally allocated to biannual upgrades. Project status remains at RED. Schedule, Risks and Issues, and Quality project criteria are each rated RED. Schedule is now immaterial given there has been no decision on funding and implementation of an Electronic Controlled Drugs Register (Project Phase II). An options paper for the ECDR was presented to May Digital Committee with an action to re-present to June Digital Committee with more information on licence costings and project prioritisation. An issues management meeting with vendor Pharmhos was held on 31 May. Key fixes are to be included in their June upgrade but a release date and testing schedule is yet to be provided. Future PIMS Project Board meetings are pending an outcome on the ECDR decision from June Digital Committee.

Scope

- The PIMS instance of Merlin/MerlinMAP is now live at both CHS and CPHB.
- A Project Exception Report has been approved by the CIO following recommendations from the Project Board to extend the project timeline to address outstanding MerlinMAP issues and expand the project scope to include an electronic controlled drug register as phase 2 of the project.

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 CPHB 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 Project Board met on 8 May. A MerlinMAP issues meeting between Pharmhos/ DSD/ and both pharmacy services was held on 31 May. Key fixes are to be included in their June upgrade but a release date and testing schedule is yet to be provided.

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. Future project costs will be drawn out of Opex (MSH cost centre 69815). The budget for 2022/23 FY is \$204,673, which is 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.
- There is insufficient budget to cover the implementation of the ECDR. Additional sources of funds have near-been exhausted. A proposal to absorb project resource costs and re-examine other project costs was presented to May Digital Committee meeting. A follow-up paper with more detail on licence costs and project prioritisation is to be presented to June Digital Committee.

Risks & Issues

- The Merlin/MerlinMAP solution implemented across both health services is barely a minimum viable product and does not meet all business requirements for the pharmacy departments. The cyclical stocktakes at CPHB have not been operational since go-live and there is real concern about capacity to do an EoF-Y stocktake.
- A revised CanberraScript audit will be required to demonstrate monitored medicines dispensed on discharge or outpatients are properly uploading from MerlinMAP into CanberraScript.
- There has been some work to upskill staff within Medication Systems team with a goal is to better support both health service pharmacy departments and centralise the data maintenance and governance. Currently, this is managed primarily by key staff with the health services. For example, the North Canberra Hospital transition will require MerlinMAP ward build and this can only be currently performed by the CHS Pharmacy subject matter expert.
- There is insufficient budget to cover Phase 2 (ECDR) implementation. A single select procurement proposal was rejected by the DG based on lack of available funds. A re-costed proposal was presented to Digital Committee in May, with an outcome to re-present additional options and costings to the June Digital Committee meeting.
- The issues register has been revised to better align each issue with DSD Jira and Pharmhos support tickets to properly audit vendor turnaround time

Quality

The solution delivered in Phase 1 is barely 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). MerlinMAP will require additional development by the vendor to meet all business requirements; this will require a series of upgrades, with the next scheduled release in June 2023. PIMS Project Board lacks confidence in capacity of vendor to make substantial improvements in MerlinMAP functionality.

Project Issues		
Title	Residual Rating	Action to Be Taken
Insufficient budget to expand scope to include Electronic Drug Register.	Extreme	<p>11/06/23 - Digital Committee has requested a follow-up paper for June meeting with focus on licence costs and project prioritisation</p> <p>14/05/23 - The ECDR proposal has been re-costed and is to be presented for decision at May Digital Committee</p> <p>7/04/23 - DG has rejected single select proposal for ECDR based on lack of available funds</p> <p>20/03/23 - Budget impact included in single select DG Minute</p> <p>20/2/23 - Investigating alternative options to source additional project funds</p> <p>8/1/23 - Sarah Carpenter appointed as project manager.</p> <p>15/11/22 - PIMS 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>19/09/22 - This has not been progressed.</p> <p>15/08/22 - This has not progressed in the past month.</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 - Request for quote to be progressed, with shared funding arrangements between CHS, CPHB and DSD to be formalised following this.</p> <p>17/02/22 - Change request presented to the Board who endorsed in principle but queried the NTT hosting costs. To be submitted to the CIO for consideration. additional fundin-</p>
MerlinMAP Modules not fit for purpose	High	<p>11/06/23 - PIMS Project Board lacks confidence that vendor has capacity to enhance functionality of MerlinMAP beyond a minimal viable product.</p> <p>14/05/23 - May issues management meeting with vendor scheduled</p> <p>7/04/23 - Contract and issues management meetings with vendor continue.</p> <p>20/03/23 - Contract management meetings with vendor established.</p> <p>20/2/23 - PIMS Project Board confirmed that functionality has not been addressed within project tolerance guidelines and project status should now be declared RED.</p> <p>21/12/22 - PIMS Project Board members reiterated that the MerlinMAP solution delivered in PIMS Phase 1 is a minimum viable product, noting that CPHB has the MerlinMAP solution only and some reporting functionality is only available via original Merlin (CHS has access to both solutions).</p> <p>11/12/22 - CPHB continues to express frustration that standard business reporting functions (e.g. capacity to generate cyclical stocktakes) is not available in MerlinMAP</p> <p>15/11/22 - Final release deployed prior to DHR go-live. Still many issues outstanding (over 185 logged). Sarah and Monica to review the issues log and prioritise for both health services, which then needs to be provided to Pharmhos to incorporate into their build schedule.</p> <p>19/09/22 - PIMS Board agree that critical issues would be included in final release deployed prior the DHR go-live. Build issues log has over 160 items currently logged.</p> <p>15/08/22 - Release 1.0.754 is in test, 3 fixes have failed testing. Options paper to address competing priorities between PIMS and DHR to be tabled to Board for discussion.</p> <p>18/07/22 - CPHB: Sarah to review and prioritise issues logs for CPHB this week to provide to vendor for inclusion in next release. Advice from vendor is they expect 2 more build prior to DHR go-live.</p> <p>CHS: Exception report to be tabled to project board this week, preferred option for CHS is to stay on Merlin.</p> <p>20/06/22 - v1.0.724 deployed to test on 3/6, Sarah Smith has been working with the vendor to ensure the product provides a minimum viable build for CPHB go-live, PM is tracking issues and future build list, awaiting confirmation from vendor on timeframe for this development.</p>
Electronic drugs register implementation	High	<p>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>7/04/23 - 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> <p>Change request to seek additional funding to include this in scope Escalate to appropriate CHS governance committee to put in place other mitigation strategies to address CHS controlled medicines management risks in time for Accreditation in March 2022.</p>
Canberra Script integration	High	<p>11/06/23 - Pending repeat audit to determine whether uploads are properly occurring</p> <p>14/05/23 - Pending repeat audit to determine whether uploads are properly occurring</p> <p>7/04/03 - Vendor believes fix has been applied. Repeat audit required to confirm.</p> <p>20/03/23 - Audit data shows 111 of 140 dispense events for monitored medicines have not uploaded into Canberra Script.</p> <p>20/2/23 - Meeting with Pharmaceutical Services scheduled for 21/2/23 to examine any Canberra Script upload discrepancies.</p> <p>15/11/22 - Fix applied in v1.0.771 - reliant on pharmacists having HPII in their user profile. DAPIS report to be provided to HPS to audit against Canberra Script to ensure data is going through. Once confirmed, issue will be considered resolved.</p> <p>19/09/22 - Vendor advises that they built the integration to an earlier version of the conformance profile where prescriber number was mandatory. The latest version of the conformance profile sets this to optional. Vendor advise that this will be fixed in the next release.</p> <p>15/08/22 - Workaround DAPIS report provided to CPHB. Vendor continues to investigate, appears to be due to Pharmhos developing to an earlier conformance profile in which Prescriber Number was mandatory. Spoke to NT chief pharmacist, they accepted workaround to use generic hospital prescribers. To be discussed with Board and new ACT Chief Pharmacist regarding options.</p> <p>18/07/22 - Meeting held last week with HPS, proposed to obtain as much prescriber number information from Canberra Script, seek the chief pharmacist advice on whether a manual DAPIS report is required and for HPS to raise the integration design flaw with their vendor.</p>
BAU resourcing for data maintenance	High	<p>11/06/23 - 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>

3.4. Identity Governance Status Report



Identity Governance

Digital Solutions Division PROJECT STATUS DASHBOARD

Digital Health Strategy Theme

• Health services enabled by contemporary technology

Reporting Period:

15 May to 11 June 2023

Project Overview

ACT I health is using an aging Identity Access Management (IAM) system, Microsoft Forefront Identity Manager, to manage identities. Formation of ACT I health's Digital I 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

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

Project Delivery Team

Project Manager	Sonya Floyer
Approver	CIO

Project Baseline

Current Schedule	Schedule Baseline	Approved Budget	Budget - Actual
02/01/23 Actual Start Date	02/01/23 Baseline Start Date	\$1,000,000.00 Approved Baseline Budget (Capex)	\$971,555.00 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 progressing for both the remediation component and the larger procurement. There has been ongoing constructive consultation between DDTS and DSD and the documentation for both components are being updated for provisioning to the Government Procurement Board. A request is also being drafted to the GSO to ensure that the Procurement Plan Minute and subsequent contract is appropriately drafted to cater for both the needs of ACT Health and the Whole of Government requirements and ongoing management.

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 issues reported to date.

Schedule

Procurement ACT has been engaged and is working with DSD on the initial procurement documentation. The procurement will require review by the Government Procurement Board under its two pass process. The estimated time for completion of such a procurement is 33 weeks. Once the contract is signed after this process the implementation may commence. At this stage the aim is to commence implementation in the new year.

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. NB To date \$6,515 has been expensed against the capital budget for HR resources.

Scope

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

Quality

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

Key Project Milestones

Key Milestones Report - Identity Governance

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

Financial Performance

Whole of Life Budget & Expenditure

Current FY 2022/23

CapEx

Approved CapEx Budget	\$1,000,000.00
Forecast	\$0.00
Actual	\$28,445.00
Variance	\$971,555.00

CapEx



OpEx



OpEx

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

● CapEx Budget ● CapEx Actual ● CapEx Variance

● OpEx Budget ● OpEx Actual ● OpEx Variance

Project Risks & Issues Profile

Risk Matrix (Post Treatment)

Primary	2	3	4	5	6
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
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

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 latest statistics in this section have not been updated as the most recent report provided by DDTS is still from the January 2023 – March 2023 quarter.

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

Of note is the security breach that affected the Barracuda email gateway, investigation and analysis have been underway.

Investigations and Requests for information (12)

Date	Reference	Investigation/RFI	Directorate	Status
31/03/2023	SEC-IST-23-081	E-discovery: Files	HD	Closed - Fully Resolved
6/03/2023	SEC-IST-23-055	E-discovery: Email	HD	Closed - Fully Resolved
1/03/2023	SEC-IST-23-050	E-discovery: Email	HD	Closed - Fully Resolved
1/03/2023	SEC-IST-23-049	E-discovery: Email	HD	Closed - Fully Resolved
1/03/2023	SEC-IST-23-048	E-discovery: Email	HD	Closed - Fully Resolved
14/02/2023	SEC-IST-23-035	E-discovery: Logon	HD	Closed - Fully Resolved
6/02/2023	SEC-IST-23-030	E-discovery: Email	HD	Closed - Fully Resolved
25/01/2023	SEC-IST-23-019	E-discovery: Email	HD	Closed - Fully Resolved
25/01/2023	SEC-IST-23-018	E-discovery: Email	HD	Closed - Fully Resolved
17/01/2023	SEC-IST-23-011	E-discovery: Files and Logon	HD	Closed - Fully Resolved
16/01/2023	SEC-IST-23-009	E-discovery: Email	HD	Closed - Fully Resolved
4/01/2023	SEC-IST-23-002	E-discovery: Email	HD	Closed - Fully Resolved

Incidents (8)

Date	Reference	Incident Type	Directorate	Status
23/03/2023	SEC-IST-23-076	Phishing	HD	Closed - Fully Resolved
8/03/2023	SEC-IST-23-058	Data Spill	HD	In Progress
22/02/2023	SEC-IST-23-043	Process Failure	HD	Closed - Fully Resolved
20/02/2023	SEC-IST-23-041	Phishing	HD	Closed - Fully Resolved
2/02/2023	SEC-IST-23-028	Device Based Threats	HD	Closed - Fully Resolved
27/01/2023	SEC-IST-23-025	Device Based Threats	HD	Closed - Fully Resolved
6/01/2023	SEC-IST-23-004	Device Based Threats	HD	Closed - Fully Resolved
4/01/2023	SEC-IST-23-001	Account Compromise	HD	Closed - Fully Resolved

4.2. Operational Security Updates

4.2.1. Essential 8 maturity level

The ACT Health's Health Enclave has been established for several months now and work is still ongoing to ensure the Enclave meets all Essential 8 elements for hosting. Work is actively ongoing to achieve the minimum maturity level of two 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 28 systems have been onboarded. The ACTHD cyber team is working 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 have been impacted by the network modernisation project at CHS, which has resulted in the data feeds to break. The Cyber team is working with the DDTS network team to restore connectivity so that network visibility is established. There has been some progress, however, the systems are not yet fully functional.

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 in 2022. Resource constraints within DDTS and hospital capacity issues within CHS are limiting the progress of this essential work.

4.2.5. Network Monitoring and Segmentation

DSD has formed a working group with DDTS Security and DDTS Networks to explore network segmentation for health systems. This working group explores the current state of ACT Health's networks, limitations of current technologies used across ACTGOV and future requirements. This work will continue with the inclusion of the CHS CIO with the aim 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 340 staff that are fully vetted and roughly 25 staff that are in the process of being vetted.

4.3. Unsupported Operating Systems

4.3.1. Legacy Servers

DSD have been working actively to migrate/decommission the Windows Server 2008.

Windows Server 2008 (on premise) support ceased in January 2023. DDTs and DSD are working proactively to ensure security controls are in place. As of January 2023, Health has a total of 20 Windows Server 2008 (Azure) Servers which are still supported until January 2024.

October 2023 Windows Server 2012 (on premise) will reach end of support life. Out of the 445 servers across the Government, Health has a total of 39.

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	Server May 22 Count	Server July 22 Count	Server Dec 22 Count	Server Jan 23 Count
Health	124	112	98	43
Other	174	151	151	27
Total	298	263	249	70

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 05 April 2023 outlining the status of the security plans across the ACT Government.

Directorate	Current	Expired	No Plan	Under Review	Not Required	Total
Health	15	23	24	29	15	106
Other	49	30	19	53	32	183
Total	64	53	43	82	47	289

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.