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BY THE DEPARTMENT OF HEALTH AND AGED CARE

Gateway Review Report (First Stage/Mid Stage Review) Review

For: Improving Aged Care and Tracking Quality
Program

To: Thea Connolly

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Entity name:	Department of Health	
Program/Project name:	Improving Aged Care and Tracking Quality Data	
Review type:	First/ Mid-Stage	
Senior Responsible Official (SRO):	Thea Connolly	
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Date report provided to Assurance Reviews Unit:	27 May 2022	
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This report has been prepared in accordance with the Australian Government's Gateway Review Process (Gateway) methodology as set out in *Resource Management Guide 106: Australian Government Assurance Reviews*.

The report summarises the findings and recommendations of the review team, which are based on information provided to the review team during the review process.

A copy of the report is provided to the Assurance Reviews Unit (ARU), Department of Finance at the conclusion of the review to identify lessons learned and evidence of best practice. The report is not shared more broadly without agreement from the SRO. A copy may be provided to subsequent review teams as pre-reading material for future reviews.

Enquiries regarding the Gateway methodology should be directed to:

Assurance Reviews Unit

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Gateway Assurance Dashboard

Delivery Confidence Assessment

Rating

The review team finds that the overall delivery confidence assessment for the program at this point in time is **Amber**.

Successful delivery of the program to time, cost, quality standards and benefits realisation appears feasible but significant issues already exist requiring management attention. These need to be addressed promptly.

Factors Affecting Rating

The program faces some significant challenges and has been slow to ramp up. The key issues that need management attention include development of the digital strategy and business case for Tranche 2 to approach government within the given budget timeframes. Development of key industry research needs to be undertaken in time to effectively consult with stakeholders on critical issues and appropriate participation in the Pilot. On balance the program was assessed as being able to deliver Tranche 1 with some flexibility on timeframe, but there is significant work to achieve this.

Summary of Key Focus Area Ratings

Key Focus Area	Rating	
Policy Context and Strategic Fit	Green	There are no major outstanding issues in this Key Focus Area that at this stage appear to threaten delivery significantly.
Business Case and Benefits	Amber	There are issues in this Key Focus Area that require timely management attention.
Stakeholders and End Users	Amber	There are issues in this Key Focus Area that require timely management attention.
Governance and Planning	Amber	There are issues in this Key Focus Area that require timely management attention.
Risk Management	Amber	There are issues in this Key Focus Area that require timely management attention.
Review of Current Phase	Amber	There are issues in this Key Focus Area that require timely management attention.
Readiness for Next Stage	Amber	There are issues in this Key Focus Area that require timely management attention.

Summary of Findings

The program is strongly aligned to the Aged Care reform agenda stemming from the Royal Commission, which consists of 78 projects in six streams of work and over \$18 billion in funding.

Initially, a business case was developed for a larger multi-year program. This review has focused on two projects that were drawn from this business case, and which received \$66.1m funding for 12 months from January 2022 (Tranche 1). The intention was to come back to Government for Tranche 2 funding later this calendar year. The incoming government has indicated that it will issue an Economic Statement in October 2022.

This program will provide foundational capabilities to underpin reliable, accurate, consistent data for regulatory reporting. The program consists of a Business to Government (B2G) Pilot and implementation of a Government Provider Management System (GPMS) to replace the existing National Approved Provider System (NAPS). These two projects, B2G and GPMS, are the focus of this review and are referred to as the program (or Tranche 1), noting that the funding approval included the Support at Home Program, which is outside the scope of this review.

The Aged Care sector is diverse, spanning remote and rural providers with little or no digital capacity and connectivity, small community-based operators, to large providers with their own ICT capability. There is a need to reduce the regulatory reporting burden of some of the Aged Care reforms. For Aged Care providers to take-up this capability, they will need be given a voice in the co-design process, and be willing and able (even enabled) to adopt the new capabilities, especially rural and remote providers.

Co-design sessions with industry volunteers, including software providers, have commenced, starting with a well-received TechTalk, and importantly a central change management function is being established. Software vendors for the sector are critical enablers for the reform and so it is crucial that they are engaged throughout.

An overall governance structure for the reforms was established as part of the original Aged Care reform package and additional governance was proposed as part of the submission for this program. This included a Regional and Rural Providers Working Group and high-level whole of government oversight at the ministerial level that should be reviewed in the context of the whole of reform governance arrangements implemented and in consultation with central agencies.

The Portfolio Management Office has adopted the Department's risk management framework and the existing processes and systems to manage risks. While risk registers have been created and escalation occurs, this needs to be done consistently for projects and regularly reported to the newly established program board. There do not appear to be budget or schedule contingencies for the program, with funding provided for 12 months and delivery planned for December 2022.

The program has started ICT delivery, while some policy aspects are still being finalised. Procurement of the solution and services was completed quickly and development is underway using Agile teams and a new Health-led delivery model. The program has plans to deliver according to agreed milestones for Tranche 1. However, there have been some difficulties and delays in resourcing that have contributed to elements being behind schedule. Delivery of Minimal Viable Product (MVP) outcomes is still expected to occur within the remaining time and budget.

Elements of the program are at different stages of implementation, and many are behind on their initial project schedule. The planned timing for seeking Tranche 2 funding will precede the completion of the whole of Tranche 1 and this needs to be considered in developing the business case for Tranche 2.

OFFICIAL: SENSITIVE

Summary of Recommendations

The review team makes the following recommendations which are provided with an urgency category.

Rec No	Key Focus Area	Recommendation	Urgency Category
R1	Policy Context and Strategic Fit	Consider whether this program should be included in the Reform's priority projects.	Recommended
R2	Business Case and Benefits	Produce a short, sharp statement setting out the Tranche 1 program scope and outcomes agreed by government, including consultation with central agencies on appropriate governance arrangements.	Critical (Do now)
R3	Business Case and Benefits	Determine the benefits attributable to Tranche 1 and commence monitoring and reporting.	Essential (By July 2022)
R4	Business Case and Benefits	Reconcile financial tracking and proposed spend across the program.	Critical (Do now)
R5	Business Case and Benefits	Accelerate the work on the Digital Strategy to guide program implementation and investment.	Critical (Do now)
R6	Stakeholders and End Users	Undertake user research to better understand provider digital literacy, the software market, and provider readiness for adoption.	Essential (By August 2022)
R7	Stakeholders and End Users	Produce a stakeholder map to underpin the digital strategy and guide delivery.	Essential (By September 2022)
R8	Stakeholders and End Users	Coordinate Aged Care sector engagement with change management across the whole of the Aged Care reform agenda. In relation to this program, pay particular attention to connecting policy and ICT communications.	Essential (By July 2022)
R9	Governance and Planning	Establish a single PMO for the improving Aged Care Data and Quality Tracking program through consolidation of ICT and business PMOs.	Essential (By July 2022)
R10	Governance and Planning	Task the combined PMO with developing and monitoring a single program plan that includes both IT and business elements to underpin reporting to the governance boards.	Essential (By August 2022)
R11	Governance and Planning	Review the governance arrangements for the program (including the Digital Data and Service Delivery Board and Aged Care ICT Service Delivery Board) to consolidate where	Recommended

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		duplication exists, and consider whether a separate and dedicated program board should be established for B2G and GPMS.	
R12	Risk Management	Conduct risk workshops to identify Tranche 1 risks and update the board on those that could jeopardise delivery.	Essential (By July 2022)
R13	Readiness for Next Stage	Develop a program contingency plan with particular emphasis on alternatives for the pilot if there are legislative delays.	Essential (By July 2022)
R14	Readiness for Next Stage	Agree on the required data quality for reporting and confirm plans to achieve the expected outcomes.	Essential (By September 2022)
R15	Readiness for Next Stage	Conduct privacy impact assessments on GPMS.	Essential (By September 2022)
R16	Readiness for Next Stage	Consider content and timing on approach to government for Tranche 2 funding.	Critical (Do now)
R17	Readiness for Next Stage	Conduct a combined End Stage Gateway Review for Tranche 1 and First Stage Gateway for Tranche 2 (dependent on government approval).	Recommended (March 2023)

A summary of the previous recommendations and actions taken can be found at Appendix B.

Definitions for the ratings provided for the Delivery Confidence Assessment, Key Focus Areas and Urgency Category are provided at Appendix F.

Appendices:

Appendix A. Gateway Assurance Plan.

Appendix B. Previous Recommendations and Actions Taken.

Appendix C. Review Checklist.

Appendix D. List of Interviewees.

Appendix E. List of Documents Reviewed.

Appendix F. Assessment Rating Definitions.

Introduction

Program Description and Background

The Improving Aged Care Data and Tracking Quality (IACDTQ) measure is designed to ensure that Aged Care digital services are delivered on modern, fit for purpose systems that will directly support consumers and providers.

This first tranche of delivery of an upgraded aged care ICT capability is a critical step in implementing the recommendations of the Final Report of the Royal Commission into Aged Care Quality and Safety (the Royal Commission). The previous Government agreed, or agreed in principle, to 126 recommendations of the Royal Commission. An upgraded ICT capability is essential to ensuring the reform package can be delivered, and aged care providers can be held accountable for the new funding and functions.

Specifically, the IACDTQ measure will provide for:

- A Business to Government (B2G) capability for aged care providers to exchange information with Government in near real time, to strengthen accountability and lessen administrative burden. This beta pilot will be limited to a small number of aged care providers and software vendors to help understand provider needs and preferences.
- The foundational capability for a Government Provider Management System (GPMS) so all aged care providers can effectively manage the key information they report to Government, and home care providers can prepare for the introduction of the new Support at Home program.

GPMS aims to provide a modernised repository of expanded provider information, allowing providers to self-serve digitally, to directly view and provide key regulatory information, and track data and quality outcomes for the sector. This platform will be extensible to support future aged care reforms, for example, the Support at Home program.

- Work with the Aged Care Sector to improve digital literacy and set agreed conformance requirements to enable interoperability between government and business systems.

These projects respond directly to recommendations 25, 27, 28, 35 and 109 of the Royal Commission, and will also enable the Government's commitments to more than 30 additional recommendations. It will modernise the digital infrastructure that underpins the aged care system, delivering an integrated digital experience for consumers and providers. Aged care digital services will be delivered on modern, fit for purpose systems.

The department received funding to 31 December 2022 to develop only the foundational digital capabilities. Further investment will be required to enhance functionality and extend the scope of these capabilities to maximise benefits to consumers, providers, and Government.

Policy context or need for the program:

Enabling digital capabilities will help senior Australians receive the right care, first time, improve consumer confidence and decision making by providing access to better quality up-to-date information and increase the time care workers are available to provide direct care.

For providers, it will streamline their interactions with Government to deliver data sharing in near real time improving data accuracy, reduce administrative burden of complying with regulation and compliance standards and encourage the aged care sector to reach digital maturity. Improved data, collected and held by Government, will better support providers in

delivering quality services to senior Australians. It will provide a solid platform for current and future reform activity.

The benefits of GPMS and B2G automation include:

- Streamlined interaction between providers and Government to enhance data sharing and leads to increased transparency for consumers.
- Reduces current inefficiencies of duplicative reporting to enable the workforce to spend more time with older Australians needing care.
- Reduces the regulatory burden on business to enable them to easily comply with regulation and compliance standards.
- Provides automated two-way transmission of data between the aged care system and aged care providers and assessment organisations.
- Maximises the amount of time that of personal care workers spend providing quality time caring for consumers and reduces the amount of time spent completing administrative paperwork.

Significant sub-programs and projects:

Similar services are provided across aged care, disability support and veterans' care, and there is an overlap of providers across these sectors. It is estimated that approximately 36 per cent of aged care providers service the cross-sector market. In 2019-20, aged care providers delivered 31 per cent of National Disability Insurance Scheme (NDIS) services and 11 per cent of the Department of Veterans' Affairs (DVA) services.

Delivering services across multiple Government programs carries regulatory burden for providers. The department is investigating opportunities to re-use the GPMS platform across the NDIS and DVA, which will reduce the regulatory burden to providers servicing multiple Government programs.

The key regulatory information supplied by providers, via B2G, to the GPMS platform will be used to determine the Star Ratings for aged care providers, giving senior Australians better information when making choices about their care. Information provided via B2G in near real time will ensure that this information provided to consumers is up to date.

Both the B2G and GPMS capabilities will complement the Support at Home initiative announced as part of the IACDTQ measure by providing a mechanism for providers to interact directly with the Government and the aged care ecosystem. GPMS can be leveraged and extended upon for Support at Home provider management and provide a foundation for interoperability across Government platforms via B2G. This will better connect the aged care sector and enable them to meet the requirements of senior Australians and their families.

Scope of the Review

This is a combined First Stage / Mid Stage Review, covering the key focus areas of:

- Policy Context and Strategic Fit
- Business Case and Benefits
- Stakeholders and End Users
- Governance and Planning
- Risk Management
- Review of Current Phase

- Readiness for Next Stage (the next stage includes the delivery of the Beta Pilot, decommissioning of NAPS, and preparation of a case to fund the balance of the program).

Acknowledgements

The review team would like to thank Thea Connolly as the Senior Responsible Official and all those interviewed for their participation in the review. The support and openness from all parties contributed to the broader understanding of the program and the successful completion of the review. Additionally, the review team would like to thank s22 [REDACTED] [REDACTED] for their excellent support.

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Detailed Findings and Recommendations

Key Focus Areas Assessed

Policy Context and Strategic Fit

Assessment Rating:	Green	There are no major outstanding issues in this Key Focus Area that at this stage appear to threaten delivery significantly.
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Findings:

The program is strongly aligned to the Aged Care reform agenda stemming from the Royal Commission, which consists of 78 projects in six streams of work (programs) and over \$17 billion in funding. A number of the Aged Care reform elements will place additional reporting requirements and compliance accountability on providers of Aged Care services.

There is also a clear need for reliable, accurate, consistent data on performance of the sector to underpin these reforms. This program, consisting of Business to Government (B2G) and Government Provider Management System (GPMS), is designed to increase the accuracy and timeliness of reporting from providers, and streamline effort. Adoption requires a strong engagement with the industry.

The Aged Care reforms were initiated by the previous Coalition government in response to the Royal Commission's recommendations. These reforms are likely to be a priority for the incoming government, acknowledging that the implementation approach, emphasis and sequencing within the reform package may be different.

Thirteen projects within the reform package were assigned a high priority status in October 2021 (prior to the funding of this program). The review team considers that this program should also be positioned as a high priority area of reform, given its broad enabling impact and potential benefits to the sector, as it aims to reduce the impacts on providers of reporting and compliance measures introduced by other elements of the reform package, and to modernise systems to get near real time reporting. Health should consider whether this program belongs with the 13 other high priority programs.

Recommendations:

1. Consider whether this program should be included in the Reform's priority projects.

Business Case and Benefits

Assessment Rating:	Amber	There are issues in this Key Focus Area that require timely management attention.
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Findings:

The business case for the program outlined a larger program of work spanning four years, with greater funding. It went through several iterations, and the final request for a reduced scope received \$66.1m in funding through the 2021-22 MYEFO for 12 months from January 2022 (Tranche 1). The intent is to come back to Government for Tranche 2 funding later this calendar year.

The program is working towards the following outcomes:

- Deliver a **B2G** capability as a beta for a limited number of providers, with a focus on strengthening quality and safety within the aged care system, enabling near real time data reporting:
 - Build foundational B2G Gateway capability enabling private beta to a small number of providers in the sector.
 - Deliver a minimum viable product (MVP) to test the viability of the products with the sector.
 - Provide a subset of Application Programming Interface (API) Services focused on quality aspects of the aged care system.
 - Enable near real time reporting for SIRS (Serious Incident Reporting System), quality indicators, minutes of care, and Aged Care Financial Reporting (ACFR).
- Deliver **GPMS** for providers, as a key data repository to support B2G and Support at Home from where increased visibility and transparency will be enabled to support greater consumer choice:
 - Support the collection of data for minutes of care, SIRS, quality indicators, and ACFR.
 - Build the core provider customer relation management (CRM) capabilities on the new CRM platform.
 - Establish core provider information management capability.
 - Integrate with Department of Health operated systems to support the aged care ecosystem.
 - Connect existing integration points with external systems.
 - Develop GPMS to ensure that it is compatible across the Whole of Government.

A second tranche of funding is planned to be sought in a comeback in October (originally in the 2022-23 MYEFO, now the Economic Update) to implement further elements. These were originally planned to be:

- B2G capabilities not delivered in Tranche 1.
- Combine B2G channels across the ADHA's My Health Records, Health's Reporting and Services Australia's Payments.
- Remaining elements of GPMS not delivered in Tranche 1, with further enhancements to SPIM to enable a capability for providers across the broader Care and Support Sector.

- Single Entry Portal Capability.

The review team notes that the scope for Tranche 2 may now be different, based on the Tranche 1 progress. Tranche 1 will deliver the GPMS capability that could be extended to provide a Streamlined Provider Information Management (SPIM) capability across other agencies.

In addition, Health has indicated an intention to seek additional BAU funding for sustaining these new ICT capabilities.

The review team expects that draft proposals will now be sought in August 2022 to align with the timing requirements for an October Economic Statement.

The program has not updated the business case and attached plans since Tranche 1 funding was approved. External stakeholders are uncertain on exactly what is being delivered, which benefits are attributable to this Tranche, and what the governance arrangements are.

The business case has not been kept current. The program budget has been updated and this is reflected in the cost model spreadsheet provided to the review team (Attachment A to the business case).

The current funding covers the development of the foundational digital capabilities only and further investment will be required realise the full benefits to consumers, providers, and Government. The cost model spreadsheet still includes the benefits for the full program, as it was previously proposed.

The cost savings benefits for FY21/22 and FY22/23 are overstated in the model. The estimated cost savings relating to NAPS replacement of \$5m in both financial years could not be confirmed, and in any case would not occur in FY21/22. For other benefits, there appears to be a lot of reliance on surveys to track benefits realisation. It will be important for the benefits in the Tranche 2 business case to be realistic, straightforward to measure, and signed off by benefits owners.

The proposed timetable for measuring and reporting on benefits does not align with the timetable to seek Tranche 2 funding. In preparation for going back to government, the program needs to determine the benefits applicable to the outcomes of Tranche 1 and commence monitoring and reporting of these.

The budget does not include contingency, and financial tracking appears to be cumbersome. Documentation provided to the review team shows a low spend to 30 April 2022 across the two programs of work. To some extent, this reflects a delay to onboarding of resources, but it may also be due to misalignment of accounting practices.

Scope has changed since the business case was approved, so that Tranche 1 will deliver GPMS (rather than the full SPIM capability outlined in the Business Case). A fresh business case was not developed based on the approved proposal, and, as a consequence, the business case is outdated. To align understanding within the department and key stakeholders, a statement setting out the scope and outcomes agreed by government is needed. The review team has taken a pragmatic approach and recommends that it would be more effective to produce a short, sharp statement rather than updating the now redundant business case, noting that a fresh business case will be developed for further funding.

A formal change request process is not apparent, and no change requests were provided to the review team.

The program is currently working on a Digital Strategy to guide the transformation of the aged care sector, while having already commenced the initial ICT delivery. Work on the strategy has not progressed as quickly as the ICT delivery, and it is critically important, both to provide a pathway for stakeholders and to underpin the case for further funding. The proposed channel strategy for aged care providers is particularly important.

Recommendations:

2. Produce a short, sharp statement setting out the Tranche 1 program scope and outcomes agreed by government, including consultation with central agencies on appropriate governance arrangements.
3. Determine the benefits attributable to Tranche 1 and commence monitoring and reporting.
4. Reconcile financial tracking and proposed spend across the program.
5. Accelerate the work on the Digital Strategy to guide program implementation and investment.

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Stakeholders and End Users

Assessment Rating:	Amber	There are issues in this Key Focus Area that require timely management attention.
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Findings:

The program has multiple stakeholder groups:

- The aged care sector, including service providers and peak bodies.
- Software vendors to the aged care sector.
- Commonwealth Government:
 - Central agencies, including the Digital Transformation Agency (DTA).
 - Client agencies, including the Aged Care Quality and Safety Commission (ACQSC).
 - Other agencies that could potentially leverage ICT capabilities, including the Department of Veterans' Affairs (DVA) and the National Disability Insurance Agency (NDIA).

The program is actively engaging with ACQSC, DVA, and the NDIA. Stakeholders interviewed from within this group are optimistic that the program will deliver outcomes by December 2022.

The review team was advised that engagement with central agencies has been limited since funding was approved. Central agencies note that they lack clarity on the scope of Health's activities under Tranche 1 and have limited visibility of progress. They would appreciate being engaged more regularly, including through informal briefings and participation in high-level governance forums. Health should improve communications with this group in advance of developing any Tranche 2 proposals.

The review team interviewed industry representatives, rather than actual aged care service providers. These stakeholders reflected that there is a strong need among providers for the capability being delivered by the program. The program has not established the digital landscape of aged care providers and consultations have been inadequate to date.

The needs of remote and rural providers, and small community-based operators, were mentioned as requiring particular attention. While large providers have strong ICT capability, other smaller providers may have no or limited ICT capability and/or digital infrastructure. These providers may not be able to afford the full costs of a digital uplift.

The review team was informed that two grant funds have been established, but that some providers do not have the time or the expertise to write grant applications. A more easily accessible support model may be needed.

There were differing views as to whether the program will be 'offering choice of channel' versus 'pushing digital first'. This will need to be resolved and driven from the yet to be completed Digital Strategy.

The coordination of communication and stakeholder engagement is key to the success of the program and the realisation of benefits. This area is improving, with a change management function being established.

Stakeholders have reported that communication has been disjointed, both about the entirety of the reform, and the ICT and policy elements of this program and that substantial change management and support will be needed for the program to succeed. Stakeholders welcomed the recent TechTalk, which is a positive start to improving communications.

Co-design sessions with industry volunteers will be held following the TechTalk. Program teams members reported uncertainty on whether reference groups had been established.

The review team was advised that there are up to 20 standing reference groups that could be leveraged for co-design.

The review team notes that a communication and change management branch has been established to support communication planning. A central change management function for the reform program is being trialled and this is critically important.

The reform program has gone through a restructure and most of the business stakeholders are new to their roles. Internal stakeholders interviewed strongly support the program.

Recommendations:

6. Undertake user research to better understand provider digital literacy, the software market, and provider readiness for adoption.
7. Produce a stakeholder map to underpin the digital strategy and guide delivery.
8. Coordinate Aged Care sector engagement with change management across the whole of the Aged Care reform agenda. In relation to this program pay particular attention to connecting policy and ICT communications.

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Governance and Planning

Assessment Rating:	Amber	There are issues in this Key Focus Area that require timely management attention.
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Findings:

An overall governance structure for the reforms was established as part of the original Aged Care reform package. In the submission for this program, Health proposed additional governance actions to ensure effective delivery. These include:

- Working with the aged care sector to improve digital literacy and agree requirements for interoperability between government and business systems.
- Establishing a Regional and Rural Providers Working Group to ensure the particular needs of these providers are understood and addressed.
- Providing high-level whole of government oversight at the ministerial level involving the Minister for Senior Australians and Aged Care Services, the Minister for Employment, Workforce, Skills, Small and Family Business; and the Minister for the National Disability Insurance Scheme and Government Services.
- Reporting to the Secretaries' Digital Committee through its regular ICT project assurance processes.
- A new SES Band 2 Steering Committee.

These have not been fully implemented (e.g. a working group with regional and rural providers and a mechanism for Ministerial oversight) and may be more appropriate at the whole of reform level. The need for these additional governance and oversight arrangements should be reviewed in the context of the broader governance established for the Aged Care reform agenda, in consultation with central agencies.

As part of the reform, overarching governance arrangements have been put in place. Program boards have been established for various streams of work, underpinned by more narrowly focused project boards. There is an overarching portfolio board (the ACTP Steering Committee chaired by the responsible Deputy Secretary) for the entire reform package, and a Legislative Oversight Board and a Digital Data and Service Delivery Board. There is also a separate Aged Care ICT Delivery Board. An SES Band 3 Committee on Reform Implementation Oversight, consisting of nine agencies from across the Australian Public Service, has also been established to guide the implementation of the Government's response to the Royal Commission. Some stakeholders expressed a desire to observe the work of these boards.

The review team notes the multiplicity of boards and committees involved in these reforms. They are supported by a number of project management offices, and other coordination arrangements. The review team has found duplication in relation to the projects subject to this review, including between the Digital Data and Service Delivery Board and the Aged Care Delivery Board, and between the three project management offices involved. While acknowledging the efforts made by management and staff to coordinate activities and share information, this duplication should be examined and eliminated, and activities should be consolidated.

The Combined Improving Aged Care Data and Tracking Quality and Support at Home IT Delivery Board was established in March 2022. The board has only been established recently and reporting of the projects is at differing levels of maturity and is more detailed for ICT delivery compared to business activities. It has a large number of members (around 25 members as well additional observers and other attendees), and discussion has mainly centred on Support at Home IT Delivery.

Recommendations:

9. Establish a single PMO for the improving Aged Care Data and Quality Tracking program through consolidation of ICT and business PMOs.
10. Task the combined PMO with developing and monitoring a single program plan that includes both IT and business elements to underpin reporting to the governance boards.
11. Review the governance arrangements for the program (including the Digital Data and Service Delivery Board and Aged Care ICT Service Delivery Board) and consolidate where duplication exists, and consider whether a separate and dedicated program board should be established for B2G and GPMS.

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Risk Management

Assessment Rating:	Amber	There are issues in this Key Focus Area that require timely management attention.
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Findings:

The Department has a well-established risk management framework that has been adopted by the Portfolio Management Office. There are also existing processes and systems to manage risks including project RAID registers. Completeness of the RAID for projects is inconsistent and escalation of risks requiring attention to the recently established program board needs to be timely.

Risk registers have been created for projects and risks are reported at portfolio level. However, the maturity of risk management is different for the two projects under review, with GPMS arrangements being more fully developed than those for B2G. The risk registers, especially for B2G, should be updated regularly with risks assigned to owners and appropriate treatment actions agreed.

Risk processes and registers are in place but identification, management and reporting of risks is not done consistently for projects, the program and at portfolio level. Issues are escalated but this is not done consistently. The newly established program board should make the tracking of program risks and issues an early priority.

The review team did not observe any contingency plans for the program. The program budget is limited to 12 months and delivery is scheduled for December 2022.

Governance arrangements are still in the process of being implemented for the program. There is also an independent advisor appointed to the Portfolio board. An independent assurer (EY) has been engaged for the portfolio and an assurance plan is being developed for all of the Aged Care reforms.

The review team notes that this program is not the focus of specific assurance activities. The program leadership should consider what specific assurance activities are needed immediately for delivery of Tranche 1 and in the longer term for Tranche 2, to give government confidence in any new investment proposals.

Recommendations:

12. Conduct risk workshops to identify Tranche 1 risks and update the board on those that could jeopardise delivery.

Review of Current Phase

Assessment Rating:	Amber	There are issues in this Key Focus Area that require timely management attention.
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Findings:

The organisation has undertaken a major restructure in the Ageing and Aged Care Group to deliver this reform, including establishing an ICT division within the Corporate Operations Group dedicated to supporting the overall reform and the allocation of clear accountabilities for the work to be delivered across six programs under the reform. This will provide a better platform for the overall Aged Care reform delivery but has meant that there has been considerable churn in the group's staff, particularly for this program.

Most of the business (policy) leaders interviewed are very new to their roles, including the SRO. As a result, some of the oversight and reporting arrangements for the projects that seek to bring together the business and IT delivery streams are in nascent form or temporary in nature.

In addition, the business stream staff are not well acquainted with the Agile delivery which has been adopted for Tranche 1.

The program had approval to start on the ICT delivery, while some policy aspects were still being finalised. This supported a rapid and successful start-up of the ICT elements program, including fast acquisition of underpinning technology and external resources. However, the sector has noted the lack of a clear position and the lack of strategy for sector transformation, and strategic context for the technological solutions being built. The review team has made recommendations about this issue in other sections of the report.

There is a high-level program roadmap with detailed planning for sprints within the ICT delivery of the GPMS program. However, plans are less mature for the policy elements of the program and the B2G program.

The program is planning to deliver according to agreed milestones for Tranche 1. The deliverables will materialise after the proposed timing to seek Tranche 2 funding from government. The program is subject to Wave reporting but this is yet to commence, so there has been limited oversight by central agencies.

The program started late and is running behind schedule. There is a lack of budget and schedule contingency in the current plan. However, delivery of MVP outcomes is still expected to occur within the remaining time and budget.

Most of the business stakeholders interviewed are new to their roles, and many are new to Agile delivery. A new Agile delivery model has been adopted for this first Tranche, led by the Digital Transformation & Delivery group. In addition, the agency has adopted Health-led ICT delivery, moved to be less reliant on a single business partner for ICT program planning and management, and changed assurance providers to place greater emphasis on portfolio assurance. The combination of these changes has complicated the commencement of the program.

Procurement was completed rapidly to provide the platform (Salesforce and MuleSoft), which leverages the procurement for the vaccine rollout, and resources for the two program streams. GPMS is supported by Accenture, and B2G by CapGemini.

The review team was informed that the program had experienced difficulty with resourcing. This had improved but most areas were still below the full capacity needed to deliver the program successfully. This was exacerbated by many people being new to their roles and the general shortage of skilled program resources, including program management and change management. The program has relied on delivery partners to supply up to 80 per cent of the capability needed in some areas.

The review team finds that there are some significant activities that are yet to be completed or need to be firmed up for Tranche 1, including:

- Agreed approach for data cleansing, noting that there is a strategy for data migration.
- Data standards and piloting a solution for Master Data Management (MDM).
- Settling privacy issues relating to data sharing.
- Legislative authority to enable key business modules.
- Testing, integration plans and cut-over planning.
- Project financial reporting.

Review participants reflected that all aspects of the program are behind schedule (GPMS, which is running at least two months behind, is further advanced than B2G and other aspects of the program) and that the business area is lagging ICT delivery.

Recommendations:

Refer to Readiness for Next Stage below.

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Readiness for Next Stage (Beta Pilot, decommissioning of NAPS, and preparation of a case to fund the balance of the program)

Assessment Rating:	Amber	There are issues in this Key Focus Area that require timely management attention.
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Findings:

Other sections of this report have identified a number of stakeholder and governance issues that need to be dealt with for the program to be successful in the current stage and ready for next stage mobilisation. In addition to these issues, a number of critical milestones need careful management attention over the next few months.

The next stage of the program includes:

- Delivery of the Beta Pilot.
- Decommissioning of NAPS.
- Preparation of a case to fund the balance of the program.

Beta Pilot for B2G

The Beta Pilot aims to trial a number of capabilities, some of which are dependent on legislation (e.g. Care Minutes) and others not (e.g. SIRS). While the Aged Care reform is expected to have support from government, the program needs a contingency plan for the pilot in case legislative authority for key business modules is not passed in time. The review team notes that a Privacy Impact Assessment has not yet been undertaken.

The planned approach to data standards is to choose appropriate standards from those that are most relevant (e.g. financial data) and to provide interfaces for the exchange of this data. Extensive consultation will be needed, informed by industry preference and constrained by current practices to get agreement to implement this approach. See recommendation on establishing the digital landscape and comments on early industry consultation to inform decisions and encourage take-up.

GPMS (including NAPS decommissioning)

GPMS will involve decommissioning of the existing NAP System, which has over 20 years of data (of varying quality) and numerous interfaces with Health and external agency systems. Decommissioning of NAPS is planned following GPMS go-live and this will be a tangible and benefits enabling program achievement.

The program will need to undertake data cleansing activities as part of the data migration to ensure that business needs for quality data will be met.

Given that there will be new arrangements for accessing existing data and collecting additional data, Privacy Impact Assessments (PIA) need to be undertaken. These PIAs are needed to support both additional accesses to current data holdings and proposed new data holdings, when legislative authority is granted.

In delivering on Tranche 1 objectives, the program needs to provide clarity about how GPMS will simplify regulatory reporting for Aged Care providers.

Preparation of a Case for Tranche 2

The program was funded at 75 per cent of requested funds. It is currently underspending, noting that project-level financial reporting is poor.

The previous business case is not aligned to the current strategy of the program and will need a fresh approach for Tranche 2. Particularly, the foundational nature of this program

and the critical outcomes it can deliver in mitigating the regulatory burden placed on Aged Care providers by other reform measures needs to be very clearly articulated.

Health has only recently engaged a consulting firm to develop the Tranche 2 business case.

Overall, the reviewed projects are set to deliver Tranche 1 outcomes over time, but different elements are at different stages of implementation, and many are behind on their initial project schedule. At this stage, the planned timing for seeking Tranche 2 funding will precede the completion of the whole of Tranche 1. The request to ministers for Tranche 2 funding could be sequenced to reflect this. For example, GPMS funding could sought earlier than the other elements.

Recommendations:

13. Develop a program contingency plan with particular emphasis on alternatives for the pilot if there are legislative delays.
14. Agree on the required data quality for reporting and confirm plans to achieve the expected outcomes.
15. Conduct privacy impact assessments on GPMS.
16. Consider content and timing on approach to government for Tranche 2 funding.
17. Conduct a combined End Stage Gateway Review for Tranche 1 and First Stage Gateway for Tranche 2 (dependent on government approval).

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Appendix A: Gateway Assurance Plan

Gateway reviews complement other external and internal assurance activities and form part of the entity's overall assurance framework. Better practice indicates that developing an assurance plan for the program/project early in its life cycle is a key factor in delivering successful programs/projects. Such a plan would indicate the need for both milestone-based and time-based assurance reviews and would help ensure the program/project received the appropriate level of independent assurance.

The Gateway Assurance Plan is tabled below:

Date	Type of Review	Comments
March 2023	A combined End Stage Gateway Review for Tranche 1 and First Stage Gateway for Tranche 2.	The First Stage Gateway for Tranche 2 is dependent on Government approval of funding.

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Appendix B: Previous Recommendations

Not applicable, this is the first review of the program.

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Appendix C: Review Checklist

Consistent with *Resource Management Guide 106: Australian Government Assurance Reviews*, this section contains the review team's assessment¹ of the program against each of the Key Focus Areas. Review teams apply their collective expertise to determine the relevance and appropriateness of each question below with regard to the program and review stage.

The review team provides an assessment against each of the questions to allow a level of granularity and assist entities to identify and address the key issues. The overall delivery confidence assessment for the review is provided in the Dashboard.

The review team considers the individual Key Focus Area assessment ratings below and exercises its own judgement and expertise to determine the most suitable overall assessment of delivery confidence.

Policy Context and Strategic Fit:

Assessment Rating: Green

Rating: There are no major outstanding issues in this Key Focus Area that at this stage appear to threaten delivery significantly.

Key Focus Area Question	Comments
1.1 Is the program supporting a new policy measure or other government initiative? Are the implications of the measure/initiative well understood?	Yes. The program delivers two projects as part of the Aged Care Reforms and supports the implementation of another estimated 40 aged care related projects.
1.2 Is legislation required? Have legislation requirements and timeframes been built into the program plan?	Partial. Some of the initiatives included in the B2G pilot and GPMS applications need legislative authority to be implemented.
1.3 Is there a clear understanding of the required outcomes to be achieved and benefits to be realised?	Partial. The program plan has key outcomes planned to be delivered aligned with the NPP but the business case and benefits have not been updated. Some key stakeholders are unclear on project scope and the strategy.
1.4 Will the proposed program design deliver the government's intent? Is it aligned to the agency's strategic plans?	Yes. The program will support reduced compliance burden for reporting. The digital strategy for the sector is yet to be fully developed.
1.5 Does the program/project understand the users' needs and their context for using the system?	Partial. Co-design has commenced. User research to understand the sector is needed to underpin implementation.

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1.6	Does the program/project involve other entities? Have interdependencies been identified and management of them agreed?	Yes. The project's reporting and information outputs will be used by the ACQSC, with potential use by DVA. There is coordination with ADHA for Health data standards development.
1.7	In the cases of whole-of-government or multi-entity proposals, have issues of access, custody, sharing and ownership of data been addressed?	Partial. There are early discussions on data ownership, use and sharing. The program needs to undertake a privacy impact assessment to support the data migration strategy.

Business Case and Benefits:**Assessment Rating:** **Amber****Rating:** There are issues in this Key Focus Area that require timely management attention.

Key Focus Area Question	Comments
2.1 Strategic Fit: Is the business case up to date and does it continue to demonstrate the business need and contribute to the business strategy?	No. The business case does not reflect the first tranche of the program as funded, although elements are aligned. Change requests not provided.
2.2 Options: Is the preferred way forward still appropriate?	Yes.
2.3 Value for Money: Are the proposed delivery arrangements likely to achieve value for money?	Yes. A competitive tender was undertaken for acquisition of the solution and services. There is a heavy reliance on outsourced IT labour.
2.4 Affordability: Are the costs within current budgets? Is the program/project funding affordable and supported by key stakeholders?	Partial. The expenditure for the GPMS and B2G projects are difficult to reconcile with the budget because financial reporting is not up to date.
2.5 Achievability: Is the entity still realistic about its ability to deliver the outcomes and realise benefits?	Yes. Consultation with the sector has not been comprehensively planned and risks the timing of provider support for planned implementation.
2.6 Organisational Change: If benefits and outcomes are dependent on organisational change, is there a plan for this, is it on track and is it achievable?	Yes. The Ageing and Aged Care Group in Health has been reorganised to be better aligned with delivery of the Aged Care Reforms. This has disrupted the implementation of these projects.
2.7 Benefits: Are the outcomes delivered and the benefits to be realised understood and agreed to with benefit owners?	Outcomes yes, benefits no. Central agencies are not clear on current scope of the projects and are not effectively engaged on implementation progress.
2.8 Benefits: Is there a strategy and plan for realising benefits? Is it current?	No.

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Stakeholders and End-users:**Assessment Rating:** **Amber****Rating:** There are issues in this Key Focus Area that require timely management attention.

Key Focus Area Question	Comments
3.1 Have the stakeholders and their areas of interest been identified, and do they support the program/project?	Partial. Stakeholders interviewed were supportive of the program. There needs to be further work done to develop a more detailed view of stakeholder needs and support.
3.2 Is this a whole of government initiative or are other agencies involved in design, development or delivery?	Yes. The program is actively engaging with DVA, NDIA, Services Australia. SPIM was a single-entity platform, scope change to GPMS, which is a government-wide platform.
3.3 Have stakeholder and end-user needs been taken into account in the program design?	Yes, albeit the delivery model will need to be determined. There were differing views as to whether the program will be 'offering choice of channel' versus 'pushing digital first'. This will need to be resolved and driven from the yet to be completed Digital Strategy.
3.4 Do stakeholders support the business case and the selection of the preferred option? (This includes the potential or recommended delivery approach and mechanisms.)	Partial. The business case is yet to be updated and not all stakeholders are clear on the current scope.
3.5 Are the Stakeholder Engagement Strategy and supporting governance arrangements fit for purpose and do they recognise the need to engage with external whole-of-government and multi-entity stakeholders?	Yes. Refer to the Governance and Planning section regarding governance arrangements.
3.6 Are stakeholder confident outcomes will be achieved when expected?	Partial. Stakeholders are optimistic that the program will deliver some of its outcomes by December 2022.
3.7 Do stakeholders feel sufficiently engaged?	Partial. Some stakeholders are yet to be engaged.

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Governance and Planning:**Assessment Rating:** **Amber****Rating:** There are issues in this Key Focus Area that require timely management attention.

Key Focus Area Question	Comments
4.1 Are the proposed governance arrangements fit for purpose?	Partial. Comprehensive governance arrangements were outlined in the Business Case and additional governance proposed. These have been partially implemented and should be reviewed in the context of governance established for the broader reform agenda.
4.2 If other agencies are involved in design and delivery , how will they be included in the governance framework?	Partial. Other agencies have been engaged and are included in co-design. Central agencies expressed a desire for participation in the program governance.
4.3 Have the program management, design and delivery methodologies been chosen and are they appropriate?	Yes. The program has adopted an Agile delivery approach instead of the PRINCE2 method proposed in the Business Case. This is appropriate for delivery of the B2G and GPMS capabilities.
4.4 Has a steering committee, or equivalent, been established to oversee the project?	Yes. The program reports to the portfolio governance committee structure established for the broader reform agenda.
4.5 Is there a process to manage scope change? Is it effective?	Partial. The program is in the early phase of its execution and the scope and outcomes for require greater definition.
4.6 Is there executive level commitment to the project? Are responsibilities clear? Have key positions been staffed or are there plans to do so?	Yes. There is strong executive commitment to the program, and responsibilities are clear, but with key positions only recently filled and working arrangements across the program are still maturing.

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Risk:**Assessment Rating:** **Amber****Rating:** There are issues in this Key Focus Area that require timely management attention.

Key Focus Area Question	Comments
5.1 Has the agency managed programs of this size and complexity before?	Partial. The agency has some experience with large ICT projects. The project is utilising a new cloud-hosted SaaS platform instead of existing Aged Care infrastructure.
5.2 Is there an organisational framework for managing risks and issues associated with this program?	Yes. The department has a risk management framework that has been adopted by the Portfolio Management Office.
5.3 Are there processes and systems in place to manage Risks, Assumptions, Issues and Dependencies (RAID) and are they fit for purpose?	Partial. There are processes and systems to manage risks including RAID registers for the projects. Completeness of the RAID for projects is inconsistent and escalation of risks requiring attention to the program board has not been timely.
5.4 Have the major risks been identified and risk owners appointed?	Partial. Identification, management and reporting of risks is inconsistent for projects, the program and at portfolio level.
5.5 Are RAID Registers reviewed and updated regularly and briefed to governance committees and management as appropriate?	As above. Risk processes and registers are in place but are adopted and implemented inconsistently across the program.
5.6 Are there contingency plans that address risks as necessary?	No. A contingency plan does not exist and risk-based contingency has not been allocated.
5.7 Have assurance arrangements for the program been put in place and is there an Assurance Plan?	Partial. Governance arrangements have been described but are not yet fully implemented. An independent assurer has been engaged for the portfolio and an assurance plan is being developed. There is an independent advisor appointed to the Portfolio board.

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Review of Current Phase:**Assessment Rating:** **Amber****Rating:** There are issues in this Key Focus Area that require timely management attention.

Key Focus Area Question	Comments
6.1 Is there an integrated master schedule showing the program/project milestones along with the milestones and interdependencies of projects? Is the level of detail appropriate for the stage of the program/project?	Partial. There is a high-level program roadmap with detailed planning for sprints within for the ICT delivery of the GPMS program. However, plans for the policy elements of the program and the B2G program of work are less mature.
6.2 Are the program/project key milestones compliant with broader government or entity timing requirements?	Partial. The project is planning to deliver according to agreed milestones for Tranche 1. These project deliverables will materialise after the proposed timing to seek Tranche 2 funding from government. The program is subject to Wave reporting but is yet to commence so there has been limited oversight by central agencies.
6.4 Does the program/project schedule appear to be realistic and achievable, and does it include an appropriate allowance for contingency?	Partial. The project is running behind time and does not have budget or schedule contingency within the current plan.
6.5 Are the initial stages of the program progressing in accordance with the schedule?	Partial. The project started late and is behind schedule. However, delivery of expected outcomes can occur within the remaining time.
6.7 Have issues emerged and have they been resolved?	Partial. Issues are escalated but this is not done consistently.

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Readiness for Next Stage (Guidance – this Key Focus Area is intended to cover the period leading up to the next significant milestone)

Assessment Rating: **Amber**

Rating: There are issues in this Key Focus Area that require timely management attention.

Key Focus Area Question	Comments
7.1 Is the program on track to receive government or other approval to move to the next stage?	Partial. The program is making progress to deliver Tranche 1 as planned, but the planned timing for seeking funding for Tranche 2 will precede completion of Tranche 1.
7.2 Are the funds available to undertake the next phase?	Yes. The program is funded for the completion of Tranche 1 and is currently underspending, noting that project-level financial reporting is poor.
7.3 Has the entity assessed its readiness to proceed to the next stage?	No. The entity has only recently engaged a consulting firm to develop the Business Case for subsequent funding and this work is nascent.
7.4 Does the program/project have the capability and capacity (right skills in the right quantity including specialist advice) ready to deliver the next stage?	Partial. A number of interviewees have reported difficulty in securing sufficient resources and this has led to vacancies in key program roles.
7.5 Are the plans for the next phase, including the integrated master schedule, fit for purpose and achievable?	Partial. See above.
7.6 Are the governance arrangements for the next stage in place and fit for purpose?	Partial. See above.

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Appendix D: List of Interviewees

Name	Role/Position/Entity	Date Interviewed
Dale Naughton	Assistant Secretary, AC Services and Sustainability, Digital Transformation and Delivery, Dept of Health	23 May 2022
David Hicks and Paul McCormack	Chief Finance Officer and First Assistant Secretary, Financial Management, Dept of Health	23 May 2022
s22	Director, Enabling Capabilities Section, Reform Implementation Division, Dept of Health	23 May 2022
Thea Connolly	Senior Responsible Officer and First Assistant Secretary, Reform Implementation, Dept of Health	23 May 2022
Jason Fraser	Assistant Secretary, ICT Strategy Business Assurance, Reform Implementation, Dept of Health	23 May 2022
Fay Flevaras	First Assistant Secretary, Digital Transformation and Delivery, Dept of Health	23 May 2022
s47F	<u>Industry Representative</u> , Aged Care Industry Information Technology Council Chair	23 May 2022
Greg Keen	Previous a/g SRO, Assistant Secretary, Reform Implementation and Governance, Reform Implementation	24 May 2022
s22	Director, IT Delivery Lead, Digital Transformation and Delivery	24 May 2022
s22	Director, Aged Care Agency Advice Unit, Department of Finance	24 May 2022
s22	Platform and B2G Lead, Digital Transformation and Delivery	24 May 2022
s22	Investment – Advice, Contestability & Assurance, Digital Transformation Agency	24 May 2022
s22 and s22	Director, Legislative Reform, Quality Assurance	24 May 2022
Garth McDonald	Assistant Secretary, Transformation and Quality Branch – Dept of Health	25 May 2022
Leanne Yannopoulos	First Assistant Secretary, Client Engagement and Support Services, Department of Veterans Affairs	25 May 2022
s47F	<u>Industry Representative</u> - Director, Australian Public Affairs	25 May 2022
s47F	Accenture (Salesforce)	25 May 2022
Melissa Evans	Assistant Secretary, Aged Care Communication and Change Branch, Dept of Health	25 May 2022

Name	Role/Position/Entity	Date Interviewed
Marina Muttukumaru	Executive Director, Digital Transformation and Delivery Executive, Dept of Health	25 May 2022
s47F and s22	Ernst & Young (EY) A/g Director – Aged Care Reform Implementation Strategy, Dept of Health	25 May 2022
Michael Lye	Deputy Secretary – Ageing and Aged Care Group, Dept of Health	25 May 2022
s22	Director, Business Systems, Aged Care Quality and Safety Commission	25 May 2022

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Appendix E: List of Documents Reviewed

Document Title	Version no. and/or Publication date
Aged Care Transformation Project Master Plan (Iteration2)	v0.4
Aged Care Transformation Project Delivery Plan Approach	v0.1
Aged Care Industry Engagement - executive Deck	v1
IACDTQ Gateway Planning Meeting Presentation	12 May 2022
Second Pass Business Case Submission	
2PBC - Improving Aged Care Data and Tracking Quality	v2.13
Attachment A - Cost Model	v0.27
Attachment B - Program Management Plan	v2.3
Attachment C - Risk Management Plan	v2.2
Attachment D - Risk Register	v2.2
Attachment E - Benefits Monitoring and Evaluation Plan	v2.2
Attachment F - Solution Architecture Design	v1.5
Attachment G - MYEFO 2021 - Requirements Specification	v0.3
Attachment H - Quality Management Plan	v2.2
Attachment I - Sourcing Strategy	v1.4
Attachment J - Governance Plan	v2.4
Attachment K - Change and Transition Plan	v2.3
Attachment L - Training and Education Plan	v2.3
Regulation Impact Statement (RIS)	v1.1
Risk Potential Assessment Tool (RPAT)	v1.4
Combined Program Documents	
Consumer Benefits of Improving Aged Care Data and Tracking Quality	19 Nov 2021
Combined Program Board IACDTQ and SAH Terms of Reference	March 2022
Aged Care Transformation Program (ACTP) Assurance Services Status Summary	20 Apr 2022
Agenda Paper for Presentation on B2G and GPMS for Reform Implementation Board	3 May 2022
Presentation on B2G and GPMS for Reform Implementation Board	3 May 2022
Draft minutes from Reform Implementation Board meeting 3 May 2022	3 May 2022
GPMS Project Status Update Report - March 2022	13 April 2022
GPMS Project Status Update Report - April 2022	4 May 2022
B2G Project Status Update Report - March 2022	13 April 2022
B2G Project Status Update Report - April 2022	4 May 2022
Combined IACDTQ and SAH Program Board documents	
<i>Meeting 1 - 8 March 2022</i>	
Agenda - IACDTQ and Support at Home IT Delivery Board Meeting 8 Mar 22	7 Mar 2022
<i>Meeting 2 - 13 April 2022</i>	
Agenda - IACDTQ and Support at Home IT Delivery Board Meeting 13 April 2022	8 Apr 2022
Minutes and Actions from previous meeting	8 Apr 2022

Document Title	Version no. and/or Publication date
Action Items Log	8 Apr 2022
Governance Paper	8 Apr 2022
IACDTQ Governance Map	8 Apr 2022
Overview of IACDTQ Business Case Scope	8 Apr 2022
Project Dashboard for B2G and GPMS	8 Apr 2022
Paper about roles and responsibilities for GPMS	8 Apr 2022
ATTACHMENT A: Detailed description and comparison between Product Manager, Product Owner and Product Management Team	8 Apr 2022
<i>Meeting 3 - 4 May 2022</i>	
Agenda - IACDTQ and Support at Home IT Delivery Board Meeting 4 May 2022	2 May 2022
Action Items Log	2 May 2022
Minutes and Actions from previous meeting	2 May 2022
Australian Government response to the final report of the Royal Commission into Aged Care Quality and Safety	11 May 2021
List of aged care legislation	22 Mar 2022
Department of Health Organisational Chart	26 Apr 2022
GPMS Documentation	
GPMS Project Overview	28 Apr 2022
P3 M1.2 V1.0 Government Provider Management System (GPMS) recd 040322	4 Mar 2022
Project Management Plan - SPIM	v0.3 (8 Mar 2022)
GPMS High Level Implementation Plan and Delivery Sequence	10 May 2022
GPMS Capability Model	10 May 2022
GPMS - Logical Solution Architecture	V0.0.1
Agile Delivery Model	5 May 2022
GPMS Replacement Draft Test Approach	V0.1
NAPS Data Migration Strategy & Approach	V0.0.4
Data mapping - NAPS Interface	4 May 2022
Data mapping - Salesforce Objects to Oracle	10 May 2022
Infrastructure Design - NAPS to GPMS Data Migration	V1
<i>Minutes from Weekly GPMS Design Authority Meeting (internal GPMS Project)</i>	
RE_GPMS - 3D Session - setup Weekly Design Authority Meeting _SEC_OFFICIAL_ (20220420).msg	20 Apr 2022
RE_GPMS - 3D Session - setup Weekly Design Authority Meeting _SEC_OFFICIAL_ (20220501).msg	1 May 2022
RE_GPMS - 3D Session - setup Weekly Design Authority Meeting _SEC_OFFICIAL_ (20220511).msg	11 May 2022
<i>GPMS Delivery Team Showcases</i>	
PI17.S3 Showcase.pdf	5 Apr 2022
PI17.S4 Showcase.pdf	19 Apr 2022
PI17.S5 Showcase.pdf	3 May 2022
<i>Accenture Weekly Delivery Report</i>	

Document Title	Version no. and/or Publication date
Accenture - GPMS_Weekly Status Report_20220412.pdf	12 Apr 2022
Accenture - GPMS_Weekly Status Report_20220503.pdf	3 May 2022
Accenture - GPMS_Weekly Status Report_20220510.pptx	10 May 2022
<i>Health Tracker Reports</i>	
20211224-NAPS Replatforming - ACBSB Fortnightly Status Report.docx	24 Dec 2021
20220228-GPMS - FEB - ACBSB Fortnightly Status Report.docx	28 Feb 2022
20220128-GPMS - ACBSB Fortnightly Status Report.docx	28 Jan 2022
<i>Program Delivery Status Reports</i>	
Program Delivery Status Reports - 21 04 2022.pptx	21 Apr 2022
Program Delivery Status Reports - 07 04 2022 (1).pptx	7 Apr 2022
Program Delivery Status Reports - 06 05 2022.pptx	6 May 2022
Draft Stakeholder and Engagement Plan	v0.1
Draft Threat and Risk Assessment (TRA)	v0.27
Draft System Security Plan (SSP)	v0.1
User Experience and Interactions Overview	v1.0.0
GPMS Data Model	10 May 2022
Interface Inventory List	V0.0.1
Interface Integration Inventory	29 Apr 2022
NAPS Replacement System Integrator RFQ - Evaluation Report	V1.01
B2G Documentation	
B2G Project Outline	v1
P3 M1.1 V1.0 Business to Government (B2G) recd 040322	v1.0
B2G Project Management Plan	v0.3
B2G RAID Log - Risks Actions Assumptions Issues & Decisions -as at 10 May 2022	10 May 2022
B2G Implementation Strategy - Overview	15 May 2022
B2G Stakeholder Mapping and Engagement Register	26 Apr 2022
B2G Plan-on-a-page	v0.3
Project Governance Details (PowerPoint)	V0.1
Summary of the IACDTQ measure costings for MYEFO 21-22	24 May 2022
Dashboard and report of Expenditure and Forecast for the overall NPP (Governance - Improving Aged Care ICT Capability)	24 May 2022
DTDD Portfolio Planning PI17 wrap-up email	14 Feb 2022
DTDD Portfolio PI17 Retrospective	24 May 2022
DTDD Aged Care Transformation Plan - ICT Agile Delivery and Planning Cadence (DRAFT)	23 May 2022
PI17 Portfolio Plan board	May 2022
PI17 Portfolio Risk Board	May 2022
PI17 Portfolio Retrospective Plan Review	May 2022
GPMS Business Stakeholder Groups listing	23 May 2022

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Appendix F: Assessment Ratings and Definitions

Delivery Confidence Assessment Rating Definitions

The review team will provide an overall delivery confidence assessment (DCA) based on the definitions below. The review team should consider the individual Key Focus Area assessment ratings (defined below) and exercise their own judgement/expertise to determine the most suitable overall assessment of delivery confidence rating.

DCA Assessment Ratings	
Assessment	Definition
Green	Successful delivery of the program to time, cost, quality standards and benefits realisation appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly.
Green/Amber	Successful delivery of the program to time, cost, quality standards and benefits realisation appears probable however constant attention will be needed to ensure risks do not become major issues threatening delivery.
Amber	Successful delivery of the program to time, cost, quality standards and benefits realisation appears feasible but significant issues already exist requiring management attention. These need to be addressed promptly.
Amber/Red	Successful delivery of the program to time, cost, quality standards and benefits realisation is in doubt with major issues apparent in a number of key areas. Urgent action is needed to address these.
Red	Successful delivery of the program appears to be unachievable. There are major issues on program definition, schedule, budget, quality or benefits delivery. The program may need to be re-baselined and/or overall viability re-assessed.

Key Focus Area Assessment Rating Definitions

The review team will provide an assessment against each of the Key Focus Areas probed. This will provide a level of granularity to assist entities to identify and address the key issues.

Key Focus Area Assessment Ratings	
Assessment	Definition
Green	There are no major outstanding issues in this Key Focus Area that at this stage appear to threaten delivery significantly.
Amber	There are issues in this Key Focus Area that require timely management attention.
Red	There are significant issues in this Key Focus Area that may jeopardise the successful delivery of the program.

Report Recommendation Category Definitions

The review team will rate individual recommendations with a sense of urgency as defined below:

Critical (Do Now): To increase the likelihood of a successful outcome it is of the greatest importance that the program should take action immediately.

Essential (Do By): To increase the likelihood of a successful outcome the program should take action in the near future. Whenever possible essential recommendations should be linked to program milestones (e.g. before contract signature and/or a specified timeframe i.e. within the next three months).

Recommended: The project should benefit from the uptake of this recommendation. If possible recommendations should be linked to program milestones (e.g. before contract signature and/or a specified timeframe i.e. within the next three months).

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Gateway Review Report End Stage/Mid-Stage Review

For: Improving Aged Care Data and Tracking
Quality Program

To: Thea Connolly

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Entity name:	Department of Health and Aged Care	
Program/Project name:	Improving Aged Care Data and Tracking Quality Program	
Review type:	Blended End Stage/Mid-Stage	
Senior Responsible Official (SRO):	Thea Connolly	
Planning Meeting date:	15 March 2023	
Onsite Review dates:	27 March – 3 April 2023	
Date report provided to SRO:	3 April 2023	
Date report provided to Assurance Reviews Unit:	3 April 2023	
Review Team Leader:	Name s22	s47F
Review Team Member:	Name s22	Signature s47F
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Template version control:	Draft November 2021	

This report has been prepared in accordance with the Australian Government's Gateway Review Process (Gateway) methodology as set out in *Resource Management Guide 106: Australian Government Assurance Reviews*.

The report summarises the findings and recommendations of the review team, which are based on information provided to the review team during the review process.

A copy of the report is provided to the Assurance Reviews Unit (ARU), Department of Finance at the conclusion of the review to identify lessons learned and evidence of best practice. Where a project or program includes an ICT component the report is shared with the Digital Transformation Agency (DTA). The report is not shared more broadly without agreement from the SRO. A copy may be provided to subsequent review teams as pre-reading material for future reviews.

Enquiries regarding the Gateway methodology should be directed to:

Assurance Reviews Unit

Department of Finance

One Canberra Avenue

FORREST ACT 2603

Email: assurancereviews@finance.gov.au

Gateway Assurance Dashboard

Delivery Confidence Assessment

Rating

The review team finds that the overall delivery confidence assessment for the program at this point in time is **Amber/Red** – Successful delivery of the program to time, cost, quality standards and benefits realisation is in doubt with major issues apparent in a number of key areas. Urgent action is needed to address these.

Factors Affecting Rating

The review team notes that, while the Improving Aged Care and Tracking Quality Program (IACTQP) is one part of a very significant program of Aged Care Transformation, it provides foundational capabilities for the wider program.

The review team finds that neither the Government Provider Management System (GPMS) nor the Business to Government (B2G) projects, which together comprise the IACTQP, have met their delivery schedules for the first Tranche of the program. Both projects are planning to deliver the bulk of Tranche 1 capability by mid-year, but this will require urgent action to address capability, resourcing and prioritisation issues.

In the current phase, GPMS is reporting Red and, while B2G is reporting Green, the review team finds that this project has yet to make its Beta capability available to any external partners.

Summary of Key Focus Area Ratings

Key Focus Area	Rating
Business Case and Benefits	Amber
Stakeholders and End Users	Amber
Governance and Planning	Red
Risk Management	Amber
Achievement of Outcomes	Red
Review of Current Phase	Red
Readiness for Next Stage	Red

Summary of Findings

Tranche 1 deliverables have been delayed, and the program now plans to deliver the majority of Tranche 1 capability by July 2023. There is still significant risk related to the achievement of Tranche 1 outcomes by then. Funding for Tranche 2 has been provided, covering the period January 2023 to December 2024. The Program is under pressure to deliver remaining capability from Tranche 1 while now having commenced Tranche 2.

The business case has not been formally updated, and scopes for both Tranche 1 and Tranche 2 are high-level only.

Benefits management is still immature, with benefit baselines and measures incomplete. Benefits will need to be integrated with a portfolio approach to benefits management, i.e. at the Aged Care Transformation Program (ACTP) level.

The review team finds that there is very good external stakeholder engagement, principally through tech talks and sector partner meetings. Internal stakeholder engagement is inconsistent, which has impacted delivery confidence.

There is a comprehensive governance framework oversighted by the ACTP Steering Committee. There are over ninety separate projects, which are organised into eight separate programs of work. There is a dedicated IACDTQ Program board for oversight of the GPMS and B2G projects.

The relationship between Reform Implementation Division (RID) and the Digital Transformation Division (DTD) has become challenging, and this has led to a business / technical divide. The effect of this is insufficient business engagement in the development process and decision making which presents a significant risk to program delivery.

There are risks to program delivery, including lack of agreement on business requirements, priorities and scope, multiple dependencies across the portfolio of work, and data quality issues. Emerging policy requirements could lead to further scope changes. A consistent approach to escalation and contingency planning across those risks is required.

The Master Plan for the portfolio does not include a master schedule, milestones, or dependencies. Program planning documentation is out of date and has not been updated for decisions impacting Tranches 1 and 2. Risks, issues and dependencies are tracked and reported within the projects, and a consolidated program view is lacking.

Clearer responsibility, with business ownership of the high-level design and roadmap (i.e. the pipeline of future work), is needed to complete delivery of the current phase, plan for future phases, and transition to operations once new capabilities are delivered. Business functions will need adequate resourcing for this phase to establish the capability and capacity needed.

Tranche 2 funding provides for sustainment and some enhancement of B2G, GPMS and the platform from January 2023 to December 2024. The review team understands that additional funds will be required for any significant new development to support other initiatives under the ACTP and the new Aged Care Act. It is not yet clear what these initiatives are and therefore what additional funding will be required.

This review has focussed on completion of Tranche 1 and progress on Tranche 2.

The review team notes that this Program lacks clarity on the future operating model. The absence of a future operating model and clearly identified business owners is already noticeable and will become an increasing problem.

There is a considerable body of work required to create a future operating model and to establish business ownership and plan for transition to operations.

Summary of Recommendations

The review team makes the following recommendations which are provided with an urgency category.

Item	Recommendation	Urgency
1	In the absence of an updated business case for the Program, develop an agreed high-level document, reflecting the intent of the relevant government decisions, to provide a clear scope of work for Tranche 2, including key functionality for the GPMS and B2G systems with milestones and delivery dates.	Critical, Do Now

OFFICIAL: SENSITIVE

Item	Recommendation	Urgency
2	Expedite the work to identify the baselines and develop metrics for the program benefits and ensure that the ACTP level benefits enabled by the B2G and GPMS capabilities are incorporated in the portfolio benefits management framework.	Essential, Do By 30 June 2023
3	<p>Reset the working relationship between business (Reform Implementation Division) and IT (Digital Transformation and Delivery Division) to ensure the active engagement of business owners in the planning, design and development processes. Specifically:</p> <ul style="list-style-type: none"> a. Consider co-locating business and technical delivery teams, Project/Program Management and Senior Executive of the relevant divisions. b. Ensure that business expertise is embedded within the planning, design and development teams, i.e., form multi-disciplinary or Agile Teams, that include staff from the relevant business area with appropriate business knowledge and authority (i.e., product owners). c. Ensure that staff receive training/coaching in the agreed delivery method, including the development of business requirements and familiarisation with the requirements of the relevant software platforms. d. Review the terms of reference of all governance boards as they relate to this program to ensure that board level issues with business consequences are considered by the Program Board, i.e., all business and technical decisions that impact project scope and delivery. e. Consider engaging an external expert to support the reset of the working relationship. 	Critical, Do Now
4	<p>Strengthen program management capability to better plan, design, manage and assure delivery of the Aged Care Transformation Program capabilities to be delivered by B2G and GPMS. Specific areas requiring attention include:</p> <ul style="list-style-type: none"> a. Management of interdependencies: develop an integrated schedule covering both business and IT to identify and manage dependencies across the Aged Care Transformation Program for the GPMS and B2G projects. b. Risk management: maintain a consolidated risk, issue and dependency register, including changes and decisions. c. Consistent processes and tools: embed fit-for-purpose tools and processes to support effective oversight and inform decision making. In particular, update the PMP to make it a living document with links to the latest detailed plans. d. Financial Management: continue the work to enhance project financial management and reporting. 	Essential, Do By 30 June 2023

OFFICIAL: SENSITIVE

Item	Recommendation	Urgency
5	Conduct a mid-stage review in March 2024.	

A summary of the previous review recommendations and actions taken can be found at Appendix B.

Definitions for the ratings provided for the Delivery Confidence Assessment, Key Focus Areas and Urgency Category are provided at Appendix F.

Appendices:

Appendix A. Gateway Assurance Plan

Appendix B. Previous Recommendations and Actions Taken

Appendix C. Review Checklist.

Appendix D. List of Interviewees

Appendix E. List of Documents Reviewed

Appendix F. Assessment Rating Definitions

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Introduction

Program Description and Background

The outcomes and benefits of the program:

Modernised aged care information, communication and technology (ICT) systems will enable higher standards of care for older people in Australia. Directly responding to recommendation 109 of the Royal Commission into Aged Care Quality and Safety (Royal Commission), the program enables the sector to report on the day-to-day activities of providers in a way that does not detract from their core business of care and support, and so that information is transmitted efficiently. The program of work will ultimately improve the data collected and held by the government to better support providers in delivering quality services to older Australians, enhancing their level of choice and control and engagement with the aged care system by providing a reliable platform for current and future whole of government reform activity and better equip the government to respond to:

- Significant expected growth in demand on care and support services over the next 10 years
- Multiple overlapping business processes and software used across aged care in Health, Department of Veterans' Affairs (DVA), and National Disability and Insurance Agency (NDIA) impacting the quality of services delivered
- Required reduction to the large administrative burden being experienced by Service Providers across the Care and Support Sector
- Overall duplication and inefficiencies leading to an increased cost to government

The Government established the Improving Aged Care Data and Tracking Quality (IACDTQ) program Tranche 1 foundational work program from January 2022 to 31 December 2022 to deliver:

- A Beta of Business to Government (B2G) capability for aged care providers to exchange information with Government in near real time, to strengthen accountability and lessen administrative burden
- The foundational capability for a Government Provider Management System (GPMS) to replace the legacy National Approved Provider System (NAPS) as the new central repository of provider business, service, and regulatory compliance information

Tranche 2 builds on from the initial Tranche 1 work to deliver a modernised Future Aged Care ICT Platform to 31 December 2024:

- B2G – launch an ongoing rolling release of Application Programming Interfaces (APIs) to production from mid-2023, commencing with the Quality Indicators API, and subsequent APIs being prioritised according to business need and delivering value to the sector.

A modernised software conformance framework is being designed and delivered to identify and control risk exposure of transferring data between sector software and government data repositories. Work with the Australian Digital Health Agency will introduce this quality assurance measure to ensure sector software meet stringent requirements to protect information that passes through the B2G gateway.

- GPMS – build on from the foundational capability of GPMS to become a master data source of self-managed provider information that can be collected and shared with relevant stakeholder systems.

Conduct discovery work required for a cross-government capability to manage providers across sectors.

Sustainment of the GPMS underlying Software as a Service (SaaS) platform to support key enabling functions like disaster recovery, business continuity, Essential 8 functions (including security monitoring and anti-virus detection), defect remediation, and routine software upgrades.

These outcomes will contribute to the realisation of program benefits including reducing administrative burden for providers, allowing workers to dedicate more time to meaningful care, improving data quality, improving accountability and transparency in the aged care system, enhancing provider viability, and improving the experience of users across the sector.

The department will come back to Government for any additional development and sustainment work beyond 2024.

The policy context or need for the program:

The outcomes of the program will ensure the aged care system is supported by robust and efficient ICT platforms for older Australians, aged care providers, the Aged Care Quality and Safety Commission and the department.

Aged care reforms are necessarily increasing compliance obligations on providers to ensure the quality and safety of older Australians including measures targeted at quality food, care minutes, serious incidents, financial reporting, Quality Indicators and Star Ratings.

Transforming our aged care ICT systems is crucial to reduce the administrative and reporting burden to maximise the amount of effort being allocated by providers to meaningful care of older Australians and deliver on recommendation 109 of the Royal Commission.

Modernised aged care systems are the cornerstone of near real time data transmission to enhance emergency responsiveness of government and to increase transparency and accountability of providers.

The benefits of GPMS and B2G automation include:

- Improved transparency and accountability - Streamlined interaction between providers and government to enhance data sharing and leading to increased transparency for consumers.
- Improved data quality leading to improved policy and aged care outcomes.
- Reduced administrative burden - Reduces current inefficiencies of duplicative reporting to enable the workforce to spend more time with older Australians needing care. Reduces the regulatory burden on business to enable them to easily comply with regulation and compliance standards.
- Encourage sector innovation and improve user experience - Provides automated two-way transmission of data between the aged care system and aged care providers and assessment organisations. Maximises the amount of time that personal care workers spend providing quality time caring for consumers and reduces the amount of time spent completing administrative paperwork.
- Whole of Government extensibility - GPMS as the centralised repository for provider service, organisation and regulatory compliance information will ensure that providers have full access to the data government holds on them and will ensure regulators have a central source of truth for this information. Reusing this capability across the care and support sector leads to further reductions in administrative burden by reducing the amount of duplicative information cross sector providers have to provide.

Significant sub-programs and projects:

Similar services are provided across aged care, disability support and veterans' care. It is estimated that approximately 36 per cent of aged care providers service the cross-sector market.

While some differences across sectors are appropriate, duplication in regulatory requirements is a barrier to consistent quality and safety and the overall efficiency of the market. It inhibits providers from operating more seamlessly in delivering services across multiple programs, adds to costs and is a disincentive for market development and growth.

As part of the investigation into opportunities to re-use the GPMS platform across the NDIS and DVA, activity includes discovery work for the re-use of GPMS and evolving the platform into a cross-government capability to manage providers across sectors. This will reduce the regulatory burden to providers servicing multiple government programs.

Key regulatory information supplied by providers, via B2G API services, to the GPMS platform include but are not limited to Quality Indicators, Quarterly Financial Reporting (inclusive of care minutes), and Aged Care Financial Report.

The abovementioned regulatory information is used to determine Star Ratings for aged care providers, giving older Australians better information when making choices about their care. Information provided via B2G in near real time will ensure that the information visible to consumers is up to date.

GPMS will be a reusable digital capability that forms the critical foundation of a number of other key Aged Care reform initiatives including Quality Indicators, Star Ratings, Quarterly Financial Reporting, Aged Care Financial Reporting, Serious Incident Response Scheme, Minutes of Care and Nurses 24/7. In addition, GPMS is foundational to the successful delivery of the B2G.

Future updates will gradually improve and expand GPMS' applications to support more key aged care reforms.

Scope of the Review

This is a combined End Stage (Tranche 1) / Mid Stage Program Review. The Review will Cover the following Key Focus Areas:

- Business Case and Benefits
- Stakeholders and End Users
- Governance and Planning
- Risk Management
- Achievement of Outcomes (Tranche 1)
- Review of Current Phase
- Readiness for Next Stage

The End Stage Review Key Focus Area - Realisation of Benefits – will be considered at the End Stage Review for the Program.

Acknowledgements

The review team would like to thank Thea Connolly as the Senior Responsible Official and all those interviewed for their participation in the review. The support and openness from all parties contributed to the broader understanding of the program and the successful completion of the review. Additionally, the review team would like to thank s22 [REDACTED] [REDACTED] for their excellent administrative support.

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Detailed Findings and Recommendations

Key Focus Areas Assessed

Business Case and Benefits

Assessment Rating:	Amber (There are issues in this Key Focus Area that require timely management attention.)
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Findings:

The original business case for the program outlined a larger program of work spanning four years. It went through several iterations, and the final budget allocation was \$66.1m for Tranche 1, covering the period January to December 2022 only.

A further submission in October 2022 resulted in \$150.9m of funding for Tranche 2, covering the period January 2023 to December 2024.

Tranche 1 deliverables have been delayed, and the program now plans to deliver the majority of Tranche 1 capability by July 2023.

The business case has not been formally updated, and scopes for both Tranche 1 and Tranche 2 are high-level only.

As a foundational capability for the Aged Care Transformation Program (ACTP) the expected benefits of IACDTQ include:

- Reduction in time spent by providers to complete compliance reporting
- Reduction in time for data transmission between government, providers, health professionals and assessors
- Improved operational efficiencies for government as well as for providers

A consultancy was undertaken from August to September 2022 to progress the work on benefits. The focus of this work was on initial validation of benefits for residential aged care providers .

There is a benefits strategy at the Program level (IACDTQ). The strategy introduces yet another level of governance, with responsibilities allocated across a range of roles. As a result, there is no single point of responsibility for benefits at the Program level.

Consideration of benefits remains narrowly focussed on industry and provider benefits and does not yet include an assessment of benefits net of initial dis-benefits, benefits to government decision making, efficiency benefits to government, or linkage to portfolio level benefits. Work is yet to commence on the baselines and measures.

The review team finds that benefits management is still immature. The Program benefits as they are currently presented cannot be used to drive prioritisation of features or change requests. There does not appear to be a portfolio (ACTP) level benefits realisation plan to drive this work.

The system and business owners for the new capabilities and benefits are yet to be determined.

The review team notes that developing an effective benefits management process becomes increasingly difficult, the later in the program life cycle that the work is undertaken.

Recommendations:

1. In the absence of an updated business case for the Program, develop an agreed high-level document, reflecting the intent of the relevant government decisions, to provide a clear scope of work for Tranche 2, including key functionality for the GPMS and B2G systems with milestones and delivery dates.
2. Expedite the work to identify the baselines and develop metrics for the program benefits and ensure that the ACTP level benefits enabled by the B2G and GPMS capabilities are incorporated in the portfolio benefits management framework.

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Stakeholders and End Users

Assessment Rating:	Amber (There are issues in this Key Focus Area that require timely management attention.)
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Findings:

There is a wide range of stakeholders, both external and internal associated with the program, including providers, software vendors, other government agencies as well as Departmental staff across policy, technical and enabling services.

The review team finds that there is very good external stakeholder engagement, principally through tech talks and sector partner meetings, organised and delivered by Digital Transformation Division (DTD) with support from the Aged Care Communications and Change Branch. External stakeholders appreciated this early co-design engagement and the greater transparency on the policy approaches affecting technology development.

The review team acknowledges the efforts of the DTD in establishing an effective communications channel with external stakeholders. This arrangement has worked well and has been well received by external stakeholders, but as the program moves closer to implementation there is the potential for misalignment between policy, business and technical teams' priorities. The Program might consider whether the arrangements should be formalised through a written communications protocol.

In contrast to the largely successful external stakeholder engagement program, the review team finds that there are inconsistent levels of internal stakeholder engagement. Some internal stakeholders did not feel fully engaged and were concerned about the emphasis on delivery of capability, when policy decisions remain outstanding. Consideration needs to be given to improving internal communications, particularly in relation to priority setting and to internal stakeholder engagement on design requirements.

Recommendations:

Refer to Recommendation 3 below.

Governance and Planning

Assessment Rating:	Red (There are significant issues in this Key Focus Area that may jeopardise the successful delivery of the program.)
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Findings:

There is a comprehensive governance framework in place for ACTP. Within this framework the ACTP Steering Committee oversees over ninety separate projects. These projects are organised into eight separate programs of work, aligned to the new organisational structure.

There is a dedicated IACDTQ Program board for oversight of both GPMS and B2G projects. Within the ACTP governance structure, the IACDTQ Board reports to the Reform Implementation Program (RIP) board.

There are also separate boards for Digital Data and Service Delivery Oversight (DDSDO) and Aged Care IT Delivery (ACITD) that report to the ACTP Steering Committee (ACTPSC). Interviewees reported attending a large number of committee meetings that can be time consuming. There are concerns that this is not efficient and that some decisions are not made in the appropriate forum.

The review team finds that there is insufficient clarity about the role of the various governance forums in relation to the Program, particularly the separate DDSDO and ACITD boards that both report to the ACTPSC. Greater clarity is needed in order to avoid 'forum shopping' and to ensure that decisions are taken in the appropriate forum.

The review team questions whether the IACDTQ Program Board could operate more effectively if it was regularly chaired by the SRO to give it the required level of authority and separation from the project team. If the issues coming to this Program Board are not sufficient to justify chairing at this level, then consideration could be given to incorporating its functions into the Reform Implementation Board.

The higher-level governance issues have been exacerbated by a deteriorating relationship between the Reform Implementation Division (RID) and the Digital Transformation Division (DTD), reflective of a business / technical divide in the development process. While there are some examples of effective cooperation, the business clearly felt that it is not fully engaged in the design and development process, as best practice would suggest, while IT has concerns about avoiding a 'shadow IT' function.

Regardless of the causes, there is insufficient business engagement in the development process and decision making. This represents a significant risk to program delivery.

An ACTP Portfolio Management Office (PMO) has been established within RID. GPMS and B2G are managed as projects within the program of work for Reform Implementation.

There are gaps and duplication in project management artefacts, processes and procedures, reflecting a relatively low maturity with large scale program management and delivery.

The review teams finds that program management for GPMS and B2G is not well developed, with a relatively low level of capability and capacity. This is evident through an outdated program management plan and a lack of the usual program management artefacts expected for a program of this size and complexity, such as a master schedule with clear milestones and dependencies. The Program Management Plan (PMP) provided to this review is dated October 2021.

The review team notes that there are separate project management arrangements for technical delivery of GPMS and B2G, which are not well integrated into an overarching program plan to achieve business objectives.

The project management plans have not been updated since September 2022 and do not reflect changes to the program in late 2022 and upcoming milestones for Tranche 2. The lack of currency is compounded by not having a consistent record of program documents and decisions that impact the Program including scope reduction. Project documents are maintained in multiple locations (TRIM, SharePoint, DevOps).

The lack of a current PMP and future roadmap creates challenges for risk, issue and dependency management. This is needed to monitor critical dependencies across the ACTP Reform, such as Minutes of Care, SIRS, Quality Indicators, and ACFR. The PMP and schedule should include those capabilities that depend on GPMS and B2G to enable the Aged Care Reform.

These findings are consistent with the recommendations provided by the ACTP independent Assurer to enhance program and project management (refer to *ACTP Current State Assessment: Reform Implementation Program - Program Management Review, February 2023*). That report advises that capability could be uplifted in the areas of risk/issue management, interdependency management, program reporting, change control and management, amongst others.

Supporting these findings, the review team was advised that there are inconsistent processes and methods used for project delivery. The Program does not have an appropriate project management tool, templates are completed inconsistently, and document management approaches and the tools used vary (e.g. TRIM, SharePoint, DevOps). These factors present challenges for tracing decisions and change impact assessment, which contribute to difficulties in ensuring that solutions are aligned to business objectives.

The capabilities being delivered by the Program will be utilised across the Aged Care Reform. This is posing a challenge to creating an agreed business design and high-level requirements to guide system development. Better practice is to identify senior business owners for major capabilities, such as provider experience, with the authority and capacity to consult and represent business interests.

Recommendations:

3. Reset the working relationship between business (Reform Implementation Division) and IT (Digital Transformation and Delivery Division) to ensure the active engagement of business owners in the planning, design and development processes. Specifically:
 - a. Consider co-locating business and technical delivery teams, Project/Program Management and Senior Executive of the relevant divisions.
 - b. Ensure that business expertise is embedded within the planning, design and development teams, i.e., form multi-disciplinary or Agile Teams, that include staff from the relevant business area with appropriate business knowledge and authority (i.e., product owners).
 - c. Ensure that staff receive training/coaching in the agreed delivery method, including the development of business requirements and familiarisation with the requirements of the relevant software platforms.
 - d. Review the terms of reference of all governance boards as they relate to this program to ensure that board level issues with business consequences are considered by the Program Board, i.e., all business and technical decisions that impact project scope and delivery.
 - e. Consider engaging an external expert to support the reset of the working relationship.

4. Strengthen program management capability to better plan, design, manage and assure delivery of the Aged Care Transformation Program capabilities to be delivered by B2G and GPMS. Specific areas requiring attention include:
 - a. Management of interdependencies: develop an integrated schedule covering both business and IT to identify and manage dependencies across the Aged Care Transformation Program for the GPMS and B2G projects.
 - b. Risk management: maintain a consolidated risk, issue and dependency register, including changes and decisions.
 - c. Consistent processes and tools: embed fit-for-purpose tools and processes to support effective oversight and inform decision making. In particular, update the PMP to make it a living document with links to the latest detailed plans.
 - d. Financial Management: continue the work to enhance project financial management and reporting.

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Risk Management

Assessment Rating:	Amber (There are issues in this Key Focus Area that require timely management attention.)
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Findings:

There is an established Health and Aged Care Risk Management Framework, and the Program Risk Management Plan is based on that framework. The plan, however, does not appear to have been updated since October 2021.

There does not appear to be a consistent approach to its application across project teams. There is a portfolio-level (i.e. ACTP) Strategic Risk Register, but the IACDTQ Program does not have a single, consolidated risk, issue and dependency register at the working level. Multiple risk registers and RAID logs are maintained on different platforms at the project level by business project and technical delivery teams, making it difficult to get an overall appreciation of project / program risk.

It is not apparent to the review team whether the risk registers and RAID logs are used as working management tools, noting that the registers and logs are not always up to date or reflecting recently emerged risks.

The review team finds that there are a number of significant risks to program delivery for both B2G and GPMS, noting that both projects have already missed multiple milestones. These risks include:

- The GPMS implementation of registration and Star Ratings is less than two weeks away from a rescheduled implementation date and is still in beta with 16 providers
- Schedule appears to be prioritised over defects, with the risk of increasing technical and development debt
- Lack of agreement on business requirements and continuing debate over priorities and scope
- Short-term funding provision for ongoing development and sustainment for some production systems
- Technical complexity and multiple dependencies across the portfolio of work
- Data quality issues
- Emerging policy requirements leading to further scope changes

The review team notes that these risks have implications for the wider ACTP, with GPMS in particular providing foundational functionality for multiple projects and programs. The review team did not see evidence of a consistent approach to escalation and contingency planning across those risks.

Recommendations:

Refer to Recommendation 4b above.

Achievement of Outcomes

Assessment Rating:	Red (There are significant issues in this Key Focus Area that may jeopardise the successful delivery of the program.)
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Findings:

The review team notes that in 2021, the previous government provided the Department of Health and Aged Care with an initial tranche of funding (Tranche 1) as part of the ACTP for foundational elements of a future Aged Care ICT platform. The funding was for twelve months to 31 December 2022 and was intended to deliver, inter alia:

- Business to Government (B2G) connectivity to establish a direct connection between My Aged Care and provider/assessor organisations. Tranche 1 was to be a Beta version of the capability for a limited number of service providers and was to enable near real-time reporting for Quality Indicators (QI), the Serious Incident Response Scheme (SIRS), Aged Care Financial Reporting (ACFR) and residential service delivery staffing reporting (Minutes of care).
- Government Provider Management System (GPMS) providing a modernised repository of provider information allowing direct access for providers to manage their organisational information and view regulatory information held by the Australian Government to support greater consumer choice. Tranche 1 of the GPMS was to deliver a replacement platform for the legacy National Approved Provider System (NAPS) and was intended to become a master source of self-managed provider information collected and shared with stakeholder systems.

The review team accepts that this was an ambitious task and one that required design rethinking from the submitted Second Pass Business Case to fit within the reduced funding envelope.

At the time of this review (March 2023), the review team understands that:

- B2G functionality has been developed to include an API for QI but has yet to be released for external Beta testing, pending conformance and penetration testing. The review team understands that inhouse testing has been undertaken using a 'post office' function. The development team expects the developer portal to go live in either the April or June release and is working with business to prioritise API development.
- A CRM platform, Salesforce, has been successfully implemented to support GPMS, although the review team notes very high levels of customisation of an off-the-shelf platform to support initial functionality.
- A GPMS portal has been developed but has yet to go live, despite a number of attempts. The initial implementation of Star Ratings in December 2022 was dependent on the availability of the GPMS portal, but was forced to a contingency email approach. The next round of Star Ratings has been delayed until 11 April 2023. At the time of this review, the project team was undertaking Beta testing with 16 provider organisations. There are currently around 2,700 providers.
- GPMS has yet to deliver a replacement for NAPS, with a current scheduled implementation of July 2023. The review team noted low levels of confidence in achieving this date, in part due to slow progress on the part of the delivery partner, changing business requirements and an internal debate over the extent of the NAPS replacement (like-for-like, or greater focus on foundational capabilities to meet the needs of a future Aged Care ICT platform).

- Data has been migrated to GPMS on a 'lift-and-shift' basis. The review team understands that there are around 43,000 existing provider contacts. There is a high risk of inaccurate provider contact information being held in GPMS and by the department, due to:
 - information being uncontemporary at the time of migration, or
 - soon becoming out of date due to the concurrent operation of three out-of-sync Customer Relationship Management (CRMs) systems (GPMS, NAPS, Siebel).

The only contingency is to email potentially using the incorrect addresses.

The review team considers that, while neither B2G nor GPMS has delivered the original funded capability on schedule, implementation is achievable, albeit the schedule remains at risk.

There is still significant risk related to the achievement of Tranche 1 outcomes, including:

- Budget, with delivery partner costs being on a time-and-materials basis, possible slippage and utilisation of evolution funding for Tranche 2
- The availability of sustainment funding over the forward estimates
- The need to resolve the status of the NAPS replacement (like-for-like or enhanced, with some 200 outstanding enhancements - Product Backlog Items)
- High levels of customisation of the Salesforce platform
- Technical debt, if schedule continues to be prioritised over defect resolution and the high level of customisation continues
- Other project management and governance issues raised in this report
- Flow-on risks to other ACTP projects dependent on GPMS.

Recommendations:

Refer to recommendations above.

Review of Current Phase

Assessment Rating:	Red (There are significant issues in this Key Focus Area that may jeopardise the successful delivery of the program.)
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Findings:

In the absence of an updated business case or an approved statement of deliverables with sufficient detail to review progress, there is some difficulty in assessing the current phase of the Program. There is a Master Plan for the portfolio, but it does not include a master schedule, milestones or dependencies (refer to Recommendations 1 and 4).

There is some lack of clarity and agreement about the scope and deliverables that were funded for Tranche 1 and what is still needed to achieve this. For example, Star Ratings was a separate project that was rolled into GPMS, along with separate funding, after its critical dependency on GPMS was recognised.

There is tension about what constitutes 'like-for-like' NAPS replacement as the Minimum Viable Product (MVP), and what constitutes an enhancement or 'fix' for essential capability. Given the planned July 2023 release for NAPS decommission, this will become increasingly problematic until resolved. It is further exacerbated by the need to support other Reform initiatives, such as QI, ACFR, SIRS, Minutes of Care, and Nurses 24/7.

The review team finds that the current phase is focussed largely on completing the outstanding work from Tranche 1, specifically completion of the Beta version of B2G with APIs for QI, SIRS, ACFR and Minutes of Care, and implementation of the initial GPMS capability including the portal, registration and NAPS replacement.

The program is under pressure to deliver remaining capability from Tranche 1 while now having commenced Tranche 2. The focus on completion of Tranche 1, including the definition of MVP for NAPS replacement and defect remediation, has reduced attention to critical issues that will impact Tranche 2. The review team was informed that schedule is being prioritised over quality.

Against that background, the review team makes the following observations:

- The Program lacks a delivery strategy that sets out how GPMS and B2G will be rolled out to provide the foundation capability needed to support ACTP functionality, including QI, SIRS, ACFR and Minutes of Care.
- The Program needs to establish business ownership through integration of business owners with delivery/sustainment teams. This can be achieved through embedding Product Owners with the technical design and delivery teams. While contract resources can be used to augment staff and uplift capability, back-filling of business positions will likely be needed to ensure dedicated, experienced and capable Subject Matter Experts (SMEs) are available.
- An uplift in capability and capacity is needed to complete the current phase and prepare for the next phase to be delivered successfully.
- Concerns have been raised about delivery partner performance and there have been steps taken recently to manage this more closely. The delivery partner was originally engaged to design and develop a complete solution, including the high-level business requirements. This reliance on a single delivery partner for the complete solution, including testing, has been problematic and the program is moving away from this delivery partner model. It is not yet clear whether these changes will be sufficient.

- These and other factors have impacted on the quality of the solution that is being developed as part of the current phase. The review team was advised by a number of Interviewees that there has been a very high degree of customisation of the solution (with a large number of customised objects), which is unusual for a Salesforce implementation, and will likely lead to a large technical debt that is costly and time consuming to remediate, as well as higher ongoing costs. A better understanding of the platform during requirement specification could help reduce this and provide a more sustainable and cost-effective solution through reducing the number, size, complexity and cost of backlog items that need to be managed.
- Acknowledging that significant capability is yet to be released for GPMS and B2G, the program has identified that testing and release management need improvement. The review team notes that performance testing, User Acceptance Testing (UAT) and penetration testing are being brought together with the delivery partner under departmental staff supervision. The review team further notes that lack of sufficient testing environments is a bottleneck.

Clearer responsibility, with business ownership of the high-level design and roadmap (i.e. the pipeline of future work), is needed to complete delivery of the current phase, plan for future phases, and transition to operations once new capabilities are delivered. These business functions will need adequate resourcing to establish the capability and capacity needed. This will necessarily include engagement of experienced service providers with the expertise needed to augment staff with subject matter expertise.

Recommendations:

Refer to recommendations above.

Readiness for Next Stage

Assessment Rating:	Red (There are significant issues in this Key Focus Area that may jeopardise the successful delivery of the program.)
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Findings:

The Program has received two years of funding from January 2023 until end December 2024 for:

- Implementation and enhancement of B2G
- Sustainment funding for GPMS and additional funds in 2022-23 for evolution of GPMS
- Sustainment and implementation of the platform (including B2G sustainment)
- Sustainment of the existing Aged Care systems, including My Aged Care, which includes ongoing operations and platform sustainment
- Funding for other participating agencies (ACQSC, ADHA and Services Australia)

Tranche 2 is planned to deliver B2G capability into production, with additional APIs with enhanced quality and assurance features. GPMS is to become a master data source of self-managed provider information.

Tranche 2 funding includes business and IT costs. This funding is largely Operating, with a reducing proportion of Capital in future years. This is consistent with a shift from development to operations in the 2023-24 financial year.

Tranche 2 funding provides funding for sustainment and some enhancement of B2G, GPMS and the platform from January 2023 to December 2024. The review team understands that additional funds will be required for any significant new development to support other initiatives under the ACTP and the new Aged Care Act. It is not yet clear what these initiatives are and therefore what the additional funding required will be.

The review team notes that Tranche 2 funding largely covers sustainment. From July 2023, some funding is provided for further development (i.e. capability enhancements) and maintenance.

Development priorities were based on assumptions that are no longer valid due to schedule slippage and reprioritisation. This will require reassessment of the strategy and milestones. For instance, activities were reprioritised to meet commitments for Star Ratings ahead of NAPS replacement.

There are additional capabilities that were to be delivered in Tranche 1, including Minutes of Care, SIRS, Quality Indicators, and ACFR. Other new or pending capabilities to support Aged Care reform, such as Nurses 24/7, will be supported by GPMS. These dependencies need to be considered within a revised delivery strategy or roadmap as part of the design, build and release.

As the Program shifts to implementing new capabilities into production supporting the Aged Care Reform, the Program will need to prioritise a delivery strategy. In particular, delivery protocols will need to be settled and business owners appointed.

Noting that this Program lacks clarity on the future operating model and that the absence of this model and clearly identified business owners is already noticeable and becoming an increasing problem, the Program will need to:

- Prioritise and expedite development of the future operating model

- Ensure the business capability is in place to implement the model.
- Appoint Senior Business Owners for key functions and in particular for cross-cutting functions, such as provider experience, to provide the clarity needed to guide future developments.

The review team recommends that the next gateway review for this program be a mid-stage review to take place in March 2024. However, as noted in this report, the bulk of the remaining funding for this Program is for sustainment and further development of the initial foundational capability will require additional funding either within the existing program framework or as part of another program. Given the size and complexity of the overarching Aged Care Transformation Program, the review team recommends that the Assurance Plan be reviewed following the 2023/24 budget to ensure that it is still aligned with government expectations and with the overarching Aged Care Transformation Program.

Recommendations:

Refer to recommendations under Governance and Planning.

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BY THE DEPARTMENT OF HEALTH AND AGED CARE

Appendix A: Gateway Assurance Plan

Gateway reviews complement other external and internal assurance activities and form part of the entity's overall assurance framework. Better practice indicates that developing an assurance plan for the program/project early in its life cycle is a key factor in delivering successful programs/projects. Such a plan would indicate the need for both milestone-based and time-based assurance reviews and would help ensure the program/project received the appropriate level of independent assurance.

The Gateway Assurance Plan is tabled below:

Date	Type of Review	Comments
May 2022	First/Mid-Stage	
March 2023	End Stage (Tranche 1) Mid-Stage Tranche 2	Tranche 1 End Stage focus on Achievement of Outcomes. Assessment of Benefits Achievement to be undertaken at the Program End-stage Review.
March 2024	Mid-Stage Program	

Appendix B: Previous Recommendations

The following table outlines the recommendations made during the previous Gateway Review and the actions taken by the entity to address the recommendations.

Prior to the review, the entity should complete the 'Action Taken' column demonstrating the remedial actions taken to implement the recommendations.

The review team will review the actions taken and indicate whether the recommendations have been addressed as defined below, further comments should also be provided where recommendations have only been partially addressed or not addressed.

Fully: The recommendation has been fully implemented by the entity.

Partially: The recommendation has been partially implemented by the entity.

Not Addressed: The recommendation has not been implemented by the entity.

THIS DOCUMENT HAS BEEN RELEASED UNDER
THE FREEDOM OF INFORMATION ACT 1982 (CTH)
BY THE DEPARTMENT OF HEALTH AND AGED CARE

Previous Recommendations and Actions Taken				
Item	Recommendation	Category	Action Taken	Review Team Comments
R1	Consider whether this program should be included in the Reform's priority projects.	Recommended	<p>GPMS project has been included as one of the critical projects by the department's Aged Care Portfolio Office, captured in the Master Plan Iteration 3.</p> <p>Both GPMS and B2G projects are rated as Tier 1 (the most significant) project by the department's Aged Care Portfolio Office. The Future Aged Care ICT Platform proposal which includes the GPMS and B2G project was rated as Tier 1 (the most significant) digital investment by the DTA.</p>	Fully
R2	Produce a short, sharp statement setting out the Tranche 1 program scope and outcomes agreed by government, including consultation with central agencies on appropriate governance arrangements.	Critical	<p>Statement drafted and provided to SRO 16 June 2022.</p> <p>The Band 2 working group is established and chaired by the program's ICT sponsor. It is an interdepartmental working group comprising representatives of Department of Veterans Affairs, the National Disability Insurance Agency, Services Australia and the Department of Health and Aged Care.</p>	<p>Completed – but noting that the original Second Pass Business Case has not been updated and that this will need further definition going forward.</p> <p>See Recommendation 1.</p>
R3	<p>Determine the benefits attributable to Tranche 1 and commence monitoring and reporting.</p> <p>[Accelerate RACFR benefits activities, formalise benefit ownership and provide visibility of benefits realisation to the level of the AN-ACC Program Board – AN-ACC]</p>	Essential	<p>The updated Benefits Management Strategy was endorsed by IACDTQ Program Board on 17 Oct 2022.</p> <p>The updated Strategy builds on the existing document from the 2021 second pass business case and includes a refined benefits management framework, benefits mapping and roles and responsibilities.</p> <p>The updated Strategy was shared with Reform Implementation Board on 18 Nov 2022 for executive visibility and is being incorporated in program management artifacts (such as benefits register, program strategic risks).</p>	<p>Partially</p> <p>Noting that there has been work on the strategy, but further work is required on metrics and baselines. Monitoring and reporting are yet to commence.</p>

Previous Recommendations and Actions Taken				
R4	Reconcile financial tracking and proposed spend across the program.	Critical	<p>Release of the October 2022-23 Budget for Future ICT Platform has given opportunity to further capture and clarify actual funding allocation for GPMS and B2G through to end December 2024.</p> <p>The department's Aged Care Program Office provides additional support to align financial reporting cycles with the Health Tracker reporting requirements of the program office.</p> <p>A dedicated aged care project financial reporting tool (TM1) is being developed to enable enhanced and more accurate financial reporting for projects and budget measures. The TM1 tool will enable project managers to report on Year to Date, Life to Date financial date and aggregated financial information to specific budget measure.</p>	<p>Partially</p> <p>Improving program financial tracking and proposed spend is still a work in progress.</p>
R5	Accelerate the work on the Digital Strategy to guide program implementation and investment.	Critical	<p>A dedicated team is stood up to continue the development of the Digital Strategy and the Enablement Framework since Nov 2022.</p> <p>The Digital Strategy and Enablement Framework are expected to be released for consultation in Q2 2023 in close alignment with the Aged Care Data Strategy.</p>	<p>Partially</p> <p>The strategy is expected in Q2 2023.</p>

Previous Recommendations and Actions Taken				
R6	Undertake user research to better understand provider digital literacy, the software market, and provider readiness for adoption.	Essential	<p>The following research has been undertaken to better understand the aged care market, software vendors and providers' readiness for adoption since May 2022</p> <ul style="list-style-type: none"> • Market Strategy Phase 1 – which seeks to understand the current state of the aged care market and the impact of the implementation of selected policy reforms on the market. • Phase 2 is to be kicked off soon to continue the development of the Market Strategy. • Residential Aged Care Provider Benefits Analysis – which estimates the potential cost and time savings as a result of adopting Business to Government connectivity. • Provider Pulse Survey – which is a readiness and monitoring tool to guide the department's efforts in implementing the reforms. It aims to monitor the sector's readiness for upcoming changes. The first survey concluded in Oct 2022, the second one will be open in Feb 2023 and then it will be run quarterly thereafter. • Stakeholder Readiness Dashboard – which provides a high-level view of stakeholder impacts and risks across the Aged Care Reform portfolio. 	Fully
R7	Produce a stakeholder map to underpin the digital strategy and guide delivery.	Essential	<p>GPMS Stakeholder Engagement and Communications Plan (inclusive of a stakeholder map) was endorsed by the program board on 19 Sept 2022.</p> <p>The program is building on from this foundational work done by GPMS to include further stakeholder engagement and communications planning for B2G and the broader program (tranche 2 from 2023).</p> <p>Update to the stakeholder impact analysis is underway including finalising the impact statements, key messages, success criteria and communications channels. The updates will feed into the communications plan and training strategy and plan.</p>	Fully

Previous Recommendations and Actions Taken				
R8	Coordinate Aged Care sector engagement with change management across the whole of the Aged Care reform agenda. In relation to this program, pay particular attention to connecting policy and ICT communications.	Essential	<p>Digital Transformation Sector Partner engagement meetings are expected to resume in 2023.</p> <p>The Aged Care Change Management Office are maintaining a whole of Future ICT Platform view of communication, change management and building awareness for the sector.</p> <p>Whilst individual projects within the program have different needs for communication and change; linkages between the projects are recognised and reflected in each respective communications plan.</p> <p>The Aged Care Change Management Office have established a coordinated approach to naming IT systems that will drive better representation of systems and capabilities available to consumers and users of government systems.</p>	Fully
R9	Establish a single PMO for the improving Aged Care Data and Quality Tracking program through consolidation of ICT and business PMOs.	Essential	<p>Critical projects, their dependencies and status tracking continue to be monitored by the Aged Care Transformation Program Office and are documented in the Monthly Health Tracker Report for B2G and GPMS.</p> <p>Several activities are either in place or being planned to ensure ways of working between IT and Business are collaborative. These include but not limited to the following:</p> <ul style="list-style-type: none"> • A weekly checkpoint with business and IT project managers and directors to highlight, escalate and put in place actions to remediate emerging risks and issues. • Deep dives with project directors at the request of SRO. • Business and IT co-developed monthly Sensei IQ reporting and Health Tracker Report. <p>The department is also re-establishing a Design Authority to ensure a collaborative and informed business approach to support the successful delivery of ICT changes.</p>	The review team notes that the department did not proceed with this recommendation and that the alternative approaches have not improved collaboration between ICT and business of delivery confidence. See Recommendation 4.
R10	Task the combined PMO with developing and monitoring a single program plan that includes both IT and business elements to underpin reporting to the governance boards.	Essential	<p>Both B2G and GPMS POAPs are being updated to reflect the additional budget and latest planning for CY2023-24.</p> <p>Review and re-sequencing of business requirements is underway, which will inform the forward plan for the future Aged Care ICT platform program in Q1 2023</p>	See above.

Previous Recommendations and Actions Taken				
R11	Review the governance arrangements for the program (including the Digital Data and Service Delivery Board and Aged Care ICT Service Delivery Board) to consolidate where duplication exists and consider whether a separate and dedicated program board should be established for B2G and GPMS.	Recommended	SROs endorsed disbanding the Combined IACDTQ and Support at Home Delivery Board and a separate and dedicated IACDTQ Program Board was established in July 2022.	Partially See Recommendation 3(d) of this report.
R12	Conduct risk workshops to identify Tranche 1 risks and update the board on those that could jeopardise delivery.	Essential	<p>Project Managers undertook a housekeeping exercise updating RAIDDs, building on the risk workshops conducted on 10 May and 10 & 24 June. Further risk workshops to be set up as required</p> <p>Reform Implementation Program Board secretariat was provided updated registers on 14 June to inform a planned program level risk workshop.</p> <p>Project level (operational) risks are continued to be monitored and managed by the Project Managers in both B2G and GPMS projects. Key project risks and issues are included in the Monthly Status Report for IACDTQ Program Board's visibility.</p> <p>Program level (strategic) risks are captured in the DTA Tier 1 Assurance Plan. Quarterly deep dives are undertaken on these strategic risks by the IACDTQ Program Board. Updates are reflected in the Assurance Plan.</p> <p>Reform Implementation Board and Aged Care Transformation Program Steering Committee are provided with critical risks and major issues for visibility and direction where required.</p>	Fully Risk workshops were held and have been used to inform identification, assessment and management of risks. There is a portfolio risk management approach for ACTP and GPMS and B2G risks are managed at the project level. The program risk management maturity can improve. See Governance Key Focus Area and Recommendations 3 and 4 of this review.

Previous Recommendations and Actions Taken				
R13	Develop a program contingency plan with particular emphasis on alternatives for the pilot if there are legislative delays.	Essential	<p>Contingency capabilities for the program are in place to review existing work, design and plan for the next tranche.</p> <p>The tranche 2 planning covers elements such as legislation and policy, ICT capability delivery, enabling business design and change, stakeholder engagement and communications, transition, and program management aspects (e.g., benefits, governance, project controls and reporting).</p> <p>Requirements review and delivery prioritisation exercises are underway following the outcome of Oct 2022 Budget.</p> <p>The outputs of these exercises will inform a delivery plan for Tranche 2 (CY2023-24) in Q1 2023.</p>	No longer applicable. There have been delays to Tranche 1 releases and the timing for a new Aged Care Act is yet to be determined.
R14	Agree on the required data quality for reporting and confirm plans to achieve the expected outcomes.	Essential	<p>The Australian Digital Health Agency (ADHA) have a detailed schedule to develop the B2G Software Conformance Framework. This schedule increases visibility of work packages and key milestones. Adherence to the framework will control data and privacy related risks for all software products integrating with the B2G gateway.</p> <p>An innovative approach to ranking interfacing risks between software and aged care has been designed. Applying this new process will accelerate the risk assessment of new integration opportunities and allow faster delivery of related conformance material to market.</p> <p>Data quality and assurance will be preserved by applying this conformance measure to software products seeking to integrate with aged care systems via the B2G capability.</p>	In progress

Previous Recommendations and Actions Taken

R15	Conduct privacy impact assessments on GPMS	Essential	s42	
R16	Consider content and timing on approach to government for Tranche 2 funding.	Critical	The <u>outcome</u> of the Oct 2022 Budget was \$312.6m will be provided to improve Aged Care ICT platforms, to streamline processes to enable workers to spend more time providing care and to increase transparency, and up-to-date service information through My Aged Care.	Fully Funding from January 2023 to December 2024 for evolution of Tranche 2 and sustainment has been agreed by government.
R17	Conduct a combined End Stage Gateway Review for Tranche 1 and First Stage Gateway for Tranche 2 (dependent on government approval).	Recommended	A second gateway review is being planned and to be scheduled with DoF for March 2023.	Fully (this review). This is a combined End Stage (Tranche 1) and First Stage (Tranche 2) review.

Appendix C: Review Checklist

Consistent with *Resource Management Guide 106: Australian Government Assurance Reviews*, this section contains the review team's assessment¹ of the program against each of the Key Focus Areas. Review teams apply their collective expertise to determine the relevance and appropriateness of each question below with regard to the program and review stage.

The review team provides an assessment against each of the questions to allow a level of granularity and assist entities to identify and address the key issues. The overall delivery confidence assessment for the review is provided in the Dashboard.

The review team considers the individual Key Focus Area assessment ratings below and exercises its own judgement and expertise to determine the most suitable overall assessment of delivery confidence.

Business Case and Benefits:

Assessment Rating: **Amber**

Key Focus Area Question	Comments
1.1 Strategic Fit: Is the business case up to date and does it continue to demonstrate the business need and contribute to the business strategy?	No. The business case does not reflect the first and second tranche of the program as funded, although elements are aligned.
1.2 Options: Is the preferred way forward still appropriate?	No. An updated Business Case would be required to assess the impact of delays in delivery and interdependencies on the preferred way forward.
1.3 Value for Money: Are the proposed delivery arrangements likely to achieve value for money?	No. As above.
1.4 Affordability: Are the costs within current budgets? Is the program/project funding affordable and supported by key stakeholders?	Yes. The program has received additional funding for 2 years from January 2023 to December 2024.
1.5 Achievability: Is the entity still realistic about its ability to deliver the outcomes and realise benefits?	Partial. The program plans to deliver Tranche 1 capability in July 2023.
1.6 Organisational Change: If benefits and outcomes are dependent on organisational change, is there a plan for this, is it on track and is it achievable?	No. The system and business owners for new capabilities are yet to be determined.
1.7 Benefits: Are the outcomes delivered and the benefits to be realised understood and agreed to with benefit owners?	Partial. The current scope of the projects is not clear which makes it difficult to determine implementation progress.
1.8 Benefits: Is there a strategy and plan for realising benefits? Is it current?	Partial. A strategy has been produced with work yet to commence on the baseline and measures.

OFFICIAL: SENSITIVE

Stakeholders and End Users:**Assessment Rating: Amber**

Key Focus Area Question	Comments
2.1 Have the stakeholders and their areas of interest been identified, and do they support the program/project?	Yes.
2.2 Is this a whole of government initiative or are other agencies involved in design, development or delivery?	Yes The program is actively engaging with DVA, NDIA and SA.
2.3 Have stakeholder and end-user needs been taken into account in the design and delivery strategy?	Partial External engagement is occurring, but internal stakeholder engagement could be improved.
2.4 Do stakeholders continue to support the approved business case and the selection of the preferred option? (This includes the potential or recommended delivery approach and mechanisms.)	Partial The business case is yet to be updated and not all stakeholders are clear on the current scope.
2.5 Are the Stakeholder Engagement Strategy and supporting governance arrangements fit for purpose and do they recognise the need to engage with external whole-of-government and multi-entity stakeholders?	Yes External stakeholders are engaged through governance forums.
2.6 Are stakeholder confident outcomes will be achieved when expected?	No Internal stakeholders expect further delays and delivery of expected outcomes is at risk.
2.7 Do stakeholders feel sufficiently engaged?	Partial External stakeholders are engaged and supportive but there are concerns raised by internal stakeholders.

OFFICIAL: SENSITIVE

OFFICIAL: SENSITIVE

Governance and Planning:**Assessment Rating: Red**

Key Focus Area Question	Comments
3.1 Is there an overall program governance framework in place and is it fit for purpose? Has a steering committee, or equivalent, been established to oversee the project and is it effective?	Yes There is an opportunity to streamline governance to ensure business and IT decisions are considered at the appropriate forum.
3.2 If other agencies are involved in design and delivery, how are they included in the governance framework?	Yes External agencies are engaged through regular showcases and sprints and participate in the governance forums.
3.3 Are program and project controls effective?	Partial There are issues that need to be addressed through clear and agreed scope and deliverables, reporting against this, and ensuring appropriate involvement of governance forums.
3.4 Is there a change management process in place covering both program and organisational change requests? Is it effective?	Partial Formal change management controls and processes exist but their application does not appear to be consistent.
3.5 Are there adequate controls over scope change? Is there executive visibility? Have necessary approvals (including at government level) been secured?	No The scope has not been updated since the second pass business case which means the project is being executed without a formally approved scope (See Recommendation 1).
3.6 Is there a quality high level design? Does it contain sufficient detail to allow scheduling and alignment of the work to be delivered? Has it been signed off by the appropriate governance forum?	No See recommendation 4.
3.7 Is there executive level commitment to the program? Are responsibilities clear? Are key positions staffed?	Yes

OFFICIAL: SENSITIVE

Risk Management:**Assessment Rating: Amber**

Key Focus Area Question	Comments
4.1 Is there an organisational framework for managing risks, assumptions, issues and dependencies (RAID) associated with this program/project?	Yes There is an organisational framework but this is inconsistently applied and implemented.
4.2 Have the major risks been identified and are risk owners appointed? Are the risks being effectively managed?	Partial A greater focus on identification and management of interdependencies is needed.
4.3 Are there specific high-level risks that might affect this program arising from, for example, multiple delivery entities, program complexity, novelty, technology, cyber issues, complex supplier arrangements or multiple stakeholders?	Yes There are high level risks to the program delivery including: multiple cross-program dependencies, adequate and agreed business requirements, technical delivery capability, uncertainty about changes and future reforms, short-term and complex funding arrangements, including for sustainment.
4.4 Is the RAID log regularly reviewed and updated regularly and briefed to governance committees and management as appropriate?	Partial There are multiple RAID logs that do not provide a consolidated view for the program.
4.5 Have assurance arrangements for the program/project been put in place and is there an Assurance Plan?	Yes Noting that the Independent Assurance arrangements for Tranche 2 are yet to be finalised.
4.6 Are there contingency plans that address risks as necessary?	No The review team did not see any current contingency plans.

Achievement of Outcomes:**Assessment Rating: Red**

Key Focus Area Question	Comments
5.1 Is the business case up to date and is the investment proposition still valid?	No The business case has not been updated to reflect funding decisions. This means that Tranche 1 scope and deliverables have not been clearly articulated.
5.2 Has the program/project delivered the agreed outcomes? On time? On budget? Fit for purpose as approved in the business case?	No Delivery of Tranche 1 has been delayed which has resulted in work-arounds and a back-log of enhancements. The budget impact of this delay and remaining work is unclear.
5.3 Have the needs of the business and/or end-users changed?	Partial This program is delivering foundation capability for the ACTP for which elements are still being determined.
5.4 Are the resources necessary for operations in place?	Partial There are capability and capacity gaps in business and technical delivery. Additional funding for further development, other than sustainment and evolution, is subject to further consideration.
5.5 Where successful operations depend on organisational change, has that change been undertaken?	Partial This is early-stage foundational work, and the future operational model is yet to be determined.
5.6 Have all the governance and stakeholder issues been addressed? Including: <ul style="list-style-type: none"> • statutory processes • communications • external relations • environmental issues • personnel. 	See 5.5 above
5.7 Are the users satisfied with the operational service?	NA The service is not yet operational.

Review of Current Phase:**Assessment Rating: Red**

Key Focus Area Question	Comments
6.1 Is there an integrated master schedule showing the program/project milestones along with the milestones and interdependencies of programs/projects (Including those managed by other agencies where relevant)?	No There is a Master Plan for the portfolio, but this does not include a master schedule and milestones or dependencies. (See recommendation 4)
6.2 Milestones: Are the program/project's key milestones compliant with broader government or entity timing requirements?	No See 1.1, 1.2 and 2.4.
6.3 Schedule: Are the program schedules realistic and achievable and do they include appropriate contingency?	No There is uncertainty about what will be delivered and timing of this.
6.4 Schedule: Is the program/project progressing in accordance with the schedule?	See 6.3 above.
6.5 Budget: Is the program/project performing to budget?	Unclear
6.6 Issues: Have issues emerged and have they been resolved?	Partial. Issues are escalated but this is not done consistently.
6.7 Does the program have a sourcing strategy? Has the program considered re-usable common design patterns either using existing technology or sourcing reusable technology?	Partial A platform and delivery partner has been procured. However, there has been a high level of customisation of the solution.
6.8 Delivery Strategy: Has a delivery strategy been developed?	No The review team did not see a program delivery strategy.
6.9 Does the program/project have a sound Release/ Staging Strategy?	Partial The strategy is under development to improve the release management process.
6.10 Is functionality being released in line with that strategy?	NA
6.11 Where relevant, has user acceptance testing and system end-to-end testing to ensure fitness for purpose been conducted and does the product/element perform to specification?	Partial Quality issues have been identified. The program has identified the need for improvements to testing coordination and management. Performance testing, UAT and penetration testing are being brought together and conducted by the delivery partner under APS supervision.
6.12 Outcomes and Benefits: Is the program/project and its projects on track to deliver the outcome and realise the benefits as specified in the business case?	No, see 5.2. Further work is required to identify outcomes and benefits for Tranche 2.

OFFICIAL: SENSITIVE

Readiness for Next Stage (Guidance – this Key Focus Area is intended to cover the period leading up to the next significant milestone)

Assessment Rating: Red

Key Focus Area Question	Comments
9.1 Has the current stage successfully completed and has approval been received from the governance committee to proceed with the next stage?	No Tranche 1 outcomes are yet to be delivered. Funding has been approved for Tranche 2 post December 2022.
9.2 Has the entity assessed its readiness to proceed to the next stage?	The review team has not seen a formal assessment of readiness.
9.3 Are the funds available to undertake the next phase?	Tranche 1 is yet to complete, and 2 years additional funding from January 2023 was approved for Tranche 2 evolution and sustainment without a full business case.
9.4 Does the program/project have the capability and capacity (right skills in the right quantity including specialist advice) to deliver the next stage?	Partial The program needs an uplift in business and technical delivery capability and capacity.
9.5 Are the plans for the next phase fit for purpose and achievable?	No The program lacks detailed plans for the next phase.
9.6 Are the governance arrangements for the next stage fit for purpose?	The review team has recommended improvements to the current governance arrangements (see Recommendation 3 (d))
9.7 If the next gate is a Gate 5/End stage - Is there a plan for post-implementation reviews?	NA
9.8 If the next gate is a Gate 5/End stage, is the benefits realisation plan up to date and ready to support the measurement and reporting of outcomes/benefits?	NA

OFFICIAL: SENSITIVE

Appendix D: List of Interviewees

Name	Role/Position/Entity	Date Interviewed
Michael LYE	Deputy Secretary, Departmental Executive Division, DoHAC	27 March 2023
Thea CONNOLLY	First Assistant Secretary, Reform Implementation Division, SRO, DoHAC	27 March 202
Dale NAUGHTON	Assistant Secretary, a/g Chief Information Officer, Information Technology Division, DoHAC	27 March 202
Greg KEEN	Assistant Secretary, Reform Implementation Division, DoHAC	27 March 202
Emma COOK	Director, Quality and Assurance, DoHAC	27 March 202
Marina MUTTUKUMARU	a/g Assistant Secretary, Services & Sustainability, DoHAC	27 March 202
s22	Project Manager GPMS, DoHAC	27 March 202
	Executive Director, ACQSC	27 March 202
	External Consultant	27 March 202
	A/g Branch Manager, Program and Project Delivery, ADHA	27 March 202
Gregory PUGH	Assistant Secretary, System Policy and Evidence, DoHAC	28 March 202
s47F	External Consultant, Senior Technology Delivery Lead, Accenture	28 March 202
s47F	Lead Engagement Partner, Deloitte	28 March 202
Eleanor BROWNE / s22	a/g Assistant Secretary, Market & Workforce / Director, Market & Workforce, DoHAC	28 March 202
Brian SCHUMACHER	Assistant Secretary, Digital Design & Release, DoHAC	28 March 202
Jason FRASER	Assistant Secretary, ICT Strategy Business Assurance, DoHAC	28 March 202
Melissa EVANS	Assistant Secretary, Aged Care Communications & Change, DoHAC	28 March 202
Fay FLEVARAS	First Assistant Secretary, Digital Transformation and Delivery Division, ICT Sponsor, DoHAC	28 March 202
s47F	Industry Representative – CEO NACAC member, Medical Software Industry Association	28 March 202
s22	B2G IT Director	29 March 2023
s22	Programme Director, Aged Care Programmes Branch, Services Australia	29 March 2023
s47F	Industry Representative - Independent Chair, ACIITC	29 March 2023
Gregory PUGH	Assistant Secretary, System Policy and Evidence, DoHAC	29 March 2023
Janine BENNETT	a/g Assistant Secretary, Sector Engagement, DoHAC	29 March 2023
s22	Digital Transformation Division Solution Management, DoHAC	29 March 2023
Joshua MALDON	Assistant Secretary, Quality and Assurance, DoHAC	29 March 2023

Name	Role/Position/Entity	Date Interviewed
Amanda SMITH	a/g Assistant Secretary, Transformation and Quality, DoHAC	29 March 2023
Laura SHAM	Acting First Assistant Secretary, Commemorations and Transformation Division, DVA	29 March 2023
s47F	External Consultant, EY	30 March 2023
s22	Quality and Assurance Division, DoHAC	30 March 2023
	Business Director (GPMS and B2G), DoHAC	30 March 2023

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Appendix E: List of Documents Reviewed

Document Title	Version no. and/or Publication date
Pre reading material	
Aged Care Transformation Project Master Plan (Iteration3)	v1.0
First-Mid Stage Gateway Review Report - Improved Aged Care Tracking - FINAL - May 2022	
DTA Tier 1 Assurance Plan (Future Aged Care ICT Platform)	v1.0
Appendix A - Assurance Activities Map - DTA Assurance Plan - Future Aged Care ICT Platform	
Future Aged Care ICT Platform Program Benefits Management Strategy (and supporting benefits analysis pack next line)	v2.3
Benefits Analysis	
Future Aged Care ICT Platform Program Logic	v2.0
FINAL March 2023 - Gateway Planning Meeting Presentation	
October 2022 Budget NPP	
Fixing the Aged Care Crisis PROTECTED Printed copies	
Fixing the Aged Care Crisis - A10 Aged Care ICT to Enable Reform: My Aged Care and Future ICT Platform PROTECTED Printed copies	
Fixing the Aged Care Crisis -Minute PROTECTED To be viewed	
A10 – Future Aged Care ICT Costing model PROTECTED To be viewed	
Costing Agreements for Future Aged Care ICT PROTECTED Printed copies	
Budget Outcomes	
Program Documents	
Second Pass Business Case Submission Folder	
Gateway Review Recommendations - Status Tracking as at 31 December 2022	
GPMS B2G program tracking	v1.0
Benefits Profiles	v1.0
Recommendation 2 - IACDTQ Scope Statement	
Program Management plan	v2.3

Document Title	Version no. and/or Publication date
Risk Management plan	v2.2
Quality Management plan	v2.2
Future Aged Care ICT Platform Program Benefits Management Strategy	
EY - Provider Benefits Analysis final report	
Benefits Update - Future Aged Care ICT Reform - 17 October 2022	
Program Governance	v1.0
Change and Transition plan	v2.3
Training and Education Plan	
Royal Commission Rec 109 Narrative	
230119 - DBSE 2022 Annual Report - Public Engagement	v1.0
Digital transformation for the aged care sector Australian Government Department of Health and Aged Care (Publicly available content)	
Digital Transformation Tech Talk webinars Australian Government Department of Health and Aged Care (Publicly available content)	
Digital Transformation Sector Partners Australian Government Department of Health and Aged Care (Publicly available content)	
Digital Transformation Sector Partners (SP) – Meeting summaries Australian Government Department of Health and Aged Care (Publicly available content)	
DTDD Public Engagement materials - GPMS & B2G extract	
Tranche 2 Program Planning	v0.1
DTA Pipeline Collection Form PROTECTED Printed copies	
DTA Wave 21 Reporting January 2023	
APC January 2023 Health IN00006 Strengthened Regulation	
APC January 2023 Health IN00007 Residential Funding Reform AN-ACC	
APC January 2023 Health IN00635 Annual Statement of Approved IT Solution	
APC January 2023 Health IN00689 Support at Home ICT Enablement	
20012023 - FINAL - ACTP Assurance Strategy	
DDSDOB Board (meeting agenda, minutes and papers from Dec 2022 to Mar 2023)	
ACTPSC – Dec 2022	

Document Title	Version no. and/or Publication date
DoHAC and ACQSC weekly working group meetings (ToR and meeting record from Oct 2022 to Feb 2023)	
RID Program Board (benefits, GPMS risk discussion)	
RID - Project Financial Monthly Report - 17.03.23	
IACDTQ Program Board Terms of Reference, meeting agenda, minutes and papers (from July 2022 to Feb 2023)	
Aged Care IT Delivery Board (meeting agenda, minutes and papers from Oct 2022 to Mar 2023)	
Governance Map (as part of the DTA assurance plan)	
WoG working group ToR and meeting record	
WoG Provider Platform gateway planning response documents	
Strategic risk management approach - endorsed at IACDTQ Program Board [12122022] & DEEP DIVE #1	
Deloitte - Leadership Discussion Meetings	
Deloitte - Weekly Status	
Deloitte DoHAC - Future Aged Care ICT Platform - Deliverable 1 Initial Gap Analysis and Requirements Stocktake	
Deloitte - DHAC Updated FACIP Approach	
Deloitte - Future Aged Care Platform - Initial Findings	
Deloitte - Professional Services and Consulting Complex Work Order	
Deloitte - RFQ - Professional Services and Consulting - DM 16426	
Deloitte - RFQ - FACIP - Requirements	
Deloitte - PQ 4500150503 - Consultancy - BUYICT - UPDATED - Change order	
Deloitte - Response to DM-16426 - Requirements and Roadmap for Future Aged Care ICT Platform 2023-	
Department of Health Organisational Chart	
GPMS Documentation	
GPMS - Logical Solution Architecture	
GPMS - Capability Model - (GPMS Capability Model)	
GPMS - Replacement Draft Test Approach	

Document Title	Version no. and/or Publication date
Data mapping - NAPS Interface	
Data mapping - Salesforce Objects to Oracle	
Infrastructure Design - NAPS to GPMS Data Migration	
PI21.S1 Showcase.pdf	
PI21.S2 Showcase.pdf	
PI21.S3 Showcase.pdf	
Accenture – GPMS Weekly Status Report 28022023 Reports	
Accenture – GPMS Weekly Status Report 21022023 Reports	
Accenture – GPMS Weekly Status Report 14022023 Reports	
GPMS - Fortnightly Status Report 23012023	
GPMS - Fortnightly Status Report 21022023	
GPMS - Fortnightly Status Report 15032023	
Program Delivery Status Reports - 31122022	
Program Delivery Status Reports - 31012023	
Program Delivery Status Reports - 28022023	
Draft Threat and Risk Assessment (TRA)	
Draft System Security Plan (SSP)	
User Experience and Interactions Overview	
GPMS Data Model	
Interface Inventory List	
Interface Integration Inventory	
NAPS Replacement System Integrator RFQ - Evaluation Report	
Dependency logs - documented project control and monitoring processes To be viewed	
GPMS Project Delivery Active risks and issues	
Ministerial Brief	
Star Ratings Business Readiness Plan	
ACITDB Release Management Update	

Document Title	Version no. and/or Publication date
GPMS Plan on a Page	V.01
GPMS Training Strategy	V1.0
GPMS Training Plan (draft)	V0.2
GPMS Project Management Plan	V1.0
Health Tracker Reports December 2022	V1.0
Health Tracker Reports January 2023	V1.0
Health Tracker Reports February 2023	V1.0
GPMS Risk Register	V1.0
GPMS Issues Register	V1.0
NAPS Data Migration Strategy and approach	V1.0.0
Draft GPMS Stakeholder and Engagement Plan	V0.5
Draft GPMS Support Model	V0.07
Draft GPMS and B2G Stakeholder Mapping	V0.1
Draft GPMS Privacy Impact Assessment	V0.1
GPMS High Level Project Milestones and Detailed Plan Schedule	V1.0
B2G Documentation	
B2G Project Management Plan - September 2022	
B2G RAID Log - Risks Actions Assumptions Issues & Decisions -as at 10 May 2023	
Health Tracker Reports December 2022	V1.0
Health Tracker Reports January 2023	
Health Tracker Reports February 2023	
B2G Beta Program 2022 Reflection (IACDTQ Program Board presentation 12/12/22)	
B2G Stakeholder Mapping and Engagement Register	
B2G Plan-on-a-page (PoaP) v2.0 ENDORSED	V1.0
B2G Communications Plan	
B2G Communications Schedule	

Document Title	Version no. and/or Publication date
DRAFT B2G Change Impact Assessment	
DRAFT AC B2G Conformance Guidance for an Assessment Scheme V1.000.pdf	
DRAFT AC B2G API Gateway Core Conformance Profile - DRAFT - March 2023	
B2G PI.18 Sprint Milestones (IACDTQ Program Board presentation 15/08/22)	
B2G PI.19 Sprint Milestones (IACDTQ Program Board presentation 17/10/22)	
B2G PI.20 Sprint Milestones (IACDTQ Program Board presentation 21/11/22)	
B2G Gateway Conformance Service (IACDTQ Program Board presentation 21/11/22)	
DRAFT B2G Privacy Threshold Assessment	
Business to Government (B2G) FACTSHEET - March 2023	
B2G Developer Portal - demonstration	
PI20 - Sprint 4 Showcase - B2G2	
PI20 - Sprint 5 Showcase - B2G2	
PI20 - Sprint 1 & 2 Showcase	
ACFR - co-design sessions Autumn Care & Humanetix	
SIRS- co-design sessions Autumn Care & Humanetix	
QI- co-design sessions Autumn Care & Humanetix	
Session 1 co-design sessions	
PI20 Outcomes summary	
IDMO Presentation - IT & Business	
RAIDD log - Business & IT (replaced with Sensei)	
B2G - High level solution	
Improving Aged Care data & Tracking Quality - B2G - Program Description and Background 20 May 2022	
First B2G Co-Design Workshop-draft from internal workshop	
AS Weekly report (Master Data Management Jan - March 2023)	
AS Weekly report (B2G Jan - March 2023)	
IACDTQ Board Update - February 2023	

Document Title	Version no. and/or Publication date
B2G Solution design summary - PDDA submission (item 4)	
ACFR Submission pack (inc. data model)	
Becoming a Beta Partner - B2G - introduction pack - co-design	
Additional Documentation provided during review week	
Item 6 – Att. A and B - ACTP Business and Digital Accountability arrangements	
Item 6 - ITD and AACG Accountabilities	
FW_ NCCIMS and NAPS systems _SEC_OFFICIAL_ Dale NAUGHTON CIO Interview clarification	
Program Scope Statement_v1.0 27 March 2023	
A32. Aged Care ICT to Enable Reform My Aged Care and Future ICT Platform Assurance Plan	
09. ERC – Backpocket Brief FACIP & MAC PROTECTED Printed copies	
20220630 SDC – 3B – Aged Care Reforms (Paper Submitted to the Secretaries' Digital Committee and Slide Pack on re-use) PROTECTED Printed copies	
DTA – GPMS Re-Use Slide Pack PROTECTED Printed copies	
20220816 Secretaries' Digital Committee – DS Notes (Secretaries Digital Committee Talking Points – Aug 22) PROTECTED Printed copies	
Modified Program Pitch Pack for DTA PROTECTED Printed copies	
20230201- FINAL - RIP - Program Management Review Report	
20230203 - Clean - FINAL Portfolio Maturity Assessment Review Report	
18012023 - FINAL- ACTP Assurance Action Plan	
B2G: Current Document: DRAFT B2G Privacy Threshold Assessment PIA STATUS REQUEST	
GPMS: Current Document: Draft GPMS Privacy Impact Assessment PIA STATUS REQUEST	
Decision register of Aged Care Transformation Program items at IT Delivery Board	
Cost breakdown of FACIP (Tranche 2)	
MAC cost breakdown	
Department of Finance Costing Agreement Tables PROTECTED Printed copies	

Document Title	Version no. and/or Publication date
EC MAC Team Org Chart	
Aged Care Transformation Project Master Plan (Iteration3) Printed copies page 18	

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Appendix F: Assessment Ratings and Definitions

Delivery Confidence Assessment Rating Definitions

The review team will provide an overall delivery confidence assessment (DCA) based on the definitions below. The review team should consider the individual Key Focus Area assessment ratings (defined below) and exercise their own judgement/expertise to determine the most suitable overall assessment of delivery confidence rating.

DCA Assessment Ratings	
Assessment	Definition
Green	Successful delivery of the program to time, cost, quality standards and benefits realisation appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly.
Green/Amber	Successful delivery of the program to time, cost, quality standards and benefits realisation appears probable however constant attention will be needed to ensure risks do not become major issues threatening delivery.
Amber	Successful delivery of the program to time, cost, quality standards and benefits realisation appears feasible but significant issues already exist requiring management attention. These need to be addressed promptly.
Amber/Red	Successful delivery of the program to time, cost, quality standards and benefits realisation is in doubt with major issues apparent in a number of key areas. Urgent action is needed to address these.
Red	Successful delivery of the program appears to be unachievable. There are major issues on program definition, schedule, budget, quality or benefits delivery. The program may need to be re-baselined and/or overall viability re-assessed.

Key Focus Area Assessment Rating Definitions

The review team will provide an assessment against each of the Key Focus Areas probed. This will provide a level of granularity to assist entities to identify and address the key issues.

Key Focus Area Assessment Ratings	
Assessment	Definition
Green	There are no major outstanding issues in this Key Focus Area that at this stage appear to threaten delivery significantly.
Amber	There are issues in this Key Focus Area that require timely management attention.
Red	There are significant issues in this Key Focus Area that may jeopardise the successful delivery of the program.

Report Recommendation Category Definitions

The review team will rate individual recommendations with a sense of urgency as defined below:

Critical (Do Now): To increase the likelihood of a successful outcome it is of the greatest importance that the program should take action immediately.

Essential (Do By): To increase the likelihood of a successful outcome the program should take action in the near future. Whenever possible essential recommendations should be linked to program milestones (e.g. before contract signature and/or a specified timeframe i.e. within the next three months).

Recommended: The project should benefit from the uptake of this recommendation. If possible, recommendations should be linked to program milestones (e.g. before contract signature and/or a specified timeframe i.e. within the next three months).

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