1. **Statement**

Queensland Health will provide practices that enable standardised, rigorous and objective assessment and assurance at all stages of an ICT initiative’s lifecycle; effective risk and benefit management; and cogent, standardised and timely performance reports.

2. **Scope**

This policy applies to all Queensland Health employees, volunteers, contractors, consultants, and managed service providers working for:

- the Department of Health divisions, agencies and business units
- non-prescribed Hospital and Health Services
- prescribed Hospital and Health Services.

**Note:** The requirements detailed below have different applicability thresholds, which are based on the specific instrument that prescribes the requirements; (that is, the statutory obligation, policy, etc.).

**Note:** Queensland Health Digital Policies define minimum requirements based on statutory obligations and risk. Development of local artefacts by Hospital and Health Services (HHSs) is only required where the policy or standard does not address local business needs.

3. **Requirements**

3.1 **Investment assessment**

3.1.1 A structured process with clearly defined roles and responsibilities must be adopted when assessing ICT initiatives at key stages of an ICT initiative’s lifecycle. All ICT initiatives must use an assessment framework that promotes common, rigorous and objective analysis at key stages of an initiative’s lifecycle.

3.1.2 ICT initiatives that have a capital cost less than $5M must have regard to the Investment Management Framework (IMF), or the relevant local Hospital and Health Service (HHS) assessment framework if it is consistent with the one detailed in section 3.1.1.

3.1.3 ICT initiatives that have a capital cost greater than $5M but less than $50M must be assessed in accordance with the Queensland Health Investment Management Framework (IMF) and have regard to the ‘eHealth Queensland IMF Technical Guidance Material’. Should initiatives within this cost range fall within the remit of the Investment Review Committee (IRC) then eHealth Executive Committee (eHEC) endorsement must be sought – at each relevant IMF gate – before IRC endorsement.

3.1.4 ICT investments with a capital cost greater than $50M must comply with mandated Queensland Government project assessment frameworks. eHealth Executive Committee (eHEC) endorsement must be sought – at each relevant IMF gate – before IRC endorsement.

3.2 **Benefit realisation management**

3.2.1 A Benefits identification methodology must be adopted, ensuring business change is clearly defined and documented in specific, measurable, attainable, realistic and time bound terms; validated; and agreed with stakeholders.

3.2.2 A Benefit Realisation Management (BRM) framework must be used, ensuring the identification, planning and execution of benefits is optimised; and a clear line of sight
from strategic drivers to change required for benefit realisation is established.

3.2.3 ICT initiative benefits must be reported, and Queensland Health must consider using benefit information to drive future investment and change decisions.

3.3 Assurance

3.3.1 The Queensland Government Enterprise Architecture (QGEA) ICT Program and Project assurance policy mandates a structured, effective and consistent approach for Program and Project assurance is adopted across the Queensland Government.

3.3.2 The Senior Responsible Owner of an initiative – that is the overall accountable officer for the implementation of assurance activities – must oversee compliance with applicable legislation, Queensland Government Enterprise Architecture policies and Queensland Health Enterprise Architecture artefacts, including the Queensland Health ICT-enabled initiatives assurance framework and strategic objectives.

3.3.3 ICT initiatives must conduct an initiative profiling exercise, using the Queensland Government Chief Information Office (QGCIO) profiling tool, to inform the development of an appropriate assurance approach to support successful delivery of change.

3.3.4 ICT initiatives require evidence of an assurance plan which defines the assurance reviews, related activities and any standards to be applied to assure the initiative as part of the initiative assurance activities.

3.3.5 Reviews must be performed as part of the gate reviews and/or health checks identified in the initiative assurance plan. Action plans must be developed to address any recommendations identified.

3.4 Delivery performance

3.4.1 Clear, cogent and accepted metrics and variability tolerances must be used to regularly measure performance.

3.4.2 Accurate ICT initiative performance data must be provided in a standardised and timely fashion that enables informed decisions and interventions to be made at an initiative, Portfolio and system-wide level.

3.4.3 An ICT initiative must adhere to the Queensland Health Digital Investment Performance Reporting Guideline (which is in effect a reporting standard) when it: is defined as ‘high’ or ‘very high’ risk; is impacting multiple (two or more) Hospital and Health Services; has an estimated total initiative value of $500,000 or greater; or has integration with, dependencies on or may impact other initiatives that meet the above criteria.

3.5 Risk Management

3.5.1 ICT initiatives that meet the above criteria in section 3.4.3 should: have their risk management process, risk decision points and reporting pathways documented; evaluate, monitor and review digital risks and report to their governance oversight or steering committee; and provide transparent oversight to eHEC on risks and issues to the digital health strategy and ecosystem.

3.5.2 Identified ICT risks and issues should be assigned an appropriate owner, with a delegation and / or authority to maximise the successful implementation of treatments or controls that will reduce the exposure to an acceptable level (appetite) or to within agreed tolerances.

3.6 State Health Asset Infrastructure Planning (SHAIP) process

3.6.1 State-wide strategically aligned ICT initiatives, that are unfunded, must be submitted to eHEC as part of the State Health Asset and Infrastructure Planning exercise.

4. Legislation
• Queensland Government Enterprise Architecture (QGEA) policy suite:
  • Portfolio, Program and Project Management policy
  • ICT Program and Project Assurance policy
  • ICT resources strategic planning policy (IS2)
  • ICT Profiling Standard 2019
• Queensland Procurement Policy 2018 (Qld)
• Hospital and Health Boards Act 2011 (Qld)
• Financial Accountability Act 2009 (Qld)
• Information Privacy Act 2009 (Qld)
• Right to Information Act 2009 (Qld)
• Public Sector Ethics Act 1994 (Qld)
• Building Queensland Act 2015 (Qld)

5. Supporting documents
• Department of Health Investment Management Framework
• eHealth Queensland IMF Technical Guidance Material
• Queensland Health Digital Investment Performance Reporting Guideline
• Queensland Health ICT-enabled initiatives assurance framework
• eHealth Benefits Realisation Management Framework
• eHealth Investment Governance Framework
• DIGITAL1ST Advancing our digital future 2017-2021
• My health, Queensland’s future: Advancing health 2026
• 21st Century Healthcare eHealth Investment Strategy
• Financial Management Practice Manual
• Queensland eHealth Architecture Vision
• eHealth Executive Committee Terms of Reference
• Health System Risk Management Framework (for health system risks)
• Department of Health Risk Management Framework (for departmental risks).

6. Definitions

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<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Governance</td>
<td>The set of policies, regulations, functions, processes, procedures and responsibilities that define the establishment, management and control of projects, programs or portfolios.</td>
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| High-Risk/High-Complexity | A digital initiative would be defined as High-risk/high-complexity if:  
  • there is reasonable probability of poor delivery performance or  
  • full or partial outcome failure will cause an unacceptable risk, or a detrimental effect of uncontrolled negative clinical consequences. |
| ICT initiatives       | Initiatives that deliver an outcome that is enabled by information and communication technologies within the Queensland Health system.         |
| Portfolio             | The organisation’s portfolio is the totality of an organisation’s investment (or segment thereof) in the changes required to achieve its strategic objectives. |
**Term** | **Definition**
---|---
Program | A program is a temporary, flexible organisation structure created to coordinate, direct and oversee the implementation of a set of related projects and activities in order to deliver outcomes and benefits aligned to the organisation’s strategic objectives. A program is likely to have a life that spans several years.
Project | A project is a temporary organisation, usually existing for a much shorter duration than a program, which will deliver one or more outputs in accordance with an agreed business case. A particular project may or may not be part of a program.
Queensland Health | Queensland Health comprises of the Department of Health and the 16 independent Hospital and Health Services.

**Version Control**

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