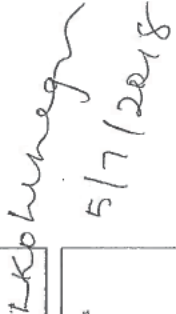


		7.1.8	Wester key with ADMIN	SECURITY entry code to follow up. Has this been done?	NOT COMPLETED - DEFERRED	Uta Wilson
		7.1.9	Just property book in place	Admin currently working on	NOT COMPLETED - RISK MITIGATED	Uta Wilson
		7.1.10	Stationery supplied and in place	Being delivered and dispersed	NOT COMPLETED - RISK MITIGATED	Uta Wilson
		7.1.11	Front reception manual in place	Admin currently working on	NOT COMPLETED - RISK MITIGATED	Uta Wilson
		7.2.1	All administration areas are furnished and fitted out as required		COMPLETED	Uta Wilson
		7.2.2	Stationery in place	Being delivered and dispersed	NOT COMPLETED - RISK MITIGATED	Uta Wilson
		7.2.3	Printer in place	Printer installed	COMPLETED	Uta Wilson
		7.2.4	Filing options in place	In the process of being finalised	NOT COMPLETED - RISK MITIGATED	Uta Wilson
		7.2.5	Reception manual in place	SECURITY Note no entry keys handed over yet.	NOT COMPLETED - RISK MITIGATED	Uta Wilson
		7.2.6	Keys and locks identified and labelled	Signage to be finished by admin	NOT COMPLETED - RISK MITIGATED	Uta Wilson
		7.2.7	Manual clinic identification process in place	additional bins have been ordered	NOT COMPLETED - RISK MITIGATED	Uta Wilson
		7.2.8	Classified waste bin in place			
		7.3.1	Fleet parking identified and cars in place	cars in place when an idea more	NOT COMPLETED - RISK MITIGATED	Uta Wilson
		7.3.2	Fleet booking set up	Done	COMPLETED	Uta Wilson
		7.4.1	Emergency equipment in place as required		COMPLETED	Uta Wilson
		7.4.2	Other items in place		COMPLETED	Uta Wilson
		7.4.3	UPS in place		COMPLETED	Uta Wilson
		7.5.1	Pos slide in place	Pos slide purchased, waiting for books in the room but needs to have books put up to hold it. Functional for the moment.	NOT COMPLETED - RISK MITIGATED	Regina Ginlich
		7.5.2	Body Holding Register printed and in folder		COMPLETED	Uta Wilson
		7.5.3	Pens in room		COMPLETED	Regina Ginlich
		7.5.4	Shk area set up with consumables	Supply not yet in place. Not required for go live W8 2 July.	NOT COMPLETED - DEFERRED	Regina Ginlich
		7.5.5	Fridges tested and functioning	BGS are responsible for monitoring the fridge and alarms. FM team need to confirm that the fridge is functioning. This is not needed for day services to start W8 9 July. It should be noted that once we go live that access to the room is controlled and BGS staff may not enter without permission from AODK. Process to be confirmed.	NOT COMPLETED - DEFERRED	Regina Ginlich
		7.6.1	Staff room set up with tea/coffee etc.		COMPLETED	Uta Wilson
		7.6.2	Cookery in place		COMPLETED	Uta Wilson
		7.6.3	Beverage boys set up		COMPLETED	Uta Wilson
		7.6.4	Photocopy boys set up		COMPLETED	Uta Wilson
		7.6.5	Classified waste bin in place	additional bins have been ordered.	NOT COMPLETED - RISK MITIGATED	Uta Wilson
		7.6.6	First aid kit in place		COMPLETED	Regina Ginlich
		7.6.7	Pillow and blanket in place	Still needs blanket and sheet when linen arrives (03/07)	COMPLETED	Regina Ginlich

9.3.2	Have staff been advised of parking arrangements				Completed							Michael Werylo
9.3.3	parking arrangements implemented				Process to be developed to support non functioning credit card support.							Andrew Halden

Authorisation and approval
 I hereby confirm the above is a true and accurate record of the readiness criteria.
 Name: Unda Kichigan
 Position: ED-UCH Commissioning
 Signature: 
 Date: 05/04/18

Co-Authorisation and approval
 I hereby confirm the above is a true and accurate record of the readiness criteria.
 See corresponding Executive letters.
 Name: _____
 Position: _____
 Signature: _____
 Date: _____
 Name: _____
 Position: _____
 Signature: _____
 Date: _____
 Name: _____
 Position: _____
 Signature: _____
 Date: _____



Ms Karen Doran
Deputy Director-General, Corporate
Health Directorate

Dear Ms Doran

Recommendation to go live UCH

As the Executive Director for the Division of People and Culture, I recommend that the UCH facility go live to support the delivery of the outpatient services in accordance with the go live sequence briefed.

I have every confidence that my Division's involvement in all Operational Commissioning activities in readiness for go live have been undertaken to an acceptable standard. I can verify that all readiness checklists and program milestones to go live have been met satisfactorily.

I can confirm that a summary of the status of readiness activities undertaken, against the recommendation to go live can be found at Attachment A. This includes:

- Completed tasks: a summary of activities that have been completed.
- Not completed tasks: activities that have been deferred to a future point after go live.
- Not Completed tasks: Risk mitigating strategies have been applied as an alternative solution.

There are no tasks that have not yet been completed that would delay the proposed move. I am comfortable advising that the requirements for the project, according to my Divisional responsibilities, are fit for purpose to go live.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Sean McDonnell'.

Sean McDonnell
For Executive Director
People and Culture

5 July 2018

UCH Readiness Assessment Checklist - Workforce Working Group

Item ID	Item Description	Checklist Item Number	Room	Outcome (select option)	Description of any issues associated with the checklist item	Proposed resolution or treatment to address identified issues	Date when proposed resolution will be implemented	Name of the officer advising the outcome of each checklist item	Date when this assessment was signed off
1.1	Organizational structure established	1.1.1		COMPLETED					
1.1	Funding approved	1.1.2		COMPLETED					
1.1	Positions established	1.1.3		COMPLETED					
1.1	Structure and case codes set up in CHRF3	1.1.4		COMPLETED					
2.1	Existing position duty statements amended as required	2.2.1		COMPLETED					
2.1	Duty statements finalized and approved for new positions	2.2.2		COMPLETED					
2.1	Identify transfer of positions and staff to UCH	2.2.3		COMPLETED					
2.1	Positions advertised	2.2.4		NOT COMPLETED - RISK MITIGATED	A small number of positions are yet to be finalized however will not stop go live for Inpatients or Outpatients				
2.1	Recruitment selection process completed	2.2.5		COMPLETED					
2.2	Offers of employment, accepted, accepted and returned	2.2.6		COMPLETED					
2.2	Existing position transfer modifications completed	2.2.7		COMPLETED					
2.2	Shared Services arrival information completed	2.2.8		COMPLETED					
2.2	RUCC workforce recruitment completed	2.2.9		COMPLETED					
2.2	RUCC workforce recruitment completed	2.2.10		COMPLETED					
2.2	Administrative workforce recruitment completed	2.2.11		COMPLETED					
2.2	RUCC Medical workforce recruitment completed	2.2.12		COMPLETED					
2.2	Parmaar workforce recruitment completed	2.2.13		COMPLETED					
2.2	All other workforce recruitment completed	2.2.13b		COMPLETED					
3.1	Consultation with existing staff affected by transfer to UCH	3.3.1		COMPLETED					
3.1	Consultation with unions finalized / no issues outstanding related to clinical service	3.3.2		COMPLETED					
4.1	Change management process identified	3.4.1		COMPLETED					
4.1	Change management training conducted	3.4.2		COMPLETED					
4.1	Wardrobe packs completed	3.4.3		COMPLETED					
5.1	Staff induction and orientation completed	3.5.1		COMPLETED					
5.2	Staff training completed	3.5.2		COMPLETED					
5.3	Staff vaccination requirements identified	3.5.3		COMPLETED					
5.4	Staff vaccination requirements met	3.5.4		COMPLETED					

Authorisation and approval
I hereby confirm the above is a true and accurate record of the readiness criteria.

Name: **DEBORAH RAETS**
Position: **SENIOR ADVISOR**
Signature: *[Signature]*
Date: **6/7/18**

For Sean McDowell.
Senior Manager
Employment Relations.

Co-Authored and approved
I hereby confirm the above is a true and accurate record of the readiness criteria.



ACT
Government
Health



CANBERRA HOSPITAL
AND HEALTH SERVICES

Mr Chris Bone
Deputy Director-General, CHHS
Health Directorate

Dear Mr Bone

Recommendation to go live UCH

As the Executive Director for the University of Canberra Hospital Commissioning, and behalf of the Division of Rehabilitation, Aged and Community Care, I recommend that the UCH facility go live to support the delivery of the outpatient services in accordance with the go live sequence briefed.

I have every confidence that my Division's involvement in all Operational Commissioning activities in readiness for go live have been undertaken to an acceptable standard. I can verify that all readiness checklists and program milestones to go live have been met satisfactorily.

I can confirm that a summary of the status of readiness activities undertaken, against the recommendation to go live can be found at Attachment A. This includes:

- Completed tasks: a summary of activities that have been completed.
- Not completed tasks: activities that have been deferred to a future point after go live.
- Not Completed tasks: Risk mitigating strategies have been applied as an alternative solution.

There are no tasks that have not yet been completed that would delay the proposed move. I am comfortable advising that the requirements for the project, according to my Divisional responsibilities, are fit for purpose to go live.

Yours sincerely

A handwritten signature in black ink that reads 'Linda Kohlhagen'.

Linda Kohlhagen
Executive Director
University of Canberra Hospital Commissioning

5 July 2018

Attachment A - Practical Completion Definition

Clause 1 Interpretation and construction of Contract (Practical Completion)

Practical Completion is that stage in the carrying out and completion of WUC when in the opinion of the Superintendent:

- (a) The Works are complete except for minor Defects:
 - (i) which do not prevent The Works from being reasonably capable of being used for their stated purpose in Annexure Part E;
 - (ii) (which the Superintendent determines the Contractor has reasonable grounds for not promptly rectifying; and
 - (iii) the rectification of which will not prejudice the convenient use of The Works;

UCH Readiness Assessment Checklist - RACC Operational Group

Item #	Item Description	Location	Responsible	Completion Date	Status	Comments	Responsible	Completion Date	
1.1.1	Ward areas are furnished and fitted out as required				PM - date for completion required	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
1.1.2	Medication refrigerator and alarm working				PM team to confirm	COMPLETED	Maria Harmon	05-16-19	
1.1.3	Medication storage tested and functioning				PM team to confirm	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
1.1.4	Ice Machine Functioning - Storage ward	Storage			PM - date for completion required	COMPLETED	Maria Harmon	05-16-19	
1.1.5	Marlet warmers in place - Storage and Mirra wards	Storage and Mirra			PM - date for completion required	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
1.1.6	Each tested and functioning				PM - date for completion required	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
1.1.7	Infused tested and functioning - Storage ward	Storage			PM - date for completion required	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
1.1.8	Infusion nurse tests - Storage ward	Storage			PM - date for completion required	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
1.1.9	Nursing area (flow rooms, dining rooms, staff lounge etc) are furnished and fitted out as required				PM to be changed	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
1.1.10	Flare call buttons tested and functioning					COMPLETED	Maria Harmon	05-16-19	
1.1.11	Bureau business tested and functioning					COMPLETED	Maria Harmon	05-16-19	
1.1.12	Output outlets tested and functioning				PM - date for completion required	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
1.1.13	Lights tested and functioning				PM - date for completion required	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
1.1.14	Television installed, tested and functioning				PM - date for completion required	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
1.1.15	Therms, showers and baths tested and functioning				PM - date for completion required	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
1.1.16	Toilets tested and functioning				PM - date for completion required	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
2.1.1	Critical equipment for relocation identified for relocation					COMPLETED	Maria Harmon	05-16-19	
2.1.2	Equipment for relocation to UCH identified and added to PPE transfer list					COMPLETED	Maria Harmon	05-16-19	
2.1.3	New and required medical/clinical equipment is in place, tested and functioning				work in progress	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
2.1.4	New and required equipment is in place, tested and functioning				PM - date for completion required	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
2.1.5	ICT furnished, configured as required and tested				ICT may require separate list	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
2.1.6	Fluores tested and functioning				Fluores to be installed Friday 6 July	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
2.1.7	Pre-washed equipment in place				currently being installed	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
3.1.1	All areas cleaned, disinfected and tested				Phase 1 on 13 July	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
3.1.2	Infection control measures identified, assessed and in place					COMPLETED	Maria Harmon	05-16-19	
4.1.1	Eventual access areas tested and functioning				continuing	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
4.1.2	Workflows are developed, understood and tested in the environment				continuing work with BHS	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
4.1.3	Care flow process developed, communicated and understood				Policy orders 8 July 2019, being reviewed by the board 9	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
4.1.4	QOH requirements are understood and working in place					COMPLETED	Maria Harmon	05-16-19	
4.1.5	Medical waste management requirements identified and in place				processes understood, waiting for clinical input to allow	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
4.1.6	Patient transfer management requirements identified and in place					COMPLETED	Maria Harmon	05-16-19	
4.1.7	Patient transfer and discharge process documents					COMPLETED	Maria Harmon	05-16-19	
5.1.1	Beds made up with linen, pillows and all accessories as required	Patient room			will occur before first patient 16 July	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.2	Bedside patient boards or patient cards are in place					NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.3	OT flow meters are in place				to be installed	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.4	Infuse cabinets in place				to be installed	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.5	Bedside emergency equipment in place (where required)				to be installed	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.6	Shops bins in place				currently reviewing in 60 locations	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.7	Shk consumables in place				currently reviewing in 60 locations	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.8	Filter meters installed to rooms as needed				PM to confirm	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.9	Patient ladder instructions are 4 bedside					NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.10	Hand wash on the end of each bed				to be installed	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.11	Hand wash at the entrance to each ward				to be installed	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.12	Equipment room				to be installed once refurbishment completed	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.13	Dirty utility				to be in place closer to go live	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.14	Clean utility				to be in place closer to go live	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.15	Outgates etc in place				to be in place closer to go live	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.16	Bed and OT 38 and 54 folders are in place				to be in place closer to go live	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.17	Ding bins available and on replacement				to be in place closer to go live	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.18	Ways and beds labeled				to be in place closer to go live	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.19	Pharmacy stock in place				to be in place closer to go live	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.20	Mobile Sharps bins in place				to be in place closer to go live	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.21	Medical and surgical supplies in place				to be installed once refurbishment completed	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.22	Mortar and Pestle ordered and in place				to be in place closer to go live	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.23	Medical and surgical supplies in place				to be installed once refurbishment completed	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.24	Emergency trolley setup				to be installed closer to go live	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.25	Emergency mobile trolley setup				to be installed closer to go live	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.26	OT bottles are in place and securely stored				to be installed closer to go live	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.27	Pat stills in place				to be installed closer to go live	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.28	Child care available and ready				number in place, waiting for last few	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.29	Perfect track cover available and ready				to be installed once refurbishment completed	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.30	Ultrasound stack supplied and in place				to be installed once refurbishment completed	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.31	Ward and Storage				to be installed closer to go live	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.32	Ward and Storage				new phone numbers attached, list to be completed	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.33	Ward and Storage				additional bins being ordered	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
5.1.34	Ward and Storage				stationary ordered and in place	currently being disposed	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19
5.1.35	Ward and Storage				Mobile nurse call available	COMPLETED	Maria Harmon	05-16-19	
5.1.36	Ward and Storage				Parient folders in place	to be completed closer to go live	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19
5.1.37	Ward and Storage				Toilets available for audits	currently being obtained	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19
5.1.38	Ward and Storage				Wid board set up	being installed	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19
5.1.39	Ward and Storage				QAM board set up	being installed	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19
5.1.40	Ward and Storage				Teal coffee/tea/pops in place	to be installed closer to go live	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19
5.1.41	Ward and Storage				Cups in place	to be installed closer to go live	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19
5.1.42	Ward and Storage				Tea/coffee/tea/pops in place	to be installed closer to go live	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19
5.1.43	Ward and Storage				Cups in place	to be installed closer to go live	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19
5.1.44	Ward and Storage				Croakery and cutlery in place	to be installed closer to go live	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19
5.1.45	Ward and Storage				Teal/coffee/tea/pops in place	to be installed closer to go live	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19
5.1.46	Ward and Storage				Teal/coffee/tea/pops in place	to be installed closer to go live	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19
5.1.47	Ward and Storage				Teal/coffee/tea/pops in place	to be installed closer to go live	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19
6.1.1	Locks on balcony doors				design request submitted	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
6.1.2	Mag holds on door at end of ceiling leading to equipment store				design request submitted	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
6.1.3	Door access to storage room in room corridor				design request submitted	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
6.1.4	Door access to equipment store				design request submitted	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
6.1.5	Infusion room moved to nurses station desk				design request submitted	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
6.1.6	Change to Intercom				design request submitted	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	
6.1.7	Meeting rooms and interview rooms signed correctly				design request submitted	NOT COMPLETED - DEFERRED	Maria Harmon	05-16-19	

Section	Sub-section	Item ID	Description	Notes	Status	Responsible	Due Date		
2. Shared Spaces	1. Level 1	ADL Kitchen	2.1.1 ADL Kitchen tested and functioning	to be installed closer to go live	NOT COMPLETED - DEFERRED	Loed Kaye	05-01-18		
		2.1.2 Facility signage in place	to live for first session	NOT COMPLETED - DEFERRED	Loed Kaye	05-01-18			
		2.1.3 Gyna and treatment areas are furnished and fitted out as required	to be installed closer to go live	NOT COMPLETED - DEFERRED	Loed Kaye	05-01-18			
		Laundry	2.1.4 ADL Laundry appliances tested and functioning	to be installed closer to go live	NOT COMPLETED - DEFERRED	Loed Kaye	05-01-18		
		2.1.5 Laundry dispensers in place	to live for first session	NOT COMPLETED - DEFERRED	Loed Kaye	05-01-18			
		GYN Store room	2.1.6 Equipment in place in store room	to be installed once refurbishment completed	NOT COMPLETED - DEFERRED	Loed Kaye	05-01-18		
		Write up Bay	2.1.7 Stationery in place in write up area	to be up area closer to go live	NOT COMPLETED - DEFERRED	Loed Kaye	05-01-18		
		2. Level 2	ADL Kitchen	2.2.1 ADL Kitchen tested and functioning	to be installed closer to go live	NOT COMPLETED - DEFERRED	Loed Kaye	05-01-18	
			2.2.2 Facility signage in place	to live for first session	NOT COMPLETED - DEFERRED	Loed Kaye	05-01-18		
			2.2.3 Gyna and treatment areas are furnished and fitted out as required	to be installed closer to go live	NOT COMPLETED - DEFERRED	Loed Kaye	05-01-18		
	Laundry		2.2.4 ADL Laundry appliances tested and functioning	to be installed closer to go live	NOT COMPLETED - DEFERRED	Loed Kaye	05-01-18		
	2.2.5 Laundry dispensers in place		to live for first session	NOT COMPLETED - DEFERRED	Loed Kaye	05-01-18			
	GYN Store room		2.2.6 Equipment in place in store room	to be installed once refurbishment completed	NOT COMPLETED - DEFERRED	Loed Kaye	05-01-18		
	Write up Bay		2.2.8 Stationery in place in write up area	to be up area closer to go live	NOT COMPLETED - DEFERRED	Loed Kaye	05-01-18		
	3. Bedside Day Service		1. Unit set up	Office room	3.1.1 Beds made up with linen, pillow as required	see pillow cover	COMPLETED	Loed Kaye	05-01-18
				3.1.2 Bedside emergency equipment in place (where required)	yes	COMPLETED	Loed Kaye	05-01-18	
				3.1.3 Storage in place	linen bins removed with small replacements to be installed, to be completed 02/08/2018	NOT COMPLETED - DEFERRED	Loed Kaye	05-01-18	
		3.1.4 Sick consumables in place		please order from all areas, some sick bin/wash matting and wipes, to be completed 04/08/2018	NOT COMPLETED - DEFERRED	Loed Kaye	05-01-18		
		Equipment room		3.1.5 Equipment in store rooms	to be completed 04/08/2018	NOT COMPLETED - DEFERRED	Loed Kaye	05-01-18	
		3.1.6 Trolleys and bins in day unit		to be delivered once refurbishment completed	NOT COMPLETED	Loed Kaye	05-01-18		
3.1.7 Shoes dips in place		yes - no bags, to be completed 04/08/2018		NOT COMPLETED - DEFERRED	Loed Kaye	05-01-18			
3.1.8 Keys and fobs labelled		yes		NOT COMPLETED - PENDING	Loed Kaye	05-01-18			
3.1.9 Staff in stores bins in place		yes		COMPLETED	Loed Kaye	05-01-18			
3.1.10 Maintenance fridge tested and alarm functioning		yes		COMPLETED	Loed Kaye	05-01-18			
2. Fittings and furniture	1. Unit set up	3.2.1 Medical and surgical supplies in place	yes, to be transferred	COMPLETED	Loed Kaye	05-01-18			
		3.2.2 Personnel and patient signs	yes, to be transferred	COMPLETED	Loed Kaye	05-01-18			
		3.2.3 OT location in place and research stored	to be completed 04/08/2018	NOT COMPLETED - DEFERRED	Loed Kaye	05-01-18			
		3.2.4 Clean stock supplied and in place	yes	COMPLETED	Loed Kaye	05-01-18			
		3.2.5 Bed linen in place	yes	COMPLETED	Loed Kaye	05-01-18			
		3.2.6 Classified waste bins in place	additional bins ordered	NOT COMPLETED - PENDING	Loed Kaye	05-01-18			
		3.2.7 Stationery and trolleys in place	yes	COMPLETED	Loed Kaye	05-01-18			
		3.2.8 Trolleys/bags/linen in place	to be installed once refurbishment completed	NOT COMPLETED	Loed Kaye	05-01-18			
		3.2.9 Clean in place	yes	COMPLETED	Loed Kaye	05-01-18			
		3.2.10 Ecobrite in place	to be installed closer to go live	NOT COMPLETED	Loed Kaye	05-01-18			
3. Equipment	1. Unit set up	ADL Kitchen	3.3.1 ADL Kitchen tested and functioning	to be installed closer to go live	NOT COMPLETED	Loed Kaye	05-01-18		
		GYN	3.3.2 Gyna and treatment areas are furnished and fitted out as required	to be installed closer to go live	NOT COMPLETED	Loed Kaye	05-01-18		
		Laundry	3.3.3 ADL Laundry appliances tested and functioning	to be installed closer to go live	NOT COMPLETED	Loed Kaye	05-01-18		
		3.3.4 Office areas are furnished and fitted out as required	to be installed closer to go live	NOT COMPLETED - DEFERRED	Loed Kaye	05-01-18			
		3.3.5 Gyna and treatment areas are furnished and fitted out as required	to be installed closer to go live	NOT COMPLETED	Loed Kaye	05-01-18			
		3.3.6 Ancillary areas (store rooms, office rooms, staff rooms etc) are furnished and fitted out as required	to be installed once refurbishment completed	NOT COMPLETED	Loed Kaye	05-01-18			
		3.3.7 Business systems tested and functioning	yes	COMPLETED	Loed Kaye	05-01-18			
		3.3.8 Lights tested and functioning	yes	COMPLETED	Loed Kaye	05-01-18			
		3.3.9 Yelavices installed, tested and functioning	not all functioning	NOT COMPLETED - DEFERRED	Loed Kaye	05-01-18			
		3.3.10 Trolleys, showers and basins tested and functioning	to be installed closer to go live	NOT COMPLETED	Loed Kaye	05-01-18			
4. Hydration	1. Equipment	3.4.1 Trolleys in place	to be completed 04/08/2018	NOT COMPLETED - DEFERRED	Loed Kaye	05-01-18			
		3.4.2 Emergency trolleys in place	yes	COMPLETED	Loed Kaye	05-01-18			
		3.4.3 Trolleys tested and working	yes	COMPLETED	Loed Kaye	05-01-18			
		3.4.4 All areas cleaned, decontaminated and tested	to be installed once refurbishment completed	NOT COMPLETED	Loed Kaye	05-01-18			
		3.4.5 Infection control measures identified, approved and in place	yes	COMPLETED	Loed Kaye	05-01-18			
		3.4.6 Electrical sockets are tested and functioning	to be installed once refurbishment completed	NOT COMPLETED	Loed Kaye	05-01-18			
		3.4.7 Workflows are developed & understood and tested in the environment	yes	COMPLETED	Loed Kaye	05-01-18			
		3.4.8 Code blue process is developed, communicated and understood	yes	COMPLETED	Loed Kaye	05-01-18			
		3.4.9 OGI requirements are understood and procedures in place	yes	COMPLETED	Loed Kaye	05-01-18			
		3.4.10 Medical record management requirements identified and in place	yes	COMPLETED	Loed Kaye	05-01-18			
5. Clinical Technology Workshop	1. Equipment	CT workshop	5.1.1 Workshop set up as required	Practical Service remaining as site activities desk	NOT COMPLETED - DEFERRED	Barbara Balton	05-01-18		
		5.1.2 Equipment in place	Practical Service remaining as site activities desk	NOT COMPLETED	Barbara Balton	05-01-18			
		5.1.3 Mobile nurse dependent and cancel button in place	Practical Service remaining as site activities desk	NOT COMPLETED - DEFERRED	Barbara Balton	05-01-18			
		5.1.4 All equipment operational and staff trained	Practical Service remaining as site activities desk	NOT COMPLETED - DEFERRED	Barbara Balton	05-01-18			
		5.1.5							
		5.1.6							
		5.1.7							
		5.1.8							
		5.1.9							
		5.1.10							

Authorisation and approval
I hereby confirm the above is a true and accurate record of the readiness criteria.

Name: UKO HCHAGOW
Position: Executive Director - UCH Commissioning
Signature: [Handwritten Signature]
Date: 5/17/18

On Authorisation and approval
I hereby confirm the above is a true and accurate record of the readiness criteria.

Name: [Blank]
Position: [Blank]
Signature: [Blank]
Date: [Blank]

For all areas, do we need to include an action around tagging and testing of all electrical equipment?
In Bedside, line 334 mentions a "tagging test". This is not required.
Hydro - add "lights tested and working"
- Done in place
Clinical Tech - add equipment operational and staff trained

UCVA/ICE	Deliverables	Room	Checklist Item ID	Checklist Item	Comment	Outcome	Issues	Proposed Resolution	By Whom	Shipped off by	Date
<p>UCH Readiness Assessment Checklist - Readiness Working Group</p> <p>The key areas identified for the readiness assessment process</p>											
1. Clinical Support Services (incl Bio Med)	The groups of deliverables identified within each of the key areas that require readiness assessment			Description of each checklist item that has been identified	COMMENT	OUTCOME (select option)	Description of any issues associated with the checklist item	Proposed resolution or treatment to address identified issues	Date when proposed resolution will be implemented	Name of the officer advising the outcome assessment will be signed off	Date when the assessment was signed off
	1. Filings and furniture		1.1.1	Areas are furnished and fitted out as required	Clay to go live with Day Services WS 9 July.	NOT COMPLETED - RISK MITIGATED	Awaiting correct chairs. This query has been put to Mingle Yan.			Kyrl Belle	
			1.1.2	Dress buttons tested and functioning	Dress working as should be. Advised by Andrew Nelson as of 4 July	COMPLETED				Kyrl Belle	
			1.1.3	Lights tested and functioning		COMPLETED				Kyrl Belle	
			1.1.4	Taps, showers and baths tested and functioning - all items in place (hand towel, wash soap)		COMPLETED				Kyrl Belle	
	2. Equipment		2.1.1	Equipment for relocation to UCH identified and added to PFE transfer list		COMPLETED				Kyrl Belle	
			2.1.2	New and secured equipment fit in place, tested and functioning		COMPLETED				Kyrl Belle	
			2.1.3	ICT is installed, configured as required and tested		COMPLETED				Kyrl Belle	
			2.1.4	Phones tested and functioning		COMPLETED				Kyrl Belle	
			2.1.5	Fire warning equipment in place	No fire warning notes, have hardware and protocols accessible to the unit as explained in orientation.	COMPLETED				Kyrl Belle	
	3. Stock and consumables		3.1.1	Stock and consumables supplied and in place and ready for use		COMPLETED				Kyrl Belle	
			3.1.2	Stationary supplies and in place		COMPLETED				Kyrl Belle	
	4. Operations and work processes		4.1	Methods of care developed and approved		COMPLETED				Kyrl Belle	
			4.2	Electronic access areas tested and functioning	Some staff do not currently have access as of 4 July. Additional bio med staff need to present to UCH to obtain card.	NOT COMPLETED - RISK MITIGATED				Kyrl Belle	
			4.3	Workflows are developed, understood and tested in the environment		COMPLETED				Kyrl Belle	
			4.4	OSH requirements are understood and procedures in place		COMPLETED				Kyrl Belle	
	5. Readiness for go live		5.1	Have all services been indicated to UCH and ready for go live		COMPLETED				Kyrl Belle	
2. Clinical Support Services (incl Pharmacy (final check still to be completed by S Morgan by WE 6 July))			2.1.1	Areas are furnished and fitted out as required	Clay to go live for Day services WS 9 July	NOT COMPLETED - DEFERRED				Stuart Murgison	
			2.1.2	Dress buttons tested and functioning	Dress working as should be. Advised by Andrew Nelson as of 4 July	COMPLETED				Stuart Murgison	
			2.1.3	Lights tested and functioning		COMPLETED				Stuart Murgison	
			2.1.4	Taps, showers and baths tested and functioning - all items in place (hand towel, wash soap)		COMPLETED				Stuart Murgison	
			2.1.5	Toilets tested and functioning - all items in place, sanitary bins, toilet paper, paper towels hand wash		COMPLETED				Stuart Murgison	
			2.1.6	Medication fridges tested and alarms working	Stuart signed that medication fridges are working, tested against BMS and alarmed - 25 Oct 2017. Frige models (TP 120 from Multiplex) supplied. Fridges are currently being monitored through the BMS system by BMS. Frige has been set at correct temperature for medication per the standard. Mike and Media of frige was aligned off has been sent to Stuart (04/5 July)	NOT COMPLETED - DEFERRED				Stuart Murgison	
			2.1.7	Clay to go live for Day services WS 9 July.	Clay to go live for Day services WS 9 July.	COMPLETED				Stuart Murgison	

		2.2.2 ICT is installed, configured as required and tested	All equipment as originally required for go live ordered and in place. Only outstanding item is the MFD, scanner and zebra printers. ICT has not been checked as working by Stuart as of 5 July. Okay to go live for Day Services WB 9 July	NOT COMPLETED - DEFERRED	Stuart Margison
		2.2.3 Phones tested and functioning	Phones are installed. Have not been checked by Stuart as of 5 July. Okay to go live WB 9 July.	NOT COMPLETED - DEFERRED	Stuart Margison
		2.2.4 Fire warden equipment in place	No fire warden roles. Have hardware and protocols accessible to the unit as explained in orientation.	COMPLETED	Stuart Margison
3. Stock and consumables		2.3.1 Stock and consumables supplied and in place and ready for use		COMPLETED	Stuart Margison
		2.3.2 Stationery supplied and in place		COMPLETED	Stuart Margison
		2.3.3 Medication stock available and ready to go	Not needed for day services starting. Okay to go live for Day services WB 9 July.	NOT COMPLETED - DEFERRED	Stuart Margison
4. Infection control		2.4.1 All areas cleaned, decontaminated and tested	Julie Woods advises that clean will happen 5 July. Aest to be inspected by PIC 6 July Okay to go live for Day Services WB 9 July	NOT COMPLETED - DEFERRED	Stuart Margison
		2.4.2 Infection control measures identified, approved and in place	Okay to go live for Day Services WB 9 July Relieved to above point. Pharmacy to confirm cleaning of pharmacy	NOT COMPLETED - DEFERRED	Stuart Margison
5. Operations and work processes		2.5.1 Models of Care developed and approved	Internal process	COMPLETED	Stuart Margison
		2.5.2 Electronic access areas tested and functioning	Programming of Access control to be confirmed prior to go live web security. Okay to go live day services WB 9 July.	NOT COMPLETED - DEFERRED	Stuart Margison
		2.5.3 Workflows are developed, understood and tested in the environment	Needs checking with Stuart M. Okay to go live with Day services WB 9 July.	NOT COMPLETED - DEFERRED	Stuart Margison
		2.5.4 OHS requirements are understood and procedures in place	Internal process	COMPLETED	Stuart Margison
6. Readiness for go live		2.6.1 Have all staff been inducted to UCH and ready for go live	Internal process	COMPLETED	Stuart Margison
		2.6.2 HPS require certification from Multiplex that calls meet regulatory requirements.	Pharmacy area sale completed today. Ben Donaldson team will send out builders letter and make and model for sale by COB 6 July. This can be used for HPS. Okay to go live with Day services WB 9 July.	NOT COMPLETED - DEFERRED	Stuart Margison

3. Clinical Support Services (incl) Infection Prevention and Control			2.6.3	S16 keys handed over to pharmacy	Email about keys sent out 4 July for Office Keys. Patrick will follow up with Dario on all keys with Stuart. Clay to go live with Day services WB 9 July.	NOT COMPLETED - DEFERRED				
	All		3.1.1	Have all UCH areas been cleaned, decontaminated and tested	Sign off for all UCH will be 6 and 13 July - this has been confirmed with Julie 4 July (PM). Clay to go live with Day services WB July pending inspection outcomes by 6 July.	NOT COMPLETED - DEFERRED			Wendy Beddingham	
			3.1.2	All UCH infection control measures identified, approved and in place	Sign off for all UCH will be 6 and 13 July. See above	NOT COMPLETED - DEFERRED			Wendy Beddingham	
			3.1.3	Models of Care developed and approved		COMPLETED				
4. Support Services Pathology			4.1.1	Areas are furnished and fitted out as required	Under desk drawer lock to be refitted - but clay to go live.	NOT COMPLETED - DEFERRED			Mary Brun	
Pathology			4.1.2	Breast buttons tested and functioning		COMPLETED			Mary Brun	
			4.1.3	Lights tested and functioning		COMPLETED			Mary Brun	
			4.1.4	Trays, trolleys and basins tested and functioning		COMPLETED			Mary Brun	
			4.1.5	Toilets tested and functioning		COMPLETED			Mary Brun	
5. Equipment			4.2.1	Equipment for relocation to UCH identified	Organised with Barry Laphorne	COMPLETED			Mary Brun	
			4.2.2	New and acquired equipment is in place, tested and functioning		COMPLETED			Mary Brun	
			4.2.3	ICT is installed, configured as required and tested	Event for COVID-19 all good. MFD will to arrive. Should be WB 2 July. Clay to go live without CDW. Clay to go live for only WB 9 July. WB need re-evaluation at WE 6 July. Still require FAX this is dependent on MFD arriving. Fax number still to be allocated. Clay to go live for only WB 9 July. Will need re-evaluation at WE 6 July.	NOT COMPLETED - DEFERRED			Mary Brun	
			4.2.4	Phones tested and functioning		NOT COMPLETED - DEFERRED			Mary Brun	
			4.2.5	Fire warden equipment in place	No fire warden roles. Have hardware and protocols accessible to the unit as explained in orientation?	COMPLETED			Mary Brun	
6. Stock and consumables			4.3.1	Stock and consumables supplied and in place and ready for use		COMPLETED			Mary Brun	
			4.3.2	Stationery supplied and in place		COMPLETED			Mary Brun	
7. Infection control			4.4.1	All areas cleaned, decontaminated and tested	Cleaning will occur 5 and 12 July. Sign off for all UCH will be 6 and 13 July	NOT COMPLETED - DEFERRED			Mary Brun	
			4.4.2	Infection control measures identified, approved and in place	Cleaning will occur 5 and 12 July. Sign off for all UCH will be 6 and 13 July	NOT COMPLETED - DEFERRED			Mary Brun	
8. Operations and work processes			4.5.1	Models of Care developed and approved		COMPLETED			Mary Brun	
			4.5.2	Electronic access areas tested and functioning	Access cards working for staff to get in, these have been allocated. NOTE there are design change requests for required access control to be put on to doors for security reasons. Door/Room numbers related to this issue are identified in adjacent bases column. These issues will not prevent going live as of WB 9 July	NOT COMPLETED - DEFERRED			Mary Brun	
			4.5.3	Workflows are developed, understood and tested in the environment	Most processes are clear still need to finalise finer details with legislative ward. Clay to go live for WB 9 July	NOT COMPLETED - DEFERRED			Mary Brun	
			4.5.4	OSI requirements are understood and processes in place		COMPLETED			Mary Brun	
9. Readiness for Go live			4.6.1	Have all staff been indicated to UCH and ready for go live		COMPLETED			Mary Brun	

5. Move and Relocation		5.1.1 Move plan developed and approved	COMPLETED	Barry Laphorne	
		5.1.2 Transport plan developed and approved	COMPLETED	Barry Laphorne	
		5.1.3 Opening sequence identified and approved	COMPLETED	Barry Laphorne	
2. Patient Transfer		5.2.1 Patient transfer command structure and roles identified	COMPLETED	Barry Laphorne	
		5.2.2 Patient transfer command roles allocated to staff and included in rosters	COMPLETED	Barry Laphorne	
3. Relocation		5.2.3 Command centre IIT and communication requirements are identified, in place and tested	NOT COMPLETED - RISK MITIGATED	Barry Laphorne	
		5.2.4 Sending and receiving site communication requirements are identified, in place and tested	COMPLETED	Barry Laphorne	
		5.2.5 Patient transfer and move day protocols developed and approved	COMPLETED	Barry Laphorne	
		5.2.6 Patient transport vehicle requirements identified and sourced	COMPLETED	Barry Laphorne	
		5.2.7 Primary patient transfer route and contingency routes identified	COMPLETED	Barry Laphorne	
		5.3.1 Equipment transfer list validated and completed	COMPLETED	Barry Laphorne	
		5.3.2 Staff belonging identified for transfer	COMPLETED	Barry Laphorne	
		5.3.3 Patient belongings identified for transfer	COMPLETED	Barry Laphorne	
		5.3.4 Vendor/supplier contracts engaged and dated	COMPLETED	Barry Laphorne	
	4. Communication		6.1.1 Readiness assessment criteria identified for all groups	COMPLETED	Linda Kohlhaagen
			6.1.2 Readiness assessment criteria validated all groups	COMPLETED	All Relevant Executive Directors Linda Kohlhaagen
	5. Governance		6.1.3 All UCH working groups have convened final meetings pre go-live to ensure preparedness of relevant program of work and identify outstanding issues	COMPLETED	All Relevant Executive Directors Linda Kohlhaagen
			6.1.4 All outstanding critical issues are completed and escalated to Executive Lead, ID UCH Communications / UCH Steering Committee	COMPLETED	All Relevant Executive Directors Linda Kohlhaagen
			6.1.5 All contracts are executed or in place as required to facilitate UCH operational activity	COMPLETED	Linda Kohlhaagen
			6.1.6 UCH Steering Committee meeting occurred prior to planned UCH opening date	COMPLETED	Linda Kohlhaagen
			6.1.7 All committee Terms of Reference documents are drafted	COMPLETED	Linda Kohlhaagen
		2. Go-live		7.2.1 Go-live UCH governance structure identified, approved and implemented where applicable	COMPLETED
			7.2.2 Issue identification, reporting and escalation process documented, approved and in place	NOT COMPLETED - RISK MITIGATED	Linda Kohlhaagen
3. UCH Business as usual			7.2.3 Weekly UCH Issues Management Group meetings and Weekly Executive meetings scheduled	COMPLETED	Linda Kohlhaagen
		6.3.1 Governance and committees structures for business as usual activity are identified	COMPLETED	Linda Kohlhaagen	
		6.3.2 Meeting times and venues for all UCH Tier 1 and Tier 2 committees are scheduled and booked for at least a 3 month period following the opening of UCH	NOT COMPLETED - DEFERRED	Regina Glinth	
7. Ancillary areas	1. Front reception	7.1.1 All administration areas are furnished and fitted out as required	NOT COMPLETED - RISK MITIGATED	Lisa Wilson	
		Staff amenities are furnished and fitted out as required	COMPLETED	Lisa Wilson	
		7.1.3 Beverage bay stocked	NOT COMPLETED - RISK MITIGATED	Lisa Wilson	
	Room Behind Reception	7.1.4 Key safe in place and functioning	NOT COMPLETED - RISK MITIGATED	Lisa Wilson	
		7.1.5 The storage for fleet keys has been identified and is in place.	NOT COMPLETED - RISK MITIGATED	Lisa Wilson	
		7.1.6 Valuables safe register in place	NOT COMPLETED - RISK MITIGATED	Lisa Wilson	
		7.1.7 Valuables safe key with Security and ABEM	NOT COMPLETED - RISK MITIGATED	Lisa Wilson	

	7.6.8	Pink handwash in place	COMPLETED	Outstanding not ready. Supply follow up	Regina Ghinch
	7.6.9	First aid officer identified and contact details in the room.	COMPLETED	Will be an information sheet that is awaiting approval from L Wilson.	Regina Ghinch
	7.6.10	Procedures of room use included in the space i.e. notify first aid officer that you are using it etc.	COMPLETED	Will be an information sheet that is awaiting approval from L Wilson.	Regina Ghinch
Breast Feeding Room	7.6.11	Breast pump in place	NOT COMPLETED - RISK APPRAISED	Is forecast to arrive WG 2 July. Will then need to go to the med for testing and tagging. Information regarding machine is in room ready to go. Will not proceed as the bus Managers need to be made aware of the potential staff issues.	Regina Ghinch
	7.6.12	Clearing items/detergent in place	COMPLETED		Regina Ghinch
	7.6.13	Excerpt from IP policy on labelling and own equipment in the room.	COMPLETED		Regina Ghinch
	7.6.14	Pink handwash in place	COMPLETED		Regina Ghinch
B. Communication	8.1.1	Communication Plan and Strategy developed and approved	COMPLETED		Merryn Jilbert
	8.1.2	Incident management strategy confirmed and in place	COMPLETED		Merryn Jilbert
	8.1.3	Text alerts to patients include UCH mailing Address	COMPLETED		Uma Wilson
2. UCH specific	8.2.1	Public awareness campaign commenced	COMPLETED		Merryn Jilbert
	8.2.2	1000 UCH phone numbers communicated	COMPLETED	Phone number in communications material	Merryn Jilbert
	8.2.3	UCH switch activation process understood and advised	COMPLETED		Merryn Jilbert
	8.2.4	Mailing address communicated	COMPLETED		John Lushizan
	8.2.5	Internet updated and current	NOT COMPLETED - RISK MITIGATED	as of 5 July, content currently being reviewed by clinical services	Merryn Jilbert
	8.2.6	Website updated and current	NOT COMPLETED - RISK MITIGATED	as of 5 July, content currently being reviewed by clinical services	Merryn Jilbert
B. Patients	8.3.1	Public awareness/communication regarding inpatient transfer developed and distributed	COMPLETED		Merryn Jilbert
	8.3.2	Public awareness/communication regarding reception of equipment and dry services developed and distributed	COMPLETED		Merryn Jilbert
	8.3.3	Develop letters regarding transfer of patients	COMPLETED		Regina Ghinch
B. Access	9.1.1	Has the process for all keys management at UCH been identified	COMPLETED	Staff information has been developed for the management of keys.	Deleto Gomez
	9.1.2	Have all secure systems and roles for management of secure systems been identified	COMPLETED	The Tmsa key cabinet and key allocation has been confirmed.	Deleto Gomez
	9.1.3	Have all keys for officers been allocated	COMPLETED	No. The process for key allocation is in place and application forms for keys are currently being completed by staff.	Deleto Gomez
	9.1.4	Has the management process and key allocations for all other keys at UCH been signed off	COMPLETED	The process for the allocation of keys was discussed in the Operational Readiness Group.	Deleto Gomez
2. Access Passes	9.2.1	Has the process for staff access passes been identified and communicated to Service Leads	COMPLETED	The process for access card allocation aligns the current ACR Health access provision process e.g. IAM request submitted and presentation to the Security Office at Cabrera Hospital.	Deleto Gomez
	9.2.2	Has system programming for access passes for UCH staff been completed ready for staff to receive?	COMPLETED	Process has been completed and is functional for the current Operational Commissioning Teams.	Deleto Gomez
	9.2.3	Has the process for return of commissioning access passes been identified?	COMPLETED		Deleto Gomez
B. Pending	9.3.1	Has the carpark management plan been agreed?	NOT COMPLETED - RISK MITIGATED	Gone to UC for feedback	Michael Whyle

Item ID	Description	Current Status	Responsible Person
7.1.8	Master key with AHJRM	SECURITY entry team to follow up. Has this been done?	Lisa Wilson
7.1.9	Lost property book in place	Admin currently working on	Lisa Wilson
7.1.20	Stationery supplied and in place	Being delivered and dispersed	Lisa Wilson
7.1.11	Front reception manual in place	Admin currently working on	Lisa Wilson
7.2.1	All administration areas are furnished and fixed out as required	COMPLETED	Lisa Wilson
7.2.2	Stationery in place	NOT COMPLETED - RISK MITIGATED	Lisa Wilson
7.2.3	Printer in place	COMPLETED	Lisa Wilson
7.2.4	Filing options in place	COMPLETED	Lisa Wilson
7.2.5	Reception manual in place	COMPLETED	Lisa Wilson
7.2.6	Keys and locks identified and labeled	NOT COMPLETED - RISK MITIGATED	Lisa Wilson
7.2.7	Manual clinic identification process in place	SECURITY Note no jewelry keys handover yet. Signage to be initiated by admin	Lisa Wilson
7.2.8	Classified waste bin in place	NOT COMPLETED - RISK MITIGATED	Lisa Wilson
7.3.1	Fleet parking identified and cars in place	NOT COMPLETED - RISK MITIGATED	Lisa Wilson
7.3.2	Fleet booking set up	COMPLETED	Lisa Wilson
7.4.1	Emergency equipment in place as required	COMPLETED	Lisa Wilson
7.4.2	Driver Phone in place	COMPLETED	Lisa Wilson
7.4.3	GPS in place	COMPLETED	Lisa Wilson
7.5.1	Fit Slide in place	Fit slide purchased, waiting for locks in the room but need to have locks set up to hold it. Functional for the moment.	Regina Glitch
7.5.2	Body Holding Register printed and in folder	COMPLETED	Lisa Wilson
7.5.3	Pens in room	COMPLETED	Regina Glitch
7.5.4	Sink area set up with consumables	Supply not yet in place. Not required for go live WB 9 July.	Regina Glitch
7.5.5	Fridges tested and functioning	BGS are responsible for monitoring the fridge and alarms. FM team need to confirm that the fridge is functioning. This is not needed for Day services to start WB 9 July. It should be noted that once we give that access to this room is controlled and BGS staff may not enter without permission from ACON. Process to be confirmed.	Regina Glitch
7.6.1	Staff room set up with tea/coffee etc.	COMPLETED	Lisa Wilson
7.6.2	Crochery in place	COMPLETED	Lisa Wilson
7.6.3	Reverage trays set up	COMPLETED	Lisa Wilson
7.6.4	Photocopy boys set up	COMPLETED	Lisa Wilson
7.6.5	Classified waste bin in place	additional bins have been ordered.	Lisa Wilson
7.6.6	First Aid kit in place	COMPLETED	Regina Glitch
7.6.7	Pillow and blanket in place	Still needs blanket and sheet when linen arrives (BC 02/07)	Regina Glitch

		9.3.2 Have staff been advised of parking arrangements	COMPLETED	Michael Waple	
		9.3.3 parking arrangements implemented	NOT COMPLETED - MITIGATED	Andrew Hobson	
		Process to be developed to support non functioning credit card support.			

Authorisation and approval
I hereby confirm the above is a true and accurate record of the readiness criteria.

Name: Lucas Lohbihagen
Position: EP-UCH Commissioning
Signature: *L. Lohbihagen*
Date: 05/04/18

5/17/2018

Co-Authorisation and approval
I hereby confirm the above is a true and accurate record of the readiness criteria.

Name: _____
Position: _____
Signature: _____
Date: _____

Name: _____
Position: _____
Signature: _____
Date: _____

Name: _____
Position: _____
Signature: _____
Date: _____

UCH Readiness Assessment Checklist - Finance and Data Working Group									
Key Areas		Location		Checklist Item		Description		Outcome	
The key areas identified for the readiness assessment process		Room		Checklist Item number		Description of each checklist item that has been identified		Comment	
The groups of deliverables identified within each of the key areas that require readiness assessment									
1. Finance	1. Cost centres		1.1.1	Cost centre structure identified and created	COMPLETED				
			1.1.2	Entry structure in ledger confirmed	COMPLETED				
			1.1.3	Cost centres created in Oracle	COMPLETED				
	2. Budgets		2.2.1	Re-current budget for 2018-19 confirmed	NOT COMPLETED - RISK MITIGATED				
			2.2.2	FTE mapped to new cost centres	COMPLETED				
			2.2.3	Budgets mapped to new cost centres	COMPLETED				
	3. Provider numbers		3.2.4	Contribution of assets into asset register	COMPLETED				
			3.2.5	Import into asset register into Oracle	COMPLETED				
			3.3.1	RACC Medicare provider numbers identified and submitted	COMPLETED				
			3.3.2	MHPADS Medicare provider numbers identified and submitted	COMPLETED				
4. IT/Health		4.1.1	UCH own facility	COMPLETED					
		5.1.1	ACTPAS requirements identified and configured	COMPLETED					
		5.1.2	Circle structure identified and setup	COMPLETED					
5. Data		5.1.3	Circle case and start dates identified and configured	COMPLETED					
		5.1.4	Clinical journal readiness complete	COMPLETED					
		5.1.5	MUHAMS clinic identified and setup	COMPLETED					
		5.1.6	Publody integration with Culyway complete	COMPLETED					
		5.1.7	Patient journey boards installed and ready	COMPLETED					
		5.1.8	Room booking boards installed and ready	COMPLETED					
		5.1.9	HRIT licensing processed	COMPLETED					

Authorisation and approval
 I hereby confirm the above is a true and accurate record of the readiness criteria.
 Name: UKHUAHUA
 Position: ED-UCH commissioning
 Signature: [Signature]
 Date: 5/7/18

Co-Authorisation and approval
 I hereby confirm the above is a true and accurate record of the readiness criteria.
 Name: _____
 Position: _____
 Signature: _____
 Date: _____



Mr Chris Bone
 Deputy Director-General, CHHS
 Health Directorate
 PO Box 11
 WODEN ACT 2606

Dear Mr Bone

Endorsement of Completion of the University of Canberra Car Park

We have been informed that Construction of the University of Canberra Multi Storey Car Park on Block 9 Section 3, Bruce, has achieved Completion as defined in the amended AS 4902 contract between the University of Canberra and PBS Building (ACT) Pty Ltd.

As the Executive Director for the commissioning of the University of Canberra Hospital (UCH), I provide support for the achievement of this Completion milestone based on the requirements of the Hospital being met.

I have confidence through my Division's involvement that systems, infrastructure and fit-for-purpose status has been achieved based on the contractual definition of Practical Completion as per Attachment A - Practical Completion Definition.

I am aware of the outstanding works yet to be completed. (Attachment B – Outstanding Works) along with the current status of Defect rectification. We note that the remaining open defects (Attachment C – Open Defect Register) comply with the Practical Completion requirements as defined within the Contract. We understand that the University of Canberra through their consultant team will continue to manage both Outstanding Works & Defect rectification process until complete.

Yours sincerely

A handwritten signature in cursive script that reads "Linda Kohlhagen".

Date: 5/7/2018

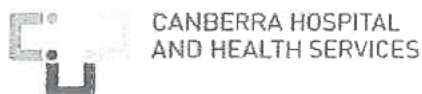
Linda Kohlhagen
 Executive Director UCH Commissioning
 Health Directorate

Attachment A - Practical Completion Definition

Clause 1 Interpretation and construction of Contract (Practical Completion)

Practical Completion is that stage in the carrying out and completion of WUC when in the opinion of the Superintendent:

- (a) The Works are complete except for minor Defects:
 - (i) which do not prevent The Works from being reasonably capable of being used for their stated purpose in Annexure Part E;
 - (ii) (which the Superintendent determines the Contractor has reasonable grounds for not promptly rectifying; and
 - (iii) the rectification of which will not prejudice the convenient use of The Works;



Mr Michael De'Ath
Interim Director-General
ACT Health

Dear Mr De'Ath

Recommendation to go live University of Canberra Hospital

I have every confidence that all Operational Commissioning activities required to support the safe opening of UCH have been undertaken to an acceptable standard. I can verify that we have received formal sign off on the status of readiness activities and program milestones from relevant Divisions including the following:

- Business Support Services;
- Chief Finance Officer;
- Clinical Support Services;
- Digital Solutions Division
- Health Infrastructure Services.
- Mental Health, Justice Health, Alcohol and Drug Services;
- Pathology;
- People and Culture;
- Performance, Reporting and Data; and
- Rehabilitation, Aged and Community Care

A summary of the Divisions' respective areas of responsibility is included at [Attachment A](#).

There are no tasks that have not yet been completed that would delay the proposed move and commencement of outpatient services at UCH. We are comfortable in advising that the requirements for the project are fit for purpose to go live with the delivery of outpatient services on Tuesday 10 July 2018.

Yours sincerely

A handwritten signature in black ink, appearing to be "Chris Bone".

Chris Bone
Deputy Director-General, CHHS
ACT Health

A handwritten signature in black ink, appearing to be "K. Doran".

Karen Doran
Deputy Director General, Corporate
ACT Health

6 July 2018



CORRESPONDENCE CLEARANCE

SUBJECT: University of Canberra Car Park – Practical Completion and Handover

NUMBER: **COR18/13391**

DATE DUE: _____

Director-General - ACT Health: _____ Date: _____

Deputy Director-General - Corporate: _____ Date: _____

Deputy Director-General - Canberra Hospital & Health Services: _____ Date: _____

Deputy Director-General - Innovation: _____ Date: _____

Deputy Director-General - Quality, Governance and Risk: _____ Date: _____

Deputy Director-General - Population Health Protection & Prevention: _____ Date: _____

Deputy Director-General - Performance, Reporting and Data: _____ Date: _____

Contextually Correct <input checked="" type="checkbox"/>	Grammatically Correct <input checked="" type="checkbox"/>	Spell Checked <input checked="" type="checkbox"/>
Executive Director - Area name <u>Colin Mooney</u>		Date: <u>6/7/18</u>

Senior Manager -Area name _____ Date: _____

Senior Manager, Ministerial and Government: _____ Date: _____

Director - Government and Communications: _____ Date: _____

Executive -Area name _____ Date: _____

Manager - Area name _____ Date: _____

Professional Leads: _____ Date: _____

Other: _____ Date: _____



DEPUTY DIRECTOR-GENERAL MINUTE

TRIM Reference No. COR18/13391

SUBJECT:	University of Canberra Car Park – Practical Completion and Handover
From:	<i>Colm Mooney – Executive Director, Health Infrastructure Services</i>
Through:	<i>Linda Kohlhagen – Executive Director, RACC Katrina Bracher – Executive Director, MHJHADS Rosemary Kennedy – Executive Director, BSS Peter O’Halloran – Chief Information Officer</i>
Critical Date:	<i>6 July 2018</i>
Reason:	<i>To ensure the University of Canberra Car Park is operational in time for go live of the UCH outpatient day service.</i>

Recommendations

That you:

Note the information contained in this Brief.	<i>NOTED PLEASE DISCUSS</i>
Agree to the achievement of practical completion and handover by signing below.	<i>AGREED NOT AGREED PLEASE DISCUSS</i>

.....
*Karen Doran
 Deputy Director-General, Corporate
 ACT Health*

July 2018



DEPUTY DIRECTOR-GENERAL MINUTE

Purpose

To provide you information and supporting documentation to enable sign-off and support for the achievement of Practical Completion and Handover of the University of Canberra Car Park (UCCP) located on Block 9 Section 3, Bruce.

Background

Through their Deed obligations the University of Canberra are required to deliver a minimum 400 space car park to service the University of Canberra Hospital (UCH). The provision of these spaces is required to meet the conditions of the Certificate of Occupancy and Use for UCH.

Practical Completion of the Car Park is defined under the Acquisition Deed as follows:

Practical Completion means:

(b) in relation to the Car Park, when the Car Park is complete in accordance with the Car Park Specifications and is fit for use and occupation (all necessary certificates having issued) and with all omissions or defects being limited to items:

(i) of a minor nature;

(ii) the immediate making good of which by the University is not reasonably practicable; and

(iii) which do not cause any legal or physical impediment to the intended (and lawful) use and occupation of the Car Park.

Letters confirming ACT Health and IFCW approval are summarised below:

- Linda Kohlhagen – Executive Director, Rehabilitation and Community Care ([Attachment 1](#))
- Katrina Bracher – Executive Director, Mental Health, Justice Health, Alcohol and Drug Services ([Attachment 2](#))
- Rosemary Kennedy – Executive Director, Business Support Services ([Attachment 3](#))
- Colm Mooney – Executive Director, Health Infrastructure Services ([Attachment 4](#))
- Peter O'Halloran – Chief Information Officer ([Attachment 5](#))
- Sophie Gray – Director, Infrastructure Finance & Capital Works (IFCW) ([Attachment 6](#))

Also attached is a letter from the University of Canberra Vice-President, Finance and Infrastructure, Ms Vicki Williams notifying the Territory that practical completion has been achieved ([Attachment 7](#)). Included with this letter are the following attachments:

- Certificate of Occupancy and Use
- Certifications Schedule
- Operation & Maintenance Manuals Schedule
- Registrations & Licences Schedule
- Warranties Schedule



DEPUTY DIRECTOR-GENERAL MINUTE

- Works as Executed documentation schedule
- Spares and Key Register
- Training Register
- Open Defect Register and incomplete works
- Definition of Completion
- QA Consultant Letters

Accompanying the letter from the University of Canberra is the following:

- Certifications
- Operation & Maintenance Manuals
- Registrations & Licences
- Warranties
- Works as Executed documentation

Issues

The UCH outpatient day service is scheduled to go live from Tuesday 10 July 2018. The UCH Development Application Notice of Decision requires the provision of 400 car spaces for this service to operate.

Upon handover ACT Health will be responsible for the operation and maintenance of Levels B, C, D and E of the UCCP in accordance with executed Sublease between ACT Health and University of Canberra.

ACTH will be required to provide and maintain insurances in accordance with clause 16 including:

- maintain public liability insurance for at least \$20 million (as varied by notice from the Landlord to the Tenant) in respect of the Car Park
- maintain other insurances which are required by law
- produce evidence satisfactory to the Landlord of current insurance cover when the Landlord requests and at least once per calendar year during the Term

The Car Park Management Plan will also take effect in accordance with the Collaboration and Precinct Deed upon handover of UCCP.

Benefits/Sensitivities

Not applicable

Media

Not applicable

Financial

Not applicable



DEPUTY DIRECTOR-GENERAL MINUTE

Signed off by:	Colm Mooney	Phone:	79186
Title:	Executive Director		
Branch/Division	Health Infrastructure Services		
Date:	July 2018		
Action Officer:	Ben Donaldson	Phone:	57270



EXECUTIVE DIRECTOR MINUTE

TRIM Reference No. COR18/13119

SUBJECT:	Southside Community Step Up Step Down and Refurbishment of Extended Care Unit at Brian Hennessy Rehabilitation Centre – Recommendation of progression of shortlisted Consultants to Request for Tender (RFT) phase.
From:	Sophie Gray
Critical Date:	9 July 2018
Reason:	The engagement of the design consultancy is on the critical path.

Recommendations

That you:

Note the information provided in this brief.	<i>NOTED PLEASE DISCUSS</i>
Agree to the recommendations contained within the attached Tender Evaluation Report, by signing page 8.	<i>AGREED NOT AGREED PLEASE DISCUSS</i>

.....
Colm Mooney
Executive Director, Health Infrastructure Services
ACT Health

July 2018



EXECUTIVE DIRECTOR MINUTE

Purpose

To seek your endorsement to progress four respondents from the Registration of Interest phase of procurement to the Request to Tender Phase for engagement of a Principal Consultant for the new Southside Community Step Up Step Down facility and Refurbishment of the Extended Care Unit at Brian Hennessy Rehabilitation Centre.

Background

ACT Health has capital works funding under the 'Supporting Good Mental Health' over the next three years.

The procurement strategy adopted is in line with the strategy outlined in DGC18/27. This minute relates to the first, Registration of Interest (RoI) phase where open tender registrations were invited to determine a short list of potential appropriately qualified Principal Consultants to progress to the next round of procurement – a priced tender for services.

The Procurement Plan Minute endorsed in DGC18/27 includes delegation of Authority in respect of this minute to the Executive Director, Health Infrastructure Services. This minute seeks endorsement of those selected respondents after the Tender Evaluation Team has completed their evaluation of the responses.

Issues

Two respondents had technically non-conforming responses and clarification was required to either have them make their response conforming, or withdraw. Both the respondents were able to satisfactorily address the initial concerns. Refer to the Tender Evaluation Report to review the outcome of the clarifications sought. Advice was sought from Infrastructure, Finance and Capital Works contracts section and acted on in the resolution of RoI non-conformances.

The new Southside Community Step Up Step Down facility will require a separate decanting and Early Works package for the demolition of existing, aged and at the end of life buildings to make way for the new facility.

Benefits/Sensitivities

This design work is critical to ensure the progression of the works to meet programmed timelines.

Media

Have relevant communications material to support this brief been attached (communications plan, draft media release, talking points etc)? Yes No N/A

Has the Communications Branch been consulted? Yes No N/A

A communications brief is being developed to ensure adequate and timely consultation with the public on both projects prior to Development Application lodgment.



EXECUTIVE DIRECTOR MINUTE

Financial

ACT Health has a capital works funding under the 'More Mental Health Accommodation' (21418 – Southside Community Step Up Step Down Facility and 21419 – Extended Care Unit) program to the value of \$2,390,000 ex GST. (\$2,629,00 inc GST)

The value of this consultancy is expected to be in the range of \$200,000 to \$300,000 ex GST

The next phase will confirm the consultancy costs and be subject to separate Health Directorate Approval.

Signed off by:		Phone:	6174 7022
Title:	Sophie Gray, Director		
Branch/Division	Health Infrastructure Procurement		
Date:			
Action Officer:	Phil Gant	Phone:	6174 8017
Unit:	Health Infrastructure Procurement		

Allen, Jonas (Health)

From: Dal Molin, Vanessa (Health)
Sent: Wednesday, 18 July 2018 10:28 PM
To: De'Ath, Michael (Health)
Cc: Stevenson, Nicole (Health)
Subject: FW: Agenda Item 5 1_Submission_Calvary Hospital_Challenges_Meeting 2_19 July 2018 Final [DLM=For-Official-Use-Only]
Attachments: Agenda Item 5 1_Submission_Calvary Hospital_Challenges_Meeting 2_19 July 2018 Final.docx; Agenda Item 5 1_Submission_Calvary Hospital_Challenges_Meeting 2_19 July 2018 Final (002).pdf
Importance: High

Michael,

The attached paper has been developed by Calvary for tomorrow's Building Health Services Program Strategy meeting. Karen has approved. If you are comfortable with it we will distribute to Committee members in the morning. Have attached in pdf in the event that this is easier to read. I'll also have a copy printed out for you first thing to review.

Thanks
 Vanessa

From: Culver, Jakob (Health)
Sent: Wednesday, 18 July 2018 5:43 PM
To: Stevenson, Nicole (Health) <Nicole.Stevenson@act.gov.au>; Dal Molin, Vanessa (Health) <Vanessa.DalMolin@act.gov.au>
Cc: DGAHealth <DGAHealth@act.gov.au>
Subject: FW: Agenda Item 5 1_Submission_Calvary Hospital_Challenges_Meeting 2_19 July 2018 Final [DLM=For-Official-Use-Only]
Importance: High

Nicole

Please see attached for Michael's review/clearance to circulate to the BHSP Strategy meeting group.

This is the final paper that we were waiting on from Calvary.

Thanks
 Jakob

From: Kanta Toraskar [<mailto:Kanta.Toraskar@calvary-act.com.au>]
Sent: Wednesday, 18 July 2018 2:06 PM
To: Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>
Subject: Agenda Item 5 1_Submission_Calvary Hospital_Challenges_Meeting 2_19 July 2018 Final

Hi Jakob

Agenda paper for the meeting on Thursday. Sorry for the delay

Regards

Kanta Toraskar

Executive Assistant to Chief Executive Officer
Executive Suite



Public Hospital Bruce
Cnr Belconnen Way & Haydon Drive Bruce ACT 2617
PO Box 254 Jamison Centre ACT 2614
P: 02 6201 6101
E: kanta.toraskar@calvary-act.com.au
www.calvary-act.com.au

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Hospitality | Healing | Stewardship | Respect

Continuing the Mission of the Sisters of the Little Company of Mary

This email is confidential and may be subject to copyright and legal professional privilege. If this email is not intended for you please do not use the information in any way, but delete and notify us immediately. For full copy of our Privacy Policy please visit www.calvarycare.org.au.



Submission Paper Overview of Calvary Public Hospital Existing Infrastructure Challenges, Site Constraints and Opportunities

Building Health Services Program
Strategy Steering Committee

Meeting Date: 19 July 2018

Agenda Item No: 5.1

Subject: Overview of Calvary Public Hospital Existing infrastructure, Challenges,
Site Constraints and Opportunities

Author: Dr John Merchant, Clinical Lead: Innovation & Redesign
Katy Gallagher, Service Development Consultant

Purpose: For Noting

Overview of Calvary Public Hospital Existing Infrastructure Challenges, Site Constraints and Opportunities

Submission Paper

Building Health Services Program Strategy Steering Committee

Background

1. In October 1971 the Commonwealth of Australia and the Little Company of Mary (LCM) signed an agreement for the construction, control and management of Calvary Public Hospital Bruce (CPHB). The current agreement governing the relationship between the Territory and Calvary for the provision of services at CPHB is the Calvary Network Agreement (CNA) dated 7 December 2011.
2. Underpinning the contractual relationship since the original agreement in October 1971, is the Crown Lease. Originally granted to LCM by the Commonwealth of Australia, the current Crown Lease granted to Calvary on 16 November 1999 is for a term of 99 years.
3. The majority of the public hospital buildings and infrastructure are original to the construction of the hospital and, excluding the Keaney Building, the ICU and the multi-story car park, are approximately 40 years old and have reached or are rapidly reaching the end of their useful life.

Calvary Network Agreement - Assets

4. In 2011 the Territory entered into the Calvary Network Agreement (CNA) to govern the provision of health services at Calvary Public Hospital Bruce (CPHB) replacing older and out of date agreements.
5. The CNA is the overarching legal framework which guides the relationship between the Territory and Calvary. Specifically it provides that Calvary will operate the Public Hospital as a Network Service Provider for the duration of the CNA and the agreement covers roles, responsibilities, dispute resolution, agreement monitoring framework and termination of the agreement in specific circumstances.
6. Clause 11 of the CNA covers Assets and specifically includes at clause 11.3 that
 - (a) The parties acknowledge that:
 - (i) at the date of this Agreement some of the Assets require substantial maintenance and it is the parties' intention that the obligations relating to the renovation, replacement or rebuilding of Assets will be set out in the Precinct Master Plan;
 - (ii) if the parties do not reach agreement on the Precinct Master Plan by the required date set out in the Precinct Deed, and in the absence of any other agreement, the parties agree:
 - a. that within 5 years of the Commencement Date, the parties will negotiate funding for the renovation, replacement or rebuilding of the Assets; and
 - b. subject to parliamentary appropriation and the Territory's health policy and budgeting priorities, any renovation, replacement or rebuilding will take place within 10 years from the date of this Agreement.
7. The Precinct Deed at Clause 12 of the CNA acknowledges the need for a Precinct Master Plan including the development of the land including the development of the multi-story car park, the renovation, replacement or rebuilding of the Public Hospital and the allocation of an area of land which may be used by Calvary or its Related Body Corporate at some future date to develop a private hospital and/or related services.
8. In accordance with the CNA a new standalone Calvary Private Hospital has been constructed on the Bruce campus to complement the new investments in the public hospital and to free up space within the public hospital buildings for expansion of public beds as part of the decanting and staging works associated with Canberra Hospital. The \$77 million Private hospital was opened in 2017.

9. \$20.4 million was provided in the 2013/14 and 2014/15 ACT Budgets to allow the construction of a 700 space car park. This car park was completed and opened in late 2015.
10. Several minor upgrades and refurbishments have been funded recently such as the theatres upgrades, maternity refurbishment and in the most recent budget \$15m to upgrade the emergency department and other projects.

Calvary Network Agreement – Role Delineation

11. Clause 5 of the CNA provides that Calvary will operate and manage the Public Hospital and provide the service as a Network Service Provider, in accordance with the Role Delineation.
12. The CNA acknowledged that the clinical service planning was underway and that roles may be varied, but that they were always subject to the requirements under Clause 5 (b) which provided that the Territory must not alter the Role Delineation without the prior written consent of Calvary.

2012 Master Plan

13. The CNA required that by no later than 30th June 2012 the Territory and Calvary must jointly prepare and agree upon the Precinct Master Plan for development of the Precinct.
14. This work was undertaken in 2012 and three options for capital investment were presented in the report. All options accommodated growth in emergency department, ambulatory care and acute bed numbers underpinned by demand analysis and service planning under the draft clinical services plan 2012-2017. Early costings were done on each option and are included below for information purposes acknowledging that they are now six years old.
 - (a) Option 1 – new ED build (proposed at the site of the Lewisham building), expanded imaging, refit for expanded ambulatory care services (proposed ED refit) and Xavier ward refit for 80% overnight beds in single rooms (**\$231,868,478**).
 - (b) Option 2 – new ambulatory care centre build (proposed at the site of the Lewisham building), refit for an expanded ED (current footprint expansion), relocation/refit for mental health, and Xavier ward refit for 80% single overnight bed model. (**\$232,289,754**).
 - (c) Option 3 (preferred) – new ambulatory care centre build (proposed at the site of the O’Shannassy building), refit for expanded ED (current footprint expansion) and Xavier ward refit for 80% single overnight bed model. (**\$225,992,808**).
15. All options included accommodation of the following items which had been identified as high priority for capital investment:
 - New car park (complete)
 - Repatriation of private beds to the public in line with the Calvary Network Agreement by 2017 (complete)
 - Rehabilitation and potential for sub-acute services to move to the new UC Public Hospital by 2017/18 (complete)
 - Expansion of emergency medicine services based on projected demand increases
 - Implementation of ambulatory and multidisciplinary models of care, with increased demand for allied health services
 - Expansion of day surgery services, based on projected demand increases.
16. Calvary public capital bids have been aligned to compliment the plan outlined in Option 3 in accordance with this agreed position and the requirements of the CNA.

2015 addendum to Precinct Master Plan

17. In 2015 further work was commissioned by ACT Health and two further options referred to as 4a and 4b were identified in the Aurora report which looked at a new building on the site of the Lewisham building with a combined support service and clinical care building and with a heavy refurbishment of the Xavier building.
18. No draft costing were completed as part of the report and no preferred options were identified.
19. No decision has been made regarding these two further options provided in the Addendum Report. Capital bids have continued to be aligned to Option 3.

Issues

Existing Infrastructure Challenges

20. The Calvary Public Hospital SAMP reflects the following:
- Approximately 61% of the buildings at Calvary Public Hospital have less than 25% of life remaining (Remaining Effective Life), with it likely that the majority of these will need either major refurbishment or replacement during the next decade.
 - Three-quarters (75%) of Critical and High Priority buildings at Calvary Public Hospital have condition ratings below the target rating, and half (50%) are classified being in fair-to-poor condition.
 - The majority of the buildings at Calvary Public Hospital have functionality ratings of fair-to-poor, notably of the three Critical buildings of the public hospital, the Xavier and Marian buildings have functionality ratings of fair-to-poor.
21. Condition and functionality ratings for Critical and High Priority buildings at Calvary Public Hospital is outlined in Table 1 along with key asset details.

Table 1: Select Calvary Public Hospital Critical and High Priority Buildings – Key Information and Condition and Functionality Ratings

Building	Age Profile (yrs.)	GFA (m ²)	ARV (\$m)	Summary Description	Condition		Functionality	
					Current	Target (2027)	Current	Target (2027)
Xavier Building	≈ 40 yrs.	18,215	\$99.1m	Original building nearing end-of-life.	2.88	4.0	1.77	4.0
Marian Building	≈ 40 yrs.	10,460	\$65.0m	Original building nearing end-of-life.	3.08	4.0	2.23	4.0
Keaney Building	≈ 10 yrs.	2,476	\$15.5m	Building is 11 years old.	3.87	4.0	3.63	4.0
Engineering Services	≈ 40 yrs.	3,000	\$3.9m	Asset nearing end-of-life.	2.92	3.0	1.46	3.0

22. The SAMP indicates that an indicative figure of \$109 million combined recurrent and capital investment, over a 5 year period and above current financial investment levels, is required to address condition and functionality performance gaps and avoid further deterioration of the buildings.
23. The SAMP identifies that a large majority of this \$109 million investment would likely need to be targeted to the Critical buildings of the Xavier building and Marian building, which have significant condition and functionality performance gaps and are nearing end-of-life.

Site Constraints

24. Lease:
- Calvary Public Hospital is located at Block 1, Section 1 Bruce within the district of Belconnen. The 99 year crown lease was granted on 16th November 1999 to Little Company of Mary Health Care (LCMHC) operating as Calvary Health Care with an expiration date of 2098 and is 126,913m².
 - The public hospital buildings are spread across 13 buildings and (including the multi-story carpark) comprise 69,145 m² Gross Floor Area (GFA).
 - The adjoining blocks are Block 2, Section 1 which is Territory land where Brian Hennessy House is located and Block 2, Section 110, Bruce which is designated land Hills, Ridges and Buffers.
25. Current public hospital footprint:
- The Bruce campus buildings are low level. The Xavier building which houses the majority of bed stock is six stories high.
26. Private Hospital:
- The newly built private hospital is situated on the southern side of the block alongside Calvary Clinic and Hyson Green

Opportunities

27. The opportunities outlined below are predicated on the Northside General Hospital being located on the current Calvary Bruce site.
28. Short term / immediate Bed capacity – public:
 - (a) Existing public infrastructure allows for immediate to short-term system capacity expansion through repatriated Private hospital spaces including general ward, theatre, endoscopy, and day surgery facilities.
29. Medium term - Role in staging and decanting strategy / business continuity:
 - (a) The developed Bruce Precinct Master Plans had staged the precinct capacity expansion to compliment the proposed Woden campus capital works timeline, primarily as a decanting strategy for the Canberra Hospital to assist with territory wide business continuity.
 - (b) The Bruce precinct would allow for a new build to occur without disruption to service capability which could continue to be provided through the existing infrastructure.
30. Medium term - Private hospital infrastructure / Calvary leverage:
 - (a) Potential integration and repurposing of newly built Private hospital into public infrastructure portfolio providing cost and timeline advantage.
 - (b) Redefines required infrastructure redevelopment at the Bruce precinct.
 - (c) Potential for new build to be located on the on-grade car park adjacent to the new Private hospital, with physical and service level integration.
 - (d) Ability to leverage Calvary's experience, cost and timeliness advantage in infrastructure expansion.
31. Long-term – Clear role delineation for Calvary public hospital:
 - (a) Integrate and evolve end service delineation inline with government priorities, service innovation and associated infrastructure requirements and timelines.
 - (b) Embed service delineation within the ACT community.

Recommendation

32. It is recommended that the Steering Committee note the contents of this Submission Paper.



CORRESPONDENCE COVER SHEET

Correspondent: Executive Director - Health Services Program

Record Number: **COR18/14221**

DGC18/891

Date Due:

Topic: Director-General Minute - Consultant Engagement - Development of Options for Clare Holland House Expansion

Action Required:	No	Reply Directly	No	Draft Response
	Yes	Brief to D-G	No	Brief to Minister
	No	Action by Group	No	Info Only
	No	Action as Necessary	No	For Discussion
	No	Advice	No	Comments to D-G
	No	Coordinate Response	No	Full Speech
	No	Media	No	Ministerial Response

Assignee: Pini, Sallyanne since 16/07/2018 at 2:48 PM

Comments for Cover Sheet:

16-7-18 → DDG Corporate

17-7-18 → DG



CORRESPONDENCE CLEARANCE

SUBJECT: Director-General Minute - Consultant Engagement - Development of Options for Clare Holland House Expansion

NUMBER: COR18/14221

DATE DUE:

Director-General - ACT Health: *20* Date: *13/7*

Deputy Director-General - Corporate: *K. Da -* Date: *16/7*

Deputy Director-General - Canberra Hospital & Health Services: Date:

Deputy Director-General - Innovation: Date:

Deputy Director-General - Quality, Governance and Risk: Date:

Deputy Director-General - Population Health Protection & Prevention: Date:

Deputy Director-General - Performance, Reporting and Data: Date:

please wait into DC if possible

Contextually Correct <input type="checkbox"/>	Grammatically Correct <input type="checkbox"/>	Spell Checked <input type="checkbox"/>
Executive Director - Area name		Date:

Senior Manager -Area name

Senior Manager, Ministerial and Government:

Director - Government and Communications:

Executive -Area name

Manager - Area name

Professional Leads:

Other:



DIRECTOR-GENERAL MINUTE

TRIM Reference No. _____

SUBJECT:	Expansion of Clare Holland House – Consultancy Services Engagement – Development of Two Sketch Plan Options
From:	<i>Karen Doran, Acting Deputy Director-General, Corporate</i>
Critical Date:	<i>As soon as practical.</i>
Reason:	Completion of the project is required ASAP to inform a possible funding bid, and a possible announcement by Government.

Recommendations

That you:

Note that ACT Health has received a fee proposal (<u>Attachment A</u>) from Daryl Jackson Alastair Swayn (DJAS) to develop two sketch plan options (with cost plans) for a potential expansion of Clare Holland House (CHH).	NOTED PLEASE DISCUSS
Note that DJAS will be engaged under the Health Infrastructure Technical Advisory Panel (TAP) to complete this project, and that the approach for engagement is consistent with government procurement requirements.	NOTED PLEASE DISCUSS
Agree to the engagement of DJAS under the TAP for a contract value of \$11,550 (including GST), with documents executed as necessary by Infrastructure Finance and Capital Works (IFCW) who are responsible for managing the TAP.	AGREED NOT AGREED PLEASE DISCUSS

Michael De'Ath
Interim Director-General
ACT Health

18 July 2018



DIRECTOR-GENERAL MINUTE

Purpose

To seek your agreement to engage Daryl Jackson Alastair Swayn (DJAS) to develop two sketch plan options (with cost plans), for the expansion of Clare Holland House (CHH).

Background

CHH is located at Block 15, Section 33 Barton and is operated by Calvary Public Hospital Bruce. The facility provides palliative care services to the ACT Community and currently comprises of a 19 bed inpatient unit, specialist palliative care outpatient clinics, a home-based palliative care service, and specialist palliative aged care services.

ACT Health is working with the Snow Foundation to facilitate a potential expansion of CHH, which would respond to increased demand from the community for palliative care services. The Snow Foundation is looking to part fund an expansion, and is working with ACT Health to acquire further required funding from the Commonwealth Government. It is envisaged that an expansion would aim to provide an additional 8 to 10 beds to the existing facility.

Issues

ACT Health will facilitate the scoping of two options for the expansion of CHH, which will include the development and delivery of two sketch plan options and associated cost plans. The two expansion options (based on funding quantum) to be scoped are:

Option 1: \$4 million (Commonwealth) + \$1 Million (Snow Foundation)

Option 2: \$4 million (Commonwealth) + \$3 million (Snow Foundation)

ACT Health has approached DJAS under the Health Infrastructure Technical Advisory Panel (TAP), to provide a fee proposal for service to scope the two options. It should be noted that DJAS presents as an ideal proponent to undertake this project, as they have previously worked with the Snow Foundation for the delivery of similar services.

The fee proposal provided by DJAS is contained at Attachment A, and outlines a total fee for the project of \$11,550 including GST. The approach to only one proponent to complete this project is consistent with government procurement requirements and those of the TAP.

It is recommended you approve the fee proposal provided by DJAS, and their subsequent engagement to complete this project. Following your approval, a work order will be issued to DJAS under the TAP, and will be executed on the Territory's behalf by Infrastructure Finance and Capital Works (IFCW) who are responsible for managing the TAP.

Media

Have relevant communications material to support this brief been attached (communications plan, draft media release, talking points etc)? Yes No N/A

Has the Communications Branch been consulted? Yes No N/A



DIRECTOR-GENERAL MINUTE

Financial

Sufficient budget exists within the Office of the Deputy Director-General Corporate to cover the cost of this engagement.

Signed off by:	Jakob Culver	Phone:	x79379
Title:	<i>Senior Manager, Economic and Commercial Advice</i>		
Branch/Division	Building Health Services Program		
Date:	13 July 2018		
Action Officer:	Jakob Culver	Phone:	x79379
Unit:	Building Health Services Program		

1691_010b

16th July 2018


Vanessa Brady
Project Director
Health Planning & Infrastructure
Level 1, Building 3
The Canberra Hospital
GARRAN ACT 2605

Dear Vanessa,

RE: CLARE HOLLAND HOUSE EXPANSION – ARCHITECTURAL FEE PROPOSAL

Thank you for inviting us to provide Architectural planning services to assist in the planned expansion of Clare Holland House. We understand that ACT Health is facilitating this work on behalf of the Snow Foundation who is working towards acquiring a Commonwealth Government funding bid.

The expansion of Clare Holland House is in response to the Communities' increased demand in palliative care accommodation in the ACT. The aim is to provide an additional 8-10 beds to the existing facility with the associated space necessary for staff and administration.

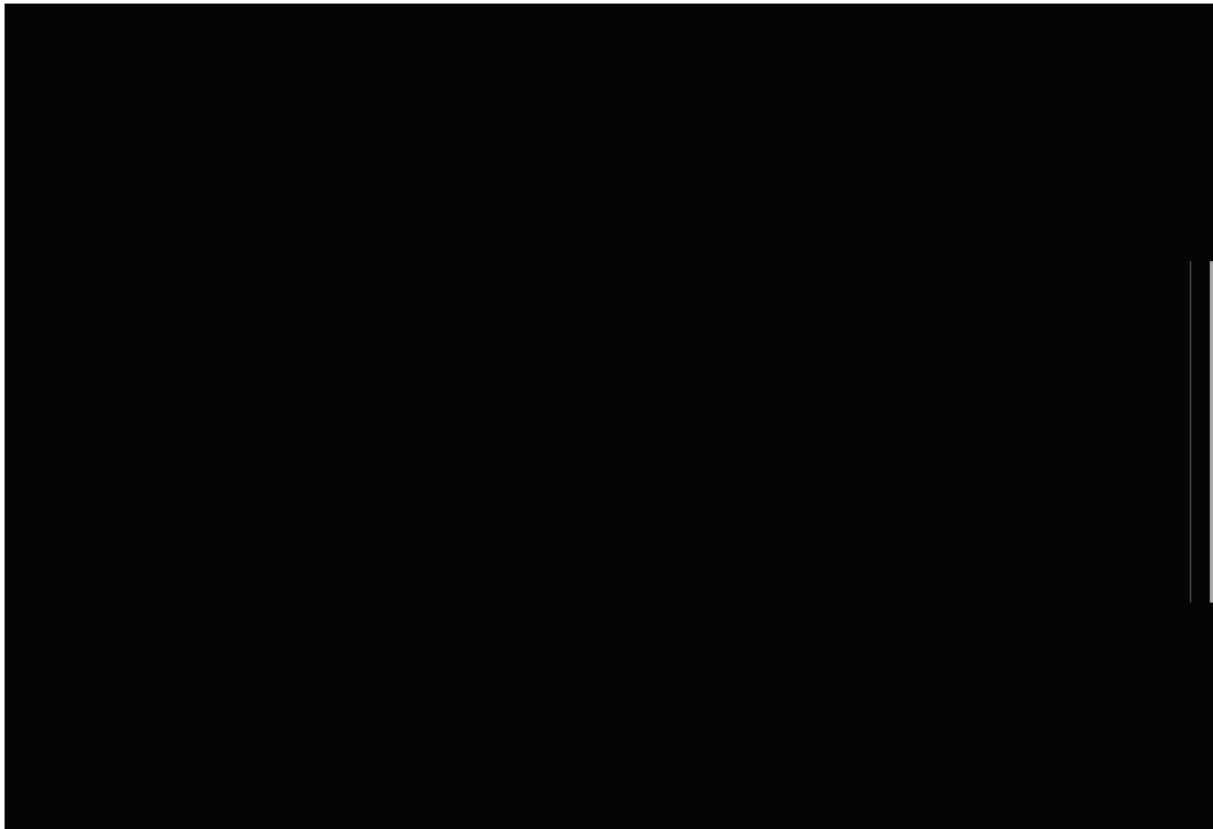


Clare Holland House currently occupies Block 15, Section 33 Barton and is approximately 10,231m² in area located on Menindee Drive between Morshead Drive and the shores of Lake Burley Griffin's East Basin. The site is zoned as 'Designated' which will require coordination with the NCP and potentially consultation with the National Capital Authority (NCA).

We consider that an appropriate scope for DJAS would include;

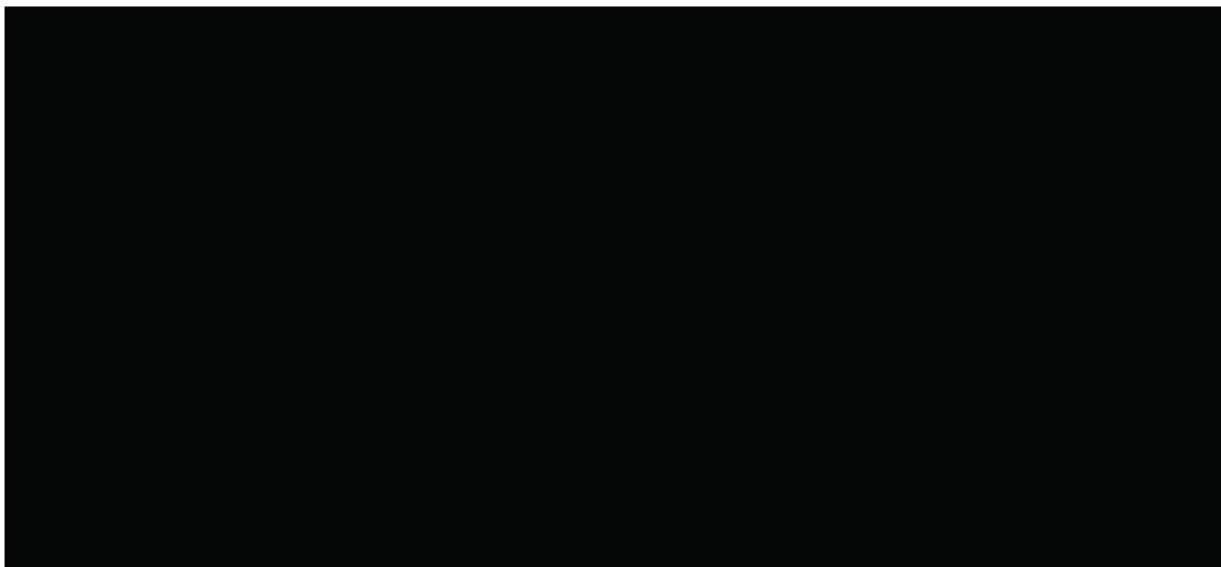
Concept Planning Services:





Key Personnel

Our proposed personnel for this project are listed below:







Yours faithfully,
DARYL JACKSON ALASTAIR SWAYN PTY LTD



James Hetherington
Director



9 July 2018

DJAS
Attn: jhetherington@djas.com.au

Dear Sir

CLARE HOLLAND HOUSE EXPANSION
FEE PROPOSAL - QUANTITY SURVEYING SERVICES

We are pleased to submit the following fee proposal for your consideration.

As one of ACT's largest Quantity Surveying and Cost Management firms we pride ourselves on our reliable and well-informed cost planning services.

WTP Australia Pty Ltd (WTP) is a major Quantity Surveying and Construction Cost Consultancy operating as a single entity throughout Australia, as well as S.E. Asia, New Zealand and United Kingdom. The Practice was established in Australia in 1949 and has offices in all the major cities. With staff resources in excess of 200 within Australia, WTP maintains a leading position by its dedicated approach to construction cost management and provides clients with the experience, expertise and extensive resources that a unified network of national and international offices is able to deliver.

We thank you for considering our team and look forward to your feedback.

Yours Faithfully
WTP Australia Pty Ltd



JAMES OSENTON
National Director

WTP Ref: 2018-132

WTP Australia Pty Ltd | ACN 605 212 182 ABN 69 605 212 182
Level 10, 15 London Circuit, Canberra City ACT 2600
T: +61 2 6282 3733 E: canberra@wtpartnership.com.au



RICS

the mark of
property
professionalism
worldwide



green building council australia

1 COMPANY PROFILE

We are an award-winning international firm of cost engineers, quantity surveyors, sustainability consultants, asset and building consultants, PPP technical advisors and facilities managers. Our expertise covers the building, construction and infrastructure sectors, as well as the management of facilities and the provision of consultancy throughout the asset lifecycle. Not just in Australia and the United Kingdom, but we are in Europe, Asia, India, North America, and the Pacific, providing consultancy services for public and private sector clients.

This makes us one of the world's leading international cost and consultancy firms. But we're not only large (59 offices globally and over 1,260 staff), we're also fiercely independent. We own and control our individual offices wherever we operate.

1.1 OUR HISTORY & COLLECTIVE EXPERTISE

WTP has been operating for more than 67 years and we operate in Australia, United Kingdom, Europe, Asia, India, North America, North America and the Pacific, providing consultancy services for public and private sector clients. When you work with WTP, the collective thinking of 1,260 of the profession's best people ensuring better outcomes.

Independence

Our size and collective reach makes us one of the world's leading international cost and consultancy firms. But we're not only large, we're also fiercely independent. We own and control all our individual offices. This allows WTP to deliver a world of seamless and efficient consultancy services delivered through partnering with our clients anywhere in the world.

Our Values

Our values underpin the way we work with each other and with our clients.

Play as a Team	By working together in a spirit of cooperation, we create a sense of enjoyment and reward that strengthens the bond between us.
Create Value	By leveraging our unique foundation of knowledge and experience, we understand and anticipate our clients' changing needs to provide innovative solutions
Be Inventive	We constantly challenge the status quo by embracing new perspectives and fresh insights
Empower	By encouraging, nurturing and supporting each other, we ensure growth and learning in an environment where respect and recognition are equally important
Be Genuine	We build relationships guided by the principles of honesty, trust and respect. Our people are open and unambiguous in everything they do

WT PARTNERSHIP

Benchmarking

WTP has extensive benchmarking statistics from a variety of previous projects of different types and sizes. Our Cost Benchmarking data base will help to provide the functional area rates used in the Cost plans options.

Market Knowledge

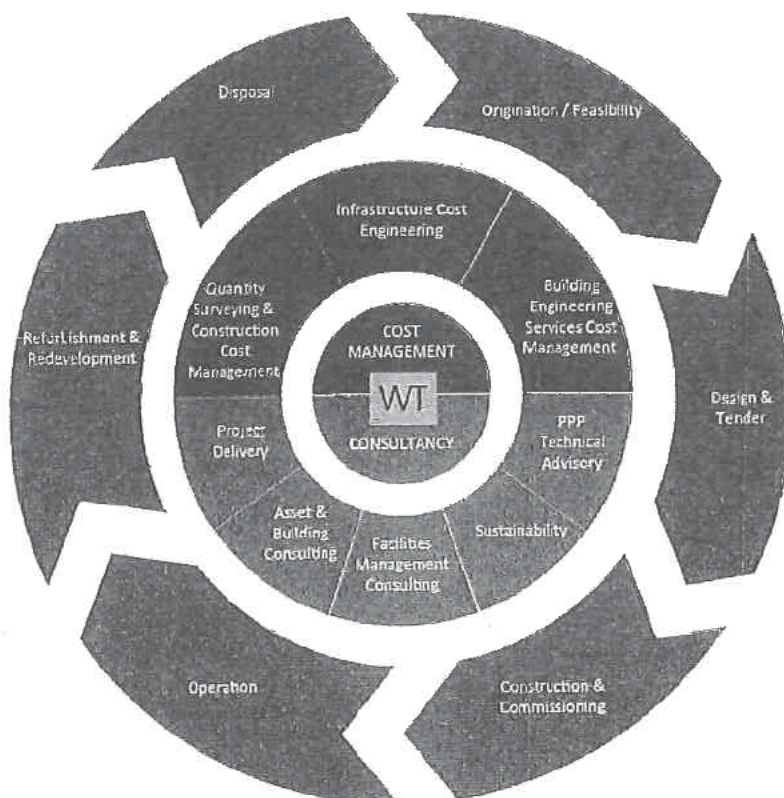
We provide an industry leading review of the Australian Construction Market with commentary on trends and activity in the construction and infrastructure sectors as well as tender forecast escalations.

The First

WTP is an ISO 14001 Certified Organisation with third party accreditation and the first firm of our kind in Australia to achieve this. As part of Integrated Management Plan (IMS) we have in place a company-wide Environmental Management Plan, and all offices are assessed by an Independent Certifier.

1.2 SERVICE OFFERINGS

Our expertise covers the building, construction and infrastructure sectors, as well as consultancy services that assist with the acquisition, operation and divestment of assets.



2 PROJECT DETAILS

We understand the project to comprise the provision of additional 8 - 10 beds and increased administration space for the additional staff requirements at Clare Holland House.

3 PROJECT RESPONSIBILITY AND PERSONNEL

It is our policy to have a Director charged with the overall project responsibility and an Associate or Senior Cost Engineers/Cost Engineers will assist them in the management of construction costs.

WTP will staff this project with skilled personnel possessing the necessary expertise, relevant skill sets and capacity to ensure a successful outcome.

4 SCOPE OF CONSULTANCY SERVICE

We understand that you require WTP Australia Pty Ltd to perform the following services:-

Commonwealth Funding Bid Option Study

- Prepare estimates for 2 planning options
- Consideration of risk factors / contingencies/ program and preliminaries
- Preparation of estimate for the works based on concept planning design documentation for review and comment
- Provision of ad hoc technical and cost advice as required including cost savings
- Participation in value management to ensure project is within budget
- Review of resultant draft option costings / Finalise and issue estimate

5 FEES, TERMS & CONDITIONS

Our lump sum fee for the provision of the above services, **excluding GST**, comprise the following:

	\$ (EXCL GST)
PREPARATION OF TWO PLANNING OPTION STUDY COST ESTIMATES	[REDACTED]
TOTAL (EXCL GST)	[REDACTED]

WT PARTNERSHIP

Should services be required outside those described in Section 4 above, we propose the following hourly rates will apply:

	\$/HOUR (EXCL GST)
DIRECTOR	
ASSOCIATE / ESTIMATOR	
SENIOR QUANTITY SURVEYOR	
QUANTITY SURVEYOR	

Note: WTP's fees are subject to the following:

1. Unless noted otherwise the terms of engagement shall be as indicated in the attached "Terms and Conditions of Consultancy between Client and WTP Australia Pty Ltd (Terms)"
2. WT Partnership's client for this consultancy is DJAS
3. Goods and Services Tax (GST) will be added to the above at the applicable rate at time of invoicing
4. The scope of services and retainer duration are limited to duties and obligations as expressly nominated in Section 4 of this proposal
5. Invoices will be issued monthly and paid within 30 days of date of invoice
6. The above hourly rates will be subject to review after 31 December 2018

6 EXCLUSIONS

The proposal specifically excludes:

1. Our services and fee are tailored specifically around our understanding of the deliverables and project program and we reserve the right to review our fee if the program dates are varied
2. We have excluded for providing any other services which could include: Other design stage estimating, Risk and Value Management services, Procurement and Tender services, Post Contract Administration services
3. We reserve the right to review final contractual terms and conditions specifically (if applicable) around:
 - PI Insurance in excess of \$5m / Unlimited liability / Set off clauses / Design or other warranty requirements.
4. Independent Consultant Services / Preparation of Insurance Replacement Cost report
5. Life cycle costings and assessments / Provision of an Economical Analysis.
6. Replacement Cost Valuation / Taxation Depreciation Schedules
7. Preparation of tender documentation or Bills of Quantities/Schedule of Rates etc.
8. Specific duties required by a Financier Involved in construction funding if required
9. Services associated with claim(s) made against the Client pursuant to the *Security of Payment Act* and also in respect of any contractual claim(s) referred to arbitration or litigation dispute resolution process as set out in Item 18 of the attached *WT Partnership Terms & Conditions of Consultancy*

7 INTEGRATED MANAGEMENT SYSTEM

WT Partnership has in place an Integrated Management System (IMS) with National Certification in accordance with the following standards:

- Quality Management System ISO 9001
- Environmental Management System ISO 14001
- Occupational Health and Safety Management System OHSAS18001 and AS4801

A copy of our IMS certificate can be provided upon request.

8 INSURANCES

WT Partnership holds the following insurance policies:

- Professional Indemnity provided by Willis which is valid to August 2018
- Public Liability provided by Marsh Pty Ltd which is valid to June 2018
- Workers Compensation provided by GIO which is valid to June 2018

Copies of the respective Certificates of Currency can be provided upon request.

9 CORPORATE SOCIAL RESPONSIBILITY (CSR)

WT Partnership provides financial and non-financial assistance to a number of Australian charities including Platinum National Sponsorship of the Property Industry Foundation (PIF). PIF is supported by members of the Australian Property Council and provides support for at risk youth across Australia through 20 charity organisations.

In addition to our National Platinum sponsorship of PIF we also provide support to charities working in the youth sector through the provision of pro bono services to assist in the construction of charity projects such as youth hostels through PIF's PropertyBlitz program, of which WT Partnership's staff are active participants.

10 ENVIRONMENTAL SUSTAINABILITY

WTP is proud to be able to show that it has a long and successful track record in Sustainability, and both implements its own policies and assists its clients to implement theirs. WTP reviews and reports annually on its Sustainability performance and is happy to be judged accordingly. Implicit in this review is the pursuit of continuous improvement through the setting and ongoing upgrading of challenging targets.

WTP supports the mission of combating climate change through proactive advancement of Sustainability principles in the property and construction industries and we are implementing programmes to record our CO2 emissions and offsetting these by various measures including planting of trees.



11 ACCEPTANCE

Should this be acceptable please execute the section at the end of this proposal, as applicable, confirming your acceptance of our fee and instruction to proceed with the scope of services outlined above. Please note this fee proposal is valid for 30 days from the above date.

ACCEPTED WITH AUTHORITY TO PROCEED BY:

Name

Signature

DJAS

Date

INVOICING REQUIREMENTS

Contact Name	_____		
Contact Details	tel	_____	
	email	_____	
Company Name	_____		
Invoice Address	_____		
Invoice Address	_____		
ABN	_____	Order No	_____



APPENDIX A
TERMS & CONDITIONS OF CONSULTANCY



TERMS AND CONDITIONS OF CONSULTANCY BETWEEN CLIENT AND WTP AUSTRALIA PTY LTD

1. WTP Australia Pty Ltd (WTP) shall provide to you the consultancy services described in the accompanying letter (the Services). We and us (and variants) means WTP and you and your (and variants) means you. We will perform the Services with reasonable skill and care, in accordance with these Terms and its Quality Assurance System.
2. These Terms overrule any other terms and conditions in relation to the provision of the Services. These Terms prevail even if they are inconsistent with anything in any earlier documents.
3. The Client must provide to us all necessary documentation and information concerning your requirements for the Services and we have relied upon such information provided by you (or caused to be provided by you) in ascertaining the scope of, and how to, provide the Services to you.
4. The Client shall pay to us the Fee and Reimbursable Expenses as set out in the accompanying letter, plus Goods and Services Tax on the Fees and Reimbursable Expenses or any other supply made by us.
5. All monies payable by you to WTP (including Goods and Services Tax) shall be payable within 28 days of Invoice. Monies not paid within that period may attract interest from the date of invoice until payment at the rate of 10% per annum. If you default in making any payment due to WTP and we commence debt recovery action against you for any unpaid or overdue amounts (including interest), we shall be entitled to claim, in addition to such amounts, all costs and expenses incurred by WTP in such recovery action, including but not limited to legal costs incurred in respect of any Court proceedings on an indemnity basis and any Court fees, service fees and debt collection agent fees and Services paid or payable by WTP and those amounts shall be deemed to form part of the total payable by you pursuant to this agreement.
6. WTP's maximum liability relating to the Services rendered under this engagement (regardless of form of action, whether in contract, negligence or otherwise) shall be limited to the charges paid to WTP. In no event shall WTP and our personnel be liable for any consequential, special, incidental or punitive loss, damages or expenses (including, without limitation, lost profits opportunity costs etc.) even if we have been advised of their possible existence. In addition, you shall indemnify and hold harmless WTP and our personnel from and against any claims, liabilities, costs and expenses (including, without limitation, legal fees and the time of our personnel involved) brought against, paid or incurred by WTP at any time in any way arising out of or relating to our Services under this engagement, except to the extent finally determined to have resulted from the gross negligence or wilful misconduct of our personnel. These provisions shall survive the completion of this engagement.
7. If the Services include giving you an estimate of the likely costs for the project we warrant only that we will exercise the reasonable skill, care and diligence of a consulting quantity surveyor in the preparation of its professional opinion of these costs.
8. No action shall lie against WTP at the suit of you after the expiration of one (1) year from the date of invoice in respect of the final amount claimed by WTP unless a longer period is imposed by law in which case such period shall be substituted for one (1) year above.
9. Copyright in all reports, specifications, bills of quantities, calculations and other documents provided by WTP in connection with the Services shall remain the property of WTP.
10. Subject to Clause 11, you alone shall have a licence to use the documents referred to in Clause 9, for the sole purpose of completing the Services, but you shall not use, or make copies of, such documents in connection with any other work not included in the Services.
11. If you are in breach of any obligation to make a payment to WTP, we may revoke the licence referred to in Clause 10, and you shall then cause to be returned to WTP all documents referred to in Clause 9, and all copies thereof.
12. Any dispute between you and WTP shall first be the subject of Mediation.
13. You may terminate your obligations under this agreement:
 - a. In the event of a breach by WTP of their obligations hereunder, which breach has not been remedied within 30 days of written notice from you requiring the breach to be remedied; or
 - b. Upon giving WTP 60 days written notice of their intention to do so.
14. We may suspend or terminate our obligations under this Services agreement:
 - a. In the event of:
 - i. Monies payable to WTP hereunder being outstanding for more than 60 days;
 - ii. Other breach by you of your obligations hereunder, which breach has not been remedied within 30 days of written notice from WTP requiring the breach to be remedied; or
 - b. Upon giving you 60 days written notice of our intention to do so.
15. Should this agreement be terminated by either party for any reason we shall be entitled to our fee and reimbursable expenses up to the date of termination.
16. If we consider it appropriate to do so, we may with your approval, which shall not be unreasonably withheld, engage another consultant to assist WTP in specialist areas. You accept responsibility for all monies payable to such consultant.
17. Neither party may assign, transfer or sublet any obligation under this agreement without the written consent of the other. Unless stated in writing to the contrary, transfer or subletting shall release the assignor from any obligation under this agreement.
18. Unless expressly stated to the contrary within the Services described in the accompanying letter, we have not included for any Services in relation to the following:
 - a. Assessment of contractual claims and/or "expert witness" report preparation associated with arbitration or litigation dispute resolution;
 - b. Preparation of "Payment Schedule" documentation pursuant to the Security of Payment Act (as relevant to each State or Territory).
19. We are aware of the National Code of Construction that was initiated by the Australian Government. It is familiar with the Guidelines that were revised by the Australian Government from 9 July 2009. It is the practice of WTP to ensure compliance with all aspects of the Guidelines on all occasions with respect to all projects engaged upon by WTP.
20. Should you require WTP to lodge information electronically as part of a central repository of information (examples include without limitation Project Centre & Aconex), then you agree to provide WTP at no cost, a full copy of all documentation and correspondence between WTP and any other party, including you. You agree to provide the information in a storage medium and in a storage format that is acceptable to WTP.

WTP Australia Pty Ltd
ACN 605 212 182
ABN 69 605 212 182



CORRESPONDENCE CLEARANCE

SUBJECT: Event Minister for Health and Wellbeing - Calvary Maternity Announcement - 30 July 2018 at 12.00pm - 12.30pm

NUMBER: **MIN18/1104**

DATE DUE:

Director-General - ACT Health: *[Signature]* Date: **24/7/18**

kr Deputy Director-General - Corporate: *[Signature]* + Attached **24/7** Date: **18.7.18**

Deputy Director-General - Canberra Hospital & Health Services: Date:

Deputy Director-General - Innovation: Date:

Deputy Director-General - Quality, Governance and Risk: Date:

Deputy Director-General - Population Health Protection & Prevention: Date:

Deputy Director-General - Performance, Reporting and Data: Date:

Contextually Correct <input type="checkbox"/>	Grammatically Correct <input type="checkbox"/>	Spell Checked <input type="checkbox"/>
Executive Director - Area name		Date:

Senior Manager -Area name

Senior Manager, Ministerial and Government: Date:

Director - Government and Communications: **cleared 23/7** Date:

Executive -Area name

Manager - Area name

Professional Leads: Date:

Other: **C Shaabolt** *[Signature]* Date: **17/7/18**

Colquhoun, Judith (Health)

From: Felding, Jasna (Health) on behalf of Health Ministerial Liaison Officer
Sent: Tuesday, 24 July 2018 8:31 AM
To: Colquhoun, Judith (Health)
Subject: FW: MIN18/1104: FOR APPROVAL: Calvary Maternity unveiling mark II [SEC=UNCLASSIFIED]

For your appropriate action please Jude.

From: Pini, Sallyanne (Health)
Sent: Monday, 23 July 2018 5:27 PM
To: Warner, Karen (Health) <Karen.L.Warner@act.gov.au>; Dimitrijevic, Natasha (Health) <Natasha.Dimitrijevic@act.gov.au>; Health Ministerial Liaison Officer <HealthMinisterialLiaisonOfficer@act.gov.au>
Cc: DDGCorporate <DDGCorporate@act.gov.au>
Subject: MIN18/1104: FOR APPROVAL: Calvary Maternity unveiling mark II [SEC=UNCLASSIFIED]

Hi all - this is cleared by DDG Corporate.

Sallyanne Pini
 Business Manager
 Office of the Deputy Director-General, Corporate | ACT Health
 P: (02) 6205 4689 | M: [REDACTED] | E: sallyanne.pini@act.gov.au

From: Doran, Karen (Health)
Sent: Monday, 23 July 2018 5:25 PM
To: Pini, Sallyanne (Health) <Sallyanne.Pini@act.gov.au>
Subject: RE: FOR APPROVAL: Calvary Maternity unveiling mark II [SEC=UNCLASSIFIED]

Hi Sallyanne

I have seen this already (not sure when/where)

Fine to go

Thanks
 Karen

From: Pini, Sallyanne (Health)
Sent: Monday, 23 July 2018 4:44 PM
To: Doran, Karen (Health) <Karen.Doran@act.gov.au>
Cc: DDGCorporate <DDGCorporate@act.gov.au>
Subject: FW: FOR APPROVAL: Calvary Maternity unveiling mark II [SEC=UNCLASSIFIED]
Importance: High

Hi Karen – not sure if I sent this to you Friday. If not, can you please provide your clearance?
 Financial information is correct.

Sallyanne Pini
 Business Manager
 Office of the Deputy Director-General, Corporate | ACT Health
 P: (02) 6205 4689 | M: [REDACTED] | E: sallyanne.pini@act.gov.au