

11.00 – 4.00	Members of the community tour the hospital: <ul style="list-style-type: none">• Meet the Ministers (optional)• Self guided tours• Collect information about ACT Health services• Meet our staff• See demonstrations of facilities and equipment• Enjoy sausage sizzle provided by Woolworths, with proceeds being donated to the Canberra Hospital Foundation• Enjoy tea, coffee and drinks• Enjoy live music by University of Canberra student musicians
4.00pm	Community open day ends and hospital is closed



Media release

MEEGAN FITZHARRIS MLA

Minister for Health and Wellbeing
 Minister for Transport and City Services
 Minister for Higher Education, Training and Research
 Member for Yerrabi

SHANE RATTENBURY MLA

Minister for Climate Change and Sustainability
 Minister for Justice, Consumer Affairs and Road Safety
 Minister for Corrections
 Minister for Mental Health
 Member for Kurrajong

Saturday 16 June 2018

Canberrans welcomed into our newest hospital

The newest ACT hospital, the University of Canberra Hospital: Specialist Centre for Rehabilitation, Recovery and Research, opened its doors to the community today before delivering services from July this year.

Minister for Health and Wellbeing Meegan Fitzharris and Minister for Mental Health Shane Rattenbury officially opened the hospital, and welcomed Canberrans to tour the hospital, meet staff, see demonstrations of the facilities and equipment, and enjoy a sausage sizzle and live music by University of Canberra student musicians.

Minister Fitzharris said today is a landmark day for health care in the ACT that was the culmination of seven years of hard work.

"The University of Canberra Hospital is an ACT Health service, and the first of its kind in Canberra. It will deliver specialised care for people recovering from surgery, illness or injury, or experiencing mental illness," Minister Fitzharris said.

"We know that our public health services need to continue to evolve to meet current and future demands. Expanding the ACT's public hospital system to include a new hospital that specialises in rehabilitation and mental health is an important part of this.

"It is also a teaching and research hospital, with a dedicated Clinical Education and Research Centre established in partnership with the University of Canberra. It will benefit Canberra's health students and help bolster the skills of Canberra's future health workforce."

The University of Canberra Hospital does not have an emergency department and does not perform surgery. In an emergency, call 000 or go directly to the nearest Emergency Department at Calvary Public Hospital in Bruce or Canberra Hospital in Garran.

Minister Rattenbury said the University of Canberra would provide dedicated mental health services to support Canberrans through their recovery journey.

"The ACT Government is supporting a complete continuum of mental health care for Canberrans and the new hospital is an important component of this," Minister Rattenbury said.

ACT LEGISLATIVE ASSEMBLY

Phone (02) 6205 0051 Email: fitzharris@act.gov.au
 Phone (02) 6205 0218 Email: rattenbury@act.gov.au

@MeeganFitzMLA

@ShaneRattenbury

MeeganFitzharrisMLA

shanerattenburymla

"The mental health facilities at the University of Canberra Hospital really are top-notch and fit-for-purpose. Personal bedrooms, ensuite bathrooms, small group kitchens, and residential style living areas all contribute to a warm and comfortable environment in the mental health wards.

"This is ultimately about enhancing recovery, building capacity for self-management and resilience, and developing a persons skills and resources to help them thrive when they move back into the community."

Minister Fitzharris announced that the United Ngunnawal Elders Council have gifted the words *Yurwang Mura* as a building name for the hospital.

"Yurwang Mura means 'strong pathway'. The words are an excellent reflection of the strong pathway towards physical and mental healing that will be delivered to the people at the hospital," said Minister Fitzharris.

UCH will take its first patients in July. Public rehabilitation and mental health services will relocate to the new hospital from seven different locations across the ACT.

For more information on the hospital's facilities and how to access care, visit: www.health.act.gov.au/uch

Statement ends

Media contact/s:

Minister Fitzharris: Claire Johnston T (02) 6205 0022 M 0452 597 459 ClaireV.Johnston@act.gov.au
Minister Rattenbury: Lisa Wills M 0481 035 764 Lisa.Gardner@act.gov.au

ACT LEGISLATIVE ASSEMBLY

Phone (02) 6205 0051


Email: fitzharris@act.gov.au


Phone (02) 6205 0218

Email: rattenbury@act.gov.au

 @MeeganFitzMLA

 MeeganFitzharrisMLA

 @ShaneRattenbury

 shanerattenburymla



Media alert

MEEGAN FITZHARRIS MLA

Minister for Health
Minister for Transport and City Services
Minister for Higher Education, Training and Research
Member for Yerrabi

SHANE RATTENBURY MLA

Minister for Climate Change and Sustainability
Minister for Justice, Consumer Affairs and Road Safety
Minister for Corrections
Minister for Mental Health
Member for Kurrajong

16 June 2018

University of Canberra Hospital official opening and community open day

Attention news editors and chiefs of staff

Not for distribution

Minister for Health and Wellbeing Meegan Fitzharris and Minister for Mental Health Shane Rattenbury will officially open the University of Canberra Hospital: Specialist Centre for Rehabilitation, Recovery and Research, and welcome the Canberra community into the hospital for an open day.

Canberrans have been invited to tour the hospital, meet staff, see demonstrations of the facilities and equipment, and enjoy a sausage sizzle and live music.

Media are invited to the official proceedings and open day activities to follow.

WHAT: University of Canberra Hospital opening

DATE: Saturday 16 June 2018

TIME: 9:00am – formal proceedings
10:30am – media opportunities and tour of hospital
11:00am – open to the public

WHERE: 20 Guraguma Street, Corner of Ginninderra and Aikman Drive, Bruce ACT

Media note: Please contact ACT Health Media if you would like to attend the informal proceedings after 11am: 0403 344 080.

Statement ends

Media contact/s:

Claire Johnston T (02) 6205 0022 M 0452 597 459 E ClaireV.Johnston@act.gov.au
Lisa Wills T (02) 6205 3897 M 0481 035 764 E lisa.gardner@act.gov.au

ACT LEGISLATIVE ASSEMBLY

Phone (02) 6205 0005

Email rattenbury@act.gov.au

@ShaneRattenbury

shanerattenburymla

ATTACHMENT F: Social media

SOCIAL MEDIA POSTS

University of Canberra Hospital official opening event 9am, Saturday 16 June 2018

The following posts will be published to the ACT Health Facebook page at the completion of the event.

#1

Today Minister Fitzharris and Minister Rattenbury officially opened the University of Canberra Hospital: Specialist Centre for Rehabilitation, Recovery and Research. Special guests in attendance were <<insert guest names>>. The University of Canberra Hospital will see its first patients in July, when services relocate from seven different locations across Canberra.

#ACTHealthUCH

#2

Ngunnawal words 'Yurwang Mura' meaning 'strong pathway' have been gifted by the United Ngunnawal Elders Council (UNEC) to the University of Canberra Hospital. The words will become the building name, and epitomise the purpose and model of care of our new hospital.

#ACTHealthUCH

SOCIAL MEDIA POSTS

University of Canberra Hospital community open day 11am – 4pm, Saturday 16 June 2018

The following posts will be published to the ACT Health Facebook page at the completion of the open day.

#1

Hundreds of Canberrans came to see Canberra's newest hospital at the community open day today. Visitors toured the in-patient rooms, therapy gyms, rehabilitation courtyards and new hydrotherapy pool. #ACTHealthUCH #CBR

#2

The University of Canberra Hospital has been 7 years in the making. In July, the hospital will start providing mental health and rehabilitation care for Canberrans. #ACTHealthUCH #CBR

#3

The University of Canberra Hospital is a dedicated rehabilitation hospital, for people recovering from surgery, illness or injury, or experiencing mental illness. UCH does not have an Emergency Department. #ACTHealthUCH #CBR

Allen, Jonas (Health)

From: Douglas, Nerida (Health) on behalf of Doran, Karen (Health)
Sent: Friday, 6 July 2018 5:16 PM
To: De'Ath, Michael (Health)
Cc: Doran, Karen (Health); Bone, Chris (Health); Kohlhagen, Linda (Health); DDGCorporate; DDGClinical; Dal Molin, Vanessa (Health); DGAHealth
Subject: UCH Final Project Documentation for Endorsement [DLM=For-Official-Use-Only]
Attachments: FINALCOMBINED - Recommendation to go live UCH to support delivery of outpatient services.pdf; Recommendation to go live University of Canberra Hospital _ DDG CHHS & DDG Corporate Signed.pdf

Importance: High

Follow Up Flag: Follow up
Flag Status: Completed

Dear Michael

Please find attached the final project handover documentation for the University of Canberra Hospital for your endorsement please.

Regards

Karen

Karen Doran

A/g Deputy Director-General, Corporate | ACT Health

P: (02) 6205 2248 | E: karen.doran@act.gov.au | DDGCorporate@act.gov.au | A: 2-6 Bowes Street PHILLIP ACT 2606



Care ▲ Excellence ▲ Collaboration ▲ Integrity



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 Division of Business Support Services, I recommend that the UCH facility go live to support the delivery of the outpatient services in accordance with the go live sequence briefed.

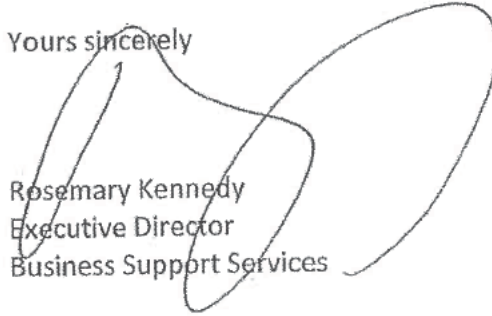
I have every confidence that my Division's involvement in all Operational Commissioning activities in readiness for go live have been undertaken to an acceptable standard. I can verify that all readiness checklists and program milestones to go live have been met satisfactorily.

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



Rosemary Kennedy
Executive Director
Business Support Services

5 July 2018

1.3.1	Contract IDs for Services provided to Individual	DATE a service order from the CCA subject was given received, the information will be updated into the TCR Compliance Directory.	DATE CONTRACT ID IS WITHDRAWN	Reason Flagged
1.3.1.1	On DSG Corporate Ignell	ON DSG CORPORATE IGNELL	NOT COVERED BY THIS REPORT	
1.3.1.2	Block Delivery Plan - Ignell	BLOCK DELIVERY PLAN - IGNELL	DATE WITHDRAWN	
1.3.1.3	Service Delivery Plan - Ignell	SERVICE DELIVERY PLAN - IGNELL	DATE WITHDRAWN	
1.3.1.4	Service Delivery Plan - Ignell	SERVICE DELIVERY PLAN - IGNELL	DATE WITHDRAWN	

I hereby certify that the information provided in this report is true and accurate record of the provided services.

Name: Walter Lopez
 Signature: [Signature]
 Date: 5/13/18



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 Business Support Services, I recommend that the UCH facility go live to support the delivery of the outpatient services in accordance with the go live sequence briefed.

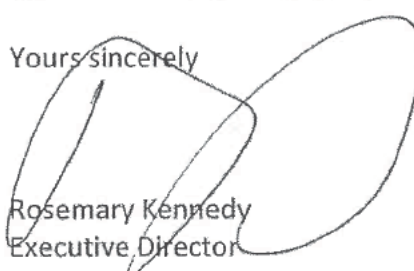
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Yours sincerely



Rosemary Kennedy
Executive Director
Business Support Services

5 July 2018

UCH Readiness Assessment Checklist

Item #	Room	Outage Item number	Description of each checklist item that has been identified	COMMIT	OUTCOME (expected)	Descriptions of any issues associated with the checklist item	Date when proposed transition will be implemented	Name of the officer advising the outcome of each checklist item	Date when the assessment was finished
1. Facility Management	The key areas identified for the readiness assessment process	1.1-1.15	1.1.1 Security systems installed and tested	Security systems installed and tested	SECURITY SYSTEMS INSTALLED AND TESTED	Security systems installed and tested	06/07/2018	John Ludigan	
			1.1.2 Water supply tested and approved	Water supply tested and approved	WATER SUPPLY TESTED AND APPROVED	Water supply tested and approved	06/07/2018	John Ludigan	
			1.1.3 Fire alarm tested and approved	Fire alarm tested and approved	FIRE ALARM TESTED AND APPROVED	Fire alarm tested and approved	06/07/2018	John Ludigan	
			1.1.4 Fire extinguishers checked and approved	Fire extinguishers checked and approved	FIRE EXTINGUISHERS CHECKED AND APPROVED	Fire extinguishers checked and approved	06/07/2018	John Ludigan	
			1.1.5 Fire extinguishers checked and approved	Fire extinguishers checked and approved	FIRE EXTINGUISHERS CHECKED AND APPROVED	Fire extinguishers checked and approved	06/07/2018	John Ludigan	
			1.1.6 Emergency communication system installed and tested	Emergency communication system installed and tested	EMERGENCY COMMUNICATION SYSTEM INSTALLED AND TESTED	Emergency communication system installed and tested	06/07/2018	John Ludigan	
			1.1.7 Emergency communication system installed and tested	Emergency communication system installed and tested	EMERGENCY COMMUNICATION SYSTEM INSTALLED AND TESTED	Emergency communication system installed and tested	06/07/2018	John Ludigan	
			1.1.8 Emergency communication system installed and tested	Emergency communication system installed and tested	EMERGENCY COMMUNICATION SYSTEM INSTALLED AND TESTED	Emergency communication system installed and tested	06/07/2018	John Ludigan	
			1.1.9 Emergency communication system installed and tested	Emergency communication system installed and tested	EMERGENCY COMMUNICATION SYSTEM INSTALLED AND TESTED	Emergency communication system installed and tested	06/07/2018	John Ludigan	
			1.1.10 Emergency communication system installed and tested	Emergency communication system installed and tested	EMERGENCY COMMUNICATION SYSTEM INSTALLED AND TESTED	Emergency communication system installed and tested	06/07/2018	John Ludigan	
			1.1.11 Emergency communication system installed and tested	Emergency communication system installed and tested	EMERGENCY COMMUNICATION SYSTEM INSTALLED AND TESTED	Emergency communication system installed and tested	06/07/2018	John Ludigan	
			1.1.12 Emergency communication system installed and tested	Emergency communication system installed and tested	EMERGENCY COMMUNICATION SYSTEM INSTALLED AND TESTED	Emergency communication system installed and tested	06/07/2018	John Ludigan	
			1.1.13 Emergency communication system installed and tested	Emergency communication system installed and tested	EMERGENCY COMMUNICATION SYSTEM INSTALLED AND TESTED	Emergency communication system installed and tested	06/07/2018	John Ludigan	
			1.1.14 Emergency communication system installed and tested	Emergency communication system installed and tested	EMERGENCY COMMUNICATION SYSTEM INSTALLED AND TESTED	Emergency communication system installed and tested	06/07/2018	John Ludigan	
			1.1.15 Emergency communication system installed and tested	Emergency communication system installed and tested	EMERGENCY COMMUNICATION SYSTEM INSTALLED AND TESTED	Emergency communication system installed and tested	06/07/2018	John Ludigan	
2. IT/Network	The key areas identified for the readiness assessment process	1.16-1.30	1.16 Security systems installed and tested	Security systems installed and tested	SECURITY SYSTEMS INSTALLED AND TESTED	Security systems installed and tested	06/07/2018	John Ludigan	
			1.17 Security systems installed and tested	Security systems installed and tested	SECURITY SYSTEMS INSTALLED AND TESTED	Security systems installed and tested	06/07/2018	John Ludigan	
			1.18 Security systems installed and tested	Security systems installed and tested	SECURITY SYSTEMS INSTALLED AND TESTED	Security systems installed and tested	06/07/2018	John Ludigan	
			1.19 Security systems installed and tested	Security systems installed and tested	SECURITY SYSTEMS INSTALLED AND TESTED	Security systems installed and tested	06/07/2018	John Ludigan	
			1.20 Security systems installed and tested	Security systems installed and tested	SECURITY SYSTEMS INSTALLED AND TESTED	Security systems installed and tested	06/07/2018	John Ludigan	
			1.21 Security systems installed and tested	Security systems installed and tested	SECURITY SYSTEMS INSTALLED AND TESTED	Security systems installed and tested	06/07/2018	John Ludigan	
			1.22 Security systems installed and tested	Security systems installed and tested	SECURITY SYSTEMS INSTALLED AND TESTED	Security systems installed and tested	06/07/2018	John Ludigan	
			1.23 Security systems installed and tested	Security systems installed and tested	SECURITY SYSTEMS INSTALLED AND TESTED	Security systems installed and tested	06/07/2018	John Ludigan	
			1.24 Security systems installed and tested	Security systems installed and tested	SECURITY SYSTEMS INSTALLED AND TESTED	Security systems installed and tested	06/07/2018	John Ludigan	
			1.25 Security systems installed and tested	Security systems installed and tested	SECURITY SYSTEMS INSTALLED AND TESTED	Security systems installed and tested	06/07/2018	John Ludigan	
			1.26 Security systems installed and tested	Security systems installed and tested	SECURITY SYSTEMS INSTALLED AND TESTED	Security systems installed and tested	06/07/2018	John Ludigan	
			1.27 Security systems installed and tested	Security systems installed and tested	SECURITY SYSTEMS INSTALLED AND TESTED	Security systems installed and tested	06/07/2018	John Ludigan	
			1.28 Security systems installed and tested	Security systems installed and tested	SECURITY SYSTEMS INSTALLED AND TESTED	Security systems installed and tested	06/07/2018	John Ludigan	
			1.29 Security systems installed and tested	Security systems installed and tested	SECURITY SYSTEMS INSTALLED AND TESTED	Security systems installed and tested	06/07/2018	John Ludigan	
			1.30 Security systems installed and tested	Security systems installed and tested	SECURITY SYSTEMS INSTALLED AND TESTED	Security systems installed and tested	06/07/2018	John Ludigan	

Item ID	Item Description	Work Package	Start Date	End Date	Responsible	Status	Comments
1.161	Supplier confirmed	1.6.1					
1.162	Supplier confirmed	1.6.2					
1.163	Supplier confirmed	1.6.3					
1.164	Supplier confirmed	1.6.4					
1.165	Supplier confirmed	1.6.5					
1.166	Supplier confirmed	1.6.6					
1.167	Supplier confirmed	1.6.7					
1.168	Supplier confirmed	1.6.8					
1.169	Supplier confirmed	1.6.9					
1.170	Supplier confirmed	1.6.10					
1.171	Supplier confirmed	1.6.11					
1.172	Supplier confirmed	1.6.12					
1.173	Supplier confirmed	1.6.13					
1.174	Supplier confirmed	1.6.14					
1.175	Supplier confirmed	1.6.15					
1.176	Supplier confirmed	1.6.16					
1.177	Supplier confirmed	1.6.17					
1.178	Supplier confirmed	1.6.18					
1.179	Supplier confirmed	1.6.19					
1.180	Supplier confirmed	1.6.20					
1.181	Supplier confirmed	1.6.21					
1.182	Supplier confirmed	1.6.22					
1.183	Supplier confirmed	1.6.23					
1.184	Supplier confirmed	1.6.24					
1.185	Supplier confirmed	1.6.25					
1.186	Supplier confirmed	1.6.26					
1.187	Supplier confirmed	1.6.27					
1.188	Supplier confirmed	1.6.28					
1.189	Supplier confirmed	1.6.29					
1.190	Supplier confirmed	1.6.30					
1.191	Supplier confirmed	1.6.31					
1.192	Supplier confirmed	1.6.32					
1.193	Supplier confirmed	1.6.33					
1.194	Supplier confirmed	1.6.34					
1.195	Supplier confirmed	1.6.35					
1.196	Supplier confirmed	1.6.36					
1.197	Supplier confirmed	1.6.37					
1.198	Supplier confirmed	1.6.38					
1.199	Supplier confirmed	1.6.39					
1.200	Supplier confirmed	1.6.40					
1.201	Supplier confirmed	1.6.41					
1.202	Supplier confirmed	1.6.42					
1.203	Supplier confirmed	1.6.43					
1.204	Supplier confirmed	1.6.44					
1.205	Supplier confirmed	1.6.45					
1.206	Supplier confirmed	1.6.46					
1.207	Supplier confirmed	1.6.47					
1.208	Supplier confirmed	1.6.48					
1.209	Supplier confirmed	1.6.49					
1.210	Supplier confirmed	1.6.50					
1.211	Supplier confirmed	1.6.51					
1.212	Supplier confirmed	1.6.52					
1.213	Supplier confirmed	1.6.53					
1.214	Supplier confirmed	1.6.54					
1.215	Supplier confirmed	1.6.55					
1.216	Supplier confirmed	1.6.56					
1.217	Supplier confirmed	1.6.57					
1.218	Supplier confirmed	1.6.58					
1.219	Supplier confirmed	1.6.59					
1.220	Supplier confirmed	1.6.60					

1.3.1	Contact user for items provided to Southwest	CONFIDENTIAL: info from the LCR Project Team. Once received, this information will be updated into the YCH Teleprint Directory.	6/27/2014	Deane Fegarty
1.3.1.1	John Delaney (John Delaney)	ON YCH Corporate Support	6/27/2014	
1.3.1.2	Successor List of Employees and			
1.3.1.3	most recent work in the LCR/CHS/CHS/CHS			
1.3.1.4	Service Delivery Plan (SDP)	On YCH Corporate Support		
1.3.1.5	Responsible party of SDP (Name of LCR)			

Qualifications and approval
 Name: _____
 Position: _____
 Date: _____

Declaration and approval
 I hereby confirm the above is a true and accurate record of the residential LCRs.
 Name: *John Delaney*
 Position: *Project Manager*
 Date: *6/27/14*



Ms Karen Doran
Deputy Director-General, Corporate
Health Directorate

Dear Ms Doran

Recommendation to go live UCH

As the Chief Finance Officer, 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 'Trevor Vivian'.

Trevor Vivian
Chief Finance Officer
Strategic Finance

5 July 2018

Key Area	Details/Target	Location	Checklist Item ID	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	By Whom	Name of the officer advising the outcome of each checklist item	Date when the assessment was signed off
Finance & Data											
1. Finance	The groups of deliverables identified within each of the key areas that require readiness assessment	Room	Checklist item number								
	1.1.1 Cost centre structure identified and created		1.1.1	Cost centre structure identified and created		COMPLETED					
	1.1.2 Entry structure in ledger confirmed		1.1.2	Entry structure in ledger confirmed		COMPLETED					
	1.1.3 Cost centre created in Oracle		1.1.3	Cost centre created in Oracle		COMPLETED					
	2. Budgets		2.2.1	Re-current budget for 2018-19 confirmed		NOT COMPLETED					
			2.2.2	FTE assigned to new cost centres		COMPLETED					
			2.2.3	Budgets mapped to new cost centres		NOT COMPLETED					
			2.2.4	Capitalisation of assets into asset register		COMPLETED					
			2.2.5	Importing assets into Oracle		COMPLETED					
	3. Provider numbers		3.3.1	RACC Medicare provider numbers identified and submitted		COMPLETED					
			3.3.2	MH/HADS Medicare provider numbers identified and submitted		NOT COMPLETED					
			3.3.3	All medical staff provider numbers received	← NOT FINISHED	NOT COMPLETED					
	4. IT/ITSM		4.1.1	UCH own facility		COMPLETED					
			5.1.1	ACTPAS requirements identified and configured		COMPLETED					
			5.1.2	Clinic structure identified and setup		COMPLETED					
			5.1.3	Clinic stop and start dates identified and configured		COMPLETED					
			5.1.4	Clinical portal readiness complete		COMPLETED					
			5.1.5	MH/HADS clinic identified and setup		COMPLETED					
			5.1.6	Pathology integration with Calvary complete		COMPLETED					
			5.1.7	Patient Journey boards installed and ready	should be ICT	COMPLETED					
			5.1.8	Room booking boards installed and ready	should be ICT	COMPLETED					
			5.1.9	ITIL training processed	should be ICT	COMPLETED					
	6. Reporting		6.1.1			COMPLETED					

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

Name: Michael Jermolako
Position: Director, Financial Controller
Signature: 
Date: 05-Jul-18

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

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

note, 4. 1.1.1 'UCH. own facility does not belong to Finance. Others (1-3) above are OK. Budgets + Provider numbers confirmed by James Bliss 4/7/18.



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 Division of Clinical Support Services, 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.

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Yours sincerely

A handwritten signature in black ink, appearing to read 'Lisa Gilmore'.

Lisa Gilmore
Executive Director
Clinical Support Services

5 July 2018

UCH Readiness Assessment Checklist - Readiness Working Group											
Readiness Area	Deliverables	Location	Checklist Item	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 of each checklist item	Date when the assessment was signed off
1. Clinical Support Services (incl. Biomed)	The groups of deliverables identified within each of the key areas that require readiness assessment	1. Clinical Support Services (incl. Biomed)	1.1.1	Areas are furnished and fitted out as required	Okey to go live with Day Services W8 9 July.	NOT COMPLETED - RISK MITIGATED	Awaiting correct chairs. This query has been put to Meagle Yeh.			Kyrl Belle	
			1.1.2	Duress buttons tested and functioning	Duress working as should be. Advised by Andrew Haldon as of 4 July	COMPLETED				Kyrl Belle	
			1.1.3	Lights tested and functioning		COMPLETED				Kyrl Belle	
			1.1.4	Toys, showers and basins tested and functioning - all items in place (hand towel, wash soap)		COMPLETED				Kyrl Belle	
			1.2.1	Equipment for relocation to UCH identified and added to FRE transfer list		COMPLETED				Kyrl Belle	
			1.2.2	New and acquired equipment is in place, tested and functioning		COMPLETED				Kyrl Belle	
			1.2.3	ICT is installed, configured as required and tested		COMPLETED				Kyrl Belle	
			1.2.4	Phones tested and functioning		COMPLETED				Kyrl Belle	
			1.2.5	Fire Warden equipment in place	No fire warden roles. Have hardware and protocols accessible to the unit as explained in orientations.	COMPLETED				Kyrl Belle	
			1.3.1	Stock and consumables supplied and in place and ready for use		COMPLETED				Kyrl Belle	
			1.3.2	Stationery supplied and in place		COMPLETED				Kyrl Belle	
			1.4.1	Models of Care developed and approved		COMPLETED				Kyrl Belle	
			1.4.2	Electronic access stress tested and functioning		NOT COMPLETED - RISK MITIGATED	Some staff do not currently have access as of 4 July. Additional Bio Med staff need to present to UCH to obtain card.			Kyrl Belle	
			1.4.3	Workflows are developed, understood and tested in the environment		COMPLETED				Kyrl Belle	
			1.4.4	OS requirements are understood and procedures in place		COMPLETED				Kyrl Belle	
1.5.1	Have all services been advised to UCH and ready to go live		COMPLETED				Kyrl Belle				
2. Clinical Support Services (incl. Pharmacy (Final check still to be completed by S. Marjison by VE 6 July)	The groups of deliverables identified within each of the key areas that require readiness assessment	2. Clinical Support Services (incl. Pharmacy (Final check still to be completed by S. Marjison by VE 6 July)	2.1.1	Areas are furnished and fitted out as required	Okey to go live for Day Services W8 9 July	NOT COMPLETED - RISK MITIGATED				Stuart Marjison	
			2.1.2	Duress buttons tested and functioning	Duress working as should be. Advised by Andrew Haldon as of 4 July	COMPLETED				Stuart Marjison	
			2.1.3	Lights tested and functioning		COMPLETED				Stuart Marjison	
			2.1.4	Toys, showers and basins tested and functioning - all items in place (hand towel, wash soap)		COMPLETED				Stuart Marjison	
			2.1.5	Toilets tested and functioning - all items in place, sanitary bins, toilet paper, paper towel, hand wash		COMPLETED				Stuart Marjison	
			2.1.6	Medication fridges tested and alarms working	Stuart agreed that medication fridges are working, tested against BMS and alarmed - 25 Oct 2017. Fridge models is IP 126 from Multiplex(supplied). Fridges are currently being monitored through the BMS system by IGIS. Fridge has been set as correct temperature for medication per the standard. Make and Model of fridge that was shipped off has been sent to Stuart (RM 5 July)	NOT COMPLETED - RISK MITIGATED				Stuart Marjison	
2.2.1	Equipment for relocation to UCH identified and added to FRE transfer list	Okey to go live for Day Services W8 9 July.	COMPLETED					Stuart Marjison			

			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 extra printers. ICT has not been decided 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
			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
			2.4.1 All areas cleaned, decontaminated and tested	Julie Woods notes that clean will happen 5 July. Areas to be inspected by IPC 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. Relied to above point. Pharmacy to confirm cleaning of pharmacy	NOT COMPLETED - DEFERRED	Stuart Margison
					COMPLETED	Stuart Margison
			2.5.1 Models of Care developed and approved	Internal process	COMPLETED	Stuart Margison
			2.5.2 Electronic forms areas tested and functioning	Programming of access controls to be confirmed prior to go live with Security. Okay to go live day services WB 9 July. Needs checking with Stuart M.	NOT COMPLETED - DEFERRED	Stuart Margison
			2.5.3 Workflows are developed, understood and tested in the environment	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
			2.6.1 Have all staff been inducted to UCH and ready for go live	Internal process	COMPLETED	Stuart Margison
			2.6.2 HFS require certification from Multiple that site meets regulatory requirements. This can be used for HFS. Okay to go live with Day services WB 9 July.	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 HFS. Okay to go live with Day services WB 9 July.	NOT COMPLETED - DEFERRED	Stuart Margison

3. Clinical Support Services (live)		3.6.3	Safe keys handed over to pharmacy		3.6.3	Safe 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. Okay to go live with day services WB 9 July.	NOT COMPLETED - DEFERRED				
1. All Areas	All	3.1.1	Have all UCH areas been cleaned, decontaminated and treated		3.1.1	Have all UCH areas been cleaned, decontaminated and treated	Sign off for all UCH will be 6 and 13 July - this has been confirmed with Julie 4 July (JMG). Okay to go live with Day services WB July pending inspection outcomes by 6 July.	NOT COMPLETED - DEFERRED				Wendy Backingham
2. Infection Prevention and Control		3.1.2	All UCH infection control measures identified, approved and in place		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 Backingham
		3.1.3	Models of Care developed and approved		3.1.3	Models of Care developed and approved		COMPLETED				
4. Support Services Pathology		4.1.1	Areas are furnished and fixed out as required		4.1.1	Areas are furnished and fixed out as required	Under desk drawer lock to be rectified - but okay to go live.	NOT COMPLETED - DEFERRED				Mary Brun
		4.1.2	Desktop buttons tested and functioning		4.1.2	Desktop buttons tested and functioning		COMPLETED				Mary Brun
		4.1.3	Lights tested and functioning		4.1.3	Lights tested and functioning		COMPLETED				Mary Brun
		4.1.4	Taps, showers and basins tested and functioning		4.1.4	Taps, showers and basins tested and functioning		COMPLETED				Mary Brun
		4.1.5	Toilets tested and functioning		4.1.5	Toilets tested and functioning		COMPLETED				Mary Brun
		4.2.1	Equipment for relocation to UCH identified		4.2.1	Equipment for relocation to UCH identified	Organised with Barry Lappin	COMPLETED				Mary Brun
		4.2.2	New and acquired equipment is in place, tested and functioning		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		4.2.3	ICT is installed, configured as required and tested	Except for COM IT all good. MFD still to arrive. Should be WB 2 July. Okay to go live without COM. Okay to go live for WB 9 July. Will need re-evaluation at WB 6 July. Still require FAX this is dependent on MFD arriving. Fax numbers still to be allocated. Okay to go live for only WB 9 July. Will need re-evaluation at WB 6 July.	NOT COMPLETED - DEFERRED				Mary Brun
		4.2.4	Phones tested and functioning		4.2.4	Phones tested and functioning		NOT COMPLETED - DEFERRED				Mary Brun
		4.2.5	Fire warden equipment in place		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
3. Stock and consumables		4.3.1	Stock and consumables supplied and in place and ready for use		4.3.1	Stock and consumables supplied and in place and ready for use		COMPLETED				Mary Brun
		4.3.2	Stocks supplied and in place		4.3.2	Stocks supplied and in place		COMPLETED				Mary Brun
4. Infection control		4.4.1	All areas cleaned, decontaminated and tested		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		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
5. Operations and work processes		4.5.1	Models of Care developed and approved		4.5.1	Models of Care developed and approved		COMPLETED				Mary Brun
		4.5.2	Electronic access areas tested and functioning		4.5.2	Electronic access areas tested and functioning	Access cards working for staff to get in. These have been allocated. NOTE these 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 issues 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		4.5.3	Workflows are developed, understood and tested in the environment	Most processes are clear still need to finalise finer details with Inpatient wards. Okay to go live for WB 9 July	NOT COMPLETED - DEFERRED				Mary Brun
		4.5.4	OSR requirements are understood and procedures in place		4.5.4	OSR requirements are understood and procedures in place		COMPLETED				Mary Brun
6. Readiness for Go live		4.6.1	Have all staff been inducted to UCH and ready for go live		4.6.1	Have all staff been inducted to UCH and ready for go live		COMPLETED				Mary Brun

Item ID	Item Description	Current Status	Responsible Party
5. Move and Relocation			
5.1.1	Move Plan developed and approved	COMPLETED	Barry Lapoborne
5.1.2	Transport Plan developed and approved	COMPLETED	Barry Lapoborne
5.1.3	Opco/line sequence identified and approved	COMPLETED	Barry Lapoborne
5.2. Patient transfer			
5.2.1	Patient transfer command structure and roles identified	COMPLETED	Barry Lapoborne
5.2.2	Patient transfer command roles allocated to staff and included in rosters	COMPLETED	Barry Lapoborne
5.2.3	Command centre ICT and communication requirements are identified, in place and tested	NOT COMPLETED - RISK MITIGATED	Barry Lapoborne
5.2.4	Sending and receiving site communication requirements are identified, in place and tested	COMPLETED	Barry Lapoborne
5.2.5	Patient transfer and move day protocols developed and approved	COMPLETED	Barry Lapoborne
5.2.6	Patient transport vehicle requirements identified and secured	COMPLETED	Barry Lapoborne
5.2.7	Primary patient transfer route and contingency routes identified	COMPLETED	Barry Lapoborne
5.2.8	Equipment transfer files validated and completed	COMPLETED	Barry Lapoborne
5.2.9	Staff belongings identified for transfer	COMPLETED	Barry Lapoborne
5.2.10	Patient belongings identified for transfer	COMPLETED	Barry Lapoborne
5.2.11	Personal company equipment and bridged	COMPLETED	Barry Lapoborne
6. Governance			
6.1. Readiness			
6.1.1	Readiness assessment criteria identified for all groups	COMPLETED	Udo Koblhagen
6.1.2	Readiness assessment criteria automated in groups	COMPLETED	All Relevant Executive Directors
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	Udo Koblhagen
6.1.4	All outstanding critical issues are completed and escalated to Executive Lead, ED	COMPLETED	All Relevant Executive Directors
6.1.5	UCH Commissioning, UCH Opening Committee activities are executed or in place as required to facilitate UCH operational	COMPLETED	All Relevant Executive Directors
6.1.6	UCH Steering Committee meeting occurred prior to planned UCH opening date	COMPLETED	Udo Koblhagen
6.1.7	All committee Terms of Reference documents are drafted	COMPLETED	Udo Koblhagen
6.2. Go-live			
7.2.1	Go-live UCH governance structure identified, approved and implemented where possible	COMPLETED	All Relevant Executive Directors
7.2.2	Go-live UCH identification, reporting and escalation process documented, approved and in place	NOT COMPLETED - RISK MITIGATED	Udo Koblhagen
7.2.3	Weekly UCH Issues Management Group meetings and Weekly Executive meetings scheduled	COMPLETED	Udo Koblhagen
3. UCH Business as usual			
6.3.1	Governance and committee structures for business as usual activity are identified	COMPLETED	Udo Koblhagen
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 Gleich
7. Ancillary areas			
7.1. Front reception			
7.1.1	All administration areas are furnished and fitted out as required	NOT COMPLETED - RISK MITIGATED	Lisa Wilson
7.1.2	Staff amenities are furnished and fitted out as required	COMPLETED	Lisa Wilson
7.1.3	Beverage Bay stocked	NOT COMPLETED - RISK MITIGATED	Lisa Wilson
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	Valueable staff register in place	NOT COMPLETED - RISK MITIGATED	Lisa Wilson
7.1.7	Valueable safe key with Security and APMK	NOT COMPLETED - DEFERRED	Lisa Wilson

		7.6.8	Print handwash in place	Outstanding not ready. Supply follow up	COMPLETED	Regina Glitch
		7.6.9	First aid officer identified and contact details in the room.	Will be on information sheet that is awaiting approval from L Wilson.	COMPLETED	Regina Glitch
		7.6.10	Principles of room use included in the space i.e. notify first aid officer that you are using it etc.	Will be on information sheet that is awaiting approval from L Wilson.	COMPLETED	Regina Glitch
	Street Pending Room	7.6.11	Electric pump in place	Is forecast to arrive WB 2 July. Will then need to go to B9 med for testing and tagging. Information regarding machine is in room ready to go. Will not prevent go like but Managers need to be made aware of for potential staff issues.	NOT COMPLETED - DEFERRED	Regina Glitch
		7.6.12	Cleaning items/ detergent in place		COMPLETED	Regina Glitch
		7.6.13	Excerpt from BIP policy on labelling and own equipment in the room.		COMPLETED	Regina Glitch
		7.6.14	Print handwash in place		COMPLETED	Regina Glitch
		8.1	Communication Plan and Strategy developed and approved		COMPLETED	Meryn Abbott
		8.1.1	Media management strategy confirmed and in place		COMPLETED	Meryn Abbott
		8.1.2	Mail out to patients include UCH Mailing Address		COMPLETED	Lia Wilson
		8.1.3	Public awareness campaign commenced		COMPLETED	Meryn Abbott
		8.2	Main UCH phone numbers communicated		COMPLETED	Meryn Abbott
		8.2.1	UCH Switch escalation process understood and advised	Phone number in communications material	COMPLETED	Lia Wilson
		8.2.2	Mailing address communicated		COMPLETED	Meryn Abbott
		8.2.3	Intranet updated and current	as of 5 July, content currently being reviewed by clinical services	NOT COMPLETED - RISK MITIGATED	Meryn Abbott
		8.2.4	Website updated and current	as of 5 July, content currently being reviewed by clinical services	NOT COMPLETED - RISK MITIGATED	Meryn Abbott
		8.3	Public awareness/communication regarding inpatient transfer developed and distributed		COMPLETED	Meryn Abbott
		8.3.1	Public awareness/communication regarding relocation of outpatient and day services developed and distributed		COMPLETED	Meryn Abbott
		8.3.2	Develop letters regarding transfer of patients		COMPLETED	Regina Glitch
		8.3.3	Has the process for all keys management at UCH been identified	Staff information has been developed for the management of keys.	COMPLETED	Dario Gomez
		9.1	Has all secure systems and roles for management of secure systems been notified	The Trust key cabinet and key allocation has been confirmed.	COMPLETED	Dario Gomez
		9.1.1	Has all keys for offices been allocated	No. The process for key allocation is in place in application forms for keys are currently being completed by staff.	COMPLETED	Dario Gomez
		9.1.2	Has the management process and key allocations for all other keys at UCH been agreed on?	The process for the allocation of keys was discussed at the Operational Readiness Group.	COMPLETED	Dario Gomez
		9.1.3	Has the process for staff access passes been identified and communicated to Service Leads	The process for access card allocation aligns the current ACT Health access provision process e.g. AMM request submitted and presentation to the Security Office at Canberra Hospital.	COMPLETED	Dario Gomez
		9.2	Has system programming for access passes for UCH staff been completed ready for staff to receive?	Process has been completed and is functioning for the current Operational Commissioning Teams.	COMPLETED	Dario Gomez
		9.2.1	Has the process for return of commissioning access passes been identified?		COMPLETED	Dario Gomez
		9.3	Has the carpark management plan been agreed?		COMPLETED	Dario Gomez
		9.3.1	Has the carpark management plan been agreed?	Gone to UC for feedback	NOT COMPLETED - RISK MITIGATED	Michael Whyte

		7.1.8 Master key with AHRM	SECURITY entry data to follow up, has this been done?	NOT COMPLETED - DEFERRED	Lisa Wilson
		7.1.9 Lost property book in place	Admin currently working on	NOT COMPLETED - RISK MITIGATED	Lisa Wilson
		7.1.10 Stationery supplied and in place	Being delivered and dispersed	NOT COMPLETED - RISK MITIGATED	Lisa Wilson
		7.1.11 Front Reception manual in place	Admin currently working on	NOT COMPLETED - RISK MITIGATED	Lisa Wilson
		7.2.1 All administration areas are furnished and fitted out as required	Being delivered and dispersed	COMPLETED	Lisa Wilson
		7.2.2 Stationery in place	Printer installed	NOT COMPLETED - RISK MITIGATED	Lisa Wilson
	Records room	7.2.3 Printer in place		COMPLETED	Lisa Wilson
		7.2.4 Filing options in place	In the process of being installed	NOT COMPLETED - RISK MITIGATED	Lisa Wilson
		7.2.5 Reception manual in place	SECURITY Note re Jentry keys bandover yet.	NOT COMPLETED - RISK MITIGATED	Lisa Wilson
		7.2.6 Keys and locks identified and labelled	Signage to be finished by admin	NOT COMPLETED - RISK MITIGATED	Lisa Wilson
		7.2.7 Manual Clinic Identification process in place	Additional bins have been ordered	NOT COMPLETED - RISK MITIGATED	Lisa Wilson
		7.2.8 Classified waste bin in place			
	3. Fleet	7.3.1 Fleet parking identified and cars in place	Cars in place when services more imminent	NOT COMPLETED - RISK MITIGATED	Lisa Wilson
		7.3.2 Fleet booking set up	Done	COMPLETED	Lisa Wilson
	4. RACC transport bus	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
	5. Body Holding	7.5.1 Pet Slide in place	Pet Slide purchased, waiting for hooks in the room but needs to have hooks put up to hold it. Functional for the moment.	NOT COMPLETED - RISK MITIGATED	Regina Glitch
		7.5.2 Body Holding registers printed and in folder			
		7.5.3 pens in room			
		7.5.4 Sink area set up with consumables	Supply not yet in place. Not required for go live WB 9 July.	NOT COMPLETED - DEFERRED	Regina Glitch
		7.5.5 Fridges tested and functioning	BOS are responsible for monitoring the fridges and alarms.	NOT COMPLETED - DEFERRED	Regina Glitch
			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 go live that access to this room is controlled and BOS staff may not enter without permission from ADOB. Process to be confirmed.		
	6. Executive and clinical offices	7.6.1 Staff room set up with tea/coffee etc.		COMPLETED	Lisa Wilson
		7.6.2 Crockery in place		COMPLETED	Lisa Wilson
		7.6.3 Beverage trays set up		COMPLETED	Lisa Wilson
	Photocopy Bays	7.6.4 Photocopy bays set up		COMPLETED	Lisa Wilson
		7.6.5 Classified waste bin in place	Additional bins have been ordered.	NOT COMPLETED - RISK MITIGATED	Lisa Wilson
	First Aid Room	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 (05/03/07)	COMPLETED	Regina Glitch

			5.3.2 Have staff been advised of parking arrangements		COMPLETED	Michael Wanylo	
			5.3.3 parking arrangements implemented	Process to be developed to support non functioning credit card support.	NOT COMPLETED - RISK MITIGATED	Andrew Hudson	

Authorization and approval
 I/hereby confirm the above is a true and accurate record of the readiness criteria.
 Name: Linda Kohlhaas
 Position: ED-UCH Commissioning
 Signature: *L Kohlhaas*
 Date: 05-JUL-18

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

5/7/2018



Ms Karen Doran
Deputy Director-General, Corporate
Health Directorate

Dear ~~Ms Doran~~ *Karen*

Recommendation to go live - UCH Outpatients

As the Chief Information Officer, Digital Solutions Division, I recommend that the University of Canberra Hospital (UCH) facility go live to support the delivery of outpatient services in accordance with the go live sequence briefed.

I have 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, or that alternative solutions are in place.

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 'P. O'Halloran'.

Peter O'Halloran
Chief Information Officer
Digital Solutions Division

5 July 2018

Attachment A

Readiness Checklist Outcomes

Readiness checklists have been used by each UCH Project work stream to identify what needs to be done by each area in order to go live. Executive Directors have used the achievement of readiness activities for their work stream to inform the ability to make the go no go decision.

The below summary presents the outcomes for the DSD checklist regarding status against the required level of completion for go live.

Total number items on checklist = 85

1) Completed

Total completed actions = 69

2) Not completed- Unable to proceed with go live

Total Not Completed = 0

3) Not Completed – A mitigating strategy is in place

Total Not completed; a mitigating strategy is in place= 8

Not Completed- Summary Mitigating strategy is in place-	Rationale for Decision
MAS/SAS security system - global rectification	Global issue which is not unique to UCH. Operating with local cards for UCH access until resolved in late July.
Escalation of unanswered security handset	Phone tree identified, programming to activate on Monday 9 July. Not a building opening issue.
Digital quality boards for MH in reception and Staff Station	System is ready. Content yet to be determined by clinical area. Use paper posters like all other areas until content matters are resolved
Staff Tracking Boards for Allied Health	Late notice idea. Use existing system until new system is developed
Security review of Medirest food service hosting environment implementation	Underway. Regular audit and inspection regime to be implemented in accordance with the ACT Health-BGIS Deed
Full food services information transfer test	Multiple rounds of testing completed. Live system cannot be activated until first patient admission. Business continuity systems are in place as a fall back if required.
Credit Card Payment – technical design and connections	Credit card payments for fining unauthorised carpark users will not be complete until late in July. Not a building-opening issue.
Access to CBORD (Food service) from TCH Nutrition staff PCs	Late notice idea. Network constraints associated with accessing the system from inside ACTGOV. Connection via wi-fi is available and in use until connection matter is resolved by vendor/SS-ICT.

4) Not Completed Deferred Actions

Total Deferred Actions = 8

Deferred Action	When to be addressed date
BCP Computers for COWs	Not required for Outpatients. To be installed week commencing 9/7/18 to be ready for inpatients
Ticket machine and boom gate verification	Inspection booked for 6/7/18
Parking Guidance System control and reports	System Installed. Training of BGIS and BSS staff to occur after opening, not a building opening issue
Videoconference unit in MH	Not required for outpatients. To be installed week commencing 9/7/18

Mobile security tablet(s)	First tablet implemented successfully. New tablets ordered by BSS for security use and should arrive shortly. Not an opening issue.
UC Redundant Fibre Connection	UC not yet ready to commence. Not a building opening issue
UC Clinical and Lecture recording and distribution system	Not under ACT Health control. UC have not yet purchased the solution. Not a building opening issue
Discharge summary	Not required for outpatients. Will be implemented for 17/7 arrivals.



CANBERRA HOSPITAL
AND HEALTH SERVICES

Mr Chris Bone
Deputy Director-General
Canberra Hospital Health Service
Health Directorate

Dear Mr Bone *Chris*

Recommendation to go live at the University of Canberra Hospital

As Executive Director, Health Infrastructure Services, I recommend that the University of Canberra Hospital facility go live to support the delivery of the outpatient services in accordance with the go live sequence briefed.

I have every confidence that Health Infrastructure Services involvement in all operational commissioning activities in readiness for go live have been undertaken to an acceptable standard and 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](#).

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 cursive script that reads 'Colm Mooney'.

Colm Mooney
Executive Director
Health Infrastructure Services
6 July 2018

Request No	Original Item Requested by (Y/N)	Approved by (Y/N)	Request Date	Requesting Unit	Requester Contact Person	Description	Emergency Access/In Transit	Location	Priority	Priority Mark	Approved	Impacts Provided by Division	Risk	Estimated Priority/Action
BSS	2.10	Yes (Jan 2018)	Yes (14/12/17)	Yes February 2018	Works in progress	Diets from back of house lift area to external spine/link bridge (V4 and 2) hold spans for goods transport	Rosemary Kennedy	General	A	No			A	<1,000
BSS	2.11	Yes (Jan 2018)	Yes (14/12/17)	Yes February 2018	Works in progress	Emergency exit only signage on external doors in RACC Day	Rosemary Kennedy	General	A	No			A	<1,000
BSS	2.17	Yes (Apr 2018)	Yes (12/04/2018)		Works in progress	Signage for access to Imprest Store Rooms	Rosemary Kennedy	Imprest Store Rooms	A	TBA			A	<5,000
BSS	2.19	Yes (May 2018)			Works in progress	Clear packing review - 1. Review exit from basement car park, to consider install of esp sign and line marking to allow for safe access to and from behind cones in basement, to consider head of steps slip and line marking too safe. Line marking not clear.	Rosemary Kennedy	Basement Carpark	G	TBA			G	
MH	4.02	Yes (Dec 2017)	Yes (14/12/17)	Yes February 2018	Works in progress	Amplification to public toilets (2.07.3, 4.007.1 and 4.093.2)	Tina Bracher	MH	Possible	No			P	<200,000
MH	4.03	Yes (Dec 2017)	Yes (14/12/17)	Yes February 2018	Works in progress	Roller shutter to MH unit reception	Tina Bracher	MH	Possible	Yes			H	<10,000
MH	4.05	Yes (Dec 2017)	Yes (14/12/17)	Yes February 2018	Works in progress	Provision of combination lock to bedlift tables	Tina Bracher	MH	Almost Certain	Yes			A	<10,000
MH	4.11	Yes (Dec 2017)	Yes (14/12/17)	Yes February 2018	Works in progress	Patient kitchen benches to have rounded corners	Tina Bracher	MH	Possible	no			A	<5,000
MH	4.15	Yes (Apr 2018)	Yes (26/04/2018)		Works in progress	AMHRIU Medication Room Storage	Tina Bracher	MH	Almost Certain				A	<1,000
MH	4.17	Yes (10 May 2018)			Works in progress	Replacement of chairs in Adult Mental Health Rehabilitation Unit (AMHRIU) and Adult Mental Health Day Service (AMHDS)	Tina Bracher	MH	Possible				P	<10,000
FAT	5.01				Works in progress	Additional swipe to Pathology reception door	Ferre Tracey, Prior Collinson	Pathology		Yes			A	<5,000
RACC	7.09	Yes (Nov 2017)	Yes (14/12/17)	Yes February 2018	Works in progress	Medical Records trolley - insufficient capacity	Linda Kollhagen	RACC	Almost Certain	No			H	<5,000
RACC	7.04	Yes (Nov 2017)	Yes (14/12/17)	Yes February 2018	Works in progress	4 bed room - light to waste desk.	Linda Kollhagen	RACC	Almost Certain	Yes			A	<10,000
RACC	7.15				Works in progress	Change to room numbering in RACC Day	Linda Kollhagen	Day	Certain	No			A	<20,000
RACC	7.17	Yes (Dec 2017)	Yes (14/12/17)	Yes February 2018	Works in progress	Iconography to be indicated in the signage as per the wayfinding meeting on 21/04/2016 (minutes from this meeting attached)	Linda Kollhagen	General	Likely	no			A	<10,000
RACC	7.18	Yes (Feb 2018)	Yes (8 March 2018)	Yes April 2018	Works in progress	The external cover to the Equipment Loan Service has no external visibility.	Linda Kollhagen	ELS	Almost Certain	no			A	<1,000
RACC	7.21	Yes (Mar 2018)	Yes (12/04/2018)		Works in progress	Additional fridge and cupboards in main staff sea room.	Linda Kollhagen	Staff Room	Almost Certain	TBA			G	Certain
RACC	7.22	Yes (Apr 2018)	Yes (26/04/2018)		Works in progress	Additional group 3 PPE (e.g. gloves)	Linda Kollhagen	IPU	Almost Certain				E	Moderate
RACC	7.25	Yes (10 May 2018)			Works in progress	Convert room no 2.3.84 from an interview room to a Store Room	Linda Kollhagen	IPU	Almost Certain				G	Certain

Total Design Change Requests raised	96
Submitted after cut off	16
Open	1
Closed	77
Works in progress	18
BSS (or Pricing)	0
Direction of Section/Supplies	27
Direction of Section/Supplies	5
Awaiting Further Information	0

KEY

P	
H	
A	
G	



CANBERRA HOSPITAL
AND HEALTH SERVICES

Ms Karen Doran
Deputy Director-General, Corporate
Health Directorate

Dear Ms Doran *Karen*

Recommendation to go live University of Canberra Hospital

As the Executive Director, Health Infrastructure Services, I recommend that the University of Canberra Hospital facility go live to support the delivery of the outpatient services in accordance with the go live sequence briefed.

I have every confidence that Health Infrastructure Services (HIS) involvement in all operational commissioning activities in readiness for go live have been undertaken to an acceptable standard and can verify that all readiness checklists and program milestones to go live have been met satisfactorily.

I can confirm that

- All construction milestones have been completed for the facility to go live
- All infrastructure related issues and defects for go live have been addressed
- A variation process to manage change is in place
- The facility has met acceptable standards

A summary of the status of readiness activities undertaken, against the recommendation to go live can be found at Attachment A.

I am comfortable advising that the requirements for the project according to HIS responsibilities are fit for purpose to go live.

Yours sincerely

Colm Mooney
Executive Director
Health Infrastructure Services

6 July 2018

Request #	Request Description	Date	Status	Requester	Responsible	Category	Priority	Impact	Cost	Notes	Comments
BES 2.10	Yea (Jan 2018)	Yes (11/21/17)	Yes February 2018	WVIA in Progress	Prior to go live	General	No	Dario Gomez	<1,000	All units installed. Require emergency BGS to confirm installation date.	A
BES 2.11	Yea (Jan 2018)	Yes (11/21/17)	Yes February 2018	WVIA in Progress	Prior to go live	General	No	Dario Gomez	<1,000	BGS to confirm installation date.	A
BES 2.17	Yea (Apr 2018)	Yes (12/04/2018)		WVIA in Progress	Post go live	Imprest Stone Rooms	TBA	Rosemary Kennedy	<5,000	BGS to confirm installation date.	A
BES 2.19	Yea (May 2018)			WVIA in Progress	Post go live	Basement Carpark	TBA	Michael Warylo		Michael Warylo and Rod Blockley progressing with DG Gossp.	C
MH 4.02	Yea (Dec 2017)	Yes (10/21/17)	Yes February 2018	WVIA in Progress	Prior to go live	MH	No	David Jackson Hope	<200,000	Works progressing on site. Final fit out should be completed 6 July 2018	Extreme
MH 4.03	Yea (Dec 2017)	Yes (10/21/17)	Yes February 2018	WVIA in Progress	Prior to go live	MH	Yes	David Jackson Hope	<10,000	Alternate product is not suitable for this site. Advice from MH to be sought as to way forward.	High
MH 4.05	Yea (Dec 2017)	Yes (10/21/17)	Yes February 2018	WVIA in Progress	Prior to go live	MH	Yes	David Jackson Hope	<10,000	Expected 13 July	High
MH 4.11	Yea (Dec 2017)	Yes (10/21/17)	Yes February 2018	WVIA in Progress	Prior to go live	MH	No	Annette Wrightson	<5,000	Pharmacy shelving outstanding	High
MH 4.16	Yea (Apr 2018)	Yes (26/04/2018)		WVIA in Progress	Post go live	MH	No	Stuart Marglison	<1,000	Expected 13 July	High
MH 4.17	Yea (10 May 2018)			WVIA in Progress	Post go live	MH	Yes	Annette Wrightson	<10,000	BGS to confirm installation date.	Extreme
PAT 5.01				WVIA in Progress	Prior to go live	Patrol / Interview / Pathology	Yes	Treacy Ferrar	<5,000		A
BACC 7.05	Yea (Nov 2017)	Yes (16/12/17)	Yes February 2018	WVIA in Progress	Post go live	BACC	No	Regina Gmich	<5,000	Expected 22nd July	High
BACC 7.04	Yea (Nov 2017)	Yes (16/12/17)	Yes February 2018	WVIA in Progress	Prior to go live	BACC	Yes	Regina Gmich	<10,000	Awaiting advice from BGS regarding completion date.	High
BACC 7.12	Yea (Dec 2017)	Yes (16/12/17)	Yes February 2018	WVIA in Progress	Prior to go live	Day	No	Regina Gmich	<50,000	Temp signing will be completed prior to go	High
BACC 7.17	Yea (Dec 2017)	Yes (16/12/17)	Yes February 2018	WVIA in Progress	Post go live	General	No	Regina Gmich	<10,000	Dependent on outcome of User Group meeting scheduled for 6/6/18	Medium
BACC 7.18	Yea (Feb 2018)	Yes (6 March 2018)	Yes April 2018	WVIA in Progress	Post go live	ELS	No	Michael Kern	<1,000	BGS instructed to proceed on 28 May as part of DCI Phase 2	A
BACC 7.21	Yea (Mar 2018)	Yes (12/04/2018)		WVIA in Progress	Prior to go live	Staff Room	TBA	Regina Gmich		Week commencing 9 June	High
BACC 7.22	Yea (Apr 2018)	Yes (20/04/2018)		WVIA in Progress	Prior to go live	PU	No	Regina Gmich			High
BACC 7.25	Yea (10 May 2018)			WVIA in Progress	Prior to go live	PU	No	Marie Harman		Use existing shelving and retain base build.	High

KEY

High	High
Medium	Medium
Low	Low
Extreme	Extreme

Total Design Change Requests raised

Submitted after cut off	96
open	16
closed	1
WVIA Projects	77
BGS for Pricing	10
0	0
27	27
5	5
0	0



Mr Chris Bone
Deputy Director-General, CHHS
Health Directorate

Dear Mr Bone

Recommendation to go live UCH

As the Executive Director for the Division of Mental Health, Justice Health, Alcohol and Drug Services, 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 "K Bracher".

Katrina Bracher
Executive Director
Mental Health, Justice Health, Alcohol and Drug Services

5 July 2018

Readiness Assessment Checklist

MKH/ADS

Key Area	Deliverables	Location	Checklist Item number	Description of each checklist item that has been identified	Comments	OUTCOME (select option)	Description of any issues associated with the checklist item	Date when proposed resolution will be implemented	Name of the officer advising the outcome or each checklist item	Date when the assessment was signed off			
The key areas identified for the readiness assessment process	1. MORTU	The groups of deliverables identified within each of the key areas that require readiness assessment	1.1	1.1.1	Ward areas are furnished and fitted out as required								
				1.1.2	Sanitary equipment (toilet, shower, sink, etc.) are functional								
				1.1.3	Bed linen is available and in good condition								
				1.1.4	Ward furniture is functional and in good condition								
				1.1.5	Ward furniture is functional and in good condition								
				1.1.6	Ward furniture is functional and in good condition								
				1.1.7	Ward furniture is functional and in good condition								
				1.1.8	Ward furniture is functional and in good condition								
				1.1.9	Ward furniture is functional and in good condition								
				1.1.10	Ward furniture is functional and in good condition								
				1.2	2. EQUIPMENT	1.2.1	Equipment for education is available						
				1.2.2		Equipment for education is available							
				1.3	3. MEDICAL EQUIPMENT	1.3.1	Medical equipment is available						
				1.3.2		Medical equipment is available							
				1.4	4. CHANGEOVER AND WASH PROVISION	1.4.1	Changeover and wash provision is available						
				1.4.2		Changeover and wash provision is available							
				1.5	5. WARD SET UP	1.5.1	Ward set up is available						
				1.5.2		Ward set up is available							
				1.6	TREATMENT ROOM	1.6.1	Treatment room is available						
				1.6.2		Treatment room is available							
1.7	INPATIENT ROOM	1.7.1	Inpatient room is available										
1.7.2		Inpatient room is available											
1.8	MEDICATION ROOM	1.8.1	Medication room is available										
1.8.2		Medication room is available											

Item ID	Location	Task Description	Completion Status	Notes	Responsible Person	Start Date	End Date	
1.5.20	Patient flow ADL, Wash SE Therapy space GM Wash Senior team Mx team Exam	Exam table in place	COMPLETED		Annette Wrightson		05/07/2018	
1.5.21		Linens and tables placed in place	COMPLETED		Annette Wrightson		05/07/2018	
1.6.1		All equipment lined and moved away from room to be replaced to equipment store (or other)	COMPLETED		Annette Wrightson		05/07/2018	
1.6.2		Tables labeled with bed numbers	COMPLETED		Annette Wrightson		05/07/2018	
1.6.3		ADL, kitchen tested and functioning	COMPLETED		Annette Wrightson		05/07/2018	
1.6.4		All equipment lined and moved away from room to be replaced to equipment store (or other)	COMPLETED		Annette Wrightson		05/07/2018	
1.6.5		Tables in place	COMPLETED		Annette Wrightson		05/07/2018	
1.6.6		Exam table in place	COMPLETED		Annette Wrightson		05/07/2018	
1.6.7		Tables in place	COMPLETED		Annette Wrightson		05/07/2018	
1.7.1	1. Hinges and furniture	Equipment for infection to be replaced as required	COMPLETED		Annette Wrightson		05/07/2018	
2.1.2		Heavy and treatment areas are fully lined and fitted out as required	COMPLETED		Annette Wrightson		05/07/2018	
2.1.3		Exam table in place	COMPLETED		Annette Wrightson		05/07/2018	
2.1.4		All equipment lined and moved away from room to be replaced to equipment store (or other)	COMPLETED		Annette Wrightson		05/07/2018	
2.1.5		Tables in place	COMPLETED		Annette Wrightson		05/07/2018	
2.1.6		Exam table in place	COMPLETED		Annette Wrightson		05/07/2018	
2.1.7		Tables in place	COMPLETED		Annette Wrightson		05/07/2018	
2.2		2. Equipment	Equipment for infection to be replaced as required	COMPLETED		Annette Wrightson		05/07/2018
2.2.1			Equipment for infection to be replaced as required	COMPLETED		Annette Wrightson		05/07/2018
2.2.2			Equipment for infection to be replaced as required	COMPLETED		Annette Wrightson		05/07/2018
2.2.3	Equipment for infection to be replaced as required		COMPLETED		Annette Wrightson		05/07/2018	
2.2.4	Equipment for infection to be replaced as required		COMPLETED		Annette Wrightson		05/07/2018	
2.2.5	Equipment for infection to be replaced as required		COMPLETED		Annette Wrightson		05/07/2018	
2.2.6	Equipment for infection to be replaced as required		COMPLETED		Annette Wrightson		05/07/2018	
2.2.7	Equipment for infection to be replaced as required		COMPLETED		Annette Wrightson		05/07/2018	
2.3	3. Stork and consumables	Equipment for infection to be replaced as required	COMPLETED		Annette Wrightson		05/07/2018	
2.4.1		Equipment for infection to be replaced as required	COMPLETED		Annette Wrightson		05/07/2018	
2.4.2		Equipment for infection to be replaced as required	COMPLETED		Annette Wrightson		05/07/2018	
2.5.1	5. Operations and work processes	Equipment for infection to be replaced as required	COMPLETED		Annette Wrightson		05/07/2018	
2.5.2		Equipment for infection to be replaced as required	COMPLETED		Annette Wrightson		05/07/2018	
2.5.3		Equipment for infection to be replaced as required	COMPLETED		Annette Wrightson		05/07/2018	
2.5.4		Equipment for infection to be replaced as required	COMPLETED		Annette Wrightson		05/07/2018	
2.5.5		Equipment for infection to be replaced as required	COMPLETED		Annette Wrightson		05/07/2018	
2.5.6		Equipment for infection to be replaced as required	COMPLETED		Annette Wrightson		05/07/2018	
3.1.1		3. Administration	Equipment for infection to be replaced as required	COMPLETED		Annette Wrightson		05/07/2018
3.1.2			Equipment for infection to be replaced as required	COMPLETED		Annette Wrightson		05/07/2018
3.1.3	Equipment for infection to be replaced as required		COMPLETED		Annette Wrightson		05/07/2018	
3.2.1	2. Equipment	Equipment for infection to be replaced as required	COMPLETED		Annette Wrightson		05/07/2018	
3.2.2		Equipment for infection to be replaced as required	COMPLETED		Annette Wrightson		05/07/2018	

ready to implement as final draft while awaiting FISE process

3.2.2:	3.2.2.1	3.2.2.2	3.2.2.3	3.2.2.4	3.2.2.5	3.2.2.6	3.2.2.7	3.2.2.8	3.2.2.9	3.2.2.10	3.2.2.11	3.2.2.12	3.2.2.13	3.2.2.14	3.2.2.15	3.2.2.16	3.2.2.17	3.2.2.18	3.2.2.19	3.2.2.20	3.2.2.21	3.2.2.22	3.2.2.23	3.2.2.24	3.2.2.25	3.2.2.26	3.2.2.27	3.2.2.28	3.2.2.29	3.2.2.30	3.2.2.31	3.2.2.32	3.2.2.33	3.2.2.34	3.2.2.35	3.2.2.36	3.2.2.37	3.2.2.38	3.2.2.39	3.2.2.40	3.2.2.41	3.2.2.42	3.2.2.43	3.2.2.44	3.2.2.45	3.2.2.46	3.2.2.47	3.2.2.48	3.2.2.49	3.2.2.50	3.2.2.51	3.2.2.52	3.2.2.53	3.2.2.54	3.2.2.55	3.2.2.56	3.2.2.57	3.2.2.58	3.2.2.59	3.2.2.60	3.2.2.61	3.2.2.62	3.2.2.63	3.2.2.64	3.2.2.65	3.2.2.66	3.2.2.67	3.2.2.68	3.2.2.69	3.2.2.70	3.2.2.71	3.2.2.72	3.2.2.73	3.2.2.74	3.2.2.75	3.2.2.76	3.2.2.77	3.2.2.78	3.2.2.79	3.2.2.80	3.2.2.81	3.2.2.82	3.2.2.83	3.2.2.84	3.2.2.85	3.2.2.86	3.2.2.87	3.2.2.88	3.2.2.89	3.2.2.90	3.2.2.91	3.2.2.92	3.2.2.93	3.2.2.94	3.2.2.95	3.2.2.96	3.2.2.97	3.2.2.98	3.2.2.99	3.2.2.100	
3.2.2.1	New and acquired administration equipment is in place, tested and ready for use.	3.2.2.1	3.2.2.2	3.2.2.3	3.2.2.4	3.2.2.5	3.2.2.6	3.2.2.7	3.2.2.8	3.2.2.9	3.2.2.10	3.2.2.11	3.2.2.12	3.2.2.13	3.2.2.14	3.2.2.15	3.2.2.16	3.2.2.17	3.2.2.18	3.2.2.19	3.2.2.20	3.2.2.21	3.2.2.22	3.2.2.23	3.2.2.24	3.2.2.25	3.2.2.26	3.2.2.27	3.2.2.28	3.2.2.29	3.2.2.30	3.2.2.31	3.2.2.32	3.2.2.33	3.2.2.34	3.2.2.35	3.2.2.36	3.2.2.37	3.2.2.38	3.2.2.39	3.2.2.40	3.2.2.41	3.2.2.42	3.2.2.43	3.2.2.44	3.2.2.45	3.2.2.46	3.2.2.47	3.2.2.48	3.2.2.49	3.2.2.50	3.2.2.51	3.2.2.52	3.2.2.53	3.2.2.54	3.2.2.55	3.2.2.56	3.2.2.57	3.2.2.58	3.2.2.59	3.2.2.60	3.2.2.61	3.2.2.62	3.2.2.63	3.2.2.64	3.2.2.65	3.2.2.66	3.2.2.67	3.2.2.68	3.2.2.69	3.2.2.70	3.2.2.71	3.2.2.72	3.2.2.73	3.2.2.74	3.2.2.75	3.2.2.76	3.2.2.77	3.2.2.78	3.2.2.79	3.2.2.80	3.2.2.81	3.2.2.82	3.2.2.83	3.2.2.84	3.2.2.85	3.2.2.86	3.2.2.87	3.2.2.88	3.2.2.89	3.2.2.90	3.2.2.91	3.2.2.92	3.2.2.93	3.2.2.94	3.2.2.95	3.2.2.96	3.2.2.97	3.2.2.98	3.2.2.99	3.2.2.100

Name: *Annette Wightson*
 Position: *MURMAS UCH Project Officer*
 Signature: *[Signature]*
 Date: *5/7/18*

Name: *K. Bracher*
 Position: *Exec Director MURMAS*
 Signature: *[Signature]*
 Date: *5/7/18*

3.2.2.1	3.2.2.2	3.2.2.3	3.2.2.4	3.2.2.5	3.2.2.6	3.2.2.7	3.2.2.8	3.2.2.9	3.2.2.10	3.2.2.11	3.2.2.12	3.2.2.13	3.2.2.14	3.2.2.15	3.2.2.16	3.2.2.17	3.2.2.18	3.2.2.19	3.2.2.20	3.2.2.21	3.2.2.22	3.2.2.23	3.2.2.24	3.2.2.25	3.2.2.26	3.2.2.27	3.2.2.28	3.2.2.29	3.2.2.30	3.2.2.31	3.2.2.32	3.2.2.33	3.2.2.34	3.2.2.35	3.2.2.36	3.2.2.37	3.2.2.38	3.2.2.39	3.2.2.40	3.2.2.41	3.2.2.42	3.2.2.43	3.2.2.44	3.2.2.45	3.2.2.46	3.2.2.47	3.2.2.48	3.2.2.49	3.2.2.50	3.2.2.51	3.2.2.52	3.2.2.53	3.2.2.54	3.2.2.55	3.2.2.56	3.2.2.57	3.2.2.58	3.2.2.59	3.2.2.60	3.2.2.61	3.2.2.62	3.2.2.63	3.2.2.64	3.2.2.65	3.2.2.66	3.2.2.67	3.2.2.68	3.2.2.69	3.2.2.70	3.2.2.71	3.2.2.72	3.2.2.73	3.2.2.74	3.2.2.75	3.2.2.76	3.2.2.77	3.2.2.78	3.2.2.79	3.2.2.80	3.2.2.81	3.2.2.82	3.2.2.83	3.2.2.84	3.2.2.85	3.2.2.86	3.2.2.87	3.2.2.88	3.2.2.89	3.2.2.90	3.2.2.91	3.2.2.92	3.2.2.93	3.2.2.94	3.2.2.95	3.2.2.96	3.2.2.97	3.2.2.98	3.2.2.99	3.2.2.100
3.2.2.1	3.2.2.2	3.2.2.3	3.2.2.4	3.2.2.5	3.2.2.6	3.2.2.7	3.2.2.8	3.2.2.9	3.2.2.10	3.2.2.11	3.2.2.12	3.2.2.13	3.2.2.14	3.2.2.15	3.2.2.16	3.2.2.17	3.2.2.18	3.2.2.19	3.2.2.20	3.2.2.21	3.2.2.22	3.2.2.23	3.2.2.24	3.2.2.25	3.2.2.26	3.2.2.27	3.2.2.28	3.2.2.29	3.2.2.30	3.2.2.31	3.2.2.32	3.2.2.33	3.2.2.34	3.2.2.35	3.2.2.36	3.2.2.37	3.2.2.38	3.2.2.39	3.2.2.40	3.2.2.41	3.2.2.42	3.2.2.43	3.2.2.44	3.2.2.45	3.2.2.46	3.2.2.47	3.2.2.48	3.2.2.49	3.2.2.50	3.2.2.51	3.2.2.52	3.2.2.53	3.2.2.54	3.2.2.55	3.2.2.56	3.2.2.57	3.2.2.58	3.2.2.59	3.2.2.60	3.2.2.61	3.2.2.62	3.2.2.63	3.2.2.64	3.2.2.65	3.2.2.66	3.2.2.67	3.2.2.68	3.2.2.69	3.2.2.70	3.2.2.71	3.2.2.72	3.2.2.73	3.2.2.74	3.2.2.75	3.2.2.76	3.2.2.77	3.2.2.78	3.2.2.79	3.2.2.80	3.2.2.81	3.2.2.82	3.2.2.83	3.2.2.84	3.2.2.85	3.2.2.86	3.2.2.87	3.2.2.88	3.2.2.89	3.2.2.90	3.2.2.91	3.2.2.92	3.2.2.93	3.2.2.94	3.2.2.95	3.2.2.96	3.2.2.97	3.2.2.98	3.2.2.99	3.2.2.100

Name: *Annette Wightson*
 Position: *MURMAS UCH Project Officer*
 Signature: *[Signature]*
 Date: *5/7/18*

Name: *K. Bracher*
 Position: *Exec Director MURMAS*
 Signature: *[Signature]*
 Date: *5/7/18*



Mr Chris Bone
Deputy Director-General, CHHS
Health Directorate

Dear Mr Bone

Recommendation to go live UCH

As the Executive Director for the Division of Mental Health, Justice Health, Alcohol and Drug Services, 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 "K Bracher".

Katrina Bracher
Executive Director
Mental Health, Justice Health, Alcohol and Drug Services

5 July 2018

Readiness Assessment Checklist

MHAADS

Key Area	Deliverables	Location	ID	Checklist Item	Comment	Outcome (select option)	Issues	Proposed Resolution or Action	When proposed resolution will be implemented	Name of the officer advising the outcome of each checklist item	Date	
1. Structure and Furniture	The group of deliverables identified within each of the key areas that require readiness	Room	1.1.1	Ward areas are furnished and fitted out as required								
			1.1.2	Bedroom linens tested and stored as required								
			1.1.3	Wardroom linens tested and stored as required								
			1.1.4	Wardroom linens tested and stored as required								
			1.1.5	Wardroom linens tested and stored as required								
			1.1.6	Wardroom linens tested and stored as required								
			1.1.7	Wardroom linens tested and stored as required								
			1.1.8	Wardroom linens tested and stored as required								
			1.1.9	Wardroom linens tested and stored as required								
			1.1.10	Wardroom linens tested and stored as required								
			1.2.1	Wardroom linens tested and stored as required								
			1.2.2	Wardroom linens tested and stored as required								
			1.2.3	Wardroom linens tested and stored as required								
			1.2.4	Wardroom linens tested and stored as required								
			1.2.5	Wardroom linens tested and stored as required								
			1.2.6	Wardroom linens tested and stored as required								
			1.2.7	Wardroom linens tested and stored as required								
			1.2.8	Wardroom linens tested and stored as required								
			2. Equipment	The group of deliverables identified within each of the key areas that require readiness	Room	2.1	Medical equipment for resuscitation identified for resuscitation					
2.2	Medical equipment for resuscitation identified for resuscitation											
2.3	Medical equipment for resuscitation identified for resuscitation											
2.4	Medical equipment for resuscitation identified for resuscitation											
2.5	Medical equipment for resuscitation identified for resuscitation											
2.6	Medical equipment for resuscitation identified for resuscitation											
2.7	Medical equipment for resuscitation identified for resuscitation											
2.8	Medical equipment for resuscitation identified for resuscitation											
2.9	Medical equipment for resuscitation identified for resuscitation											
2.10	Medical equipment for resuscitation identified for resuscitation											
2.11	Medical equipment for resuscitation identified for resuscitation											
2.12	Medical equipment for resuscitation identified for resuscitation											
2.13	Medical equipment for resuscitation identified for resuscitation											
2.14	Medical equipment for resuscitation identified for resuscitation											
2.15	Medical equipment for resuscitation identified for resuscitation											
2.16	Medical equipment for resuscitation identified for resuscitation											
2.17	Medical equipment for resuscitation identified for resuscitation											
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2.26	Medical equipment for resuscitation identified for resuscitation											
2.27	Medical equipment for resuscitation identified for resuscitation											
2.28	Medical equipment for resuscitation identified for resuscitation											
2.29	Medical equipment for resuscitation identified for resuscitation											
2.30	Medical equipment for resuscitation identified for resuscitation											

ready to implement
as per draft while
awaiting RFP process

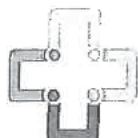
3.2.2'	New and acquired administration equipment to be placed, tested and functioning.	COMPLETED	Clinical Clean completed 5/7/18 to be inspected by Infection Control - Date TBA	To be inspected by Infection Control - Date TBA	TBA by Facilities Management	Annette Wightman	05/07/2018
3.3.1	Stock and consumables supplied and in place and ready for use	NOT COMPLETED - DEFERRED	Awaiting clearance from Infection Control - prior to gloves, handwashes and Tullys being dispensed			Annette Wightman	05/07/2018
3.3.2	Stationery supplied and in place	NOT COMPLETED - DEFERRED	To be updated on occupation of the area		Friday 13th July	Annette Wightman	05/07/2018
3.3.3	Consumer feedback form	NOT COMPLETED - DEFERRED	Message form - hours provided - need to be checked		Friday 13th July	Annette Wightman	05/07/2018
3.3.4	Quality improvement board	NOT COMPLETED - DEFERRED	Whiteboard ordered - to be updated and supplied with information		Friday 13th July	Annette Wightman	05/07/2018
3.3.5	Charter of Rights	NOT COMPLETED - DEFERRED	Information to be displayed across UCTI requested		Friday 13th July	Annette Wightman	05/07/2018
3.4.1	Operations and work processes	NOT COMPLETED - DEFERRED	Room bookings to be made on occupation of the area		Friday 13th July	Annette Wightman	05/07/2018
3.4.2	Documents, including procedures, policies and operation manuals are complete and in place	NOT COMPLETED - DEFERRED	All documents prepared and available		Friday 13th July	Annette Wightman	05/07/2018
3.4.3	All required clinical forms are prepared and distributed to clinical areas	NOT COMPLETED - DEFERRED			Friday 13th July	Annette Wightman	05/07/2018
3.4.4	Business continuity plans completed and approved	NOT COMPLETED - DEFERRED	BCP Computer to be configured and added to the AMIRU white list room		Friday 13th July	Annette Wightman	05/07/2018
3.4.5	First aid requirements identified and supplied	NOT COMPLETED - DEFERRED	First aid kit in first aid room		Friday 13th July	Annette Wightman	05/07/2018

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

Name: **Annette Wightman**
 Position: **MURMAS UCH Project Officer**
 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: **K. Bracher**
 Position: **Exec Director MURMAS**
 Signature: *[Signature]*
 Date: **5/7/18**



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 Division of Pathology, 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 "Peter Collignon", written over a circular stamp.

Dr Peter Collignon
Executive Director
Pathology

5 July 2018

Readiness		Location	Category	Checklist Item	Comment	Outcome (select option)	Description of any issues associated with the checklist item	Proposed Resolution	By Whom	Signed off by	Date	
The key areas identified for the readiness assessment process	Clinical Support Services (incl) Bio Med	1. Fittings and furniture	The groups of deliverables identified within each of the lay areas that require readiness assessment	1.1.1	Areas are furnished and fitted out as required	Okay to go live with Day Services WB 5 July.	NOT COMPLETED - RISK MITIGATED	Awaiting correct chairs. This query has been put to Merude Ven.		Nyrl Belle		
				1.1.2	Dress buttons tested and functioning	Dress working as should be. Advised by Andrew Hilden as of 4 July	COMPLETED			Nyrl Belle		
				1.1.3	Lights tested and functioning		COMPLETED			Nyrl Belle		
				1.1.4	Toys, showers and basins tested and functioning - all items in place (hand towel, wash soap)		COMPLETED			Nyrl Belle		
				2. Equipment	1.2.1	Equipment for relocation to UCH identified and added to PFE transfer list		COMPLETED			Nyrl Belle	
				1.2.2	New and acquired equipment in place, tested and functioning		COMPLETED			Nyrl Belle		
				1.2.3	ICT is installed, configured as required and tested		COMPLETED			Nyrl Belle		
				1.2.4	Phones tested and functioning		COMPLETED			Nyrl Belle		
				1.2.5	Fire warden equipment in place	No fire warden roles. Have hardware and protocols accessible to the unit as explained in orientation.	COMPLETED			Nyrl Belle		
				3. Stock and consumables	1.3.1	Stock and consumables supplied and in place and ready for use		COMPLETED			Nyrl Belle	
				1.3.2	Stationery supplied and in place		COMPLETED			Nyrl Belle		
				4. Operations and work processes	1.4.1	Methods of Care developed and approved		COMPLETED			Nyrl Belle	
				1.4.2	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 TCI to obtain card.	NOT COMPLETED - RISK MITIGATED			Nyrl Belle		
				5. Readiness for go live	1.4.3	Workflows are developed, understood and tested in the environment		COMPLETED			Nyrl Belle	
				1.4.4	OSH report remains in draft mode and procedures in place		COMPLETED			Nyrl Belle		
1.5.1	Have all handsets been inducted to UCH and ready for go live		COMPLETED			Nyrl Belle						
Clinical Support Services (incl) Pharmacy (Final check still to be completed by S Margison by WE 6 July)		1. Fittings and furniture	The groups of deliverables identified within each of the lay areas that require readiness assessment	2.1.1	Areas are furnished and fitted out as required	Okay to go live for Day services WB 9 July	NOT COMPLETED - DEFERRED			Stuart Margison		
				2.1.2	Dress buttons tested and functioning	Dress working as should be. Advised by Andrew Hilden as of 4 July	COMPLETED			Stuart Margison		
				2.1.3	Lights tested and functioning		COMPLETED			Stuart Margison		
				2.1.4	Toys, showers and basins tested and functioning - all items in place (hand towel, wash soap)		COMPLETED			Stuart Margison		
				2.1.5	Toilets tested and functioning - all items in place, sanitary bins, toilet paper, paper towels, hand wash		COMPLETED			Stuart Margison		
				2.1.6	Medication (fridges) tested and alarms working	Stuart agreed that medication fridges are working, tested against BMS and alarmed - 25 Oct 2017. Fridge models (TP 120 from Multiple supplied). Fridges are currently being monitored through the BMS system by BGIS. Fridge has been set at correct temperature for medication per the standard. Mike and Muelde of Frigo Unit was alerted of that been sent to Stuart (RM 5 July)	NOT COMPLETED - DEFERRED			Stuart Margison		
2. Equipment	2.2.1	Equipment for relocation to UCH identified and added to PFE transfer list		COMPLETED				Stuart Margison				

		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 MPD, 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 Mangion
		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 Mangion
		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 Mangion
		2.2.1	Stock and consumables supplied and in place and ready for use		COMPLETED	Stuart Mangion
		2.2.2	Stationery supplied and in place		COMPLETED	Stuart Mangion
		2.2.3	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 Mangion
		2.2.4	All areas cleaned, decontaminated and tested	Julie Woods advises that clean will happen 5 July. Areas to be inspected by PC 6 July. Okay to go live for Day services WB 9 July	NOT COMPLETED - DEFERRED	Stuart Mangion
		2.2.2	Infection control measures identified, approved and in place	Refer to above point. Pharmacy to confirm dosing of pharmacy	NOT COMPLETED - DEFERRED	Stuart Mangion
		2.5.1	Models of Care developed and approved	Internal process	COMPLETED	Stuart Mangion
		2.5.2	Electronic notes areas tested and functioning	Programming of Access control to be confirmed prior to go live with Security. Okay to go live day services WB 9 July.	NOT COMPLETED - DEFERRED	Stuart Mangion
		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 Mangion
		2.5.4	OHs requirements are understood and procedures in place	Internal process	COMPLETED	Stuart Mangion
		2.6.1	Have all staff been inducted to UCH and ready for go live	Internal process	COMPLETED	Stuart Mangion
		2.6.2	HPS require certification from Multiplier that safe meets regulatory requirements.	Pharmacy area safe completed today. Ben O'neill team will send out builders letter and make and model for safe by COB 6 July. This can be used for HPS. Okay to go live with Day services WB 9 July.	NOT COMPLETED - DEFERRED	Stuart Mangion

	1.6.3	Site keys handed over to pharmacy	Small about keys sent out 4 July for Office Keys. Patrick will follow up with Doris on all keys with Stuart. Clay to go live with Day services WB 9 July.	NOT COMPLETED - DEFERRED					
3. Clinical Support Services (incl) Infection Prevention and Control	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 (RM). Clay to go live with Day services WB July pending inspection outcomes by 6 July.	NOT COMPLETED - DEFERRED				Wendy Beckingham
		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 Beckingham
		3.1.3	Models of Care developed and approved		COMPLETED				
4. Support Services Pathology		4.1.1	Areas are furnished and tested out as required	Under desk drawer lock to be rectified - but clay to go live.	NOT COMPLETED - DEFERRED		Message will be provided as of WB 2 July		Mary Brun
Pathology		4.1.2	Diverse buttons tested and functioning		COMPLETED				Mary Brun
		4.1.3	Lights tested and functioning		COMPLETED				Mary Brun
		4.1.4	Taps, showers 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 Lapthorne	COMPLETED				Mary Brun
		4.2.2	New and repaired equipment is in place, tested and functioning		COMPLETED				Mary Brun
		4.2.3	ICT is installed, configured as required and tested	Except for COW IT all good. MFD still to arrive. Should be WB 2 July. Clay to go live without COW. Clay to go live for only WB 9 July. Will need re-evaluation at WE 5 July. Still require FAX this is dependant 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 acceptable 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
4. 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
5. Operations and work processes		4.5.1	Models of Care developed and approved		COMPLETED				Mary Brun
		4.5.2	Electronic stress tests 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 issues column. These issues will not prevent going live as of WB 9 July	NOT COMPLETED - DEFERRED		Issue details per comments column - Room numbers 1.1.144 Reception room office, 1.2.147 Collection room, and Store room 1.1.146 All require swipes to be installed for security reasons. Processing prep room 1.2.148 is a prefer share was a swipe. Dirty utility 1.2.150 for Pathology area security is an issue - need to request a lock switch around to secure area from pathology side. David will follow all issues up with Mary Brun WB 15 July.		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 incident ward. Clay to go live for WB 9 July	NOT COMPLETED - DEFERRED				Mary Brun
		4.5.4	COH requirements are understood and procedures in place		COMPLETED				Mary Brun
6. Readiness for Go live		4.6.1	Have all staff been inducted to UCH and ready for go live		COMPLETED				Mary Brun

5. Move and Relocation	5.1.1 Move Plan developed and approved 5.1.2 Transport Plan developed and approved 5.1.3 Operating sequences identified and approved	COMPLETED COMPLETED COMPLETED	Barry Laphorne Barry Laphorne Barry Laphorne
2. Patient transfer	5.2.1 Patient transfer command structure and roles identified 5.2.2 Patient transfer command roles allocated to staff and included in rosters	COMPLETED COMPLETED	Barry Laphorne Barry Laphorne
	5.2.3 Command centre, ICT 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
3. Relocation	5.3.1 Equipment transfer list validated and completed 5.3.2 Staff re-assigning locations for transfer 5.3.3 Patient belongings/registers for transfer 5.3.4 Removals company engaged and briefed	COMPLETED COMPLETED COMPLETED COMPLETED	Barry Laphorne Barry Laphorne Barry Laphorne Barry Laphorne
6. Governance	6.1.1 Readiness assessment criteria identified for all groups 6.1.2 Readiness assessment criteria validated for all groups 6.1.3 All UCH working groups have convened final meetings (see below) to ensure preparedness of relevant programs of work and identify outstanding issues 6.1.4 All outstanding critical issues are compiled and escalated to Executive Lead, ED UCH Commissioning / UCH Steering Committee 6.1.5 All contracts are executed or in place as required to facilitate UCH operational activity 6.1.6 UCH Steering Committee meeting occurred prior to planned UCH opening date 6.1.7 All committees Terms of Reference documents are drafted	COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED	Linda Kohlhagen All Relevant Executive Directors Linda Kohlhagen All Relevant Executive Directors All Relevant Executive Directors Linda Kohlhagen Linda Kohlhagen
7. Go-live	7.2.1 Go-live UCH governance structure identified, approved and implemented where possible 7.2.2 Issue identification, reporting and escalation process documented, approved and in place 7.2.3 Weekly UCH Issues Management Group meetings and Weekly Executive meetings scheduled	COMPLETED NOT COMPLETED - RISK MITIGATED COMPLETED	All Relevant Executive Directors Linda Kohlhagen Linda Kohlhagen
3. UCH Business as usual	6.3.1 Governance and committee structures for business as usual activity are identified 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	COMPLETED NOT COMPLETED - DEFERRED	Linda Kohlhagen Raghu Chinn
7. Ambitory areas	7.1.1 All administration areas are furnished and fitted out as required 7.1.2 Staff amenities are furnished and fitted out as required 7.1.3 Beverage Bay stocked 7.1.4 Key safe in place and functioning 7.1.5 The storage for fire keys has been identified and is in place. 7.1.6 Valuables safe register in place 7.1.7 Valuables safe key with Security and ARHM	NOT COMPLETED - RISK MITIGATED COMPLETED NOT COMPLETED - RISK MITIGATED NOT COMPLETED - RISK MITIGATED NOT COMPLETED - RISK MITIGATED NOT COMPLETED - RISK MITIGATED NOT COMPLETED - DEFERRED	Lea Wilson Lea Wilson Lea Wilson Lea Wilson Lea Wilson Lea Wilson Lea Wilson

		7.6.8	Prink handwash in place	Completed	Outstanding not ready, supply follow up	Regina Ghlich
		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 Ghlich
		7.6.10	Principles of room use included in the spaces i.e. notify first aid officer that you are using it, etc.	Completed	Will be on information sheet that is awaiting approval from L Wilson.	Regina Ghlich
	Breast Feeding Room	7.6.11	Electric pump in place	NOT COMPLETED - DEFERRED	Is forecast to arrive WB 2 July. Will then need to go to Bio.med for testing and tagging. Information regarding machine is in room ready to go. Will not proceed to the test Managers need to be made aware of for potential staff issues.	Regina Ghlich
		7.6.12	Cleaning items/consent in place	Completed		Regina Ghlich
		7.6.13	Excerpts from IR policy on labelling and own equipment in the room.	Completed		Regina Ghlich
		7.6.14	Prink handwash in place	Completed		Regina Ghlich
8. Communication		8.1.1	Communication Plan and Strategy developed and approved	Completed		Merryn Jebbatt
		8.1.2	Media management strategy confirmed and in place	Completed		Merryn Jebbatt
		8.1.3	Mail outs to patients include UCH Mailing Address	Completed		Lisa Wilson
		8.2.1	Public awareness campaign commenced	Completed		Merryn Jebbatt
		8.2.2	Main UCH phone numbers communicated	Completed	Phone number in communication material	Merryn Jebbatt
		8.2.3	UCH Switch activation process understood and advised	Completed		John Ludjason
		8.2.4	Mailing address communicated	NOT COMPLETED - RISK MITIGATED	As of 5 July, content currently being reviewed by clinical services	Merryn Jebbatt
		8.2.6	Website updated and current	NOT COMPLETED - RISK MITIGATED	As of 5 July, content currently being reviewed by clinical services	Merryn Jebbatt
9. Patients		9.3.1	Public awareness/communication regarding equipment transfer developed and distributed	Completed		Merryn Jebbatt
		9.3.2	Public awareness/communication regarding location of outpatient and day procedures developed and commenced	Completed		Merryn Jebbatt
		9.3.3	Develop letters regarding transfer of patients	Completed		Regina Ghlich
10. 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.	Dario Gomez
		9.1.2	Have all access systems and roles for management of secure systems been notified	Completed	The Tera key cabinet and key allocation has been confirmed.	Dario Gomez
		9.1.3	Have all keys for offices been allocated	Completed	No. The process for key allocation is in place and application forms for keys are currently being completed by staff.	Dario Gomez
		9.1.4	Has the management process and key allocations for all other keys at UCH been agreed off	Completed	The process for the allocation of keys was discussed at the Operational Readiness Group.	Dario Gomez
11. 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 ACT Health access provision process e.g. IAM request submitted and presentation to the Security Office at Canberra Hospital.	Dario 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 functioning for the current Operational Commissioning Teams.	Dario Gomez
		9.2.3	Has the process for return of commissioning access passes been identified?	Completed		Dario Gomez
12. Parking		9.3.1	Has the carpark management plan been agreed?	NOT COMPLETED - RISK MITIGATED	Game to UC for feedback	Michael Wanjo

Due back from UC 6/7/2018