

## 3.6 STRATEGY DEVELOPMENT

The objective of the SAMP is to define high level, affordable and achievable strategies for realigning the portfolio to meet the strategic and operational objectives of the organisation and also defining the AM outcomes that will be delivered. A SAMP should be used as an evidence-based document to support ACT Health develop strategic AM objectives that are financially sustainable. The approach to delivering a SAMP will need to examine a range of strategy options that are aimed at developing a clear link between ACT Health's AM objectives and the financial sustainability of those objectives. To achieve this, the following options may be examined:

- **No Change** - Examining the impact of the AM objectives and costs if the current practice continues;
- **Quality Only** - Systemically applies strategies to individual assets based on condition and functionality performance and assesses the impact on asset performance;
- **Efficient Use of Assets** - a strategy that focuses on the efficient use of assets as the major driver; and
- **Differentiated Levels of Service (LoS)** - The effect of applying differentiated maintenance LoS to target operating costs.

### Models of Care and Maintenance LoS

The key link between ACT Health's Models of Care, the asset management objectives and the asset strategies is the target Level of Service (LoS) that each asset class is expected to deliver to appropriately support ACT Health operations in a sustainable way. The assets' LoS determines the level of maintenance required by the assets to deliver the target LoS, which in turn drives the development of affordable maintenance strategies that are aligned to the ACT Health Models of Care and the AM objectives (which in turn have clear line of sight to corporate strategies).

The level of maintenance service defines the scope of maintenance programs being delivered, and provides a clear line of sight linking them to the organisation's Strategic Plan through the assets' LoS. This concept enables ACT Health to define the level of maintenance service required by the assets to achieve the target LoS as required by business needs, rather than simply implementing a "one size fits all" level of maintenance service.

An example of a set of descriptions of an asset's LoS that is recommended for adoption by ACT Health is set out in Table 4 below.

**Table 4: Levels of Service**

Level of Service	Level of Service Description	The Level of Maintenance Service demanded by the LoS
5	Critical Response	Maintain to a very high standard, minimising corrective maintenance.
4	Comprehensive Response	Undertake recommended maintenance regimes to all components of the asset class.
3	Managed Response	Carry out maintenance based on risk assessment. Limited planned maintenance.
2	Reactive Response	Defer non-essential maintenance where possible.
1	Secure Response	Carry out only essential "health & safety" maintenance.
S	Special Response	Where some element of the asset class requires a specific maintenance response that is not reflected in the standard levels of service (for example, the finishes in an animal holding facilities do not need to be of high standard but the services are critical).

The above assets LoS are assigned to individual asset class, enabling the required target level of investment to be estimated. The aim is to be able to compare the target level of investment to current levels of investment, identifying the investment gap (if any). The overall objective is to determine the level of maintenance investment that is appropriate for the asset portfolio that ACT Health can sustainably afford to fund.



## 3.7 OPTIONS ANALYSIS

A meaningful options assessment / financial assessment is fundamental to developing a successful SAMP. It is important that the analysis includes both the whole of life cost of each option together with the impact on portfolio alignment to business need. The latter is often overlooked but is a key output from any assessment as assets should only exist to support the business.

The options appraisal should be a preliminary examination of the Net Present Value (NPV) of the options considered verses the outcome achieved (improvement in the assets' AM performance against objectives). The areas that should be considered by ACT Health are:

- **Capital Cost** - Translated to the impact on Asset Replacement Value (ARV) over the planning period;
- **Maintenance and Operating Costs** - Based on a % ARV;
- **Development Risk** - The differential cost of risk between projects simply expressed as a contingency allowance;
- **Impact on Asset / Asset Portfolio AM Targets;** and
- **Asset Degradation** - Models that define the likely decay of assets in performance over time.

### 3.7.1 Performance Impact

Forecasting the likely decay in the condition and quality of all assets based on the level of investment under consideration enables the impact of the proposed investment to be qualitatively assessed.

### 3.7.2 Financial Impact

The financial sustainability analysis determines the capacity cost, maintenance and operations cost and the cost of risk to develop an estimated NPV cost for each option. To be able to carry out the financial sustainability analysis, the following will be required:

- A capital / refurbishment / asset replacement costing model for all asset classes, capturing all relevant capital works over the life of the assets and the associated costs of the works; and
- An elemental Life Cycle Cost (LCC) model for all asset classes, capturing all relevant operations and maintenance costs over the life of the assets.

The above models will facilitate the process of developing a long term 25-40 year operations and capital works budget forecasts for the asset portfolio, as identified below in the Financial Summary.



### 3.8 FINANCIAL SUMMARY

A comprehensive and performance based SAMP needs to include aspects of the portfolio financial reporting where the following is provided for all asset classes:

- Annual changes to the ARV over the planning period;
- Asset Depreciation;
- Asset portfolio depreciated value;
- Maintenance cost projections;
- Operational cost projections; and
- Total cost of operation.

It is necessary to use an approach that enables the financial cost of each option to be compared to the impact of each option. This allows the cost constraints to be clearly considered in tandem with measurable AM objectives to identify options that affordably deliver the required realignment of the portfolio.

Assessing the sustainability of ACT Health asset maintenance funding can be achieved by comparing the projected maintenance expenditure requirements against the likely expenditure requirements, to ensure the desired level of service delivery is maintained. The projected maintenance expenditure is normally achieved by undertaking life cycle cost analysis (LCCA) of each asset class and aggregating that into an overarching view of budget requirements.

The maintenance cost projections are derived by examining historic expenditure levels as a percentage of asset replacement value and using forecast changes in the asset ARV to project likely maintenance budget allocations. The difference between the project maintenance demand and the likely budget allocation defines the sustainability of maintenance. The larger the gap, the greater the rate of increase in the maintenance backlog and the more rapid the deterioration in the asset condition.

In Figure 6 below, Option 3 delivers best value as it is very close to achieving the performance outcome below the available budget constraint. Option 1 does not achieve the AM performance objective (by a considerable margin) while Option 2 exceeds the likely available budget.

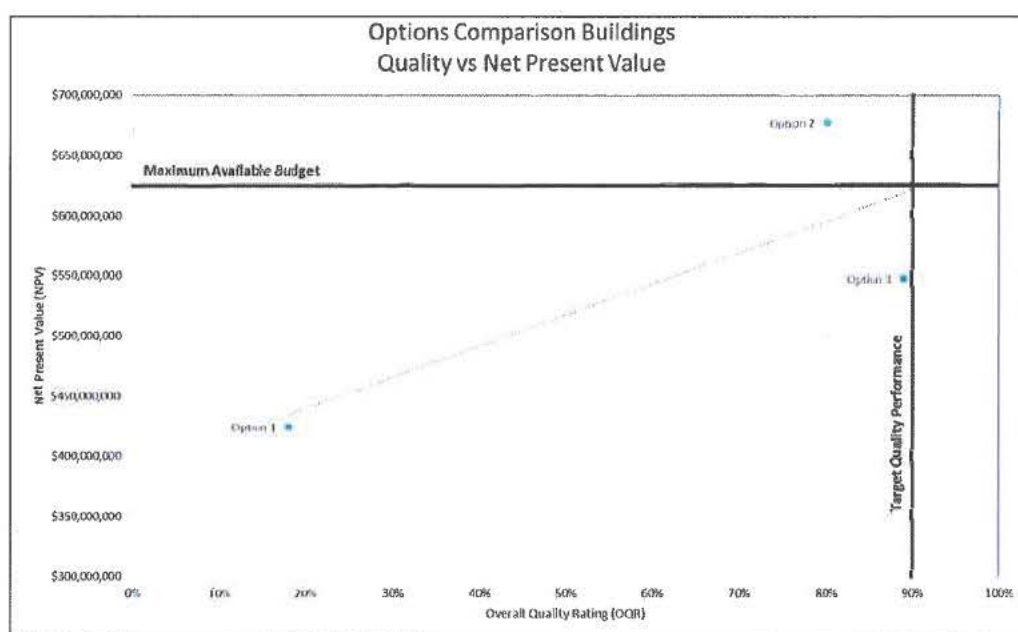


Figure 6 Options Analysis Financial Impact



## 4 ASSET MANAGEMENT CAPABILITY

The success of implementing a SAMF at ACT Health will depend on the AM awareness and capability level of the organisation. A literature review of AM capability assessment frameworks available was conducted to assess the optimal methodology for determining ACT Health's AM capability. The search concluded with a recommendation for ACT Health to adopt the Institute of Asset Management's (IAM) international best practice methodology PAS 55, depicted in Figure 7.

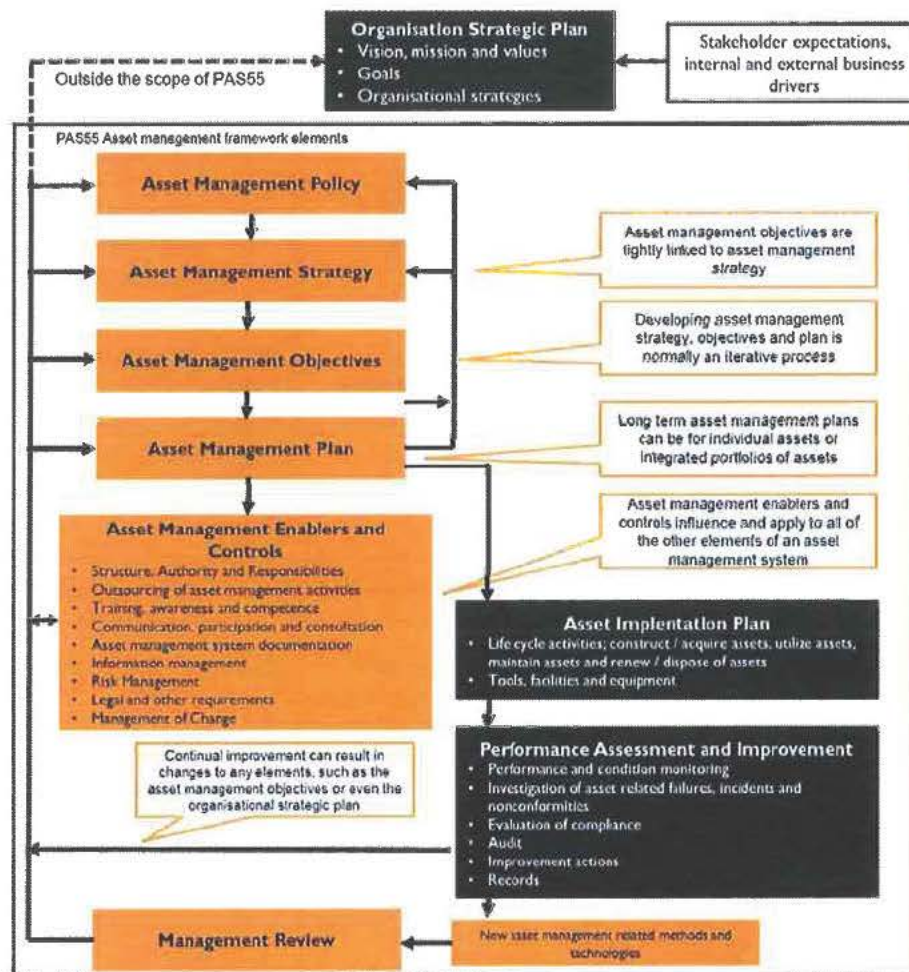


Figure 7 PAS 55 Asset Management Assessment Framework

The recommendation was based on the following:

- PAS 55 provides a very comprehensive and detailed analysis of an organisation's AM capability, even more than ISO 55000 (the updated Standard for AM).
- The adoption of PAS 55 enables direct comparison against internationally benchmarked AM capability performance standards that provides an opportunity for ACT Health to acquire future certification from the IAM if desired. This ensures that ACT Health's asset management capability aligns with a world's best practice model.

First introduced in 2004, PAS 55 is the British Standards Institution's (BSI) Publicly Available Specification for the optimised management of physical assets, typically applied to any organisation, public or private, regulated or non-regulated, that has a high dependency on physical infrastructure or equipment. Aimed to provide a holistic, systemic, systematic, risk-based, optimal, sustainable and integrated framework for the management



of an asset portfolio, PAS 55 describes what must be done in integrating planning and delivery, in the integrated management of acquisition / creation / operation, maintenance, disposal / renewal, and in the many generic 'enablers' that underpin sustainable, optimised performance. It also provides clear definitions and a 28-point requirements specification for establishing and verifying an integrated, optimised and whole-life management system for all types of physical assets.

The AM components assessed in PAS 55 consist of the following:

**Table 5 AM components assessed in PAS 55**

AM Component	Topics	AM Component	Topics
Asset Implementation Plans	Life Cycle Activities	Governance	General requirements
	Tools, facilities and equipment		Asset management policy
	Asset management plan(s)		Asset management strategy
Enablers & Controls	Contingency planning		Asset management objectives
	Outsourcing of asset management activities		Structure, authority and responsibilities
	Training, awareness and competence	Management Review	Management review
	Communication, participation and consultation	Performance Assessment	Performance and condition monitoring
	Asset Management System documentation		Investigation of asset-related failures, incidents and nonconformities
	Information management		Evaluation of compliance
	Risk management process(es)		Audit
	Risk management methodology		Corrective & Preventative action
	Risk identification and assessment		Continual Improvement
	Use and maintenance of asset risk information		Records
	Legal and other requirements		
	Management of Change		

To achieve PAS 55 certification, all elements need to be assessed at maturity level 3.0 or above (as described in Figure 2), the recognised nominated standard for a compliant system.



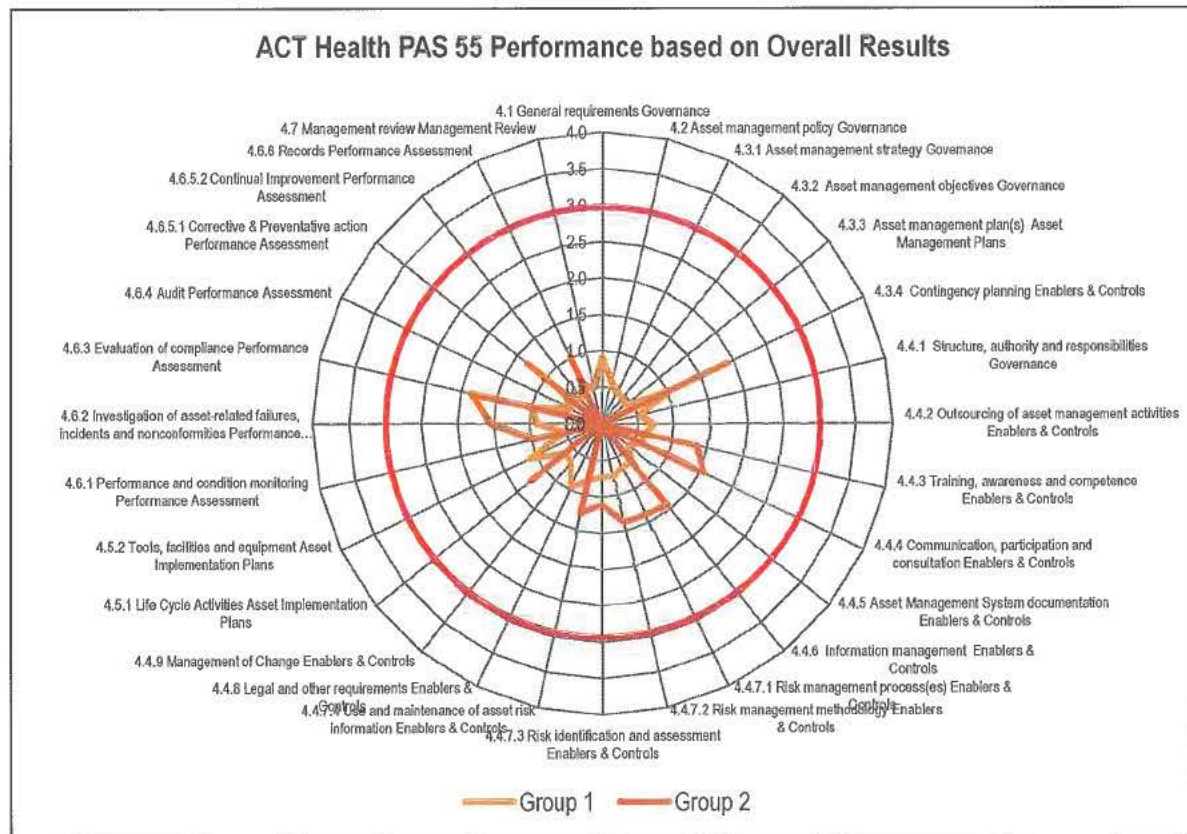
## 4.1 ACT HEALTH AM CAPABILITY

### 4.1.1 The AM Capability Self-Assessment Survey

ACT Health conducted a self-assessment of its current AM capability using the PAS 55 during the period 11 - 20 May, 2016, involving a total of 34 participants, divided into two categories:

- ACT Health Senior management and Executives forming Group 1; and
- ACT Health Administrative and Facilities Staff forming Group 2

The summary of ACT Health's AM capability results, by participant group, against the desired maturity level of 3.0 are depicted in Figure 8 below.



**Figure 8: ACT Health PAS 55 AM Capability Assessment Results**

All facets of the AM capability framework need improvement as they are sitting below the 2.0 rating. The above results indicate that the AM elements required by PAS 55 require further development at ACT Health, although the organisation has a basic understanding of the requirements of PAS 55, it is in the process of deciding how to adopt PAS 55 elements.



### 4.1.2 Risks and Consequences of the AM Capability Assessments

A priority ranking was established on the 28 AM components assessed to measure AM capabilities, based on the DCWC SAFM's understanding of ACT Health business operations. A risk and consequence analysis of the AM capability assessment was conducted, taking into consideration the priority ranking of each element and the scores achieved for the same e.g. a low score on a high prioritised component may pose higher risk to ACT Health operation than a high score on a low prioritised component.

Table 6 below summarises the risks and consequences posed by the AM capability assessment at ACT Health presented in the order of highest risk.

**Table 6: ACT Health AM Capabilities, Weaknesses and Risks**

Clause No	2008 Clause	AM Component	Current Position	Potential Risks
4.3.2	Asset management objectives	Governance	AM objectives are not developed, stated or documented	Failure to meet corporate objectives due to assets failing to perform to support corporate objectives.
4.3.1	Asset management strategy	Governance	There are no clear AM strategies in place	Potential misalignment between corporate objectives and AM strategies.
4.7	Management review	Management Review	Limited opportunity to review current management and processes	Outputs from management reviews not taken into considerations in AM activities. No lessons learnt formally captured and no improvement activities undertaken.
4.3.3	Asset management plan(s)	Asset Management Plans	No SAMP or AM Plans for the asset portfolio developed to date	No strategic guidelines and no operational plans in place to support long term plans for the asset portfolio and ensure that asset portfolio is managed and aligned with corporate objectives.  No visibility of long term financial risks posed by ageing or deteriorating assets.
4.2	Asset management policy	Governance	There is no AM policy in place to guide how asset should be managed at ACT health	Different assets classes are managed differently, or each Department manages their assets in their own way and potentially not aligned with corporate objectives.
4.4.1	Structure, authority and responsibilities	Governance	The organisational structure needs further development to better define responsibilities and clear lines of authority to best deliver asset management outcomes. No formalised Asset Management committee currently established.	Confusion over roles and responsibilities at operational level leading to difficulties in reporting problems and identifying appropriate responsibility for addressing problems. There is no committee to drive the implementation process. This could be easily be adapted from the PWG committee.
4.1	General requirements	Governance	ACT Health understand the need for AM and has selected processes in place and is aware of the need to develop a scope statement and work has commenced on its development	Without any documented statements, it is difficult to implement any AM activities effectively.
4.4.2	Outsourcing of asset management activities	Enablers & Controls	Some maintenance services are delivered by external service providers, but scope of works and roles and responsibilities are unclear	Potential claims for variations from service providers for works assumed to be outside scope, some critical works may not be delivered and gone unnoticed.



Clause No	2008 Clause	AM Component	Current Position	Potential Risks
4.4.5	Asset Management System documentation	Enablers & Controls	Limited AM system documentation is in place	Difficulties in implementing any AM procedures to ensure that assets are managed to the required level of service and aligned with Models of Care.
4.4.3	Training, awareness and competence	Enablers & Controls	Limited awareness of AM processes and activities	Staff may be managing assets effectively but the assets fail to meet ACT Health objectives.
4.4.4	Communication, participation and consultation	Enablers & Controls	AM related communications have commenced but not yet across all employees, stakeholders and contracted service providers	Not all stakeholders and contracted service providers understand the AM objectives and may be undertaking activities without directly aiming at the assets' Level of Service.
4.4.7.1	Risk management process(es)	Enablers & Controls	Current risk management policy and procedures have not been extended into the way assets are managed and operated	Not all asset associated risks are identified and hence cannot be mitigated.
4.4.6	Information management	Enablers & Controls	Some asset data is available but the information is not accurate.  Incomplete asset replacement values were reported.	Asset Replacement Values incorrectly reported and potentially incorrectly utilised for insurance and similar purposes.  Duplication of records potentially will also create confusions over asset values, operating costs and budget applications.  Decisions on Capital Works Plans may have been based on inaccurate information. Loss of opportunity to use historical data to inform future plans and decision making.
4.4.7.3	Risk identification and assessment	Enablers & Controls	No risk assessments have been carried out to each assets, including the consequences to ACT Health operations	With no risk assessment against each asset, unexpected asset failures may occur and the consequences of failure not anticipated.

### Summary

It is important to develop and implement a SAMF that ensures all PAS 55 AM Capability components achieve the minimum accreditation rating levels of 3.0.

The following areas, ranked in order of risks, provide focal points for AM improvement activities

- Governance;
- Enablers and Controls;
- Management Review; and
- Asset Management Plans.

These high priority areas for ACT Health improvement are analysed in further detail below in Section 4.1.3. To address the above areas, it is recommended that ACT Health continue to use PAS 55 to map and test the progress of the AM capability improvement plan.



### 4.1.3 Governance

#### Current AM Capability Rating

Table 7: Governance Capability Rating

Clause No	2008 Clause	Current Capability Rating	Target Capability Rating
4.1	General requirements	0.9	3.0
4.2	Asset management policy	0.6	3.0
4.3.1	Asset management strategy	0.5	3.0
4.3.2	Asset management objectives	0.5	3.0
4.4.1	Structure, authority and responsibilities	0.5	3.0

With the above scores, it assumes that the ACT Health currently:

- Understands the need for an AM system and a few components are in place, but there is no structure linking them;
- Is aware of the need to develop a scope statement and work has commenced on its development;
- Does not have a well-documented AM policy, asset management strategy or any asset management objectives; and
- Is not aware of the need to appoint a member of top level management to be responsible for the AM system.

#### AM component features at AM capability level 3.0

In most organisations, asset management is seen as the purview of the business units responsible for the operations and maintenance of building / facilities, medical equipment and ICT, rather than a corporate responsibility. Consequently, the links between asset strategy and corporate strategy are not always clear or even evident, regularly driving under-expenditure in maintenance budget allocation over time.

ACT Health will achieve an AM maturity level 3.0 in some areas when it has achieved the following:

- An established and documented AM system with all necessary components and linkages in place;
- Has defined and documented the scope of its AM system and the scope if appropriate to its AM activities;
- Dedicated AM Team to drive AM activities across the organisation; and
- Has established a link between the strategic objectives and service delivery outcomes of the organisation and the AM activities required to support these.

The best practice for an asset management governance structure is defined by the International Infrastructure Management Manual (IIMM) where the core components are as shown in Table 8 below.



Table 8: Core Governance Components

	AM Policy	AM Strategy	AM Objectives	AM Structures
What is it?	Broadly outlines why and how AM will be undertaken across the organisation as a whole.	Specific actions to be undertaken by an organisation to improve and enhance asset performance and asset management capability.	The objectives are the specific and measurable outcomes required from the AMF.	The senior management structures, roles and responsibilities that need to be in place in support of the AMF.
Objectives	<p>Sets the broad framework for undertaking asset management in a structured and coordinated way.</p> <p>The AM policy should be:</p> <ul style="list-style-type: none"> <li>▪ Authorised by top management;</li> <li>▪ Widely and effectively communicated to all relevant employees, and stakeholders;</li> <li>▪ Consistent with its organisational strategic plan;</li> <li>▪ Is consistent with other organisational policies including the risk management framework; and</li> <li>▪ Consistent with its overall risk.</li> </ul>	<p>Develop a structured set of actions aimed at enabling improved asset management by the organisation.</p> <p>The AM Strategy should:</p> <ul style="list-style-type: none"> <li>▪ Demonstrate its long term AM strategy;</li> <li>▪ Be consistent with the AM policy and the corporate strategic plan;</li> <li>▪ Be consistent with other organisational policies and strategies;</li> <li>▪ Consider the requirements of relevant stakeholders;</li> <li>▪ Take into account the life cycle of all assets, asset types and asset systems;</li> <li>▪ Optimise the demands place the assets, asset related risks and constraints to best meet the needs of the organisation;</li> <li>▪ Identify and appropriately considered all critical assets or asset systems within its long term AM strategy;</li> <li>▪ Provide a clear statement of the functions, performance and condition requirements of existing asset systems and critical assets;</li> </ul>	<p>The objectives should be:</p> <ul style="list-style-type: none"> <li>▪ Measurable;</li> <li>▪ Consistent with the strategy;</li> <li>▪ Documented and communicated to stakeholders;</li> <li>▪ Reviewed regularly;</li> <li>▪ Reflect legal, statutory and regulatory requirements;</li> <li>▪ Considerate of risk; and</li> <li>▪ Considerate of improvement opportunities.</li> </ul>	<p>AM should be an organisation wide consideration that is integrated into all facets of the business.</p> <p>In particular senior management need to understand the AMF and be committed to its implementation.</p> <p>Organisation asset policies and planning procedures should reflect this commitment.</p>



AM Policy	AM Strategy	AM Objectives	AM Structures
		<ul style="list-style-type: none"> <li>▪ States the desired future functions, performance and condition of existing and new asset systems and critical assets on timescales aligned to the corporate strategic plan; and</li> <li>▪ Ensure that any changes to the asset management policy and or organisational strategic plan are identified and assessed for their impact on the AM strategy.</li> </ul>	
Typical Contents	<ul style="list-style-type: none"> <li>▪ Organisational context and importance of AM;</li> <li>▪ Organisation's vision and goals and supporting AM vision and goals;</li> <li>▪ AM policies that underpin the strategic goals;</li> <li>▪ High level KPIs, including broad timelines and deadlines for AM implementation;</li> <li>▪ AM responsibilities and relationships;</li> <li>▪ How AM integrates into the organisation's business processes;</li> <li>▪ Audit and review procedures;</li> <li>▪ Management framework; and</li> <li>▪ Its overall AM policy includes a clearly worded commitment to continual improvement. No other part of the policy conflicts with this commitment</li> </ul>	<ul style="list-style-type: none"> <li>▪ A description of the current status of AM practices;</li> <li>▪ Organisation's future vision for AM;</li> <li>▪ The target status of AM operations;</li> <li>▪ Identification of the gap between the current status and target status; and</li> <li>▪ Identification of the strategies to close the gap.</li> </ul>	<ul style="list-style-type: none"> <li>▪ High level KPIs that reflect the performance of the asset;</li> <li>▪ High level KPIs that reflect the performance of the asset system;</li> <li>▪ KPIs that reflect stakeholder satisfaction with the effectiveness of asset management services;</li> <li>▪ A high level risk assessment for the asset, the framework and the services; and</li> <li>▪ Details of how legal, statutory and legislative responsibilities are being met.</li> </ul>



### Structure, authority and responsibilities

To effectively implement AM in any organisation, asset management needs to move from the plant room to the board room. Appropriate corporate management structures need to be established that oversee the management of the asset portfolio. As a result, ACT Health should establish a committee that focuses on asset management. The committee needs to:

- Take responsibility for the implementation and improvement of AM activities and performance;
- Broadly set asset strategy and direction;
- Review and recommend policy that should be implemented across the organisation; and
- Review monthly and annual performance reports.

### Immediate AM Improvement Actions

To improve its AM capability in this area, ACT Health will need to undertake the following:

- Establish an appropriate asset management policy, clearly defining the AM objectives and broad strategies that need to be implemented;
- Develop an AM framework, to support the preparation and oversight of the SAMP;
- Define the asset maintenance LoS as the basis of ACT Health asset management policy position, aligned with ACT Health Models of Care and corporate goals and targets;
- Assess the appropriateness of the LoS to ensure that the ACT Health's funding of maintenance is sustainable; and
- Establish an AM governance structure that will drive the above AM policy, objectives and strategy; and conduct AM reviews and performance assessments.

## 4.1.4 Management Review

### Current AM Capability Rating

Table 9: Management Review Capability Rating

Clause No	2008 Clause	AM Component	Current Capability Rating	Target Capability Rating
4.7	Management review	Management Review	0.5	3.0

The above score indicates that ACT Health currently:

- Has not identified the need to define the inputs to the management reviews and hence has not used the output from management reviews to improve its AM system;
- Does not take any output from management reviews into account when it reviews its strategic plan; and
- Keeps records of its management reviews but does not communicate the information from these reviews.



### AM component features at AM capability level 3.0 and Immediate AM Improvement Actions

To reach the AM Capability level 3.0, ACT Health is required to regularly review its AM systems, to ensure its continuing suitability, adequacy and effectiveness. This can be progressively achieved by ensuring the following:

- Regular reviews by top management of the adequacy and relevancy of the AM systems including AM policy, strategy, objectives and plans;
- Provide comprehensive inputs from top management into reviews of the AM systems, including compliance audits, wide consultation and outsourced activities that takes into consideration any changes to the business and technical environment and delivery of objectives;
- Continually improve the AM system by establishing the mechanism for making changes to the AM system, resulting from management reviews; and
- Relevant information from management reviews of the organisation's strategic plan is consistently and effectively communicated to employees, stakeholders and contracted service providers in a coordinated and systematic manner.

The above process should also be supported by an effective change management processes, which include extensive consultation involving high staff participation plus stakeholders and contract service providers.

## 4.1.5 Enablers and Controls

### Current AM Capability Rating

Table 10: Enablers and Controls Capability rating

Clause No	2008 Clause	AM Component	Current Capability Rating	Target Capability Rating
4.3.4	Contingency planning	Enablers & Controls	1.4	3.0
4.4.2	Outsourcing of asset management activities	Enablers & Controls	0.7	3.0
4.4.3	Training, awareness and competence	Enablers & Controls	0.9	3.0
4.4.4	Communication, participation and consultation	Enablers & Controls	1.0	3.0
4.4.5	Asset Management System documentation	Enablers & Controls	0.5	3.0
4.4.6	Information management	Enablers & Controls	1.0	3.0
4.4.7.1	Risk management process(es)	Enablers & Controls	0.9	3.0
4.4.7.2	Risk management methodology	Enablers & Controls	1.0	3.0
4.4.7.3	Risk identification and assessment	Enablers & Controls	0.9	3.0
4.4.7.4	Use and maintenance of asset risk information	Enablers & Controls	1.0	3.0
4.4.8	Legal and other requirements	Enablers & Controls	1.0	3.0
4.4.9	Management of Change	Enablers & Controls	0.7	3.0

With the above scores of AM capability level, it indicates that ACT Health currently:

- Has identified most credible incidents and emergency situations, but either does not have appropriate plans and procedures for critical activities or they are inadequate;
- Has documented some but not all of its controls over outsourced activities and or the documentation is ad-hoc and uncoordinated;
- Has recognised the need to assess its human resources requirements and to develop a plan, with limited recognition of the need to align these with the development and implementation of its AM systems;



- Has pertinent AM information shared along with those dealing with assets, but has conducted limited or ad-hoc consultations to define what is relevant and appropriate to share;
- Has not established documentation that describes the main elements of the AM system;
- Is aware of the need to determine in a structured manner what its asset information system should contain in order to support its AM system and is in the process of deciding how to do this;
- Is aware of the need to document the management of asset related risks across the asset life cycle, and has formally documented all relevant processes and procedures, including the methodologies which are proportionate to the risks being considered;
- Has identified the probability and frequency in assessing risk but there is no guidance or consistency in achieving this;
- Has not fully considered the use of asset risk information to support human resource and other planning;
- Has procedures to identify its legal, regulatory, statutory and other AM requirements, but the information is not up to date or inconsistently managed or coordinated; and
- Has not considered risks to AM activities or potential impacts to its AM activities when changing the AM system documentation, process and procedures or when changing assets, technology or introducing new work scope of contractors or suppliers.

#### Immediate AM Improvement Actions

ACT Health will need to improve its AM capabilities in this area of AM, particularly in terms of its AM system documentation, its financial and information management systems, its management of the outsourcing of AM activities, its change management approaches, improving its AM training and competencies, and improving its risk management process and procedures to be more AM focused.

To commence this process, ACT Health will need to develop and implement the following:

**Table 11: Enablers and Controls AM Improvement Actions**

AM Component	Recommended Improvement Actions
4.3.4 Contingency planning	<ul style="list-style-type: none"> <li>▪ Establish plans and procedures to identify and respond to all types of incidents and emergency situations (medical and non-medical);</li> <li>▪ Regularly test its emergency preparedness, response plans and procedures; and</li> <li>▪ Regularly review the effectiveness of these procedures, other than as post event reviews.</li> </ul>
4.4.2 Outsourcing of asset management activities	<ul style="list-style-type: none"> <li>▪ Review its outsourced activities and consider the need to put controls in place, to ensure compliant delivery of ACT Health strategic plan and AM Policy and strategy; and</li> <li>▪ Ensure a high degree, coordinated and strategic approach of knowledge and information sharing between ACT Health, and its outsourced service providers</li> </ul>
4.4.3 Training, awareness and competence	<ul style="list-style-type: none"> <li>▪ Identify human resources requirements to develop and implement AM systems at ACT Health; and</li> <li>▪ Develop plans to improve AM awareness and competence across ACT Health, and align these with the development and implementation of AM system.</li> </ul>
4.4.4 Communication, participation and consultation	<ul style="list-style-type: none"> <li>▪ Continue current methods of communication and consultations, particularly in relation to asset related risk assessments and incident investigations combined with continual improvement of the AM systems.</li> </ul>
4.4.5 Asset Management System documentation	<ul style="list-style-type: none"> <li>▪ Define all procedures and operating criteria that ACT Health needs to be documented; and</li> <li>▪ Commence documentation that describes the main elements of the AM systems, including descriptions and directions.</li> </ul>



AM Component	Recommended Improvement Actions
4.4.6 Information management	<ul style="list-style-type: none"> <li>Confirm the asset groups, terms and nomenclature to be used and included in any information management system</li> <li>Confirm what asset information is required by ACT Health, including the appropriate structure to support its AM system and the best method of undertaking this process;</li> <li>Consider also the relevancy of currently available data and ACT Health's operational needs and identify the gaps;</li> <li>Identify the best way of controlling and assuring the quality and accuracy of asset information and its structure, including allocation of access to its information systems; and</li> <li>Define what asset management records should be retained for legal or knowledge preservation purposes, the process of ensuring this and ensuring the security of the information.</li> <li>Define what reporting requirements ACT Health needs to prepare and submit, and how the information management system can assist in providing accurate asset information, e.g. ARV.</li> </ul>
4.4.7.1 Risk management process(es)	<ul style="list-style-type: none"> <li>Continue process of documenting the identification and assessment of asset related risk across the asset life cycle; and</li> <li>Continue process of documenting control and implementation of asset related risk management across the asset life cycle.</li> </ul>
4.4.7.2 Risk management methodology	<ul style="list-style-type: none"> <li>Continue the process of putting in place appropriate methodology matched to the level of risk and including consideration of operating experience and of risk changing with time; and</li> <li>Confirm current classification of asset related risks and match these to criticality and controls. Ensure of formal linkages to AM objectives and plans.</li> </ul>
4.4.7.3 Risk identification and assessment	<ul style="list-style-type: none"> <li>Review current method of ensuring consistency in assessing asset related risks, the different types or risks and its consequences, using probability and frequency and possibly with the use of peer group review.</li> </ul>
4.4.7.4 Use and maintenance of asset risk information	<ul style="list-style-type: none"> <li>Commence the process of using the outputs of risk assessment as inputs for AM strategy, objectives and plans and controls;</li> <li>Commence using outputs of risk assessments also to develop requirements for resources and training; and</li> <li>Continue to document and keep risk identification, assessments and determined controls up to date, supported by appropriate mechanisms.</li> </ul>
4.4.8 Legal and other requirements	<ul style="list-style-type: none"> <li>Ensure that all information associated with legal, regulatory, statutory and other AM requirements up kept up to date and adequately managed; and</li> <li>Confirm requirements for reporting and communicating legal and other information.</li> </ul>
4.4.9 Management of Change	<p>Commence taking into consideration:</p> <ul style="list-style-type: none"> <li>Risk to AM activities when Changing the AM system documentation, processes and procedures;</li> <li>The potential impacts to its AM activities when changing organisational structure, roles and responsibilities; and</li> <li>Risks to AM activities when changing assets, technology or introducing new/ changing scope of works of contractor or suppliers</li> </ul>



## 4.1.6 Asset Management Plans

### Current AM Capability Rating

Table 12: AM Plans Capability Rating

Clause No	AM Component	2008 Clause	Current AM Capability Rating	Target Capability Rating
4.3.3	Asset Management Plan(s)	Asset Management Plans	0.4	3.0

ACT Health currently scores very low in this component as it does not have any AMPs to achieve its AM strategy and objectives.

### AM component features at AM capability level 3.0

To enable ACT Health meet the AM maturity level 3.0, ACT Health will need to develop AMPs for its asset portfolio, and ensure that each AMP:

- Is communicated to all relevant employees, stakeholders and contracted service providers to a level of detail appropriate to their participation or business interests in the delivery of the plans and there is confirmation that they are being used effectively;
- Contains document specific tasks and activities required to optimise costs, risk and performance of assets and or asset systems consistent with the asset management strategy;
- Includes actions to improve the asset management systems, consistent with the strategic business plan and deliverables;
- Consistently documents responsibilities for the delivery actions and there is adequate detail to enable delivery of actions. Designated responsibility and authority for achievement of asset plan actions is appropriate;
- Is appropriately optimised, and prioritised within and between plans;
- Is supported with appropriate provisions of time frame and resources to efficiently and cost effectively implemented, including any changes needed to functional policies, standards, processes and the asset management information system; and
- Is periodically reviewed against the AM strategy and objectives, and reflect any changes in AM strategy and objectives.

### Immediate AM Improvement Actions

Given the range of asset classes supporting ACT Health operations and the distribution of its assets across various campuses / locations, it is recommended that ACT Health develop an AMP for either each asset class or for each campus where the assets are located. To achieve this ACT Health needs to support effective asset planning and review.

Ensure that each AMP contains sufficient financial information, including any long term capital and operations maintenance budget forecasts which will assist ACT Health identify options and make decisions on future plans for the assets.



## 5 ASSET MANAGEMENT PLAN DEVELOPMENT

A key objective of the AMP is to provide a clear and concise narrative of the relevant asset portfolio and how it supports the organisation's strategic objectives.

A SAMP and an AMP can often be confused. A SAMP is a blueprint for making strategic, high level decisions about the asset portfolio and alignment of the portfolio with corporate objectives and long term plans. An AMP on the other hand is more technical and operational. The effectiveness of an AMP can be diluted if the plan includes strategies for improving either the Asset Management Framework or Asset Management Services. The focus of the AMP is on asset portfolio alignment, as shown in Figure 9 below.

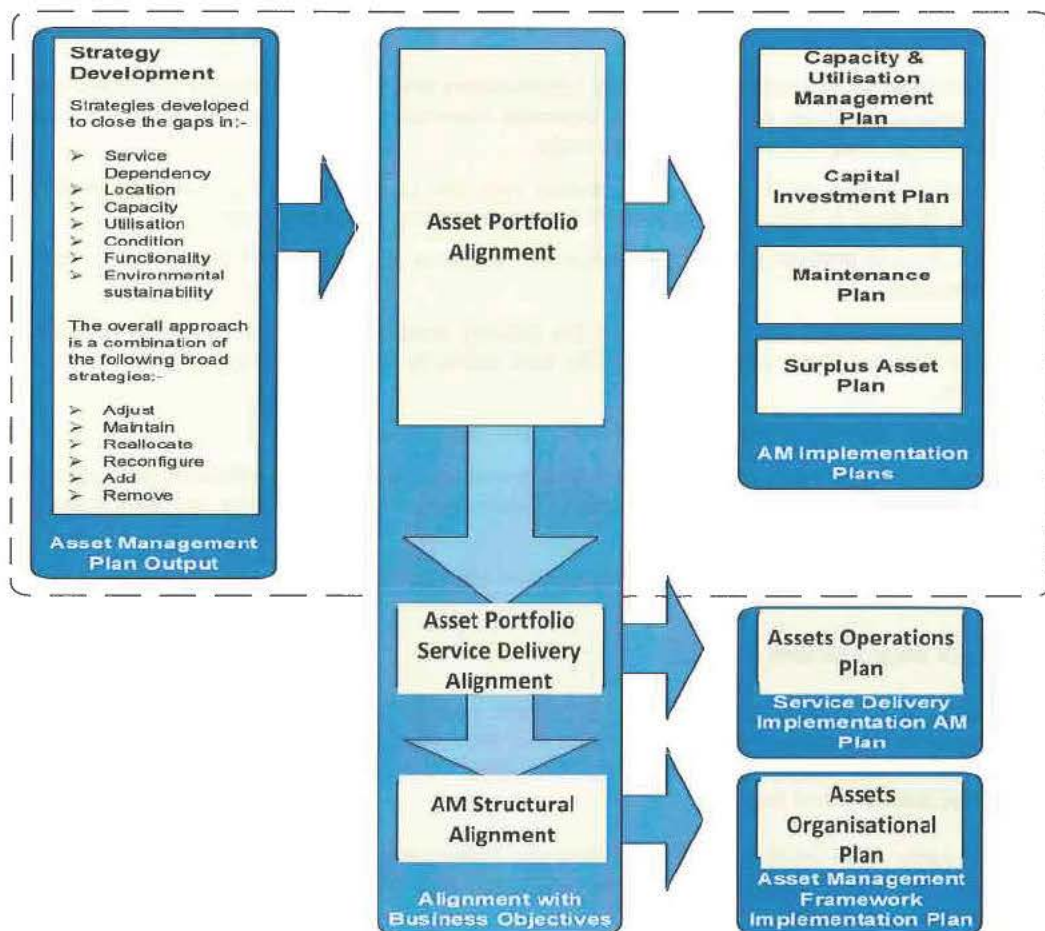


Figure 9: AMP Scope

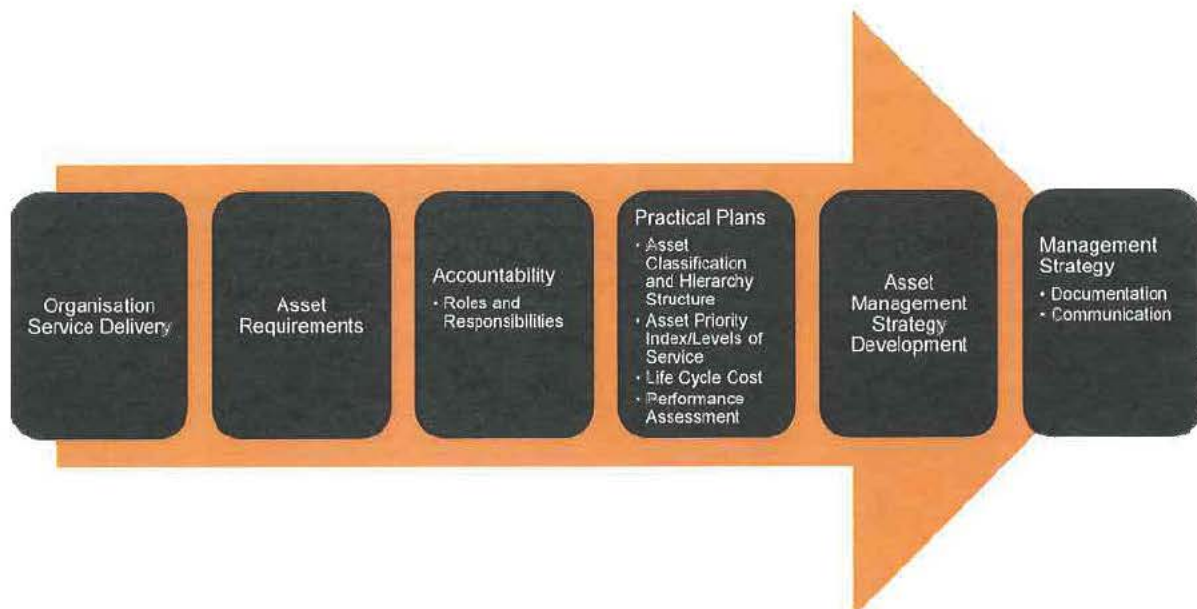


A comprehensive AMP development process comprises of a number of specific components that address the various aspects of asset management. These can be divided into various areas categories as outlined in Table 13 below.

**Table 13: AMP Development Process**

No	Stages	Description/Purpose
1.	Organisation Service Delivery	The service delivery of the organisation needs to be defined and measurable AM objectives set.
2.	Asset Requirements	A consistent lens needs to be applied to the whole asset portfolio. The asset classes and hierarchy needs to have consistent nomenclature and definitions through ACT Health.
3.	Accountability including roles and responsibility	The roles and responsibilities of stakeholders need to be clearly depicted to ensure effective implementation of AMPs.
4.	Translating to practical plans	Outline actions to improve the asset management system, consistent with the strategic business plan and deliverables, and based on agreed asset classification and grouping, API and hierarchy structure, asset LoS, asset performances and assets life cycle costs.
5.	Optimisation / Strategy Development including planning and implementation	Ensure realistically achievable AMP targets to be supported with appropriate provisions of time frame and resources including any changes needed to functional policies, standards, processes and the asset management information system. This will be imperative to the implementation of successful AMPs.
6.	Management strategy including documentation and communication	This will ensure continuity from an operational perspective where AM objectives are met through systematic and well documented approach that is constantly communicated with all relevant stakeholders.

ACT Health needs to support effective asset planning and review. Figure 10 below outlines each stage of the AMP Development and further details are provided in Section 5.1 to Section 5.7.



**Figure 10: AMP Development Process Diagram**



## 5.1 ORGANISATION SERVICE DELIVERY

ACT Health delivers Health services to the broader ACT Community and surrounding areas on behalf of the ACT Government. ACT Health also provides a comprehensive range of co-ordinated health and community health care services.

The ACT Health Corporate Plan addresses the following challenges:

- Meeting increasing demand for health services;
- Improving the health of vulnerable people;
- Improving the patient journey;
- Building and nurturing a sustainable health system; and
- Ensuring that service planning and delivery is underpinned by ACT Health's Safety and Quality Framework.

Initiatives undertaken by ACT Health to meet the challenges facing the health system include the following:

- Redesigning the organisation and services; and
- Redevelopment capital infrastructure under the umbrella of the Health Infrastructure Program.

Examples of strategic documents that will help direct ACT Health to establish a framework for its AM Objectives include, but are not limited to:

- Strategic Plan;
- Clinical Services Framework;
- ACT Primary Health Care Strategy;
- Health Infrastructure Program; and
- Models of Care.

The translation of broad strategies into measurable AM objectives in the SAMP will provide a clear line of sight between ACT Health's service delivery and asset portfolio, which will also ensure that the asset portfolio will continue to directly support service delivery. This, in turn, will provide the basis for asset management planning and ensure that the best approaches / strategies are employed for managing assets in a targeted, realistic, and financially viable manner.



## 5.2 ASSET REQUIREMENTS

Based on ACT Health Annual Report 2014 – 2015, the breakdown of the asset portfolio managed by ACT Health is as follows:

**Table 14: ACT Health Asset Portfolio**

Asset	Asset Class	Value	Percentage of Asset Breakdown by Value
Built property assets	Building assets (about 230,000 m <sup>2</sup> GFA)	\$798.818M	90.1%
Land	Land	\$40.645M	4.6%
Plant and equipment	Non-Medical Plant and Equipment	\$43.227M	4.9%
Leasehold improvements	E.g. fitout on leased premises	\$3.439M	0.4%
Total		\$886.129M	100%

The asset portfolio values outlined above in Table 14 do not align with the asset classes proposed for ACT Health SAMP development. It currently excludes asset portfolio values for Medical Equipment and ICT which need to be captured and included in the asset valuation process.

### 5.2.1 Asset Classification and Hierarchy Structure

A consistent lens needs to be applied to the development of the AMPs in order to view the asset and asset components throughout the asset lifecycle. This means having the following:

- A consistent asset structure including asset type and asset class. NSW and Victorian Health frameworks can be used as reference or starting point. This information has been included in the appendices in Sections 8.6 and 8.7;
- A consistent nomenclature and definitions for each asset components and consistent level of granularity. This enables meaningful LCCA and component performance analysis;
- Consistent asset definitions that align to accounting structures. This enables clarification in terms of expenditures and investments on assets; and
- A standard definition of asset implementation strategies.

The asset structure will need to align with risk profiles and also the LCC activities, including maintenance categories (Statutory, Preventive, Corrective, and Conditioned Based), operations, and asset replacement. This will assist in defining the preferred asset strategy to be employed by ACT Health. The asset structure will also need to be developed in consultation with the ACT Health to ensure it reflects the key elements that is required to support Hospital activities.

In order to produce an AMP that is effective, the concept of asset prioritisation and LoS is crucial. LoS refers to the level of service that the asset is expected to deliver and the level of maintenance that will need to be applied to the assets to ensure that it delivers the required level of service<sup>1</sup>. The determination or assessment of the strategic priority of each assets and individual LoS required for each asset will enable ACT Health to allocate funding in a considered manner that ensures that resources are deployed in the most efficient and cost effective manner.

<sup>1</sup> Refers to Section 5.4.1 and 5.4.2 for details



The LoS also needs to align with and reflect the assessed strategic priority of the assets to the organisation. AN increase in the number of high priority assets and high LoS assets will lead to an increase the funding required to implement the AMPs.



## 5.3 ACCOUNTABILITY

### 5.3.1 Roles and Responsibilities

The ACT Health organisational structure is currently being realigned to enable better service delivery outcomes for the Canberra community. Formerly ACT Health comprised four major Divisions. The new structure, once formalised, should allow the SAMF to be adopted and implemented in an integrated manner so that a clear line of sight is established between the strategic objectives of ACT Health and the asset portfolio. This will ensure that the asset portfolio is aligned and optimised to best deliver required services. It will also ensure that the asset management capability within ACT Health is able to effectively support the management of the ACT health Asset Portfolio.

A SAMF facilitates an integrated approach to Asset Portfolio Realignment and Asset Management Capability. This integrated approach also needs to be reflected in the new structure developed for ACT Health. For the SAMF to be effective, seamless and horizontal communication between organisational units is imperative. This seamless communication enables a clear set of strategic goals and service delivery objectives to be agreed and ensures that all parts of the organisation agree on a defined set of priorities.

From a vertical communication view point, the particular reporting needs need to be considered by ACT Health as follows:

- Operational Reporting: daily maintenance and management of assets;
- Management Reporting: used continuously to monitor and manage assets based on set KPIs; and
- Planning / Strategic Reporting: development of framework and strategy that provides guidance for the management and operations of assets.

This approach is very similar to the one undertaken by NSW Health as outlined in Section 8.6. Figure 11 below illustrates a suggested model of a committee structure and personnel to implement the SAMF and develop the different stages of SAMP and AMP evolution.

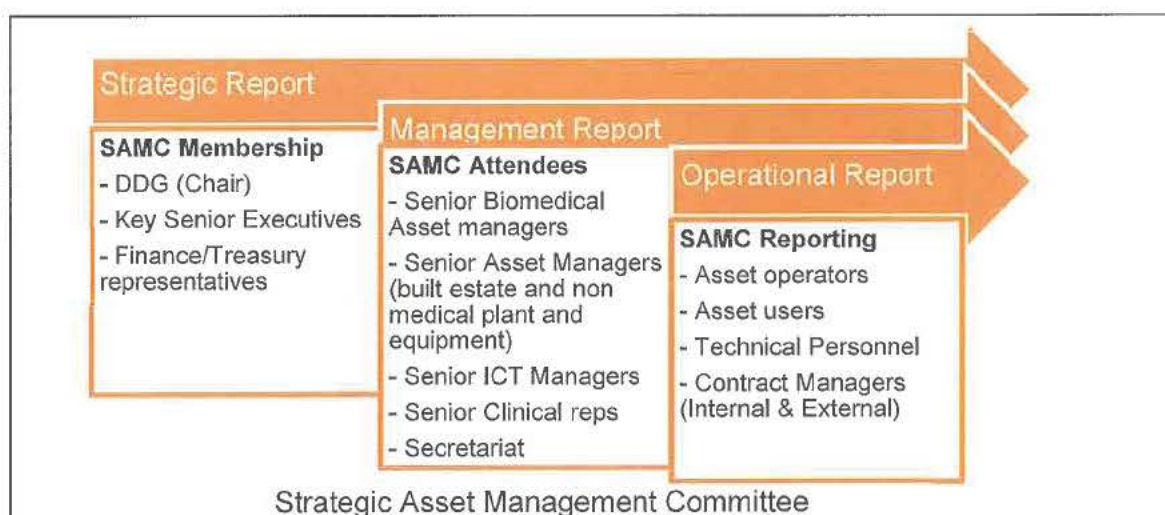


Figure 11: Suggested Committee Structure and Personnel for Reporting



A suitable Governance Framework once adopted by ACT Health will need to implement the established SAMF, ensure appropriate reporting and accountabilities and drive the execution of a SAMP through a monitoring and management perspective. It is recommended that a suitable structure is established to maintain current momentum and oversee the specifics around AM strategies and the development of recommended AMPs.

Underpinning these objectives is a requirement to establish dedicated committees to oversee and drive AM capability improvement across each asset class. A senior level committee should be established to provide informed recommendations into the development and management of the asset portfolio in accordance with the SAMF. This committee should report directly to the Director General (DG) of ACT Health and consist of senior executives including the Deputy Director General (DDG), Strategic and Health Infrastructure Representatives and senior representatives from Finance/Treasury. Subject matter experts should be attendees and provide relevant input as required to better inform committee decisions and recommendations. This will ensure that highly specialised and rapidly evolving asset classes such as Medical Equipment and ICT are adequately considered and addressed. Furthermore, the committee should be nimble and focused to evolve the AM capability improvement process efficiently and provide responsive support to achieving the AM objectives adopted by ACT Health during the Needs Assessment activity of the SAMP process.

Operational/working level committees should also be established to facilitate the development of SAMPs for each asset class and also the development of AMPs. This will ensure that these asset classes are considered and subsequently managed in a consistent, rationalised and centralised manner. These committees should report to the Strategic Asset Management Committee to enable an integrated process from operational through to strategic and ultimately to the DG and Minister as appropriate.



## 5.4 TRANSLATING TO PRACTICAL PLANS

### 5.4.1 Asset Priority Index (API)

Determining the relative strategic importance or mission alignment of each asset requires the development of a comprehensive and easy to implement methodology for asset prioritisation based on existing frameworks. This process allows for the assessment of the relative risks posed by underperforming assets and allows prioritisation of suitable rectification strategies.

This process underpins the assets performance assessment and provides a critical link between organisational strategy and asset performance that informs SAMP asset strategy development and prioritisation. A sample of this based on the Tertiary Education and Facilities Management Association (TEFMA) API framework<sup>2</sup>, the US Coast Guards mission dependency index<sup>3</sup> and the US Department of Interiors API<sup>4</sup> is as follows:

The assessment examines:

1. **Strategic Alignment** – The alignment of the asset with the organisation's strategic plan.
2. **Consequence** – the implications for the service delivery if the asset is not available or provided
3. **Dependency** – The dependency the strategic plan outcome has on the asset solution, addressed by examining:
  - **Intradependency** – Can the required functions be delivered out of alternative assets on campus or through temporary assets?
  - **Interdependency** – Can the activity be delivered in another way?

### 5.4.2 Levels of Service (LoS)

The LoS framework requires the definition of:

- **A standard asset hierarchy structure:** requiring ACT Health to determine the level of granularity and hierarchy of structure for asset management plans;
- **Standard Levels of Service (LoS):**  
Defines the Level of Service that the assets require to deliver and support ACT Health services. Hence, it is critical that ACT Health confirms the Models of Care through the targets and goals identified in relevant corporate plans, as this will provide clear alignment and guide the required LoS for the assets. This will in turn determine the required level of maintenance service to meet the LoS.

#### **An Asset Prioritisation Model:**

A process that links the API methodology to the LoS to provide a first cut of the LoS required for each asset; and

<sup>2</sup> TEFMA, The Strategic Asset Management Guideline, March 2010

<sup>3</sup> Dempsey, James J., *Facilities Management Doctrine: A Strategy for Making Better Decisions at Lower Risk and Costs*, Facilities Manager, Volume 23 No.2, March/April 2007.

<sup>4</sup> US Department of Interior, *Asset Priority Index Guidance*, September 2005



### Aligning Maintenance Strategies to Level of Service:

There are a limited number of standard asset strategy responses that are possible. The LoS framework needs to assign strategies to each of the assets.

## 5.4.3 Life Cycle Cost and Maintenance Tasks

NSW Treasury defines LCC as 'the process to determine the sum of all the costs associated with an asset or part thereof, including acquisition, installation, operation, maintenance, refurbishment and disposal costs' over the useful life of the asset. To enable a life cycle cost model to be developed, the cost of the initial acquisition task, combined with the costs of each maintenance task, together with the task frequency needs to be estimated. This will include:

- Statutory maintenance;
- Preventative maintenance;
- Corrective maintenance; and
- Utility costs, e.g. water, electricity, and gas.

Where work is undertaken by ACT Health staff, the cost of the task needs to include the trade rate, the time taken to undertake the work and materials costs. Where appropriate, the costs associated with disposing or demolishing surplus or unwanted assets should also be captured.

A LCC provides opportunities to compare the whole of life costs associated with one type of assets with another. This is particularly useful when comparing the operations and maintenance costs over the life of the assets, where assets with similar acquisition costs may pose significantly different operations and maintenance costs over the life of the assets.

A LCC enables ACT Health make accurate and timely decisions on assets to be made. There is a close relationship between the potential savings and the time when making decisions as seen in Figure 12 below. Note that the cost of making changes will be minimal when decisions to make the changes are made early in the process, and that larger cost savings can be made when decisions are made early in the process also.

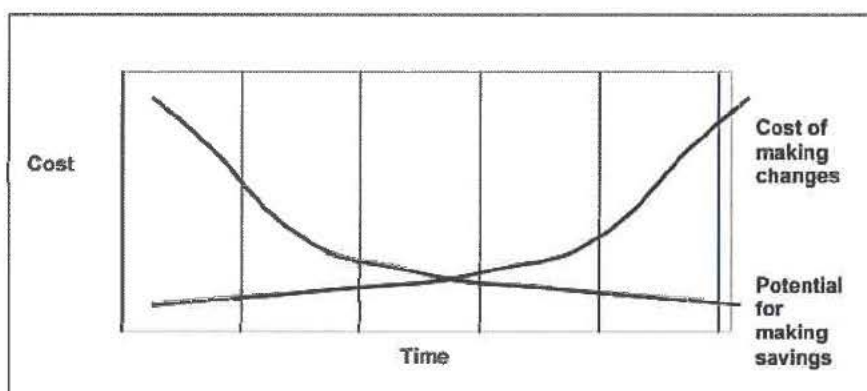


Figure 12: Potential Savings and Cost Relationships

A generic model will be required initially and should be evolved as ACT Health specific data is collected.



The life cycle costing task therefore will involve:

- The development of a generic model for ACT Health assets; and
- Development of data collection and analysis procedures to support refinement of the model.

#### 5.4.4 Asset Performance Assessment Framework

To assess and measure asset performance in a SAMP, DCWC SAFM advocates the use of the following criteria for the APAF shown in Table 15.

**Table 15 Asset Performance Assessment Framework (APAF) for various Asset Classes**

Performance Criteria	Recommended Performance Assessment Framework for:		
	Built Assets and Non Medical Plant and Equipment	Medical Equipment	ICT Equipment
Capacity	•		•
Utilisation	•	•	•
Location	•	•	•
Condition	•	•	•
Functionality	•	•	•
Remaining Life	•	•	•
Compliance	•	•	•
Environmental Sustainability	•	•	•
Financial Sustainability	•	•	•
API	•	•	•

In order to increase alignment of processes, the information gained from the SAMP asset portfolio performance will be utilisation in the AMP development process. However, only selected KPIs will be required for AMP development as highlighted in the table above.

#### Compliance

ACT Health is expected to meet a range of legislative requirements including, but not limited to, the following:

- **Health specific legislation:**  
A set of Acts which cater to the components of healthcare. Examples of components include aged care, biosecurity, medical equipment indemnity;
- **Environment, Protection and Biodiversity Conservation Act:**  
An Act that enables the Australian Government to join with States and Territories governments in providing a national scheme of environment, heritage protection and conservation. The Act focuses on government interests on protecting the matters of natural environmental significance;
- **Work, Health, and Safety Act:**  
Provides a balanced and nationally consistent framework to secure the health and safety of workers, visitors and members of the public at workplaces;
- **National Construction Code:**  
A set of technical provisions produced and maintained by the Australian Building Code Board (ABCB)



for the design, construction and maintenance of buildings and structures throughout Australia allowing for variations in climate and geological / geographical conditions; and

▪ **Australian Standards:**

A set of Standards associated with the design, installations, operations and maintenance of selected installations, including building fire, electrical, HVAC and medical systems.

Part of meeting these requirements include ensuring that all assets are designed and constructed / installed as per legal requirements, followed by conducting maintenance activities which are stipulated in legislation.

**Audit Process**

Each of these criteria can be assessed using a simple rating method which is further described in Section 5.5.1 of this report.

Asset performance assessment such as condition, remaining life and asset replacement value are typically conducted through an audit process, which can be conducted in either one of the three levels listed below in Table 16:

**Table 16: Level of Asset Audit**

Level	Description	Detail
Level 1	Desktop Audit	Audit carried out between 5 year Level 2 and 3 audit
Level 2	Walk through Audit	Standard audit identifying key facility defects
Level 3	Detailed Audit	Comprehensive report for maintenance Provide a basis for rehabilitation projects

It is recommended that ACT Health adopt the most appropriate level of audit assessment for its circumstances at a minimum of a Level 1 and preferably to a Level 3 for critical and high risk assets.

## 5.4.5 Risk Assessment

ACT Health will need to develop a Risk Management Plan for all the whole asset portfolio that aligns with its AM objectives and Risk Management Policy.

The risk assessment examines the likelihood of failure and the consequence of failure to assess the risk of each asset where:

- The consequence of failure needs to be assessed for each asset;
- The likelihood of failure, linked to the assessed condition of the asset; and
- The risk assessment needs to be conducted within the context of ACT Health service delivery requirements (such as Models of Care, CSF, etc.).



## 5.5 ASSET STRATEGY DEVELOPMENT

### 5.5.1 Background

The procedure and systems requirements for developing a forward looking AMP for ACT Health need to be defined, to enable a prioritised, 5 year maintenance plan for each asset. The inputs are:

- AM objectives, aligned with business core service delivery;
- The combination of the API and the asset LoS presents a risk score for each asset; and
- Asset Performance Assessment KPIs, as shown in the example below in Table 17.

**Table 17: Asset Performance Assessment Sample KPIs**

No	KPIs	Description	Sample Measures
1.	Utilisation	% of use of assets / maximum capability of use of asset	% of utilisation
1.	Condition	Condition of assets by components (dependant of asset hierarchy and level of granularity)	Rating 1 to 5 (where 5 is very good and 1 is very poor)
2.	Remaining Life	Remaining useful life of assets by components (dependant of asset hierarchy and level of granularity)	Years / months (asset dependant)
3.	Compliance	Ensure all assets are compliant with all relevant legislative compliance.	Y/N
4.	Environmental Sustainability	Need to consider: <ul style="list-style-type: none"> <li>▪ Energy;</li> <li>▪ Water; and</li> <li>▪ Waste.</li> </ul>	Assesses the energy intensity (GJ / m <sup>2</sup> ), Greenhouse Gas (GHG) emissions, water consumption and waste generation.
5.	Financial Sustainability	Need to consider: <ul style="list-style-type: none"> <li>▪ Capital investment;</li> <li>▪ Operational;</li> <li>▪ Maintenance Expenditure; and</li> <li>▪ Disposal.</li> </ul>	Assesses historic financial information by %ARV of assets.
6.	Asset Priority Index (API)/Levels of Service (LoS)	Importance of asset and its components	Rating 1 to 5 (where 5 is very good and 1 is very poor)

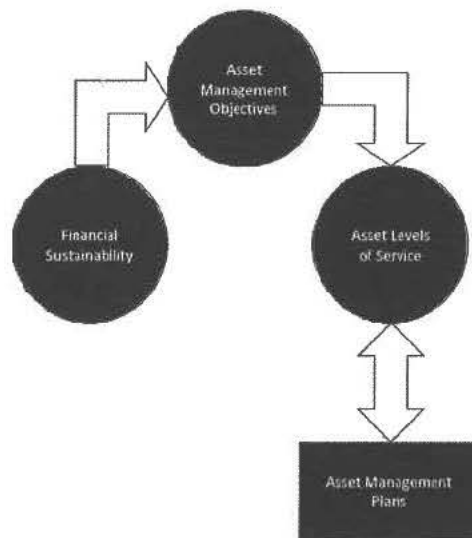
The purpose of collecting the above information will allow ACT Health to acquire evidence based insights on assets performance and develop strategies for the future. The AMP can then be easily aggregated and presented by asset class or location and include budget requirements as shown in Section 5.5.2 below.

### 5.5.2 Relationship between Service Delivery, LoS and Budget Allocations

The AMP development process will be substantially based on the AM Objectives derived from the Models of Care that ACT Health has established (i.e. LoS delivery to patients). This provides a guide to the LoS required for assets and subsequently a strong link between asset LoS and budget allocations. This enables the outcomes of budget allocation to be clearly identified.



The aim is to enable comparison of target levels of investment to current levels of investment, identifying the investment gap (if any), as shown in Figure 13 below. The overall objective is to determine the level of investment that is appropriate for all the assets that ACT Health can sustainably afford to fund.



**Figure 13: Relationship between Service Delivery, LoS and Budget Allocations**

It should be noted that the asset LoS shown in the diagram above:

- Should be determined by ACT Health corporate strategic plans and targets, e.g. patient LoS; and
- Determines the asset maintenance LoS.

### 5.5.3 Relationship between Future Demands and Current Capability

**Table 18: Relationship between Future Demands and Current Capability**

Stage	Inputs	Outputs
Future Demands	Models of Care CSF Strategic Plans Demographic modelling	
Current Capability	Asset Performance Assessment	
Gap Analysis		The gap analysis between future demands and current capability



Stage	Inputs	Outputs
Strategy Development		<p>The development of realistic and achievable strategies for the whole asset portfolio.</p> <p>Examples of strategies for buildings include:</p> <ul style="list-style-type: none"> <li>■ Backlog Maintenance</li> <li>■ Renovation</li> <li>■ Refurbishment</li> <li>■ Major refurbishment</li> <li>■ New built</li> <li>■ Demolition</li> </ul> <p>Examples of strategies for Medical / ICT Equipment include:</p> <ul style="list-style-type: none"> <li>■ Maintenance</li> <li>■ Asset Replacement</li> <li>■ Disposal</li> </ul>
Implementation Plan		<p>Include:</p> <ul style="list-style-type: none"> <li>■ Projected asset management plans based on strategy</li> <li>■ Projected financial summaries</li> </ul>

### 5.5.4 Technical Strategy

To ensure the AMP is effective, ACT Health will need to ensure alignment of AMPs with existing policies of all assets classes. The policies need to be implemented in all areas listed below:

#### Procurement

This process needs to be in accordance with appropriate ACT Government procurement legislation and the relevant agencies to facilitate efficient and cost effective procurement policy implementation.

#### Operational

There is a Draft ACT Healthcare Technology Policy for medical equipment. The finalised Policy needs to be aligned with similar policies for other asset classes and with ACT Health's strategic objectives. Concurrently the finalised Policy should differentiate between asset classes to take into account specialised asset management requirements. There also needs to be a strong focus on the assessment of the criticality, reliability and risks posed by the assets as part of the operational policy to ensure the safety of staff, patient and public.

#### Maintenance

There is a Draft ACT Healthcare Technology Policy for medical equipment. The finalised Policy needs to be aligned with similar policies for other asset classes and with ACT Health's strategic objectives.

The type of maintenance which should be applied to a particular asset or its components will depend on the importance of that asset to service delivery, taking into account changes in direction (if any) in the service delivery strategy. The Maintenance Strategies that should be adopted are as follows:



Table 19: Maintenance Strategies

Category	Maintenance Strategy	Definition
Planned maintenance	Preventative maintenance	Maintenance performed to retain an item or asset in its operating condition, by providing systematic inspection, detection and prevention of incipient failure.
	Condition-based maintenance	Maintenance initiated as a result of routine or continuous monitoring of the condition or operating performance of the asset.
	Statutory maintenance	Maintenance that must be carried out to meet statutory requirements.
Unplanned maintenance	Corrective and breakdown maintenance	Maintenance performed as a result of failure, to restore an item or asset to its optimal condition.
	Incident maintenance	Restores an asset to an operational or safe condition, following damage caused by storms, fire, forced entry or vandals.

The process for development of the strategies for each asset component is shown in Figure 14:

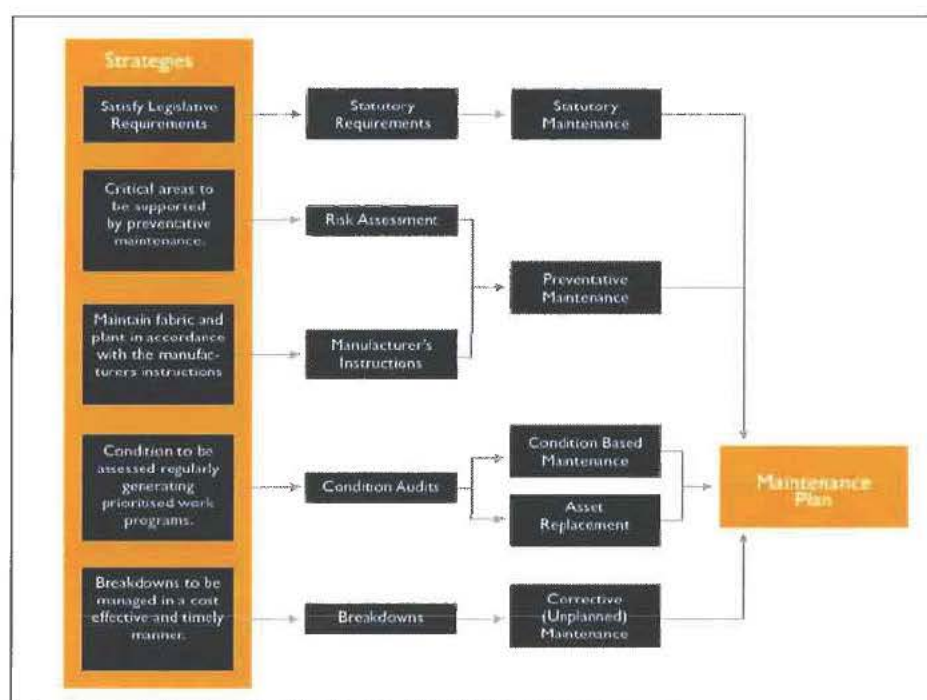


Figure 14: Elements of a Technical Maintenance Strategy

The Maintenance Strategy aims to achieve an optimal balance between planned and unplanned maintenance. This will vary with every institution's requirements, resources and circumstances. The most appropriate strategy will depend on the type of asset, its condition, planned service life and the specific circumstances of ACT Health.

### Disposal

There are existing disposal policies for ACT Health. These policies need to be extended to all asset classes with a view to adopting a consistent approach to asset disposal, which is tailored to meet the specialised requirements for each asset class.



## 5.6 MANAGEMENT STRATEGY

The management strategy to ensure continuity of operational processes includes the following:

### 1. Ensure alignment of AM objectives and Asset Performance.

This will determine the gap that exists between the service delivery and assets required to meet those delivery. It will also provide clear insights when developing realistic and achievable strategies for the whole asset portfolio;

### 2. Adjust LoS.

The AMP will inform the development of the future, long-term budget but ultimately needs to reflect and adapt to the budget cycle. This is done by adjusting and agreeing the appropriate LoS so that works programs can be delivered within allocated budgets. The focus on appropriate asset LoS will assist Hospital senior managers to better understand the impact of budget allocation on the assets and meet the required Models of Care service delivery;

### 3. Develop clear documentation processes.

This will prevent the loss of AM capability and convert a traditionally resource dependant capability into an organisational system capability. This will not only allow continuity of improvement to the AM processes into the future but also historic understanding and progress over time; and

### 4. Develop clear communication plans.

An effective AMP requires the contribution from all ACT Health stakeholders from the senior management, operational staff, as well as external contractors and suppliers as they are fundamental in the implementation of the AMPs.

## 5.7 RECOMMENDED SEQUENCE TO AMP DEVELOPMENT

It is recommended that ACT Health develop AMPs in a targeted manner that aligns with the asset value and strategic importance of the different asset classes included in the scope of this project. The recommended sequence and indicative timeframes per asset class are provided below and in Figure 17 in the Recommendations Section of this report.

### 1. Built asset portfolio

Highest priority due to highest asset value and due to the rationale that it houses and underpins all other asset classes, six months to develop a targeted AMP.

### 2. Non-medical plant and equipment

High priority as it has a high risk rating associated with asset failure especially with the power supply, HVAC systems and Emergency Warning Information Systems. Aligns closely with the built asset portfolio and is therefore a logical, subsequent AMP to develop. Six months to develop a targeted AMP.



### **3. Medical Equipment**

High priority due to the high risk associated with asset failure. Aligns closely with ICT systems due to the integration of medical devices with IT infrastructure. ACT Health should therefore consider developing the Medical Equipment and ES AMPs concurrently and seek to adopt clear lines of separation between these two important asset classes. Six months to develop a targeted AMP.

### **4. Enterprise Solutions (ES)**

High priority due to the high risk associated with asset failure. Aligns closely with the medical equipment and building services. ACT Health should consider developing the ES and Medical Equipment AMPs concurrently and seek to adopt clear lines of separation between these two important asset classes. Six months to develop a targeted AMP.

Detailed recommendations on the development of an AMP program for ACT Health is provided in the Recommendations Section 7 of this report.

The ES landscape has been examined in closer detail under this commission and preliminary detail which can be used to inform the development of the ES AMP is included below in Section 6.



## 6 ENTERPRISE SOLUTIONS

For the purposes of this report, the term Enterprise Solutions (ES) is used very broadly to encompass all aspects of computer technology business solutions including hardware, software, servers and network to support large organisations such as ACT Health.

Under this commission, DCWC SAFM adopted a strategic approach to understanding ACT Health's ES assets, its current capability and its future requirements to ensure, where practical, alignment of these components. The key benefits of this broader approach is that ACT Health will have developed an integrated strategy, adjusted to meet specialised requirements, that clearly articulates the requirements and status of key components including the ICT systems and platforms which in turn will improve ACT Health's total asset management capability

The tool used by DCWC SAFM to establish an understanding of ACT Health's ES assets, its current capability and its future requirements was a self-assessment, survey-based, asset management capability assessment tool under PAS 55.

Had this strategic approach not been undertaken at the initial stage of developing ACT Health's asset management maturity, the resultant outcome could have been inappropriate future ICT software decisions that don't reflect the changing AM capability requirements of the organisation. For example, the ICT systems must support, capture and allow analysis of asset portfolio and capability performance indicators which have not yet been defined and objectively stated. Clear definitions for each asset class, lifecycle management, asset strategy and operational practices require further development before detailed assessments of the ICT systems can occur.

Therefore, before ES solutions for built assets, medical equipment; and non-medical plant and equipment can be integrated, a detailed assessment of ACT Health's workflow management, procurement processes, contractor management, asset tracking / lifecycle management, governance and ICT systems that underpin these processes is recommended. This should occur as a component of developing SAMPs / AMPs for each asset class highlighted in this report.

Generally, when organisations achieve low scores as part of a PAS 55 process for systems capability and integration, it is an indicator that performance indicators may not have been sufficiently developed before a systems solution is implemented. There needs to be an integration of strategic and operational requirements at the outset of an AM capability improvement process for effective and integrated systems outcomes to occur.

### 6.1 ICT SYSTEM INVENTORY

ACT Health's ICT infrastructure and assets are managed by ACT Health and ACT Shared Services in a collaborative asset management approach across the ACT Government. These assets are managed through a range of interrelated business processes including internal, outsourced and collaborative management across ACT Government regarding the procurement, leasing, licencing, owning, operation, maintenance, upgrade and disposal of these assets.

The main software systems that ACT Health currently employs to integrate the financial requirements that inform its asset management practices, collect and store data on its assets, track assets through their lifecycle and manage its asset portfolio and ancillary assets include:



1. **ServiceNow** – This is a workflow and asset management system that is currently used by Shared Services for ICT asset management, service requests, contract management, product cataloguing and general asset management functionality on behalf of ACT Health.
2. **MYFM** – ABM MAInet has recently been upgraded to MYFM at ACT Health. It is a cloud-based software program that is used by ACT Health as a work order management system for the built asset portfolio and health facility assets.
3. **ABM MAInet** – is an asset management system that provides real-time information management. Until recently ACT Health utilised this software with regards to:
  - Effective and efficient administration;
  - Better services to citizens;
  - Better monitoring and control of revenues and expenses;
  - Seamless flow of information; and
  - Performance monitors at individual level.

As ABM MAInet has been upgraded to MyFM, there is an opportunity to rationalise this software ensuring that there is no remaining functionality that cannot migrate across to other platforms.

4. **Oracle** - is a well-established, commercial off the shelf (COTS) enterprise system that is financially focused and facilitates purchasing, invoicing, vendor data and payment information. ACT Health employs its invoicing, vendor data and purchasing capabilities.
5. **Purchasing and Inventory Control System (PICS)** – is employed by ACT Health to assess vendors and product selection, develop purchasing systems, and coordinate the purchasing process and the objectives of inventory control.
6. **Sparx Enterprise Tool** – is currently being used by ACT Health in its business processing modelling and architecture design. The software offers a design and build platform that facilitates building and sharing business based models that can tightly integrate into an overall enterprise or system level architecture, systems engineering and requirements and strategic modelling.

The key software system in ACT Health's inventory for managing its assets and related services include ServiceNow, MyFM, Oracle and PICS.

It is unclear at this stage whether there are any other independently run systems being operated and managed by different stakeholders within ACT Health, or whether any other stakeholder groups are also sharing the access and use of the above systems. It is likely that an independent system or asset register is currently being utilised to register and control data associated with medical equipment.



## 6.2 ASSET MANAGEMENT ICT SYSTEM DESIGN

The system design for the ACT Health's key software programs supporting the management of its assets and ancillary services is depicted below in Figure 15. It includes the same financial management system as NSW Health, Oracle, although it employs three disparate systems with regards to AM systems compared to NSW Health that utilises one, AFM Online.

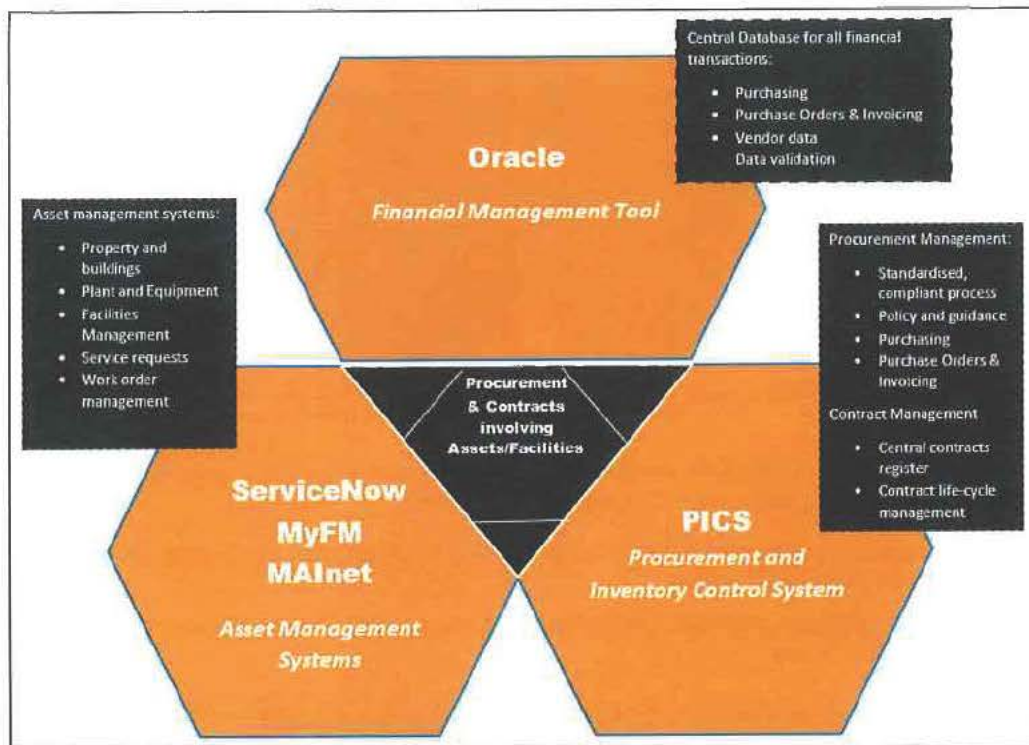


Figure 15 ACT Health ICT System Integration

In contrast, NSW Health's ICT system design integrates risk management, environmental sustainability and a physical asset register under its asset management system AFM as demonstrated in Figure 16 below. The issue, however, is that the overarching ICT environment is not integrated resulting in repetition of data input, sometimes up to three times, which is a resource burden on NSW Health. The interface between PROcure (web based) and Oracle is manageable although the interface with AFM Online is challenging and the AFM Online system is not intuitive to use.



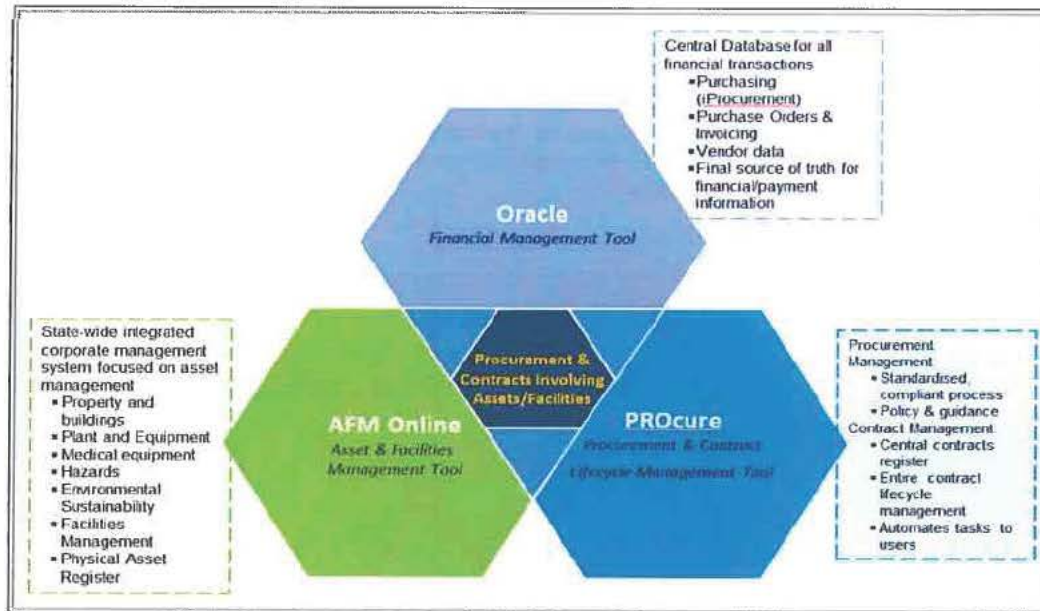


Figure 16 NSW Health ICT System Integration

The lessons that can be learnt for ACT Health from the NSW Health experience, regarding ES include the importance of a strategically orientated ICT systems design that:

- Facilitates transparent procurement, targeted and timely maintenance, work order management and seamless financial reconciliation; and
- Ensures alignment different data sets containing asset information on various types of assets utilised by different stakeholder groups.

Achieving this objective should be achieved by defining manageable milestones with dedicated planning, performance measures and robust logic underpinning every ICT implementation decision. The NSW Health experience demonstrates that overburdening the organisation with too many complex, concurrent ICT projects can lead to change fatigue and inefficient, expensive and sub-optimal outcomes.

## 6.3 ICT SYSTEM CAPABILITY ASSESSMENT

Under the PAS 55 framework, ICT is defined as an 'enabler' to facilitate best-practice asset management outcomes.

In terms of an organisation's broad asset management capability for ICT systems, PAS 55 states that:

"The organisation shall design, implement and maintain a system(s) for managing asset management information. Employees and other stakeholders, including contracted service providers, shall have access to the information relevant to their asset management activities or responsibilities. Where separate asset management information systems exist, the organisation shall ensure that the information provided by these systems is consistent. The organisation shall establish, implement and maintain procedure(s) for controlling all information required by Clause 4 of the PAS 55 specification. These procedures shall ensure:



- 1 The adequacy of the information is approved by authorised personnel prior to use; Information is maintained and adequacy assured through periodic review and revision, including version control where appropriate;
- 2 Allocation of appropriate roles, responsibilities and authorities regarding the origination, generation, capture, maintenance, assurance, transmission, rights of access, retention, archiving and disposal of items of information;
- 3 Obsolete information is promptly removed from all points of issue and points of use, or otherwise assured against unintended use;
- 4 Archival information retained for legal or knowledge preservation purposes is identified;
- 5 Information is secure and, if in electronic form, is backed up and can be recovered."

Items 1 and 2 above ensure that medical and other special equipment are included, after seeking consultation and agreement from the appropriate stakeholder groups responsible for the operation and utilisation of the equipment.

The results of the PAS 55 assessment demonstrate that ACT Health has a baseline AM maturity, with maturity scores of no greater than 1.0 for each of the PAS 55 elements incorporating ICT systems. This is demonstrated in Table 20 below. To improve ACT Health's ES capability, concerted effort should be applied to adopt the activities presented as Criteria to achieve AM Maturity Level 3.0.

This self-analysis tool presents the compelling insight that ACT Health requires a more robust ICT systems and design to support an improvement in AM capability.

**Table 20 ACT Health PAS 55 Assessment Results for ICT Capability Elements**

PAS 55 Element No.	PAS 55 Element	Average ACT Health Maturity	Criteria for AM Maturity Level 3.0
4.4.3	Training, Awareness and Competence	0.9	Establish, implement and maintain communications that inform staff of: <ul style="list-style-type: none"> <li>■ Asset management related risks associated with work activities and the AM benefits of personal performance;</li> <li>■ Roles and responsibilities and the importance in complying with the asset management policy, plan and processes; and</li> <li>■ The potential consequences of non-adherence to specified asset management processes.</li> </ul>
4.4.4	Communication, Participation and Consultation	1.0	A consultative process is employed with stakeholders that is relevant to their involvement in: <ul style="list-style-type: none"> <li>■ The development of the asset management strategy, objectives and plans;</li> <li>■ The development of functional policies, engineering standards and processes;</li> <li>■ Risk assessments and determination of controls;</li> <li>■ Incident investigation; and</li> <li>■ The continual improvement of the asset management system.</li> </ul>



PAS 55 Element No.	PAS 55 Element	Average ACT Health Maturity	Criteria for AM Maturity Level 3.0
4.4.6	Information Management	1.0	<p>These procedures ensure:</p> <ul style="list-style-type: none"> <li>▪ The alignment of key asset information between different data sets, e.g. ARV</li> <li>▪ The accuracy and adequacy of the information is approved by authorised personnel prior to use; information is maintained and adequacy assured through periodic revision, and version control;</li> <li>▪ Allocation of appropriate roles, responsibilities and authorities regarding the generation, capture, maintenance, assurance, transmission, rights of access, archiving and disposal of items of information;</li> <li>▪ Obsolete information is promptly removed from all points of use, or assured against unintended use;</li> <li>▪ Archival information is retained for legal or knowledge preservation purposes and is identified; and</li> <li>▪ Information is secured and, if in electronic form, is backed up and recoverable.</li> </ul>
4.5.2	Tools, Facilities and Equipment	1.1	<p>Tools, facilities and equipment are maintained and calibrated and processes are established and maintained to control these activities when they are essential for:</p> <ul style="list-style-type: none"> <li>▪ The implementation of asset management plans;</li> <li>▪ Achieving the required function and performance from its assets or asset systems; and</li> <li>▪ The monitoring and measurement of performance and condition.</li> </ul>
4.6.6	Records	0.8	<p>The following records are kept:</p> <ul style="list-style-type: none"> <li>▪ Essential information from responding to and managing incidents and emergencies;</li> <li>▪ For training provided;</li> <li>▪ Calibration of specified tools, equipment and facilities;</li> <li>▪ For performance monitoring and measurement of assets and the asset management system;</li> <li>▪ Compliance with legal or other requirements;</li> <li>▪ On the results of audits;</li> <li>▪ On details of corrective and preventive actions; and</li> <li>▪ For management review.</li> </ul>

By focusing on the criteria required to reach a PAS 55 maturity level of 3.0, ACT Health will facilitate continuous improvement in its ICT capability in a targeted and measurable manner. This is an important aspect of AM performance as it underpins the entire AM system and the other elements of asset management. PAS 55 demonstrates the holistic nature of asset management and the systemic, systematic construct when performed well.



## 6.4 FUTURE CAPABILITY REQUIREMENTS

### 6.4.1 ICT system inventory

The profile of ACT Health's ICT inventory will change as it moves towards realising its strategic and asset management objectives over time. The pace of change in the health sector makes it increasingly difficult to predict what the performance and capacity of future ICT systems will be. This also makes it difficult to accurately predict, at least at this stage of the process, what the right mix of ES will be for ACT Health.

However, it is reasonable to assume that the anticipated profile for ACT Health's ICT inventory will require unprecedented levels of integration to deliver on ACT Health's clinical services delivery objectives. Its AM software will likely be cloud-based and available to users and contractors in real-time to improve efficiencies in procurement, maintenance, project collaboration and invoicing across the asset lifecycle.

It is premature to recommend overarching enterprise solutions architecture, individual software programs and ICT capability to underpin ACT Health's asset management capability until ACT Health develops its Corporate Strategies and Models of Care, and a SAMF is in place. These documents will provide a clearer understanding of the required enterprise solutions to support ACT Health's stated objectives. It is also critical that ACT Health commence the process of defining its asset classification, groupings, terms and nomenclature through a collaborative and consultative method with the appropriate stakeholder groups responsible for the use and control of the various asset types, before any decision is made in relation to the Enterprise Solutions.

A more robust approach is to map the capabilities of existing ES that underpin ACT Health's AM capability to determine whether additional capability is required and whether redundancy can be eradicated to rationalise the software systems across ACT Health's portfolio.

It is understood that the architecture mapped and modelling project is currently underway, although another option is to utilise the existing capability within ServiceNow to better understand the ICT landscape from this perspective. Its Discovery product enables the delivery of an accurate, up-to-date single system of record for ICT infrastructure design. It identifies IP-enabled configuration items (CI), maps their interdependencies, and populates and maintains them in the ServiceNow Configuration Management Database (CMDB) – a critical step to automating service management.

Discovery is scheduled regularly to ensure the accuracy of CI data underpinning ServiceNow applications across the enterprise. When ServiceNow Service Mapping is employed in conjunction with Discovery, both infrastructure and services can be discovered simultaneously, making the ServiceNow CMDB and all applications service-aware.



## 6.5 GAP ANALYSIS

### 6.5.1 Risk management

The concept of incorporating additional ICT capability at a premature stage in ACT Health's AM maturity evolution is a key risk that could potentially undermine the AM capability improvements ACT Health is seeking to acquire.

The capability mapping and modelling previously referred to in this report is a recommended approach to reducing risks of strategic ICT procurement and software integration to enable more robust AM practices across the ACT Health portfolio.

### 6.5.2 Cost / benefit analysis

On the basis of the information currently available, it is premature to conduct a detailed cost / benefit analysis (CBA) on ACT Health's ICT capability which underpins its AM objectives and performance. This task is better undertaken when a SAMF, SAMP, CSF and ES landscape modelling results are in place. Accordingly, an overarching CBA has been included in this report with recommendations provided for future capacity building within the organisation to provide a more strategic approach. More detailed information regarding software evaluation and accurate costing can also be provided when the following details are known:

- Number of licences;
- Number of modules;
- Number of uses;
- Level of maintenance support; and
- Training.

A detailed CBA of available IT systems that will optimise, future proof and enhance current capability in asset management across the organisation should be conducted in alignment with the architecture mapping and modelling activities recommended in this report.

To enhance ACT Health's predictive capability for varying AM decisions that incorporates financial and risk management criteria, financial planning and scenario analysis software capability is recommended once AM maturity is built around the ES criteria in PAS 55 stated in Table 20. Once current capability is improved to a maturity level of 3.0, enhancing the forecasting AM capability in ACT Health's ICT design is appropriate.

Examples of predictive, modelling based software to further improve AM capability include:

- SPM Assets Solutions. This software is primarily for use within the higher education sector and use in a health environment would require reconfiguration potentially making it a costly and unwieldy option;
- SPSS (IBM) - complex, strategic software that can handle thirty thousand calculations simultaneously presenting what-if scenarios including Options Analysis, risk and financial integration. Software licencing costs \$20,000 - \$30,000 off the shelf although the program would be configuration heavy, in the order of \$20,000 - \$50,000, to tailor it to ACT Health requirements;
- TM1 (Microsoft) – provides a multi-dimensional platform to build detailed, complex scenario analysis reports which incorporate transactional data, cost centre information, weighting factors and options



analysis on various maintenance regimes and AM inputs. Indicative costing for Government agencies start from \$2,778 per user up to \$19,211 for super users; and

- C-Plex (IBM) – is a streamlined optimisation tool for running detailed modelling scenarios which is more powerful still to the options detailed above. It costs \$9,500 per user.

The predictive elements of these software packages can provide detail on wasted space, time, cost, human resources and energy to drive cost savings across ACT Health's asset portfolio. Total cost of operations and projected savings can be calculated as a percentage of AM budget costs enabling accurate projected cost efficiencies.

This capability would provide ACT Health with a predictive outlook of maintenance regimes and options analysis against forecasted budgets and funding streams. This capability aligns entirely with the SAMP process, enabling ACT Health to adopt a more strategic approach to managing its asset portfolio backed up with robust, forecasted data. It should be adopted in a graduated approach, that is to say, that after baseline AM capability has been improved it should be a consideration for future adoption.



## 7 RECOMMENDATIONS

Each of the sections presented earlier arrived at a series of recommendations to assist ACT Health develop its SAMF, through conducting an IDR, identifying its asset needs through a Needs Assessment, developing a APAF, SAMP and AMPs and concurrently improving its AM capability and maturity.

Table 21 below provides a summary of the range of activities recommended and the benefits that ACT Health will acquire in successfully executing the recommended activities. These recommendations are then scheduled in Figure 17 into an indicative program for AM capability improvement for ACT Health over the next two years.



Table 21: Summary of Recommendations

Item No.	PAS55 AM Component	Recommendations	Activities	Benefits
1	4.3.2 Asset management objectives	Agree on the asset classification, groupings, terms and nomenclature	<p>Approach all stakeholder groups responsible for the use and control of various asset types to jointly agree on the following:</p> <ul style="list-style-type: none"> <li>▪ The granularity of the asset classification and hierarchy structure</li> <li>▪ The definitions and nomenclature for each asset class, including ICT assets and determine exactly what is in scope for each, e.g. using the Global Medical Device Nomenclature (GMDN) for medical equipment;</li> <li>▪ How the assets will be grouped, assessed and reported in future, e.g. by asset class, or by campus, or by building, or by Service Units, etc.;</li> <li>▪ The relevancy of currently available data and ACT Health's operational needs and identify the gaps;</li> <li>▪ The type and level of information readily available in the current asset register(s), particularly the availability of key asset information, e.g. Gross Floor Area (GFA), quantity or size or capacity, ARV, physical condition and operating performance, utilisation, functionality, etc.;</li> <li>▪ The compatibility of the asset register(s) held by the facilities management area with those managed by the finance section.</li> </ul>	<ul style="list-style-type: none"> <li>▪ A standardised and consistent nomenclature to define individual assets and asset classes;</li> </ul>
		Initial Data Review	<p>Review its current asset data and determine the adequacy, accuracy, suitability and capability of existing data for developing a SAMP and AMPs. This includes confirming and reviewing:</p> <ul style="list-style-type: none"> <li>▪ The granularity of the asset classification and hierarchy structure</li> <li>▪ The definitions and nomenclature for each asset class;</li> <li>▪ The relevancy of currently available data and ACT Health's operational needs and identify the gaps;</li> <li>▪ The suitability of the ACT Health's Infrastructure Risk Management Guidelines to be applied in assessing asset risks;</li> <li>▪ The type and level of information readily available in the current asset register(s)</li> <li>▪ The compatibility of the asset register(s) held by the facilities management area with those managed by the finance section.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Asset Registry will reflect ACT Health's medical equipment and ICT landscape and similarly robust systems should be adopted for consistent definitions across all of ACT Health's asset types; and</li> <li>▪ Clear identification of critical assets or assets with high API and applying the appropriate type and level of maintenance to the asset to enable it to achieve the desired Level of Service.</li> </ul>



Item No.	PAS55 AM Component	Recommendations	Activities	Benefits
2	4.3.2 Asset management objectives	Needs Assessments: and Development of AM objectives	<ul style="list-style-type: none"> <li>▪ Ensure the availability of asset information that will assist the translation of broad objectives to practical, realistic and achievable outcomes such as the Asset Priority Index, the Levels of Service, Life Cycle Costs, Performance Assessment, and Risk Assessment;</li> <li>▪ Derive AM performance objectives from existing ACT Health strategic documents to provide a clear line of sight from the asset portfolio to the Strategic Plan;</li> <li>▪ Define the API, confirming the assets which are essential to continued operation of the Canberra Hospital and other clinical operations and failures of these assets will immediately suspend all business operations at the Canberra Hospital or its campus;</li> <li>▪ Define the Levels of Service that each asset is expected to perform to effectively support ACT Health service delivery;</li> <li>▪ Define the KPIs for measuring the performance of the of the assets and identify the targets appropriate for supporting service delivery</li> <li>▪ Undertake an Asset Performance Assessment Framework (APAF);</li> <li>▪ Compare and quantify the performance indicators for the AM objectives; and</li> <li>▪ Establish clear impact of strategy based on options analysis for long term planning purposes.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Clearly defined objectives which are aligned with ACT Health Models of Care and associated corporate objectives, commonly agreed by all parties for implementation</li> </ul>
3	4.3.1 Asset management strategy	Develop AM Strategies		<ul style="list-style-type: none"> <li>▪ Clearly defined AM strategies to ensure alignment with ACT Health corporate strategies to enable assets directly supporting ACT Health's corporate goals and targets</li> </ul>
4	4.7 Management review	Continual review of AM framework, systems and processes	<p>Ensure continuity of operational processes through periodic reviews of:</p> <ul style="list-style-type: none"> <li>▪ Alignment of AM objectives with AMPs;</li> <li>▪ Adjust Level of Service; and</li> <li>▪ Communication and Documentation.</li> </ul> <p>Undertake the following whenever reviewing its strategic plans:</p> <ul style="list-style-type: none"> <li>▪ Use the output from management reviews to improve its AM system;</li> <li>▪ Provide input from AM activities and management reviews;</li> <li>▪ Keep asset related records of its management reviews; and</li> <li>▪ Communicate the information from these reviews to all parties dealing with the assets</li> </ul>	<ul style="list-style-type: none"> <li>▪ Opportunities for continuous improvements plus assurance of compliance to AM policies, appreciation of effectiveness of current AM strategies and appropriateness of AM objectives</li> </ul>



Item No.	PAS55 AM Component	Recommendations	Activities	Benefits
5	4.3.3 Asset management plan(s)	Develop Asset Management Plans for either each of its asset class or each of its campus.	Utilise information collected to make evidence based decisions on asset management, taking into considerations: <ul style="list-style-type: none"> <li>▪ Relationship between service delivery, LoS and Budget allocation;</li> <li>▪ Life cycle costs for each major assets, identifying the long term operations and capital works budget forecasts;</li> <li>▪ Relationship between future demands and current capability; and</li> <li>▪ Other technical strategy.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Clear operating plans and guidelines on how to manage each asset class across all campuses or the various asset classes on each campus.</li> <li>▪ Visibility of long term financial risks posed by ACT Health's assets.</li> </ul>
6	4.3.3 Asset management plan(s)	Develop corporate Strategic Asset Management plan that align closely with ACT Health's asset management strategy to improve asset planning and delivery.	<ul style="list-style-type: none"> <li>▪ Finalise its strategic plans and identify its short, medium and long term targets and objectives, taking into account current and projected population demography and demands; and</li> <li>▪ Translate broad strategies into measurable AM objectives.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Clear strategic plans, directions and guidance on how to manage the asset portfolio across all jurisdictions, aligned with the SAMP.</li> </ul>
7	4.2 Asset management policy	Develop an AM Policy	<ul style="list-style-type: none"> <li>▪ Develop an AM Policy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Clear guidance on AM for all parties to adhere by, ensuring that all assets will be managed to support ACT Health Models of Care and associated corporate objectives.</li> </ul>
8	4.4.1 Structure, authority and responsibilities	Establish an AM Committee	<ul style="list-style-type: none"> <li>▪ Establish an AM Committee or Unit with clear structure, authority and responsibility</li> </ul>	<ul style="list-style-type: none"> <li>▪ Clear allocation of AM roles and responsibilities/ accountabilities to implement AM activities; and</li> <li>▪ Ensure the effective planning of asset management and implementation processes to enable ACT Health to move towards best practice in terms of asset management.</li> </ul>
9	4.1 General requirements	Establish PAS 55 Asset Management framework	<ul style="list-style-type: none"> <li>▪ Establish PAS 55 Asset Management framework as the centerpiece of its AMF for the management of assets</li> </ul>	<ul style="list-style-type: none"> <li>▪ Clear framework to introduce, embed and monitor AM activities at ACT Health; and</li> <li>▪ Improve corporate policy settings, provision of clear AM objectives, tools for strategy development, and insights into service delivery and asset performance.</li> </ul>



Item No.	PAS55 AM Component	Recommendations	Activities	Benefits
10	4.4.2 Outsourcing of asset management activities	Review of outsourcing activities	<ul style="list-style-type: none"> <li>Review its outsourced activities and processes; and</li> <li>Put controls in place to ensure compliant delivery of ACT Health strategic plan and AM policy and strategy.</li> </ul>	<ul style="list-style-type: none"> <li>Clear scope of works and accountability, leading to less claims of variations; and</li> <li>Coordinated and strategic approach of knowledge and information sharing between ACT Health, and its outsourced service providers.</li> </ul>
11	4.4.5 Asset Management System documentation	Documenting all AM processes and procedures	<ul style="list-style-type: none"> <li>Define all asset related procedures and operating criteria that ACT Health needs to document; and</li> <li>Commence documentation that describes the main elements of the AM systems, including descriptions and directions.</li> </ul>	<ul style="list-style-type: none"> <li>Consistency in contents and access to AM reference documents enabling concerted efforts of implementing AM framework to achieve ACT Health corporate objectives and goals</li> </ul>
12	4.4.3 Training, awareness and competence	Increase AM awareness and capability in ACT Health through training	<ul style="list-style-type: none"> <li>Identify human resources requirements to develop and implement AM systems at ACT Health; and</li> <li>Develop plans to improve AM awareness and competence across ACT Health, and align these with the development and implementation of AM system.</li> </ul>	<ul style="list-style-type: none"> <li>Improved AM skills and knowledge for all relevant staff, leading to more effective implementation of AM activities</li> </ul>
13	4.4.4 Communication, participation and consultation	Review of current communication and consultation processes	<ul style="list-style-type: none"> <li>Continue current methods of communication and consultations, particularly in relation to asset related risk assessments and incident investigations combined with continual improvement of the AM systems</li> </ul>	<ul style="list-style-type: none"> <li>Greater transparency of AM objectives and strategies; and</li> <li>AM information, decisions, processes and procedures are communicated to all relevant parties, supported by series of consultations and staff participations, ensuring effective implementation of AM activities.</li> </ul>
14	4.4.7.1 Risk management process(es)	Review of asset related Risk Management documentation processes	<ul style="list-style-type: none"> <li>Continue process of documenting the identification and assessment of asset related risk across the asset life cycle; and</li> <li>Continue process of documenting control and implementation of asset related risk management across the asset life cycle.</li> </ul>	<ul style="list-style-type: none"> <li>More accurate identification, assessment and mitigation of asset related risks, minimising potential, unforeseen issues which may cause disruptions to ACT Health operations</li> </ul>
15	4.4.6 Information management	Review of management and control of AM records	<ul style="list-style-type: none"> <li>Identify the best way of controlling and assuring the quality and accuracy of asset information and its structure, including allocation of access to its information systems; and</li> <li>Define what asset management records should be retained for legal or knowledge preservation purposes, the process of ensuring this and ensuring the security of the information.</li> </ul>	<ul style="list-style-type: none"> <li>AM information is shared amongst all relevant parties, improving efficiencies in the planning, management, operation and maintenance of assets and ensuring that all asset related decisions and plans are based on same set of information.</li> </ul>



Item No.	PAS55 AM Component	Recommendations	Activities	Benefits
16	4.4.6 Information management	Reconcile current Enterprise Solution	<ul style="list-style-type: none"> <li>Reconcile the current ES architecture with regards to agreed asset definitions, terms and nomenclature, as well as the AM performance and consolidate resourcing into a number of suitable software solutions that meet ACT Health's AM requirements; and</li> <li>Identify any potential redundancy.</li> </ul>	<ul style="list-style-type: none"> <li>An opportunity to rationalise and move across to a smaller number of platforms</li> </ul>
17	4.4.6 Information management	Review future needs of Enterprise Solution and ICT capability	<p>Upon completion of the development of ACT Health Strategic plans, the CSF, SAMF and SAMP,</p> <ul style="list-style-type: none"> <li>Undertake a detailed review of enterprise solutions across ACT Health to determine future levels of service; and</li> <li>Assess technological evolution and adopt software that can build on current capability and assist ACT Health in building a mature AM capability across the organisation.</li> </ul>	<ul style="list-style-type: none"> <li>Enterprise Solution which will directly and effectively support ACT Health service delivery, including the implementation of AM systems and processes</li> </ul>
18	4.4.6 Information management	Align the Enterprise Solution with AM Maturity	<ul style="list-style-type: none"> <li>Implement AM modelling and predictive software once ES capability is further evolved in line with PAS 55 certification requirements; and</li> <li>Evolve ICT capability in a graduated manner aligned with the level of AM maturity.</li> </ul>	<ul style="list-style-type: none"> <li>This capability aligns with the SAMP process, enabling ACT Health to adopt a more strategic approach to managing its asset portfolio backed up with robust, forecasted data.</li> </ul>
19	4.4.7.3 Risk identification and assessment	Review current method of ensuring consistency in assessing asset related risks	<ul style="list-style-type: none"> <li>Review current method of ensuring consistency in assessing asset related risks, the different types or risks and its consequences, using probability and frequency and possibly with the use of peer group review.</li> </ul>	<ul style="list-style-type: none"> <li>Consistent method of identifying and assessing risks, leading to more accurate assessment of risk level and more accurate risk mitigation strategies.</li> </ul>

Figure 17 below provides an indication of the sequences in implementing the above recommended actions, and the likelihood that the SAMF can be progressively implemented within a period of eight quarters, or two years, to enhance AM capability and improve the alignment of the asset portfolio.

### Figure 17 Indicative Implementation Program

[illegible]



[illegible]







## 8 APPENDICES

- 8.1 ASSET PORTFOLIO ALIGNMENT FRAMEWORK ASSESSMENT REPORT
- 8.2 ASSET MANAGEMENT CAPABILITY FRAMEWORK ASSESSMENT REPORT
- 8.3 ASSET MANAGEMENT CAPABILITY ASSESSMENT REPORT
- 8.4 HEALTH JURISDICTION COLLABORATION WORKSHOP REPORT
- 8.5 REFERENCES FROM AMP REPORT
- 8.6 NSW HEALTH ASSET FRAMEWORK
- 8.7 VICTORIAN HEALTH ASSET FRAMEWORK



























































































































































































































































**Lowes, Shannon (Health)**

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**From:** [REDACTED]  
**Sent:** Tuesday, 17 March 2020 1:05 PM  
**To:** Burch, Brad (Health); Jarrad Nuss (Calvary); Landon, Daniel (Health) [REDACTED]  
Bladin, Caitlin (Health) [REDACTED]  
**Subject:** NHDOA Fortnightly Coordination Meeting - 19/03/2020  
**Attachments:** 60628807-NHDOA-Fortnightly Coordination Agenda-20200319.pdf  
**Categories:** Northside

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Hi All,

Please find attached the proposed agenda for the first fortnightly coordination meeting scheduled for 19/03/2020.

We are aiming on having a draft of the Return Brief to ACT Health on Wednesday 18/03/2020 to inform the discussion.

If there are any items you would like added to the attached please let me know.

Regards

[REDACTED]

**AECOM**

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ABN 20 093 846 925

## Agenda of Meeting

### Northside Hospital Development Options Analysis

Subject	Fortnightly Co-ordination Meeting	Page	1
Venue	ACT Health, 4 Bowes Street Woden	Time	4:15pm
Participants	Jarrad Nuss Brad Burch Daniel Landon  Caitlin Bladin		
Apologies	<b>list names</b>		
File/Ref No.	60628807	Date	19-Mar-2020
Distribution	As above		

No	Item	Action	Date
1.	Opening – introductions and agenda outline		
2.	Project Progress to date summary <ul style="list-style-type: none"> <li>Progress towards milestones / deliverables</li> </ul>		
3.	Ongoing items <ul style="list-style-type: none"> <li>Outlook of upcoming work for next fortnight</li> <li>Return Brief discussion: <ul style="list-style-type: none"> <li>Stage 1 approach/assumptions discussion</li> <li>Stage 2 approach/assumptions discussion</li> </ul> </li> </ul>		
4.	Issues, risks, opportunities <ul style="list-style-type: none"> <li>Identification of items to be raised to the Project Control Group</li> </ul>		



**Lowes, Shannon (Health)**

---

**From:** Landon, Daniel (Health)  
**Sent:** Tuesday, 17 March 2020 2:18 PM  
**To:** [REDACTED]  
**Subject:** RE: NHDOA Fortnightly Coordination Meeting - 19/03/2020

UNCLASSIFIED

Thank [REDACTED]

**From:** [REDACTED]  
**Sent:** Tuesday, 17 March 2020 1:05 PM  
**To:** Burch, Brad (Health) <Brad.Burch@act.gov.au>; Jarrad Nuss (Calvary) [REDACTED]  
Landon, Daniel (Health) <Daniel.Landon@act.gov.au>; [REDACTED] Bladin, Caitlin  
(Health) <Caitlin.Bladin@act.gov.au> [REDACTED]  
**Subject:** NHDOA Fortnightly Coordination Meeting - 19/03/2020

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Hi All,

Please find attached the proposed agenda for the first fortnightly coordination meeting scheduled for 19/03/2020.

We are aiming on having a draft of the Return Brief to ACT Health on Wednesday 18/03/2020 to inform the discussion.

If there are any items you would like added to the attached please let me know.

Regards

[REDACTED]

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**Lowes, Shannon (Health)**

---

**From:** Burch, Brad (Health)  
**Sent:** Tuesday, 17 March 2020 3:25 PM  
**To:** Jarrad Nuss (Calvary)  
**Cc:** Landon, Daniel (Health)  
**Subject:** CBRE Future Facility Profile  
**Attachments:** CBRE Future Services and Facility Profile CPHB Nov 2017.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

**Categories:** Northside

**UNCLASSIFIED Sensitive**

Hi Jarrad – this is the document I was talking about last week. Are you happy for this to go to AECOM for their background information?

Let me know though if this is no longer current.

Thanks and regards

**Brad Burch** | Executive Branch Manager

**Strategic Infrastructure**

**Corporate Services**

(02) 5124 9719 o [REDACTED] [brad.burch@act.gov.au](mailto:brad.burch@act.gov.au)



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**Lowes, Shannon (Health)**

---

**From:** Burch, Brad (Health)  
**Sent:** Tuesday, 17 March 2020 3:28 PM  
**To:** Landon, Daniel (Health)  
**Subject:** CPHB Future Role Feedback 2018  
**Attachments:** 2018 09 11 CPHB - Role in a Territory Wide Health System.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

**Categories:** Northside

**UNCLASSIFIED Sensitive**

Hi Dan – see attached a letter from Calvary regarding their future role on the Northside. I'm not sure if this is current thinking, but we can discuss with planning once they have finalised consultation.

What are your thoughts about providing this to AECOM for information only?

Thanks  
Brad

**Brad Burch** | Executive Branch Manager

**Strategic Infrastructure**

**Corporate Services**

(02) 5124 9719 or  [brad.burch@act.gov.au](mailto:brad.burch@act.gov.au)



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**Lowes, Shannon (Health)**

---

**From:** [REDACTED]  
**Sent:** Wednesday, 18 March 2020 9:45 AM  
**To:** Landon, Daniel (Health); Jarrad Nuss (Calvary); Burch, Brad (Health)  
**Cc:** [REDACTED]  
**Subject:** RE: Calvary - AECOM - ACT Health catch-up  
**Attachments:** NHDOA-Minutes-CalvaryStartUpMeeting-20200312.pdf  
**Categories:** Northside

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Hi all,

Please see attached the minutes from last week's meeting at Calvary. Please let me know if we have missed or misinterpreted any items.

Regards,

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-----Original Appointment-----

**From:** Landon, Daniel (Health) <Daniel.Landon@act.gov.au>  
**Sent:** Friday, 6 March 2020 3:58 PM  
**To:** Landon, Daniel (Health); [REDACTED] Jarrad Nuss (Calvary); [REDACTED] Burch, Brad (Health)  
**Cc:** [REDACTED]  
**Subject:** Calvary - AECOM - ACT Health catch-up  
**When:** Thursday, 12 March 2020 4:00 PM-4:45 PM (UTC+10:00) Canberra, Melbourne, Sydney.  
**Where:** Calvary - exact location TBC

H [REDACTED]

Could we please push the team inception meeting to Friday morning?

[REDACTED] - FYI, happy for you to attend or not.

Regards



-----Original Appointment-----

**From:** Landon, Daniel (Health) <[Daniel.Landon@act.gov.au](mailto:Daniel.Landon@act.gov.au)>

**Sent:** Friday, 6 March 2020 3:53 PM

**To:** Landon, Daniel (Health); Jarrad Nuss (Calvary) [REDACTED] Burch, Brad (Health)

**Subject:** Calvary - AECOM - ACT Health catch-up

**When:** Thursday, 12 March 2020 4:00 PM-4:45 PM (UTC+10:00) Canberra, Melbourne, Sydney.

**Where:** Calvary - exact location TBC

Hi all

Can we catch up to discuss next steps for the Calvary Public Hospital Bruce building condition assessment and Strategic Asset Management Plan.

I hope this time works for everyone.

Jarrad: would you mind advising a suitable place to meet please.

Kind regards

Dan

**Daniel Landon**

Ph: 5124 9962 | Email: [daniel.landon@act.gov.au](mailto:daniel.landon@act.gov.au)

Senior Director, Business Analysis, Strategic Infrastructure Division | ACT Health Directorate  
Level 4, 4 Bowes Street Phillip ACT 2606

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## Minutes of Meeting

### Northside Hospital Development Options Analysis

Subject	Calvary Start Up Meeting	Page	1
Venue	Calvary - Executive Meeting room at O'Shannasse building	Time	4pm
Participants	Calvary / LCM - Jarrad Nuss, Denise Holm ACT Health - Brad Burch, Daniel Landon AECOM [REDACTED]		
Apologies			
File/Ref No.	60628807	Date	12-Mar-2020
Distribution	As above		

No	Item	Action	Date
1.	<p><b>Project Overview, Outcomes, Objectives</b></p> <p>This project aims to undertake strategic asset assessment of the Calvary Public Hospital to understand the assets' renewal needs and options to inform future business cases (business cases excluded from this engagement).</p> <p>The gathered information will better inform the asset base capacity, condition, and risks, in addition to updating the renewal strategies existing data.</p> <p>There are two key stages for Calvary:</p> <ul style="list-style-type: none"> <li> <b>Stage 1 Asset Condition Assessment</b>  AECOM will conduct a review of existing site and project documentation to determine the extent, age and completeness of information provided by ACT Health / Calvary on assets at Calvary. </li> </ul> <p>This assessment will assist in identifying buildings, spaces, plant and equipment that is critical for the delivery of health services and determine where the inspection teams will focus their effort.</p> <p>Following this desktop review, AECOM's technical team will complete inspections focussed on spaces, plant and equipment identified as critical for delivery of health services.</p> <p>AECOM will confirm the criticality of infrastructure with Calvary and ACT Health prior to commencing site inspections. Calvary identified the Xavier, Marian, Res A (Bld 12) and Res B (Bld 13) as priority buildings.</p> <ul style="list-style-type: none"> <li> <b>Stage 2 Strategic Asset Management Plan</b>  A Strategic Asset Management Plan will be developed based on the assessments of existing assets. Other inputs will </li> </ul>	<p>Noted</p> <p>Noted</p> <p>ACT Health / Calvary to provide site &amp; project documentation</p> <p>Noted</p> <p>Noted</p> <p>AECOM</p>	<p>20/0320</p> <p>NLT late March</p>



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No	Item	Action	Date
	<p>A Calvary staff member will be present during all inspections to escort AECOM staff. This is a requirement of both AECOM and Calvary.</p> <p>The Calvary Facilities team is small and currently managing other ongoing projects. AECOM is to provide a preliminary schedule and plan for site inspections to allow Calvary to ensure appropriate resourcing is allocated.</p> <p>Advanced notice and options for attendance will be given for any further site inspections required to verify data.</p> <p>At this stage, there are no additional requirements for COVID-19, and Calvary do not expect it to impact access to site.</p>	<p>AECOM / Calvary</p> <p>AECOM to provide a site inspections plan</p> <p>AECOM to provide notice before attending site</p> <p>Noted</p>	<p>w/e 27/03/2020</p>
6.	<p><b>Other Items</b></p> <p>Armstrong Engineering are contracted to Calvary. Steve (mechanical engineer) knows a lot about the buildings and may be a valuable source of information regarding ongoing maintenance and use.</p>	Noted	



**Lowes, Shannon (Health)**

---

**From:** Landon, Daniel (Health)  
**Sent:** Wednesday, 18 March 2020 10:07 AM  
**To:** [REDACTED]  
**Subject:** RE: Calvary - AECOM - ACT Health catch-up

UNCLASSIFIED

Thanks Emily. The minutes look good to me.  
 Kind regards, Dan

**From:** [REDACTED]  
**Sent:** Wednesday, 18 March 2020 9:45 AM  
**To:** Landon, Daniel (Health) <Daniel.Landon@act.gov.au>; Jarrad Nuss (Calvary [REDACTED])  
 Burch, Brad (Health) <Brad.Burch@act.gov.au>  
**Cc:** [REDACTED]  
**Subject:** RE: Calvary - AECOM - ACT Health catch-up

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Hi all,

Please see attached the minutes from last week's meeting at Calvary. Please let me know if we have missed or misinterpreted any items.

Regards,

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-----Original Appointment-----

**From:** Landon, Daniel (Health) <[Daniel.Landon@act.gov.au](mailto:Daniel.Landon@act.gov.au)>  
**Sent:** Friday, 6 March 2020 3:58 PM  
**To:** Landon, Daniel (Health); Rees, Emily; Jarrad Nuss (Calvary [REDACTED]); Burch, Brad (Health)  
**Cc:** [REDACTED]  
**Subject:** Calvary - AECOM - ACT Health catch-up  
**When:** Thursday, 12 March 2020 4:00 PM-4:45 PM (UTC+10:00) Canberra, Melbourne, Sydney.  
**Where:** Calvary - exact location TBC



H [REDACTED]

Could we please push the team inception meeting to Friday morning?

[REDACTED] – FYI, happy for you to attend or not.

Regards

-----Original Appointment-----

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**Sent:** Friday, 6 March 2020 3:53 PM

**To:** Landon, Daniel (Health); Jarrad Nuss (Calvary) [REDACTED] Burch, Brad (Health)

**Subject:** Calvary - AECOM - ACT Health catch-up

**When:** Thursday, 12 March 2020 4:00 PM-4:45 PM (UTC+10:00) Canberra, Melbourne, Sydney.

**Where:** Calvary - exact location TBC

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I hope this time works for everyone.

Jarrad: would you mind advising a suitable place to meet please.

Kind regards

Dan

**Daniel Landon**

Ph: 5124 9962 | Email: [daniel.landon@act.gov.au](mailto:daniel.landon@act.gov.au)

Senior Director, Business Analysis, Strategic Infrastructure Division | ACT Health Directorate

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**Lowes, Shannon (Health)**

---

**From:** Landon, Daniel (Health)  
**Sent:** Wednesday, 18 March 2020 4:41 PM  
**To:** Burch, Brad (Health)  
**Subject:** FW: NHDOA - Return Brief DRAFT  
**Attachments:** 60628807-NHDOA-Return Brief-A.pdf

UNCLASSIFIED

Hi Brad

I've reviewed the attached. It seems pretty good to me.

I'm not familiar with the sort of material in Attachment C, so I've not reviewed that.

There's just a few questions I've got:

- Sn 2.5: is 'by exception only' ok?
- 4.1: Current and future service demand profile. Do you want me to talk to Sarah G on Thursday about that?
- [REDACTED]
- [REDACTED]
- 7.4: needs updating:
  - Can I attend stage 1 and 2 of project control group?
  - Steering committee needs to include:
    - Liz Lopa (committee chair), Executive Group Manager, Strategic Infrastructure Division;
    - Jacinta George, EGM, Health System Planning and Evaluation Division;
    - Margaret Stewart; EBM, Commissioning Branch;
    - Brad Burch, EBM, Strategic Infrastructure Division; and
    - Senior representative(s) of AECOM, by invitation.

Cheers

Dan

**From:** [REDACTED]  
**Sent:** Wednesday, 18 March 2020 1:18 PM  
**To:** Burch, Brad (Health) <Brad.Burch@act.gov.au>; Landon, Daniel (Health) <Daniel.Landon@act.gov.au>  
**Cc:** [REDACTED]  
**Subject:** NHDOA - Return Brief DRAFT

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Hi Brad and Daniel,

Please find attached a draft of the Return Brief.



As you will see there are a number of sections/content, primarily in Stage 3 and 4, which we are still working on. The content for Stage 1 and 2 is more developed and ready for discussion on Thursday.

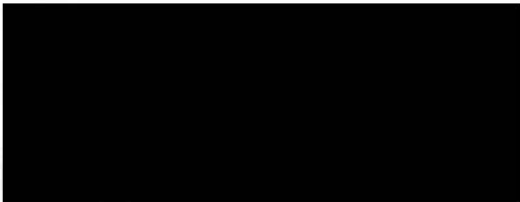
We are currently reviewing the project schedule and running a few scenarios for the way forward to inform the meeting tomorrow, primarily around the delivery of the site inspections timing and approach.

I suggest that you may not want to forward the whole document to Calvary, rather only Sections 2 and 3 (which contain the scope of Stages 1 and 2).

I have removed the content regarding invoicing/financials and will send this via a separate email.

Any questions on the attached please let me know.

Regards



**AECOM**

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# Return Brief

Northside Hospital Development Options Analysis



AECOM

Northside Hospital Development Options Analysis  
Return Brief  
Commercial-in-Confidence

**DRAFT****Return Brief**

Northside Hospital Development Options Analysis

Client: ACT Health Directorate

Co No.: 82 049 056 234

Prepared by

AECOM Australia Pty Ltd  
Civic Quarter, Level 4, 68 Northbourne Avenue, GPO Box 1942 ACT 2601, Canberra ACT 2601, Australia  
T +61 2 6100 0551 www.aecom.com  
ABN 20 093 846 925

18-Mar-2020

Job No.: 60628807

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**Quality Information**

Document	Return Brief
	60628807
Ref	<a href="https://aecom.sharepoint.com/sites/60628807northsidehospitaldevelopmentoptionsanalysis/shared%2Fdocuments/general/210_project_plan_risk/60628807-nhdoa-return%20brief-a.docx">https://aecom.sharepoint.com/sites/60628807northsidehospitaldevelopmentoptionsanalysis/shared documents/general/210_project_plan_risk/60628807-nhdoa-return brief-a.docx</a>
Date	18-Mar-2020
Prepared by	[REDACTED]
Reviewed by	[REDACTED]

**Revision History**

Rev	Revision Date	Details	Authorised	
			Name/Position	Signature
A	18-Mar-2020	Draft for initial review by ACT Health	[REDACTED] Project Manager	



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**DRAFT****Acronyms**

Acronym	Details
BCA	Building Code of Australia
BLP	Billard Leece Partnersio (subconsultant to AECOM)
Calvary	Calvary Public Hospital Bruce
IAM	Institute of Asset Management Noting PAS 55:2008 and ISO 55000 standards for asset management systems
ICON	Intra-government Communications Network (Commonwealth Department of Finance)
ICT	Information and Communications Technology
LCM	Little Company of Mary (Health Care), Calvary
LV	Low Voltage
MCA	Multi-Criteria Analysis
NHDOA	Northside Hospital Development Options Analysis
PCG	Project Control Group
PPE	Personal Protective Equipment
RUL	Remaining Useful Life
SAMP	Strategic Asset Management Plan
SH&E	Safety, Health and Environment
SSICT	Shared Services ICT (ACT Government)
SWMS	Safe Work Method Statement



**DRAFT****1.0 Introduction**

With reference to the inception meeting held on Friday 6 March 2020, the following return brief reconfirms our understanding of the Commercial Advisor Consultancy for the Northside Hospital Development Options Analysis.

Text within this draft version of the document marked thus represents the following:

**Text is still being developed**

Text are direct extracts from ACT Health project brief / contract requirements documents

**1.1 Contract Details**

ACT Government Contract No. 2018.2913.110.01 (20104)

Commencement date:

**TBA**

Completion date:

**TBA**

**1.2 Project Description**

Canberra's northside has grown significantly since the main hospital facilities in our city were established. Between 2011 and 2016, Gungahlin was the second-fastest growing community in Australia. The ACT Government recognises that with Canberra's population shifting to the north, further investment is needed in local hospital and healthcare facilities.

**1.3 Client Expectations and Objectives**

The purpose of this engagement is to contract an appropriately qualified and experienced provider from the ACT Government Infrastructure Commercial Advisors Panel to undertake detailed assets condition inspection for Calvary Public Hospital and subsequently an options analysis for future health service delivering in north Canberra.

The objective of the engagement is to gather assets information from Calvary Public Hospital to better understand the assets renewal needs and options which will feed into the full business case preparation (business case not included in this engagement). The gathered information will better inform the asset base size, condition, risks in addition to updating the renewal strategies existing data.

**1.4 Project Stages**

The project will be delivered in a staged approach as requested in the RFQ, the stages include:

1. Stage 1: Calvary Public Hospital - Building Condition Assessments.
2. Stage 2: Calvary Public Hospital - Strategic Asset Management Plan.
3. Stage 3: Northside Hospital Development Options Analysis.
4. Stage 4: Northside Hospital Development Options Analysis Report.



**DRAFT****2.0 Stage 1: Calvary Public Hospital - Building Condition Assessments.****2.1 Prepare an "Information Request"**

1. Prepare an "Information Request" which specifies the asset, maintenance and financial information required to inform the Building Condition Assessments.

An RFI will be prepared and submitted requesting information required to inform the Building Condition Assessments, the development of the Strategic Asset Management Plan and the Development Options Analysis.

The RFI will include, but not be limited to, requests for:

- Records for the buildings including layout drawings, structural drawings, operation and maintenance manuals etc.
- Asbestos register and management plan for the buildings.
- Any previous reports or investigations undertaken on the facilities.
- Maintenance records.

**2.2 Review of existing site and project documentation**

2. Undertake a project due diligence review of all existing site and project documentation.

A Gap Analysis will be completed to determine the extent, age and completeness of information provided by ACT Health/Calvary on assets at Calvary.

The Gap Analysis will inform the approach to the Asset Condition inspections and SAMP, for example it will:

1. Provide an overall appreciation of the layout, function, condition, age, and maintenance history of the facilities
2. Assist in identifying buildings, spaces, plant and equipment which is critical for the delivery of health services
3. Determine where the site inspection teams will focus their effort
4. Assist in developing the approach to the strategic maintenance of the assets.
5. Provide an understanding of the repairs and maintenance and capital costs of maintaining the assets to inform the estimate of future costs

The Gap Analysis for the Options Analysis will inform the schedule of accommodation, massing scenario's, options considered and cost estimates.

Information received will be recorded in a register with a range of data collected and captured to assist the team in finding relevant information and identifying where there may be gaps. The register will include:

- Document information, i.e. title, author, date, type
- Asset information, i.e. the relevant building, room, plant or equipment the report relates to
- Synopsis of content
- Synopsis of omissions



**DRAFT****2.3 Inspection of the Calvary Public Hospital site**

3. Undertake an inspection of the Calvary Public Hospital site to ascertain an appreciation of the location, asset composition and development factors.

As part of the Gap Analysis, our technical team will undertake a desktop review of the buildings, to familiarise ourselves with the current system layouts and identify the areas requiring further investigation by inspection. Existing site asset data will be used to prepopulate our site inspection tool.

AECOM will utilise a digital form to capture data. This will enable staff to be prompted through the data collection process and enable automated identification of images relevant to specific data sets.

The inspections will be focused on spaces, plant and equipment which is critical for the delivery of health services. The criticality of infrastructure will be agreed with Calvary and ACT Health prior to commencing inspections, refer section 2.5.2 for further detail.

In completing inspections, review will be completed on an exception basis, whereby if fabric or equipment is entirely functional and in good condition an assessment will not be completed.

Our technical team will undertake site inspections of visible building elements only (no intrusive investigations), to determine the overall condition and compliance of each building element.

Inspections will be visual only, no destructive sampling or laboratory testing allowed for. No invasive or operational testing will be completed. No CCTV of stormwater or sewer infrastructure has been allowed for.

Access to all areas of the property will be made available to our survey team by ACT Health/Calvary staff.

The assets which will form part of the inspections are outlined in Section 2.5.1.

The assessment scope is outlined in Section 2.5.2.

Refer to Section 8.0 for Workplace Health and Safety requirements.

**2.4 Stakeholder workshops**

4. Facilitate key stakeholder workshops with ACT Health and LCM as required.

During Stage 1 it is not envisaged that any large workshops will be conducted with stakeholders. Rather the assumptions and outcomes of the gap analysis, site inspection and condition assessment will be tested and agreed with Calvary and ACT Health.

**2.5 Buildings Condition Assessment**

5. The Buildings Condition Assessment will include:

- Building fabric and structure (including ICT equipment and infrastructure related to building management and services);
- Plant and equipment (including ICT equipment and infrastructure related to building management and services) that form part of building services (including those core engineering assets which are managed by LCM); and
- On-site roads and car parks, and power and water supply, and associated infrastructure that support campus-based facilities, managed by LCM.

The condition assessments will focus on key equipment and fabric items. Equipment in ceilings and/or of low value will not be the focus of the assessment. The assessment will focus on areas of obvious non-compliance or suspected non-compliance with the aim of informing the cost estimate.

This project does not aim to produce a complete and detailed asset database for each building/site assessed; it is generally by exception only.

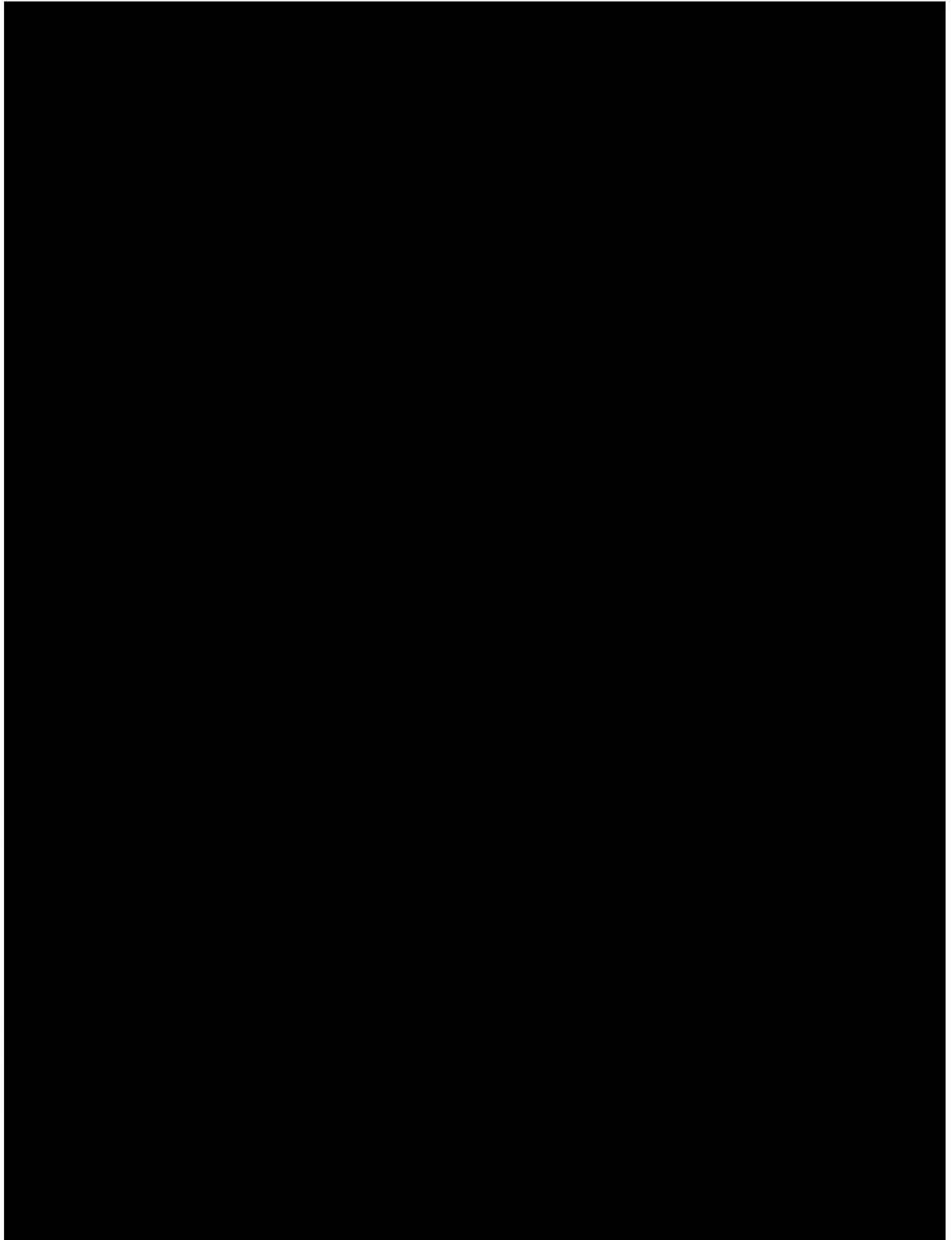


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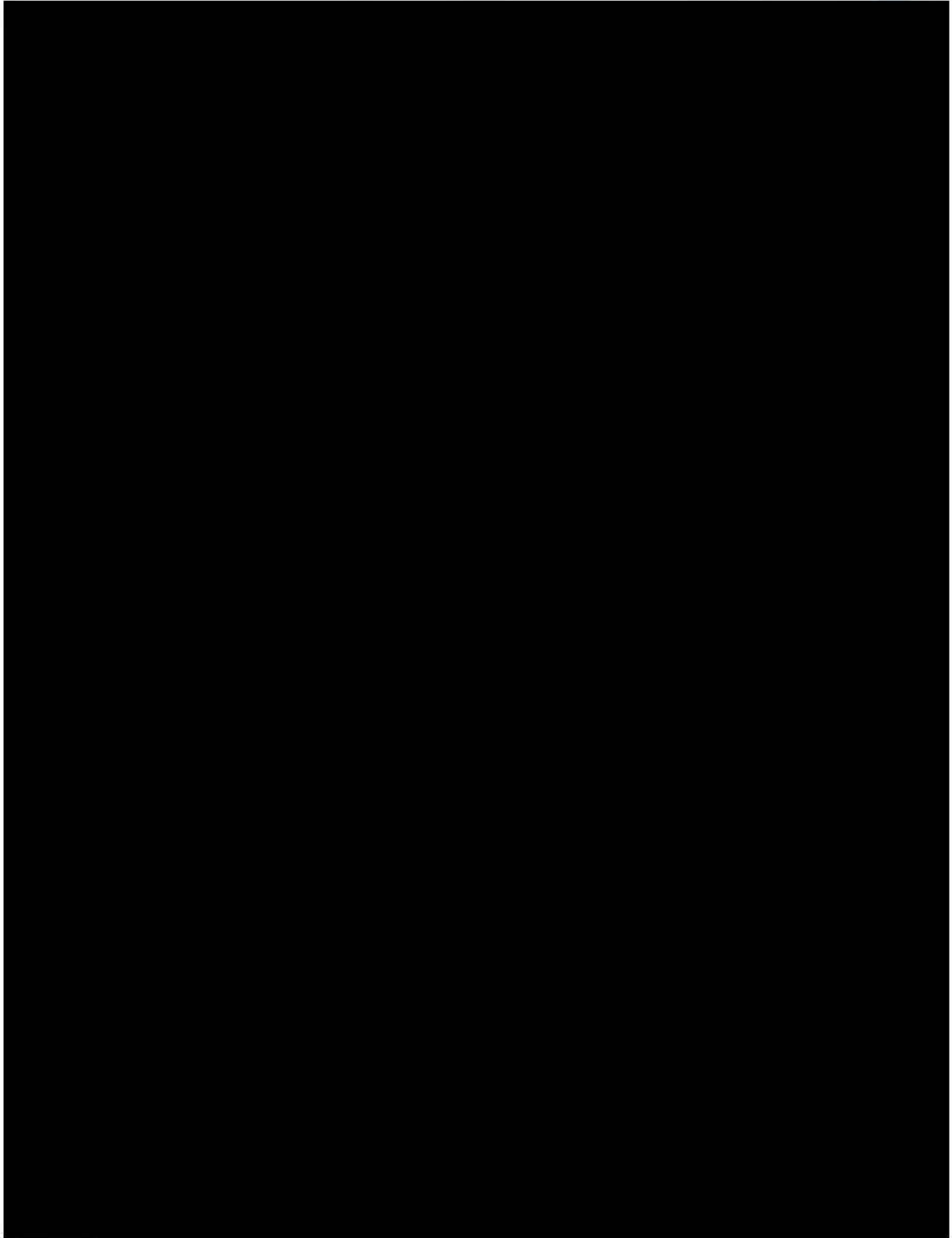
Northside Hospital Development Options Analysis  
Return Brief  
Commercial-In-Confidence

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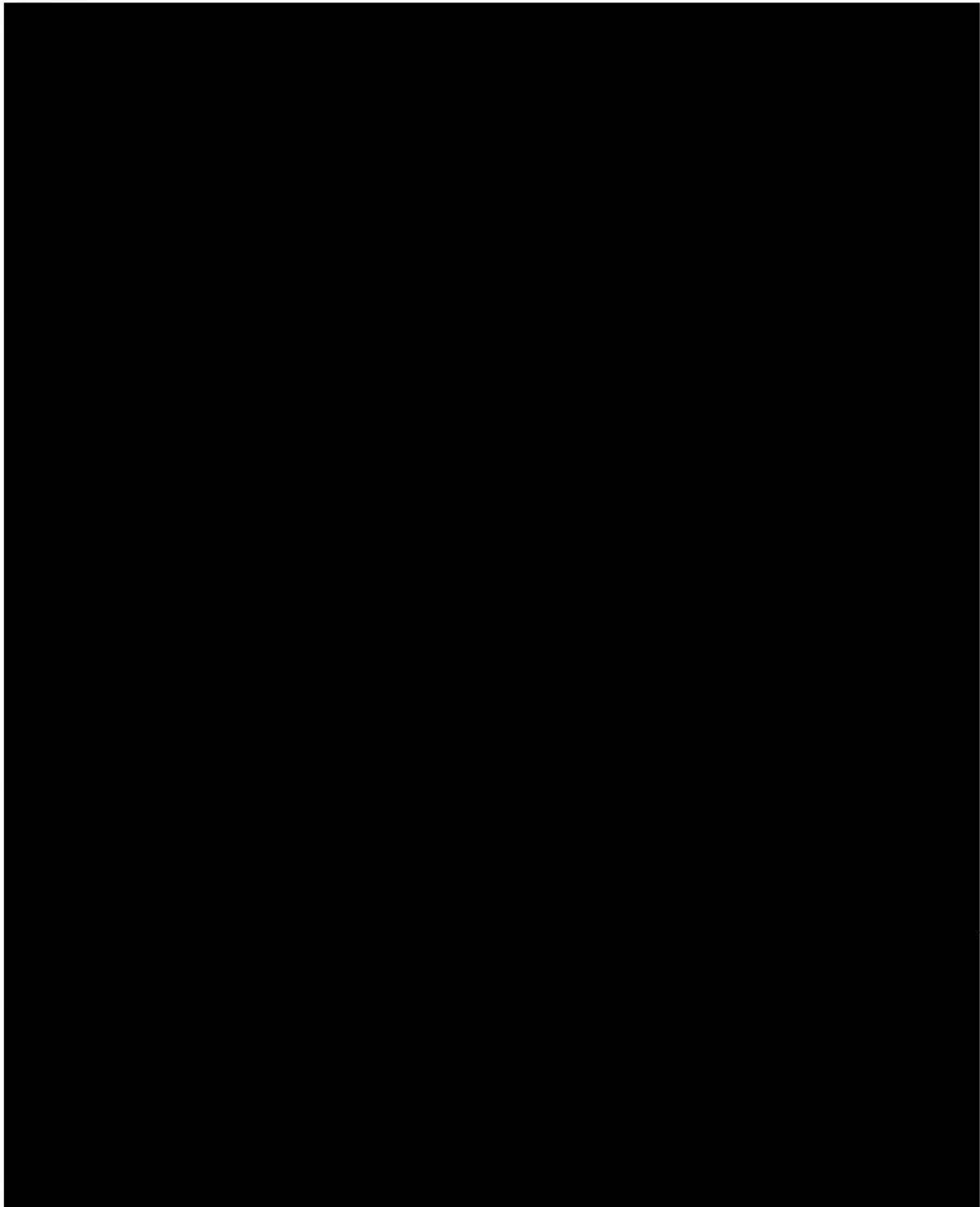




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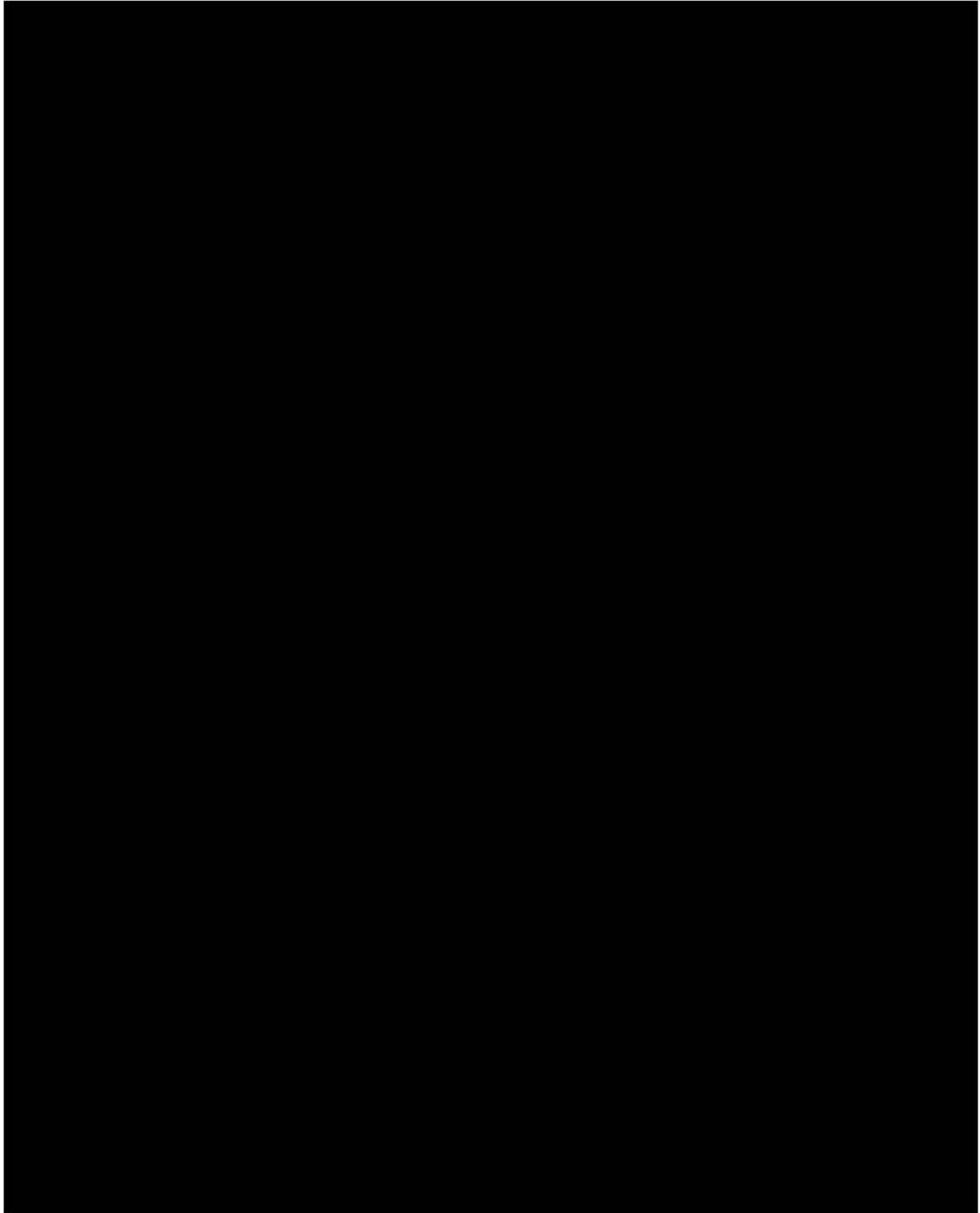




AECOM

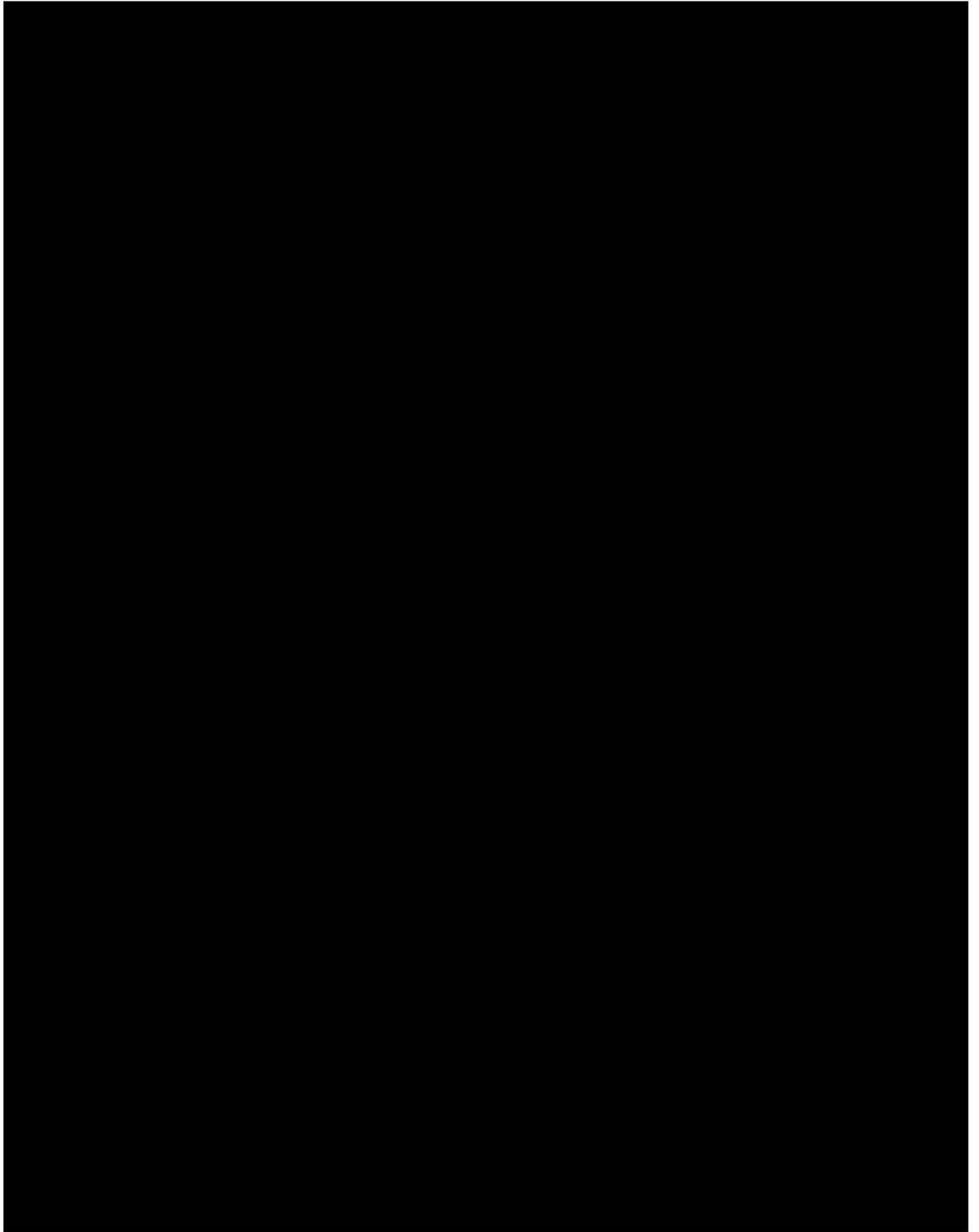
Northside Hospital Development Options Analysis  
Return Brief  
Commercial-In-Confidence

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### 3.0 Stage 2: Calvary Public Hospital - Strategic Asset Management Plan.

#### 3.1 Develop a Strategic Asset Management Plan

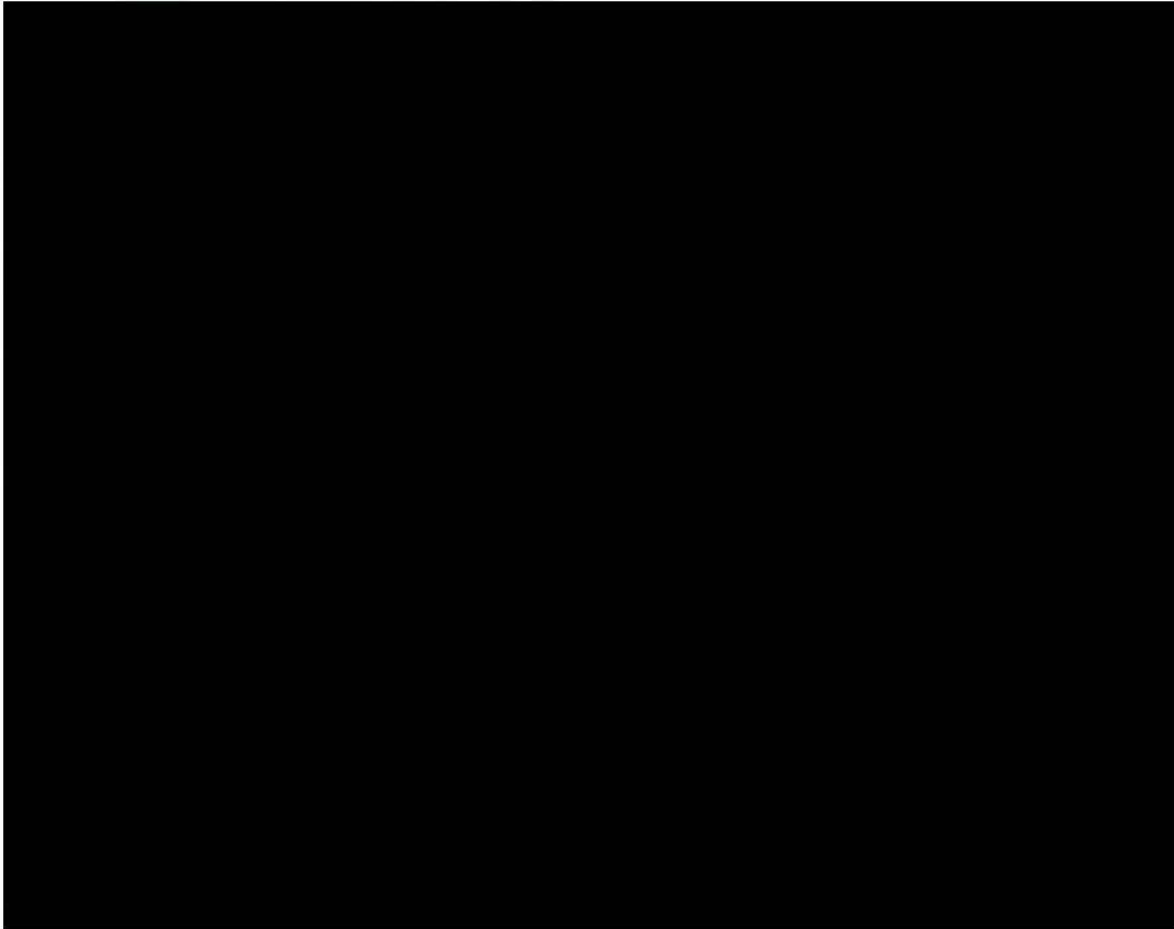
1. Develop a Strategic Asset Management Plan, which comprises an assessment of existing assets on the Calvary Public Hospital campus, to determine:
  - The summary of the physical condition assessment of existing assets and building infrastructure;
  - Assessment of compliance with statutory requirements;
  - Assessment of the suitability of the asset to perform the required functions; and
  - Assessment of the assets operational efficiency in delivering the required service outcomes.
2. The development of SAMP should be based on industry best practice (e.g. ISO 55000/1/2 and the Australian National Audit Office Better Practice Guide on Strategic and operational Management of Assets by Public Sector Entities (September 2010). Concepts and components from other asset management frameworks should be considered for integration, where applicable and appropriate (e.g. IAM PAS55-1/2).

The objective of the SAMP is to identify and outline the requirements for management of the assets, so they may continue to deliver the required service levels. To help support and inform the options analysis, the SAMP will demonstrate the activities and investment required by Calvary to maintain assets in an acceptable standard.

A standards-compliant SAMP is expected to develop the most prudent and cost-effective asset management approach that will ensure that minimum service levels will be achieved or exceeded for the planned future. It will:

- consider all identifiable asset-related risks to service delivery (including asset failure, the impact of external risk events, the risk that demand will exceed design capacity, the risk that the asset is unable to support services the asset was not designed to deliver, and the risk of physical or economic obsolescence).
- assess options to mitigate the risks to residual levels considered tolerable (acceptable) by the asset owner, and
- provide prioritised works schedules and resourcing requirements to implement the risk mitigation actions identified.



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### **3.2 Presentation**

#### **3. Prepare and facilitate a presentation of the SAMP to key stakeholders from ACT Health and LCM.**

The Strategic Asset Management Plan will be presented to inform the review and comment of key stakeholders from ACT Health and LCM.

### **3.3 Stage 2 deliverables**

A Strategic Asset Management Plan (SAMP) consisting of the assessment, findings, recommendations and asset management improvement activities to assist ACT Health implement the SAMP.

**Primary Author:**

**Verifier:**

**Approver:**





**DRAFT****4.0 Stage 3: Northside Hospital Development Options Analysis.****4.1 Schedule of accommodation**

1. Prepare a schedule of accommodation for a new Northside Hospital, based on the current and future service demand profile.

**4.2 Stakeholder workshop**

2. Facilitate key stakeholder workshops with ACT Health and LCM as required.

AECOM will facilitate two collaborative workshops; an option identification workshop and a risk assessment, opportunities and constraints workshop.

The option identification workshop will identify options for further investigation with input from key ACT Health and LCM stakeholders.

The risk assessment, opportunities and constraints workshop will focus on identifying key risks, opportunities and constraints with input from key ACT Health and LCM stakeholders.

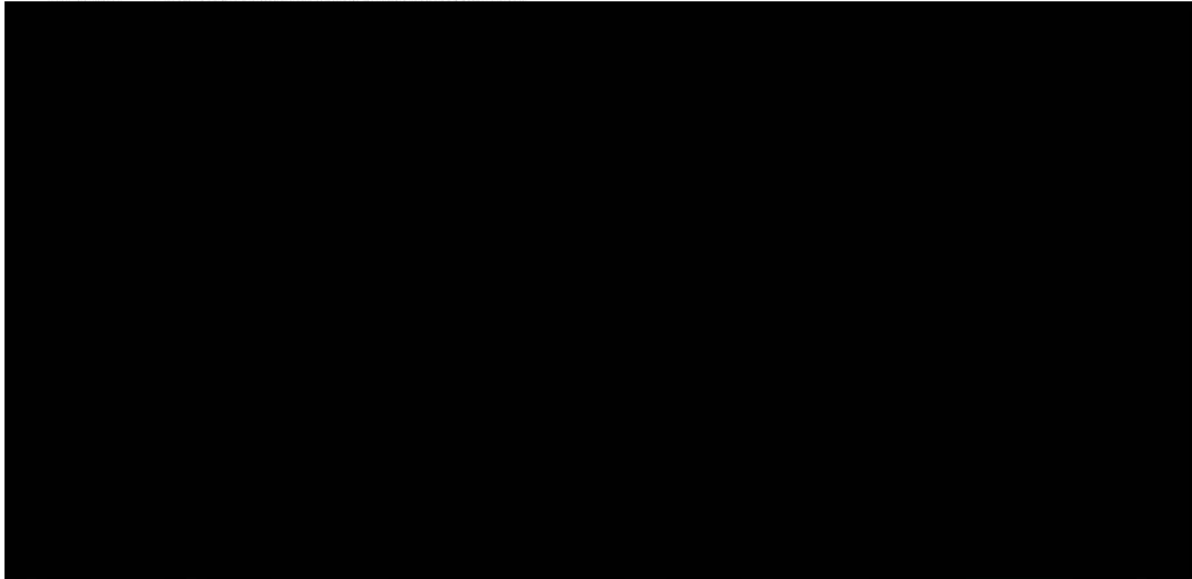
**4.3 Development feasibility analysis**

3. Undertake a development feasibility analysis for a future Northside Hospital, which includes the following development options:

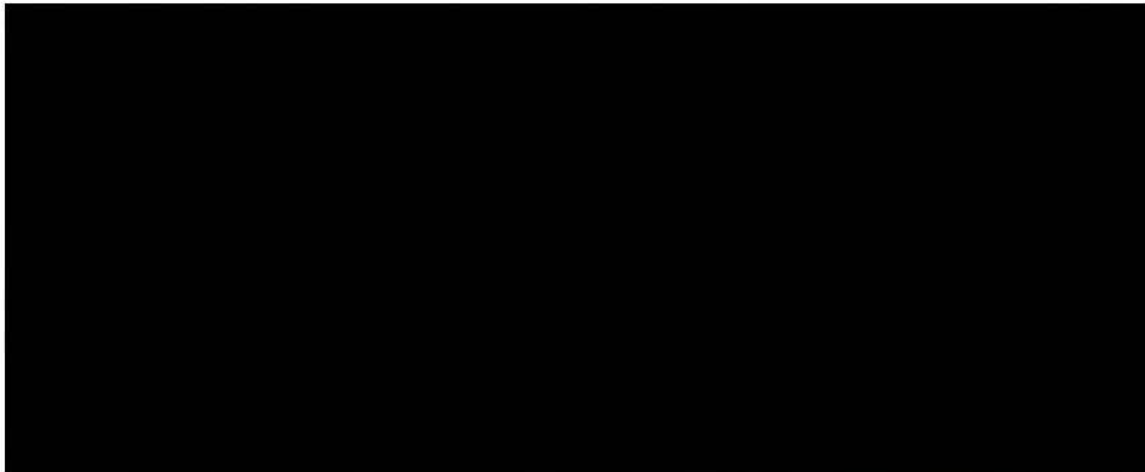
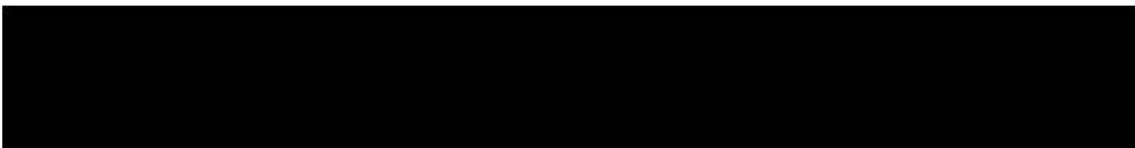


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Table 6 Development &amp; service demand options



TEC BLP

**4.4 Presentation****4.5 PCG endorsement**

8. The Project Control Group will provide endorsement on the Northside Hospital Development Options Analysis and action plan to inform the development of the final Northside Hospital Development Options Analysis Report.



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AECOM will work with the ACT Health Team to have the Northside Hospital Development Options Analysis endorsed by the Project Control Group prior to finalising the Northside Hospital Development Options Analysis Report.

**4.6 Stage 3 deliverables**

The following deliverables will be produced, these will each be chapters in the Northside Hospital Development Options Analysis Report:

1. A summary clinical service demand profile.

Primary Author: [REDACTED]

Verifier: [REDACTED]

2. Schedule of Accommodation for Base Case and Expanded demand option

Primary Author: [REDACTED]

Verifier: [REDACTED]

3. Draft Northside Hospital Development Options Analysis.

Primary Author: IBC

Verifier: [REDACTED]

4. Development Options Plan Cost Report.

Primary Author: [REDACTED]

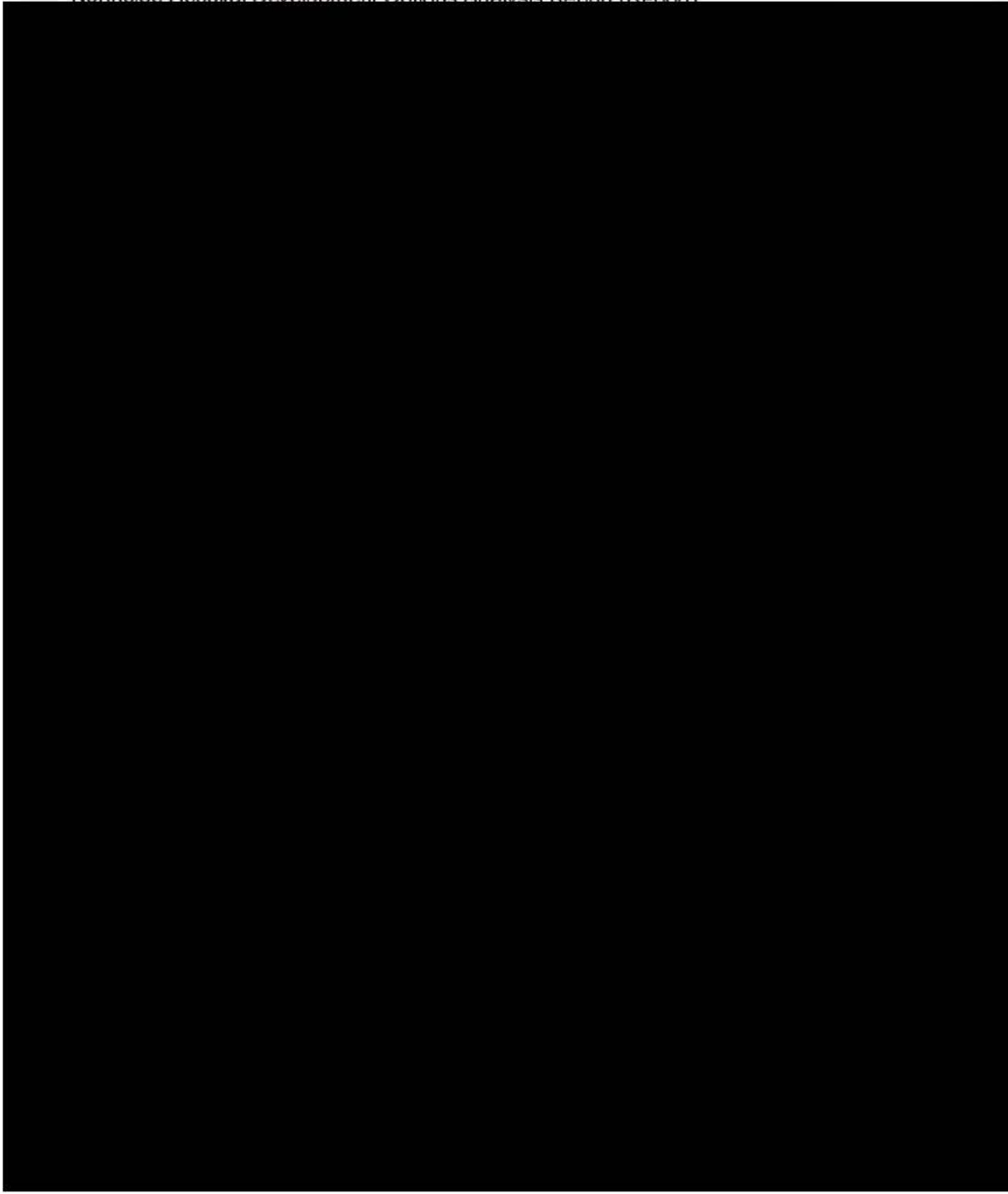
Verifier: IBC



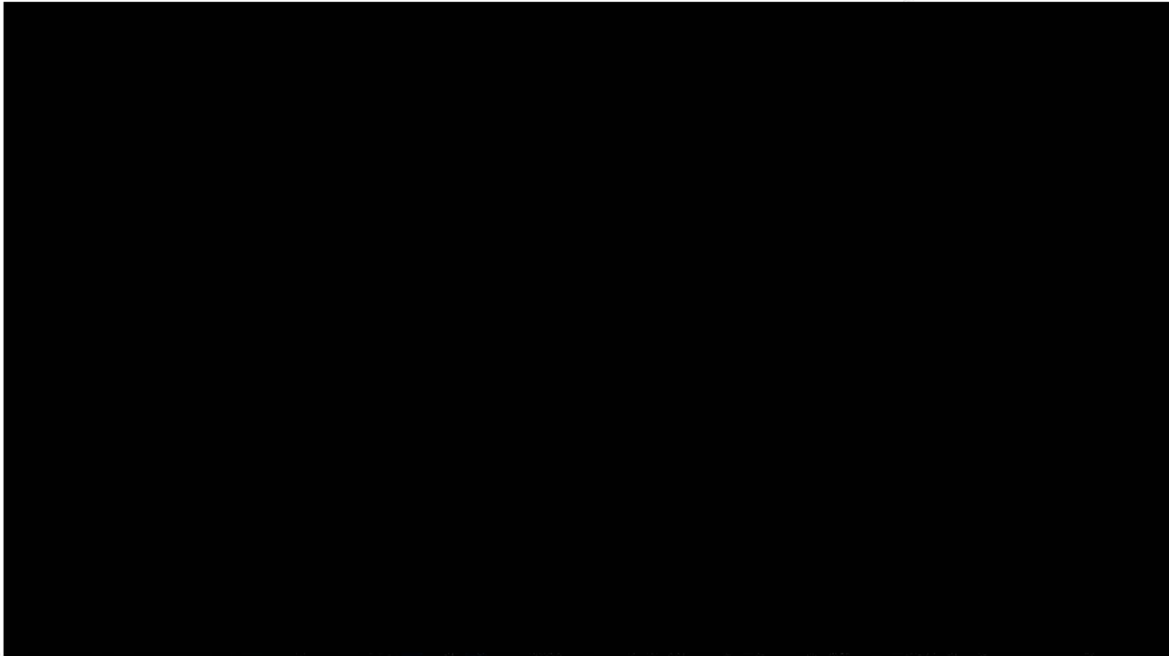
**DRAFT**

## 5.0 Stage 4: Northside Hospital Development Options Analysis Report.

### 5.1 Northside Hospital Development Options Analysis Report

1. Incorporate the feedback from the Principal and the project stakeholder team to develop the Northside Hospital Development Options Analysis Report (Report).
- 



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We have allowed for the issue of one draft and the receipt of a single set of consolidated comments. Following receipt of the comments the draft will be updated and final report issued.

**5.2 Presentation**

3. Prepare and facilitate a presentation of the Report to senior ACT Health and LCM stakeholders.

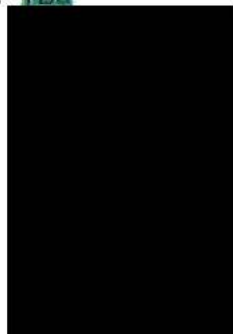
The report will be presented to inform senior ACT Health and LCM stakeholders of the outcomes and recommendations. ACT Health to advise list of required attendees.

**5.3 Stage 4 deliverables**

Northside Hospital Development Options Analysis Report.

Primary Author: TBC

Inputs:



Verifier:

Approver:



**DRAFT**

## 6.0 Project Schedule

Refer Appendix A for a detailed project schedule Gantt chart format.



The schedule has been developed to meet this deadline.

**Table 8 Summary Project Program**

A large black rectangular redaction box covering the entire content of Table 8.



**DRAFT****7.0 Governance****7.1 AECOM Weekly Project Updates**

AECOM have proposed to replace the fortnightly project co-ordination report with AECOM's weekly project updates. The project updates will be submitted prior to and reviewed at the fortnightly Project Co-ordination Meetings.

The weekly project updates will have the following format:

- Key items we worked on this week
- Ongoing key items that we are working on
- Outstanding items/issues
- Safety update

**7.2 Monthly Status Report**

AECOM will prepare a formal monthly project report to be submitted to the ACT Health Project Manager. The monthly status report will take the form of a Dashboard Report and will contain the following information:

- Activity summary
- Key Issues/Risks being managed
- Stakeholder engagement activities
- Project progress - % completion of tasks
- Budget update – claimed / outstanding
- Variations – proposed / accepted

**7.3 Project coordination committee (fortnightly)**

Project Co-ordination Meetings will occur on a fortnightly basis in Canberra.

Attendees: Brad Burch; Daniel Landon; Caitlin Bladin; Jarrad Nuss (Calvary, Stage 1 & 2 only) Ama King + Team as required

AECOM will:

- Prepare the meeting agenda and action statement.
- Prepare all materials and content required to facilitate the meetings.
- Prepare meeting minutes.
- Maintain a Project Decision Register, Risk Register and Issues Register.

**7.4 Project control group (monthly)**

A Project Control Group meeting will occur on a monthly basis in Canberra.

Attendees:

Stage 1 & 2 attendees	Jarrad Nuss (Calvary) & Brad Burch (joint chairs), Sallyanne Pinney (Calvary Contract Manager)
Stage 3 & 4 attendees	Brad Burch; Daniel Landon; Caitlin Bladin; Sallyanne Pinney (Calvary Contract Manager), Sarah Galton (Service Planning) + Team as required



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Steering Committee      Jacinta George (Health Services Planning & Evaluation)

AECOM will:

- Prepare the meeting agenda and action statement.
- Prepare all materials and content required to facilitate the meetings.
- Prepare meeting minutes.



**DRAFT****8.0 Project Safety, Health & Environment (SH&E)**

AECOM requires that for any project, appropriate planning is undertaken to adequately identify the Safety, Health and Environmental (SH&E) risks associated with that project and to ensure adequate controls are implemented following AECOM's Safety for Life principles.

**Safety for Life**

Derived from AECOM's Core Values, the ultimate goals of our new "Safety for Life" program are simple — to prevent:

- work-related injuries or illnesses,
- damage to property and/or equipment from our activities, and
- adverse impacts to the environment from our ongoing projects or operations.

Our recently updated guiding principles, the nine "Life-Preserving Principles", will drive AECOM's employees to proactively commit to achieving these goals.

**Life-Preserving Principles**

AECOM's "Life-Preserving Principles" help demonstrate the commitment of our Safety for Life program. We firmly believe these principles will enable AECOM to achieve its goal of zero employee injuries and no property damage, as well as foster an environmentally friendly and sustainable workplace.

**Demonstrated Management Commitment**

Our Executive, senior and project managers will lead the SH&E improvement process and continuously demonstrate support and commitment.

**Employee Participation**

Our employees will be encouraged and empowered to become actively engaged in our safety processes through their active participation in safety committees, training, audits, observations and inspections. Employees will be encouraged to participate in health initiatives and adopt a healthy lifestyle.

**Budgeting and Staffing for Safety**

Our safety staff will be competent, fully trained and qualified to provide technical resources to our internal and external clients. A budget to support safety activities will be included in project proposals.

**Pre-Planning**

Our design, engineering, project and construction management staff will deploy effective risk mitigation efforts to design, plan and build safety into every project. Pre-Project and Pre-Task planning will be an effective tool in protecting our employees and the environment.

**Contractor Management**

Our project staff will work closely with our sub-consultants, subcontractors, contractors and Joint Venture Partners to provide a safe work environment for employees and members of the public. Our goal of SH&E performance excellence will be equally shared by all project participants.

**Recognition and Rewards**

Our employees will be recognized for their efforts in working safely and their support of our safety efforts.

**Safety Orientation and Training**

Our employees will be provided with effective safety training in order to identify and mitigate hazards in the workplace to prevent injuries to themselves and others who may be affected by their actions.

**Incident Investigation**

Our managers and safety professionals will investigate all recordable incidents and serious near misses to identify contributing factors and root causes in order to prevent a reoccurrence. Lessons learned shall be identified, communicated and implemented.

**Fit for Duty**

Our employees are responsible to report to work each day fit for duty and not to pose a health and safety hazard to themselves or others.



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Some key aspects of the project safety plan can include details on:

- Appropriate training for AECOM employees and contractors/subcontractors under AECOM's supervision
- Appropriate equipment to perform the required tasks safely
- Ensuring key contacts for the project are identified and contact information is provided
- Defining roles and responsibilities for the key contacts including a clear delegation of authority
- Emergency response

It is a further AECOM requirement that any SH&E incidents or near misses associated with the project are reported, appropriate investigations conducted and identified corrective actions implemented. This includes incidents involving AECOM employees as well as contractors/subcontractors engaged by AECOM as part of the project.

### **8.1 Safe Work Method Statement (SWMS)**

A SWMS is required for each activity outside of the office OR when an activity presents a risk of physical harm, property damage or environmental impact. A SWMS forms part of the Project Safety Plan which is required for high risk activities.

All project staff are responsible to ensure that they complete a relevant SWMS prior to undertaking work activities that are considered to require it or read and sign the SWMS developed for a given project task. Subcontractors employed by AECOM are also to develop an approved SWMS or adhere to AECOM's safety management plan which includes the signing of the SWMS as acknowledgement of understanding the safety requirements.

### **8.2 Calvary WHS Requirements**

Calvary requires all contractors to undertake an induction and comply with the relevant PPE requirements. Site visitors must have a current White Card, Asbestos Awareness, and Photo ID, and will be escorted whilst on site. Site inductions must be organised with the Calvary Facilities team before site inspections commence.

### **8.3 Environment**

Works will be planned, reviewed and implemented in accordance with AECOM's Environmental Policy and the appropriate PDF procedures the Environmental Management System that is part of the IMS and for aspects relevant relating to the delivery of the project deliverables.



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# **Appendix A**

## **Schedule**



























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# **Appendix B**

## **Risk and Issues Register**















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# **Appendix C**

## **Asset Categorisation**























**Lowes, Shannon (Health)**

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**From:** Landon, Daniel (Health)  
**Sent:** Wednesday, 18 March 2020 5:02 PM  
**To:** [REDACTED]  
**Subject:** RE: NHDOA - Return Brief DRAFT

UNCLASSIFIED

Hi [REDACTED]

Thank you for the return brief. I've reviewed and will discuss further with Brad tomorrow morning.

Kind regards

Dan

**From:** [REDACTED]  
**Sent:** Wednesday, 18 March 2020 1:18 PM  
**To:** Burch, Brad (Health) <Brad.Burch@act.gov.au>; Landon, Daniel (Health) <Daniel.Landon@act.gov.au>  
**Cc:** [REDACTED]  
**Subject:** NHDOA - Return Brief DRAFT

**CAUTION:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Brad and Daniel,

Please find attached a draft of the Return Brief.

As you will see there are a number of sections/content, primarily in Stage 3 and 4, which we are still working on. The content for Stage 1 and 2 is more developed and ready for discussion on Thursday.

We are currently reviewing the project schedule and running a few scenarios for the way forward to inform the meeting tomorrow, primarily around the delivery of the site inspections timing and approach.

I suggest that you may not want to forward the whole document to Calvary, rather only Sections 2 and 3 (which contain the scope of Stages 1 and 2).

I have removed the content regarding invoicing/financials and will send this via a separate email.

Any questions on the attached please let me know.

Regards

[REDACTED]

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**Lowes, Shannon (Health)**

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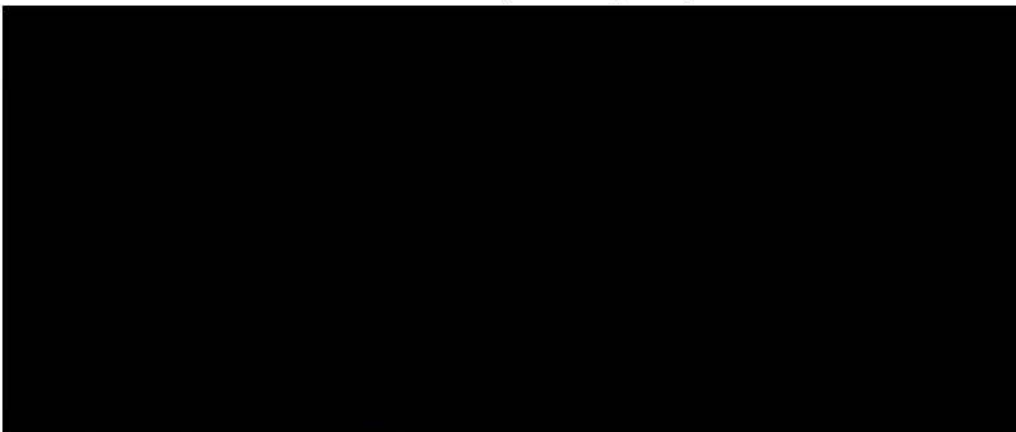
**From:** [REDACTED]  
**Sent:** Thursday, 19 March 2020 8:24 AM  
**To:** Burch, Brad (Health); Landon, Daniel (Health)  
**Cc:** [REDACTED]  
**Subject:** NHDOA - Invoicing Plan  
  
**Categories:** Northside

**CAUTION:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Brad and Daniel,

Following on from discussion at the start up meeting, we identified that the RFQ proposed milestone invoicing for this engagement. We request that periodic invoicing was considered as an alternative.

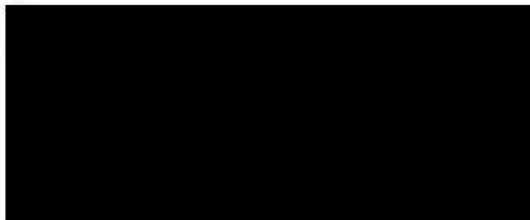
The below is a proposed invoicing schedule based on each stage and the schedule. The values may change to reflect work completed during the month or project delays. Our invoice will identify how much is being claimed against each stage for your information. We propose that the final invoice for each stage will not be approved for payment by ACT Health until the deliverable for the stage is accepted by ACT Health.



Could you please advise if you are comfortable to proceed on this basis?

If you have any queries on the above please let me know.

Thank you and Regards



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**Lowes, Shannon (Health)**

---

**From:** [REDACTED]  
**Sent:** Friday, 20 March 2020 1:10 PM  
**To:** [REDACTED] Jarrad Nuss (Calvary); Burch, Brad (Health); Landon, Daniel (Health);  
 [REDACTED] Denise Holm (Calvary)  
**Cc:** Bladin, Caitlin (Health)  
**Subject:** RE: NHDOA - Fortnightly Co-ordination Meeting  
**Attachments:** 60628807-NHDOA-Fortnightly Coordination Minutes.pdf  
**Categories:** Northside

**CAUTION:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi all,

Please see attached the minutes from yesterday's meeting. Let me know if anything has been missed or misunderstood.

Thanks,

**AECOM**

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 PO Box 1942 Canberra City 2601  
 T +61 2 6100 0551

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-----Original Appointment-----

**From:** [REDACTED]  
**Sent:** Friday, 13 March 2020 12:13 PM  
**To:** King, Amaranth; Jarrad Nuss (Calvary); Brad Burch (brad.burch@act.gov.au); Landon, Daniel (Health) [REDACTED]  
 [REDACTED] Denise.Holm [REDACTED]  
**Cc:** Bladin, Caitlin  
**Subject:** NHDOA - Fortnightly Co-ordination Meeting  
**When:** Thursday, 19 March 2020 4:15 PM-5:15 PM (UTC+10:00) Canberra, Melbourne, Sydney.  
**Where:** ACT Health 4 Bowes Street Office

Agenda to follow.

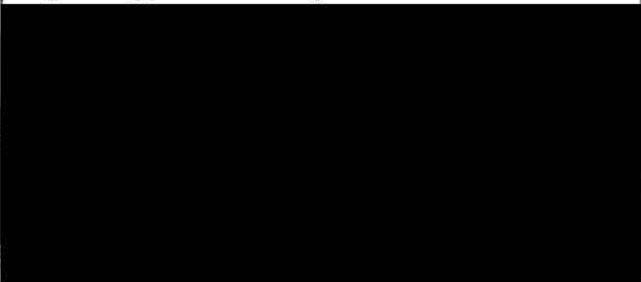






No	Item	Action	Date
	<p>2. Site inspections by Calvary team – AECOM would work with the Calvary team to undertake site inspections remotely.</p> <p>3. Desktop review supplemented with interviews of the Calvary team.</p> <p>Will need to be flexible in our approach given the rapidly changing situation.</p> <p><u>Asset Priority Level (Criticality) session</u> Once existing information is received from ACT Health / Calvary, AECOM will do an initial review, make an initial assessment of criticality and confirm the criticality assessment with Jarrad. This will inform the extent of the site inspections required.</p> <p><u>Condition Assessment</u> The Return Brief includes a lot of tables indicating how AECOM plan to assess and categorise assets. AECOM are still working through aligning these with the ACT Health SAMF documents. The next draft may be a bit different as a result.</p> <p>AECOM have provided a definition of what we think the ICT infrastructure scope is. Have also limited the scope of distributed infrastructure investigations; e.g. no CCTV of stormwater or sewer infrastructure, no investigation of ring main for fire protection etc.</p> <p>ACT Health noted that there should be an allowance in cost plans to for this infrastructure.</p> <p>AECOM have not allowed for any discussions with utilities. ACT Health confirmed they were happy with this approach.</p> <p>ACT Health noted that per ACT Government guidelines, gas equipment should not be replaced. This may drive significant additional electrical capacity requirements on site.</p> <p><b>Stage 2 approach/assumptions discussion</b></p> <p>AECOM would like to confirm the scope of the SAMP document and have proposed limiting the options considered. Would like to avoid issuing a draft document and having to revisit after an option has been selected. ACT Health agreed it is important that the SAMP document is useful for Calvary.</p> <p>ACT Health to provide the Canberra Hospital SAMPs as an indicator of how this has been done previously.</p> <p>ACT Health and Calvary to review the Return Brief and discuss further the options to be included in the SAMP.</p>	<p>available for consideration</p> <p>AECOM then Calvary</p> <p>AECOM</p> <p>Noted</p> <p>Noted</p> <p>Noted</p> <p>Noted</p> <p>Noted</p> <p>Noted</p> <p>ACT Health to provide CH SAMP</p> <p>ACT Health / Calvary</p>	<p>w/e 03/04/2020</p>



No	Item	Action	Date
	<b>Stage 3/4 approach/assumptions discussion</b> 	Noted	w/e 27/03/2020
		Noted	w/e 27/03/2020
4.	<b>Issues, risks, opportunities</b> <ul style="list-style-type: none"> <li>Identification of items to be raised to the Project Control Group</li> </ul> <p>AECOM have included our internal risk and issues register in the return brief. Request ACT Health review and advise of any additional risks / issues that should be added, tracked and mitigated.</p>	ACT Health to advise of any additional risks or issues	w/e 27/03/2020
5.	<b>Other Items:</b> <ol style="list-style-type: none"> <li>Confidentiality Agreement. AECOM are already bound by the confidentiality requirements of the panel deed.</li> <li>Governance. Noted both the PCG and Steering Committee meetings are scheduled for next week. AECOM suggested pushing back the PCG meeting by one month – ACT Health to confirm.</li> </ol> <p>ACT Health advised AECOM was not required at next week's steering committee meeting.</p>	<p>ACT Health to investigate and advise if a separate agreement is to be signed.</p> <p>ACT Health to confirm date of next PCG</p> <p>Noted</p>	<p>w/e 27/03/2020</p> <p>w/e 20/03/2020</p>



**Lowes, Shannon (Health)**

---

**From:** Landon, Daniel (Health)  
**Sent:** Monday, 23 March 2020 10:10 AM  
**To:** Jarrad Nuss (Calvary)  
**Cc:** Burch, Brad (Health)  
**Subject:** FW: NHDOA - Site Inspection Options

UNCLASSIFIED

Hi Jarrad

At the catch-up Brad and I had with AECOM, we discussed the feasibility of AECOM's technical team still being able to access Calvary because of the coronavirus.

[REDACTED] has put forward some options – could you review and let me know how you'd like to proceed. Please give me a call if you'd like to discuss.

Kind regards

Dan

**From:** [REDACTED]  
**Sent:** Friday, 20 March 2020 9:23 AM  
**To:** Burch, Brad (Health) <Brad.Burch@act.gov.au>; Landon, Daniel (Health) <Daniel.Landon@act.gov.au>; Jarrad Nuss (Calvary) [REDACTED]  
**Subject:** NHDOA - Site Inspection Options

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Hi All,

Following on from our meeting yesterday afternoon, we have been thinking about alternative approaches to completing the site inspection task. The following are the options raised yesterday for your consideration:

1. Site Inspections by AECOM Technical Team: requires Calvary escort; puts individuals who do not need to be in the hospital in the hospital.
2. Site Inspections by Calvary Team: AECOM would work with the Calvary team to undertake the site inspections remotely. This could include visual inspections by AECOM Team Members via video conference/video call and directing Calvary team members to collect specific information/photos from site.
3. Desktop Review with interviews of the Calvary Team: Following the Gap Analysis, AECOM would interview Calvary asset team to confirm the outcomes of the desktop review. We will be reliant on the advice from the Calvary team to confirm the

We considered the option for engaging a sub to create a 3D model of key spaces, however this was discounted as it would be the equivalent of a site inspection by AECOM and would still require site checks to capture key asset data (i.e. asset name plates).

At this stage we would like a decision on which approach is to be taken the week commencing 30 March 2020, however appreciate that last minute changes may occur. The site inspections are currently scheduled to commence the week of 13 April 2020.



If there are any queries on the above or you would like to talk through the options please let me know, otherwise we will organise for a discussion on the way forward to occur the week of 30 March 2020.

Regards



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**Lowes, Shannon (Health)**

---

**From:** Bladin, Caitlin (Health)  
**Sent:** Monday, 23 March 2020 3:09 PM  
**To:** Burch, Brad (Health); Landon, Daniel (Health)  
**Subject:** AECOM NHDOA - Return Brief

UNCLASSIFIED Sensitive

Hi there

I just finished going through the return brief.

But quickly, Brad at the end there were you saying: AECOM could do the desktop assessment of Calvary carry on with their other option development and then come back and do the detailed condition report and fill in the gaps with the related options?

Section 2.1 – Prepare and “Information Request”

Wondering if it would be worth including site servicing plans/surveys or other information.

Section 2.3 Inspection of the Calvary Public Hospital Site

Just wanted to clarify that where review by exception would still allow equipment to be recorded (even if not being recorded) and if this would account for equipment that was in good nick, but was not being used for its intended purpose or at full capacity...

Just wondering how we capture that data.

May need to change some wording about access in this section given COVID-19.

2.5.1

I assume it is OK to exclude servers? I’m not sure what the hospital ICT systems are – but I assume we are OK with their proposed scope.

2.5.2

As per previous point in 2.5.2 they propose excluding asset suitability to application. I would have thought this was a big thing that we would want to assess – and it would be material for the SAMP.

Table 1 compliance –

They refer to statuary rather than statutory.

Performance

Again – it seems that appropriateness/suitability to application would be important from a performance perspective

Section 3 generally

SAMP – they seem to only be proposing to prepare 1 SAMP – what are the implications for the scope of requesting low, medium SAMPs

Happy to discuss if nothing makes sense.

Sincerely



Caitlin Bladin

Senior Director | Strategic Planning

Phone 02 5124 9963 | Mobile [REDACTED] | [caitlin.bladin@act.gov.au](mailto:caitlin.bladin@act.gov.au)

Strategic Infrastructure Division | ACT Health Directorate

Level 4, 4 Bowes Street, Phillip | [www.health.act.gov.au](http://www.health.act.gov.au)



**Lowes, Shannon (Health)**

---

**From:** Landon, Daniel (Health)  
**Sent:** Monday, 23 March 2020 6:23 PM  
**To:** Burch, Brad (Health)  
**Subject:** RE: Northside

UNCLASSIFIED

Yep – I think that's what we agreed. And it was [REDACTED] recollection too.

And is Aecom needed at that first steering committee meeting?

**From:** Burch, Brad (Health) <Brad.Burch@act.gov.au>  
**Sent:** Monday, 23 March 2020 5:04 PM  
**To:** Landon, Daniel (Health) <Daniel.Landon@act.gov.au>  
**Subject:** RE: Northside

UNCLASSIFIED

All good news.

I think we agreed to delay the first steering committee to April when we were talking to [REDACTED] last week – is that your recollection too?

Thanks  
 Brad.

**From:** Landon, Daniel (Health) <[Daniel.Landon@act.gov.au](mailto:Daniel.Landon@act.gov.au)>  
**Sent:** Monday, 23 March 2020 4:39 PM  
**To:** Burch, Brad (Health) <[Brad.Burch@act.gov.au](mailto:Brad.Burch@act.gov.au)>  
**Subject:** RE: Northside

UNCLASSIFIED

I just spoke to Jarrad:  
 He says site visits are going to be impossible – so I think we can now proceed on a desktop audit only basis.  
 He's been compiling info for [REDACTED] – he said it'd be ready by lunchtime tomorrow and that he'd send it to us, so that we have oversight of what does/doesn't go to [REDACTED]

**From:** Burch, Brad (Health) <[Brad.Burch@act.gov.au](mailto:Brad.Burch@act.gov.au)>  
**Sent:** Monday, 23 March 2020 3:33 PM  
**To:** Landon, Daniel (Health) <[Daniel.Landon@act.gov.au](mailto:Daniel.Landon@act.gov.au)>  
**Subject:** Re: Northside

Thanks Dan - give Jarrad a call, but I think the data might be sitting with Mark to clear release. In any case it would be good to touch base with Jarrad anyway.

I will review the demand profile and projections data and send through to [REDACTED] this afternoon.

Cheers  
 Brad.



Brad Burch  
Strategic Infrastructure  
[REDACTED]

---

**From:** Landon, Daniel (Health) <[Daniel.Landon@act.gov.au](mailto:Daniel.Landon@act.gov.au)>

**Sent:** Monday, March 23, 2020 3:27:57 PM

**To:** Burch, Brad (Health) <[Brad.Burch@act.gov.au](mailto:Brad.Burch@act.gov.au)>

**Subject:** Northside

UNCLASSIFIED

Hi Brad

I just had a call from [REDACTED] – she's going to have a think about proceeding using a desktop review only (we both agreed site visits will likely be ruled out – by Aecom or Calvary or us – pretty soon).

Her big concern currently – especially if it's a desktop audit only that is used for the SAMP – is that Jarrad has sent her none of the information she requested. What's the best way of getting that? I'm happy to call Jarrad, but wanted your advice before proceeding.

[REDACTED] is also chasing the demand profile – do you have any existing documents I can send to [REDACTED]

Cheers

Dan

**Daniel Landon**

Ph: 5124 9962 | Email: [daniel.landon@act.gov.au](mailto:daniel.landon@act.gov.au)

Senior Director, Business Analysis, Strategic Infrastructure Division | ACT Health Directorate

Level 4, 4 Bowes Street Phillip ACT 2606

[health.act.gov.au](http://health.act.gov.au)





**Lowes, Shannon (Health)**

**From:** Jarrad Nuss [REDACTED]  
**Sent:** Wednesday, 25 March 2020 9:48 AM  
**To:** Landon, Daniel (Health)  
**Subject:** RE: SAMP

**CAUTION:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Daniel

It will be a mixture – not many boxes

**Jarrad Nuss**  
 Director Business Infrastructure and Performance  
 Finance and Business Information



Public Hospital Bruce  
 Business Support Facility  
 Dunlop Court Business Park 21 Thynne Street Bruce ACT 2617  
 PO Box 254 Jamison Centre ACT 2614  
 P: 02 6201 6818  
 E: [REDACTED]  
[www.calvary-act.com.au](http://www.calvary-act.com.au)

**Hand Hygiene Auditing – March 1st - 31st**



**From:** Landon, Daniel (Health) <Daniel.Landon@act.gov.au>  
**Sent:** Wednesday, 25 March 2020 9:44 AM  
**To:** Jarrad Nuss [REDACTED]  
**Subject:** RE: SAMP

**CAUTION:** This email originated from outside of Calvary Public Hospital Bruce. Do not click links or open attachments unless you recognise the sender and know the content is safe.

UNCLASSIFIED

Hi Jarrad

Just to clarify – is this material all electronic?

Or are there hardcopy files as well? If hardcopy, how many boxes?

Kind regards

Dan



From: Jarrad Nuss [REDACTED]  
 Sent: Tuesday, 24 March 2020 4:02 PM  
 To: Landon, Daniel (Health) <[Daniel.Landon@act.gov.au](mailto:Daniel.Landon@act.gov.au)>  
 Subject: FW: SAMP

**CAUTION:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Daniel

I need to be able to securely send a large amount (in terms of storage) of information to AeCOM, who are contracted to deliver the SAMP for CPHB.

What is the best way to enable a secure transfer? Aecom will no doubt have a preferred method.

Many thanks

**Jarrad Nuss**  
 Director Business Infrastructure and Performance  
 Finance and Business Information



Public Hospital Bruce  
 Business Support Facility  
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Hand Hygiene Auditing – March 1st - 31st



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**Lowes, Shannon (Health)**

---

**From:** Landon, Daniel (Health)  
**Sent:** Wednesday, 25 March 2020 10:52 AM  
**To:** [REDACTED]  
**Subject:** FW: NHDOA - Calvary Request for Information  
**Attachments:** CPHB Contractor Induction Checklist 0220 v4.doc  
**Importance:** High

UNCLASSIFIED

**From:** Jarrad Nuss [REDACTED]  
**Sent:** Wednesday, 25 March 2020 9:53 AM  
**To:** Landon, Daniel (Health) <Daniel.Landon@act.gov.au>  
**Subject:** FW: NHDOA - Calvary Request for Information  
**Importance:** High

**CAUTION:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Daniel

Could you request AeCOM to finalise the attached documentation.

Many thanks

Jarrad Nuss  
 Director Business Infrastructure and Performance  
 Finance and Business Information



Public Hospital Bruce  
 Business Support Facility  
 Dunlop Court Business Park 21 Thynne Street Bruce ACT 2617  
 PO Box 254 Jamison Centre ACT 2614  
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 E: [REDACTED]  
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**Hand Hygiene Auditing – March 1st - 31st**



**From:** Luke Douma [REDACTED]  
**Sent:** Wednesday, 25 March 2020 9:00 AM  
**To:** Jarrad Nuss [REDACTED]



**Subject:** FW: NHDOA - Calvary Request for Information

**Importance:** High

**NHDOA Part 1:**

Induction Checklist that they're going to need to complete before they get started.

**Luke Douma**  
Facility Manager  
Facilities & Services



Public Hospital Bruce  
Cnr Belconnen Way & Haydon Drive Bruce ACT 2617  
PO Box 254 Jamison Centre ACT 2614  
P: 02 6201 6303 M: [REDACTED] F: 02 6201 6635  
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[www.calvary-act.com.au](http://www.calvary-act.com.au)

**Hand Hygiene Auditing – March 1st - 31st**



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## Contractor Induction Checklist

### 1 Applies to

This Induction Checklist applies to all Contractors engaged to provide service labour in any form to Calvary Public Hospital Bruce (CPHB).

### 2 Purpose

This Checklist is to confirm the induction content covered for an individual contractor who is to work on the Calvary Public Hospital campus including any remote location managed by CPHB.

The Checklist shall be used in conjunction with any applicable CPHB policy, procedure or guideline identified below and shall be specific to the type of work that the contractor is likely to perform.

### 3 Term

Contractors engaged to perform any work other than a specific 'one off' task shall be inducted to CPHB no less than two (2) yearly.

### 4 Induction Details

Date of Induction:	Induction Conducted by:
Name of Contractor Company:	
Name of Worker Inducted (print Full Name):	
Mobile Phone No:	
Term of Engagement:	<input type="checkbox"/> Long Term Engagement <input type="checkbox"/> Specific Task
Work to be Performed:	

Approved by:

Approved Date: 29/05/2019

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Review Date: 31 May 2022



Site Orientation	
<input type="checkbox"/> Calvary Mission, Values & Vision	<input type="checkbox"/> Parking of Vehicles
<input type="checkbox"/> Conduct and Appearance	<input type="checkbox"/> Amenities (Toilets, Meals & Food Storage)
<input type="checkbox"/> Privacy and Confidentiality	<input type="checkbox"/> Building Layout
<input type="checkbox"/> Personal Security	<input type="checkbox"/> After-Hours Work, Log In / Log Out requirements
<input type="checkbox"/> Restricted Areas	<input type="checkbox"/> Identification to be displayed at all times
<input type="checkbox"/> Fitness for Work	<input type="checkbox"/> Waste Management
<input type="checkbox"/> Access (Keys & Swipe Cards)	<input type="checkbox"/> Electronic Emissions
Other Matters:	

The Work	
<input type="checkbox"/> Planning the Work – Special Requirements	<input type="checkbox"/> Restricted Patient Areas
<input type="checkbox"/> Work Area Hazards	<input type="checkbox"/> Site Signage Requirements
<input type="checkbox"/> Risk Assessment	<input type="checkbox"/> Personal Protective Equipment (PPE)
<input type="checkbox"/> Noise, Dust and Fumes	<input type="checkbox"/> Communication and Consultation
<input type="checkbox"/> Isolation of Services (Power, Gas, Medical Gases)	<input type="checkbox"/> Initiating False Alarms
<input type="checkbox"/> Fire Isolations or Impairments	<input type="checkbox"/> Equipment Security, Tool Security whilst on site
<input type="checkbox"/> Site Security and Hoarding	<input type="checkbox"/> Reporting damage, hazards or incidents
<input type="checkbox"/> Fire Barriers, Penetrations	<input type="checkbox"/> Clean Work Site – Make area safe
<input type="checkbox"/> Working in Clinical Areas	<input type="checkbox"/> Recovering the work site
<input type="checkbox"/> Change Drawings	<input type="checkbox"/> Work Order Completion
Other Matters:	

Approved by:

Approved Date: 29/05/2019

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Compliance Requirements	
<input type="checkbox"/> Licences	<input type="checkbox"/> Electrical Equipment Compliance
<input type="checkbox"/> White Cards	<input type="checkbox"/> Power Boards and Electrical Cables
<input type="checkbox"/> Asbestos Awareness	<input type="checkbox"/> Safety Data Sheets
<input type="checkbox"/> Trained to Work with Asbestos	<input type="checkbox"/> Hot Works Permit
<input type="checkbox"/> Safe Work Method Statement	<input type="checkbox"/> Work at Heights Permit
<input type="checkbox"/> Impairment Form	<input type="checkbox"/> Confined Space Permit
<input type="checkbox"/> Danger Tags and Lock Off	<input type="checkbox"/> Electrical Safety
Other Matters:	

Emergency Management and Safety	
<input type="checkbox"/> Introduction to Area Manager	<input type="checkbox"/> Emergency Medical Care / Treatment
<input type="checkbox"/> Alarms and Evacuations – Work Area	<input type="checkbox"/> Sharps and Exposure to Blood or Body Fluid
<input type="checkbox"/> Fire Extinguishers and Hose Reels	<input type="checkbox"/> Infection Control
<input type="checkbox"/> Direction from Staff	<input type="checkbox"/> Personal Illness
<input type="checkbox"/> Emergency Assembly Areas	<input type="checkbox"/> Hand-Washing
	<input type="checkbox"/> Incident Reporting
Other Matters:	



Record of Induction	
<b>Person Conducting:</b>  <input type="checkbox"/> The contractors have been given or been given access to a copy of the applicable documents and been advised how to access further information.  <input type="checkbox"/> The items listed above have been discussed and explained to the Contractor.  <input type="checkbox"/> The Contractor has received a copy of this Induction Checklist	<b>Contractor Inducted:</b>  <input type="checkbox"/> I have received or been given access to the applicable documents listed in Appendix A.  <input type="checkbox"/> I acknowledge that it is my responsibility to read and comprehend the information contained in the policies and procedures listed in Appendix A and to consult with the relevant CPHB Manager (or site contact) if I have any questions concerning their contents.  <input type="checkbox"/> I agree to undertake a Work Safety Assessment prior to beginning any work, that as a minimum, identifies risks identified in Appendix B.  <input type="checkbox"/> I have received an induction and the items listed above have been explained to me.  <input type="checkbox"/> I have received a copy of this Induction Checklist
Signature: _____ Date: _____	Signature: _____ Date: _____



## Appendix A

---

List of applicable CPHB Policies and Procedures.

- Work Health, Safety and Injury Management Policy Statement
- Workplace Behaviour Policy and Procedure
- Prevention of Workplace Discrimination, Bullying and Harassment Policy
- Infection Control during Construction, Renovation and Maintenance Procedure
- Asbestos Management Plan
- Calvary Campus Car-park Design
- Calvary Privacy Policy
- Confined Spaces Plan
- Hand Washing Guidelines



## Appendix B

Work Health & Safety Assessment - complete details below in relation to work to be performed					
Risk Profile	Yes	No	Risk Profile	Yes	No
Confined space entry?			Isolation of services (power, water, gas etc.)?		
Work on the roof or at heights?			Use of hazardous chemicals?		
Hot works?			Drilling/demolition of building materials?		
Fire system isolation/impairment?			Excavation/digging?		
Working in isolation?			Work on/ near live switchboard/power lines?		
Potential impact on others (fumes/noise/dust etc.)?			Work in/ near hygiene requirement areas?		
<b>'YES' responses to be discussed with Site Contact and may require a permit and/or risk assessment before work commences</b>					
I declare that: * I have accurately completed the Risk Profile above; * All persons performing this work: have completed a site induction; agree to comply with all relevant WHS legislation, Codes of Practice and Calvary requirements, and hold any relevant licences or competencies; * As required a Safe Work Method Statement/Job Safety Analysis or equivalent has been or will be provided for the work being performed and will be amended to reflect any site specific hazards on the day.					
Name:			Signature:		

Approved by:

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Review Date: 31 May 2021



## Appendix C

### SITE ORIENTATION

<p><b>Mission and Values</b></p> <p>Our values are Hospitality, Healing, Respect and Stewardship. We are here to provide care to the ill and injured.</p> <p>Contractors shall apply these values whilst engaged on the Calvary campus.</p>	<p><b>Parking of Vehicles</b></p> <p>The Calvary Bruce campus is ACT public roads and is subject to the enforcement of parking compliance. Contractors shall park in compliance with displayed signage.</p> <p>The loading dock shall only be used to load / unload materials and tools.</p> <p><b>The campus parking design applies.</b></p>
<p><b>Conduct and Appearance</b></p> <p>The Contractor shall apply Calvary's values of Respect and Hospitality in the conduct of their work on the site.</p> <p>The Contractor's conduct and appearance on the site is a reflection on their business. Unacceptable behaviour will result in the Contractor being removed from the site.</p> <p><b>Calvary's Prevention of Workplace Discrimination, Bullying and Harassment and Workplace Behaviour Policies apply.</b></p>	<p><b>Amenities</b></p> <p>There are Public toilets located throughout the facility that are available for use by Contractors. Staff toilets and toilets in patient rooms <u>are not</u> to be used.</p> <p>Cafés are located in Xavier level 1 and in the Marian foyer.</p> <p>Food storage and preparation is the responsibility of the Contractor.</p>
<p><b>Privacy &amp; Confidentiality</b></p> <p>The requirement for the privacy of patients shall be adhered to and inter-action between the patient and the Contractor shall, to that extent possible, be minimised.</p> <p><b>Calvary's Privacy Policy applies.</b></p>	<p><b>Building Layout</b></p> <p>The Requesting Officer shall identify the building layout to the Contractor as it applies to the task. This shall include the location and extent of the work site.</p>



<b>Personal Security</b>  The Contractor is responsible for the security and safety of their vehicle, their tools and equipment and their person. Where the Contractor perceives a threat to the safety of their person or their belongings they are to immediately contact the Requesting Officer who shall notify Security.  Security will take those actions necessary to manage any threat.	<b>Log In / Log Out Requirements (including After-Hours)</b>  During normal working hours, contractors shall log in through the Requesting Officer or their agent before commencing a task and shall log out through that person upon completion of the task. This allows Calvary to meet its Duty of Care obligation to the Contractor whilst on its site.  <b>After Hours</b>  The Contractor shall log in and out at the Main Reception or with Security. In that case, the Contractor shall identify the location of the task and the expected completion time.
<b>Restricted Areas</b>  The Contractor shall not enter restricted areas unless escorted or approved by an Authorised Person.  Restricted areas include Pharmacy and Medication Rooms and any location where clinical procedures may be undertaken including Theatres, Post Anaesthetic Care Unit (Recovery), Endoscopy, Birth Suites and Special Care Nursery.  In these cases, the Contractor shall comply with all reasonable directions of the Authorised Person.	<b>Identification</b>  The Contractor shall be issued with a Calvary Visitor's permit by the Requesting Officer upon arrival at the site.  This pass shall be worn and clearly displayed at all times whilst on the site.
<b>Fitness for Work</b>  Calvary Public Hospital is a No Smoking workplace. Where necessary, the Requesting Officer may identify a Designated Smoking Area to the Contractor.  Contractors under the influence of drugs or alcohol and unfit to do their work will be removed from the site.	<b>Waste Management</b>  Calvary Public Hospital is committed to Environmental Sustainability and it seeks to manage ALL waste generated on the site. Waste shall therefore be disposed of in accordance with Calvary's waste diversion principles.  Receptacles for in excess of 30 waste streams are located throughout the facility. Contractors are encouraged to use those resources. The Majority of these receptacles are managed by an external waste management company, and use of such receptacles must first be approved by the Facilities Department.

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<b>Access</b>  The Requesting Officer shall provide access to the work site to the Contractor. This may be done through the issuing of keys and or swipe cards through Security.	<b>Electronic Emissions</b>  A significant proportion of medical equipment used on the site is electronic / digital in nature and may be subject to interference by external electronic emissions.  The contractor shall advise the Requesting Officer if equipment to be used may interfere with the normal operation of medical equipment.
--	--

## THE WORK

<b>Planning the Work</b>  Planning the work requires that the task is <u>clearly</u> understood by the Contractor. Where there is doubt the Contractor shall discuss the task with the Requesting Officer. The task shall be planned to deliver the required outcome safely, regardless of the scale or complexity of the task. Planning the work shall include the conduct of Work Hazard and Risk Assessments as described below.  The plan shall be used to ensure that the contractor: <ul style="list-style-type: none"> <li>identifies all work areas directly or indirectly affected by the work and considers those areas in their Risk Assessment; and</li> <li>has the tools required to complete the task and that risks and uncertainties are managed to that extent possible.</li> </ul>	<b>Restricted Patient Areas</b>  Restricted Patient Areas are those rooms / areas where a patient may have a transmittable illness or be adversely affected by a transmittable illness.  Restricted Patient Areas include those defined in Restricted Areas or operating negative pressure rooms in the Critical Care Building or any patient room that has protective garments sited at the entry.  The Contractor shall comply with the reasonable direction of an Authorised Person to access these rooms. Access may be denied requiring the task to be rescheduled.
<b>Work Area Hazards</b>  Before commencing any assigned task, the Contractor shall review the work site for real or potential hazards. These hazards shall be managed before any work commences.  Hazards may include traffic flow, access, lighting and any other constraint or impediment to undertaking the work safely.  <b>Workplace Safety legislation and policies apply.</b>	<b>Site Signage Requirements</b>  The work site shall be sign-posted with appropriate warning signs.  These signs should be placed such that they can be clearly viewed from any direction of approach.

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<b>Risk Assessment</b>  After completing an assessment of Work Area Hazards the Contractor shall undertake a risk assessment of the task. A Risk Assessment guide is shown at Appendix B.  The Risk Assessment shall not be limited to the requirement detailed in the guide but must also consider matters related to: <ul style="list-style-type: none"> <li>• Working in a clinical environment and patient safety; and</li> <li>• Any matters that may affect the implementation of the work.</li> </ul> All identified risks must be managed to the satisfaction of the Requesting Officer before commencing any work.	<b>Personal Protective Equipment</b>  Appropriate protective equipment shall be worn as determined through the task planning process.  When in doubt, the requirement should be exceeded until otherwise determined.
<b>Noise, Dust and Fumes</b>  Working at Calvary is, for the most part, in clinical areas. Noise, dust and fumes likely to be generated as a result of the work <b>MUST</b> be managed.  No work is to commence where any, or all of the items may be generated that are not proven to be managed  <b>Calvary's Infection Control during Construction, Renovation and Maintenance Procedure applies.</b>	<b>Communication &amp; Consultation</b>  Communication and consultation regarding the implementation of a specific task shall be undertaken only through the Requesting Officer.  It shall be the responsibility of the Requesting Officer to consult and communicate with the client on any matters in relation to the specific task.
<b>Isolation of Services</b>  The implementation of a body of work may require the isolation of services including natural gas, power, water, sewerage, storm water, reticulated medical gases and reticulated suction.  These services are to be isolated by suitably qualified trades only after approval to do so has been provided by an Authorised Person. In the majority of cases the Authorised Person is the Facility Manager. Approval to isolate a service will only be provided where it is safe to do so.	<b>Initiating False Alarms</b>  Where a fire alarm is activated as a consequence of the work (dust or heat) the Contractor shall advise the Requesting Officer that they have activated an alarm and shall remain at the site.  The Requesting Officer shall carry out remedial actions to manage the alarm and prevent reoccurrence.



<p><b>Fire isolations and Impairments</b></p> <p>Where a part of the fire detection or suppression systems require to be isolated to allow the completion of a task this may only be approved by the Facility Manager or their delegate. That person shall undertake any isolation.</p> <p>Where a part of the detection or suppression systems is to be isolated for a period of eight (8) hours or longer an <b>Impairment Form</b> must be completed. This will be done in consultation with the Facility Manager and will be submitted to Calvary's Insurers.</p>	<p><b>Equipment / Tool Security</b></p> <p>The Contractor shall ensure that they have all of the required tools and parts to complete the required work. This includes ladders, PPE, signage and the like.</p> <p>No tools and equipment are to be left unattended to minimise the risk of loss or the risk of their being used for self-harm.</p>
<p><b>Work Site Security</b></p> <p>The work site shall be secured through barriers or hoarding based on the outcomes of the Work Area Hazard and Risk Assessments.</p> <p>Fire safety requirements, access and security shall be considered as part of the planning process.</p>	<p><b>Reporting Damage / Hazards / Incidents</b></p> <p>Contractors:</p> <ul style="list-style-type: none"> <li>are required to report any damage to the building, plant or equipment caused by them through the completion of a task; and</li> <li>are encouraged to report any damage to buildings, plant or equipment seen.</li> </ul> <p>The Requesting Officer shall take those steps necessary to rectify the identified damage.</p>
<p><b>Fire Barriers &amp; Penetrations</b></p> <p>There may be a requirement for a Contractor to penetrate a fire barrier to implement a body of work. In this case, it must be assumed that there is asbestos present and appropriate PPE shall be worn.</p> <p>The penetration shall be re-fire rated by the contractor at the completion of the task.</p> <p>The Requesting Officer shall identify fire barriers to the Contractor and shall validate that the fire barrier has been re-instated.</p>	<p><b>Maintain a Clean Work Site</b></p> <p>The Contractor shall maintain a work site that is clean and free of obstructions, hazards and dust at all times but at the completion of a day's work as a minimum.</p>



<b>Working in Clinical Areas</b>  A significant number of assigned tasks will be within clinical areas. In that case, patient safety is the priority. Contractors shall comply with the reasonable direction of clinical staff in implementing tasks in clinical areas.	<b>Recovering the Work Site</b>  The work site shall be made good / recovered at the completion of the task. This includes a final clean, waste disposal, reseating of ceiling tiles and the like.  Where the site cannot be made good the Contractor shall advise the Requesting Officer who shall take remedial action accordingly.
<b>Change of Drawings</b>  Where any task fundamentally changes the design of any system particularly, but not limited to, the building, fire systems, hydraulics, electrical systems, reticulated gases and the like, the Contractor shall advise the Requesting officer and the Requesting Officer shall implement the changes to applicable drawings. This matter also applies to any asset lists.	<b>Work Order Completion</b>  The Contractor shall validate that the task has been completed through completing, in its entirety, any work order provided by the Requesting Officer initiating the task.  The task completion shall state that all compliance related actions have been completed (permits, fire barriers and so on).

## COMPLIANCE REQUIREMENTS

<b>Licences</b>  Where a licence is required to implement a body of work (electrical, plumbing and the like) the Requesting Officer shall validate that the required licence is held before the work commences.	<b>Electrical Equipment Compliance</b>  The Contractor shall ensure that any electrical equipment used to complete a task is fit for purpose and is safe to use.
<b>White Cards</b>  Any Contractor implementing a task related directly or indirectly to the building fabric shall have a White Card.  This card shall be provided to the Requesting Officer before any work commences.	<b>Power Boards &amp; Electrical Cables</b>  The Contractor shall use, if required, only power boards where each outlet is individually switched.  Electrical cables shall be free of damage and fit for purpose. Electrical cabling shall be secured such that it is not a trip or safety hazard.



<b>Asbestos Awareness</b>  Any Contractor implementing any task related directly or indirectly to the building fabric shall have successfully completed Asbestos Awareness Training.  Evidence of this training shall be provided to the Requesting officer before the task is commenced.  <b>Calvary's Asbestos Management Plan applies.</b>	<b>Safety Data Sheets</b>  SDS shall be provided to the Requesting Officer for any chemicals, paints, solvents and any similar materials used to complete a specified task.  The Requesting officer shall review the SDS and ensure that those actions necessary to manage the material are included within the task plan.
<b>Trained to work with Asbestos</b>  Contractors engaged to work with asbestos shall be appropriately licenced.  No contractor shall work with asbestos unless licenced. This licence shall be provided to the Requesting Officer before any work commences.	<b>Hot Work Permits</b>  In the event that a task requires any hot works to be undertaken within the building envelope (including welding, grinding and the like) a <b>Hot Work Permit</b> must be obtained through the Requesting Officer.
<b>Safe Work Method Statement</b>  A Safe Work Method Statement related to the implementation of any task shall be provided to the Requesting Officer before that task is commenced.	<b>Work at Heights Permit</b>  Where the task requires the Contractor to work at height a <b>Work at heights Permit</b> must be obtained through the Requesting Officer and actions required by that permit shall be applied.
<b>Fire System Impairments</b>  An impairment includes the isolation of the fire safety detection or suppression systems in part or their entirety for a period of eight (8) hours or longer.  Where it is likely that a body of work requires a part or the entirety of a system to be isolated for a lengthy period a Fire Impairment Permit must be obtained through the Requesting Officer.  Requirements detailed in that permit shall be adhered to.	<b>Confined Space Permit</b>  Where the task requires the Contractor to work in a confined space a <b>Confined Space Permit</b> must be obtained through the Requesting Officer and actions required by that permit shall be applied.  <b>Calvary's Confined Spaces Plan applies.</b>



<p><b>Danger Tags and Lock Off</b></p> <p>Electricians shall not work 'live' on the Calvary campus.</p> <p>Where a circuit requires to be worked on the electrician shall isolate the applicable circuit breaker and confirm that the electrical supply has been de-energised from that circuit.</p> <p>The electrician shall then install a locking device with and approved pad lock and/or a tag to that circuit breaker. The locking device shall not become ineffective as a result of works being carried out in the vicinity of the circuit breaker.</p> <p>Testing shall be done to validate that all affected contactors have been de-energised before any work commences.</p> <p>Sufficient lock off devices shall be held on site to allow multiple circuits to be locked off.</p>	<p><b>Electrical Safety</b></p> <p>All Contractors shall comply with Calvary's electrical safety requirements. Plugs shall be removed from GPO correctly and electrical safety shall be reviewed as part of the Work Area Hazard Assessment.</p> <p>This shall apply particularly to electrical cables and power boards.</p>
---	--

## EMERGENCY MANAGEMENT AND SAFETY

<p><b>Introduction to Area Manager</b></p> <p>Contractors shall, through the Requesting Officer, introduce themselves to the manager of the affected work area and state the reason for their being on site.</p>	<p><b>Emergency Medical Care</b></p> <p>In the event that the Contractor suffers illness or injury whilst undertaking a task on the campus they are to immediately notify the Requesting Officer.</p> <p>The Requesting Officer shall ensure that medical treatment is provided as a priority through, where applicable, the initiation of a MET call.</p>
<p><b>Alarms and Evacuation</b></p> <p>Contractors shall remain in the work site upon activation of any alarm and shall comply with the reasonable direction of area Emergency Officers.</p> <p>In the event that a functional area is required to be evacuated the Contractor shall evacuate with that functional area. The Contractor shall advise the Requesting Officer of their location.</p>	<p><b>Sharps and Exposure</b></p> <p>In the event that a Contractor suffers a needle stick injury or is exposed to blood or body fluid they are to notify the Requesting Officer immediately.</p> <p>The Requesting Officer shall carry out all required actions resulting from that injury / exposure in consultation with Infection Control &amp; Staff Health.</p> <p>This matter is an Incident and shall be managed accordingly.</p>



<b>Extinguishers and Hose Reels</b>  Contractors shall be familiar with the extinguisher type best suited to manage any incidents resulting directly or indirectly from the work. Contractors should make themselves aware of the Evacuation Plans in the area in which they're working which include the location of extinguishers.  Under no circumstances may a fire hose be used for the purpose of cleaning.	<b>Infection Control</b>  Infection Control is a core component of patient and staff safety. The Contractor shall adhere to <b>all Infection Control related policies</b> as they apply and shall comply with all reasonable direction provided by IC&SH staff.
<b>Direction from Staff</b>  Contractors shall comply with all reasonable direction from staff in relation to the completion of the task and any impact it may have on patient / staff well-being.  Where there is any doubt the Contractor shall discuss the matter with the Requesting Officer for resolution.  Staff are not authorised to alter the scope of work of a specified task.	<b>Personal Illness</b>  In the event that a Contractor is ill and that illness may or may not be transmittable that Contractor will not be approved to be on the site.  This is a patient safety issue and will be applied.
<b>Emergency Assembly Areas</b>  There are two Emergency Assembly Areas located on the Calvary campus: One on the South Side of the Campus- Adjacent to the Multi Storey Car Park (in front of the Xavier Building)  The other Assembly Area is located in the Northern Car Park adjacent to the Engineering Compound  In the event of an evacuation; Contractors shall remain at these locations until released by the Requesting Officer or the Emergency Officer as applicable.	<b>Hand Washing</b>  Contractor shall apply Calvary's handwashing procedures when working in clinical areas.  <b>These procedures shall be identified to the Contractor by the Requesting Officer.</b>

Approved by:

Approved Date: 29/05/2019

UNCONTROLLED WHEN PRINTED

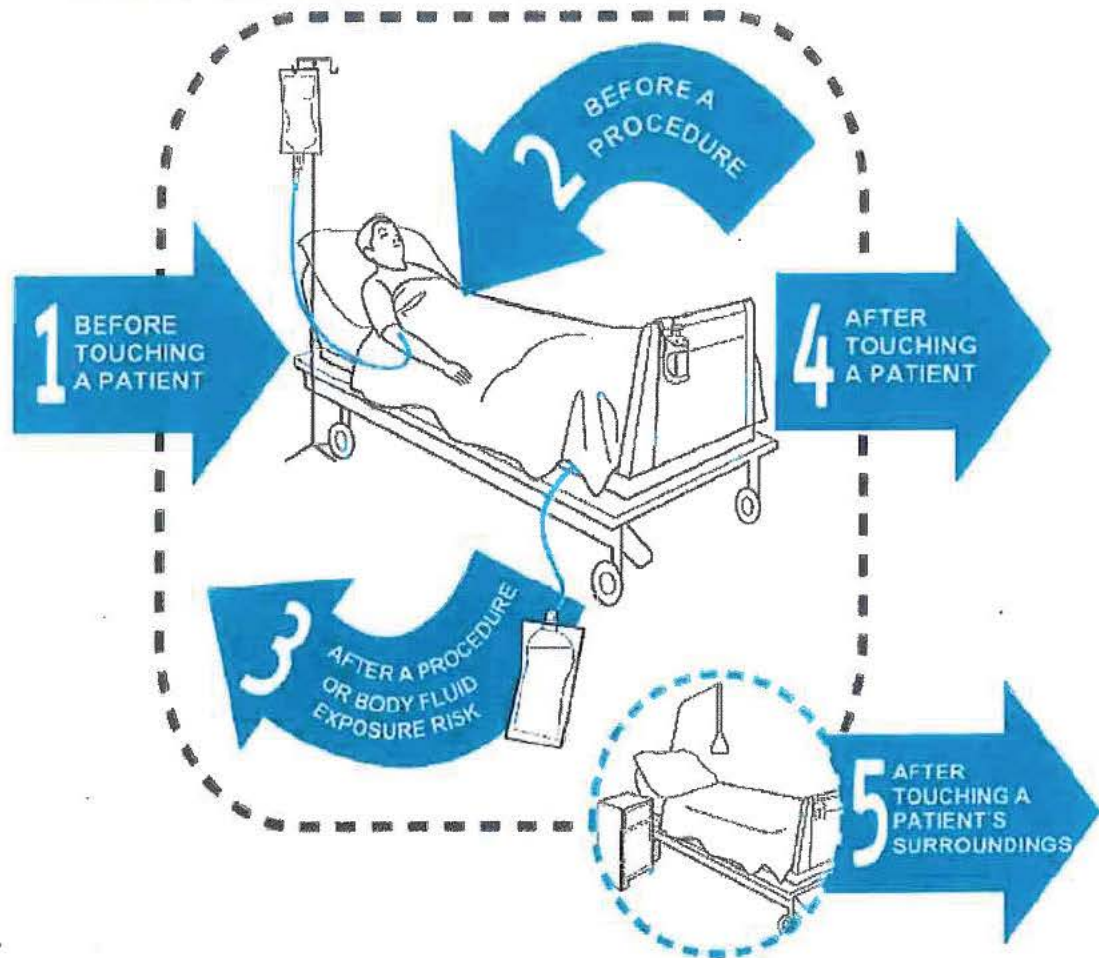
Review Date: 31 May 2021



	<p><b>Incident Reporting</b></p> <p>An incident is defined as an event or occurrence that results in some kind of unwanted harm. Incidents, whether or not they are directly or indirectly related to the Contractor or the work being performed, shall be reported to the Requesting Officer.</p> <p>This reporting shall include 'Near Misses' where had the incident occurred there was a potential safety impact. The Requesting Officer shall complete the required actions accordingly.</p>
--	---



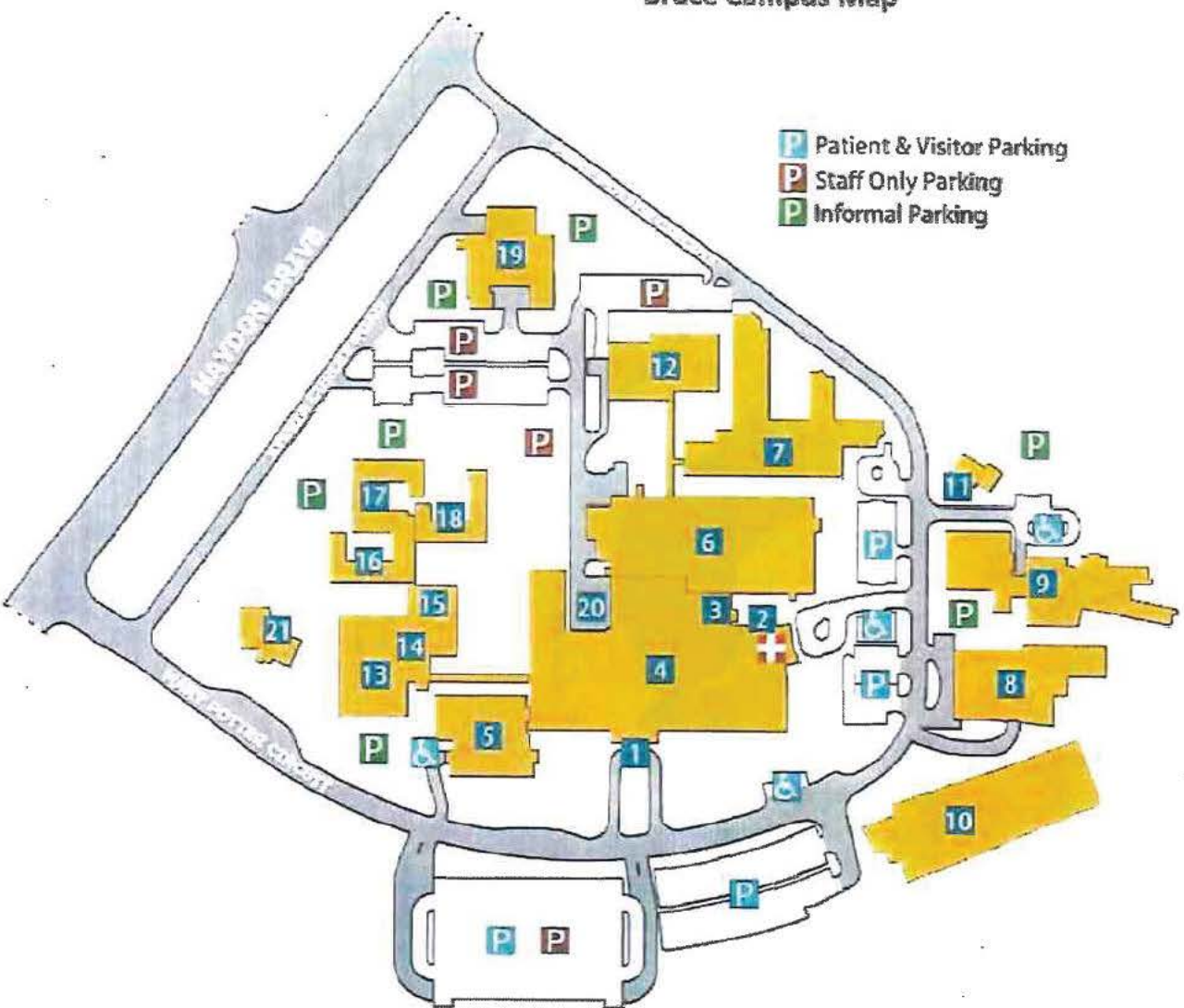
# 5 Moments for HAND HYGIENE



<b>1 BEFORE TOUCHING A PATIENT</b>	<b>When:</b> Clean your hands before touching a patient and their immediate surroundings. <b>Why:</b> To protect the patient against acquiring harmful germs from the hands of the HCW.
<b>2 BEFORE A PROCEDURE</b>	<b>When:</b> Clean your hands immediately before a procedure. <b>Why:</b> To protect the patient from harmful germs (including their own) from entering their body during a procedure.
<b>3 AFTER A PROCEDURE OR BODY FLUID EXPOSURE RISK</b>	<b>When:</b> Clean your hands immediately after a procedure or body fluid exposure risk. <b>Why:</b> To protect the HCW and the healthcare surroundings from harmful patient germs.
<b>4 AFTER TOUCHING A PATIENT</b>	<b>When:</b> Clean your hands after touching a patient and their immediate surroundings. <b>Why:</b> To protect the HCW and the healthcare surroundings from harmful patient germs.
<b>5 AFTER TOUCHING A PATIENT'S SURROUNDINGS</b>	<b>When:</b> Clean your hands after touching any objects in a patient's surroundings when the patient has not been touched. <b>Why:</b> To protect the HCW and the healthcare surroundings from harmful patient germs.



## Bruce Campus Map



1. Main Entrance & Reception
2. Emergency Department Entry
3. Maternity & Day Services Entry
4. Xavier Building
5. Intensive Care Unit and Coronary Care Unit
6. Marian Building
7. Keaney Building
8. Calvary Clinic - Specialists' Rooms
9. Hyson Green - Private Mental Health
10. Calvary Private Hospital
11. Rotary Cottage
12. O'Shannassy Building - Administration
13. ACU Calvary Clinical & ANU Medical School
14. Functions Rooms
15. Calvary Community Care
16. Staff Specialists Administration
17. Specialist Outpatient Clinics
18. Allied Health
19. Engineering Services
20. Delivery Dock (Public Hospital)
21. Bruce Ridge Early Childhood Centre

Approved by:

UNCONTROLLED WHEN PRINTED

Approved Date: 29/05/21

Review Date: 31 May 2





## Prevention of Workplace Discrimination, Bullying and Harassment

### Policy Statement

- Consistent with our values of Hospitality, Healing, Stewardship and Respect, Calvary is committed to promoting a healthy and safe work environment.
- Calvary Public Hospital Bruce seeks to build a work environment free from Harassment, Discrimination and Bullying.
- At Bruce Public, everyone has a right to be treated fairly and with respect.
- *Discrimination, Bullying and Harassment*<sup>1</sup> in any form will not be tolerated in Bruce Public workplaces onsite, offsite or after hours work related functions or conferences.
- This includes on-site, off-site or after hours work including whenever and wherever a worker may be as a result of their role or engagement.
- The purpose of this policy statement is to declare to all workers that Bruce Public is committed to providing a safe, equitable and respectful work environment free from all forms of Discrimination, Bullying and Harassment.
- Bruce Public has a stated expectation that workers neither ignore nor condone inappropriate behaviour.
- Providing confidential pathways that are accessible to all workers for the reporting of inappropriate behaviour including that which may be constituted as Discrimination, Bullying and Harassment.
- Supporting all workers who raise or address unacceptable behaviour, including protection and anonymity for those who make complaints in good faith.
- Assuring that all Discrimination, Bullying and Harassment complaints will be treated seriously, professionally and confidentially.
- Ensuring that all complaints will be managed in accordance with the principles of natural justice and procedural fairness.
- Implementing a Respect, Equity and Diversity Framework with resources for resolving workplace issues including a trained network of contact officers.

We are providing all workers with access to the following complaint mechanisms:

- Complaints should usually be made to the Manager.
- However if the complaint is against the Manager or if there is a conflict of interest the complaint should be reported through Calvary's *Riskman Staff to Staff Incident Behaviour Reporting Module*.
- Contact REDCO@calvary-act.com.au.
- Contact the Director People & Organisational Development – 6264 7239, Health, Safety and Wellbeing Manager – 6201 6750, or Workplace Relations Manager – 6201 6120.
- Call the 24/7 EAP Hotline<sup>2</sup> - 1300 361 008 for employees to access confidential counselling.
- Call the EAP Manager Hotline<sup>3</sup> - 1300 361 008.

For further information refer to:

- 1 [Prevention of Workplace Discrimination, Bullying and Harassment Policy](#)
- 2 [Employee Assistance Program Intranet Resources](#)
- 3 [Manager's guide to the Employee Assistance Program](#)

We will demonstrate this commitment through:

- Providing all new starters and existing workers at Bruce Public with guidance materials to support the understanding of all workers in how to prevent and manage Discrimination, Bullying and Harassment.
- Enabling access to bullying and harassment, workplace conflict and duty of care e-learning for all workers who in their engagement are required to work on-site at Bruce Public.
- Fostering a culture of fairness and respect that has an open dialogue on what constitutes inappropriate behaviour.
- Encouraging each worker who may observe, or are advised of, unacceptable behaviour to fulfil their obligation to report that behaviour.

Mark Dykgraaf

General Manager, Calvary Public Hospital Bruce

Approved by:

UNCONTROLLED WHEN PRINTED

Approved Date: 29/05/21

Review Date: 31 May 2



**Lowes, Shannon (Health)**

---

**From:** Landon, Daniel (Health)  
**Sent:** Wednesday, 25 March 2020 10:53 AM  
**To:** [REDACTED]  
**Subject:** FW: Book1.xlsx  
**Attachments:** Book1.xlsx

UNCLASSIFIED

FYI

**From:** Jarrad Nuss [REDACTED]  
**Sent:** Wednesday, 25 March 2020 10:11 AM  
**To:** Landon, Daniel (Health) <Daniel.Landon@act.gov.au>  
**Subject:** Book1.xlsx

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Hi Daniel

This is a schedule of information to be provided, I will use the reference numbers in communication.

Thanks

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## CPHB SAMP 2020

### Reference listing of information

#### Reference Details

- 1 Asset Register
- 2 Building Drawings (preferably CAD if available)
- 3 Site Plan and site infrastructure with building numbers and names, roads & car parks, utilities information (i.e. stormwater, sewer, power, comms) (preferably CAD if available)
- 4 Building information .
  - o Functions
  - o Gross floor area
  - o Room numbers, function, size, no. of beds
- 5 Existing bed numbers by function (funded / unfunded) **Mick**
- 6 Historic (say 5years) repairs and maintenance budgets and capital expenditure budgets (and actual spend)
- 7 Most recent asset valuation reports (i.e. for accounting/depreciation purposes) including total useful life and remaining useful life
- 8 Asbestos Management Plans
- 9 Recent engineering/building reports/assessments for building fabric/structure, plant and equipment, fire, options analysis, roads, utilities (which are un-actioned, i.e. have not resulted in capital/R&M works being completed)
- 10 Maintenance records for key plant and equipment
- 11 Asset risk register and criticality assessment of assets
- 12 Risk Management framework
- 13 Most recent 2 x draft SAMP
- 14 Most recent Draft Master Plan
- 15 Future functional assessments
- 16 Any forms required to be completed as part of the WHS/Site Access requirements



**Lowes, Shannon (Health)**

---

**From:** Landon, Daniel (Health)  
**Sent:** Wednesday, 25 March 2020 10:53 AM  
**To:** [REDACTED]  
**Subject:** FW: NHDOA Alternative Delivery Approach

UNCLASSIFIED

Hi [REDACTED]

Pls see Brad's approval below.

Regards

Dan

**From:** Burch, Brad (Health) <Brad.Burch@act.gov.au>  
**Sent:** Wednesday, 25 March 2020 10:48 AM  
**To:** Landon, Daniel (Health) <Daniel.Landon@act.gov.au>  
**Subject:** RE: NHDOA Alternative Delivery Approach

UNCLASSIFIED

Hi Dan – I am happy with this. Could you please arrange for [REDACTED] to re-issue the return brief in line with this?

Thanks  
 Brad.

**From:** Landon, Daniel (Health) <[Daniel.Landon@act.gov.au](mailto:Daniel.Landon@act.gov.au)>  
**Sent:** Wednesday, 25 March 2020 10:45 AM  
**To:** Burch, Brad (Health) <[Brad.Burch@act.gov.au](mailto:Brad.Burch@act.gov.au)>  
**Subject:** FW: NHDOA Alternative Delivery Approach

UNCLASSIFIED

Hi Brad

Are you ok with the change of scope outlined below, and with [REDACTED] proposal for the Thursday meeting?

Dan

**From:** [REDACTED]  
**Sent:** Tuesday, 24 March 2020 5:02 PM  
**To:** Landon, Daniel (Health) <[Daniel.Landon@act.gov.au](mailto:Daniel.Landon@act.gov.au)>; Burch, Brad (Health) <[Brad.Burch@act.gov.au](mailto:Brad.Burch@act.gov.au)>  
**Cc:** [REDACTED]  
**Subject:** NHDOA Alternative Delivery Approach

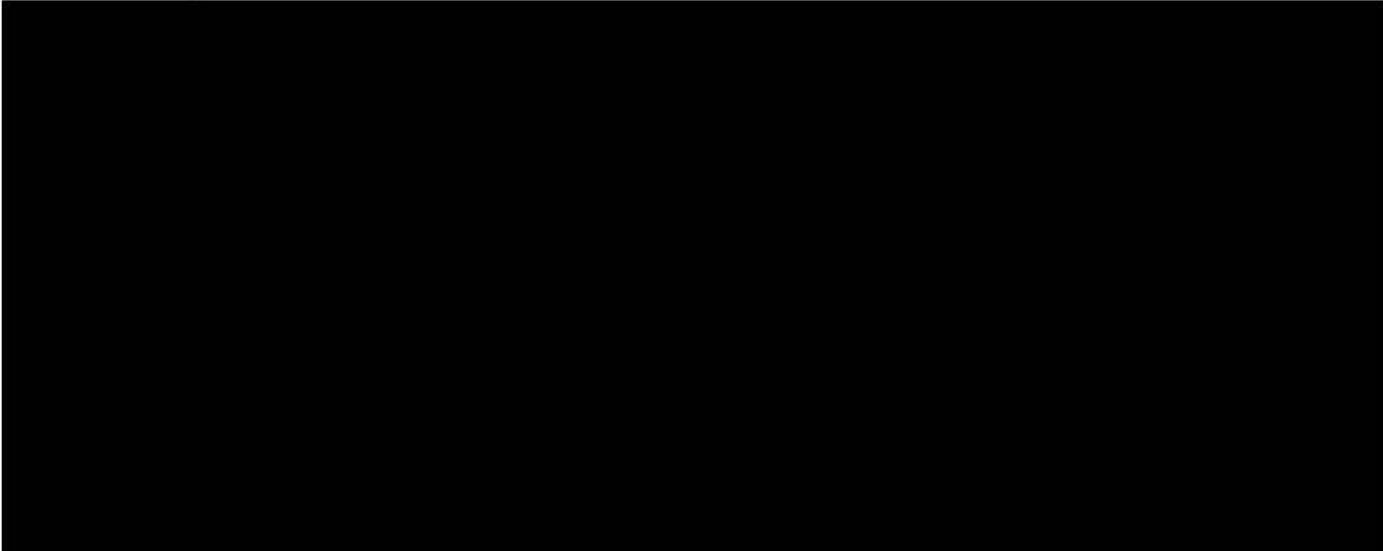
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Hi Brad and Daniel



Following on from my chat with Daniel yesterday, we believe that undertaking any site inspections at Calvary in the short- to mid-term is not practical. We also expect that we are going to find it challenging to get substantial input or engagement with Jarrad and the Calvary Facilities Team in the short-term.

As such we have reviewed the delivery scope and method and propose the following alternative approach. If you are comfortable with the below alternative approach we will update the project schedule, return brief and invoicing schedule and provide it for consideration.



The key risk to the project (apart from the obvious global risk impacting everyone) is receiving the background information from Calvary and ACT Health. Once we have the background information we can get the team started. Is there any update as to when Jarrad may be able to send stuff through (I've held off chasing him as I appreciate his job at the moment is very challenging and I do not want to place undue pressure).

Regarding this Monthly Control Group Meeting scheduled for Thursday – are you ok if, for this month, this meeting becomes a 30min touch base on activities (conducted remotely)? We are hoping to get an initial cut of the dashboard monthly report to you tomorrow afternoon/early Thursday morning (noting that this report will be more about the template and intended information as the project progresses at this stage).

Regards



**AECOM**

L4, Civic Quarter, 68 Northbourne Ave, Canberra, ACT 2601  
PO Box 1942 Canberra City 2601  
T +61 2 6100 0551

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**Lowes, Shannon (Health)**

---

**From:** Landon, Daniel (Health)  
**Sent:** Wednesday, 25 March 2020 10:53 AM  
**To:** [REDACTED]  
**Subject:** FW: SAMP

UNCLASSIFIED

FYI

**From:** Jarrad Nuss [REDACTED]  
**Sent:** Wednesday, 25 March 2020 10:12 AM  
**To:** Landon, Daniel (Health) <Daniel.Landon@act.gov.au>  
**Subject:** FW: SAMP

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Hi Daniel

In terms of ref: 2, please refer Aecom to Luke for access on site.

Note: the location of this information is removed from the hospital, in the building at the far end.

Happy to discuss.

**Jarrad Nuss**  
 Director Business Infrastructure and Performance  
 Finance and Business Information



Public Hospital Bruce  
 Business Support Facility  
 Dunlop Court Business Park 21 Thynne Street Bruce ACT 2617  
 PO Box 254 Jamison Centre ACT 2614  
 P: 02 6201 6818  
 E: [REDACTED]  
[www.calvary-act.com.au](http://www.calvary-act.com.au)

**Hand Hygiene Auditing – March 1st - 31st**



**From:** Luke Douma [REDACTED]  
**Sent:** Wednesday, 25 March 2020 9:50 AM  
**To:** Jarrad Nuss [REDACTED]  
**Subject:** RE: SAMP

The drawings are files – room full.



They idea is they identify the ones they want and they sign for them.

I'm trying to do everything else electronic.

Will now spend an hour or two on CM data.

**Luke Douma**  
Facility Manager  
Facilities & Services



Public Hospital Bruce  
Cnr Belconnen Way & Haydon Drive Bruce ACT 2617  
PO Box 254 Jamison Centre ACT 2614  
P: 02 6201 6303 M: [REDACTED] F: 02 6201 6635  
E: [REDACTED]  
[www.calvary-act.com.au](http://www.calvary-act.com.au)

**Hand Hygiene Auditing – March 1st - 31st**



**From:** Jarrad Nuss [REDACTED]  
**Sent:** Wednesday, 25 March 2020 9:48 AM  
**To:** Luke Douma [REDACTED]  
**Subject:** FW: SAMP

**Jarrad Nuss**  
Director Business Infrastructure and Performance  
Finance and Business Information



Public Hospital Bruce  
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E: [REDACTED]  
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**Hand Hygiene Auditing – March 1st - 31st**





**From:** Landon, Daniel (Health) <[Daniel.Landon@act.gov.au](mailto:Daniel.Landon@act.gov.au)>  
**Sent:** Wednesday, 25 March 2020 9:44 AM  
**To:** Jarrad Nuss [REDACTED]  
**Subject:** RE: SAMP

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UNCLASSIFIED

Hi Jarrad

Just to clarify – is this material all electronic?

Or are there hardcopy files as well? If hardcopy, how many boxes?

Kind regards

Dan

**From:** Jarrad Nuss [REDACTED]  
**Sent:** Tuesday, 24 March 2020 4:02 PM  
**To:** Landon, Daniel (Health) <[Daniel.Landon@act.gov.au](mailto:Daniel.Landon@act.gov.au)>  
**Subject:** FW: SAMP

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Hi Daniel

I need to be able to securely send a large amount (in terms of storage) of information to AeCOM, who are contracted to deliver the SAMP for CPHB.

What is the best way to enable a secure transfer? Aecom will no doubt have a preferred method.

Many thanks

**Jarrad Nuss**  
 Director Business Infrastructure and Performance  
 Finance and Business Information



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Hand Hygiene Auditing – March 1st - 31st





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**Lowes, Shannon (Health)**

---

**From:** Landon, Daniel (Health)  
**Sent:** Wednesday, 25 March 2020 6:51 PM  
**To:** Burch, Brad (Health)  
**Subject:** Re: NHDOA - Monthly Control Group

Yep - leave it with me.

---

**From:** Burch, Brad (Health) <Brad.Burch@act.gov.au>  
**Sent:** Wednesday, March 25, 2020 5:13:48 PM  
**To:** Landon, Daniel (Health) <Daniel.Landon@act.gov.au>  
**Subject:** RE: NHDOA - Monthly Control Group

**UNCLASSIFIED For-Official-Use-Only**

Hi Dan

Can I leave you with this one? I am on leave tomorrow – otherwise happy to move to Friday if you need to.

Thanks  
 Brad.

-----Original Appointment-----

**From:** [REDACTED]  
**Sent:** Friday, 13 March 2020 12:16 PM  
**To:** [REDACTED]; Jarrad Nuss (Calvary); Burch, Brad (Health); Landon, Daniel (Health); [REDACTED]  
**Subject:** NHDOA - Monthly Control Group  
**When:** Thursday, 26 March 2020 3:30 PM-4:30 PM (UTC+10:00) Canberra, Melbourne, Sydney.  
**Where:** ACT Health 4 Bowes Street, Woden

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Agenda to follow



**Lowes, Shannon (Health)**

---

**From:** [REDACTED]  
**Sent:** Thursday, 26 March 2020 9:52 AM  
**To:** Jarrad Nuss (Calvary)  
**Cc:** Landon, Daniel (Health)  
**Subject:** RE: NHDOA AECOM Sendfiles

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Another just arrived with file:

[7. LCM Property Financial Vain Rpt Calvary Public Hospital Bruce 30.06.18 V1.pdf](#)

**AECOM**

L4, Civic Quarter, 68 Northbourne Ave, Canberra, ACT 2601  
PO Box 1942 Canberra City 2601  
T +61'2 6100 0551

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**From:** [REDACTED]  
**Sent:** Thursday, 26 March 2020 9:50 AM  
**To:** Jarrad Nuss [REDACTED]  
**Cc:** Landon, Daniel <Daniel.Landon@act.gov.au>  
**Subject:** RE: NHDOA AECOM Sendfiles

Hi Jarrad,

I have received one email this morning containing three files –

- 4. Floor Function 250320.xlsx
- 4b Floor area.msg
- 5. Bed profile.msg

Have you sent others?

Could you please send a screen shot of the error you are getting and I'll call IT to resolve.

Regards

**AECOM**



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 PO Box 1942 Canberra City 2601  
 T +61 2 6100 0551  
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From: Jarrad Nuss [REDACTED]  
 Sent: Thursday, 26 March 2020 9:48 AM  
 To: [REDACTED]  
 Cc: Landon, Daniel <[Daniel.Landon@act.gov.au](mailto:Daniel.Landon@act.gov.au)>  
 Subject: RE: NHDOA AECOM Sendfiles

Hi

I have been attempting again this morning to send this through.

Can you confirm what you have received

I keep getting a message that "AeCom are not responding"

Any options for me?

**Jarrad Nuss**  
 Director Business Infrastructure and Performance  
 Finance and Business Information



Public Hospital Bruce  
 Business Support Facility  
 Dunlop Court Business Park 21 Thynne Street Bruce ACT 2617  
 PO Box 254 Jamison Centre ACT 2614  
 P: 02 6201 6818  
 E: [REDACTED]  
[www.calvary-act.com.au](http://www.calvary-act.com.au)

Hand Hygiene Auditing - March 1st - 31st



From: [REDACTED]  
 Sent: Thursday, 26 March 2020 8:09 AM  
 To: Jarrad Nuss [REDACTED]  
 Subject: RE: NHDOA AECOM Sendfiles

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Hi Jarrad,



I have not receive an email yet from the sendfiles system. Let me know when you are in front of your computer and I can walk through the interface with you to see if there was a user issue or if I need to contact our IT support to see when the message has gone/can be expected to arrive.

Regards

#### AECOM

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T +61 2 6100 0551

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**From:** Jarrad Nuss [REDACTED]

**Sent:** Wednesday, 25 March 2020 4:16 PM

**To:** [REDACTED]

**Subject:** RE: NHDOA AECOM Sendfiles

[Can you let me know if you have received the information – just sent about 15 files.](#)

**Jarrad Nuss**

Director Business Infrastructure and Performance  
Finance and Business Information



Public Hospital Bruce  
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E: [REDACTED]  
[www.calvary-act.com.au](http://www.calvary-act.com.au)

**Hand Hygiene Auditing – March 1st - 31st**



**From:** [REDACTED]

**Sent:** Wednesday, 25 March 2020 11:46 AM

**To:** Jarrad Nuss [REDACTED]

**Subject:** NHDOA AECOM Sendfiles



**CAUTION:** This email originated from outside of Calvary Public Hospital Bruce. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Jarrad,

Please find below a link to AECOM's large file transfer system 'Sendfiles'.

<https://sendfiles.aecom.com/>

I have registered you as an external user, you may receive an email to activate your account. If you do not, you can register within the sendfile system, you will need to use my email address. Please let me know if you run into any issues and I can troubleshoot/walk you through the tool.

Thank you and regards

**AECOM**

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**Lowes, Shannon (Health)**

---

**From:** [REDACTED]  
**Sent:** Thursday, 26 March 2020 10:40 AM  
**To:** Landon, Daniel (Health); Burch, Brad (Health)  
**Cc:** [REDACTED]  
**Subject:** NHDOA Monthly Report - March 2020  
**Attachments:** 60628807-NHDOA-MonthlyReport-202003\_A.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

**Categories:** Random important stuff

**CAUTION:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Daniel and Brad,

Please find attached our first monthly report dashboard for March 2020. We have kept it succinct, please review and let me know if there is any other specific information you would like included and we will add to the template.

Regards

[REDACTED]

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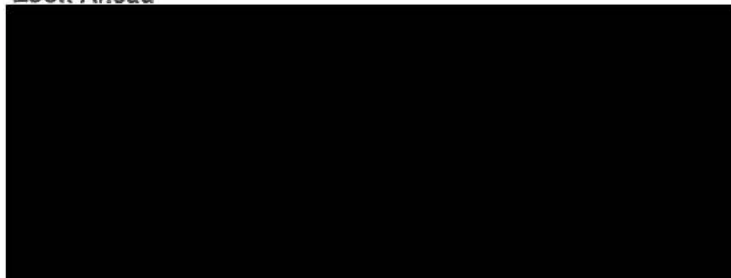


This is the first monthly report for the Northside Hospital Development Options Analysis (NHDOA) covering the period of March 2020.

**Key Activities in Past Month**

- Project inception activities including meetings with ACT Health, Calvary and the AECOM Team
- Development, issue and discussion on the Draft Return Brief with ACT Health
- Issue of requests for information to ACT Health and Calvary

**Look-Ahead**



**Outstanding Activities**

- Receipt of background information
- Internal project set up

**ACT Health/Calvary Decisions/Direction Required**

- None outstanding at this time

**Key Risks and Issues**

ID	Description	Mitigation	Rating
R0003	COVID-19	<ul style="list-style-type: none"> <li>• Change in project scope/delivery method and timing - i.e. complete desktop assessment of building condition</li> <li>• Team to use digital tools such as Teams.</li> <li>• Meetings and workshops to be held using Teams.</li> <li>• Team to maintain consistent levels of communication with the client and team via regular and consistent formal and informal communication via email, phone &amp; meetings.</li> </ul>	High
R0006	Receipt of background information	<ul style="list-style-type: none"> <li>• Engage with ACT Health and Calvary Health Services to source available data.</li> <li>• Communicate gaps and confirm if other data sets/sources are available.</li> <li>• Test assumptions regarding the interpretation of data with ACT Health/Calvary.</li> </ul>	High









**Lowes, Shannon (Health)**

---

**From:** [REDACTED]  
**Sent:** Thursday, 26 March 2020 4:34 PM  
**To:** Jarrad Nuss (Calvary)  
**Cc:** Landon, Daniel (Health)  
**Subject:** NHDOA - Info received today

**CAUTION:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Jarrad,

Please find below screen shot of the information received today.

- 4. Floor Function 250320.xlsx
- 4b Floor area.msg
- 5. Bed profile.msg
- 7. LCM Property Financial Valn Rpt Calvary Public Hospital Bruce 30.06.18 V1.pdf
- 8 Asbestos Survey and Management Plan.pdf
- 9a Operating Theatre Proposed Upgrade Report 121219.pdf
- 9c Water Management Plan.pdf
- 10a.pdf
- 10b.pdf
- 10c.pdf
- 10d.pdf
- 10e.pdf
- 10f.pdf
- 10g.pdf
- 12 Infrastructure Risk Matrix.xlsx
- 13a ACTH SAMF 2 Calvary PH SAMP Final 250518.pdf
- 13b 181129 CPH SAMP Update Plan Final Draft v2.pdf
- 14a 150526 Calvary Hospital Master Plan Stage 1 Report - Addendum.pdf
- 14b Calvary Hospital Master Plan Stage 1 Report\_Updated 30 Oct 2012.pdf

Regards

[REDACTED]

[REDACTED]

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**From:** Landon, Daniel (Health) <Daniel.Landon@act.gov.au>  
**Sent:** Wednesday, 25 March 2020 10:53 AM  
**To:** [REDACTED]  
**Subject:** FW: Book1.xlsx

UNCLASSIFIED

FYI

**From:** Jarrad Nuss [REDACTED]  
**Sent:** Wednesday, 25 March 2020 10:11 AM  
**To:** Landon, Daniel (Health) <[Daniel.Landon@act.gov.au](mailto:Daniel.Landon@act.gov.au)>  
**Subject:** Book1.xlsx

**CAUTION:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Daniel

This is a schedule of information to be provided, I will use the reference numbers in communication.

Thanks

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**Lowes, Shannon (Health)**

---

**From:** [REDACTED]  
**Sent:** Monday, 30 March 2020 12:20 PM  
**To:** Jarrad Nuss (Calvary)  
**Cc:** Landon, Daniel (Health) [REDACTED]  
**Subject:** NHDOA - Background Information + Plan Room Visit

**CAUTION:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Jarrad,

We are going through the documents issue last week to see what gaps there may be.

Per our chat last week, the docs provided to date do not include an Asset Register (i.e. a document which identifies all assets, their age, commissioning date etc (i.e. a detailed document which nominates a line for each asset)).

The docs provided don't appear to contain any drawings of the critical buildings (understood to be Xavier & Marian Buildings). Could you please advise if there are pdf's of the floor plans for these buildings or whether there are only hard copies (assumed to be in the plan room). If the latter, is it possible to get access to the plan room tomorrow? Focus will be on getting current floor plans/services arrangements for critical clinical buildings.

Regards

[REDACTED]

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**Lowes, Shannon (Health)**

---

**From:** Landon, Daniel (Health)  
**Sent:** Monday, 30 March 2020 4:03 PM  
**To:** Burch, Brad (Health)  
**Subject:** DG minute - Northside hospital options analysis - March update - v2  
**Attachments:** DG minute - Northside hospital options analysis - March update - v2.docx

UNCLASSIFIED

Hi Brad

Is the attached on the right track?

I'm happy to discuss if needed.

Cheers

Dan




**ACT Health**
**DIRECTOR-GENERAL MINUTE**

TRIM Reference No. \_\_\_\_\_

<b>SUBJECT:</b>	Northside hospital options analysis – change of schedule due to COVID-19
<b>Through:</b>	<i>Liz Lopa, Executive Group Manager, Strategic Infrastructure Division</i>
<b>From:</b>	<i>Brad Burch, Executive Branch Manager, Strategic Infrastructure Division</i>
<b>Critical Date:</b>	<i>2 April 2020</i>
<b>Reason:</b>	<i>To ensure timely progress on the project.</i>

**Recommendations**

That you:

Note the start of the Northside hospital options analysis.	<i>NOTED</i> <i>PLEASE DISCUSS</i>
Agree to the amended schedule outlined below for the Northside hospital options analysis and Calvary Public Hospital Bruce campus strategic asset management plan.	<i>AGREED</i> <i>NOT AGREED</i> <i>PLEASE DISCUSS</i>

.....  
*Michael De'Ath*  
**Director-General**  
 ACT Health Directorate

*Month Year*

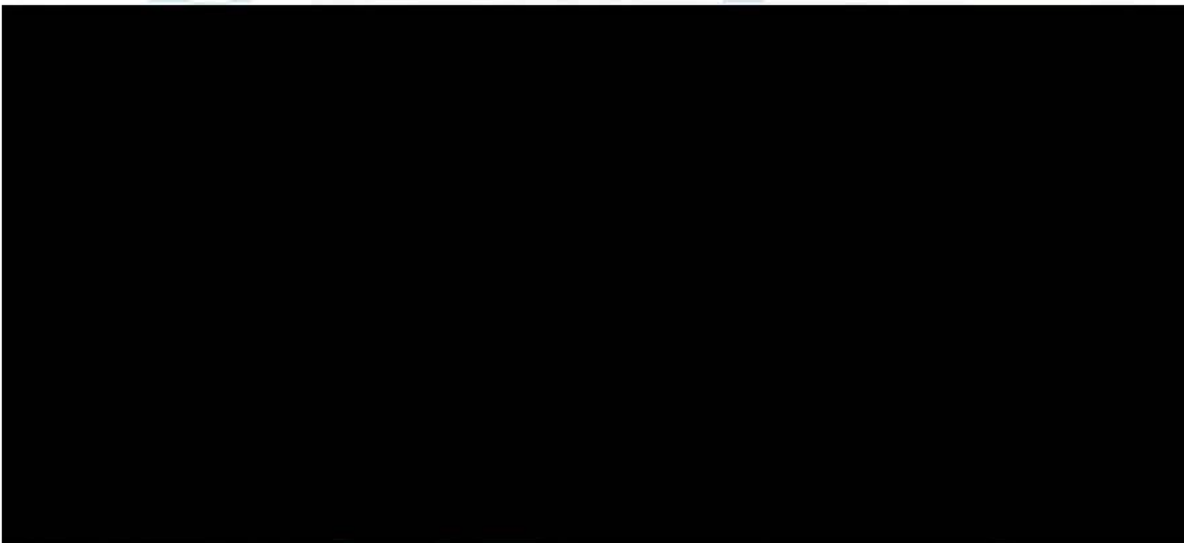


**Purpose**

To seek your approval for a new schedule for the options analysis for the northside hospital.

**Background**

An external consultant, AECOM, has been engaged to conduct an options analysis for a new northside hospital (see DGC20/108), and has now started work on the project.



In order to inform the feasibility of redeveloping the existing campus, AECOM will also do a condition assessment of existing CPHB buildings and prepare a strategic asset management plan (SAMP) for the campus.

**Issues**

The project is due for completion by late August 2020, with a schedule as follows:

- Stage 1: Calvary Public Hospital - Building Condition Assessments.
- Stage 2: Calvary Public Hospital - Strategic Asset Management Plan.
- Stage 3: Northside Hospital Development Options Analysis.
- Stage 4: Northside Hospital Development Options Analysis Report.

CPHB was briefed about the project and was initially able to facilitate site visits to enable completion of Stages 1 and 2.

However, the COVID-19 pandemic has required a change of approach. CPHB is restricting non-essential visitor access, which means AECOM will now be unable to conduct the planned site inspections in order to gauge the condition of buildings on the CPHB campus.



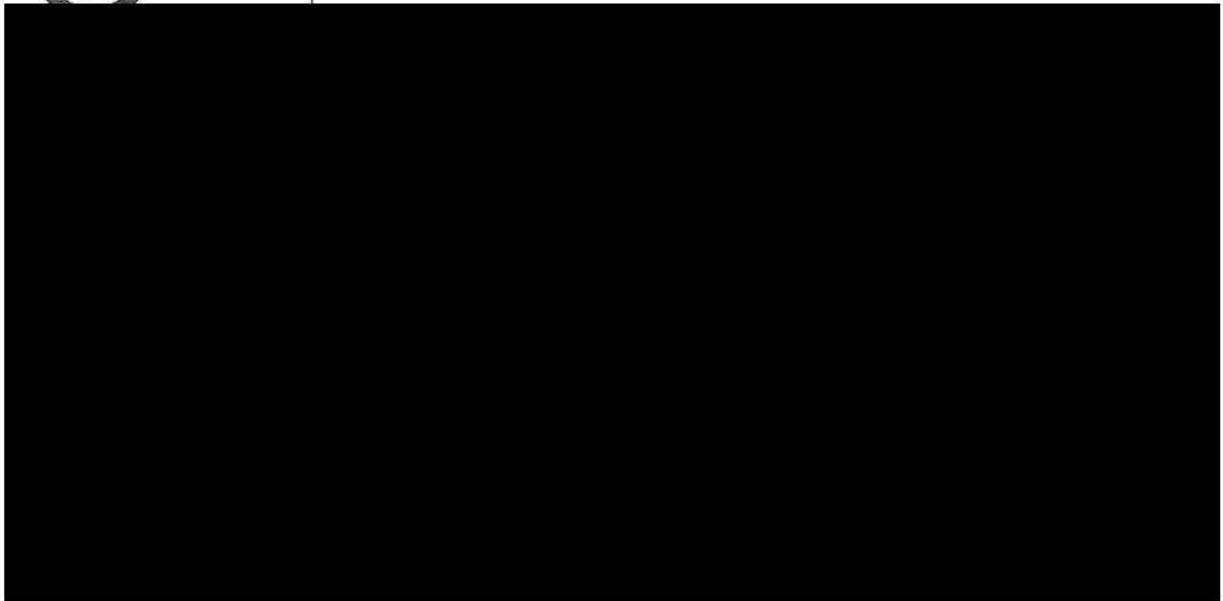




**ACT**  
Government

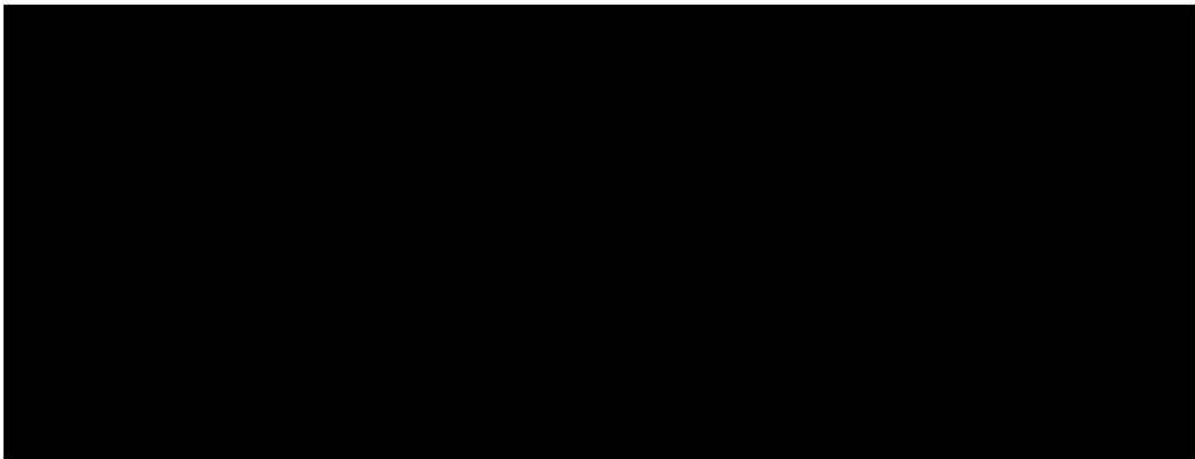
**ACT Health**

**DIRECTOR-GENERAL MINUTE**



### **Benefits/Sensitivities**

To date, CPHB has given considerable assistance to AECOM; however SID and AECOM will need to remain mindful about minimising the impact on CPHB staff, most of whom will be responding to COVID-19; and that in the coming weeks and months the ability of CPHB staff to discuss the project may be limited.



### **Consultation**

Consultation has taken place with relevant ACT Health branches.

SID will continue to liaise closely with CPHB during the building condition assessment and SAMP phase of this project.

### **Media**

*Have relevant communications material to support this brief been attached (communications plan, draft media release, talking points etc)?*

☐ Yes

☐ No

☒ N/A




**ACT Health**
**DIRECTOR-GENERAL MINUTE**
*Has the Communications Branch been consulted?*
☐ Yes

☐ No

☒ N/A

**Financial**

Nil at this stage.

Signed off by:	Brad Burch	Phone:	[REDACTED]
Title:	<i>Executive Branch Manger</i>		
Branch/Division	Strategic Infrastructure Division		
Date:			

Action Officer:	Daniel Landon	Phone:	[REDACTED]
Unit:	Senior Director, Strategic Infrastructure Division		



**Lowes, Shannon (Health)**

---

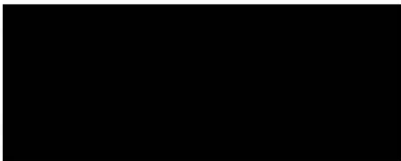
**From:** [REDACTED]  
**Sent:** Tuesday, 31 March 2020 4:42 PM  
**To:** [REDACTED] Jarrad Nuss (Calvary); Landon, Daniel (Health); [REDACTED] Burch, Brad (Health)  
**Cc:** Pini, Sallyanne (Health); Denise Holm (Calvary)  
**Subject:** RE: NHDOA - Monthly Control Group  
**Attachments:** 60628807-NHDOA-PCG Minutes 20200326.pdf  
**Categories:** Northside

**CAUTION:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi all,

Please see attached the minutes from last week's PCG meeting. Let me know if anything has been missed or misunderstood.

Thanks,

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-----Original Appointment-----

**From:** [REDACTED]  
**Sent:** Friday, 13 March 2020 12:16 PM  
**To:** [REDACTED] Jarrad Nuss (Calvary); Landon, Daniel (Health); [REDACTED] Brad Burch (brad.burch@act.gov.au)  
**Cc:** Pini, Sallyanne (Health)  
**Subject:** NHDOA - Monthly Control Group  
**When:** Thursday, 26 March 2020 3:30 PM-4:30 PM (UTC+10:00) Canberra, Melbourne, Sydney.  
**Where:** ACT Health 4 Bowes Street, Woden

Hi All,

A slight change to this month's PCG – today's meeting will be a touch base on activities underway including the proposed alternative delivery approach currently being documented and an update on our approach to the COVID19 situation as it relates to this project team.

Please let me know if there is any specific issues you would like to discuss.



Regards





## Minutes of Meeting

### Northside Hospital Development Options Analysis

Subject	Project Control Group Meeting	Page	1
Venue	ACT Health	Time	3.30 pm
Participants	Calvary / LCM - Jarrad Nuss, Denise Holm ACT Health - Daniel Landon, Sallyanne Pini AECOM - [REDACTED]		
Apologies	ACT Health - Brad Burch		
File/Ref No.	60628807	Date	26-Mar-2020
Distribution	As above		

No	Item	Action	Date
1.	Opening – introductions and agenda outline		
2.	<p><b>Project Progress to date summary</b>  <i>Progress towards milestones / deliverables</i>  Calvary have actioned the RFI and issued information to AECOM earlier today.</p> <p>Remaining information is hard copy only. AECOM will need to attend site to review. Calvary advised this should be organised as soon as possible given COVID-19.</p> <p>Calvary will arrange for the maintenance team to be present when AECOM attends site to answer questions and provide further information about the assets.</p> <p><u>Monthly Reporting</u>  AECOM issued the first monthly report dashboard earlier today.  ACT Health to advise if they require any further information on any of the points raised in the report.</p> <p><u>Alternative delivery</u>  AECOM have proposed an alternative delivery approach given the changing situation due to COVID-19. Daniel advised that Brad had signed off on the proposed approach from an ACT Health perspective yesterday afternoon.</p> <p>AECOM will conduct a condition assessment by desktop review and then test assumptions with</p>	<p>AECOM to confirm what information has been received and any gaps</p> <p>AECOM to arrange a time with Calvary to attend site</p> <p>Noted</p> <p>Noted</p> <p>ACT Health</p> <p>Noted</p> <p>Noted</p>	<p>w/e 27/03/2020</p> <p>w/e 3/04/2020</p>



No	Item	Action	Date
		Calvary	
		Noted	
		AECOM	
		Noted	
		AECOM to issue updated return brief	w/e 3/04/2020
		ACT Health to provide	w/e 3/04/2020



**Lowes, Shannon (Health)**

**From:** Landon, Daniel (Health)  
**Sent:** Friday, 3 April 2020 8:52 PM  
**To:** Burch, Brad (Health)  
**Subject:** FW: NHDOA - Fortnightly Co-ordination Meeting  
**Attachments:** 60628807-NHDOA-Fortnightly Coordination-20200402.pdf

UNCLASSIFIED

Hi  
 The minutes are accurate from my point of view.  
 FYI, pls note the item about documentation of assumptions.  
 [REDACTED] Would you mind raising it with her  
 or Jacinta?  
 Cheers  
 Dan

**From:** [REDACTED]  
**Sent:** Friday, 3 April 2020 4:08 PM  
**To:** [REDACTED] Jarrad Nuss (Calvary) [REDACTED] Burch,  
 Brad (Health) <Brad.Burch@act.gov.au>; Landon, Daniel (Health) <Daniel.Landon@act.gov.au>  
 [REDACTED] Denise Holm (Calvary) [REDACTED]  
**Cc:** Bladin, Caitlin (Health) <Caitlin.Bladin@act.gov.au>  
**Subject:** RE: NHDOA - Fortnightly Co-ordination Meeting

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Hi all,  
 Please see attached minutes from yesterday's meeting. Let me know if anything has been missed or misunderstood.  
 Regards,



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-----Original Appointment-----

**From:** [REDACTED]  
**Sent:** Friday, 13 March 2020 12:17 PM



To [REDACTED] Jarrad Nuss (Calvary); Brad Burch ([brad.burch@act.gov.au](mailto:brad.burch@act.gov.au)); Landon, Daniel (Health) [REDACTED]  
[REDACTED] Denise Holm

Cc: Bladin, Caitlin

Subject: NHDOA - Fortnightly Co-ordination Meeting

When: Thursday, 2 April 2020 4:00 PM-5:00 PM (UTC+10:00) Canberra, Melbourne, Sydney.

Where: Teams Meeting

Hi All,

Why how things change in a fortnight. Please find attached agenda and below details for Teams.

Meeting rescheduled back to the afternoon at the request of ACT Health.

Looking forward to seeing everyone tomorrow.

Regards  
[REDACTED]

---



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## Minutes of Meeting

### Northside Hospital Development Options Analysis

Subject	Fortnightly Co-ordination Meeting	Page	1
Venue	Teams Meeting	Time	4:00pm
Participants	Daniel Landon Denise Helm [REDACTED] Caitlin Bladin		
Apologies	Jarrad Nuss Brad Burch [REDACTED]		
File/Ref No.	60628807	Date	02-Apr-2020
Distribution	As above		

No	Item	Action	Date
1.	Opening -- introductions and agenda outline		
2.	<b>Project Progress to date summary</b> <i>Progress towards milestones / deliverables</i>  AECOM are currently working through a gap analysis process based on the documents received to date.  Every document received has been registered, with the information the document contains or doesn't contain assessed.  AECOM are still chasing drawings from Calvary. [REDACTED] met with Luke from Calvary earlier this week, who has offered to locate and provide drawings, particularly for the three buildings (Xavier, Marian AND Keaney) Calvary identified as critical. [REDACTED] also met with Jarrad and [REDACTED] regarding the asset register Calvary currently use and whether AECOM can get an export.  AECOM are unable to progress the condition audit until drawings and an asset register are received. This will become critical very soon.  AECOM will provide the template of the condition audit assessment register and list of information received for Calvary / ACT Health to review. Calvary can then assess if there may be further information, they can provide	Noted  Noted  Noted  Noted  Noted  Calvary to provide drawings, asset register.  AECOM to issue template of condition assessment register	          w/e 10/04/2020  w/e 3/04/2020



No	Item	Action	Date
3.	<p><b>Ongoing items</b> <i>Outlook of upcoming work for the next fortnight</i></p> <p><u>Desktop Condition Assessment and Asset Register</u> With a desktop approach. AECOM will need to be more transparent, and document assumptions in a lot more detail than would have been required with site inspections.</p> <p>AECOM will need to reference documents / conversations with ACT Health / Calvary team members to identify the bases of assumptions and assessments. The condition audit will be more data heavy so there is traceability through inputs.</p> <p>ACT Health indicated that as long as assumptions and information sources are documented, this approach is fine.</p> <p>Once a draft condition assessment is complete this will be issued to Calvary to test assumptions with their staff.</p> <p>AECOM have sent the clinical services baseline to the architects, who have been asked to confirm that that is sufficient for what they need to produce the Schedule of Accommodation.</p> <p><u>Return Brief</u> AECOM are continuing to update the return brief to reflect the change in project approach.</p>	<p>Noted</p> <p>Noted</p> <p>Notes</p> <p>AECOM</p> <p>Noted</p> <p>AECOM to issue updated return brief</p>	<p>w/e 3/04/2020</p>
4.	<p><b>Issues, risks, opportunities</b> <i>Identification of items to be raised to the Project Control Group</i></p> <p>Key risks: Receipt of required information from Calvary</p>	<p>Denise Holm to chase documentation from Calvary</p>	<p>w/e 10/04/2020</p>



**Lowes, Shannon (Health)**

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**From:** Landon, Daniel (Health)  
**Sent:** Tuesday, 7 April 2020 10:43 AM  
**To:** Burch, Brad (Health)  
**Subject:** FW: Northside hospital - service demand profile

UNCLASSIFIED

**From:** Landon, Daniel (Health)  
**Sent:** Thursday, 26 March 2020 2:57 PM  
**To:** Galton, Sarah (Health) <Sarah.Galton@act.gov.au>  
**Subject:** Northside hospital - service demand profile

UNCLASSIFIED

Hi Sarah

AECOM has started work on the new Northside hospital options analysis. Although COVID-19 will require a change of approach for how AECOM prepare the asset management part of the project (given they won't be able to access the Calvary site), they are able to keep pushing on with the project.

For the options analysis, we've asked AECOM to do the following:

- a. Prepare a schedule of accommodation for a new Northside Hospital, based on the current and future service demand profile.



I'm happy to discuss if needed.

I hope you're staying well.

Cheers

Dan

**Daniel Landon**

Phone [redacted] Email: [daniel.landon@act.gov.au](mailto:daniel.landon@act.gov.au)

Senior Director, Business Analysis, Strategic Infrastructure Division | ACT Health Directorate  
[health.act.gov.au](http://health.act.gov.au)







**Lowes, Shannon (Health)**

---

**From:** [REDACTED]  
**Sent:** Thursday, 9 April 2020 1:46 PM  
**To:** Denise Holm (Calvary)  
**Cc:** Jarrad Nuss (Calvary); [REDACTED]; Landon, Daniel (Health)  
**Subject:** RE: RE: CPHB site plans/ drawings

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Hi Denise,

Following on from the below and our chat earlier in the week, please find below a list of the drawings which we would appreciate copies of. Is it possible for the drawing lists for the other projects in this system could be provided so we can review?

We are requesting the Arch demolition drawings to ensure traceability of assets and to ensure we can cross-reference what was demolished during this project with the asset register we will develop as part of the desktop condition assessment.

**Architectural**

- A101
- A102
- A109
- A110
- A111
- A112
- A113
- A114
- A115
- A116
- A117
- A118
- A119
- A120
- A121
- A122
- A123
- A124
- A125
- A126
- A127
- A128
- A129

**Mechanical**

- M001
- M002
- M100
- M101

**Hydraulics**

- H001
- H100
- H101



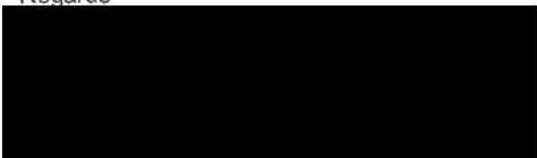
## Fire Protection

- F001
- F300
- F301

## Electrical

- E001
- E002
- E400
- E401
- E410
- E411
- E500
- E510
- E511

Regards





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**From:** Denise Holm   
**Sent:** Monday, 6 April 2020 12:03 PM  
**To:**   
**Cc:** Jarrad Nuss   
**Subject:** [EXTERNAL] RE: CPHB site plans/ drawings

H 

We have a number of drawings within Procore for more recent projects. We would need to download any required drawings or request provision of access via SHAPE and BMM.  
 Please give me a call to discuss access to these drawings.

Regards  
 Denise

These are the projects within Procore



Name	Project #
Calvary Operating Theatre Upgrade	J000052
Calvary Ophthalmology Clinic Redevelopment	CAL 026 OPC
CPHB Expansion of Emergency Department	J000137
CPHB Maternity Refresh	J000039

Name	Project #
Calvary - Emergency Department Refurbishment	620503
Calvary MHUK - Adult Mental Health Unit Keaney	619504

The following is a snapshot of the operating theatre upgrade drawing files.



13	Drawing No.	Drawing Title
13	<b>Architectural</b>	
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A101</b>	<b>OVERALL PLAN - PROPOSED</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A102</b>	<b>OVERALL PLAN - DEMOLITION</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A109</b>	<b>DOCUMENT KEY PLAN - DEMOLITION</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A110</b>	<b>DOCUMENT KEY PLAN - PROPOSED</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A111</b>	<b>THEATRE 1 - STORE &amp; EXIT BAY - DEMOLITION AND PROPOSED PLAN</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A111-201</b>	<b>Theatre 1 - Store &amp; Exit Bay - Internal Elevations</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A111-301</b>	<b>THEATRE 1 - STORE &amp; EXIT BAY - REFLECTED CEILING &amp; FLOOR FINISHES</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A112</b>	<b>Theatre 2 &amp; 3 - Store &amp; Exit Bay - Demolition &amp; Proposed Plan</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A112-201</b>	<b>THEATRE 2 &amp; 3 - STORE &amp; EXIT BAY - INTERNAL ELEVATIONS</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A112-301</b>	<b>THEATRE 2 &amp; 3 - STORE &amp; EXIT BAY - REFLECTED CEILING &amp; FLOOR FINISHES</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A113</b>	<b>THEATRE 4 - EXIT BAY - DEMOLITION &amp; PROPOSED PLAN</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A113-201</b>	<b>THEATRE 4 - EXIT BAY - INTERNAL ELEVATIONS</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A113-301</b>	<b>THEATRE 4 - EXIT BAY - REFLECTED CEILING &amp; FLOOR FINISHES</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A114</b>	<b>ANAESTHETIC &amp; GENERAL STORE - DEMOLITION PLAN</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A114-301</b>	<b>ANAESTHETIC &amp; GENERAL STORE - REFLECTED CEILING</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A115</b>	<b>ANAESTHETIC &amp; GENERAL STORE - PROPOSED PLAN</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A115-201</b>	<b>ANAESTHETIC &amp; GENERAL STORE - INTERNAL ELEVATIONS</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A115-202</b>	<b>ANAESTHETIC &amp; GENERAL STORE - INTERNAL ELEVATIONS</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A115-203</b>	<b>ANAESTHETIC &amp; GENERAL STORE - INTERNAL ELEVATIONS</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A115-301</b>	<b>ANAESTHETIC &amp; GENERAL STORE - FLOOR FINISHES</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A116</b>	<b>HOLDING BAY &amp; AMBULANT TOILET - DEMOLITION PLAN</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A116-301</b>	<b>HOLDING BAY &amp; AMBULANT TOILET - REFLECTED CEILING</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A117</b>	<b>HOLDING BAY &amp; AMBULANT TOILET - PROPOSED PLAN</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A117-201</b>	<b>HOLDING BAY &amp; AMBULANT TOILET - INTERNAL ELEVATIONS</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A117-202</b>	<b>HOLDING BAY &amp; AMBULANT TOILET - INTERNAL ELEVATIONS</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A117-203</b>	<b>HOLDING BAY &amp; AMBULANT TOILET - INTERNAL ELEVATIONS</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A117-301</b>	<b>HOLDING BAY &amp; AMBULANT TOILET - FLOOR FINISHES</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A118</b>	<b>RECEPTION, LINK AND STORE - DEMOLITION PLAN</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A118-301</b>	<b>RECEPTION, LINK &amp; STORE - REFLECTED CEILING</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A119</b>	<b>RECEPTION, LINK &amp; STORE - PROPOSED PLAN</b>
13	<input type="button" value="Info"/> <input type="button" value="Open"/> <b>A119-201</b>	<b>RECEPTION, LINK &amp; STORE - INTERNAL ELEVATIONS</b>



Info	Dis	A119-202	RECEPTION, LINK & STORE - INTERNAL ELEVATIONS
Info	Dis	A119-201	RECEPTION, LINK & STORE - FLOOR FINISHES
Info	Dis	A120	OFFICE 1 PERSON - DEMOLITION & PROPOSED PLAN
Info	Dis	A120-201	OFFICE - INTERNAL ELEVATIONS
Info	Dis	A120-201	OFFICE - REFLECTED CEILING & FLOOR FINISHES
Info	Dis	A121	PATIENT RECOVERY 4 BED - DEMOLITION & PROPOSED PLAN
Info	Dis	A121-201	PATIENT RECOVERY 4 BED - INTERNAL ELEVATIONS
Info	Dis	A121-201	PATIENT RECOVERY 4-BED - REFLECTED CEILING & FLOOR FINISHES
Info	Dis	A122	PROCEDURE ROOM - DEMOLITION & PROPOSED PLAN
Info	Dis	A122-201	PROCEDURE ROOM - INTERNAL ELEVATIONS
Info	Dis	A122-201	PROCEDURE ROOM - REFLECTED CEILING & FLOOR FINISHES
Info	Dis	A123	STAGE 3 RECOVERY - DEMOLITION & PROPOSED PLAN
Info	Dis	A123-201	STAGE 3 RECOVERY - INTERNAL ELEVATIONS
Info	Dis	A123-201	STAGE 3 RECOVERY 6 CHAIRS - REFLECTED CEILING & FLOOR FINISHES
Info	Dis	A124	PATIENT RECOVERY 6-BED - DEMOLITION & PROPOSED PLAN
Info	Dis	A124-201	PATIENT RECOVERY 6-BED - INTERNAL ELEVATIONS
Info	Dis	A124-201	PATIENT RECOVERY 6 BED - REFLECTED CEILING AND FLOOR FINISHES
Info	Dis	A125	PATIENT RECOVERY STAFF STATION - DEMOLITION AND PROPOSED PLAN
Info	Dis	A125-201	PATIENT RECOVERY STAFF STATION - INTERNAL ELEVATIONS
Info	Dis	A125-201	PATIENT RECOVERY STAFF STATION REFLECTED CEILING AND FLOOR FINISHES
Info	Dis	A126	PATIENT RECOVERY 9-BED - DEMOLITION & PROPOSED PLAN
Info	Dis	A126-201	PATIENT RECOVERY 9 BED - INTERNAL ELEVATIONS
Info	Dis	A126-202	PATIENT RECOVERY 9 BED - INTERNAL ELEVATIONS
Info	Dis	A126-201	PATIENT RECOVERY 9-BED - REFLECTED CEILING & FLOOR FINISHES
Info	Dis	A127	THEATRE STRATEGIC PLAN THEATRE 5 & 6 CLEAN UP DEMOLITION AND PROPOSED PLAN
Info	Dis	A127-201	THEATRE STRATEGIC PLAN THEATRE 5&6 CLEAN UP INTERNAL ELEVATIONS
Info	Dis	A127-201	THEATRE 5&6 CLEAN-UP BAY - REFLECTED CEILING & FLOOR FINISHES
Info	Dis	A128	STORE - DEMOLITION & PROPOSED PLAN
Info	Dis	A128-201	THEATRE STRATEGIC PLAN STORE INTERNAL ELEVATIONS
Info	Dis	A128-201	THEATRE STRATEGIC PLAN STORE REFLECTED CEILING AND FLOOR FINISHES
Info	Dis	A129	THEATRE STRATEGIC PLAN STERILE RECEIPT STORE DEMOLITION AND PROPOSED PLAN
Info	Dis	A129-201	STERILE STORE RECEIPT - INTERNAL ELEVATIONS



<input type="checkbox"/>	Info	Open	A126-301	THEATRE STRATEGIC PLAN STERILE RECEIPT STORE REFLECTED CEILING AND FLOOR FINIS
<input type="checkbox"/>	Info	Open	A501	DOOR AND WINDOW SCHEDULE
<input type="checkbox"/>	Info	Open	A601	WALL DETAILS
<input type="checkbox"/>	Info	Open	A602	WALL DETAILS
<input type="checkbox"/>	Info	Open	A701	JOINERY DETAILS STAFF STATION - HOLDING BAY
<input type="checkbox"/>	Info	Open	A702	JOINERY DETAILS RECEPTION COUNTER
<input type="checkbox"/>	Info	Open	A703	JOINERY DETAILS STAFF STATION - RECOVERY
<input type="checkbox"/>	Info	Open	A704	THEATRE STRATEGIC PLAN JOINERY DETAILS STAFF STATION - HOLDING BAY
<input type="checkbox"/>	Info	Open	A705	THEATRE STRATEGIC PLAN JOINERY DETAILS STAFF STATION - HOLDING BAY drawers below laminate 3 finish. ABS edge strippling to match laminate 1
<input type="checkbox"/>	Info	Open	A706	JOINERY DETAILS RECEIPT ROOM



**Electrical**

Info	Open	E000
Info	Open	E001
Info	Open	E002
Info	Open	E300
Info	Open	E301
Info	Open	E310
Info	Open	E311
Info	Open	E400
Info	Open	E401
Info	Open	E410
Info	Open	E411
Info	Open	E500
Info	Open	E510
Info	Open	E511

**Fire Protection**

Info	Open	F001
Info	Open	F300
Info	Open	F301

**Hydraulics (Plumbing)**

Info	Open	H000
Info	Open	H001
Info	Open	H100
Info	Open	H101

**Mechanical**

Info	Open	M001
Info	Open	M002
Info	Open	M100
Info	Open	M101

**COVER SHEET****LEGEND****SCOPE OF WORKS****DEMOLITION LIGHTING LAYOUT - SHEET 1****DEMOLITION LIGHTING LAYOUT - SHEET 2****NEW LIGHTING LAYOUT - SHEET 1****NEW LIGHTING LAYOUT - SHEET 2****DEMOLITION POWER & SECURITY LAYOUT - SHEET 1****DEMOLITION POWER & SECURITY LAYOUT - SHEET 2****NEW POWER & COMMS LAYOUT - SHEET 1****NEW POWER & COMMS LAYOUT SHEET 2 - ELECTRICAL SERVICES****MEDICAL SERVICES PANEL DETAILS ELECTRICAL SERVICES****BODY PROTECTED AREAS - SHEET 1****BODY PROTECTED AREAS - SHEET 2****COVER SHEET, LEGEND AND SCOPE OF WORKS FIRE SERVICES****LEVEL 2 NEW LAYOUT - SHEET 1****LEVEL 2 NEW LAYOUT - SHEET 2****COVER SHEET****NOTES AND LEGEND****GENERAL ARRANGEMENT - DEMOLITION****GENERAL ARRANGEMENT - NEW WORKS****NEW EQUIPMENT LAYOUT - SHEET 1****SPECIFICATION****NEW EQUIPMENT LAYOUT - SHEET 1****NEW EQUIPMENT LAYOUT - SHEET 2**





Public Hospital Bruce  
Cnr Belconnen Way & Haydon Drive Bruce ACT 2617  
PO Box 254 Jamison Centre ACT 2614  
P [REDACTED]  
E [REDACTED]  
[www.calvary-act.com.au](http://www.calvary-act.com.au)

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

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**Lowes, Shannon (Health)**

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**From:** Landon, Daniel (Health)  
**Sent:** Thursday, 16 April 2020 9:58 AM  
**To:** [REDACTED]  
**Subject:** RE: NHDOA CPHB Base Case Demand Projections Questions

**UNCLASSIFIED For-Official-Use-Only**

Perfect, thanks. Leave it with me!

**From:** [REDACTED]  
**Sent:** Thursday, 16 April 2020 9:54 AM  
**To:** Landon, Daniel (Health) <Daniel.Landon@act.gov.au>  
**Subject:** RE: NHDOA CPHB Base Case Demand Projections Questions

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Hi Daniel,





**AECOM**

L4, Civic Quarter, 68 Northbourne Ave, Canberra, ACT 2601  
PO Box 1942 Canberra City 2601  
T +61 2 6100 0551

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**From:** Landon, Daniel (Health) <[Daniel.Landon@act.gov.au](mailto:Daniel.Landon@act.gov.au)>

**Sent:** Thursday, 16 April 2020 9:49 AM

**To:** [REDACTED]

**Subject:** [EXTERNAL] RE: NHDOA CPHB Base Case Demand Projections Questions

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H [REDACTED]

To help Brad and I request this information, could you pls send me a list of questions / list of the data you need, which I can then forward directly to our planning team.

A list would help me then get everything you need.

Apologies for the hassle.

Kind regards

Dan

**From:** [REDACTED]

**Sent:** Tuesday, 14 April 2020 12:09 PM

**To:** Burch, Brad (Health) <[Brad.Burch@act.gov.au](mailto:Brad.Burch@act.gov.au)>

**Cc:** Landon, Daniel (Health) <[Daniel.Landon@act.gov.au](mailto:Daniel.Landon@act.gov.au)> [REDACTED]

**Subject:** NHDOA CPHB Base Case Demand Projections Questions

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Hi Brad,



BLP have reviewed the draft demand projections and have a couple of queries/clarifications on the projections, refer attached with questions/clarifications noted in column H.

Depending on the advice from the health planning team a discussion with them on the base case may be useful to inform BLP and the options.

Regards

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T +61 2 6100 0551

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**From:** Burch, Brad (Health) <[Brad.Burch@act.gov.au](mailto:Brad.Burch@act.gov.au)>

**Sent:** Friday, 27 March 2020 4:22 PM

**To:**

**Cc:** Landon, Daniel (Health) <[Daniel.Landon@act.gov.au](mailto:Daniel.Landon@act.gov.au)>

**Subject:** CPHB Demand Projections

**UNCLASSIFIED For-Official-Use-Only**

H

As discussed, please see attached the draft demand projections from our service planning team. These will be used as the base case for scenario development over coming weeks.

Thanks and regards

Brad.

**Brad Burch** | Executive Branch Manager

**Strategic Infrastructure**

**Corporate Services**

 (02) 5124 9719 or  [brad.burch@act.gov.au](mailto:brad.burch@act.gov.au)



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Government

**ACT Health**

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**Lowes, Shannon (Health)**

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**From:** Landon, Daniel (Health)  
**Sent:** Thursday, 16 April 2020 11:11 AM  
**To:** Burch, Brad (Health)  
**Subject:** FW: NHDOA CPHB Base Case Demand Projections Questions  
**Attachments:** Calvary Public Hospital Bruce - Draft Demand Projections-Questions-20200414.xlsx

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Hi Brad

In order to expedite this process, would you mind forwarding this to Jacinta and/or Sarah G and asking for answers to the questions below?

Cheers

Dan

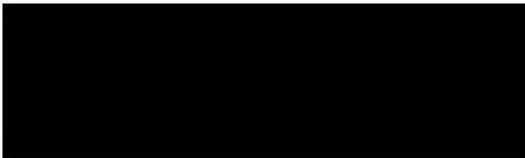
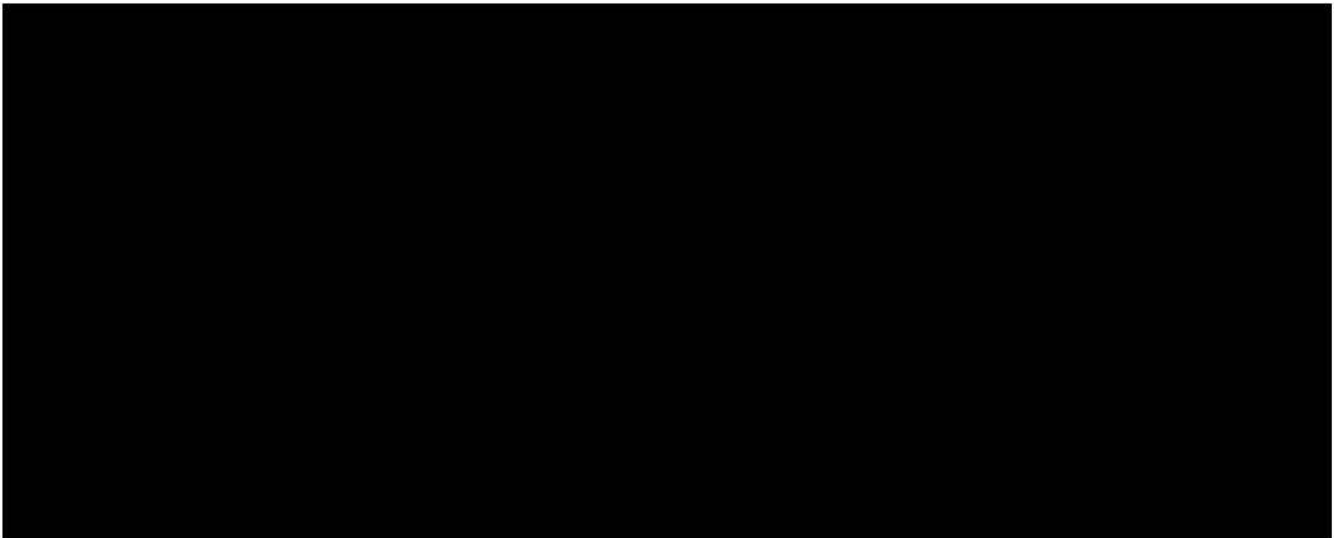
**From:** [REDACTED]  
**Sent:** Thursday, 16 April 2020 9:54 AM  
**To:** Landon, Daniel (Health) <Daniel.Landon@act.gov.au>  
**Subject:** RE: NHDOA CPHB Base Case Demand Projections Questions

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H [REDACTED]

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Sent: Friday, 27 March 2020 4:22 PM

To:

Cc: Landon, Daniel (Health) <[Daniel.Landon@act.gov.au](mailto:Daniel.Landon@act.gov.au)>

Subject: CPHB Demand Projections

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Brad.

**Brad Burch** | Executive Branch Manager

**Strategic Infrastructure**

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