

# Asset Investment Program Governance Policy

# **Infrastructure Unit**

Effective: 5 May 2020 Version: 3.00

Healthier country communities through partnership and innovation



# Asset Investment Program Governance Policy

# 1. Background

The WA Department of Health is required to apply the Department of Treasury Strategic Asset Management Framework (SAMF) policies and standards when undertaking the Asset Investment Program (AIP). This will ensure that there are maximum service delivery benefits and value for money from investment in existing and new WA Health built assets.

The WA Country Health Service (WACHS) Infrastructure role is to strategically oversee WACHS alignment with and adherence to the Department of Health's Infrastructure (Asset Management) Policy Framework (IPF). The IPF specifies the infrastructure asset planning, asset procurement, asset operation and maintenance, and asset disposal requirements that all Health Service Providers (HSPs) must comply with in order to ensure effective and consistent asset management functions across the WA health system.

The WACHS AIP governance processes are also informed by the:

- WA Health Clinical Services Framework (CSF) 2014-2024
- WA Health Strategic Intent 2015-2020
- WACHS Disability Access and Inclusion Plan 2015-2020
- Current WACHS Strategy, Planning and Service Development Policy
- Current WACHS Operational Plan.
- Current WACHS Information and Communications Technology (ICT) Plan
- WACHS record management policy

In addition, WACHS aims to build on this state-wide framework by further describing the accountabilities, roles and responsibilities of key stakeholders involved in the planning and delivery of WACHS' capital infrastructure projects.

# 2. Scope

The fundamental principle underlying the Governance of the AIP is decision making at the appropriate management level and clear role delineation.

A WACHS infrastructure project must conform to government or WACHS' strategic directions, be aligned with the CSF 2014, form part of the SAMF and be endorsed by Cabinet prior to being approved and/or funded by the WA Government.

# 3. Policy Statement

The purpose of this document is to outline the accountabilities, roles and responsibilities that are essential to help ensure the consistent delivery of the AIP in meeting the Commonwealth and State Government policies and WA Health's requirements.

Printed or saved electronic copies of this policy document are considered uncontrolled. Always source the current version from <u>WACHS HealthPoint Policies</u>.

# 4. Acronyms

Department of Finance	DF
Department of Communities – Housing Authority	DoC
Capital Project Control Group	CPCG
Project Working Group	PWG
Executive User Group	EUG
Infrastructure Steering Group	ISG
Department of Health Infrastructure Unit HIU	

# 5. Roles and Responsibilities

The AIP Governance provides a decision making framework that is logical, robust and replicable across all WACHS' asset investments. This process ensures that decisions are transparent, accountable, and responsive in the management of asset investment resources and are in line with the collaborative working relationship with the Department of Finance.

#### **Chief Executive (CE)**

Represents the WACHS Board, reporting to the Director General

- Overall responsibility for WACHS' Asset Investment Program achieving its strategic objectives;
- Chairs Infrastructure Steering Group (ISG).

#### **Director Infrastructure (DI)**

Represents CE

- Responsible for day to day and strategic direction of the Asset Investment and Infrastructure Program;
- Chairs Capital Project Control Group;
- End of line responsibility for contract management of WACHS "Project Director" (refer to 5.6 below).

#### Regional Director (RD) provides direction on regional service planning.

- Responsible for regional asset investment program and associated budgets and ensures projects proceed as directed by DG/CE/Chief Operating Officer, Operations (COO);
- Provides instruction / direction to the Project Director with regards to regional projects and monitors performance;
- Escalates appropriate issues for resolution to DI or CPCG;
- Chairs PWG.

# **Responsible Tier 4 (e.g. Operations Manager)**

- Chair's the PWG (if not RD);
- Responsible for oversight of the day to day delivery of the asset investment projects in their area.

Printed or saved electronic copies of this policy document are considered uncontrolled. Always source the current version from <u>WACHS HealthPoint Policies</u>.

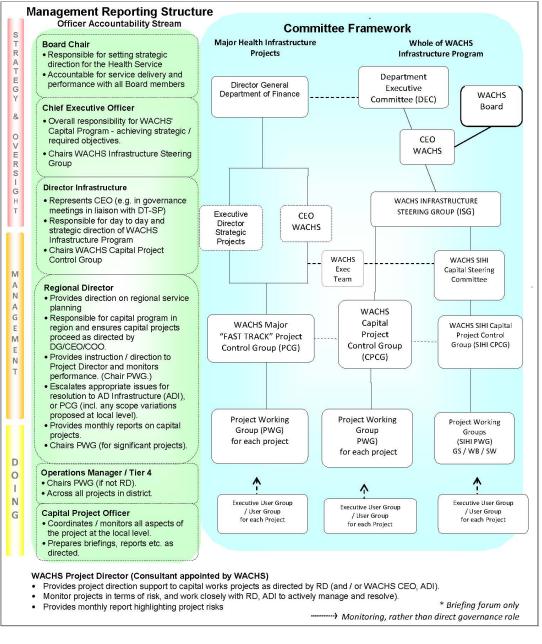
#### **Project Officer/s**

- Coordinates and monitors all aspects of the project at the local level;
- Prepares briefings, reports etc. as directed.

#### **Project Director (external)**

 External contractor commissioned by WACHS to provide specialist advisory services (Project Director Role) to assist with project delivery and risk management. Assist with WACHS health services and facility planning, project direction and project management services.

#### Figure 1: WACHS Infrastructure Governance and Accountabilities Framework 2018



# 6. Accountabilities

#### 6.1 WA Health

WA Health is governed by the *Health Services Act 2016*. Under this Act, the Director General (DG) of the Department of Health is the System Manager responsible for the overall management, strategic direction and stewardship of the WA health system.

While the DG Health, WACHS Board and Chief Executive (CE) have overall accountability of Health's Asset Investment Program, they do so in accordance with the Minister of Finance and the Treasurer's powers and responsibilities under the *Public Works Act*, 1902. Certain responsibilities are delegated to the Department of Finance and Department of Communities, specifically the delivery of Government Building assets and procurement.

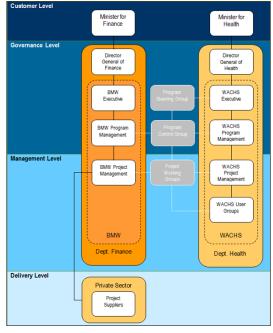
#### 6.2Department of Finance and Department of Communities

Department of Finance and Department of Communities, Housing Authority are accountable for the delivery of projects: starting with the development of business cases, through to the handover of the final built asset to WA Health. Department of Finance is responsible for delivery of major capital projects while the Department of Communities, Housing Authority is engaged for the delivery of all residential type projects.

In essence, there are dual accountabilities between Health, Department of Finance and Department of Communities, Housing Authority to ensure scope, time and budget requirements are agreed and clearly articulated.

# Figure 2: WACHS and BMW Governance framework for the delivery of Asset Investment Projects

It is noted that in the below figure the Program Steering Group is the WACHS Infrastructure Steering Group (ISG) and the Program Control Group is the WACHS Capital Project Control Group (CPCG).



#### 6.3WA Country Health Services Financial Delegations

WA Country Health Services Financial Delegations apply as described in the <u>WA</u> <u>Country Health Service Authorities Schedule 2019.</u>

Note - Different sections of the Authorities schedule are applicable dependant on whether the funding source is operational (Part 4) or capital (Part 6).

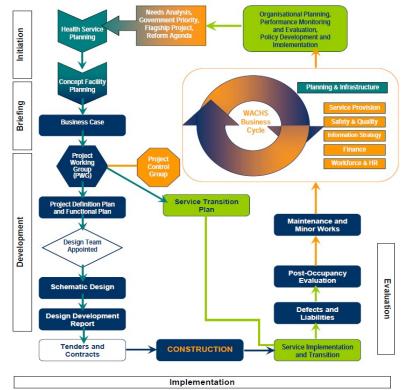
#### 6.4 Planning for Health Services in WACHS

WACHS Health Service Planning is the process of aligning current and future health service delivery with the changing health needs of the population and demand for services.

The WA Health Clinical Services Framework 2014-2024 (CSF 2014) is a high-level service framework produced by WA Health and provides the foundation for the whole health system in planning to meet the demand for health services given changing service capabilities and evolving models of care. It remains as the systems reference point for determining requirements in workforce and infrastructure and for integrating new technology.

#### 7. Approvals and Governance

The Governance Structure forms the basis for overseeing and implementing the planning and delivery of all projects and ensures that key tasks and milestones are met. The <u>Key Project Deliverables: Approval Pathways (1 pg.)</u> provides guidance as to who has the authority to approve each deliverable and ensure good governance is in place.



# Figure 3: The entire Planning & Infrastructure Cycle for service delivery, reform, asset deployment and maintenance from a WACHS perspective

The provision of a clear and workable governance structure will assist a Project in delivering on its objectives. A clear governance framework will enable:

- Clear lines of communication, responsibility and decision making for the management of the Project during the planning, design and construction phases of each component of each project;
- Provide a context for the Project's governance process to align with government wide requirements;
- Provide a structure for the Project team who have a responsibility to manage issues on a day to day basis;
- Provide details relating to the accountability and roles and responsibilities of the various management levels /groups and project team members; and
- Provide details relating to the authority (delegations) of the various management levels /committees and the project team representatives.

#### 7.1 Major (>\$100M) and Non Major Projects (<\$100M)

Major projects are those deemed by government to be highly complex, have a high risk profile and value (generally over \$100 million). Department of Finance (DF) and Health Infrastructure Unit (HIU) provide oversight of these major projects. The development of business cases and management of the delivery program is undertaken by Department of Finance. Health's major projects are often referred to as "Fast Track" Project's.

#### 7.2 Major Project Governance

Role	To provide oversight and overall project direction to the WACHS element of the State Health Infrastructure Unit's Major Projects also known as "Fast Track".
	Ensure the effective management of WACHS' major Asset Investment program (Fast Track) within the scope, time, cost and performance parameters laid down by the Department of Health's Infrastructure (Asset Management) Policy Framework.
	Use the influence and authority of the Committee members to "fast track" the resolution of matters relating to major Asset Investment program projects.
	Act as a pathway for escalation to the Department of Health Director Health Infrastructure Unit via the Chief Executive (CE), WACHS, and the Executive Director, Department of Finance.
	To identify and risk manage issues and risks arising in the WACHS Major Asset Investment (Fast Track) program.

Printed or saved electronic copies of this policy document are considered uncontrolled. Always source the current version from <u>WACHS HealthPoint Policies</u>.

Responsibilities	Planning Phase:
	Monitor the coordination of the planning documents and Business Case review and streamline/facilitate the approval process.
	Confirms project scope, definition and responsibilities.
	Confirms the approval process and program, and monitor key milestones to ensure the Services Plan, the Business Case and the Project Definition Plan are completed on time.
	Ensures all elements of the Services Plan, Business Case and Project Definition Plan are developed by relevant agencies and advice is received from stakeholders.
	Monitors activities to ensure the planning phase of the project is proceeding without delay.
	Responds to requests for decisions from local PWG and gives direction to the Project in order to remove project obstacles.
	Approves any changes to the scope or program in accordance with delegations.
	Resolves issues escalated by any party including documentation issues, and if necessary refers to the CE of WACHS and Executive Director DF.
	Aware of risks and local risk mitigation strategies and supports the escalation of those risks requiring attention to the relevant Executive.
	Builds organisational and stakeholder commitment.
	Receives and endorses monthly project status report prepared by the Project Manager and Health Project Lead.
	Receives and reviews drafts of the Business Case and Project Definition Plan and recommends these for ultimate endorsement by the WACHS CE and Executive Director DF.
	Approves completion of the Planning Phase of the Project.
	Receives and review the monthly financial report from Health Infrastructure Projects Office.

Printed or saved electronic copies of this policy document are considered uncontrolled. Always source the current version from <u>WACHS HealthPoint Policies</u>.

Responsibilities	Delivery Phase:
	Monitors to ensure the asset is delivered on time, within budget and to an acceptable quality.
	Respond to requests for decisions and give direction to the Project in order to remove project obstacles for local PWG.
	Approve any changes to scope or program in accordance with delegations.
	Approve completion of each Phase of the project.
	Resolve issues escalated by any party including documentation issues, and if necessary refer to the Director Health Infrastructure Unit.
	Review risks escalated by the local PWG and escalate those requiring attention to the relevant Executive or Director Health Infrastructure Unit.
	Liaise with other agencies as required to stream-line the delivery of the asset.
	Receive and endorse monthly project status report prepared by the Project Director and Health Project Lead.
	Receive and review monthly report from Cost Adviser.
Chair	WACHS Chief Executive
Reports to	Director General of Health through the Chief Executive, WACHS.
Formal Records	Copy of Minutes of Meetings
Formal Signoff	WACHS CE
Frequency	Monthly

Printed or saved electronic copies of this policy document are considered uncontrolled. Always source the current version from <u>WACHS HealthPoint Policies</u>.

	POSITIONS
Membership	WACHS Chief Executive
	WACHS Chief Operating Officer
	WACHS Director Infrastructure
	Director Health Infrastructure Unit
	<ul> <li>Project Director – Department of Finance</li> </ul>
	WACHS Regional Project Lead (Regional Director)
	<ul> <li>Officer from Department of Finance (Secretariat in Delivery Phase)</li> </ul>
	In attendance:
	HIU Representative
	WACHS Regional Health Project Support
	WACHS appointed Project Director

#### 7.3 Non Major Project Governance

These are all WACHS capital projects under \$100m;

# 7.4 Infrastructure Steering Group (ISG)

Role	<b>To strategically oversee the development and</b> implementation of the WACHS Strategic Asset Plan and ensure alignment with the Department of Treasury Strategic Asset Management Framework.
	To be the peak decision-making body in relation to all WACHS infrastructure projects.
	To identify and risk manage high level strategic issues and risks arising in the WACHS infrastructure program.
Responsibilities	<b>Provide a decision-making forum with the authority to</b> respond to requests for decisions, or recommendations received from the WACHS CPCG supported by the Project Director.
	Ensure capital expenditure and asset investment plans reflect service needs and priorities, and are aligned with endorsed health service plans and the WA Clinical Services Framework, and other relevant government or Department of Health interests and objectives.

	Review and approve WACHS components of the Department of Health strategic infrastructure plans and infrastructure development programs. Endorse capital/infrastructure business cases and recommend acceptance to the Director General. Monitor by exception progress on projects against time, cost, quality and risk parameters. Receive and endorse regular project reports from the Project Director and the CPCG. Ensure that any strategic organisational and/or working practice changes from the agreed business cases are identified and achieved. Ensure that the expert advice and planning provided by the various consultants contributing to the project management and delivery aligns with Government and Health interest and objectives. Provide direction and guidance to the CPCG about objectives and strategies.
Chair	MACHE Chief Executive
	WACHS Chief Executive
Reports to	Department Executive Committee and WACHS Board, through the WACHS Chief Executive
Formal Records	Copy of Minutes of Meetings
Formal Signoff	WACHS CE
Frequency	Monthly
	Positions
Membership	<ul> <li>WACHS Chief Executive</li> <li>Chief Operating Officer – Operations</li> <li>WACHS Director Infrastructure</li> <li>WACHS Director Financial Services</li> <li>WACHS Executive Director Nursing and Midwifery Services</li> <li>WACHS Project Director</li> <li>Director Health Infrastructure Unit (System Manager)</li> <li>WACHS Manager Infrastructure (Secretariat)</li> </ul>

# 7.5 WACHS Capital Project Control Group (CPCG)

To oversee and monitor the progress of the AIP, with particular emphasis on program, scope, quality, cost,
expenditure and fulfilment of the approved project brief and end user need.
Reports to WACHS CE, and connects to WACHS Infrastructure Steering Group (ISG).
To manage the WACHS infrastructure program within the scope, time, cost and performance parameters laid down by the Department of Health's Infrastructure (Asset Management) Policy Framework.
Approve scope, cost and time variations in accordance with delegation.
Review program risks and escalate those requiring attention to the ISG/CE.
Provide advice and direction, within delegated authority to WACHS' PWGs on all aspects of program, including budget, resourcing, and capital costs.
Director, Infrastructure (DI)
WACHS Infrastructure Steering Group through the Chief Operating Officer
Copy of Minutes of Meetings
Director, Infrastructure (DI)
Monthly
<ul> <li>WACHS Director Infrastructure (Chair)</li> <li>WACHS Manager Infrastructure</li> <li>WACHS Program Manager Infrastructure</li> <li>WACHS Program Manager, Reporting and Systems, Infrastructure</li> <li>Building Management and Works (BMW) Senior Project Director – Infrastructure Delivery</li> <li>BMW Principal Planning Manager</li> <li>WACHS Capital Accountant</li> <li>Representative Health Infrastructure Unit</li> <li>WACHS appointed Project Director</li> <li>WACHS Executive Assistant, Director</li> </ul>

# 7.6 Regional Governance via the Project Working Group (PWG)

Role	Project specific working group that is responsible for the direct oversight of the project. The chairperson of each PWG is responsible for providing the direction on the project related matters.
Responsibilities	Within WACHS wide and site parameters, the PWG will;
	Manage and monitor the projects within the agreed time, cost and scope parameters.
	Ensure that all relevant health service stakeholders have an appropriate means to have effective input into the planning processes.
	Provide direction and guidance to User Groups for items within scope.
	Ensure that input from the PWG and User Groups is effective and that any issue of dispute between relevant parties are escalated for resolution.
	Provide a forum with the authority to respond to requests for decision or recommendations received from the Delivery Agencies Project Director/Manager.
	Assist in the development of master plans, business cases, facility plans and contract documentation.
	Receive and endorse project reports.
	Ensure the development and implementation of a Communications Strategy for each project.
	Develop, maintain and monitor risk and associated registers.
	Ensure the development of equipment schedules and associated costing, including the procurement of furniture, fittings and equipment,
	Facilitates the development of the ICT Demarcation Matrix.
	Escalate and seek advice from the CPCG on any matters that are not within the governance scope of the PWG (e.g. real or perceived risks; project plan, budget, program or resourcing issues.
	Contribute to the development of any briefs, schedules or plans essential to the delivery of the Project within time, cost and scope.
Chair	Regional Director
Reports to	Chief Operating Officer via the Capital Project Working Group

Formal Records	Copy of Minutes of Meetings
Formal Signoff	Regional Director
Frequency	Monthly
	Positions (suggested membership 12-14)
Membership	Regional Director (Chair)
	T4 (e.g. Site / Operations Manager)
	Project Officer
	Director Infrastructure or delegate
	Delivery Agency Project Director/Manager
	In Attendance:
	WACHS Project Director
	Regional Director of Nursing and Midwifery
	Regional Medical Director
	Regional Manager Infrastructure & Support Services
	Regional ICT Manager
	<ul> <li>Other HSP reps as appropriate e.g. Mental Health Manager if project is Mental Health Unit</li> </ul>
	• Lead Consultant (Architect) and or Sub-Consultants as required.
	Funder Representative (e.g. RfR and/or Industry)
7.7 Executive Use	r Groups (EUG)
Role	The EUG provides leadership in clinical and non-clinical service planning, any implications for asset and functional design, operational planning and stakeholder and change management for the project. Any issues arising from any other User Groups or from the PWG may be escalated to the EUG for resolution.
Responsibilities	Establish the key operational principles that will guide operational planning for the new facility and ensuring these are enshrined in the user groups and key stakeholder groups.
	Supports the PWG to resolve issues and make project related decisions that will have operational impact for the site or service delivery impact for the Region.
	Co-ordinate and analyse user group feedback to be utilised in service reform and design phase of the planning process and ensures the Users/Services sign-off at functional brief, schematic design and detailed design stages.
	Ensure that appropriate stakeholder consultation occurs on the project (following the establishment of overall principles).

	Act as an arbitrator where conflict and/or opposing positions are proposed by stakeholder groups – ensuring this information is fed back to stakeholders via an agreed process and advise PWG of the solution. Review and sign off concept designs and table for endorsement by PWG. Review and sign off design schematics for functionality and
	work flows and table for endorsement by PWG.
Chair	Regional Director
Reports to	Regional Director via the Regional Project Working Group
Formal Records	Copy of Minutes of Meetings
Formal Signoff	Regional Director
	Positions
Membership	Variable depending upon the project but may include the Regional Director and relevant Regional Executive Members.
	<ul><li>In attendance:</li><li>WACHS Project Director, if appropriate.</li></ul>

# 7.8 Other User Groups reporting to EUG for decision making

Role	User groups provide stakeholder input to the development of service models, facility design and delivery of the project.
	The purpose of User Groups is to focus on the detailed decision-making in relation to the Project, to develop and describe new models of care and new models of non-clinical service delivery and develop, manage and endorse detailed functional briefing and functional relationship documentation and to maintain a high level of communication with all stakeholders.

Printed or saved electronic copies of this policy document are considered uncontrolled. Always source the current version from <u>WACHS HealthPoint Policies</u>.

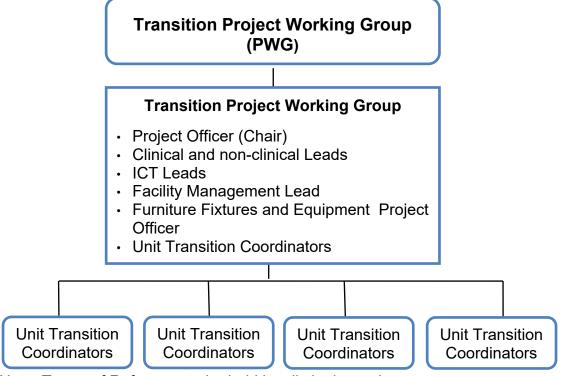
r			
Responsibilities	User groups are accountable to the EUG. User Groups may include a member from the departments/areas affected by the development, such as:		
	Emergency Department		
	Wards		
	Surgical Services (including Operating Theatres / Day Procedure Unit)		
	Hospice/ Palliative Care		
	Medical Imaging		
	Pathology		
	<ul> <li>Support Services (including linen, catering, cleaning, waste management, Morgue, Supply, Public &amp; Staff amenities)</li> </ul>		
	<ul> <li>Engineering / Maintenance / Security / Transport / Parking /</li> </ul>		
	<ul> <li>Administration Manager, Business Manager, Medical Records</li> </ul>		
	<ul> <li>ICT/Telehealth and Learning and Development</li> </ul>		
	Ambulatory Care (Outpatients)		
	Community Health		
	Mental Health		
	Aged Care		
	Renal/ Cancer Services		
	Disability Access Inclusion Officer		
	Regional Infection Control Nurse		
	Occupational health & safety.		
Chair	Project Officer or from within user group		
Reports to	Chair Executive User Group		
Formal Records	Copy of Minutes of Meetings/Issues Log/Action Items		
Formal Signoff	Project Officer		

#### 7.9 Transition Planning Working Group

The term transition is defined as the planning and implementation processes to assist the users to move or changeover from one environment to another. It incorporates both organisational planning (models of care change, service delivery model change, human resource/workforce planning, operational policies and procedures) and facility planning (Information Communication Technology (ICT) and Furniture, Fixtures and Equipment (FF&E).

Printed or saved electronic copies of this policy document are considered uncontrolled. Always source the current version from <u>WACHS HealthPoint Policies</u>.

A transition delivery group will help progress the delivery of the outcomes. The Transition PWG has overall responsibility to coordinate and manage both the asset and the services successful transition.



Note: Terms of Reference to be held locally in the region.

#### 7.10 Community Reference Group

	<ul> <li>outcomes, and</li> <li>providing the opportunity for meaningful input into the consultation and communication processes.</li> </ul>			
	• Acting as a two-way communication conduit to interest groups, community groups, local government authorities, local community members and the Project Team by communicating accurate, timely and balanced information about the project's status and			
	The CRG will provide an opportunity for the exchange of information by:			
	These matters may include, but will not be limited to the environment, access (including roads and traffic, parking and way finding), local amenity, site development, and the design and construction of the project.			
Role	The purpose of the CRG is to provide a consultative forum that allows community members to comment upon and provide input and advice on matters arising in relation to the project.			

Responsibilities	Facilitate a cooperative relationship between the project team, local government authorities, local residents, and other interest groups in the vicinity of the site;	
	Provide a forum for the exchange of information between the above groups;	
	Ensure the community is clear about progress and management of the project, in particular matters affecting the local community;	
	Explore opportunities for potential cooperation and collaboration on initiatives relating to the project;	
	Ensure the project team and the local Shire understand the community's issues and concerns relating to the project;	
	Assist in the resolution of issues of community interest related to the project;	
	Ensure the concerns of the community are heard, understood and, where possible, incorporated in the project; and	
	Allow the project team to keep abreast of new developments within the local community.	
	All representatives of the CRG are responsible for the distribution of appropriate information to their constituents.	
Chair	Operations / Site Manager	
Reports to	Regional Director, via the Project Working Group	
Formal Records	Copy of Minutes of Meetings	
Formal Signoff	WACHS Operations Manager	

# 8 Communication

A hierarchical communication structure is required to ensure efficient project control in order to maintain scope and cost to reflect WACHS' brief. WACHS appointed Project Director, supports WACHS in matters regarding the Infrastructure projects (the Project).

Printed or saved electronic copies of this policy document are considered uncontrolled. Always source the current version from <u>WACHS HealthPoint Policies</u>.

# 9 Review Process

A project review should provide quality assurance advice to the WACHS Infrastructure that:

- timeframes and process for the establishment of project governance structures have been met
- administrative processes have been adhered to (e.g. establishment of project cost-centres, contact details of key personnel have been supplied and a communication pathway has been established)
- consultation and feedback between the Area and Regions has occurred on a timely basis for agreed milestones
- there is some continuity in regards to critical processes and status of each project in the WACHS infrastructure program.
- Lessons learnt can be taken from each project and be applied against other infrastructure projects to ensure cost realisation benefits.

# **10** Compliance

This policy is a mandatory requirement under the Health Services Act 2016.

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the <u>Integrity Policy Framework</u> issued pursuant to section 26 of the <u>Health Services Act 2016</u> (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

# **11 Records Management**

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System.

#### **11.1 WACHS Document Control**

WACHS maintains a Records Manager (RM) filing structure in accordance with the Business Rules for Infrastructure RM Folders. RM is used to store all project records, documents or files that are of corporate value, showing what has taken place and why decisions were made. It also will be used to store documents that need to be reviewed or shared by other staff.

General Business Rules Principles include:

- All documents are to be named as per the Infrastructure Naming Conventions
- When a new version of a document is created, or updated, it should be saved as a new revision (on top of the existing version) in RM, keeping folders tidy, making it easy to locate and to use the most up-to-date document.
- When a document has been approved by the relevant pre-approval committees and / or had the appropriate delegation sign-off, it should be saved on top of the working document, as above

Printed or saved electronic copies of this policy document are considered uncontrolled. Always source the current version from <u>WACHS HealthPoint Policies</u>.

- When the approved copy of the document has been saved, the name must be changed to reflect the date of approval, as per naming conventions.
- All Final Endorsed Deliverable / Milestone documents (and supporting documentation, where applicable) must be saved to RM, including 'Final ENDORSED' and the date of endorsement in the title.
- Emails demonstrating key decisions should be saved in the folder the decision most relates to. If the email relates to more than one folder the email should be linked to the other folders.

#### **11.2 Department of Finance Document Control**

Department of Finance maintains four separate storage systems for project related information:

- Secure server for storage of all As Constructed CAD (computer aided design) drawings that is only accessed by three members of the DF Building Records and Technical Services Team.
- Building and Records Management RM filing structure for the PDF version of As Constructed drawings and manuals.
- Project and Contract Management system (PACMAN) for storage of key information such as cash flows and milestone dates.
- Project Management RM filing structure for storage of day to day project records.

# **12 Evaluation**

Evaluation of this policy is to be carried out by the Infrastructure Program Manager, Reporting and Systems. The following means or tools are to be used:

- Evidence of minutes of meetings of ISG, CPCG, PWG
- Project Closure Report
  - Status of the project as it is being closed out (risks and issues).
  - Project performance from a WACHS perspective.
  - Review key project activity success.
- Post Occupancy Evaluation Report
  - Facility planning and design and impact of the facility on the delivery of contemporary health care services.
  - Performance of the building/s.
  - Project processes including documentation, governance and key deliverables.
- Financial statements from AIP projects demonstrating budget compliance.

# 13 Standards

National Safety and Quality Healthcare Standards 1.29

Printed or saved electronic copies of this policy document are considered uncontrolled. Always source the current version from <u>WACHS HealthPoint Policies</u>.

# 14 Legislation

Health Services Act 2016

The legislation below, may also apply:

- Building Act 2011
- Building Services (Registration) Act 2011
- Building Services (Registration) Regulations 2011
- Financial Management Act 2006
- Public Works Act 1902
- Planning and Development Act 2005
- Occupational Health and Safety Act 1984
- State Supply Commission Act 1991
- Treasurer's Instructions
- Work Health and Safety Act 2011 (Cwlth)

#### 15 References

- WACHS Operational Plan 2016/17 2017/18
- WACHS ICT Plan 2015-2018
- Disability Access and Inclusion Plan 2015-202

# 16 Related Forms

- Client Initiated Variation Approval Form
- ICT Demarcation Plan
- FF&E Variation Approval Form

# **17 Related Policy Documents**

- WACHS <u>Strategy</u>, <u>Planning and Service Development Policy</u>
- WACHS <u>Record Management Policy</u>

# **18 Related WA Health System Policies**

- Infrastructure (Asset Management) Policy Framework
- WA Health Clinical Services Framework (CSF) 2014-2024
- WA Health Strategic Intent 2015-2020

# **19 Policy Framework**

#### **19.1 Mandatory Requirements**

Under the Infrastructure (Asset Management) Policy Framework HSPs must comply with all mandatory requirements including:

- Aboriginal Heritage Act 1972 OD 0654/16
- National Construction Code 2016
- <u>Strategic Asset Management Framework, Department of Treasury</u>
- The Government Heritage Property Disposal Process OD 0604/15
- WA Health Financial Management Manual

Printed or saved electronic copies of this policy document are considered uncontrolled. Always source the current version from <u>WACHS HealthPoint Policies</u>.

#### **19.2 Supporting information**

The following documents support and inform the implementation of the mandatory requirements:

- <u>Australasian Health Facility Guidelines</u>
- <u>Relevant Australian Standards</u>
- WA Health Facility Guidelines for Engineering Services

#### This information is available in alternative formats for a person with a disability.

Contact:	Program Manager - Reporting and Systems (C.Godden)		
Directorate:	Infrastructure	EDRMS Record #	ED-CO-14-33175
Version:	3.00	Date Published:	6 May 2020

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

#### © WA Country Health Service 2020

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

Printed or saved electronic copies of this policy document are considered uncontrolled. Always source the current version from WACHS HealthPoint Policies.