



## Campbelltown Hospital Redevelopment (CHR) Project

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### FFE/MME Project Plan

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## CONTENTS

<b>1</b>	<b>Project Overview .....</b>	<b>5</b>
1.1	Purpose of the FFE/MME Project Plan .....	5
1.2	Background .....	5
	Government Commitment .....	5
	Vision for Services .....	5
	Project Scope Requirements .....	6
1.3	FFE/MME Project Stakeholders .....	7
<b>2</b>	<b>Project Definition .....</b>	<b>8</b>
2.1	Furniture, Fittings and Equipment .....	8
2.2	Major Medical Equipment .....	9
2.3	Project Scope .....	9
2.4	Project Objectives .....	9
2.5	Systems and Equipment Key Principles .....	10
<b>3</b>	<b>Governance .....</b>	<b>10</b>
3.1	FFE Organisational Structure .....	10
3.2	FFE Project Control Group .....	11
3.3	FFE Selection Committee .....	12
3.4	Other FFE Sub-Committees .....	12
<b>4</b>	<b>Project Structure .....</b>	<b>13</b>
<b>5</b>	<b>Project Controls .....</b>	<b>18</b>
5.1	Escalation Process .....	18
5.2	Issue Log .....	18
5.3	Risk Register .....	18
5.4	Change Register .....	18
5.5	Reports .....	18
<b>6</b>	<b>Document and Version Control .....</b>	<b>19</b>
<b>7</b>	<b>Procurement &amp; Transfer Processes .....</b>	<b>19</b>
7.1	Commitment Approval Request Form (CAR) .....	19
7.2	Furniture, Fittings and Equipment Selections .....	19
7.2.1	FFE Group 1 Equipment .....	19
7.2.2	FFE Group 2 and 3 Equipment .....	21
7.2.3	Group 2 - Equipment Installation .....	22
7.2.4	Group 3 - Equipment Installation .....	22
7.3	Major Medical Equipment Selections .....	22
7.3.1	MME Group Categories .....	22
7.3.2	MME Group 1 Equipment .....	23
7.3.3	MME Group 2 Equipment .....	24
7.4	Transfer Equipment .....	25
7.4.1	Assessment of Equipment for Transfer .....	25

Criteria for assessing suitability: .....	25
7.4.2 Transfer FFE & MME Group 2 and Group 3.....	26
7.4.3 Transfer Equipment Installation.....	26
7.5 Changes to Agreed FFE Schedule .....	26
7.6 Procurement Process via HealthShare.....	26
<b>8 FFE &amp; MME Operational Commissioning .....</b>	<b>28</b>
8.1 FFE & MME Logistics.....	28
8.2 FFE & MME Post Delivery.....	29
8.3 FFE & MME Safety and Performance verification.....	29
8.4 FFE & MME Acceptance .....	29
8.5 FFE & MME Training and Orientation.....	30
8.6 Asset Management .....	30
8.7 Systems and Equipment Close Out Activities.....	30
<b>9 Appendices.....</b>	<b>31</b>
A. Terms of Reference FFE / MME Control Group	
B. Terms of Reference FFE / MME Selection Committee	
C. Commitment Approval Request (CAR) Form	
D. CAR Form Register	
E. Change Request Form	
F. Change Register	
G. Memorandum of understanding HS and HI for the purchase of FFE	
H. MME Procurement Roadmap Template	
I. MME Commissioning Roadmap Template	

### Acronyms and Glossary

Term	Definition
HI	Health Infrastructure
LHD	Local Health District
PM	Project Manager
HS	HealthShare
PA	Procurement Advisor
CAR	Commitment Approval Request
FFE	Furniture, Fittings & Equipment
MME	Major Medical Equipment
RMR	Repairs, Maintenance and Replacement
SOA	Standing Offer Agreement



## 1 Project Overview

### 1.1 Purpose of the FFE/MME Project Plan

The purpose of this FFE/MME Project Plan (the Plan) is to formally document the work required to enable Health Infrastructure (HI) and South Western Sydney Local Health District (LHD) to deliver Furniture Fittings and Equipment (FFE) for the Campbelltown Hospital Redevelopment. It serves to commence a controlled start by:

- Defining the scope of the project;
- Ensuring project management authorities exist;
- Formalising Terms of Reference; and
- Appointing individuals to undertake project work.

This Plan defines the structure of the project by identifying what needs to be done, who will undertake the tasks and how deliverables will be implemented.

### 1.2 Background

#### Government Commitment

In May 2017, the Local Health District Board approved the Campbelltown Hospital Redevelopment Stage 2 project (the CHR Project) as the number one Capital Works Priority over the next 10 years. The Asset Strategic Plan (ASP) identifies the CHR Project as a single stage development to be delivered within the 2017-2026 planning horizon to address the rapid population growth and future role of Campbelltown Hospital within the South West Sydney Local Health District (SWSLHD, or LHD) network.

The NSW Government announced in the 2017/18 NSW State Budget \$632 million for the Campbelltown Hospital Redevelopment Stage 2, including a boost to paediatrics and mental health services. More specifically, the CHR Project will include:

- Expanded paediatric services including more inpatient beds;
- Enhanced mental health inpatient and community support services;
- Additional Emergency Department (ED) capacity;
- More medical imaging equipment including an additional CT scanner;
- Additional capacity in intensive care;
- More medical, surgical and maternity beds; and
- More clinical rooms and treatment spaces for ambulatory care.

This announcement follows on from the earlier NSW Government \$134 million capital works allocation which supported the Campbelltown Hospital Stage 1 Redevelopment project completed in 2015.

#### Vision for Services

The SWSLHD long term Vision for Services for its hospital network is 'Leading Macarthur to Better Health'.

Campbelltown Hospital is pivotal to the Macarthur Health Neighbourhood which incorporates Camden Hospital and Oran Park Integrated Health Hub, in delivering an increased health care service to treat its community locally.

The new SWSLHD Strategic Plan (2018-2021) identifies six (6) Strategic Directions which will influence a plethora of strategies aimed at supporting the implementation of this Vision:

- Safe, Quality Care;
- A Healthy Community;
- Collaborative Partnerships;
- A Healthcare System of the Future;
- Our People Make a Difference; and
- A Leader in Research and Teaching.

### Project Scope Requirements

The CHR Project needs to address the CSP Core Clinical Service Development Directions and Key Infrastructure Priorities to **2026/27**. It should be noted that the outcome of the CHR Project to 2026/27 provides the foundation for service development in line with the CSP, however the projected capacity to 2031 will rely on subsequent investment.

The projected infrastructure requirements to 2026/27 (and 2031/32) are outlined in the table below.

Campbelltown Hospital: Projected Infrastructure Requirements – 2016/17 to 2026/27

Care Type	Clinical Unit	2016/17	2026/27	2031/32
<b>Acute</b>	Emergency Short Stay	10	25	30
	ICU	12	30	35
	Surgical	83	105	117
	High Volume Short Stay Surgical Unit	0	20	30
	Medical	159	223	273
	Maternity	30	68	72
	Paediatric	22	71	77
	SCN	16	31	34
	<b>Sub-Total Overnight Acute</b>	<b>332</b>	<b>573</b>	<b>668</b>
	Surgical	9	26	27
	High Volume Short Stay Surgical Unit	0	15	20
	Medical	29	52	60
	Maternity	0	2	2
	Paediatric	3	18	21
	<b>Sub-Total Day Only Acute</b>	<b>41</b>	<b>113</b>	<b>130</b>
	Adults: Hospital-in-The-Home (HiTH)	15	31	37
	Paediatrics: Hospital-in-The-Home (HiTH)	6	9	10
<b>Total Acute</b>		<b>394</b>	<b>726</b>	<b>845</b>
<b>Mental Health</b>	Acute Adolescent	10	16	18
	PECC	6	6	6
	Acute Adult – Gender Specific	8	16	20
	Mental Health Intensive Care Unit	0	5	10
	Acute Adult	22	22	22
	Acute Youth	20	20	20
	Acute Older Persons	0	10	20
<b>Sub-Total Overnight Mental Health</b>	<b>66</b>	<b>95</b>	<b>116</b>	
<b>Total Beds (Acute &amp; Mental Health)</b>		<b>460</b>	<b>821</b>	<b>961</b>
<b>Ambulatory</b>	Renal Dialysis	13	22	24
	Clinic/Treatment Rooms	34	45	50
	Dental Chairs	0	15	20
	Emergency Department	50	82	93
	Operating Theatres	7	12	15
	Procedure Rooms	4	4	4
	Cardiac Catheter Laboratories	2	3	4
	Endovascular & Interventional Vascular	0	1	2
	Interventional Radiology	0	2	4
	Delivery Suites	10	15	17
Chemotherapy	10	24	30	
Radiotherapy Linacs	2	4	5	

Care Type	Clinical Unit	2016/17	2026/27	2031/32
<b>Total Ambulatory Services</b>		<b>132</b>	<b>229</b>	<b>268</b>
<b>Total Medical Imaging Modalities</b>		<b>17</b>	<b>49</b>	<b>59</b>
<b>Total Nuclear Medicine Modalities</b>		<b>0</b>	<b>9</b>	<b>14</b>

### 1.3 FFE/MME Project Stakeholders

Stakeholder	Roles and Responsibilities
Health Infrastructure (HI)	<p><b>Role:</b> HI is the agency charged with delivery of the facility on behalf of NSW Ministry of Health (MoH) providing direction, support and management overview of the FFE process and is the budget holder for all Group 2 and Group 3 items.</p> <p><b>Responsibilities:</b></p> <ul style="list-style-type: none"> <li>Chair the FFE Control Group meetings;</li> <li>Provide final review and approval for the CAR forms authorising the LHD and Hansen Yuncken to place orders; and</li> <li>Provides strategic advice on FFE planning, selection and procurement.</li> </ul>
FFE Project Officer	<p><b>Role:</b> The FFE Project Officer is responsible for the overall management of the FFE schedule, equipment selection process, stakeholder engagement and procurement for all Group 2 and Group 3 items.</p> <p><b>Responsibilities:</b></p> <ul style="list-style-type: none"> <li>Assist in the development of the FFE schedule and the ongoing management of schedule;</li> <li>Consultation, negotiation and management of key stakeholders both internal and external;</li> <li>Prepare and manage the Commitment Approval Request (CAR) form process;</li> <li>Facilitate and chair the FFE Selection committee and User Group meetings;</li> <li>Manage the selection, sign off and procurement of all Group 2 and Group 3 items; and</li> <li>Manage delivery of all Group 2 and Group 3 on time and on budget in line with the main build program of works.</li> </ul>
Local Health District	<p><b>Role:</b> The <i>South Western Sydney Local Health District</i> and Campbelltown Hospital is the relevant client party consulted with for this project and will be the user of the facility at the completion of the project.</p> <p><b>Responsibilities:</b></p> <ul style="list-style-type: none"> <li>Participation in the FFE Selection Committee and User Group meetings to identify, select and endorse equipment for use in the facility.</li> </ul>
Project Manager (PM) – <i>Root Partnerships</i>	<p><b>Role:</b> <i>Root Partnerships</i> the project management company is charged with overseeing and monitoring the overall project delivery, contractor engagement and FFE process.</p> <p><b>Responsibilities:</b></p> <ul style="list-style-type: none"> <li>Provides the FFE schedule for endorsement;</li> <li>Reporting actuals against the budget;</li> <li>Minutes the FFE Control Group meetings; and</li> <li>Endorses FFE selections/CAR forms for purchase.</li> </ul>
Contractor	<p><b>Role:</b> The Contractor is responsible for the procurement of all Group 1 items and the co-ordination, delivery and installation of all Group 1 and Group 2 non-clinical items.</p> <p><b>Responsibilities:</b></p>



	<ul style="list-style-type: none"> <li>• Prepare, log and seek approval of Group 1 CAR forms;</li> <li>• Manage the FFE program for Group 1 and Group 2 items, lead times and installation dates; and</li> <li>• Provision of services and spatial requirements for Group 2 and 3 items.</li> </ul>
HealthShare (HS)	<p><b>Role:</b> HealthShare is engaged by Health Infrastructure to raise and receipt all purchase orders as per the CAR form for all Group 2 and 3 equipment, making use of government contracts established with suppliers for NSW Health.</p> <p><b>Responsibilities:</b></p> <ul style="list-style-type: none"> <li>• Process CAR forms and issue Purchase Orders to suppliers; and</li> <li>• Receipt invoices against the purchase orders upon confirmation of delivery.</li> </ul>
Procurement Advisor (PA)	<p><b>Role:</b> The Procurement Advisor (PA) (i.e. HealthShare) is engaged by HI to facilitate the selection of all Group 1 and Group 2 Major medical Equipment.</p> <p><b>Responsibilities:</b></p> <ul style="list-style-type: none"> <li>• Facilitate selection of Group 1 and 2 Major Medical Equipment; and</li> <li>• The PA may also be engaged as the Commissioning Advisor (CA) to facilitate the User Acceptance Testing.</li> </ul>
Commissioning Advisor (CA)	<p><b>Role:</b> The Commissioning Advisor (CA) (i.e. HealthShare) is engaged by HI to facilitate the User Acceptance Testing (UAT) of all Group 1 and Group 2 Major medical Equipment.</p> <p><b>Responsibilities:</b></p> <ul style="list-style-type: none"> <li>• Ensure Major Medical Equipment is delivered and installed as per the Purchase order, is functioning correctly, is safe for use, is in accordance with HS Standing Offer Agreements and fit for purpose;</li> <li>• Develop a UAT test protocol with the users. Attend site and work together with the MME Vendor(s) and the LHD representatives to undertake the UAT as per the UAT test protocol;</li> <li>• Review user and technical training;</li> <li>• Defects management and Warranty period confirmation;</li> <li>• LHD Maintenance Plan (AFM online) – ensure that the MME Vendor(s) have access and have uploaded all required documentation to the appropriate platform (i.e. OMTRAK-WebFM) plus ensuring the appropriate LHD representative have access to the platform; and</li> <li>• The PA may also be engaged as the CA.</li> </ul>

## 2 Project Definition

The project is defined as the procurement, delivery and commissioning of Furniture, Fittings and Equipment (FFE); and Major Medical Equipment (MME) into the new build of the facility ready for operation of clinical and non-clinical services.

### 2.1 Furniture, Fittings and Equipment

Furniture Fittings and Equipment (FFE) forms an integral part of a project. In general terms FFE relates to movable furniture, fixtures or other equipment that have no permanent connection to the structure of a building or utilities.



The FFE scope is defined during the Project Definition Plan (PDP) phase and the FFE for each project will vary in some way depending on the service type, region and/or level of service delivery required. Layers of additional detail are applied during Detailed Design (DD) and through User Groups.

## 2.2 Major Medical Equipment

Major Medical Equipment (MME) forms an essential part of the systems and equipment required for the operation of any hospital, large or small.

MME includes high cost clinical diagnostic and treatment electro medical items that may require, but not limited to specialist consultation, power, water, services, air conditioning, exhaust, steam and live network connections to be operational prior to installation.

As such MME may include such equipment as linear accelerators, medical imaging equipment, major monitoring, etc. MME may also include non-clinical equipment such as sterilising equipment, water treatment equipment and other items of plant.

*Note: The Procurement of all ICT items is excluded from the FFE/MME Procurement Process. The ICT Project Control Group will take responsibility over the ICT procurement in line with the ICT strategy for the project.*

## 2.3 Project Scope

The scope of the Project covers:

New Group 1 Equipment	Items supplied and fixed by the Contractor
New Group 2 Equipment	Items supplied by the LHD Project Team and fixed by the Contractor
New Group 3 Equipment	Items supplied and installed by the LHD/Project Team
Group 2 and 3 Transfer Equipment	Items fixed or loose that are moved from the old facility into the new. Group 2T items are supplied by the LHD and fixed by the Contractor. Group 3T items are supplied and installed by the LHD into the new facility
New Group 4 Equipment	Items funded and supplied by the LHD, these are items required to establish the clinical service (e.g. Paper towel, toilet paper etc.), these items fall outside of the Capital Budget for the project.  These items do not form part of the FFE/MME Project Plan, and will be addressed in the Commissioning and Operational planning phase.

*\*Refer to page 20 for a detailed description of Major Medical Equipment categories*

## 2.4 Project Objectives

The objective of the Project is to:

- Establish the correct FFE lists have been finalised;
- Coordinate the Users to select FFE make and models within Project timeframes;
- Manage the procurement and delivery of new items by HealthShare;
- Prepare for the transfer of any Group 2,3 equipment;
- Manage the delivery and sign off of new equipment;
- Manage the transfer of FFE;



- Manage any biomedical testing requirements; and
- Monitor third party testing requirements.

## 2.5 Systems and Equipment Key Principles

The key principles for FFE and Major Medical Equipment (MME) have been defined as the following:

- The project is responsible for providing all FFE and MME resulting from additional services created through new or refurbished works;
- The cost of relocating and commissioning existing equipment which is to be transferred to a new location, will be a project cost;
- During the life of the project the cost of replacing and maintaining existing FFE and MME items scheduled for transfer, that reach their 'end of life' or are due for routine maintenance is the responsibility of Campbelltown Hospital and the South Western Sydney Local Health District; and
- "Tools of the Trade" and consumables (Group 4) items are the responsibility of the LHD to ensure funding is available and procurement has been carried out and completed in time for installation during the operational commissioning phase.

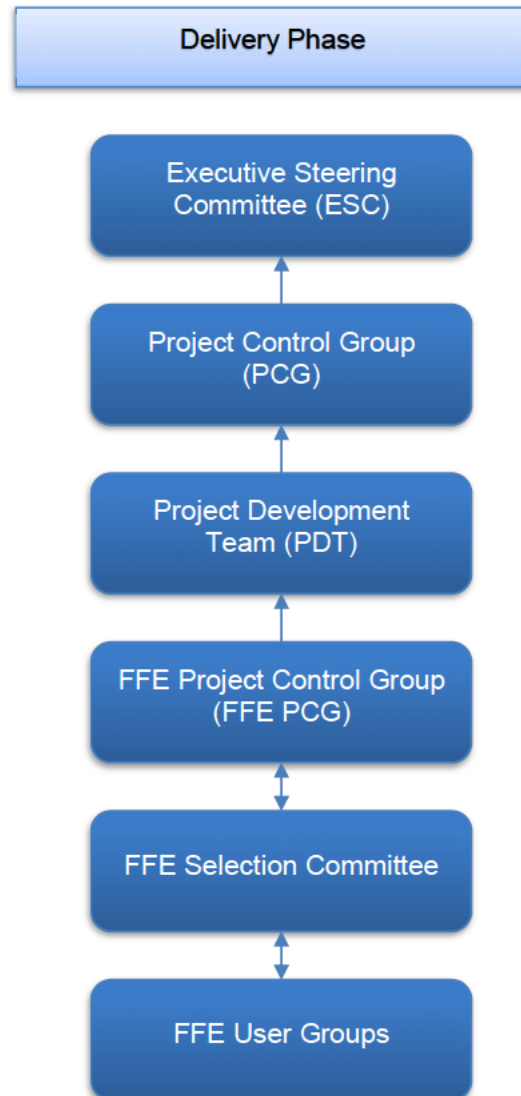
## 3 Governance

The governance structure outlined in this document describes the decision-making hierarchy of the FFE Project. *Note: The FFE committee hierarchy must adhere to existing project governance structures*

### 3.1 FFE Organisational Structure

The following Project and FFE integrated Governance Structure will be established for the Implementation Phase of the project.

The structure is as follows:



Refer to the Project Governance Structure Document for a detailed explanation of each of the committees shown in the organisational chart.

### 3.2 FFE Project Control Group

The FFE Project Control Group (FFE PCG) is responsible for providing strategic direction, issue resolution and monitors the overall progress of FFE selection and delivery as managed by the FFE Selection Committee. The group is also responsible for verifying the final forecast cost of FFE items against the total agreed budget.

Where the FFE PCG requires further direction or approval outside of their responsibilities, such endorsements must be taken to the Project Control Group for escalation up to the Executive Steering Committee (ESC) as required.

Key responsibilities:

- Verify and agree the correct FFE lists;
- Review and endorse the CAR forms against the approved FFE schedule once endorsed by the FFE Selection Committee;
- Report the status of FFE procurement including budget, program and risks to the PCG; and
- Manage emerging issues and risks.

**Appendix A:** *Terms of Reference FFE Project Control Group*

### 3.3 FFE Selection Committee

The purpose of the FFE Selection Committee is to direct and manage the overall process of delivering FFE into the new facility.

The group will communicate the FFE requirements ensuring all FFE is selected, procured, delivered and transferred in accordance with the approved budget and project program. The group provides strong direction and guidance to the operational committees and user stakeholders to ensure their resources have defined deliverables completed on time and to an agreed level of quality.

The FFE Selection Committee membership includes the appropriate heads of department that need to be consulted and who provide approval of the final selected FFE items. The FFE Selection Committee is chaired and managed by the FFE Officer with support from the Change Manager appointed to the project by the relevant User Group.

**Appendix B:** *Terms of Reference FFE Selection Committee*

### 3.4 Other FFE Sub-Committees

From time-to-time the Project Delivery Team may require other FFE sub committees to be formed, to manage specialist training requirements, or to meet the demands of a commissioning timeframe more quickly and efficiently. All FFE/MME Subcommittees will ultimately report to the FFE Project Control Group.

## 4 Project Structure

The procurement of FFE will be divided into high level project stages with key milestones and deliverables and prescribed management steps.

The Project stages and high-level deliverables for new transfer equipment are shown in Table 1 below.

**Table 1: Project Structure: Stages and High-Level Deliverables during Contract Administration**

GROUP 1 ITEMS		
DELIVERABLE	DESCRIPTION	RESPONSIBILITY
Make & Model Selected	MME items- Date the Contractor needs to know make and model (Note: the Principal's Documents may have identified these specification)	Project Manager ( <i>Root Partnerships</i> ) obtains from the Contractor ( <i>Insert Contractor</i> )
	Selection Approval Forms prepared by the Contractor for those items with clinical or functional impact for which the LHD need to be consulted	Contractor ( <i>Insert Contractor</i> )
	Selection Approval forms endorsed and make and model agreed	Project Manager ( <i>Root Partnerships</i> ) coordinates LHD
Equipment Procured	Purchase order placed by the Contractor	Contractor ( <i>Insert Contractor</i> )
Delivery Preparation	Equipment Tracking System set up. Asset Management System Prepared	LHD (Project Team & LHD)
	Sign off Resources allocated	LHD (Project Team & LHD)
	Sign off Strategy and Schedule prepared	Contractor ( <i>Insert Contractor</i> )
	Delivery Program prepared	Contractor ( <i>Insert Contractor</i> )
	Training Plan prepared	Contractor ( <i>Insert Contractor</i> )
	Biomedical Testing Schedules prepared	Contractor ( <i>Insert Contractor</i> )
Item Delivery & Commissioning Activities	Delivered equipment verified as correct, goods receipted	Contractor ( <i>Insert Contractor</i> )
	Electrical Tested and Tagged	Contractor ( <i>Insert Contractor</i> )
	Biomedical Tested and Tagged	Contractor ( <i>Insert Contractor</i> )
	All items installed	Contractor ( <i>Insert Contractor</i> )
	Staff orientation and training for Project Team & LHD Super Users	Contractor ( <i>Insert Contractor</i> )
	Vendor payment	Contractor ( <i>Insert Contractor</i> )
Sign Off & Handover	Sign off FFE allocated	Contractor ( <i>Insert Contractor</i> ) & LHD (Project Team)
	Data migrated to the Asset Management System	LHD (Project Team & LHD)
	Equipment signed over to Hospital Operations	LHD

GROUP 2 ITEMS		
DELIVERABLE	DESCRIPTION	RESPONSIBILITY
Make & Model Selected	CAR forms prepared for new FFE items	FFE Project Officer
	CAR form submitted to the FFE Selection Committee to be endorsed and make and models agreed	FFE Project Officer & FFE Selection Committee
	CAR form final endorsement	Project Manager ( <i>Root Partnerships</i> ) & Project Director (HI)
Equipment Procured	CAR form issued to HealthShare for the purchase order to be raised	FFE Project Officer
	Purchase order raised and sent to vendor	HealthShare
	FFE Cost Reporting submitted to HI	FFE Project Officer
Delivery Preparation	Equipment Tracking System set up. Asset Management System prepared	LHD (Project Team & DHS)
	Sign off Strategy and Schedules prepared	FFE Project Officer, Project Manager ( <i>Root Partnerships</i> ) & Contractor ( <i>Insert Contractor</i> )
	Delivery Program for new items prepared	Contractor ( <i>Insert Contractor</i> )
	Training and Orientation Plan prepared	LHD (Project Team & FFE Officer)
	Biomedical Testing Schedules prepared for new and transfer equipment	LHD (FFE Project Officer & LHD)
	Dates for transfer equipment to be moved agreed with the LHD	LHD (Project Team & LHD), Project Manager ( <i>Root Partnerships</i> ) & Contractor ( <i>Insert contractor</i> )
	Decommissioning & Decontamination Schedule prepared for transfer items	LHD (Project Team & DHS)
	Relocation Schedule prepared for transfer items	LHD (Project Team)
	Delivered equipment verified as correct, goods received	FFE Project Officer
Item Delivery & Commissioning Activities	Electrical equipment Tested and Tagged	FFE Project Officer & LHD
	Biomedical equipment Tested and Tagged	FFE Project Officer & LHD
	Items delivered to the Contractor for installation	FFE Project Officer & Contractor ( <i>Insert contractor</i> )
	Equipment installed by the Contractor	Contractor ( <i>Insert contractor</i> )
	Vendor payment.	HI & HealthShare
	Staff Orientation and Training for new equipment items	LHD (Project Team)
	Transfer equipment items located and tagged	LHD (FFE Project Officer & LHD)
	Transfer equipment decommissioned and decontaminated (old site)	LHD (Project Team & LHD)

	Transfer equipment packed ready for moving to the new location	LHD
	Transfer equipment relocated to the new site	LHD (Project Team) & Contractor ( <i>Insert contractor</i> )
	Electrical Tagging and testing carried out on transferring equipment if required.	Contractor ( <i>Insert contractor</i> )
	Biomedical Tagging and testing of transferring equipment as required.	LHD
Sign Off & Handover	Sign off FFE Allocated	Contractor ( <i>Insert contractor</i> ) & LHD (Project Team & LHD)
	Data Migrated to Asset Management System	LHD (Project Team & LHD)
	Equipment signed over to Hospital Operations	LHD (Project Team & LHD)



GROUP 3 ITEMS		
DELIVERABLE	DESCRIPTION	RESPONSIBILITY
Make & Model Selected	CAR forms prepared for new FFE items	FFE Project Officer
	CAR form submitted to the FFE Selection Committee to be endorsed and make and models agreed	FFE Project Officer & FFE Selection Committee
	CAR form final endorsement	Project Manager ( <i>Root Partnerships</i> ) & Project Director (HI)
Equipment Procured	CAR form issued to HealthShare for the purchase order to be raised	FFE Project Officer
	Purchase order raised and sent to vendor	HealthShare
	FFE Cost Reporting submitted to HI	Project Manager ( <i>Root Partnerships</i> )
Delivery Preparation	Equipment Tracking System set up. Asset Management System prepared	LHD (Project Team & LHD)
	Sign off Strategy and Schedules prepared	FFE Project Officer, Project Manager ( <i>Root Partnerships</i> ) & Contractor ( <i>Insert contractor</i> )
	Delivery Program in line with main construction works, date to be provided by the Contractor	Contractor ( <i>Insert contractor</i> )
	Delivery and Logistics Plan developed for FFE items	FFE Project Officer
	Resource identified and engaged to carry out the relocation of the transferring equipment	LHD (Project Team)
	Training and Orientation Plan prepared	LHD (Project Team & FFE Officer)
	Biomedical Testing Schedules prepared for new and transfer equipment	LHD (FFE Project Officer & LHD)
	Dates for transfer equipment to be moved agreed with the LHD	LHD (Project Team & LHD)
	Decommissioning & Decontamination Schedule prepared for transfer items	LHD (Project Team & LHD)
	Relocation Schedule prepared for transfer items	LHD (Project Team)
	Transfer items identified/located and tagged	LHD (FFE Officer & LHD)
Item Delivery & Commissioning Activities	Delivered equipment verified as correct, goods receipted	FFE Project Officer
	Electrical equipment Tested and Tagged	FFE Project Officer & LHD

	Biomedical equipment Tested and Tagged	FFE Project Officer & LHD
	Items delivered and installed to site as per the FFE Master Schedule & Room Data Sheets	FFE Project Officer & Equipment Vendors
	Vendor payment	HI & HealthShare
	Staff Orientation and Training for new equipment items	LHD (Project Team)
	Transfer equipment items located and prepared for transfer (old site)	LHD (FFE Project Officer & LHD)
	Transfer equipment decommissioned and decontaminated (old site)	LHD (Project Team & LHD)
	Transfer equipment packed ready for relocation to the new facility	LHD
	Transfer equipment relocated to the new site	LHD (Project Team) & Relocation Resource
	Electrical Tagging and testing carried out on transferring equipment if required	LHD (FFE Project Officer & LHD)
	Biomedical Tagging and testing of transferring equipment as required	LHD
Sign Off & Handover	Sign off FFE Allocated	LHD (FFE Project Officer & LHD)
	Data Migrated to Asset Management System	LHD (Project Team & LHD)
	Equipment signed over to Hospital Operations	LHD
	'Go Live' in the new facility	LHD

## 5 Project Controls

### 5.1 Escalation Process

The following hierarchy with respect to decision making and escalation apply.

- The FFE Project Officer is responsible for and resolves day-to-day issues;
- Risks and issues beyond the authority of the FFE Officer are escalated to the FFE PCG; and
- Risks and issues beyond the authority of the FFE PCG may be raised to the project PCG and ESC for input and assistance in resolution via the Project Manager.

### 5.2 Issue Log

The FFE Project Officer owns and maintains the Issue Log. FFE Selection Committee Members will report issues to their FFE Project Officer, who will register in their Issue Log.

All issues will be tracked via the Issue Log. The FFE PCG will review and update issues, monthly.

### 5.3 Risk Register

The Chair of the FFE Project Control Group is the owner of the Risk Register.

The Project Risk Assessment will be used to identify, analyse and respond to each risk. The assessment will develop options, determine actions to respond to a risk, assign owners who will take ownership of tracking the risk, communicating early indicators, and executing responses.

### 5.4 Change Register

After the FFE/MME Master Schedule is endorsed and locked down, a Change Request will need to be submitted for approval for any equipment change resulting from User Group updates to the FFE, MME & ICT lists.

The FFE Project Officer is responsible for preparing the change request and submitting to the Project Manager who will table the requests at the PCG for approval.

All Change Requests need to be documented in the Change Register and once endorsed by the PCG updated on the Master FFE Schedule, and submitted to the Contractor for updating in the dRofus data base.

### 5.5 Reports

The following reporting procedure will be applied during the Project:

#### ***Highlight Reports – Project Manager to Health Infrastructure***

The Project Manager (Root Partnerships) provides monthly FFE Highlight Reports which review the status and progress of the project, escalates risks and decisions and requests strategic direction.

Root Partnerships are informed by Monthly Reports provided by the FFE Project Officer. This report will include status updates of CARs and the budget, based on commitments made to date, and items to be committed.



### **Budget Reports – FFE Officer to Project Manager and Project Delivery Team**

The FFE Project Officer should maintain a clear understanding of the FFE costs against the project FFE allowance in order to report back to the FFE PCG on a monthly basis.

## **6 Document and Version Control**

Upon finalisation of design development (DD) documentation for the Project, the FFE Master Schedule developed in the dRofus system (linked to BIM model) is to be finalised and signed off by the FFE Project Control Group. At this time the FFE Project Officer becomes the owner and maintainer of the FFE Master Schedule and associated budget.

Inputs regarding FFE into the FFE Master Schedule whether it be item selections, specifications or changes will be controlled by the FFE Project Officer, any changes that are identified throughout the selection process need to be formally fed back to the Contractor for updating in the dRofus data base, these changes should be informed by the FFE List Change Register kept for the Project.

The maintaining of all information in FFE Master Schedule inclusive of CAR forms, orders submitted to HealthShare, purchase orders, delivery dates and FFE delivered is the responsibility of the FFE Project Officer.

Day to day cost tracking and cost reporting is managed by the FFE Project Officer and the Project Manager via the FFE Budget Template.

## **7 Procurement & Transfer Processes**

### **7.1 Commitment Approval Request Form (CAR)**

For all FFE items to be procured for the project a CAR form is compiled, this form includes important information regarding the make, model, specification, unique ID's, locations and quantities. The CAR form and the supporting documentation including samples, demonstrations, quotes and brochures are presented to the FFE Selection Committee for consideration.

Once FFE Selection Committee has verified the selected equipment meets Infection Prevention and Control, Work Health and Safety and other requirements, the CAR form is signed by appropriate personnel and submitted to Health Infrastructure for final approval to purchase.

The completed CAR form is recorded on the CAR Register and forwarded to HealthShare (HS) for a purchase order to be raised. The FFE Project Officer is responsible for tracking the CAR form through each procurement stage to completion/delivery into the building.

**Appendix C:** *Commitment Approval Request Form (CAR)*

**Appendix D:** *CAR Form Register template*

### **7.2 Furniture, Fittings and Equipment Selections**

#### **7.2.1 FFE Group 1 Equipment**

Group 1 items are procured, delivered and installed by Contractor.

#### **Contractual Requirements**

Contractor is required to provide and install Group 1 items in accordance with the FFE schedules and Contract Documents.



These requirements include for the:

- Contractor to supply and install equipment as specified by the Contract documents;
- Contractor and the LHD must agree on selected items Contractor must provide samples for XXX;
- Contractor must then provide those samples for the LHD consideration;
- Contractor must provide the LHD with the opportunity to participate and comment on the finalisation of items (should there be alternates put forward for equipment specified, such as in the event of discontinued specified items) via the publication of Sample Review forms for items as selected by the User; and
- User approval and publication of Sample Review form is not required for all items, only selected items as nominated by the LHD.

There are generally a very large number of Group 1 items in the FFE list for new facilities and many are general items such as fixed joinery, blinds, storage room shelving etc. therefore an agreement will need to be reached regarding the items that will be presented for review.

#### **Equipment Selection**

A kick off meeting of the FFE Selection Committee is to be convened in order to review the list of Group 1 items and agree items and that Contractor must provide samples for.

The Contractor, together with the FFE Officer and Project Manager (Root Partnerships), will compile the required Sample Review forms which include make, model, specifications, brochures and quantities, of Group 1 items not already specified within the Contract Documentation. The Sample Review form and supporting documentation will be finalised through the normal process outlined via the FFE Selection Committee.

The Selection Committee, chaired by the FFE Project Officer (attended by the Project Manager (Root Partnerships)) will convene on a monthly basis to review the items presented for consideration by Contractor.

The Selection Committee will respond in one of three ways:

1. Request additional information from Contractor (Contractor provides additional information);
2. Indicate the item is satisfactory to the User and Contractor (Contractor then procures this item); and
3. Indicate the item is not satisfactory to the User and the reasons why (Contractor decides whether or not to provide an alternative and if so the evaluation process begins again).

Once a Sample Approval form is submitted via Aconex in final draft by the Contractor to the FFE Project Officer and the Project Manager (Root Partnerships), the FFE Project Officer, with the input of the FFE Selection Committee, will make a recommendation to the Project Manager (Root Partnerships) and the Project Director (HI). Any disputes over rejected items will be resolved by the FFE Project Officer and the Project Manager.

Should the LHD believe that a change is required to a Group 1 selection, which differs to that which has been specified in the Contract Documentation, a Change Request form is required to be submitted for assessment by the Project Manager and Health Infrastructure. The Change Request will be reviewed for effects including cost, and presented if appropriate to the FFE PCG for direction or endorsement and ultimately, with the ESC for approval if required.

#### **Appendix E: Change Request Form**



### ***Equipment Procurement, Delivery and Installation***

Contractor manages the procurement, delivery and installation of these items.

#### **7.2.2 FFE Group 2 and 3 Equipment**

New Group 2 items are selected and procured by the User and delivered to site for installation by the Contractor.

#### ***Contractual Requirements***

Group 2 items will be supplied free of charge to Contractor for installation and commissioning at the new facility in accordance with the Contractors Construction Programme.

These are clinical and non-clinical items that either need a “final installation drawing” to agree room layout or are items that need to be connected to power, water or are fixed to the wall.

Items selected and finalised by the FFE Selection Committee are ordered via HealthShare through the provision of finalised CAR forms and quotations as prepared by the FFE Project Officer and FFE Selection Committee.

Prioritisation of the selection of Group 2 Major Medical Equipment items needs to be determined by the FFE Project Control Group to ensure reduced risk and increased coordination, as part of the design finalisation process by the Contractor.

#### ***Equipment Selection***

To select the make and model of Group 2 and 3 equipment, the FFE Project Officer compiles a CAR form that includes make, model, specifications, brochures and quantities and submits it to the FFE Selection Committee. All information including samples, demonstrations, quotes and brochures is presented to the group for consideration.

Importantly, the items selected must be approved by the appropriate LHD department heads and representatives such as Infection Control, Nursing, Biomedicine, Engineering or ICT.

The FFE Selection Committee managed by the FFE Project Officer will respond in one of three ways:

1. Request additional information from the LHD (LHD provides additional information);
2. Approve the item (the FFE Project Officer then procures this item);
3. Reject the item and advise the reasons why (the FFE Project Officer then provides alternative selections for evaluation).

Any disputes over rejected items will be resolved by the FFE Project Officer and the Project Manager or escalated to the FFE Project Control Group.

Once the FFE Selection Committee has verified that the make and model meets infection control, OHS and any other LHD requirements, the CAR form is signed by appropriate LHD representatives, tabled at the FFE Control Group and submitted to Health Infrastructure for approval to purchase.

Any leased equipment items will be recorded on the FFE schedule. Procurement will be subject to a detailed benefits analysis of capital and recurrent cost prior to commitment.

#### ***Equipment Procurement***

If the items on the signed CAR form are on the final list and within the approved budget, HI approves the CAR and authorises HealthShare to place the order.



### **Equipment Delivery**

Group 2 - The FFE Project Officer will ensure that Group 2 items are delivered to the appropriate location on site. The delivery of these items needs to be communicated to the contractor and the items made available as required in the construction program.

Group 3 – The FFE Project Officer will manage the delivery of these items to site during the Operational Commissioning phase.

### **Compliance review with documentation**

In specifying the item and calling for its approval, the FFE Project Officer will need to ensure that the item is fit for purpose with respect to the Contract Documents, i.e.

1. Does the item fit in the designed space?
2. Does the item have access to the relevant and necessary services, already within the design?
3. Does the item have an increased heat load that could impact upon the mechanical heat load calculations?
4. Does the item have an electrical demand, what are the designated supply load and/or circuit breaker and cabling requirements?
5. Does the item have enough ventilation in its location as currently designed?

The selection of equipment must be appropriate for the signed off Design Development documents, and if it is not, approval must be sought by the PCG via a brief which confirms the cost impacts. This can only be escalated to the PCG following the endorsement by the FFE Control Group.

#### **7.2.3 Group 2 - Equipment Installation**

The Contractor will manage the installation on site and are responsible for the electrical tagging and performance verification of these items.

#### **7.2.4 Group 3 - Equipment Installation**

The FFE Project Officer will be responsible for arranging the installation on site, asset tagging, electrical safety tested and performance verified by Biomedical Engineering (clinical items only) of these items.

### **7.3 Major Medical Equipment Selections**

#### **7.3.1 MME Group Categories**

The MME scope is defined as follows:



MME New Group 1 Equipment	<p>Items are selected by the Project and procured by the Contractor:</p> <ul style="list-style-type: none"> <li>• The Contractor is required to make use of HS Standing Offer Agreement (SOA) from which the MME was selected;</li> <li>• The MME vendor should be notified if additional Contractor terms and conditions may apply in addition to the requirements of the SOA;</li> <li>• The Contractor manages the Construction Program, constructs the MME room and required services, and liaises with the MME vendor who will deliver and install the equipment;</li> <li>• A Procurement Advisor (PA) is engaged by HI to facilitate the selection of the MME by the Selection Committee; and</li> <li>• A Commissioning Advisor (CA) is engaged by HI to ensure MME is delivered and installed as per the purchase order, is fit for purpose and in accordance with HS SOA.</li> </ul>
MME New Group 2 Equipment	<p>Items are selected and procured by the Project:</p> <ul style="list-style-type: none"> <li>• The Contractor manages the Construction Program, constructs the MME room and required services, and liaises with the MME vendor who will deliver and install the equipment;</li> <li>• A Procurement Advisor (PA) is engaged by HI to facilitate the selection of the MME by the Selection Committee;</li> <li>• A Commissioning Advisor (CA) is engaged by HI to ensure MME is delivered and installed as per the purchase order, is fit for purpose and in accordance with HS SOA;</li> <li>• MME Transfer Group 2 Equipment - Items fixed or loose that are moved from the old facility into the new; and</li> <li>• The Contractor manages the Construction Program, constructs the MME room and require services, and liaises and co-ordinates with the MME vendor who will be engaged by the Project to transfer and install the equipment.</li> </ul>

### 7.3.2 MME Group 1 Equipment

New Group 1 items are selected by the MME Selection Committee and procured by the Contractor. The Contractor will manage the MME Vendor who will deliver and install the MME.

#### **Contractual Requirements**

Contractor is required to deliver and manage the completion of MME rooms whereby the MME is categorized as Group 1 items.

The “HI engaged PM/ LHD MME Project Officer / LHD FFE Project Officer” will manage the selection of the MME Group 1 items which will be decided by the MME Selection Committee and FFE Contract Documents.

Contractor procures and manages the MME vendor who delivers and installs the MME. The Procurement process will be clearly articulated in the Contractor’s contract.

Contractor must have a ready site to enable the MME vendor to deliver and install their equipment otherwise MME storage costs may apply.

#### **Equipment Selection**

“HI engaged PM/ LHD MME Project Officer / LHD FFE Project Officer” will manage the MME Selection Committee who will make the decision.



A Procurement Advisor (PA) is engaged by HI to facilitate the selection of all Group 1 and 2 MME and provide HI with a Recommendation Report and MME Vendor quote.

The maintenance agreement encompassing the total life of the MME equipment must be included in the selection process and meet the specific requirements of the project. Note that it is the responsibility of the LHD to fund ongoing maintenance agreements. This is not included in project costs.

### ***Equipment Procurement, Delivery and Installation***

HI and PM will confirm with the Contractor the selected MME as per the Recommendation Report and MME Vendor Quote.

The Procurement process will be clearly articulated in the Contractor's contract.

Contractor procures MME and is required to make use of HS SOA from which the MME was selected.

The MME vendor should be notified that additional Contractor terms and conditions may apply in addition to the requirements of the SOA and given an opportunity to quote for any additional costs.

The MME vendor should be notified if an extension to the warranty period is required and given an opportunity to quote for any additional costs. Warranty commences at patient go-live.

Contractor manages and co-ordinates with the MME Vendor's delivery and installation. MME has specific site requirements which are required to be completed prior to the delivery of MME. Contractor must have a ready site to enable the MME vendor to deliver and install their equipment, otherwise MME storage costs may apply.

MME will usually be tested and tagged by the MME Vendor who may also be required to organise a Consulting Radiation Expert to conduct QA tests on the equipment (for radiation producing MME).

A Commissioning Advisor (CA) is engaged by HI to ensure MME (Group 1 and 2) is delivered and installed as per the Purchase Order, is in accordance with HealthShare's Standing Offer Agreements and is fit for purpose.

### **7.3.3 MME Group 2 Equipment**

New Group 2 items are selected by the MME Selection Committee and procured by the Project. The Contractor will liaise and co-ordinate with the MME Vendor who will deliver and install the MME.

#### ***Contractual Requirements***

Group 2 items will be delivered and installed by the MME Vendor at the new facility in accordance with the Contractors Construction Programme. Contractor must have a ready site to enable the MME vendor to deliver and install their equipment otherwise MME storage costs may apply.

These are clinical items that require a "final installation drawing" to agree room layout and confirm MME requirements (i.e. power, data, structural mounting plates, joinery, ceiling rail-systems, cotton reels, air-conditioning, water, chilling systems, structural beams or floor requirements, etc.).

Items selected and finalised by the MME Selection Committee are ordered via HealthShare through the provision of quotations and final order requests prepared by the LHD FFE/MME Project Officer and FFE Control Group.

Prioritisation of the selection of Major Medical Equipment Group 2 items need to be provided by the FFE Selection Committee to ensure reduced risk and increased coordination, as part of the design finalisation process by the Contractor.



### ***Equipment Selection***

“HI engaged PM/ LHD MME Project Officer / LHD FFE Project Officer” will manage the MME Selection Committee who will make the decision.

The Procurement Advisor (PA) is engaged by Health Infrastructure to facilitate the selection of all Group 1 and 2 MME and provide HI with a Recommendation Report and MME Vendor Quote.

The maintenance agreement encompassing the total life of the MME equipment must be included in the selection process and meet the specific requirements of the project. Note that it is the responsibility of the LHD to fund ongoing maintenance agreements. This is not included in project costs.

The LHD MME/FFE Project Officer completes a CAR form that includes the Recommendation Report signed off by the MME Selection Committee and the MME Vendor’s quote.

### ***Equipment Procurement***

If the items on the signed CAR are on the final list and within the approved budget, HI approves the CAR and authorises HealthShare to place the order.

### ***Equipment Delivery and Installation***

The Contractor will manage the Contractors Construction Programme and liaise and co-ordinate with the MME vendor who will deliver and install the MME.

The MME vendor should be notified if an extension to the warranty period is required and given an opportunity to quote for any additional costs. Warranty commences at patient go-live.

MME has specific site requirements which are required to be completed prior to the delivery of MME. Contractor must have a ready site for the MME delivery.

MME will usually be tested and tagged by the MME Vendor who may also be required to organise a Consulting Radiation Expert to conduct QA tests on the equipment (for radiation producing MME).

A Commissioning Advisor (CA) is engaged by HI to ensure MME (Group 1 and 2) is delivered and installed as per the Purchase Order, is in accordance with HealthShare’s Standing Offer Agreements and is fit for purpose.

## **7.4 Transfer Equipment**

Transfer equipment is identified as any existing FFE/MME that is fit for purpose that can be used in the new facility.

### **7.4.1 Assessment of Equipment for Transfer**

The FFE Project Officer is responsible for under taking an audit of all existing FFE and MME to identify those items that are suitable for transfer. All items suitable for transfer at practical completion should be noted on the Master FFE schedule (2T or 3T). Those items not suitable for transfer, but which have functionality that is required should be replaced prior to practical completion as per the LHD’s repairs, maintenance and replacement (RMR) program.

Criteria for assessing suitability:

- Asset condition;
- Asset age and remaining life cycle;
- Fit for purpose;
- WHS/OHS in the new environment;



- Any State-wide technology or software roll-out and/or replacement program; and
- Contingency plan and impact to services if the equipment is out of service during the move.

The above FFE transfer equipment selection process also applies for MME transfer equipment selection.

During the life of the project the LHD/Campbelltown Hospital should maintain current practices for their RMR program. Replacing or repairing FFE items that are due for routine maintenance or end of life replacement, whether it is due to the age of the equipment, obsolete technology or Government regulation. HI is not responsible for normal replacement of FFE items and the LHD should not be relying on the redevelopment project to fund RMR programs.

#### **7.4.2 Transfer FFE & MME Group 2 and Group 3**

A schedule of items fit for transfer from the existing departments at Campbelltown Hospital will be compiled and added to the Master FFE Schedule. This will ensure these items can be accounted for in the final commissioning and installation of the facility prior to occupation.

The FFE Project Officer will manage the compilation and finalisation of this list with relevant LHD department representatives.

#### **7.4.3 Transfer Equipment Installation**

Group 2 Transfer – equipment nominated for transfer will need to be decommissioned and transferred/delivered in the agreed manner and timeframe to the contractor. The contractor is responsible for the installation and commissioning of these items.

Group 3 Transfer – equipment nominated for transfer will need to be decommissioned, transferred, installed and commissioned, this is the responsibility of the Project Team.

MME Transfer – equipment nominated for transfer will need to be decommissioned, transferred, installed and commissioned, this is the responsibility of the Contractor/LHD to manage the MME Vendor who will need to be engaged to the project to complete these works.

### **7.5 Changes to Agreed FFE Schedule**

During the process of FFE selection as described in sections above, there may be changes to the specification of certain FFE items as originally costed and included in the agreed FFE schedule.

Such amendments to the selection may come about due to reasons including functional improvements, availability of FFE originally selected, or change in LHD operations resulting in changes to specified items.

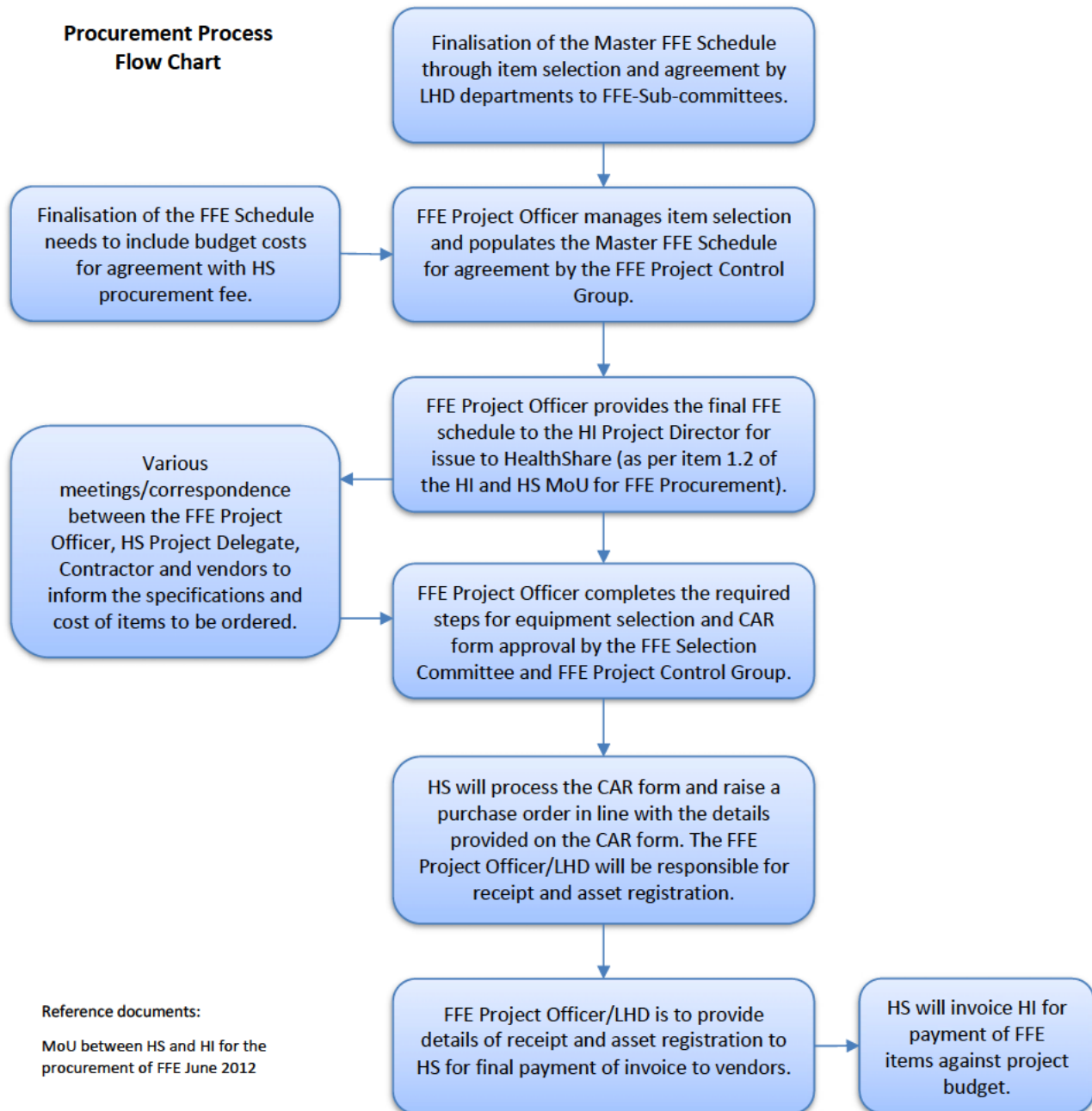
The changes requested must be logged as per the FFE List Change Register to allow adequate tracking of FFE changes that occur separate to dRofus updates. The FFE change register will also allow for record keeping of changes made to Contract Documentation issued to the FFE Selection Committee, FFE Project Control Group and the Contractor. It will accurately record the driving source of FFE changes and effects on Project budgets.

**Appendix F:** *Change Register template*

### **7.6 Procurement Process via HealthShare**

At the completion of the CAR form process the FFE Project Officer will issue the endorsed form to HealthShare (HS) NSW to place the purchase order. HS will place the order within two days of receiving the CAR form, HS will issue a copy of the purchase order to the FFE Project Officer for their records.

Upon delivery of equipment the FFE Project Officer will confirm all items have been delivered defect free, get a signed copy of the delivery docket and a copy of the invoice and issue to HS to formally receipt the items and issue the invoice for payment.



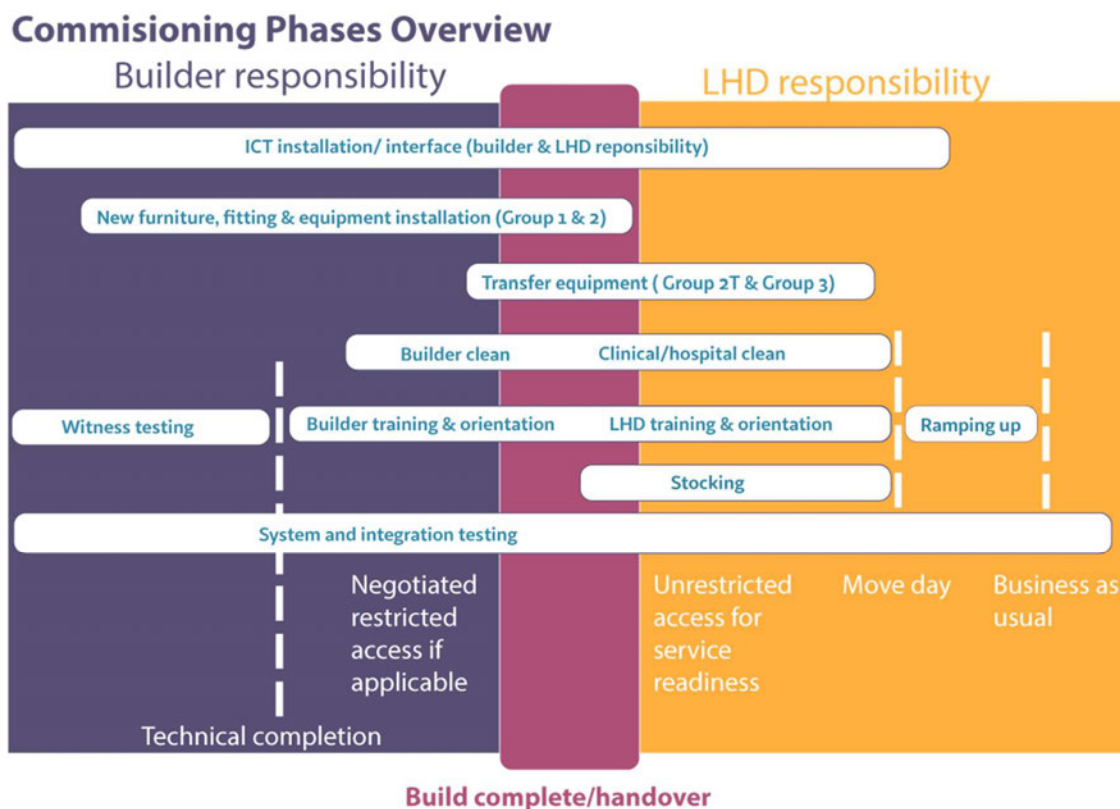
A Memorandum of Understanding has been issued between HI and HS outlining the process that will be followed for the procurement of all FFE on all Capital Projects managed by HI.

**Appendix G:** Memorandum of Understanding between HealthShare and Health Infrastructure for the purchase of FFE.

## 8 FFE & MME Operational Commissioning

Operational commissioning is an intensive process, and a critical component to the overall delivery of the project. The process of commissioning involves pre-planning, resource allocation, equipment delivery, storage, installation, safety testing, performance verification, and training.

*Note: For a detailed overview of the Operational Commissioning activities refer to the Operational Commissioning and Move guide.*



### 8.1 FFE & MME Logistics

The FFE Project Officer is responsible for developing and implementing the FFE/MME delivery schedule, this will include input from the contractor regarding Group 2 delivery dates that fit in with the contractor's main build program.

Scheduling of deliveries will take into account the following:

- Lead times;
- Quantities;
- Storage Requirements;
- Installation timeframe and requirements; and
- LHD Training requirements.





## 8.2 FFE & MME Post Delivery

The FFE Project Officer is responsible overseeing and managing all post-delivery activities for Group 2 and Group 3 FFE/MME items.

Upon receipt of items at the loading dock the following are required to ensure final equipment sign-off and supplier payment can take place:

- Confirmation that items have been delivered as per the purchase order raised this includes correct item quantities and defect free (if they are not defect free, a replacement is required to be sought by the FFE Project Officer prior to payment);
- A copy of the signed-off delivery docket; and
- A copy of the invoice.

These documents are then forwarded to HS who will review and process for payment.

## 8.3 FFE & MME Safety and Performance verification

Upon installation, the equipment will need to be tested and tagged by either Biomedical Engineering or the supplying Vendor to confirm the equipment has passed a series of checks outlined in the equipment's commissioning documentation. This is carried out either prior to or during the installation into the room.

All electrical equipment is required to be electrical safety tested by the LHD's Asset Facility Management team or a certified contractor prior to installation into the facility.

## 8.4 FFE & MME Acceptance

Sign-off involves confirmation that the equipment has been delivered to its location and is performing according to its design parameters and is fit for purpose.

A sign-off check sheet should be produced which allows confirmation that:

- Items to be ticked off as delivered and in place against the Room Data / Room Layout Sheet;
- All warranties are in place;
- The conditions of any purchasing agreement, contract or standing offer agreement (SOA) under which equipment was procured, have been observed;
- Any defects which have been identified have been rectified;
- The equipment has been supplied with the required number of training and technical manuals;
- User technical training has been conducted and the users are competent in its use;
- Technical training has been conducted and the technical staff are competent in its maintenance (at least first-line maintenance);
- Maintenance agreements have been agreed for the expected lifespan of the equipment and are in place to provide vendor supplied maintenance, in-house maintenance, or third-party supplied maintenance;
- The equipment and its maintenance regime has been entered into an asset management and maintenance database (e.g. AFM Online); and
- Any connections to the hospital ICT network or interfaces to hospital administration systems, on which the equipment depends for its operation have been tested and are operational.





## 8.5 FFE & MME Training and Orientation

The FFE Project Officer in conjunction with the commissioning team is responsible for developing a training schedule for FFE items that are new to the LHD/Campbelltown Hospital. This will need to be coordinated with contractor, supplying vendors and the LHD for various groups.

## 8.6 Asset Management

All FFE, MME and ICT items are to be asset tagged prior to entering the new facility. This principle applies to the transferred and new equipment.

On completion of the delivery and commissioning process the asset management data is imported into AFM Online (or other databases as applicable) as described in the Project Commissioning Plan.

## 8.7 Systems and Equipment Close Out Activities

The FFE Project Officer is responsible for issuing the following upon completion of delivery of all FFE, MME and ICT for the project.

- **Product Warranties and Manuals:** are to be handed over to Hospital Operations for their records, this applies to Group 1, 2 and 3 items. Additional copies of all manuals should be issued to the Hospital departments for their records, use and training for the future.
- **CAR Form Register:** a copy of the finalised document issued to HI to be kept on the project file.
- **Master FFE Schedule:** Once the final reconciliation of the Master FFE Schedule and budget has taken place a copy is to be issued to the HI Project Director and the HI FFE & MME Project Advisors for their reference.
- **dRofus:** a final reconciliation should be carried out against the Master FFE schedule to ensure the project data is complete.



## 9 Appendices

## Appendix A: Terms of Reference FFE / MME Control Group

<b>FFE / MME CONTROL GROUP</b>	
<b>Terms of Reference</b>	
<b>Purpose of Committee:</b>	<p>The purpose of the FFE / MME Control Group is to direct and manage the overall process to deliver Furniture, Fixtures and Equipment (FFE) into the Health Redevelopment Project by addressing the following:</p> <ul style="list-style-type: none"> <li>▪ Prepare and verify the correct FFE lists;</li> <li>▪ Coordinate the Local Health District (LHD) to select FFE make and models for those items on the agreed FFE list;</li> <li>▪ Approve Commitment Approval Request (CAR) against approved FFE schedule and budget;</li> <li>▪ Develop and coordinate delivery, decontamination, and signoff of FFE;</li> <li>▪ Coordinate the LHD to prepare for any FFE training requirements;</li> <li>▪ Manage any biomedical testing requirements.</li> <li>▪ Develop and coordinate the process of how FFE will transferred;</li> <li>▪ Coordinate User Sign Off of delivered and transferred FFE for Group 2 and 3</li> <li>▪ Manage emerging issues and risks.</li> </ul>
<b>Responsibilities:</b>	<p>The FFE / MME Control Group will carry out the following functions:</p> <ul style="list-style-type: none"> <li>▪ Agree tasks and work that needs to be undertaken within the FFE Project;</li> <li>▪ Agree and allocate appropriate resources to complete FFE tasks (eg Training Needs Analysis)</li> <li>▪ Verify work has been completed to appropriate and agreed standards of quality.</li> </ul> <p>For Major Medical:</p> <ul style="list-style-type: none"> <li>▪ Verify correct Vendor terms and conditions are agreed prior to Purchase Orders being placed;</li> <li>▪ Verify Room Layouts are correct;</li> <li>▪ For Transferring Major Medical – verify Decontamination and Relocation Schedules</li> </ul> <p>New Group 1 Equipment</p> <ul style="list-style-type: none"> <li>▪ Completed lists for each type of equipment;</li> <li>▪ Verify appropriate LHD sign off is obtained for selection of make and model.</li> </ul> <p>Group 2,3 Equipment deliverables include:</p> <ul style="list-style-type: none"> <li>▪ Verifying classifications / lists completed for each type of equipment;</li> <li>▪ Agree appropriate LHD signatures off for Commitment Approval Request forms (CARs)</li> <li>▪ Ensure LHD resources are allocated to obtain quotes, complete "Commitment Approval Request forms (CARs);</li> <li>▪ Verify Training Schedules are correct;</li> <li>▪ Verify Delivery Schedules are correct;</li> <li>▪ Verify Biomedical testing Schedules are correct;</li> <li>▪ For transferring equipment - Verify Decommissioning Schedules</li> <li>▪ For transferring equipment - Verify Decontamination Schedules;</li> <li>▪ For transferring equipment - Verify Tagging Schedules</li> <li>▪ For transferring equipment - Verify Relocation packing and Transferring schedules</li> <li>▪ Agree User Sign off Schedule and appropriate LHD resources.</li> </ul>

	<p>Identifying make and models is outside the scope of the FFE Control Group as equipment selection is managed by the FFE / MME Selection Committee.</p> <p>Exclusions – See Addendum A.</p> <p>Support Function:</p> <ul style="list-style-type: none"> <li>• Minutes;</li> <li>• Record meeting actions and comments;</li> <li>• Keep records of confirmed items;</li> <li>• Follow up resolution and comments with stakeholders;</li> <li>• Support users in following user specification process; and</li> <li>• Procurement process for Group 2 and 3 items.</li> </ul>
<b>Membership Structure:</b>	<p><b>Chair:</b> HI Senior Project Director</p> <p><b>Secretariat</b> HI Project Manager</p> <p><b>Members</b> HI FFE Project Advisor</p> <p>Contractor – Design Manager</p> <p>Contractor – Project Manager Decanting</p> <p>LHD – Transition Manager</p> <p>LHD – FFE Project Officer</p> <p>LHD – other members as invited (depending on the session requirements)</p>
<b>Administration and Conduct of meetings:</b>	<p><b>Quorum</b> 50 % of membership</p> <p><b>Frequency</b> Monthly and as required</p> <p><b>Length</b> One hour</p> <p><b>Location</b> TBA</p> <p><b>Agenda items</b></p> <ol style="list-style-type: none"> <li>1. Project Progress:</li> <li>2. Major Medical</li> <li>3. Group 1</li> <li>4. Group 2,3 – new</li> <li>5. Group 2,3 - transfer</li> </ol>
<b>Committee formally reports to:</b>	Project Control Group
<b>Other Committee Links:</b>	FFE /MME Selection Committee
<b>Distribution of minutes:</b>	Circulated electronically 1 week prior to meetings to all committee members
<b>Date:</b>	xxxxx
<b>Status</b>	xxxxx
<b>TOR to be reviewed:</b>	xxxxx

## Appendix B: Terms of Reference FFE / MME Selection Committee

<b>FFE / MME SELECTION COMMITTEE</b> <b>(REPORTS TO FFE / MME CONTROL GROUP)</b> <b>Terms of Reference</b>	
<b>Purpose of Committee:</b>	<p>The purpose of the FFE / MME Selection Committee is to evaluate equipment and select appropriate make and models as follows:</p> <ul style="list-style-type: none"> <li>▪ Evaluate the suitability and functionality of Group 1, 2 and 3 equipment that is being proposed for the new hospital against the selection criteria;</li> <li>▪ Ensure selected items are within agreed budget;</li> <li>▪ Ensure selected items meet the functional purpose and represent value for money from a whole of life perspective (maintenance and life cycle replacement);</li> <li>▪ Review Commitment Approval Request (CAR) form to ensure accurate orders are placed;</li> <li>▪ Submit signed CAR's for approval to FFE/MME Control Group</li> </ul>
<b>Responsibilities:</b>	<p>Contractor will carry out the following functions with respect to Group 1 equipment as follows:</p> <ul style="list-style-type: none"> <li>▪ Circulate a list of items and product information to be discussed prior to the meeting,</li> <li>▪ Gather appropriate quotes, brochures and supporting information to assist in the review;</li> <li>▪ Arrange samples, presentations or demonstrations of group 1 items with relevant supplies / users,</li> <li>▪ Compile all the information in the "Commitment Approval Request" (CAR) form so an accurate order can be placed;</li> <li>▪ Ensure the budget is not overspent;</li> <li>▪ Document agreed make and models.</li> </ul> <p>The LHD will carry out the following functions with respect to Group 2/3 equipment as follows:</p> <ul style="list-style-type: none"> <li>▪ Circulate list of Group 2/3 items and product information to be discussed prior to the meeting,</li> <li>▪ Gather appropriate quotes, brochures and supporting information to assist in the review;</li> <li>▪ Arrange samples, presentations or demonstrations of group 2/3 items with relevant supplies / users,</li> <li>▪ Compile all the information in the "Commitment Approval Request" (CAR) form that documents LHD requirements so an accurate order can be placed;</li> <li>▪ Review the information in a CAR</li> <li>▪ Select the make and model;</li> <li>▪ Ensure the budget is not overspent;</li> <li>▪ Endorse and recommend make and models;</li> <li>▪ Submit signed CARs to FFE/MME Control Group for Approval;</li> <li>▪ Ensure LHD resources are available and make decisions on time to meet project timelines.</li> </ul> <p>Support Function:</p> <ul style="list-style-type: none"> <li>▪ Circulate draft CARs and associated quotes / brochures to members one week prior to meetings;</li> <li>▪ Record meeting actions and comments;</li> <li>• Keep records of confirmed items.</li> </ul>
<b>Membership Structure:</b>	<p><b>Chair:</b> Group 1 - Contractor Design Manager Group 2/3 - LHD FFE Project Officer</p> <p><b>Secretariat</b> LHD - Administrator</p> <p><b>Members (suggested)</b> LHD - Director of Nursing (invited as required) LHD - Procurement Manager</p>



		LHD - NUM (invited as required)
		LHD - WH&S Representative
		LHD - Infection Prevention and Control Representative
		LHD - ICT Manager
		LHD - Clinical Representative
		LHD - Biomedical Engineering Manager
		LHD - Facility Maintenance Representative
		Contractor - Group 1 Rep
		Project Manager
		Additional invitees as required
<b>Administration and Conduct of meetings:</b>	<b>Quorum</b>	50 % of membership
	<b>Frequency</b>	Fortnightly as required
	<b>Length</b>	1.5 hours
	<b>Location</b>	TBA
	<b>Agenda items</b>	Circulated prior to meetings
<b>Committee formally reports to:</b>		FFE / MME Control Group
<b>Other Committee Links:</b>		FFE / MME Control Group
<b>Distribution of minutes:</b>		Circulated electronically 1 week prior to meetings to all committee members
<b>Date:</b>		XXXXX
<b>Status</b>		XXXXX
<b>TOR to be reviewed:</b>		XXXXX

## Appendix C: Commitment Approval Request (CAR) Form



*Insert Project Name*  
 Health Redevelopment Project: DOHRS NO *[Insert Number]*  
 Project Cost Centre: *[insert number]*

### Commitment Approval Request - 001

#### CAR-*(insert building eg ASB)*-001

##### GENERAL

From		To	FFE Selection Committee
Date:			

##### EQUIPMENT IDENTIFICATION

ITEM DESCRIPTION			QUANTITY		
MAKE			MODEL		
SAID	Attach list if multiple	GROUP	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 3T <input type="checkbox"/> 2T		
DEPARTMENT	Attach list if multiple	FLOOR NO		ROOM NUMBER/S	Attach list if multiple
ROOM NAME	Attach list if multiple				

##### SUPPLIER DETAILS

COMPANY NAME				
COMPANY ADDRESS				
CONTACT NAME		POSITION TITLE		
PHONE NO		EMAIL		
ATTACHMENT/S	Brochure	Yes / No	Quote	Yes / No

##### BUDGET AND COSTING SCHEDULE

Unit Cost	(Excl GST) \$
Training Cost	(Excl GST) \$
Freight Cost	(Excl GST) \$
Total Cost	(Excl GST) \$
Approved Budget	\$
Budget Over run – Under Run (Approved Budget minus Total Cost)	\$

##### PROGRAMME AND DELIVERY

Delivery Date	
Address	
Special Delivery Requirements	

##### HEALTH INFRASTRUCTURE APPROVAL TO PROCURE

APPROVAL	NAME	SIGNATURE	DATE
Recommended by HI Project Manager:	Insert Name		
Approved by HI Senior Project Director	Insert HI Project Director Name		



### Commitment Approval Request - 001

#### EQUIPMENT USER EVALUATION CHECKLIST

Does the equipment do what it is expected to?	Yes	No							
Are required accessories included?	Yes	No							
Are graphics clear and unambiguous?	Yes	No							
Are the safety features appropriate and inclusive?	Yes	No							
Are there any OH&S concerns?	Yes	No							
Are there any infection control issues?	Yes	No							
Are there any ITC issues?	Yes	No							
Are there any particular storage requirements – eg temperature / humidity?	Yes	No							
- Power supply?	Yes	No							
- Reinforced shelving?	Yes	No							
- Secure storage?	Yes	No							
Are the operational manual/instructions for use clear and acceptable	Yes	No							
Are there any cleaning issues?	Yes	No							
Is user training required?	Yes	No							
Functionality acceptable	Yes	No							
Ease of use acceptable?	Yes	No							
Rate by tick the overall acceptability of the item (10 being the highest)									
1	2	3	4	5	6	7	8	9	10

#### LHD ENDORSEMENT OF MAKE / MODEL / QUANTITY

USER POSITION	NAME	SIGNATURE	DATE
DEPARTMENT HEAD			
DEPARTMENT MEMBER			
OH&S REPRESENTATIVE			
INFECTION CONTROL REPRESENTATIVE			
LHD ICT REPRESENTATIVE			
DIRECTOR OF NURSING			
USER REP / COMMITTEE MEMBER			
USER REP / COMMITTEE MEMBER			
USER REP / COMMITTEE MEMBER			

Note: All pages comprising this CAR (including attachments) must be initialled by all committee signatories



**Appendix D: CAR Form Register** *(insert relevant template if it differs from the below example)*

STATUS:									
1 = Not Required									
2 = CAR raised - Pending LHD endorsement									
3 = ICT - exclude from count									
4 = Pending HI Approval									
5 = HI Signed off / With HealthShare Pending PO									
6 = Order Placed									
CAR Register									
Status	CAR No.	Title	Supplier	Item Total Cost (\$)	Builder Terms & Conditions receive	Purchase Order No.	Delivery ETA (dd/mm/yyyy)	Comments/ Notes	

## Appendix E: Change Request Form



*Insert Project Name*  
 Health Redevelopment Project: DOHRS NO *insert Number*  
 FFE/MME CR # – (*insert Change Request number*)

### Furniture, Fitting and Equipment (FFE) / Major Medical Equipment (MME) Change Request Form

<b>Department</b>		<b>Room Number</b>	
<b>Submitted By</b>		<b>Position</b>	
<b>Email</b>		<b>Date</b>	
<b>Description of Change Requested:</b>			
<b>Quantity Required:</b>			
<b>Clinical Benefit:</b>			
<b>Impact on other Departments or Services:</b>			
<b>Communications and/or ICT requirements:</b>			
<b>Impact on Main Building Works:</b>			
<b>Cost Impact:</b>			
Unit Cost Estimate (Quote attached) as per FFE Budget:		\$	
Total Capital Cost:	Total Quantity:	\$	
Recurrent Cost Impact:		\$	
Main Building Works Estimated Cost Impact:		\$	
Funding Source:			

User Group/ LHD Selection Committee Approval i.e. function, technical and cost			
User Position	Name	Signature	Date
LHD Department Head			
LHD WHS Representative			
LHD Infection Prevention and Control Representative			
LHD ICT Representative			
LHD Biomedical Representative			
LHD General Manager			
LHD Director of Nursing			
LHD Project Officer/ Change Manager			

User Position	Name	Signature	Date
Project User/ Department Head			
LHD FFE Officer			

Please return completed form to the KDH Redevelopment Project Officer

FFE Control Group Recommendation/ Approval			
		Meeting Number	Meeting Date
FFE Control Group			
Recommended to PCG or Approved	Approved Recommend to PCG	Not Approved	More Information Required
Confirmed By: FFE Project Officer	Name	Signature	Date
Recommended by Project manager			
Approved by HI Project Director			

FFE Control Group Recommendations
PCG Recommendation

**How to complete the S&E Change Request Form**

1. Changes to FFE list are requested by a hospital user and/or department
2. The FFE Project Officer to identify whether the requested changes impact the endorsed FFE list:
  - a. If yes – FFE Project Officer to provide user/s with this form to complete
3. User/s to complete this form including providing a cost estimate for the FFE
4. User/s to liaise with other departments including Infection Prevention, WHS, ICT and others as required for their consideration and agreement of the requested FFE change
5. Completed form to be submitted to the FFE Project Officer
6. FFE Project Office to submit form to the FFE control Group for recommendation
7. FFE Control Group will either:
  - a. Request additional information prior to assessing
  - b. Endorse the change where there is no change to the over FFE costs or clinical outcome **eg.** change in item type or specification
  - c. Recommend to the PCG for endorsement/ direction where there is a change to the approved PDP list including change in number of items, new items or deletion of items. Funding source **MUST** be clearly identified as either within current approved FFE budget allocation or alternative funding source.
8. FFE Project Officer will update FFE List and proceed to next step of procurement
9. FFE Project Officer will provide feedback to user/s on outcome of the change request
10. Cost Manager will update FFE cost report
11. Change request Form to be added to CAR Form





## Appendix G: Memorandum of understanding HS and HI for the purchase of FFE



Trim: HSS12/2635

### Memorandum of Understanding between Health Support Services and Health Infrastructure for the purchase of FF&E

This agreement relates to the procurement services to be carried out by Health Support Services on behalf of Health Infrastructure for the purchase of Furniture, Fittings & Equipment (FFE) for Capital Projects managed by HI.

All procurement is carried out in accordance with the NSW Health Purchasing and Supply Manual for Public Health Organisations and the Public Sector Management (Goods and Services) Regulation 2010.

HSS agrees to provide the procurement services to HI in accordance with the terms laid out in this agreement.

#### Definitions:

Where the term '**HI**' appears in this agreement, it refers to the Health Infrastructure delegated officer responsible for the task.

Where the term '**HSS**' appears in this agreement, it refers to the Health Support Services delegated officer responsible for the task.

Where the term '**Project**' appears in this agreement, it refers to a specific new or refurbished hospital project managed by HI.

'**Procurement**' covers all processes required for the effective and efficient acquisition of equipment.

'**DoC Contracts**' refers to the standing offer agreement made between the vendor and the NSW Department of Finance and Services (DFS). All equipment purchased under DFS Contracts shall be covered by the terms and conditions agreed to by the vendor. The Vendor's terms and conditions become void in this circumstance.

'**Report**' refers to the Excel Workbook record maintained by HSS on each item purchased.

#### Scope

Health Infrastructure (HI) is the agency charged with delivery of the facility on behalf of NSW Health. The Local Health District (LHD) is delegated to select the make, model and vendor of Group 2 and 3 FFE. HI is responsible for the Project budget and is the authorized approver of capital spend.

The scope of this agreement includes the procurement of all Group 2 and 3 FFE items across capital projects nominated by HI.

#### Exclusions

The scope of this MoU does not include any ICT equipment.

## 1. Procurement Process

- 1.1. The nominated HI Project Director will provide HSS with notification of engagement of services for the Project.
- 1.2. HI will provide HSS with the Project's final, approved Group 2 and 3 FFE schedule.
- 1.3. HI agrees to carry out and/or manage all aspects of the procurement process up to the receipt of the Commitment Approval Request (CAR) from the LHD and HIs subsequent authorisation for HSS to proceed with the purchase of the item detailed in the CAR form.
- 1.4. HSS agrees to assist in the procurement process as appropriate and attend User Group and Vendor Site meetings as available or required.
- 1.5. HSS will advise HI, as appropriate, on the Clinical Equipment Procurement requirements as determined by the NSW Health Purchasing and Supply Manual for Public Health Organisations and the Public Sector Management (Goods and Services) Regulation 2010.
- 1.6. HSS agrees to liaise with HI, HIs representatives, the LHD and Vendors in order to determine the items to be purchased will meet the requirements.
- 1.7. HSS agrees to liaise with the Contractor/end users, nominated by HI, for clarification of minor detail. Copies of any clarifications received from the Contractor/end users to be provided to HI.
- 1.8. HSS will employ appropriate procurement strategies in order to reduce the price quoted by the vendor wherever possible. These strategies will include, but not be limited to, one or more of the following:
  - 1.8.1. Discounts available under DFS Contracts
  - 1.8.2. Bulk purchase discounts, (bulk obtained by grouping the Project's clinical equipment items together with items HSS is purchasing on behalf of other LHDs)
  - 1.8.3. Foreign exchange rate variation
  - 1.8.4. HSS Preferred Supplier Agreements
- 1.9. Once an item is selected for acquisition, HI agrees to provide HSS with the approval, in a timely manner, to proceed with the purchase of the item.
- 1.10. There will be one Purchase Order placed per CAR form, (the exception being where it is to the advantage of the project to combine several approved purchases into a single purchase order). Where multiple Projects are purchasing from the same vendor, separate Purchase Orders must be raised for each Project.



- 1.11. All purchases must comply with the NSW Health Purchasing and Supply Manual for Public Health Organisations and the Public Sector Management (Goods and Services) Regulation 2010. HSS will issue the purchase order, for the compliant item, to the Vendor within 5 working days of receipt of approval to proceed with the Vendor's quotation. The exception being where the placing of the purchase order needs to be delayed for a specific reason determined at the time.
- 1.12. HSS will articulate in the purchase order, any special terms and conditions as stipulated in writing by HI from time to time. Such terms and conditions can be included or omitted in any or all purchase orders as required by HI.
- 1.13. Addition of items to the FFE Schedule or increase in quantity of items required is acceptable at any time provided such additions or increase in quantity are notified in writing by HI.
- 1.14. Deletion of items from the list or reduction in quantity of items required is acceptable at any time up to the placement of the purchase order. Once the purchase order is placed with the vendor, such reduction in quantity or cancellation may impose penalties from the vendor. Any such penalties will be passed on to HI by HSS. Notification in writing is required from HI for any deletions or reduction in quantity to be actioned by HSS.

## 2. Reporting

- 2.1. All reporting and communication must reference the respective CAR form number.
- 2.2. HSS will provide HI with copies of all documentation relating to purchases including, but not limited to: purchase orders; and invoices.
  - 2.2.1. HSS will maintain records pertaining to the project in the form of an Excel workbook.
  - 2.2.2. Main Table – This will be the list of equipment purchased for the *[insert project name]* showing the progress of the project
  - 2.2.3. Cash Flow – This worksheet shows the anticipated date of payment for each item purchased and the amount.
- 2.3. HSS will provide HI with the progress report on a weekly basis and as requested by HI at other times.

## 3. Delivery and Asset Registration

- 3.1. HI will provide details of delivery address, terms & conditions, time frames and officer responsible for receiving, to HSS for inclusion in the purchase orders.
- 3.2. HSS will liaise with HI to monitor progress and adjust any delivery schedules as required.

- 3.3. Delivery and/or installation of items purchased will be performed by the vendor as per instruction on the purchase order and under the instruction of the Contractor and/or HI officer delegated for the task.
- 3.4. Asset registration of each item purchased shall be the responsibility of LHD.
- 3.5. For the purposes of Financial Asset Registration and Clinical Asset Registration, HSS will provide copies of purchase orders, vendor invoices and other appropriate documentation to HI, the Local Health District Director of Finance and/or delegated representative and the Local Health District Biomedical Engineer.
- 3.6. HI will advise HSS of delivery of items to the site to enable HSS to receive into Oracle for payment of vendor invoices.

#### **4. Invoicing**

- 4.1. The LHD or HI will provide notification of receipt of items in good order at the specified destination.
- 4.2. HSS will pay vendor invoices once confirmation of receipt is provided.
- 4.3. HSS will invoice HI on a monthly basis for those items that have been received and paid for.
- 4.4. HSS will issue separate invoices for separate projects.
- 4.5. HSS invoices must indicate the Oracle item category starting with the number 6711xx
- 4.6. HSS invoices must include, at a minimum, the following information:
  - Project name;
  - CAR number reference;
  - Purchase Order (PO) number reference;
  - Where partial payment of a PO is required, relevant line item numbers within that PO;
  - Item description as per HI naming conventions within FFE Schedule; and
  - Copies of all relevant confirmations of receipt.
- 4.7. Contract fees due to the DFS for items purchased under DoC Contracts will be paid to the DFS on a separate purchase order for each applicable item. HSS will invoice HI as a separate item.

#### **5. Charge for Service provided by HSS**



- 5.1. A fixed cost for the services provided by HSS for the FFE Procurement will be determined at the beginning of each Project.
- 5.2. HSS and the respective HI Project Director will agree the fixed cost based on a percentage of the Project FFE budget projection.
- 5.3. Where the FFE budget has not been determined and no up front price has been determined and for Ad-hoc purchases of FFE Equipment, HSS will charge an amount equal to 0.5% of the total cost of the equipment.

For the purposes of this MoU;

The delegated officer for Health Support Services is [REDACTED]

The delegated officer for Health Infrastructure is [REDACTED]

This Memorandum of Understanding is agreed between Health Support Services and Health Infrastructure.

Signed on behalf of Health Support Services

[REDACTED SIGNATURE]

21/6/12

Signed on behalf of Health Infrastructure

[REDACTED SIGNATURE]

14/6/12