Guideline

NSW Health Fleet Management Guideline

Summary	The NSW Health Fleet Management Guideline is a complimentary document to the NSW Health Motor Vehicle Procurement and Use policy directive. The guideline, designed to be concurrently read with the policy, provide additional direction on the operational aspects of the policy particularly as it pertains to safety, reporting and procurement.
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Secretary, NSW Health

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GUIDELINE SUMMARY

Judicious fleet management of the NSW Health fleet is vital to ensure that it remains well maintained, fit-for-purpose, efficient and effective. The NSW Health Fleet Management Guideline provides health entities with direction on operational fleet management for passenger and sports utility also known as 'light commercial' vehicles where minimum standards are not currently in place. The document details minimum requirements and expectations on procurement pathways, safety and hygiene minimum requirements, data collection and reporting and education and training.

KEY PRINCIPLES

Public health organisations are to raise vehicle replacement or acquisition procurement requests through the Search and Request Anything (SARA) portal or equivocal soft copy form. Completed request forms will be reviewed and approved through the Asset Management, Strategic Procurement branches and Chief Procurement Officer.

The procurement of electric vehicles is to be prioritised over other available engine types where the infrastructure and an appropriate, fit-for-purpose vehicle exists. To ensure that a public health organisation's fleet remains fit-for-purpose, fleet managers or their equivalent are expected to conduct a review of utilisation, fleet mix, financial efficiency, and suitability regularly. Safety accessories which are considered optional for example nudge bars or cargo barriers must be installed in a minimum of 10 percent of the total fleet and cargo netting supplied where cargo is being transported and optional safety accessories are not installed.

A fleet vehicle may be deemed fully utilised when it meets the following 2 of the following criteria:

- Used on 75 percent of available weekdays per month
- Spends greater than 4 hours away from home base per day
- travels a total business use distance of 500km per month

Underutilised vehicles should be placed into a pool where possible and if not currently in a pool to improve utilisation. Where underutilised vehicles are already in a pool, the vehicle should not be replaced at its end of life, or another vehicle should be surrendered if the vehicle is mid-contract. A detailed business case should be submitted to the Chief Procurement Officer for the replacement of any underutilised passenger vehicle.

Public health organisations are required to provide relevant reports to the NSW Health Fleet Category Manager on vehicle telematics during periods of automatic telematics reporting outages, disposal and reallocation and driving infringements. The requirement to supply

driving infringement reports only apply to public health organisations which have access to the e-nominations system.

All public health organisations are required to use the Booking Intelligence system to manage fleet bookings with all in scope vehicles being added as a pool. The following custom field questions are required to be included as minimum fields in each public health organisation's Booking Intelligence system:

- Priorities indication field as per list in Appendix 6.3
- Confirmation of holding a valid license and agreement to fleet use code of conduct as per indicated in Appendix 6.3
- Confirmation of telematics installation notification

NSW Health staff using the available public health organisation's fleet are expected to maintain the fleet in an optimal working condition. This includes ensuring vehicles are kept in a hygienic state, fuel remains at or above 50 percent prior to the commencement of a journey and 40 percent for fully electric vehicles and condition inspections are undertaken at the beginning of any journey.

Public health organisations are to provide staff with an induction and orientation session. Discretion may be applied by public health organisations on the delivery of the training. Refresher training should also be made available to staff on an annual basis. Broad topics which need to be included in the training are:

- Forms and declarations
- Bookings and booking system
- Telematics
- Fuelling or charging
- Safety features
- Resources and support
- Driver behaviour expectations
- Garaging location tour
- Emergency procedures
- Driver occupational health and safety

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REVISION HISTORY

Version	Approved By	Amendment Notes
GL2023_023 December 2023	Director General	New Guideline

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1.   BACKGROUND

The NSW Health fleet is a critical tool which enables the delivery of healthcare to the public in a mobile, flexible, and adaptive manner. The size, composition, movement, and purpose of the fleet varies to adapt to the specific services delivered by individual districts, networks, and health organisations. While the NSW Health fleet is indispensable, it carries a considerable environmental, resource and financial burden. Judicious fleet management ensures that the vehicles, systems, and processes for users are fit-for-purpose and generates value for money, whilst also facilitating the delivery of high-class care to the community.

As technology advances and the political landscape changes, there are increasing opportunities to optimise the NSW Health fleet to be more efficient and financially effective. The movement towards evidence-based decision-making in fleet management has and will continue to accelerate. The introduction and reliance on telematics, progressive transition to fully electric vehicles and sustained pressure to maintain a minimal fleet size will shape the fleet to have a lower financial and environmental impact. To drive optimal fleet management, the NSW Government has established a range of initiatives and targets which support progressive decarbonisation and action towards climate risks and resilience. Enhanced fleet management will support NSW Health to achieve the whole-of-government targets which will enable a carbon net zero future.

A fleet which has a low resource intensity delivers considerable health, environmental and financial benefits. Increasingly reduced carbon emissions, air and noise pollution and non-reliance on petroleum-based fuel sources will see improved community and planetary health realised in the short, mid, and long term.

1.1.   About this document

This Guideline provides operational guidance and direction for fleet management and establishes a minimum standard for data collection and reporting, procurement, education, and fleet use behaviour.

This document applies to all NSW public health organisations as defined in the *Health Services Act 1997* which includes districts, networks, pillars, and health organisations holding passenger and sports utility also known as 'light commercial' fleet vehicles.

This Guideline prevails over any existing or future NSW public health organisation's fleet management policies, procedures and/or guidelines. It must be read in conjunction with:

NSW Health Policy Directives, Guidelines, Information Bulletins and Manuals	
PD2023_030	*NSW Health Motor Vehicle Procurement and Use*
IB2015_013	*Motor Vehicles – Award Employees – Charges for Private Use*

This Guideline must apply to all in-scope vehicles which include:

- Using Federal Chambers of Automotive Industries (FCAI) categorisation: all vehicles listed as passenger or commercial pickup or cab chassis with 4-5 seating capacity which are rented, leased, or owned

- vehicles up to 4.5 tonne gross vehicle mass (gvm) or >4.5gvm if garaged at home or non-agency site including commercial van

- vehicles which are used for 100% business, business/private mix and 100% private use where the vehicle is owned or leased by the public health organisation

- Modified passenger category

Vehicles which do not meet the above criteria can be deemed out of scope unless advised otherwise by negotiation and consultation with the NSW Ministry of Health (the Ministry). These include:

- Using FCAI categorisation, all vehicles not covered in-scope

- All specialised or modified vehicles such as ambulances, patient transport vehicles, buses, all trucks regardless of gross vehicle mass

1.2.   Key definitions

Telematics	Refers to the both the telematics monitoring device and the operating software which records trip, vehicle, and driver behaviour.
Chief Procurement Officer	Role responsible for leading the cluster procurement function, including the development and implementation of the procurement policy and strategic framework.
Electric vehicle	A car or van which is powered solely by a battery source.
Hybrid vehicle	A car or van which can be powered by either a battery source or a petrol-based engine
Internal combustion engine	The engine of a vehicle which uses petroleum-based fuel sources including unleaded petrol and diesel.
Fit-for-purpose	Vehicles which have the safety and structural features required for use by the driver not limited to boot capacity, range, departure angle, ground clearance, approach angle and tank capacity.
Federal Chamber of Automotive Industries (FCAI)	The peak representative organisation for companies who distribute new passenger vehicles, light commercial vehicles and motorcycles and all-terrain vehicles in Australia.
Light commercial	The class of vehicles which include 4-wheel drives (4WDs),
Log sheet	An electronic or paper-based record of a vehicle's movements including business related journeys

Passenger vehicle category	All vehicles listed with the word passenger in FCAI category description
Commercial vehicle category	All vehicles listed with the word commercial in FCAI category description
Specialised	specially designed or single-purpose vehicles used to undertake a specific function. As an example: a non-emergency van with stretcher capacity, a single-cab utility with tray for maintenance
Modified	Vehicles modified to undertake a specific function. For example, a van with hoist or lifter for the carriage of wheelchair occupants or waste or equipment; modifications that precludes the vehicle to be used for any other purpose than the specific design and cannot be used as a general-purpose passenger car regardless of business usage
NSW Health Fleet Category Manager	The role in HealthShare NSW which manages and coordinates the NSW Health fleet at a cluster level.
Private use	The use of an NSW Health leased or owned vehicle for non-business purposes
Staff contributions	The amount of money which is paid by a staff member towards the maintenance and procurement of a private use vehicle
In-service vehicle	A vehicle which has been inducted into the NSW Health through being delivered and commencing the lease or purchase contract

2.   PROCUREMENT

The procurement of fleet vehicles must follow the approvals process detailed in the _NSW Health Motor Vehicle Procurement and Use Policy Directive PD2023_030_.

2.1.   Enhanced procurement processes

To facilitate a centralised fleet procurement system, all new vehicle acquisitions and replacements must undergo an additional Ministry approval process. Public health organisations should submit new acquisition and replacement requests through their internal approvals processes. In addition, all requests are to be submitted through the Ministry's Strategic Asset Management branch for endorsement and to the Chief Procurement Officer for final approval.

The process for raising a vehicle acquisition or replacement request must be through the NSW Health Search and Request Anything (SARA) service portal system. Where the SARA form system is not available, staff are to use the form at Appendix 6.1 of this Guideline.

A supporting business case detailing the anticipated utilisation of the vehicle should accompany all vehicle procurement requests. Once a vehicle request is approved, public health organisations should attach the approval notification as supportive evidence along with their procurement documentation at the time of ordering.

2.1.1.   Request review timeframes

Submitted requests will be reviewed by the Ministry's Strategic Asset Management and Strategic Procurement branches within 2 weeks. Where a delay occurs, the Ministry will notify the requesting public health organisation and endeavour to review the request within the following 10 business days. In the instance that a vehicle procurement delay will impact directly on patient care, the requesting public health organisation may procure the car without Ministry approval and submit a retrospective request once the order has been placed. Where a retrospective request is not supported, the public health organisation must surrender an alternative underutilised vehicle to no longer be replaced. Notification in writing to the Chief Procurement Officer is required within 90 days if an alternative underutilised vehicle cannot be sourced.

2.1.2.   Not approved vehicle request appeals process

A review appeal may be made where the procurement of a vehicle has been approved internally by the requesting public health organisation but not approved by the Ministry. Appeals must be made in writing to the Ministry Asset Management branch and include a detailed business case supported by:

- telematics data OR
- log sheet data OR
- evidence of a mandatory need to procure a vehicle such as for delivery of a specific clinical program or initiative

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The Ministry Asset Management branch will review all appeals within 10 business days. Should an appeal not be approved by the Ministry, the decision is final and the requesting public health organisation must not procure the vehicle.

2.2.   Low emissions vehicles

To align with NSW Government sustainability priorities, public health organisations are to prioritise the purchase or lease of electric vehicles over hybrid or internal combustion engine (ICE) vehicles where a suitable model exists and is available on NSW Government contract as part of the approved vehicle list. Where an electric vehicle deemed fit-for-purpose is not available on NSW Government contract, public health organisations can submit a request to the NSW Health Fleet Category Manager or the Strategic Asset Management branch in the Ministry to add that vehicle onto government contract. The Ministry or the NSW Health Fleet Category Manager will liaise with NSW Treasury to negotiate and advocate for the addition of the vehicle onto the approved vehicle list.

2.3.   Fleet review

Public health organisations are expected to regularly conduct an analysis to determine the most efficient procurement option for their fleet. This includes evaluating lease and public health organisation-owning options, the optimal lease and turnover length. Analysis of the optimal procurement option is to consider available data, including telematics and run sheets in conjunction with total cost of ownership calculations, operational costs, and market resale value at the end of the vehicle's life.

2.4.   Full private use vehicle selection and use

Selection of vehicles for full private use must adhere to the *NSW Health Motor Vehicle Procurement and Use Policy Directive PD2023_030*. In addition, personal choice should be the lowest priority in selecting fleet vehicles unless it negatively impacts on fit-for-purpose, safety, environmental performance, cost-effective ownership, and the public perception of NSW Health. Selected vehicles should be in line with the style and colour of NSW Health fleet vehicles and consider the sociocultural nature of the communities where the vehicle will be used.

Full private use NSW Health vehicles must be made available for use by other NSW Health staff for official purposes on a daily basis. This availability takes precedence over private use. These vehicles are to be parked at the official premises unless the officer is on approved leave.

The application of full private use staff contributions is to be accordance with the *Motor Vehicles – Award Employees – Charges for Private Use IB2015_013* information bulletin.

2.5.   Optional accessories

Public health organisations are to refer to the *NSW Health Motor Vehicle Procurement and Use Policy Directive PD2023_030* information on the procurement of optional accessories in vehicles. To ensure that vehicles are fit-for-purpose, a minimum of 10% of total applicable fleet are to have optional safety accessories fitted not limited to bull bars, nudge bars or cargo barriers.

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All staff carrying cargo are to request a car which has an appropriate level of safety accessories installed. Where optional safety accessories are not fitted, cargo netting is to be made available by the public health organisation and staff are to use cargo netting to secure their equipment.

2.6.   Cargo storage

All equipment which can reasonably be considered non-bulky and can easily be removed and safely transported is to be removed from each vehicle at the end of a journey and not stored overnight. Storage of equipment in a vehicle overnight may only be permitted with the express permission of the public health organisation fleet manager or their delegate. The vehicle must be parked in a safe location and the cargo stored out of sight.

2.7.   Fit-for-purpose vehicle selection

Public health organisations are required to ensure that the fleet mix contains only vehicles which are appropriate for the services delivered. A decision guide template is available at Appendix 6.2 of this Guideline to support public health organisations in determining the most appropriate vehicle for specific use.

3.   DATA AND REPORTING

3.1.   Full utilisation definition

Public health organisations should regularly monitor and assess the behaviour and movement of their fleet to identify underutilised vehicles. A fully utilised vehicle meets the following criteria:

1. Used on 75 percent of available weekdays per month

2. Spends greater than 4 hours away from home base per day

3. Travels a total distance of 500km per month in business operations

A vehicle which is classified as fully utilised must meet a minimum two out of the three criteria with greater consideration placed on criteria 1 and 2. Where a vehicle does not meet a minimum of two out of all the three criteria, it should be deemed underutilised. For vehicles which are underutilised, the following management steps should be applied sequentially:

1. move the vehicle into a pool if it is not currently part of a vehicle pool

2. if the vehicle is due for replacement, it should not be replaced

3. where a mid-contract vehicle is already in a pool, it should take the place of a fully utilised vehicle when that vehicle is due for replacement

Where underutilised vehicles are identified but are still under contract, the public health organisation should notify the NSW Health Fleet Category Manager to flag the vehicle for potential reallocation to another public health organisation.

Where a vehicle does not meet the utilisation benchmarks, but a critical need is identified, a supporting business case should be developed by the vehicle-owning public health organisation. This business case should detail the need for the vehicle, the context and

environment of the vehicle's garaging and use and any other supporting data or evidence such as telematics analyses from an existing in-service vehicle. The business case should be submitted along with any requests for vehicle replacements or acquisitions through the procurement process in section 2.1 of this Guideline. Approval of any underutilised vehicles is at the discretion of the Chief Procurement Officer.

Vehicle pools should be reviewed by the public health organisation fleet manager for efficiency, composition, and size on a quarterly basis.

3.2.   Reporting requirements

Accurate and current information is crucial to inform fleet management decision-making. Public health organisations are expected to ensure that all fields in the fleet management providers system are complete, up-to-date, and correct at all times so far as the public health organisation has responsibility to input the data.

3.2.1.   Telematics

NSW Government has mandated the fitment of telematic devices in all in-scope government vehicles. Public health organisations are required to follow the *NSW Health Motor Vehicle Procurement and Use Policy Directive PD2023_030* on the procurement and installation of telematics devices. Telematics data provides public health organisations beneficial information on the behaviour of their fleet and its users and should be used in strategic decision-making. During instances of telematics outages or unavailability, public health organisations are expected to maintain paper records and submit a quarterly report to the NSW Health Fleet Category Manager detailing fleet movement activities. Minimum reporting measures per vehicle include:

    (i)   distance travelled

    (ii)   number of trips

    (iii)   time spent away from home base

3.2.2.   Infringement reports

The implementation of telematics is expected to deliver improvements in driver behaviour, resulting in a reduction of driving infringements such as speeding. Monitoring of infringement numbers in conjunction with telematics data will be performed by the NSW Health Fleet Category Manager. Where public health organisations are provided with access to the e-nominations system for driving infringements, public health organisations must provide a report to the NSW Health Fleet Category Manager on a quarterly basis of the number of infringements. Public health organisations who do not have access to e-nominations will not be required to provide additional reporting other than that which is captured through the fleet management system. Where infringement numbers increase or remain stable after the installation of telematics across the fleet, the public health organisation is to provide demonstrable evidence of proactive initiatives undertaken to reduce the number of infringements. Disciplinary actions taken against a driver should be in line with the Ministry's *Managing Misconduct Policy PD2018_031* and the *NSW Health Code of Conduct PD2015_049*.

3.2.3. Disposal and reallocation reports

Public health organisations are required to maintain an ongoing record of all fleet reduction actions. Reports are to include per vehicle the reduction strategy implemented, cost saving attached or sales proceeds.

4. FLEET MANAGEMENT

4.1. Booking system

4.1.1. Required booking platform

The Booking Intelligence platform provides an all-in-one booking management system and integrates with the fleet management provider system program. To facilitate consistency of booking systems, all public health organisations are to use Booking Intelligence as their primary fleet booking system. All vehicles are to be entered into the system and accessed by staff as a pool, including full private use vehicles of award employees. Vehicles are not to be dedicated or allocated to a specific individual, team, or purpose unless prior permission is granted by the NSW Health Fleet Category Manager. This excludes specific arrangements such as full private use.

Health Entities, other than NSW Ambulance, which provide emergency services must utilise the Booking Intelligence system to ensure that an appropriate number of pool vehicles is available at all times for emergency responses.

4.1.2. Mandatory minimum fields in Booking Intelligence

To enable consistent reporting, public health organisations are to configure their Booking Intelligence system to include the minimum mandatory fields:

1. Priorities indication field as per list in Appendix 6.3
2. Confirmation of holding a valid license and agreement to fleet use code of conduct as per indicated in Appendix 6.3
3. Confirmation of telematics installation notification

4.2. Fuelling

4.2.1. Purchase of fuel

Fuel is preferentially to be purchased using available public health organisation rent cards. In instances where staff purchase fuel using personal funds, an expense claim will only be accepted if submitted within 3 months of the purchase date.

Where fuel rent cards are available, fuel for passenger and sports utility vehicles must only be purchased using the appropriate rent card type and where applicable assigned to the vehicle. This is applicable to internal combustion engine, hybrid, and electric vehicles. Fuel for plant item purposes can only be purchased using an available and appropriate temporary card type.

4.2.2. Refueling responsibilities

NSW Health staff are responsible for always maintaining vehicles in a working order. Staff are expected to ensure that all pool fleet vehicles adhere to the following at all times:

- On vehicle return to garaging location - petrol tank at a minimum of 50% full for internal combustion engine vehicles
- On vehicle return to garaging location - petrol tank at a minimum of 50% full and charge 50% for plug-in hybrid vehicles
- Initial journey battery charge is a minimum of 40% capacity for fully electric vehicles

4.3. Hygiene

All NSW Health staff are expected to maintain the interior condition of the vehicle in a clean and respectable state suitable for the transport of patients and other personnel. Staff must remove any garbage, equipment, or debris from the vehicle at the end of each journey.

4.4. Vehicle condition inspections

To ensure vehicle integrity and safety of staff members when driving a fleet vehicle, a vehicle inspection is to be undertaken prior to the commencement and after the end of each journey leg, or no less than daily when driven. This is to be actioned by a walk around and visually inspecting the following:

- tires – under-inflated or flat, damaged including side walls or below legal tire tread depth
- windscreen – chipped or damaged
- all vehicle bodywork/panels – scratches, dents, scrapes/chips, or other damage
- all lights and indicators – operating correctly and not chipped or broken

Staff are to record the outcome of regular inspection through using supplied forms, checklists or by taking 360-degree photo images to support reporting of damage and incidents. Where damage is recorded and no report has been submitted, the cost centre of the staff member will be responsible for the cost of repairs.

5. EDUCATION AND TRAINING

5.1. Fleet induction training

All NSW Health staff who use the fleet are to receive an induction and orientation session. The public health organisation may apply discretion as to the best time, place and means of delivering the training. Broad topics to be included in the training are:

- Forms and declarations
- Bookings and booking system

- Telematics

- Fuelling or charging

- Safety features

- Resources and support

- Driver behaviour expectations

- Garaging location tour

- Emergency procedures

- Driver occupational health and safety

All fleet users must sign a driver declaration form annually and an overnight garaging form should the public health organisation wish to extend that option to the staff member.

5.2. Refresher training

A refresher training session should be made available to all staff of the public health organisation on an annual basis including staff who use the fleet infrequently. The public health organisation may apply discretion as to the best time, place and means of delivering the training. Refresher training should include an induction to new vehicle models and any significant alterations to fleet management or processes.

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6. APPENDICES

6.1. Vehicle request form

The vehicle request form is available at the [NSW Health Intranet Fleet page](#)

6.2. Vehicle category decision tool

The vehicle category decision tool is available at the [NSW Health Intranet Fleet page](#)

6.3. Booking Intelligence minimum mandatory fields

The Booking Intelligence minimum mandatory fields guide is available at the [NSW Health Intranet Fleet page](#)