SA Health

Policy

Asset Management

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Government of South Australia

SA Health

1. Name of Policy

Asset Management

2. Policy statement

This policy provides the mandatory requirements in relation to the effective and efficient strategic asset planning, asset lifecycle tasks, use and management of SA Health assets.

Overall asset management responsibility lies with the asset owner regardless of whether assets are managed and maintained by different parties. In most cases this will refer to the Local Health Network Chief Executive Officer or assigned Business Unit.

The scope of this policy includes property, plant, and equipment regardless of asset type or acquisition process: developed, purchased, leased, borrowed, rented, or donated. These assets can be described as:

- Vertical assets
- Linear assets
- Portable assets, or
- Intangible assets.

3. Applicability

This policy applies to all employees and contracted staff of SA Health; that is all employees and contracted staff of the Department for Health and Wellbeing (DHW), Local Health Networks (LHNs) including state-wide services aligned with those Networks and SA Ambulance Service (SAAS).

4. Policy principles

SA Health's approach to asset management is underpinned by the following principles:

- We ensure the appropriate, available, safe, effective and compliant use of assets for health service delivery in compliance with relevant legislation, regulations and standards.
- We have accountability of investment decision-making that is justified and takes into consideration statewide objectives, LHN service and infrastructure plans as well as other government policy and planning frameworks.
- We integrate consistent strategic asset management planning into LHN organisation and business planning processes, turning organisational intent into decisions and actions to optimise the value of assets.
- We will make operational lifecycle decisions that are based on total cost of ownership, risk and evidence, supported by asset performance reporting.
- We will choose environmentally sustainable solutions that support long-term benefits, reducing environmental impact and improve social outcomes.
- We have clear governance and working relationships with all stakeholders (including roles and responsibilities) between LHNs, State-wide Clinical Support Services, SAAS, DHW Infrastructure Branch (Infrastructure DHW), the Department for Infrastructure and Transport (DIT) and other relevant Government departments.

5. Policy requirements

Strategic Planning

DHW, LHNs and SAAS must:

- Develop a Strategic Asset Management Plan (SAMP) every five years within the context of the:
  - Overarching 20-year Infrastructure South Australia (ISA) State Infrastructure Strategy
  - DIT Strategic Asset Management Framework principles
  - SA Health Strategic Plan
  - DHW, LHNs and SAAS Strategic Plans, and
  - LHNs and SAAS Clinical Services Plans.
- The SAMP must outline the proposed service objectives and long term investment priorities of each SA Health entity and must, at a minimum, contain the elements in Appendix 1: Asset Management Policy Mandatory Instruction.
- Business cases for capital funding are developed from the SAMP and are prioritised within DHW for capital investment decisions. Refer to Appendix 1: Asset Management Policy Mandatory Instruction.

Asset Funding through Major Projects

Prior to a major project being undertaken, DHW, LHNs and SAAS must:

- Prepare a business case and/or project brief and obtain approval by a delegated officer in accordance with the Delegations Instrument.
- Obtain the Investing Expenditure Authority (IEA) with indicative expenditure timeframes.

Asset Information Systems (AIS)

- SA Health must register of all its assets, tracking of the asset performance, and maintenance interventions over its lifetime.
- All assets must be uniquely registered on a SA Health approved Asset Information System (AIS) if the asset is capital of>$10,000.
- Records must be kept during, and beyond, the lifetime of the asset. Refer to:
  - Appendix 1: Asset Management Policy Mandatory Instruction- 2 Responsible managers, mandated AIS/AMIS and management standards, and
  - Appendix 1: Asset Management Policy Mandatory Instruction - 3 AIS - Minimum data set and record retention
- The asset register and lifetime records for asset and physical resource management are official SA Health documents and must be:
  - Available, retrievable, maintained, and auditable throughout the life of the asset, and
  - Retained after last use in accordance with the State Records General Disposal Schedules.

Specified Asset Types

Specified asset types must:

- Be registered on the approved Asset Management Information System (AMIS) in accordance with Appendix 1: Asset Management Policy Mandatory Instruction -Table 1.
- Be acquired, accepted, registered, maintenance planned (scheduled and breakdown) and reviewed, maintained, and disposed in accordance with legislation and standards, and
- Meet documentation and records retention requirements for:
  - Biomedical Technology

- Facility Assets, and
- Medical Gas Systems.

> Refer to Appendix 1: Asset Management Policy Mandatory Instruction.

Asset Management: Property, Plant and Equipment Lifecycle

Asset Planning

> Asset Management Plans (AMPs) for DHW, LHNs or site (where relevant), and SAAS must be developed every two years and updated annually with support from the Across Government Facilities Management Arrangements (AGFMA) Facilities Management Service Providers (FMSP).

> AMPs must be followed in planning and determination of replacement and acquisition priorities.

> Planning for biomedical technology must be developed in collaboration with Biomedical Engineering (BME) before acquisition, whether for replacement, refurbishment or additional (new initiatives).

Asset Acquisition

When acquiring an asset, DHW, LHNs and SAAS must:

> Obtain expenditure authority approval before beginning an acquisition process.

> Follow State and SA Health procurement policy, processes, and forms for the acquisition of assets with additional inclusions for biomedical technology.

> Investigate non-capital solutions.

> Use defined Oracle Corporate Systems (Oracle) natural accounts coding for the projects and purchases as per Appendix 1: Asset Management Policy Mandatory Instruction - 4 Accounts for coding Asset Projects and Maintenance.

> Comply with the Therapeutic Goods Administration (TGA), Electromagnetic Compatibility (EMC), other relevant legislative requirements.

- Home use equipment must be Class II or battery-operated, or if Class I, have house wiring compliance with AS3003, or use in-line RCD for short-term use.

> Obtain BME endorsement for any biomedical technology during acquisition.

- BME must accept biomedical technology acquisition before first use regardless of the acquisition process (developed in-house, purchased, leased, borrowed, rented, consumable or volume contracts, donation, or loan to hospital or patient), or funding source.
- Perform acceptance testing and include installation, configuration, pre-operational testing, certification, and lifetime scheduled maintenance plans (frequency and checklist).
- Acceptance documents must be recorded in the approved AMIS and linked to the asset registration.

> Record assets > $10,000 in the Fixed Asset Register.

Asset Maintenance

DHW, LHNs and SAAS must:

> Manage the asset maintenance activities consistently to ensure assets are appropriate, available, safe, used effectively, functioning correctly, and compliant with relevant laws, regulations, and standards.

> Not limit maintenance for the life of the asset to scheduled maintenance, and must consider:

- asset breakdown repair
- after-hours repair

- cleaning assets
- shutdown and outage management
- incident investigation
- hazard and recall alerts
- escalation
- contract management
- management of external contractors, and
- review of maintenance plans.

> Undertake periodic audits of assets and performance and record the findings on the AMIS to support risk and evidence-based decision making.

> Use the defined Oracle Corporate Systems (Oracle) natural account coding for repairs and maintenance (R&M) and contract management fees, where applicable.

> Refer Appendix 1: Asset Management Policy Mandatory Instruction - 4 Accounts for coding Asset Projects and Maintenance.

Asset Disposal, Sale, Trade-in, or Reallocation

> At least annually, assets that no longer provide a required functionality or are surplus must be identified.

> Consideration must be given for all disposal strategies: transfer ownership or selling to another site, LHN, SA Health organisation or government agency; external sale (auction); donation; decant/decommission; demolition.

> Asset disposal process must follow the Salvage and Disposal Policy.

> Documentation of disposal is to be recorded in the AMIS asset registration record.

Governance and Communications

> A structure of state-wide committees for asset management and South Australia BME must operate to enable governance of high-risk issues and mitigation processes, support a strong asset management culture, and provide transparent and timely communication between all SA Health stakeholders.

> DHW, LHNs and SAAS must nominate representatives to attend the state-wide committees detailed in Appendix 1: Asset Management Policy Mandatory Instruction - 5 Committee structure for statewide asset management.

> Roles and responsibilities, and approval processes set out in the Strategic Asset Management Framework (SAMF) must be consistent, adhere to, and adapt the associated guidelines (underpinned by best practice) to support practical implementation of this policy.

6. Mandatory related documents

The following documents must be complied with under this policy, to the extent that they are relevant:

> AS2896 Australian Standard: Medical Gas Systems - Installation and testing of non-flammable medical gas pipeline systems

> AS3551 AS/NZS 3551 Australian Standard: Management Programs for Medical Equipment

> Asset Management Biomedical Technology Maintenance Planning Policy

> Attractive Items, Public Monies and Public Property Policy

> Capital Works Policy

> Contractor Safety Management (WHS) Policy

> Department of Premier and Cabinet Circular 18 (PC018) - Government Office Accommodation Framework

- Department of Premier and Cabinet Circular 28 (PC028) - Construction Procurement Policy: Project Implementation Process
- Department of Premier and Cabinet Circular (PC049) -Infrastructure SA Major Project Assurance Process
- Department of Premier and Cabinet Circular 114 (PC114) - Government Real Property Management
- Financial Information Policy
- Medical Gas System Policy
- Property, Plant and Equipment Accounting Policy
- Salvage and Disposal Policy
- Special Purpose Funds Classification Policy
- State Records General Disposal Schedule (GDS 30) - State Government Agencies in South Australia
- State Records General Disposal Schedule (GDS 28) - Clinical and Client-Related Records of Public Health Units in South Australia
- Risk Management, Integrated Compliance and Internal Audit Policy
- Treasurer's Instruction 2 Financial Management
- Treasurer's Instruction 17 - Public Sector Initiatives
- Treasurer's Instruction 28 - Financial Management Compliance Program

7. Supporting information

- AS ISO 55000 Asset management - Overview, principles and terminology
- AS ISO 55001 Asset management - Management systems - Requirements
- AS ISO 55002 Asset management - Management systems - Guidelines for the application of ISO 55001
- Asset Information Strategy Guideline (pending)
- Asset Management: Biomedical Technology (AMBT)
- Asset Management: Property, Plant and Equipment Lifecycle Guideline
- Contractor Safety Management (WHS) Guideline
- Disaster Management in the SA Health System Policy
- Disaster Resilience - Business Continuity Management Framework
- DIT Strategic Asset Management Framework: A Guide for Managing South Australian Government Buildings
- Emergency Management Framework
- Infrastructure SA (ISA) 20 Year State Infrastructure Strategy
- ISA Capital Intentions Statement
- Lifecycle Guideline Part 1 Planning to Acquisition
- Lifecycle Guideline Part 2 Acceptance to Disposal
- Managing Risk Guideline
- Monitoring and Compliance Guideline
- Reporting and Investigating WHS Hazards and Incidents Procedure
- Strategic Asset Management Framework
- Treasurer's Instruction 18 - Procurement

8. Definitions

- **Across Government Facilities Management Arrangements (AGFMA)** means the agreement by which facilities are managed across SA Government agencies, responsibility of Department for Infrastructure and Transport (DIT).
- **Asset** means a resource controlled by SA Health from which future economic benefits are expected to flow. For the purpose of this policy, asset includes property, plant and equipment regardless of asset value, type or acquisition process: developed, purchased, leased, borrowed, rented, or donated. These assets can be described as:
  - Vertical assets such as facilities, buildings (sub-structure, superstructure, fabric, and services such as water, electricity, gas, heating, cooling and fire), carparks, plant and fixed assets. May include natural assets such as land, lakes, trees, and streams.
  - Linear assets such as infrastructure such as roadways, storm water, electrical lines.
  - Portable assets such as biomedical technology, Information Communication Technology (ICT) equipment, fleet.
  - Intangible assets such as property and/or documents.
- **Asset disposal strategy** means to transfer ownership or selling of asset to another site, LHN, SA Health entity or government agency, or external sale (auction), donation, decant/decommission and/or demolition.
- **Asset Management Information System (AMIS)** means the electronic database that holds the unique asset registration and all associated documents over the lifetime of the asset and kept beyond the life of the asset as described in Appendix 1: Asset Management Mandatory Instruction:
  - Biomedical technology - Biomedical Asset Management System (BAMS), SA Health
  - Mandated and Agency Nominated facility assets - AGFMA AMIS, Government-wide
  - Non-AGFMA assets facility assets (property, plant, and equipment) - LHN nominated AMIS
  - Computers and related assets - Digital Health SA AMIS, SA Health
  - Intangible and IP assets - LHN nominated AMIS
- **Asset Management Plan (AMP)** means the documented information, updated two yearly, that specifies the asset performance, activities/projects, resources, and timescales required for an individual asset or a grouping of assets, to achieve the organisation's asset management objectives.
- **Asset Management System (AMS)** means the set of individual aspects working together as part of a complex asset management network including strategy and planning, asset decision making, lifecycle delivery, asset information systems, organisation and people, and risk and review
- **Biomedical asset** means biomedical technology registered on the Biomedical Asset Management System including technology defined as capital or fixed assets valued at $10,000 or more, and devices or minor equipment valued at less than $10,000.
- **Biomedical Asset Management System (BAMS)** means a computerised information system database comprising a record for each item of biomedical technology to provide evidence of adequate and effective operation of the biomedical technology management program.
- **Biomedical engineering (BME)** means the organisations and people that provide biomedical technology management and maintenance services to SA Health and participate in SA BME Committees (Oversight, Leadership and Operations) and Community of Practice.
- **Biomedical technology** means any electronic, electro-mechanical, mechanical, optical or pneumatic instrument, device, equipment, apparatus, or appliance (whether used alone or in combination, and including the software necessary for its proper application) intended, by the assigned SA Health manager, to be used either in-vitro or in-vivo for human beings for the purpose of, or research into, one or more of the following:
  - diagnosis, prevention, monitoring, prediction, prognosis, treatment or alleviation of disease
  - diagnosis, monitoring, treatment, alleviation of or compensation for an injury or handicap

- investigation, replacement, or modification of the anatomy or of a physiological process, or pathological process
- control or support of conception.
- that does not achieve its principal intended action in or on the human body by pharmacological, immunological, or metabolic means, but which that may be assisted in its function by such means, or
- an accessory to such an instrument, device, equipment, apparatus, or appliance or devices intended for disinfecting another medical device.

Any device, instrument, apparatus, accessory, or consumable attached to the item of biomedical technology whether by direct or indirect (such as wireless connection) is to be considered part of the biomedical technology.

A list of biomedical technology that is either exempt from this policy or included where such inclusion was either considered to be ambiguous or subject to a specific determination must be maintained.

- **Business unit** means operational units located within the LHNs, SAAS and DHW.. Business units may also be used to describe an individual hospital within a LHN (eg Royal Adelaide Hospital), as well as a Division within the department (eg Digital Health SA), or a clinical area within a LHN (eg Cardiology).
- **Buildings** means assets which constitute the actual building structure, building finishes and building services. Examples include ground slabs, footing systems, external walls, roof, fire protection, water supply, windows, and doors etc
- **Capital works projects** means as defined in the Premier and Cabinet Circular PC028. This Policy refers to any building work or construction project funded through the major capital program:
  - major capital works: projects delivered through an approved Government Capital Investment Program
  - minor works: capital works projects delivered through SA Health's annual programs or recurrent funds.
- **Facilities Management Service Providers (FMSP)** means the organisations and people that provide facilities management and maintenance services to SA Health. This includes all service providers within AGFMA and outside of AGFMA (managed by LHNs directly).
- **Funding source** means the type of funding used for the asset acquisition:
  - Capital: annual programs, major projects, special purpose funds, grants, or donations.
  - Non-capital: must ensure contract includes responsibility for management of maintenance over the lifetime and is defined and monitored by technically competent personnel.
- **State-wide Clinical Support Services** means State-wide Clinical Support Services, Prison Health, SA Dental Service, BreastScreen SA and any other state-wide services that fall under the governance of the Local Health Networks.
- **Strategic Asset Management Framework (SAMF)** means the integrated approach for the effective management of assets and infrastructure within SA Health.
- **Strategic Asset Management Plan (SAMP)** means the documented information updated at least every five years. That specifies and identifies an organisation's asset management objectives, strategic infrastructure / asset risks and strategic priorities to meet organisational objectives.

9. Compliance

This policy is binding on those to whom it applies or relates. Implementation at a local level may be subject to audit/assessment. The Domain Custodian must work towards the establishment of systems which demonstrate compliance with this policy, in accordance with the requirements of the Integrated Compliance Policy.

Any instance of non-compliance with this policy should be reported to the Domain Custodian for the Infrastructure and Asset Management Policy Domain and the Domain Custodian for the Risk, Compliance and Audit Policy Domain.

10. Document ownership

Policy owner: Domain Custodian for the Infrastructure and Asset Management Policy Domain

Title: Asset Management Policy

Objective reference number: A5262548

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11. Document history

Version	Date approved	Approved by	Amendment notes
1.0	03/12/2023	Chief Executive, DHW	New Policy

12. Appendices

1. Asset Management Policy Mandatory Instruction
2. Asset-related Record Retention Mandatory Instruction
3. Asset Management Compliance Indicators Mandatory Instruction

Appendix 1: Asset Management Policy Mandatory Instruction

This Instruction must be complied with to meet the requirements of the Asset Management Policy.

1. Strategic Asset Management

1.1 State-wide Asset Management Committee

a) DHW, LHNs and SAAS must nominate a representative to attend the State-wide Asset Management Committee.

b) The committee must:

- Implement an Agency-wide asset management system to support planning for assets such that they are appropriate, available, safe, used effectively, functioning correctly, and compliant with relevant laws, regulations and standards
- Ensure the delivery of the Strategic Asset Management Plan (SAMP) and the Asset Management Plans (AMPs)
- Provide leadership on integrated planning aligning assets/infrastructure with broader clinical services planning and commissioning
- Set the direction and priorities for the development of the SA Health's asset management capabilities by increasing capability and capacity of resources within the organisation to undertake asset management activities at the skill level that is appropriate to achieve the required results, and
- Provide direction and priorities for evidence based making decisions by supporting capture of data and information for asset management and maintenance and reporting.

1.2 Prepare Strategic Asset Management Plan (SAMP)

a) The SAMP must contain at a minimum

- Future vision of DHW, LHNs and SAAS:
  - Health service delivery objectives and associated asset management objectives
  - Demand drivers and projections (such as demographic profiles, population projection, clinical demand), and
  - Asset management maturity.
- Current data:
  - Built asset performance
    (level of utilisation, condition, suitability of function, suitability of location, etc)
    Data to either be sourced directly or rolled up from Asset Management Plan.
  - Supporting information from the annual Asset Management Plans, and
  - Current asset management maturity.
- Gap analysis (high level) between:
  - health service delivery objectives
  - current built asset performance, and
  - asset management system maturity.
- Identify and rank possible investment priorities:
  - Reflect capital and recurrent funding requirements over the short term (two years), medium term (five years) and long term (ten years). These priorities must include asset and non-asset solutions.
    Align with priorities identified in the annual programs for Minor Works and Biomedical Equipment Replacement.
  - The link between investment priorities and health service delivery objectives over the next ten years.

- Scope, benefits, costs and risks of the new proposed priorities.
  (Key risks include mitigation strategies for infrastructure condition, service delivery requirements, compliance, location and functionality).
- Summarise with high level 10-year investment plan with Works in Progress (WIP), new capital expenditure and asset maintenance including any identified backlog maintenance.

- Proposal increases in asset management maturity (from Core to Intermediate or Advanced):
  - Short, medium, and long-term asset management improvements, and
  - Quality Improvements in SAMP.

1.3 SAMP Compliance Monitoring

a) The SAMP must be developed every five years or earlier as required, in line with the development of a new Strategic Plan or Clinical Services Plans.

b) DHW, LHNs and SAAS must submit their SAMP to the DHW Infrastructure Unit by the last business day of June annually (even if there are no changes or updates).

c) The individual SAMPs must be collated to update SA Health's overall five-to-ten-year priorities for the 20-year ISA State Infrastructure Strategy.

d) The State-wide Asset Management Committee approves and monitors indicators including asset management maturity and adopts the asset management governance structure and Responsible, Accountable, Supporting, Consulted and Informed (RASCI) matrix within the Strategic Asset Management Framework.

2. Responsible managers, mandated AIS/AMIS and management standards

2.1 Biomedical technology must be managed throughout its lifecycle (planning to disposal) by BME according to AS3551-Technical Management for Medical Equipment. This includes:

a) Use of appropriately qualified and technically competent personnel (both management and technical):
- Use standard role descriptions.
- Recruitment panels include a qualified biomedical engineer (from within SA Health or external).
- Ongoing technical and professional development.

b) Risk management system for identifying higher risk requirements and assuring resources are allocated appropriately in biomedical technology processes:
- assessment
- manufacture
- acquisition
- acceptance and commissioning
- creating performance verification checklist
- review of performance verification checklist
- post-repair performance verification
- prioritisation of scheduled maintenance program, and
- modifications.

c) LHN participation in governance committee structure must occur to assure high levels of communication, understanding, and review of BME-related activities.

d) Biomedical Asset Management Systems (BAMS) must be used for:
- registration of all biomedical technology, and
- associated documents.

2.2 Facility assets:

a) Core assets (legislated) or Agency nominated – full maintenance must be managed under the Across Government Facilities Management Arrangements (AGFMA) mandated by cabinet for all government agencies in South Australia.

b) Agency nominated breakdown only – must be managed by AGFMA.

c) Agency responsible – must be managed by LHN (includes appropriate service provider, procurement of contracts, onsite contractor management, all documentation of maintenance intervention over life of equipment and record retention beyond the life of the asset).

d) Governance committee structure with participation by all LHN and SCSS to assure high levels of communication, understanding, and review of asset management activities.

2.3 Medical gas systems:

a) Extreme risk (25) until they are tested and commissioned, and they must be managed according to AS2896.

b) These are a special type of facility asset that are medical-related devices. They are only defined as medical devices (as defined by TGA) or biomedical technology (as defined by SA BME) if they are not tested and commissioned to AS2896. Once they comply, they are the same as other facility plant and equipment so must be managed by AGFMA or LHN (and can be in collaboration with BME).

Table 1 Responsible managers, mandated AIS/AMIS and management standards

Asset types	Definition	Responsible manager	AIS/AMIS	Management Standard
All capital assets (from below)	Capitalisable (>$10K) Asset Management (Finance) Policy	Fixed Assets (for record keeping purposes)	Fixed Asset Register	Treasurers Instruction AASB Standards 116
Biomedical Technology	Biomedical Technology (approved by SA BME Oversight Committee)	LHN BME Managers	Biomedical Asset Management System (BAMS)	AS3551 Technical Management for Medical Equipment
Facility assets - Property, plant and equipment - Core or Agency nominated	DIT AGFMA Scope	AGFMA (under oversight of LHN Strategic Asset Managers)	AGFMA AMIS defined by DIT (and SAMIS, legacy)	PC114 (property minimum data set) MOAA (DIT AGFMA contract) and working towards ISO55000
Facility assets (property, plant, and equipment) - Agency responsible	LHN keep register	LHN Strategic Asset Managers	LHN-nominated AMIS	Working towards ISO55000
Facility assets – Medical gas systems	TGA – biomedical technology only if not tested and commissioned (T&C) to AS2896	LHN Strategic Asset Managers	AGFMA AMIS or LHN-nominated AMIS	AS2896 Medical gas systems - Installation and testing of non-flammable medical gas pipeline systems

Asset types	Definition	Responsible manager	AIS/AMIS	Management Standard
			Biomedical Asset Management System for testing and commissioning	
Fleet assets	Vehicles	FleetSA	FleetSA nominated AMIS	
Computers and related equipment	Digital Health SA	Digital Health SA	Digital Health nominated AMIS	
Intangible assets and Intellectual Property		LHN Managers	LHN-nominated AMIS	

3. AIS - Minimum data set and record retention

3.1 Data within SA Health's AIS must be created, collected and maintained in accordance with all relevant State directions and SA Health's policy guidelines, including:

a) Premier and Cabinet Circular 114 Government Real Property Management.

b) DIT SAMIS Asset Data Standard.

c) SA Health's (pending) Asset Information Strategy.

d) Biomedical Technology in accordance with Computerised Asset Information System (CAIS) requirements detailed in AS3551.

e) Site and floor plans in accordance with the DIT SAMIS Drawing Specification and SA Health Supplementary SAMIS Drawing Specification.

3.2 The minimum asset data kept in AIS and AMIS must uniquely identify the asset with information detailed in Table 2 Minimum asset data for AIS and AMIS. (Note they may be in the same system.)

3.3 The Fixed Asset Register must be updated for all plant, property and equipment (including biomedical technology) valued $10,000 and above as per Asset (Financial) Management requirements. The Fixed Asset Team will allocate capital assets with an Oracle Asset Number for cross-referencing in the AIS.

3.4 Data in the AMIS must include tracking asset performance, maintenance interventions over its lifetime to satisfy the ability to make decisions on asset replacement priority and maintenance strategy.

3.5 Data must be retained as required by the State Government General Disposal Schedule No 28 and 30 (GDS28 & GDS30) and AS3551 recommendation:

a) Facility asset records (including asset register, modifications, maintenance or disposal) must be retained for at least 10 years after the life of the asset and longer where required (e.g., 100 years after action completed for asbestos-related facilities built before 1986, and for records relating to possible exposure to hazardous substances).

b) Biomedical technology, further to the state requirement, AS3551 recommends retention to statutory requirements for medical records associated with patient treatment delivery (i.e., GDS28 1.1, 1.16 and 3.8.2): 33 years after last contact where minors are involved, otherwise 15 years after last contact or action completed.

c) See Appendix 2: Asset-Related Record Retention for more information.

Table 2 Minimum asset data for AIS and AMIS

Asset type and parts	Minimum data set
AIS Property and Building	Facility/network element identification infrastructure description. Land title/s identification. Site area and dimensions. Aerial photography. Ownership. Gross floor area of building. Age of all major improvements. Valuation of site (fair value) and improvements. Current use(s) of site and alignment with service delivery need.
AIS Site and Floor Plan	AutoCAD and pdf copies of site, building, and level and room aligned with DIT SAMIS Drawing Specification.
AIS Room Data	Room number, room area (m2), room function, business unit / department that room is used by and responsible for.
AIS Plant and Equipment	Designated location, useful life, replacement cost, replacement year, certifications, warranties, defects liability period (DLP), history for high risk and compliance items, management responsibility
AIS Biomedical Technology	Meet the requirements of CAIS outlined in AS3551, including: Description, make, model, serial, nomenclature code. Supplier, service provider, support contact details. Business owner (LHN, clinical directorate and medical department). Expected life. Acceptance test and commissioning results, configuration, and ICT-connection. Funding source, purchase date and cost and the Oracle (Fixed) Asset number.
AIS Asset performance and maintainability	Technical condition, obsolescence, supplier support end-of-life. Clinical and user: useability, appropriateness.
AIS Fixed Asset Register	Classification of expenditure (ie: expense or capital). Location, building, room. Owner, LHN, Site, Medical Directorate. Make, model, supplier. Invoice number, cost. For Biomedical Technology: SA BME asset number.
AMIS	Maintenance plans - schedule and checklist; reviews of maintenance plans.

Asset type and parts	Minimum data set
	Maintenance logistics: service provider, after-hours repair, cleaning assets, shutdown and outage management, and escalation process. Acceptance test and commissioning results, configuration data, operations and service manuals. Maintenance interventions (breakdown and scheduled maintenance), work requests and service reports (who did what, when, and how much did it cost), contractor engagement. Hazard, recall and incident –actions taken and status monitoring Performance: technical (condition, serviceability etc) and clinical (useability, meeting clinical requirements etc).

4. Accounts for coding Asset Projects and Maintenance

Must seek Project Ids from DHW Project Accounting and use defined natural accounts in coding requisitions.

4.1 Asset Projects

a) Capital Projects: CAPITAL PURCHASE/PROJECT.29997.GENERAL EQUIPMENT CONSULTANCY EXPENSES.75511.PROJECT & BUSINESS ADVISORY SERVICES

b) Minor Works: EQUIPMENT_MINOR.74511.GENERAL

c) Biomedical Technology:

- CAPITAL PURCHASE/PROJECT.29997.MEDICAL SURGICAL DENTAL BIOMED EQUIP
- EQUIPMENT MINOR.74511.MEDICAL SURGICAL DENTAL BIOMED EQUIP

4.2 Asset maintenance and contract management fees - see Table 3.

Table 3 Coding for asset maintenance and contract management fees

Natural Accounts	DIT/ DTEI	Change for Ventia	Biomedical Technology	ICT	Other
Repairs and Maintenance (R&M)					
R&M_OTHER					74811
R&M_BUILDING MAINTENANCE CHARGED BY DTEI.74812	74812 (Building)	74813			
R&M_BUILDINGS.74813					
R&M_PLANT & EQUIPMENT.74814		74814	74814[1]		
R&M_BREAKDOWN _MNTNCE	74826	74815	74819[2]	74822	
R&M_PREVENTATIVE_MNTNCE	74827	74816	74825[3]	74823	
R&M_REFURB_PLAN_UNPLAN		74817	74821	74824	
R&M_MINOR_WORKS_PLAN_UNPLAN		74818			

Contractors - Contract Management					
CONTRACTORS					75491
CONTRACT MANAGEMENT	75492 DIT fees				
CONTRACT_MANAGEMENT_AGFMA_ MGMT FEE		75493			
Middleware (Annual license fees)					
MIDDLEWARE ICT_SOFTWARE LICENCE FEES			75269		

Notes: Append to account 1, _MEDICAL; 2, _BME Ad hoc maintenance and spare parts; 3, _BME Annual Maintenance Plans.

5. Committee structure for statewide asset management

There are two sets of committees at governance, tactical and operational levels:

- State-wide Asset Management Committee: LHN Executive nominee
- AGFMA Oversight Sub-Committee: LHN Director responsible for Asset Management
- SABME Oversight Committee: LHN Director responsible for BME
- SABME Leadership Committee: BME Area Manager or equivalent
- State-wide Asset Management Working Group (Communities of Practice)
- SABME Operations Committee: BME Technical Manager

Table 4 Statewide committee structure for asset management

Committee level	Facility property, plant, and equipment	Biomedical Technology
Oversight	Statewide Asset Management Committee, SAMC	SA Biomedical Engineering Oversight Committee, SABME OC
Leadership	Statewide Asset Management - AGFMA Oversight sub-committee, SAM-AOSC	SA Biomedical Engineering Leadership Committee, SABME LC (Community of Practice)
Operations	Statewide Asset Management Working Group, SAMWG (Community of Practice)	SA Biomedical Engineering Operations Committee, SABME Ops (Community of Practice)

Legend: Community of Practice, extends beyond LHN nominees to include other SA Health stakeholders (eg SAAS)

Appendix 2: Asset-Related Record Retention Mandatory Instruction

The following Instruction must be complied with to meet the requirements of this policy.

The retention times for records relating to Asset and Physical Resource Management is complex. The following are some of the requirements from the State Government General Disposal Schedules 28 and 30 (GDS28 & GDS30).

Further to the state GDS requirement, AS3551 recommends retention of biomedical technology related records to statutory requirements for medical records associated with patient treatment delivery (i.e., GDS28 1.1, 1.16 and 3.8.2): 33 years after last contact where minors are involved, otherwise 15 years after last contact or action completed.

Table 5 Extracts from State Government General Disposal Schedules 28 and 30

Function/Activity	Applicable records	Disposal action (all TEMPORARY)
Asbestos GDS30v2 1.11.2 Maintenance 1.11.5 Maintenance 1.8.1 Installation	Records relating to repairs, renovations and maintenance of properties included on an asbestos or hazardous substances register. Records relating to the maintenance of equipment known to contain asbestos or other hazardous materials. • Removal of hazardous materials Records relating to the installation of equipment in or outside properties included on an asbestos or hazardous substance register • Installations in workshops, plant & storage areas; requiring disturbance of ceilings, walls, wet areas & floor coverings; technology or telecommunications equipment; cabling & ducting for air-conditioning; electronic security & surveillance systems	Destroy 100 years after action completed
Leasing (Assets) GDS30v2 1.9.1 Under seal 1.10.2 Not under seal	Records relating to leasing under seal (speciality contracts), or not under seal (simple contracts) • Leasing documents; Tenancy occupancy agreements	Under seal - Destroy 17 years after action completed Not under seal - Destroy 8 years after action completed
Clinical care GDS28 1.1.1 General Care 1.1.2 General Care 1.16.1 3.8.2 Risk Assessment	Records relating to the provision of general care to adult (18 years of age or over) clients – or minors (under the age of 18). • All types of treatment forms (long list) • Drug orders, Test results, Treatment records Investigations – Non-laboratory (e.g., CTG, ECG, EEG, EMG) Records relating to sterilisation of instruments and other equipment. • Steriliser Checklists and other documents as listed in the AS/NZS4187	Adults: Destroy 15 years after last contact Minors: Destroy 15 years after last contact once child attains18 years of age. (i.e., up to 33 yrs)

Function/Activity	Applicable records	Disposal action (all TEMPORARY)
Installation – non-asbestos GDS30v2 1.8.2 Installation	Records relating to the installation of equipment in or outside other properties (ie. not related to asbestos or hazardous substances)	Destroy 10 years after action completed
Control (Assets) GDS30v2 1.5.1 Control	Master summary records relating to the control of assets • Record of modifications to and maintenance of fixed assets • Register of assets	Destroy 10 years after action completed
Clinical GDS28 5.8.3 Quality Control	Notifications relating to product recalls, drug recalls and material use. • Product recalls from TGA • Product recalls for public health unit equipment • Letters from TGA regarding use of materials • Drug recalls from TGA	Destroy 8 years after action completed
Maintenance GDS30v2 1.11.3 Maintenance	Records relating to repairs, renovations, and maintenance of other properties (i.e., not disasters, asbestos, nor hazardous substances)	Destroy 7 years after action completed

Appendix 3: Asset Management Compliance Indicators Mandatory Instruction

The following Instruction must be complied with to meet the requirements of this policy.

The compliance with this policy will be measured annually with the set of indicators in Table 3.

Table 3: Asset Management compliance indicators

Indicator	Description
Strategic Planning	• Has a SAMP been developed for each LHN? • Does the SAMP contain the minimum requirements from the SAMP Guideline? • Has the SAMP been endorsed by senior management?
Seek Funding for Major Projects	• Has the funding source and gap been identified? • Is funding sought in accordance with SA Health Policies such as Project Accounting Policy, Capital Works Policy, and Infrastructure SA Major Project Assurance Process?
AMIS	• Are all assets registered in an AIS? • Is the minimum data requirement monitored? • Are the records retained for the required period? • Does SA Health have access to legacy data?
Asset Management Planning	• Is asset performance under regular review and used in the AMP? • Does asset performance include technical and clinical measures from a range of stakeholders (e.g., asset managers, asset operators, asset maintainers, business unit managers or equivalent and FMSP)? • Have replacement and acquisition priorities been documented in the AMP? • Is maintenance planning documented such that asset maintenance strategies minimise risks related to safety, effectiveness, availability and compliance of the asset (i.e., adjustments to frequency or checklist requirements, accountable shutdown and outage plans and processes for after hours' repairs)? • Has the AMP been approved / endorsed by LHN Executive?
Asset Acquisition	• Does the acquisition include considerations of data requirements at the start of the project and be included in contract requirements? • Does the acquisition include considerations on installation, configuration, pre-operational testing and certification to ensure that the asset is delivered and functioning against the agreed scope with safety and performance assured? This includes recording and registering of assets (including operations and maintenance manuals) for effective management and maintenance of asset lifecycle in CAIS. • Are all capital assets identifiable (with locations) on Fixed Asset Register to enable annual stocktake/audit to meet financial compliance?
Asset Maintenance	• Are asset repairs prioritised by applying available resources on a risk management basis, prioritising those that present immediate hazard to people or impact health service delivery? • Have asset managers collaborated with business unit managers and service providers to respond to unexpected breakdowns and understand escalation pathways if required? • Are the FMSP Key Performance Indicators closely monitored and reported on?

Indicator	Description
	• Are the processes undertaken as per the Asset Management: Property, Plant and Equipment Lifecycle Guideline?
Asset Disposal, Sale, Trade-in or Reallocation	• Are there disposal strategies for assets identified as no longer providing the required functionality or declared surplus? • Does the disposal strategy meet the appropriate policies?
Governance	• Does every LHN have an official member on the governance groups? • Has the official member / proxy been attending meetings? • Have recommendations from meeting been escalated and acknowledged to the appropriate levels? • Have actions / outcomes from meeting been recognised and implemented?