Capital Works: Implementation Policy Guideline

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1. Policy Statement

The purpose of the Capital Works: Implementation Policy Guideline (“the Implementation Policy Guideline”) is to assist SA Health and relevant stakeholders in identifying and adhering to the requirements associated with delivering major SA Health capital works projects.

The implementation phase is the second of four phases that form SA Health’s capital works process, as shown in Figure 1 below:

<table>
<thead>
<tr>
<th>Phase</th>
<th>Stage</th>
<th>Gateway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning</td>
<td>Strategic Assessment of Service Provision</td>
<td>One: Strategic infrastructure priorities approved in an Investment Proposal.</td>
</tr>
<tr>
<td></td>
<td>Case for Change &amp; Project Scoping</td>
<td>Two: Outline Business Case approved for further investigation and Business Case development.</td>
</tr>
<tr>
<td></td>
<td>Project Planning &amp; Project Funding</td>
<td>Three: Business Case and Budget Bid approved by Chief Executive SA Health and submitted for consideration on the Government’s Capital Investment Program.</td>
</tr>
<tr>
<td>Implementation</td>
<td>Concept Design</td>
<td>Four: Project funding model agreed. Project included on approved Government’s Capital Investment Program. Approval to commence concept design.</td>
</tr>
<tr>
<td></td>
<td>Design &amp; Documentation</td>
<td>Five: Approval that the concept design process is consistent with the parameters approved by Government. Approval to commit expenditure required to complete the design process.</td>
</tr>
<tr>
<td></td>
<td>Tender &amp; Construction</td>
<td>Six: Approval that the design, development and documentation process is consistent with the parameters approved by Government. Approval to call construction tenders.</td>
</tr>
<tr>
<td>Implementation</td>
<td>Post Construction Review</td>
<td>Seven: Approval to proceed to construction by committing the balance of the project expenditure and awarding construction contracts.</td>
</tr>
<tr>
<td>Review</td>
<td>Post Occupancy Evaluation</td>
<td></td>
</tr>
<tr>
<td>Evaluations</td>
<td>Management Review</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Benefit Evaluations</td>
<td></td>
</tr>
</tbody>
</table>

Figure 1: Capital works project lifecycle

The procedures defined in section 3 (policy requirements) align with the steps outlined in the process maps in Appendix A, with a Gateway checklist provided in Appendix B. Each section defines a new stage, which is presented in a separate process map.

The Implementation Policy Guideline must be read and administered in conjunction SA Health’s Capital Works Policy Directive.

It is recommended that the user refers to the process maps in conjunction with the guidance below to understand the required actions in each step.

What is in this Policy Guideline

This Policy Guideline covers:

- Three sequential stages within the project implementation phase, leading to the completion of the proposed capital works project.
- Process maps for each stage in the project planning phase; and
- Tools and templates to support documentation requirements at each stage.
Scope

The Implementation Policy Guideline follows on from SA Health’s Capital Works: Planning Policy Guideline. The Project Implementation process:

- Commences when the project has been included in an approved SA Government program; and
- Concludes when the Certificate of Practical Completion is issued by Department of Planning Transport and Infrastructure (DPTI).

The Implementation Policy Guideline is to be applied to all major capital works projects undertaken by SA Health. All major capital works projects are led by the Department for Health and Wellbeing (DHW) Infrastructure Branch.

When to use the Implementation Policy Guideline

The Implementation Policy Guideline applies to all major capital works projects where DHW is the lead agency responsible for implementing the project.

The Implementation Policy Guideline is to be utilised when undertaking any of the following stages:

1. Concept design;
2. Design and documentation; and
3. Tender and construction.

2. Roles and Responsibilities

In the context of this document:

Chief Executive SA Health is responsible for:

- Strategic health system planning and primarily responsible for providing approval to proceed with planning for major capital works projects.

Chief Executive Officers (CEOs) of LHNs / BUs are responsible for:

- Identifying key stakeholders and conducting appropriate and adequate engagement during the capital works project.
- Managing the resulting assets on an ongoing basis.

Executive Director Infrastructure DHW is responsible for:

- Overall project management and delivery including the planning, budgeting and approval elements of capital works projects.

Minister for Transport, Infrastructure, Local Government and Planning (or delegate) is responsible for:

- Entering into professional service and construction contracts on behalf of SA Government.
- Ensuring a consistent approach to contracting with construction industry sectors, supported by robust, risk managed tendering and contract processes and systems.

This Policy Directive does not apply to:

- Information and Communication Technology (ICT) capital works projects, which are covered by ICT Governance Framework.
- Biomedical capital equipment annual program.
• Maintenance work, compliance works and minor works program, undertaken by DPTI or through the Across Government Facilities Management Arrangement (AGFMA).

3. Policy Requirements

Concept design (refer to Appendix A - SA Health Capital Works Project Flow Map)

Where appropriate, the relevant step in South Australian Government 5-Step Infrastructure Planning and Delivery Framework; the Construction Procurement Policy: Project Implementation Process (PIP) is referenced to establish linkages between the processes defined in the Implementation Policy Guideline to that of PIP.

Step 4.1 – Stage pre-requisite

To commence the concept design stage, the project must be approved in the South Australian Government’s Capital Investment Program, or have an approved budget provided by the appropriate DHW delegate. Infrastructure DHW must seek, or must be provided with, confirmation of the approval prior to project tasks commencing.

Step 4.2 – Establish project governance (PIP Step 5.1.2)

All major capital works projects must establish an appropriate project governance framework for the duration of the project. In particular, the project governance structure must include:

- Project Sponsor;
- Executive Leadership Team (ELT) for executive and strategic governance matters; and
- Integrated Management Team (IMT) for day-to-day governance and project management matters.

Details of the project governance, including structure and responsibilities of the three roles, are described in Appendix C.

The project governance must also include accountabilities for:

- Project financial accounting (refer to Appendix D for more details); and
- Project record keeping (refer to Appendix E for more details).

Step 4.3 – High level project brief

Infrastructure DHW is responsible for developing a high-level project brief, based on the parameters defined in the approved Business Case. The project brief takes into consideration:

- Project parameters as agreed and included in the Government’s Capital Investment Program;
- Facility requirements detailed in Australasian Health Facility Policy Guidelines;
- Needs of the LHN(s)/BU(s);
- New information identified since the preparation of the Business Case;
- LHN/BU’s strategic asset management plan/asset strategy;
- SA Health’s priorities and initiatives, including DHW’s long-term strategic directions;
• Alignment with South Australia’s Strategic Plan and Strategic Infrastructure Plan; and
• Other applicable government policies.

Once completed, the high-level project brief must be submitted to DPTI Infrastructure.

Step 4.4: Project development

DPTI Infrastructure is responsible for undertaking the initial project formation and procurement using the high-level project brief provided by DHW Infrastructure. This takes the form of the following:

• Developing a project acquisition plan;
• Developing a project risk management plan in accordance with Australian standards (generally AS/NZS 31000:2009 Risk management – principles and Policy Guidelines); and
• Undertaking a procurement options evaluation for the formation of the project team.

Infrastructure DHW should be consulted during the project development step to ensure health specific considerations are taken into account.

Step 4.5: DPTI recommendation for appointment of design team (PIP Step 5.1.3)

The project design team consists of selected third-party service contractors (engineers of various disciplines, planners, architect, quantity surveyor, etc), who are initially engaged for the concept phase to develop various concepts based on the feasibility / masterplan principles that formed the basis for the Business Case.

It is DPTI Infrastructure’s responsibility to undertake and manage all procurement and contracting processes, observing the requirements for probity and adhering to all relevant Treasurer’s Instructions (TI’s). DPTI Infrastructure must make recommendation to Executive Director Infrastructure DHW on the design team.

Gateway Four serves as Executive Director Infrastructure DHW’s approval to commence concept design.

**Gateway Four – Project funding model agreed. Project included on approved Government Capital Investment Program. Approval to commence concept design.**

<table>
<thead>
<tr>
<th>Deliverables</th>
<th>DPTI provide Gateway Four for DHW approval;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Project governance framework;</td>
</tr>
<tr>
<td></td>
<td>Design team procurement; and</td>
</tr>
<tr>
<td></td>
<td>High level project brief.</td>
</tr>
</tbody>
</table>

**Approval Delegate**

Executive Director Infrastructure DHW

Note: Subject to the size and complexity of the project, steps 4.6 – 4.15 may be applied. Application of the steps prescribed below are made on a case-by-case basis.
Step 4.6: Workshop 1 – Project validation

Infrastructure DHW is responsible for facilitating a workshop with the LHNs/BUs Executive representatives at the start of the concept design stage (Step 4.3a).

The purpose of this workshop is to:

- Validate the Business Case developed;
- Establish the key result areas (KRA) and key performance indicators (KPIs) for the project delivery;
- Establish the collaborative team culture and foster ‘blue sky thinking’;
- Test existing assumptions; and
- Identify any new information.

Key Clinicians and other end-users from the LHNs/BUs should be represented at the workshop to ensure specific needs are being considered and satisfied.

Step 4.7: Develop concept designs (PIP Step 5.1.5)

The design team is responsible for preparing a detailed project brief (also referred to as “return brief”), and developing a range of concept design options that define all elements, services and materials based on the high-level project brief.

The design team must include in the design process an analysis of the advantages and disadvantages of each alternative, with a view to determining the optimum concept design to meet service needs based on both capital and operational costs of the asset.

Considerations for government’s ecologically sustainable development initiatives must be incorporated in the options comparative analysis. This includes undertaking lifecycle costing to calculate the costs associated with adhering to any requirements, initiatives, and targets set by government.

Consideration of any other recently completed projects of a similar nature should be undertaken at this point to ensure all Post Construction Review/Post Occupancy Evaluation findings and work health safety risks are appropriately considered early in the design process. This information can be requested from DPTI Infrastructure or Infrastructure DHW.

Step 4.8: Workshop 2 – concept design

Infrastructure DHW is responsible for facilitating a workshop with key stakeholders from the LHN(s)/BU(s) identified in Workshop 1 to:

- Evaluate and challenge the concept design options presented by the design team;
- Review assumptions / information that forms the basis for the concept design options;
- Set the direction for further investigation; and
- Consider other implications such as change management, decanting and staging impacts which may arise from each option.
Considerations should be given to conducting a strategic value management study to assist with determining the preferred concept design. Strategic value management is a structured, systematic and analytical process undertaken to quantify and verify the key functional requirements, and provide the mechanism to highlight cost efficiencies/opportunities/risks.

Step 4.9: Select preferred concept design (PIP Step 5.1.7)

Outcomes of Workshop 2 contribute to the IMT selection process for the preferred option. IMT is responsible for selecting the preferred option for ELT’s approval and endorsement.

The preferred concept option must be selected with considerations for benefits, functions, value, costs and delivery options, and documented in sufficient detail to enable the selection criteria to be verified.

The IMT must ensure the parameters in preferred concept design options and nominated budget are aligned with the detailed design brief. The project must not progress if there is a mismatch, so time must be allocated to resolving any outstanding issues at this stage as a critical risk management strategy. Some outstanding issues may include stakeholder aspirations and expectations, and alignment with South Australian Government requirements. This may require referral and consultation with the ELT.

Step 4.10: Workshop 3 – Concept approval

Infrastructure DHW is responsible for facilitating a workshop for the ELT and key stakeholders from the LHN(s)/BU(s) identified in Workshop 1 and 2 to:

- Approve the concept design (or agree on amendments);
- Close out design assumptions made in the Detailed Design Brief; and
- Agree on key KRAs, and KPIs.

This workshop must result in a recommendation to the CEO LHN/BU for approval of the preferred concept, and trigger the approval process for concept design stage.

Step 4.11: Refine preferred concept design

The design team is responsible for refining the preferred concept design where required in accordance with any variations requested by the ELT, and actioning all outstanding issues that may have arisen during the concept design selection process.

This produces the final concept design produced by the design team, for Infrastructure DHW endorsement and LHN/BU Executive approval.

Step 4.12: Secure stakeholder sign-off (PIP Step 5.1.8)

Infrastructure DHW must seek approval from CEO LHN/BU (or delegate) for the preferred option prior to proceeding with the next step. Securing sign-off ensures that the project proceeds without delay and avoids additional costs associated with late changes. The LHN/BU must ensure appropriate clinical engagement and support has been provided throughout the concept phase in order to assist this sign-off process.
Step 4.13: Develop concept design report (PIP Step 5.1.9)

After securing sign-off for the preferred concept design from CEO LHN/BU, the design team is responsible for developing the concept design report, with oversight from Infrastructure DHW and DPTI Infrastructure.

The concept design report must be based on DPTI designated concept report templates and forms the basis of subsequent submissions to the project sponsor, Minister, Cabinet and the Parliamentary Public Works Committee. At a minimum, the concept design report should include the following, as applicable:

- Project objectives and how the project links to South Australia’s Strategic Plan, the Strategic Infrastructure Plan and SA Health Strategic Plan 2017-2020;
- Asset function objectives;
- Scope and quality of proposed project;
- A written description of all viable concept options considered;
- Preferred concept design described in drawings and a report on design philosophy, design solution, statutory planning and environment issues, and an assessment of cultural and heritage issues;
- Capital and recurrent funding requirements, impact on the state budget and cash flow;
- Economic evaluation of the preferred option including quantified non-financial costs and benefits or appropriate financial evaluation;
- ‘Whole of life’ costs, including those for ecologically sustainable development initiatives;
- Initially preferred construction procurement method;
- Cost estimates and indicative program;
- Land acquisition plan (if applicable);
- Statement of risk to Government, including risk assessment and risk management plan; and
- Asset rationalisation plans, where required.

Step 4.14 to 4.24: Concept design approval process (refer to flow chart in Appendix A, Concept Design Stage)

The approval pathway for concept design and documentation required to facilitate the approval process varies depending on value of the project. There are two key decisions that determine requirements for approval:

- Expenditure authority in accordance with Treasurer’s Instruction 17 - Evaluation of and Approvals to Proceed with Public Sector Initiatives (Step 4.14).
- Requirements to refer to Parliamentary Public Works Committee (PWC) (Step 4.15).
The documentation requirement is summarised in the table below:

<table>
<thead>
<tr>
<th>Documents required</th>
<th>Approval Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chief Executive SA Health</td>
</tr>
<tr>
<td>Key elements of concept design report</td>
<td>✓</td>
</tr>
<tr>
<td>Minister's briefing</td>
<td>✗</td>
</tr>
<tr>
<td>PWC submission</td>
<td>✗</td>
</tr>
<tr>
<td>Cabinet submission</td>
<td>✗</td>
</tr>
</tbody>
</table>

Infrastructure DHW is responsible for preparation and lodgement of:
- Minister’s briefing;
- PWC submission; and
- Cabinet submission.

All documents above will require consultation with LHNs/BU for endorsement prior to finalisation.


**Step 4.15: Cabinet and Public Works Committee (PWC)**

**Cabinet and Public Works Committee Submission Overview**

Refer to PC015 - Procedures for Submissions to Cabinet Seeking review of Public Works by the Public Works Committee for more information on the requirements of PWC submission. All PWC Submissions must secure sign-off from CEO LHN/BU.

It should be noted that if Cabinet submission is required, Infrastructure DHW is responsible for preparing the Cabinet submission, PWC submission, and quarterly reports to PWC in accordance with requirements. The submissions must be progressed through the Chief Executive SA Health to the Minister before being considered by Cabinet; Cabinet will note the intent to refer the evidence submission to the PWC.

In cases where the Minister has the authority to refer the project direct to the PWC, all quarterly reports prepared for PWC must be forwarded with endorsement from Executive Director Infrastructure DHW.

In most cases, PWC will request a Hearing for the project being referred, before a Report is tabled about the project in Parliament. If a Hearing is requested, the following representatives will normally provide evidence to the PWC:
- CEO LHN/BU;
- Executive Director Infrastructure DHW; and
- Lead in the Design Team (usually a Director from the Architect).

Refer to Cabinet and Executive Council Policy Guidelines released by Department of Premier and Cabinet for more information on structure, business and processes of Cabinet.
Gateway Five – Approval that the project is consistent with the parameters approved by Government. Approval to commit expenditure required to complete concept design process.

**Deliverables**
- DPTI provide Gateway Five for DHW approval;
- Concept design report;
- Minister’s briefing to approve expenditure;
- PWC submission; and/or
- Cabinet submission.

**Approval Delegate**  Executive Director Infrastructure DHW

### Design and documentation

**Step 5.1: Stage pre-requisite**

To commence the design and documentation stage, DPTI’s “recommendation for Gateway Five approval and proceeding to design and documentation” must be approved by Executive Director Infrastructure DHW.

**Step 5.2: Undertake design development and documentation (PIP Step 5.2.2 to Step 5.2.7)**

The design team appointed (refer to step 4.5 for more details) is responsible for preparing the design development and documentation package based on the concept design developed in Stage 4, following an interactive and consultative design process.

The design development / documentation process includes:

- Developing detailed design drawings / specifications (Step 5.2a);
- Developing a cost plan and detailed project plan (Step 5.2b).

The design development and documentation process should include:

- Standards / Policy Guidelines specified in Australasian Health Facilities Policy Guideline, and Australian Standards, and any other Infrastructure DHW’s or Government design standards;
- Architectural or engineering design to establish form, appearance and layout, functional relationships, area definition, location and site plans, plans, elevations, sections, materials selection etc.;
- Detailed documentation and drawings of the project to design development stage;
- Significant LHN / BU input required to ensure SA BME, Statewide Clinical Support Service and ICT requirements are captured;
- Significant LHN / BU input required for risk assessments relating to Safety in Design, Work Health Safety (WHS) and Protective Security aspects of the project.

Nominated or relevant clinical leads at LHN/BU are responsible for approving functional requirements detailed in the design, and the design works must be
progressively approved by clinical leads at the LHN/BU prior to inclusion in the final detailed design package (Step 5.2c).

The LHN/BU Redevelopment Manager plays a pivotal role in ensuring appropriate consultation occurs with all LHN clinical, non-clinical and consumer stakeholder groups throughout all design activities.

Development of cost plan must be prepared (and progressively updated) by the cost manager, based on the total project value approved in concept design stage. The cost plan should include:

- A breakdown of costs for the project;
- Appropriate contingencies (design / construction / Principals);
- LHN/BU managed budgets where relevant (staffing / decanting);
- Estimate within an order of accuracy of 3% (plus or minus) with value management (VM) options prior to tender call; and
- Indication of the cash flow required on a financial year basis.

A detailed project plan is established to coordinate all time-dependent project variables. The timelines will be influenced by the method of delivery chosen for the project.

DPTI Infrastructure is responsible for determining the preferred construction procurement model.

DPTI Infrastructure must consult Infrastructure DHW and the LHN/BU on the construction procurement options available including confirmation of the preferred risk allocation model regarding which parties will manage the range of construction risks – design, weather, latent conditions, program, cost, industrial, etc.

**Step 5.3: Detailed design approval process**

Following all design work receiving approval by the relevant clinical lead of the LHN/BU, the design package must be approved by the CEO LHN/BU (or delegate) to ensure the proposed design meet the needs of the LHN/BU (Step 5.3a).

Some time may have passed since the development of the concept; accordingly, the CEO LHN/BU (or delegate) must confirm that the project still meets the needs of the LHN/BU prior to providing approval.

Although the design development / documentation phase is undertaken based on the earlier concept design, Infrastructure DHW is responsible for validating the conformance of the design development / documentation package to the concept design (Step 5.3b). This must include assurance of the following:

- Final detailed design to the concept design;
- Alignment of the design to the benefits identified, and agreement with benefits realisation plan; and
- Alignment with project budget and timeline agreed in the concept design stage.

It is the responsibility of the Executive Director Infrastructure DHW to endorse the detailed design package in the capacity of the project sponsor (Step 5.3c). The endorsement is to signify that the project has not deviated from the original benefits identified in the Business Case.
Step 5.4: Complete design approvals (PIP Step 5.3.2)
Some projects are required to conform to legislative requirements before they can proceed. In addition to Cabinet (or delegate) and Parliamentary Committee approvals, major capital works projects must conform to legislative requirements.

DPTI Infrastructure is responsible for obtaining design approvals with input from Infrastructure DHW.

Other specific approvals that should be secured before the project design is finalised would typically include, but are not limited to:

- Verifying land and property ownership;
- Resolving any land use agreements;
- Checking for any easements or encumbrances on the property;
- Addressing legislation regarding any significant trees on site;
- Addressing heritage requirements if it is a National, State or local heritage listed property;
- Planning/development and building rules approval;
- Identifying and addressing issues relating to Aboriginal sites and people; and
- Checking site contamination and meeting the requirements of the Environment Protection Authority.

Step 5.5: Finalise construction procurement method (PIP Step 5.2.5)
Construction procurement options developed by DPTI Infrastructure (considered in concept design stage) will be finalised at this step. DPTI Infrastructure is responsible for determining the appropriate construction procurement method with input from Infrastructure DHW, as the selected option influences the approach to and sequence in which contract documentation is prepared.

Consideration must be given to the benefits realisation plan, to ensure the parameters identified in the plan align with the construction procurement approach, and the plan can be implemented with the selected construction method.

If a design and construct methodology was selected in the concept design stage, DPTI Infrastructure and Infrastructure DHW must jointly evaluate the performance of the design team to this point and consider future role (whether Government or Contractor side).

Step 5.6: Confirm procurement methods for general furniture, fittings and equipment, and specialist medical equipment
The IMT (via the Design Team) is responsible for implementing an effective process for resolving the extent and detail of new equipment acquired and managing the procurement of furniture, fittings and equipment (FFE) and specialist medical equipment. The IMT must ensure the optimal re-use of existing equipment as appropriate.

Where significant medical equipment and specialist items are to be procured (e.g. for Operating Theatres/Imaging Suites), SA BME must be consulted regarding the specialist medical equipment requirements. This will ensure compatibility and standardisation of medical equipment occurs in accordance with contracts managed and policies established by SA BME.

Procurement of FFE and specialist medical equipment can be included in the building contractor’s contract or can be procured directly through the LHN/BU. The procurement method must be approved by the ELT.
It is the responsibility of the LHN/BU to ensure that procurement of any FFE and specialist medical equipment is in accordance with the requirements of the Department’s Chief Procurement Officer within the Procurement and Supply Chain Management Branch, and in accordance with the requirements of the SABME, Australasian Health Facilities Policy Guidelines, and all other relevant policies and requirements of SA Health.

The LHN/BU must provide a fixed asset update to the Cost Manager in the design team when acquiring FFE and specialist medical equipment. This will ensure that the full project cost can be identified, and the fixed asset register can be maintained. Please refer to Appendix C for more details on project financial accounting.

**Step 5.7: Appointment of procurement evaluation panel**

DPTI Infrastructure is responsible for establishing a procurement evaluation panel (PEP) to ensure appropriate governance over the procurement process. DPTI Infrastructure will chair the PEP, and the panel should include representatives from all key stakeholder groups.

**Step 5.8: Determine construction contractor tender field (PIP Step 5.4.1)**

DPTI Infrastructure is responsible for determining the construction contractor tender field in consultation with Infrastructure DHW.

This process will ensure that construction contractors have the specific skills and expertise to undertake the contract to the specified requirements.

The rules established under DPTI’s prequalification schemes would be utilised to select the tender field.

**Step 5.9: Collating construction contract documentation (PIP Step 5.3.3)**

DPTI Infrastructure is responsible for preparing the contract, drawings and specifications (Step 5.9a).

After the construction contract documentation is collated, those responsible for managing the cost plan in the Design Team must progressively review to ensure that the scope of work and the design detailed in the contract documentation can be met from the allocated budget (Step 5.9b).

Infrastructure DHW is responsible for ensuring the construction contract documentation is consistent with the parameters approved by Government regarding project scope, quality, budget and program (Step 5.9c).

**Step 5.10: Approval of call for tender**

The following approval must be obtained in order to proceed through Gateway Six:

- Executive Director Infrastructure DHW approves call for construction tender (Step 5.10a). The approval is submitted to DPTI Infrastructure for execution (Step 5.10b).
Gateway Six – Approval that the project is consistent with the parameters approved by Government. Approval to call construction tenders.

**Deliverables**
- DPTI provide Gateway six for DHW approval;
- Detailed Design Package; and
- Construction contract documentation.

**Approval Delegate**
Executive Director Infrastructure DHW

Tender and construction

**Step 6.1: Stage pre-requisite**

To commence the tender and construction stage, DPTI’s “recommendation for Gateway Six approval and proceed to tender” must be approved by the Executive Director Infrastructure DHW.

**Step 6.2: Call tenders (PIP Step 5.4.2)**

DPTI Infrastructure is responsible for conducting all tender calls, observing the requirements for probity and adhering to all relevant TIs.

During the tender call, DPTI Infrastructure must arrange for tender enquiries to be responded to promptly and consistently for all tenderers.

Prior to the close of the tender call, a tender comparison estimate must be prepared to provide a price benchmark against which to compare tenders.

**Step 6.3: Evaluate tenders and make recommendation (PIP Step 5.4.3)**

DPTI Infrastructure is responsible for evaluating tenders received, and subsequently making recommendations. Tender evaluation should be undertaken in accordance with the principles outlined in AS 4120-1994 Code of tendering (Code) and must be undertaken in accordance with the evaluation process set out in the conditions of tendering documents.

**Step 6.4: Tender approval process**

Once a preferred tenderer is identified by the PEP, DPTI Infrastructure is responsible for documenting the tender evaluation process (Step 6.4a), which includes preparing:
- Tender evaluation report; and
- Contract recommendation.

The contract recommendation must be endorsed by the Executive Director Infrastructure DHW (Step 6.4b).

The ED Infrastructure DHW, on behalf of the Minister, must ensure that Government’s objectives and strategies are met in the tender stage.

**Step 6.5: Accept tender and establish contract**

Upon receipt of an endorsed recommendation to award a contract from the Executive Director Infrastructure DHW, the Minister for Infrastructure or the authorised delegate, as applicable, will approve the construction contract and extension of the professional services contract(s).
DPTI Infrastructure is responsible for accepting the tender, establishing the contract and executing a formal instrument of agreement in accordance to the relevant standard.

**Gateway Seven – Approval to proceed to construction by committing the balance of the project expenditure and awarding construction contracts.**

**Deliverables**
- DPTI provide Gateway Seven for DHW approval;
- Tender evaluation report and contract recommendation;
- Approved / extension of professional service and construction contract.

**Approval Delegate**
Executive Director Infrastructure DHW

**Step 6.6: Update project governance (PIP Step 5.5.2)**
On executing a contract with the construction contractor, the project governance structure must be reviewed and revised as appropriate:
- The ELT should invite an executive or management representative from the construction contractor to participate; and
- The IMT should invite the designated project manager from the construction contractor.

This encourages transparency during project delivery, improving the success of the project during the construction stage.

**Step 6.7: Construction project management (PIP Step 5.5.3 to Step 5.5.4)**
With oversight from ELT and IMT and input from Infrastructure DHW, DPTI Infrastructure is responsible for construction project management. This includes managing:
- Construction contract;
- Project parameters;
- Risks to benefits identified (if required); and
- Program / budget.

If benefits monitoring is required, LHN/BU must validate baseline benefit measured. This will ensure the step change is a true and accurate reflection for evaluations.

The Redevelopment Manager from the LHN/BU (or equivalent) must be consulted, and is responsible for coordinating on-site requirements with the construction contractor throughout the construction period. Once construction works have significantly progressed, the LHN/BU must commence planning for clinical commissioning in accordance with the Clinical Commissioning Framework (to be developed).

DPTI Infrastructure must immediately inform Infrastructure DHW of any changes to the milestones of the project, increases in estimated costs, significant risks to realising benefits identified, significant changes to design or variations arising during the construction period, with an explanation of the changes identified and proposed actions to be taken.
Where an extension of time to completion is required and milestones are at significant risk of being missed, DPTI Infrastructure must provide advanced warning to Infrastructure DHW and LHN/BU as early as practicable, to allow the affected end-users to make appropriate alternative arrangements. Furthermore, benefits realisation plan must be adjusted accordingly to reflect the new timeline.

The Executive Director Infrastructure DHW must also refer any proposal to implement a major variance to the project scope, quality, budget or completion date to the appropriate delegate.

**Step 6.8: Achieve practical completion (PIP Step 5.5.6)**

Practical Completion or equivalent is reached when the built asset is deemed fit for its intended purpose, except for minor omissions and defects that do not prevent its use or expose the end-users to risk. Any testing required under the contract must be carried out prior to agreement of practical completion.

DPTI Infrastructure, with input from the LHN/BU and Infrastructure DHW, must assess the conformance of the built asset with the construction contract and intended benefits when the construction contractor recommends the built asset for practical completion. The Design Team provides a key role in assessing and endorsing the achievement of Practical Completion.

DPTI Infrastructure is responsible for issuing the construction contractor with a Certificate of Practical Completion when it is satisfied that the construction contractor has satisfied all requirements of the contract and receives the endorsement from the Design Team.

**Step 6.9: Release built asset**

Once the construction contractor receives practical completion, the built asset is released by the contractor, and handover to LHN/BU can occur. LHN/BU can then commence clinical commissioning in accordance with earlier planning and the Clinical Commissioning Framework.

The construction contractor must provide all necessary deliverables as required by DPTI. This will vary between projects, and DPTI will be responsible for ensuring all relevant deliverables are provided by the contractor.

**Step 6.10: Recognition of built asset**

After satisfying requirements for release of the built asset, the built asset must be recognised at various levels of Government:

- DPTI must recognise the built asset on completion by way of recording the asset in Strategic Asset Management Information System (SAMIS) and Facilities Management Information Systems (FAMIS) (Step 6.10a);
- LHN/BU must recognise the built asset as part of their strategic asset management plan/asset strategy, including the built asset’s type, location, functions and associated increases in clinical services (Step 6.10c);
- Infrastructure DHW must identify the asset created by completing a Fixed Asset Addition form and sending it to the DHW Fixed Asset Team (refer to classification of costs for new and major projects policy directive and procedure for more detail);

If the need for benefits monitoring was identified in Step 4.10, the LHN/BU is responsible for monitoring the built asset based on a benefits realisation plan developed for a period of at least 12 months after issue of Certificate of Practical Completion.
Benefits Realisation Plan Execution

Benefits realisation execution focuses on ensuring that a project is delivering the anticipated benefits and value for money documented in the approved Business Case and benefits realisation plan. Specific objectives include:

- assessing whether the Business Case justification for the project is still realistic;
- confirming that there is still a business need for the investment;
- assessing whether the benefits anticipated at this stage are delivered, and undertaking variance analysis between actual and KPI targets;
- assessing the effectiveness of the ongoing contract management processes; and
- addressing and implementing appropriate monitoring mechanisms and interventions for risks and issues associated with the realisation of benefits.

LHN/BU should use the benefits realisation register template to ensure all benefits selected for measurement in the benefits realisation plan are monitored. Refer to the benefits definition document in SA Health Capital Works: Project Planning Policy Guideline for more information.

Recognition of Built Asset

<table>
<thead>
<tr>
<th>Deliverables</th>
<th>Approval Delegate</th>
</tr>
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<tbody>
<tr>
<td>• Certificate of Practical Completion;</td>
<td>• Minister for Transport, Infrastructure, Local Government and Planning for Certificate of Practical Completion;</td>
</tr>
<tr>
<td>• “As built” plans and financial information for the built asset; and</td>
<td>• Executive Director Infrastructure DHW, for recognition of built assets; and</td>
</tr>
<tr>
<td>• DHW fixed asset addition form.</td>
<td>• CEO LHN/BU, for handover of built assets.</td>
</tr>
</tbody>
</table>

4. Implementation and Monitoring

With reference to the gateways outlined above, the project outcomes / deliverables and the approval authority delegate, information is summarised in the table below.

The following table meets SA Government requirements, and is consistent with South Australian Government 5-Step Infrastructure Planning and Delivery Framework; the Construction Procurement Policy: Project Implementation Process (PIP).
<table>
<thead>
<tr>
<th>Gateway</th>
<th>Documents required</th>
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</thead>
<tbody>
<tr>
<td>Gateway Four</td>
<td>• DPTI notification for completion of Gateway Four;</td>
<td>Executive Director Infrastructure DHW</td>
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<tr>
<td></td>
<td>• Project governance framework;</td>
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<td></td>
<td>• Design team procurement; and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• High level project brief.</td>
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<tr>
<td>Gateway Five</td>
<td>• DPTI notification for completion of Gateway Five;</td>
<td>Executive Director Infrastructure DHW</td>
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<tr>
<td></td>
<td>• Concept design report;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Minister’s briefing to approve expenditure;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Public Works Committee (PWC) submission; and/</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Cabinet submission.</td>
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</tr>
<tr>
<td>Gateway Six</td>
<td>• DPTI notification for completion of Gateway Six;</td>
<td>Executive Director Infrastructure DHW</td>
</tr>
<tr>
<td></td>
<td>• Detailed design / documentation package;</td>
<td></td>
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<tr>
<td></td>
<td>• Project cost plan / Pre-tender estimate (within budget);</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Detailed project program; and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Tender and contract documents.</td>
<td></td>
</tr>
<tr>
<td>Gateway Seven</td>
<td>• DPTI notification for completion of Gateway Seven;</td>
<td>Executive Director Infrastructure DHW</td>
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<tr>
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<td>• Tender evaluation report;</td>
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<td>• Contract and expenditure approval recommendation; and</td>
<td></td>
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<tr>
<td></td>
<td>• Approved or awarded contract.</td>
<td></td>
</tr>
<tr>
<td>Practical Completion</td>
<td>• Certificate of Practical Completion;</td>
<td>Minister for Transport, Infrastructure, Local Government and Planning (or delegate) for Certificate of Practical Completion;</td>
</tr>
<tr>
<td></td>
<td>• “As built” information, plans and financial information for the built asset;</td>
<td>• Executive Director Infrastructure DHW, for recognition of built assets; and</td>
</tr>
<tr>
<td></td>
<td>• Training and induction material to relevant staff; and</td>
<td>• CEO LHN/BU, for handover of built assets.</td>
</tr>
<tr>
<td></td>
<td>• DHW Fixed Asset Addition Form.</td>
<td></td>
</tr>
</tbody>
</table>
5. National Safety and Quality Health Service Standards
N/A

6. Definitions

- **AGFMA** means Across Government Facilities Management Arrangements.
- **Business Units (BU)** means the Statewide Service unit within SA Health for which the major capital works project is being delivered (including SA Ambulance Service).
- **Capital works projects** means any capital works project as defined in the Premier and Cabinet Circular PC028. For this Policy Directive this means any building work / construction project funded through the major capital program.
- **Central agencies** means South Australian government departments other than SA Health in the executive branch that deliver services, determine policy and regulations under various areas of portfolio responsibility.
- **Chief Executive** means the Chief Executive SA Health.
- **Clinical Lead** means clinicians within the LHN/BU who will be responsible for the development, implementation, ongoing monitoring and review throughout the capital works project lifecycle.
- **DHW** means the Department for Health and Wellbeing.
- **DPTI** means the Department of Planning Transport and Infrastructure.
- **ELT** means the executive leadership team formed to provide executive governance for the project.
- **Facility Management Information System (FAMIS)** means the computerised information system used for processing work orders on breakdown, routines maintenance, minor works, and small construction works.
- **FFE** means Furniture, Fittings and Equipment.
- **IMT** means the integrated management team formed to provide the day-to-day management of the project.
- **DHW Infrastructure Branch (Infrastructure DHW)** means the Infrastructure Branch in the Finance and Corporate Services Division of the Department for Health and Wellbeing.
- **DPTI Infrastructure** means the Infrastructure Branch of the Department of Planning Transport and Infrastructure.
- **IGRAT** means In-House Green Rating Tool. IGRAT is an environmental rating tool used to assess the performance of new capital build projects.
- **Local Health Network (LHN)** means the Local Health Network for which the major capital works project is being delivered.
- **Major Capital Works** means all capital works projects delivered through an approved Government Capital Investment Program.
- **Maintenance and Construction System (MACS)** means the database used to record work request, facilities management and agency details.
- **Minister** means the Minister for Health and Wellbeing or Minister for Transport, Infrastructure, Local Government and Planning depending on the purpose.
• **Minor Works** means all capital works projects delivered through SA Health’s recurrent funds.

• **Professional Service Contractors** means the architect, engineers, cost managers and other professional service providers that are engaged to assist with the design, documentation and construction of the major capital works project.

• **SA BME** means SA Biomedical Engineering.

• **SA Health** means the health portfolio of services and agencies responsible to the Minister for Health and Wellbeing.

• **Strategic Asset Management Information System (SAMIS)** means the computerised information system that supports asset management decision making by providing a repository of data that identifies and physically describes assets.

• **Strategic Value Management** means a structured, systematic and analytical process undertaken to quantify and verify the key functional requirements.

7. **Associated Policy Directives/Policy Guidelines**

The following documents should be referred to throughout SA Health’s capital works project lifecycle:

• Capital Works Policy Directive;

• Capital Works: Planning Policy Guideline;

• Capital Works: Implementation Review Policy Guideline; and

• Capital Works: Benefit Evaluation Policy Guideline.

8. **Document Ownership & History**

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<thead>
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<th>Document developed by:</th>
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<td>File / Objective No.:</td>
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<tr>
<td>Document supports</td>
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</tr>
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<td>If so, which policy (title)?</td>
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**ISBN No.:** 978-1-76083-072-4

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<th>Who approved New/Revised Version</th>
<th>Reason for Change</th>
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<td>17/09/2018</td>
<td>V1</td>
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Appendix A: Project Implementation Process Maps

SA Health Capital Works Project Delivery Lifecycle

Government Policy and Initiatives
SA Health Strategic Priorities
Capital Works Project Development Process

<table>
<thead>
<tr>
<th>Process Exit Points</th>
<th>Documents required</th>
<th>Stage Review Gateway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gate 1</td>
<td>Strategic infrastructure priorities approved in an Investment Proposal</td>
<td></td>
</tr>
<tr>
<td>Gate 2</td>
<td>Outline Business Case approved for further investigation and Business Case development</td>
<td></td>
</tr>
<tr>
<td>Gate 3</td>
<td>Business Case and Budget Bid approved by CE SA Health and submitted for consideration on the Government’s Capital Investment Program</td>
<td></td>
</tr>
<tr>
<td>Gate 4</td>
<td>Project funding model agreed. Project included on approved Government’s Capital Investment Program. Approval to commence concept design</td>
<td></td>
</tr>
<tr>
<td>Gate 5</td>
<td>Executed DPTI’s recommendation to approve Gateway 5.</td>
<td></td>
</tr>
<tr>
<td>Gate 6</td>
<td>Executed DPTI’s recommendation to approve Gateway 6.</td>
<td></td>
</tr>
<tr>
<td>Gate 7</td>
<td>Executed DPTI’s recommendation to approve Gateway 7.</td>
<td></td>
</tr>
<tr>
<td>Gate 8</td>
<td>Benefits Evaluation Stage</td>
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Minor capital works projects delivered through DPTI or AGFMA

Implement operational solutions

Case for Change & Project Scoping Stage

Process Exit Points

Gate 1:
Strategic infrastructure priorities approved in an Investment Proposal

Gate 2:
Outline Business Case approved for further investigation and Business Case development

Gate 3:
Business Case and Budget Bid approved by CE SA Health and submitted for consideration on the Government’s Capital Investment Program

Gate 4:
Project funding model agreed. Project included on approved Government’s Capital Investment Program. Approval to commence concept design

Gate 5:
Executed DPTI’s recommendation to approve Gateway 5.

Gate 6:
Executed DPTI’s recommendation to approve Gateway 6.

Gate 7:
Executed DPTI’s recommendation to approve Gateway 7.

Gate 8:
Benefits Evaluation Stage

EVALUATIONS PHASE
IMPLEMENTATION REVIEW PHASE
IMPLEMENTATION PHASE
PLANNING PHASE

Case for Change & Project Scoping Stage

Concept Design Stage

Design & Documentation Stage

Tender & Construction Stage

Implementation Review Stage

Benefits Evaluation Stage

Minor capital works projects delivered through DPTI or AGFMA

Implement operational solutions

Case for Change & Project Scoping Stage

Government Policy and Initiatives
SA Health Strategic Priorities
Capital Works Project Development Process
SA HEALTH CAPITAL WORKS PROJECT FLOW MAP – PROJECT IMPLEMENTATION PHASE

Concept Design Stage

Central Agencies

- Project included in an approved government program
- DPTI Infrastructure develop Acquisition Plan, conduct risk management workshop, undertake procurement options evaluation of project design team
- Design team develop project design brief

Gateway 4 Outcome: Funding model agreed, project included in an approved government program.

Department for Health and Wellbeing

- Establish Project Governance, including Executive Leadership Team and Integrated Management Team
- Design team develop concept design options and detailed Design Brief (return brief)
- Design team refine preferred concept
- Design team develop Concept Design Report
- Design team recommend preferred concept

Gateway 5 Outcome: Approval that the concept design process is consistent with the parameters approved by Government. Approval to commit expenditure required to complete the design process.

Supplementary Commentary

- Approval for funding or inclusion in the Capital Investment Program required to proceed into development of options.
- Infrastructure Branch to establish teams for executive governance and day-to-day tasks.
- Australian Health Facility Guidelines are referred to throughout the concept process to ensure the proposed project adheres to standard.
- Design brief includes descriptions of project objective, intended benefits for project, budget and concept design developed during preliminary business case.
- Concept design includes development of a range of concept design options that define all elements, services and materials in the design of the proposed capital solution.
- DPH Infrastructure Branch to collate Cabinet Submission.
- LHN/BU to develop operational cost parameters for the proposed project.
- Refer to Treasurers Instruction 17: Evaluation of and Approvals to Proceed with Public Sector Initiatives to determine the appropriate approval for the proposed project.

Key

- Step: Decision Point
- Option: Directly linked steps
- Panel: Action by team or panel
- Gateway: Decision
- Exit: Stage outcome
- Option: Step
- Panel: Stage outcome
- Gateway: Stage outcome

CAUTION : This diagram is designed to be read as a flow map. For a document-based version of this map, please refer to the associated policy or guidelines.
The Infrastructure Branch will manage the developed design to ensure consistency with the approved Design Brief in regard to scope, quality, budget and program.

Design approvals are completed by DPTI Infrastructure with input from DHW Infrastructure Branch. Documentation forms part of the transitional process from Design to Call for Tender.

Construction procurement options are based on those considered during Project Planning & Project Funding stage.

The Procurement Evaluation Team includes representatives from DPTI, DHW Infrastructure Branch, Local Health Network, design team.

Design documentation include detailed design, design approvals, construction contractor tender field.

### Supplementary Commentary

- **DPTI approval to commence Design and Documentation**
  - Stages within the iterative detailed design process inform each other.
  - Cost plan include breakdown of costs for the project and an estimate within an order of accuracy of 10% and will indicate cash flow required on a financial year basis.

- **Design approvals**
  - The Infrastructure Branch will manage the developed design to ensure consistency with the approved Design Brief in regard to scope, quality, budget and program.

- **Construction procurement**
  - Options are based on those considered during Project Planning & Project Funding stage.

- **The Procurement Evaluation Team**
  - Includes representatives from DPTI, DHW Infrastructure Branch, Local Health Network, design team.

- **Design documentation**
  - Include detailed design, design approvals, construction contractor tender field.
SA HEALTH CAPITAL WORKS PROJECTS PROCESS FLOW MAP – PROJECT IMPLEMENTATION PHASE
Tender & Construction Stage

**Central Agencies**
- Tender fields were pre-determined prior to Gateway 6. Please refer to process flowchart.
- Design and Documentation for more information.
- Procurement Evaluation Team include representatives from DPTI, DHW Infrastructure, Local Health Network, and design team.

**Supplementary Commentary**
- DPTI to accept tender, establish contract and execute a formal instrument of agreement.
- Extend Executive Leadership Team or Project Steering Committee to include management representatives of the construction contractor.
- DPTI issues practical completion certification for project.

**Key**
- Step starting trigger
- Considerable change in input
- Gateway
- Stage outcome, exit point
- Action by team or panel
- Option: delay
Appendix B: Gateway Checklist

To complete this checklist, click on the tick boxes in the approved column corresponding to the activity done. Afterwards, sign the authorisation box and email to the approving Project Manager or similar.

<table>
<thead>
<tr>
<th>Task</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GATEWAY FIVE: Approval that the concept design process is consistent with the parameters approved by Government. Approval to commit expenditure required to complete the design process.</strong></td>
<td></td>
</tr>
<tr>
<td>- Project approved in the SA Government's Capital Investment Program</td>
<td></td>
</tr>
<tr>
<td>- Appropriate project governance framework established and communicated</td>
<td></td>
</tr>
<tr>
<td>- Workshop held to validate Business Case, refine benefits realisation plan, test assumptions, and identify any new information.</td>
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<tr>
<td>- High-level Project Brief developed</td>
<td></td>
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<tr>
<td>- Design team appointed</td>
<td></td>
</tr>
<tr>
<td>- Detailed Design Brief and concept designs developed</td>
<td></td>
</tr>
<tr>
<td>- Workshop held between LHN and DHW Infrastructure to evaluate concept design options, and review design options</td>
<td></td>
</tr>
<tr>
<td>- Preferred concept design selected and refined as necessary</td>
<td></td>
</tr>
<tr>
<td>- Workshop held between LHN and DHW Infrastructure to approve the concept design, design assumptions, agree KRAs, KPIs and benefits realisation plan</td>
<td></td>
</tr>
<tr>
<td>- Approval sought from the CEO of the LHN/BU for the preferred option</td>
<td></td>
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<tr>
<td>- Concept design report developed</td>
<td></td>
</tr>
<tr>
<td>- Concept design report approved, PWC submission and Cabinet submission prepared and lodged</td>
<td></td>
</tr>
<tr>
<td><strong>GATEWAY SIX: Approval that the design, development and documentation process is consistent with the parameters approved by Government. Approval to call construction tenders.</strong></td>
<td></td>
</tr>
<tr>
<td>- Detailed design package developed</td>
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</tr>
<tr>
<td>- Design approvals completed</td>
<td></td>
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<tr>
<td>- Construction procurement method finalised</td>
<td></td>
</tr>
<tr>
<td>- Procurement evaluation panel appointed</td>
<td></td>
</tr>
<tr>
<td>- Construction contract documentation prepared and approved</td>
<td></td>
</tr>
<tr>
<td><strong>GATEWAY SEVEN: Approval to proceed to construction by committing the balance of the project expenditure and awarding construction contracts</strong></td>
<td></td>
</tr>
<tr>
<td>- Tender call conducted</td>
<td></td>
</tr>
<tr>
<td>- Tender evaluation report and contract recommendation completed</td>
<td></td>
</tr>
<tr>
<td>- Tender accepted, and contract established</td>
<td></td>
</tr>
</tbody>
</table>

**Recognition of built asset**

| - Certificate of Practical Completion issued                           |   |
| - "As built" plans and financial information for the built asset provided |   |
| - DHW Fixed Asset Addition Form completed                              |   |
| - Tender accepted, and contract established                           |   |

**Checklist Authorisation**

<table>
<thead>
<tr>
<th>Approved by</th>
<th></th>
<th>Endorsed by</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive Officer LHN</td>
<td>Date</td>
<td>Executive Director Infrastructure DHW</td>
<td>Date</td>
</tr>
</tbody>
</table>
Appendix C: Project Governance

Project governance committees must be established in line with the requirements of DPTI’s Construction Procurement Policy – Project Implementation Process. In particular, the project governance must include:

- Project Sponsor;
- Executive Leadership Team for executive governance arrangements; and
- Integrated Management Team for day-to-day governance arrangements.

**Project Sponsor**

**Overview**

Each project will be led by the Minister. The Minister should be represented by Executive Director Infrastructure DHW, appointed as project sponsor.

**Accountability**

Accountability for the project and its outcomes rests with the project sponsor who may delegate day-to-day work to members of the Infrastructure DHW and associated LHNs/BUs.

**Responsibilities**

The Minister has the responsibility for the project while the project sponsor provides leadership and direction to the various governance committees, ensures project controls are in place, and takes responsibility for timely and informed decisions to ensure the project is delivered on time, within budget, and to the quality required.

**Executive Leadership Team**

**Overview**

Executive governance arrangements can be executed through the establishment of an Executive Leadership Team (ELT). Typically, it is the responsibility of the ELT to monitor the delivery of the project and make critical and strategic decisions throughout the project when required.

The ELT should meet at least monthly for the duration of the project unless determined otherwise.

**Team Structure**

The composition of the ELT should include representatives from each of:

- Infrastructure DHW;
- LHN(s)/BU(s);
- DPTI Infrastructure; and
- Design/Construction team.

Each representative should hold the authority to make strategic, policy, scope, budget, scheduling and procurement decisions for the project.
Accountability

The ELT is accountable to the Executive Director Infrastructure DHW in the executive governance of capital works projects. The ELT would either be chaired by the Executive Director Infrastructure DHW (or a nominated representative), or a DHW Health Executive representing the LHN(s)/BUs.

Responsibilities

Throughout the life of the project the ELT would typically be responsible for the following:

- Setting key project milestones and assessing key performance indicators for the project;
- Reviewing and interrogating the progress of the project, specifically in terms of commitments to time, cost and quality of outcomes;
- Taking an over-arching view of the project, ensuring that it is effectively managed and meets accountability and prudential management requirements;
- Providing recommendations to the appropriate delegate in major project scope changes, monitoring expenditure and providing strategic and policy direction for the project;
- Deciding upon the allocation of any principal contingency and seek to maximise on any value-adds for the project; and
- Advising and formally reporting through Executive Director Infrastructure DHW to Chief Executives, appropriate Ministers and Cabinet on issues relevant to the effective delivery of the project.

Variations and Exemptions

The executive governance arrangements for each major capital works project may vary according to the size, associated risks and complexity of the project. Infrastructure DHW is responsible for ensuring that the most effective and efficient executive governance arrangement is determined for each major capital works project.

Integrated Management Team

Overview

Day-to-day governance arrangements are executed through the establishment of an Integrated Management Team (IMT).

The IMT is responsible to the ELT for project implementation. The IMT should meet at least monthly for the duration of the project. There may be a need to increase the frequency of these meetings for during critical points in the project lifecycle.

Team Structure

The IMT would typically be formed with representatives from:

- Infrastructure DHW;
- LHN(s)/BU(s);
- DPTI Infrastructure;
- Design/Construction Team.
These representatives should have authority to make day-to-day design and construction decisions, and have responsibility for the effective day-to-day management of the project. This includes oversight of the integration and coordination of activities being undertaken by each sub-team on the project.

The IMT should be chaired by the representative from within Infrastructure DHW.

Responsibilities

The IMT should meet regularly throughout the project to:

- Develop work plan and project program to ensure successful completion of the project objectives consistent with the agreed budget, program and scope;
- Ensure fully integrated, transparent and timely co-ordination of the project requirements occur as needed to meet the Concept Design Report;
- Monitor the project to ensure that appropriate resources are provided to successfully deliver the project;
- Monitor the project expenditure against budget and initiate any required value management processes;
- Review project concepts and design options to ensure the optimal project outcome is within the available budget;
- Assess project risks, provide mitigation strategies to manage risks and keep the ELT informed of the project delivery risks;
- Provide regular reports, make appropriate recommendations, and escalate issues to the ELT as required. It is expected that the IMT will report to the ELT with an up-to-date report on the progress of the project at each ELT meeting, with specific reference to the budget, schedule and any issues of concern including mitigation of associated risks for the project;
- Escalate any information required to be referred to the ELT or Executive Director Infrastructure DHW as soon as possible i.e. strategic decisions that cannot be resolved by the IMT;
- Provide a forum for review of contract matters and issues;
- Prepare a comprehensive record of the project to enable all requirements of the Auditors, Auditor General, legal and Freedom of Information obligations to be met. It is a mandatory requirement to have an appropriate record management system for the duration of the capital project. DPTI Infrastructure shall be responsible for engaging with the appropriate supplier of the record management system as early as possible. It is preferable for this to occur prior to the engagement of the Professional Services Contractors to ensure all project records are captured as early as possible for the project.

The IMT are also responsible for ensuring:

- eHealth Systems policies are incorporated into any major capital works projects. eHealth Systems are responsible for the planning, management and delivery of essential information, communication and technology services that underpin the provision of clinical and corporate services across DHW; and
• As many as possible Ecologically Sustainable Developments (ESD) principles are integrated into the design, construction and operation of the project. To ensure the delivery of ESD initiatives, DHW has developed a planning and monitoring tool called the In-House Green Rating Tool (IGRAT). IGRAT is an environmental rating tool used to assess the performance of new capital build projects. Further advice in the IGRAT can be obtained from the Senior Environmental Officer within the Infrastructure DHW. IGRAT is a minimum mandatory requirement to be delivered by all major capital works projects.

**Variations and Exemptions**

The day-to-day governance arrangements may vary for each major capital works project according to the size, associated risks and complexity of the project. Infrastructure DHW must ensure the most effective and efficient day-to-day governance arrangement for each major capital works project.
Appendix D: Project Financial Accounting Requirements

Overview
Under the requirements of Treasurer’s Instruction TI 2 - Financial Management, DHW Finance and Corporate Services Division has prepared a Capital Projects Funding and Establishment Policy which addresses requirements for the identification, recognition and establishment of all capital projects. The requirements of this policy must be followed when establishing a major capital works project.

Responsibility of Cost Manager
On all major capital works projects, DPTI will procure a Cost Manager as part of the Design Team. DPTI is responsible for oversight to ensure the Cost Manager completes all responsibilities under the contractual arrangements. The Cost Manager is responsible for providing the following services:

- Whole of project cost advice and management reporting;
- Concept costing evaluation, to ensure an on-budget solution can be achieved before any submission is made for expenditure authorisation for the project;
- Comprehensive Cost Plan, including construction and “whole of project” cash flow estimates, and maintenance of currency of the Plan throughout the project;
- Estimate and updates of the Cost Plan to form the basis of submissions made to the Chief Executive, Ministers, Government and the Public Works Committee;
- Tender comparison estimates and tender reconciliation statements;
- Progressive cost advice and reports as required throughout the project;
- Cost evaluation advice and input into value management exercises to maintain the project within the approved expenditure authority;
- Certification of progress claims and all project invoices prior to the consideration of DPTI for recommendation of payment by DHW;
- Validation and endorsement of all variation costs claims;
- Quarterly fixed asset update and capital/expensed reports; and
- Final account reconciliation for ratification by DPTI and presentation to SA Health.

Project payment and remittance
The IMT must ensure an effective project certification and payment process is put in place, which requires all project payments to be certified and paid in compliance with the terms of the contracts executed on the project and SA Health requirements. The financial management process used on all major capital works projects must conform to the requirements outlined in the Capital Projects - Management and Closure Policy Procedure prepared by DHW Finance and Corporate Services Division.

For invoice payments managed through DPTI, the following process must apply:

- Invoice received must be endorsed for payment by the Cost Manager;
- Endorsed invoice must be approved by DPTI delegate for payment;
- Payment must be processed by the DPTI Cost Auditor before the invoice is paid by DPTI;
DPTI Invoice for payment reimbursement is sent to Service SA for processing, and must be forwarded to Infrastructure DHW for coding and endorsement;

Executive Director Infrastructure DHW (or delegate) must approve the payment; and

Services SA release payment reimbursement to DPTI.

For all other payments made by the LHN/BU, the following process shall be applied:

- An allocation will be provided with an approved limit from the project budget to enable LHN/BU to procure goods, services and fund expenses associated with the delivery of the project;
- LHN/BU must use the established Project ID to capture all costs associated with the approved scope of works;
- LHN/BU must establish Purchase Orders prior to expenditure of funds within the budget allocation, and validate for payment using the normal finance procedures;
- LHN/BU must provide a signed acquittal and sufficient evidence on a monthly basis to Infrastructure DHW to enable authorisation for reimbursement of expenditure from the project budget;
- Authorisation must be included with the request for funding reimbursement, and sent to Project Accounting Team in DHW Finance and Corporate Services Division for processing;
- Infrastructure DHW is responsible for ensuring the costs being certified are identified to the Cost Manager so that the Cost Manager can maintain accurate reconciliations of project expenditures; and
- Cost Manager is responsible for providing evidence of the cost reconciliation for total project costs at each meeting of the IMT and ELT.

Financial Reporting

Financial reports for the project can be generated from the Oracle Business Intelligence module (also known as SHARP). These will show the current accrued expenditure incurred by SA Health on the project.

In addition, Project Accounting Team within DHW Finance and Corporate Services Division should provide Infrastructure DHW with monthly update of the project expenditures in the form of Capital Forward Works Statement, which includes:

- Adjustments related to end-of-year carryovers;
- Midyear budget reviews;
- Cabinet decisions; and
- Other financial adjustments made to the major capital works projects.

To ensure all costs are captured for a major capital works project, once a budget has been established, the Project Cost Capturing Policy and Procedure prepared by DHW Finance and Corporate Services Division must be implemented. This ensures costs are accurately reported in the Project Module used by SA Health.

To ensure costs associated with major capital works projects are correctly classified in financial terms (as either capitalised or expensed throughout the project), Classification of Costs for New and Major Projects Guidance prepared by DHW Finance and Corporate Services Division must be applied to all major capital works projects.
To assist SA Health with maintaining accurate records of its assets and capital works in progress (WIP) accounts, the Cost Manager for the project must provide quarterly reports to SA Health identifying the breakdown of capitalised and expensed costs that have occurred on the project, and any capitalisation of assets that have occurred on the project. DHW Finance and Corporate Services Division have prepared a *Capital Projects Accounting Framework Policy Directive* to assist with this process. This policy must be applied to all major capital works projects.

Infrastructure DHW is responsible for ensuring:

- Review of any unexpended funding is undertaken to determine if the holding of these funds is required for the completion of the project;
- Any carry-over of funds or adjustment of cashflows from one financial year to another is undertaken for the project;
- Any identified savings or unexpended funds on a project are identified and quarantined for consideration of their use;
- Recommendations are provided to the Deputy Chief Executive / Chief Executive and / or Minister about any funding re-allocation that may be considered appropriate.
Appendix E: Project Record Keeping Requirements

Overview

The IMT must maintain comprehensive records of the project to enable all requirements of Auditor, Auditor General, Legal and Freedom of Information obligations are met. This must, at a minimum, include evidence of:

- Design reviews;
- Construction reviews;
- Performance/status appraisals;
- Approved and pending variations;
- Approved and pending extension of time claims;
- Contract documents and notices;
- Contractual issues/disputes;
- Correspondence;
- Meeting & quality assurance records; and
- Statutory and other approvals.

Infrastructure DHW is responsible for ensuring appropriate and adequate records management systems are used on all major capital works projects.

Record keeping requirements

All records will remain the property of the SA Government.

An appropriate record management system must be used for the duration of a major capital works project. A web based digital record management system should be used for all major capital works projects, and all records must remain available and accessible during and after the completion of the project.

DPTI is responsible for procuring the appropriate commercial supplier of the records management system, and this should be done as early in the project lifecycle as practicable. It is preferable for this to occur prior to establishment of the Design Team to ensure all project records are captured as early as possible for the project.

Documents handover requirements

All Operating and Maintenance Manuals must be completed and provided to SA Health at the completion of the project, and the Building Contractor should provide appropriate training and induction on all services and equipment to relevant SA Health staff and Facilities Managers prior to handover.