Planning is essential to ensure effective transition from design and construction stage to service delivery and project finalisation.

Implementation Standard

Version No.: 1.1; Effective From: 20 June 2012

Capital Infrastructure Project Delivery Policy

Implementation Standard for Project Commissioning and Finalisation

1. Purpose

This implementation standard identifies the minimum requirements that evidence the implementation of the Capital Infrastructure Project Delivery Policy in the Operational Commissioning and Finalisation stage. The primary purpose of this stage is to facilitate the effective transition of an infrastructure project from the design and construction stage to the service delivery stage.

It also identifies the responsibilities (and audit criteria) of individual positions in relation to these requirements.

Operational commissioning is the preparation of a facility and its staff for the commencement of operation such as equipping and familiarising staff with facility operation.

Building commissioning is the completion for occupation by the contractor from a physical point of view such as the successful running of all plants and equipment.

Attachment 1 outlines the relationship with other policy documents.

2. Scope

This implementation standard applies to all Department of Health employees and contracted staff (permanent, temporary and casual) employed in the department’s corporate divisions and commercialised business units.

This implementation standard applies to all major capital works projects as outlined in the Hospital and Health Boards Regulation 2012.

3. Supporting documents

Authorising Policy and Standard/s:

- Capital Infrastructure Project Delivery Policy QH-POL-374:2012

Procedures, Guidelines and Protocols:

- Implementation Standard for Procurement Management QH-IMP-
374-1:2012
- Implementation Standard for Project Initiation Stage QH-IMP-374-2:2012
- Implementation Standard for Project Definition Plan Stage QH-IMP-374-3:2012
- Implementation Standard for Design and Documentation Stage QH-IMP-374-4:2012
- Implementation Standard for Construction Stage QH-IMP-374-5:2012
- Queensland Health Capital Infrastructure Requirements v6.0

**Forms and templates:**
All forms and templates are available from HIB-Program_Coordination@health.qld.gov.au.

### 4. Related documents

Queensland Health:
- Department of Health Community Engagement Policy QH-POL-292:2010
- Department of Health Capital Funding Policy QH-POL-024:2012
- Department of Health Governance Policy for Health Service Planning and Capital Infrastructure Program and Projects QH-POL-359:2012
- Department of Health Financial Commissioning of Capital Infrastructure and Software Works in Progress Policy QH-POL-350:2012

*Source:*
- Department of Housing and Public Works 2011, *Capital Works Management Framework*

### 5. Requirements

Commissioning activities as outlined in this implementation standard shall occur following the completion of any component of the project which is being handed over from the building contractor to the business.

#### 5.1 Operational Commissioning

5.1.1 The relevant Chief Executive, Hospital and Health Service or their delegate is responsible for the implementation of operational commissioning for all capital infrastructure projects to prepare new or refurbished facilities for occupation and to prepare staff to deliver a service in the new environment.

5.1.2 This includes:
- allocation of responsibility to a Commissioning Coordinator for coordination of the operational commissioning activities
- establishment of a commissioning team commensurate with the size and complexity of the functional area/s being commissioned. The team shall include:
5.1.3 The Commissioning Plan shall define key milestones and include management strategies for the following operational areas:

- Physical Activities Program strategy: the identification, sequence and duration of all activities required to bring the new services into operation. This program is closely linked to the building program.
- FFE Purchase and Management strategy: the FFE purchase program (Group 1A, 2 & 3 Items), manage the storage and relocation/transfer of FFE, and implement the existing furniture and equipment review and recommendation plan.
- Organisation and Management Structure strategy: the responsibilities for planning and commissioning activities. The co-ordination of activities is determined and established including timeline, milestones and critical paths for operational commissioning. A risk management plan will define potential variable events and the need for contingency funds and resources.
- Operational Delivery Models: all departments shall develop detailed local procedures and work instructions to guide all operations at the date of occupation. New procedures shall be assessed for consistency and aligned with ‘whole of facility’ procedures.
- Human Resource strategies: staff required to deliver the new or expanded services shall be estimated, appointed and/or transferred utilising established recruitment and training policies and procedures.
This training shall include OH&S, Infection Control, induction and orientation relative to the new environment.

- Communication strategies incorporated into an updated Community Engagement Plan: the strategy shall include provision information and receipt of comment from key internal and external stakeholders throughout the commissioning and handover period.
- Occupation Activities: processes for occupation by staff and patients, including cleaning, testing, clinical and non-clinical consumable stocking, decanting, moving and commencement of operations. A decanting plan may be required.
- Budget Allocation strategy: funds shall be allocated within the project budget and the allocation should reflect the size and complexity of the commissioning stage of the project and shall enable dedicated resources to be appointed to the commissioning team to prepare the building for occupation and service delivery.
- Risk Management strategy: this includes updating the Project Risk Register to include identification of major risks, mitigation strategies and contingencies to minimise disruption to service delivery and patient care during transition and occupation of new areas.
- Decommissioning strategy: how to address vacated areas in existing facilities to be locked down, with handover of keys, rubbish removal and isolation of engineering and support services as required.

5.2 Building Commissioning

5.2.1 Prior to the practical completion (see 5.5) of the building for handover, the Project Director shall ensure the building contractor has completed the following aspects of the building commissioning process:

- the building is functioning, operational and ready for ongoing use
- defects and any outstanding work under the contract are identified and documented in the Defect Register
- handover and training to the business area has been completed to the satisfaction of the relevant Chief Executive, Hospital and Health Service.

5.2.2 The relevant Chief Executive or their delegate shall nominate an officer (with expertise in building, engineering and maintenance services) to represent their interests in the building commissioning activities, including providing assurance that the building is ready for handover at Practical Completion. As a minimum, the nominated officer shall:

- participate in inspections and testings to assess the building’s readiness for handover and ongoing service delivery
- review and receive handover documentation
• develop policies and co-ordinate training for staff in the building, maintenance and emergency systems
• manage the defects rectification period for the business.

5.3 Handover Documentation

5.3.1 The Project Director shall ensure handover documentation includes operation and maintenance manuals, as-built drawings and all official documentation such as warranty and test certificates.
Requirements for handover documentation are specified in the Contract Documentation. The building contractor is responsible for ensuring the requirements are met for handover documentation.

5.3.2 The Project Director shall ensure the format of the handover documentation:
• is accessible and unrestricted to the relevant Hospital and Health Service
• provides asset information in a format compliant with the requirements of the Computerised Maintenance Management System.

5.3.3 The Project Director shall ensure the relevant Chief Executive or their delegate has endorsed the adequacy of the handover documentation prior to receipt of Certificate of Practical Completion.

5.4 Handover Training

5.4.1 The relevant Chief Executive, through their nominated officer, should ensure training is monitored and delivered to their satisfaction, to ensure the staff have the required knowledge to successfully manage/operate the building and its fixtures, fit-outs, equipment, services and systems.

5.5 Practical Completion

5.5.1 The Project Director shall only approve receipt of a Certificate of Practical Completion when:
• practical completion has been reached and all elements of the project have been delivered as per the contract
• building commissioning has been undertaken and all building elements are fully functioning and ready for use at the time of handover
• identified defects have been rectified that either impair the service delivery of the building, impact on service delivery if repaired while in use, or have potential risk to the building users
• all required building documentation and handover training has been provided to the satisfaction of the relevant Chief Executive or their delegate.

5.6 Defects Rectification and Final Project Completion
5.6.1 The Project Director shall ensure there is a documented process in place that allocates responsibility for the management of the identification, reporting and rectification of defects and omissions during the defects rectification period.

5.6.2 The role of the nominated officer (with expertise in building, engineering and maintenance services) shall include liaison with the building contractor and identification and reporting of any shortcomings, failures and/or defects; plus liaison for defect rectification and warranty issues.

5.6.3 The Project Director shall ensure a documented Defects Register is maintained that includes a list of all identified defects, actions taken and status.

5.6.4 The Project Director shall not approve receipt of the Certificate of Final Completion until satisfied that all requirements of the building contract have been met by the building contractor and the relevant Chief Executive, or their delegate, is satisfied with the rectification of all outstanding defects.

5.6.5 The Project Director shall seek approval from the Chief Health Infrastructure Officer, Health Infrastructure Branch for any extensions to the defects rectification period.

5.6.7 The relevant Chief Executive, or their delegate, should notify the Senior Director, Capital Projects Unit of any identified building defects and omissions following receipt of Certificate of Final Completion. The Senior Director, Capital Projects Unit will assess and determine actions prior to any contact with the building contractor and any rectification works. Earlier action and/or notification may be required for safety reasons.

5.7 Project Financial Close

5.7.1 The Project Director shall ensure asset capitalisation information is collected and provided to the Portfolio Management and Investment Unit, Health Infrastructure Branch, following Practical Completion and Final Completion, to enable financial commissioning as outlined in the Financial Commissioning of Capital Infrastructure and Software Works in Progress Policy.

5.7.2 During the thirty business days following receipt of Certificate of Practical Completion, the Project Director shall:

- progress finalisation of expenditure, including for information technology, FFE and variations
- obtain a forecast of the final financial position
- where indicated, transfer the majority of any uncommitted project funds to the Emergent Works Program
- ensure there are adequate funds in the remaining project budget for any remaining commitments and professional fees plus rectification of design faults.
5.7.3 Upon receipt of the Certificate of Final Completion, the Project Director shall organise for the project to be financially closed. This includes advising consultancies in writing the project is being financially closed and the forwarding of any remaining invoices for payment.

5.7.4 Within thirty business days following receipt of Certificate of Final Completion, the Project Director shall transfer where indicated, any remaining project funds to the Emergent Works Program.

5.8 Other Project Close

5.8.1 The Project Director shall ensure:

- project documentation (including minutes, decisions and reports) is filed in an easily understood method, and archived as required
- all project documentation is in a format that is accessible and unrestricted to Queensland Health staff, including as required to the relevant Hospital and Health Service (this includes the receipt by the Senior Director, Capital Projects Unit in an accessible format of all Queensland Health received or sent information in any used web based information systems information)
- final project review activities are completed, including:
  - within three months following receipt of the Certificate of Practical Completion, the Project Director shall document a review of the Capital Project Implementation Plan including a list of variations and rationale. The Capital Project Implementation Plan Review Report shall be reviewed and approved by the relevant Chief Executive and the Chief Health Infrastructure Office, Health Infrastructure Branch.
  - performance report/s are completed for external consultancies and contractors as required by the Queensland Government Prequalification System (PQC), and that these include feedback from the relevant Hospital and Health Service.

6. Review

This Standard is due for review on: 20 June 2015

Date of Last Review: Not applicable - new policy

Supersedes: Not applicable - new policy

7. Business Area Contact

Senior Director, Capital Projects Unit, Health Infrastructure Branch, System Support Services Division, Department of Health
8. Responsibilities

<table>
<thead>
<tr>
<th>Position</th>
<th>Responsibility</th>
<th>Audit criteria</th>
</tr>
</thead>
</table>
| Deputy Director-General, System Support Services                         | ● Consider and approve policy and supporting documents.  
● Undertake the role of Senior Responsible Owner for capital delivery programs and projects.  
● Ensure the implementation of requirements of this Standard.                                                                                                                                           | ● Policy documents approved.  
● Role undertaken for capital delivery program and projects as per Governance Policy for Health Service Planning and Capital Infrastructure Program and Projects.  
● Demonstrated compliance with all resourcing and procurement policy and legislative requirements.                                                                                                                   |
| Business Change Owner (generally the Chief Executive, Hospital and Health Service) | ● Allocate responsibilities to business officers for the commissioning and defects rectification period.                                                                                                         | ● Operational commissioning completed with documented requirements as per Standard.                                                                                                                                                                                                                                                                         |
| Chief Health Infrastructure Officer, Health Infrastructure Branch, System Support Services | ● Act as Policy Custodian and manages the review of the Standard as required.  
● Undertake the role of Higher Authority for capital delivery programs and projects.                                                                                                                                                                                          | ● Accountable for the development and review of the Standard as required.  
● Role implemented as per Standard and within delegations plus as per Governance Policy for Health Service Planning and Capital Infrastructure Program and Projects.                                                                                                           |
| Project Director, Health Infrastructure Branch, System Support Services   | ● Assess compliance with requirements, including handover documentation and training, prior to Practical Completion.  
● Monitor to ensure effective progress of defects rectification period.  
● Complete financial reconciliation and financial close as per Standard.                                                                                                                                       | ● Commissioned building/s fit for ongoing use following receipt of Certificate of Practical Completion.  
● Report completed and approved.  
● Defects identified and outcomes as per contract and business’s satisfaction within allocated period.  
● Standard met plus information provided as per Policy on Financial Commissioning of Capital Works in Progress.                                                                                                        |

9. Definitions of terms used in the policy and supporting documents

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition / Explanation / Details</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Commissioning</td>
<td>Completion for occupation by the contractor from a physical point of view such as the</td>
<td>Australasian Health Facility Guidelines</td>
</tr>
</tbody>
</table>
### Business Area

The business area is the relevant Hospital and Health Service or Division.

**HIB**

### Business Change Owner (generally the Chief Executive Officer of the business)

The Business Change Owner is accountable for the business change by providing strategic leadership to ensure the product is capable and the organisation is ready to enable the operationalisation of the business change.

**Governance Policy for Health Service Planning and Capital Infrastructure Program and Projects**

### Capital Project Implementation Plan (CPIP)

The CPIP outlines the strategy and associated processes to manage the delivery of the project.

**HIB**

### Capital Works Management Framework (CWMF)

The CWMF is the Queensland government’s key policy for managing risks in the planning and delivery of government building projects. It identifies the major risk areas and sets out the steps that must be taken to manage those risks. The CWMF gives effect to the whole-of-Government Prequalification (PQC) System for building industry consultants and contractors seeking to undertake government building projects.

**Capital Works Management Framework**

### Computerised Maintenance Management System (CMMS)

The CMMS of Queensland Health is a statewide asset management system to identify, manage and maintain the buildings and associated infrastructure, and is a module within the FAMMIS (Finance and Materials Management Information System).

**CMMS Business Case, Business Case 2001**

### Emergent Works Program

Funding allocated in the Capital Acquisition Plan for project finalisation, tender overruns and urgent infrastructure needs.

**Capital Funding Policy Implementation Standard**

### Furniture Fittings and Equipment (FFE) Group 1

Items supplied and fixed by the contractor. These are included in the construction contract.

**Australasian Health Facility Guidelines (Part F)**

### FFE Group 1a

Items supplied and fixed by the contractor which have a clinical impact and require clinical input from the client in terms of specifications (e.g.: Theatre lights; Clinical Fixed Lights – not general examination lights; Pendants; RO Systems; Patient Lifting Track Systems). Specifications will be developed in consultation with relevant technical and clinical experts.

**Health Infrastructure Branch FFE Working Group**

### FFE Group 2

Items supplied by the client and fixed by the contractor. These include items that are transferred but require installation by the contractor, or where the client chooses to buy a piece of equipment and give it to the contractor for installation.

**Australasian Health Facility Guidelines (Part F)**

### FFE Group 2b

Equipment supplied by Queensland Health where there is a requirement for a Vendor to install, commission and/or undertake any necessary certification/accreditation.

**Health Infrastructure Branch FFE Working Group**
<table>
<thead>
<tr>
<th><strong>Department of Health: Implementation Standard for Project Commissioning and Finalisation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>processes. The Managing Contractor’s responsibility will be to provide services in accordance with a Site Preparation Document provided for each 2B category piece of equipment or associated advice from the relevant Queensland Health Advisory Unit</strong></td>
</tr>
<tr>
<td><strong>FFE Group 2T</strong> Equipment identified to be transferred that requires installation by the vendor with installation management by the Managing Contractor</td>
</tr>
<tr>
<td><strong>FFE Group 3</strong> Items supplied and installed by the client. These include all moveable items that can be easily transferred or installed by staff and major items of electro-medical equipment that are purchased from the project budget, but are installed and commissioned by a third party. This also incorporates all clinical instrumentation and utensils as well as sundry furniture items</td>
</tr>
<tr>
<td><strong>FFE Group 3 T</strong> Items supplied and installed by the client that will be transferred from the existing Hospital</td>
</tr>
<tr>
<td><strong>Governance</strong> The functions, responsibilities, processes and procedures that define how a program/project is set up, managed and controlled.</td>
</tr>
<tr>
<td><strong>Governance Policy for Health Service Planning and Capital Infrastructure Program and Projects</strong> The intent of the policy is to establish a consistent statewide approach to all health service planning and capital infrastructure program/projects.</td>
</tr>
<tr>
<td><strong>Higher Authority</strong> The Higher Authority has the authority to make final approval on project change requests within delegations, and provide decision-making for high risk areas for the program or project. This position is appointed by the Senior Responsible Owner (SRO) and may be the same as the Executive (e.g. Chief Health Infrastructure Office, Health Infrastructure Branch).</td>
</tr>
</tbody>
</table>
| **Major capital works** Major capital works are activities which are:  
- Structural works  
- Involve alterations to the building envelope  
- Result in additional recurrent operational expenditure  
- Result in the need for regulatory compliance of the building and information technology standards | Hospital and Health Boards Regulation 2012 (Qld) |
<p>| <strong>Operational Commissioning</strong> The preparation of a facility and its staff for commencement of operation such as equipping and familiarising of staff with facility operation. | Australasian Health Facility Guidelines |
| <strong>Project</strong> A project is a temporary organisation that is created for the purpose of delivering one or more products according to an agreed | Prince2 |</p>
<table>
<thead>
<tr>
<th>role</th>
<th>description</th>
<th>department</th>
<th>notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>business case</td>
<td>The PAF is the foundation framework for ensuring that project management is undertaken effectively across the Queensland Public Sector and delivers Value for money to the government. It is a whole-of-Government project assurance process that establishes a common approach to assessing projects at critical stages of their lifecycle.</td>
<td>Queensland Treasury and Trade</td>
<td></td>
</tr>
<tr>
<td>Project Director</td>
<td>The Project Director has the authority to run the project on a day-to-day basis on behalf of the Project Board (Steering Committee). The Project Director brings together and manages all aspects of the program or project to deliver within budget, time and scope. This role reports directly to the Senior Director, Capital Projects Unit, Health Infrastructure Branch.</td>
<td>Adapted from the Governance Policy for Health Service Planning and Capital Infrastructure Program and Projects</td>
<td></td>
</tr>
<tr>
<td>Project Board (Project Steering Committee)</td>
<td>The Project Board (Steering Committee) is accountable to the Sponsoring Group for the success of the approved commitments, and has authority to direct the program or project according to the approved mandate. This group meets regularly as determined by the program or project; however, must meet to provide advice for decisions outside regular meetings. The Project Board (Steering Committee) consists of:  - A Project Executive as appointed by the Senior Responsible Owner  - Business Change Owner or delegate  - Senior User(s) as appointed by the Business Change Owner  - Senior Supplier(s) or representative.</td>
<td>Governance Policy for Health Service Planning and Capital Infrastructure Program and Projects</td>
<td></td>
</tr>
<tr>
<td>Department of Health Financial Delegations for Expenditure, Losses and Special Payments</td>
<td>The financial delegations set maximum limits (inclusive of GST) as determined by the Accountable Officer for Queensland Health’s expenditure (recurrent and non-recurrent), write off losses and special payments for delegated positions within the Department.</td>
<td>Department of Health</td>
<td></td>
</tr>
<tr>
<td>Queensland Health Procurement Delegations</td>
<td>Procurement Delegations have been introduced by the Director General as an internal control measure and apply specifically to the acquisition of goods and services. In meeting responsibilities prescribed in the State Procurement Policy and the Financial Administration and Audit Act 1997, the Director General has delegated procurement authorities to selected positions – see Procurement Delegations Database.</td>
<td>Queensland Health Procurement Delegations</td>
<td></td>
</tr>
<tr>
<td>Senior Responsible Owner (SRO)</td>
<td>The Senior Responsible Owner has overall accountability for programs and projects</td>
<td>Governance Policy for Health Service Planning and Capital</td>
<td></td>
</tr>
</tbody>
</table>
realise approved commitments within time, scope and budget. This position has the necessary authority to provide strategic leadership and is accountable for the successful delivery of the programs and projects.

<table>
<thead>
<tr>
<th>Infrastructure Program and Projects</th>
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<tbody>
<tr>
<td>10. Approval and Implementation</td>
</tr>
</tbody>
</table>

**Policy Custodian:**
Chief Health Infrastructure Officer, Health Infrastructure Branch, System Support Services, Department of Health

**Responsible Executive Team Member:**
Deputy Director-General, System Support Services, Department of Health

**Approving Officer:**
Deputy Director-General, System Support Services, Department of Health

**Approval date:** 20 June 2012

**Effective from:** 20 June 2012
Attachment 1: Dependant Relationships between Policies and Standards