

Mohida Hussain

From: Jason Flenley
Sent: Thursday, 26 February 2015 12:43 PM
To: Sdlo; Glenn Rashleigh
Cc: Anna Herwig; Louise Wolff; Mohida Hussain; Fiona Brewin-Brown; HIB-Program_Coordination
Subject: RE: Commissioning report for Lady Cilento
Attachments: 6b Oral health.pdf; 3a ENT and Audiology OPD.PDF; 5d Surgical IPU.PDF; 2d Ophthalmology OPD.PDF; 3b and 1b OPDs.pdf; 5e Burns OPD.PDF; 6a Allied Health.pdf

Jessica,

Thanks for the clarity earlier.

As I mentioned there are numerous building code certification documents that confirm that the building infrastructure has met the statutory requirements. These are available if required.

The project also requires that the clinicians review each area and endorse/accept the areas as being suitable to run the required clinical services.

There are quite a number of documents so will send another 3 emails with attachments.

Please let me know if further information is required.

Regards,

Jason Flenley
Executive Director
Capital Projects Unit
Health Infrastructure Branch | Department of Health
Level 6, Anzac Square
200 Adelaide Street
Brisbane QLD 4000
P: (07) 3006 2708
M:

Jason.Flenley@health.qld.gov.au

www.health.qld.gov.au

Queensland Health staff can visit the Capital Projects Unit at <http://qheps.health.qld.gov.au/cdp/home.htm>

From: Sdlo
Sent: Wednesday, 25 February 2015 2:13 PM
To: Glenn Rashleigh; Jason Flenley
Subject: Commissioning report for Lady Cilento

Hi Glenn/Jason,

Hoping you can assist – the Minister’s Office has requested a copy of the Commissioning Report for the Lady Cilento Children’s Hospital. I believe this is done after the build is completed but before occupation of the building? If your area doesn’t have a copy of this report, where would I be able to find one?

Thanks,
Jess.

Jessica Martin

Director
Departmental Liaison and Executive Support Unit
Office of the Director-General
19th Floor, QHB
Department of Health
Ph: 07 3234 1570
Fax: 07 3234 1482
Mob:

RTI Release

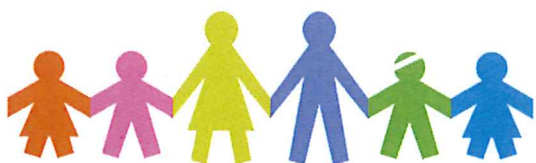


Clinical and Non Clinical Readiness Assessment – Commissioning Sub-Groups

2d ophthalmology OPD

(insert CSG name here)

November 2014



Clinical and Non Clinical Readiness Assessment Commissioning Sub-Groups (CSG)

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Some of the criteria will require your active involvement in verifying, whilst other criteria will require verification that you have been assured that rooms and equipment have been tested and are in the correct place.

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Your CSG Coordinator will assist you in gathering relevant evidence and initiating activities required to verify that each room is prepared and set up as planned

Final Sign-off is due by **17/11/14** in support of the 'LCCH Risk Assurance Tool'

LCCH Clinical/ Non Clinical Assessment – Commissioning Sub-Groups

Scope: This assessment should be undertaken against the scope of work as agreed in the:

- Room layout sheets and FFE lists, and
- Day 1 Functionality

Criteria	Can demonstrate now	On Track (insert forecast completion date):	Comments	Documentary Evidence Please provide Title of document and attach as required
1. I have inspected the service area and am satisfied that the required cleaning standard has been met. The room set-up is suitable for safe patient care. Set-up and equipment in rooms represented by my CSG have been tested and working.	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_		
2. I am satisfied that the equipment provided is suitable and functional for safe patient care	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_		
3. I can confirm that relevant professional certification / accreditation requirements have been met where applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_		
4. I can confirm that issues identified in these rooms that require rectification have been logged on QFM	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_		

RTI Release

<p>5. I am aware that my staff have been appropriately oriented and trained and teams are aware of how to access support for further training if required</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
<p>6. I can confirm that my team is aware of how to access assistance for the following:</p> <ul style="list-style-type: none"> • Security • ICT & / or equipment • Building systems • Fault reporting • Telephone & pager numbers • AHNM's 	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		

RTI Release

ACCOUNTABLE COMMISSIONER/S TO COMPLETE

Comments: (note exceptions and management strategies)

Desks being transferred from RCH.

RTI Release

I confirm that I have taken all reasonable steps to ensure the accuracy of the information in this report:

Commissioning Group: Surgical Inpt & Outpatient

Commissioner (s) Name(s): Hayn Ehen

Accountable Commissioner Signature(s) _____ Date: 9.12.14

Please return to (please enter the name of your Coordinator here...), Coordinator prior to opening

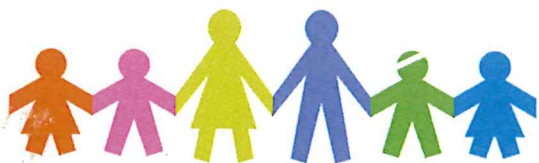


Clinical and Non Clinical Readiness Assessment – Commissioning Sub-Groups

*ENT/Audiology
3a Surgical OPD*

(insert CSG name here)

November 2014



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2. I am satisfied that the equipment provided is suitable and functional for safe patient care	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_		
3. I can confirm that relevant professional certification / accreditation requirements have been met where applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_		
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RTI Release

ACCOUNTABLE COMMISSIONER/S TO COMPLETE

Comments: (note exceptions and management strategies)

RTI Release

I confirm that I have taken all reasonable steps to ensure the accuracy of the information in this report:

Commissioning Group: surgical inpatient & outpatient

Commissioner (s) Name(s): Ilana ENON

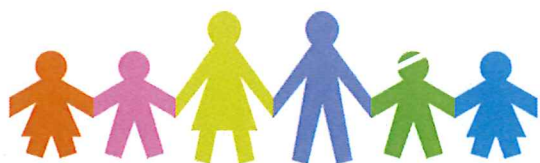
Accountable Commissioner Signature(s) [Redacted] Date: 9-12-14

Please return to (please enter the name of your Coordinator here...), Coordinator prior to opening



Clinical and Non Clinical Readiness Assessment – Commissioning Sub-Groups

Surgical Inpt & OPD 3b (insert CSG name here)
November 2014 1b



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2. I am satisfied that the equipment provided is suitable and functional for safe patient care	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_		
3. I can confirm that relevant professional certification / accreditation requirements have been met where applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_		
4. I can confirm that issues identified in these rooms that require rectification have been logged on QFM	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_		

RTI Release

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RTI Release

ACCOUNTABLE COMMISSIONER/S TO COMPLETE

Comments: (note exceptions and management strategies)

1b - not clean or dirty utility but built as per plan

RTI Release

I confirm that I have taken all reasonable steps to ensure the accuracy of the information in this report:

Commissioning Group: Surgical inpatient & outpatient

Commissioner (s) Name(s): Karyn Emond

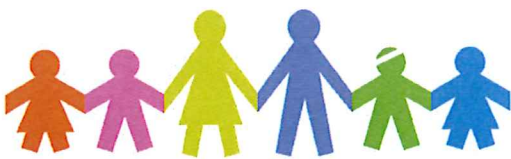
Accountable Commissioner Signature(s) [Redacted] Date: 9/12/14

Please return to Coordinator prior to opening



Clinical and Non Clinical Readiness Assessment – Commissioning Sub-Groups

5d Surgical IPU (insert CSG name here)
November 2014



Clinical and Non Clinical Readiness Assessment Commissioning Sub-Groups (CSG)

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LCCH Clinical/ Non Clinical Assessment – Commissioning Sub-Groups

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Criteria	Can demonstrate now	On Track (insert forecast completion date):	Comments	Documentary Evidence Please provide Title of document and attach as required	Post certification approval
1. I have inspected the department and am satisfied that the required cleaning standard has been met, and the room set-up is suitable for safe patient care. set-up and equipment in rooms represented by my CSG have been tested and working	<input type="checkbox"/>	<input type="checkbox"/> _/_/_	Bed room 13-16 not Soap dispenser, glove or paper towel dispenser. etc. do not work! help desk days ago today fixed, now missing from Parents facility. Still missing		
2. I am satisfied that the equipment provided is suitable and functional for safe patient care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> _/_/_			
3. I can confirm that relevant professional certification / accreditation requirements have been met where applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_			
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RTI Release

ACCOUNTABLE COMMISSIONER/S TO COMPLETE

Comments: (note exceptions and management strategies)

RTI Release

I confirm that I have taken all reasonable steps to ensure the accuracy of the information in this report:

Commissioning Group: Surgical / medical / outpatients

Commissioner (s) Name(s) : Ross Walker

Accountable Commissioner Signature(s) [Redacted] Date: 10.12.14

Please return to (please enter the name of your Coordinator here...), Coordinator prior to opening



Clinical and Non Clinical Readiness Assessment – Commissioning Sub-Groups

5e Burns OPD

(insert CSG name here)

November 2014



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2. I am satisfied that the equipment provided is suitable and functional for safe patient care	<input type="checkbox"/>	<input type="checkbox"/> _/_/_	trolley do not fit without turning taps on		
3. I can confirm that relevant professional certification / accreditation requirements have been met where applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_			
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RTI Release

ACCOUNTABLE COMMISSIONER/S TO COMPLETE

Comments: (note exceptions and management strategies)

Doors into induction room need to be sliding not opening in ward. change request completed

RTI Release

I confirm that I have taken all reasonable steps to ensure the accuracy of the information in this report:

Commissioning Group: surgical inpatient & outpatient

Commissioner (s) Name(s) : Ilayn Ehren

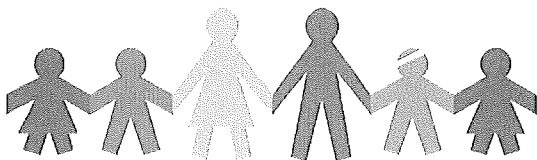
Accountable Commissioner Signature(s) [Redacted] Date: 9.12.14

Please return to (please enter the name of your Coordinator here...), Coordinator prior to opening



Clinical and Non Clinical Readiness Assessment – Commissioning Sub-Groups

Allied Health *ba*
~~Speech Pathology~~ *ba*
 November 2014



Clinical and Non Clinical Readiness Assessment Commissioning Sub-Groups (CSG)

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RTI RELEASE

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2. I am satisfied that the equipment provided is suitable and functional for safe patient care	<input type="checkbox"/>	<input type="checkbox"/> _ _ _	Client tables (kindergarten tables) purchased by the project have sharp corners that will require "safety" corners to protect children. Resourcing of items (eg fridges) etc negotiated external to the project <i>• some equipment from P, P, E still not delivered.</i>	
3. I can confirm that relevant professional certification / accreditation requirements have been met where applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/> _ _ _		
4. I can confirm that issues identified in these rooms that require rectification have been logged on QFM	<input checked="" type="checkbox"/>	<input type="checkbox"/> _ _ _	Awaiting to hear progress on logged jobs <i>See WH+S Report.</i> <i>Some</i>	

RTI RELEASE

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RTI Released

ACCOUNTABLE COMMISSIONER/S TO COMPLETE

Comments: (note exceptions and management strategies)

RTI Release

I confirm that I have taken all reasonable steps to ensure the accuracy of the information in this report:

Commissioning Group: ~~Speech Pathology~~ *General Health*

Commissioner (s) Name(s) : Dominic Tait, Divisional Director Clinical Support; ~~Katie Walker-Smith - Director Speech Pathology~~

Accountable Commissioner Signature(s) _____ _____ Date: 12/12/14

Please return to Darren McLean, Coordinator prior to opening *Dominic Tait*

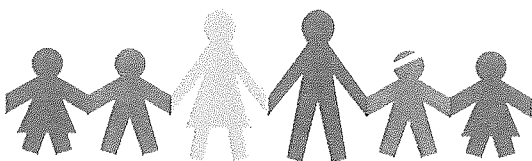


Clinical and Non Clinical Readiness Assessment – Commissioning Sub-Groups

66 Oral Health.

(insert CSG name here)

November 2014



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2. I am satisfied that the equipment provided is suitable and functional for safe patient care ??	<input type="checkbox"/>	<input checked="" type="checkbox"/> 5/12/14	EQUIPMENT STILL ARRIVING	
3. I can confirm that relevant professional certification / accreditation requirements have been met where applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/> _ _ _		
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RTI REQUEST

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RTI Release

ACCOUNTABLE COMMISSIONER/S TO COMPLETE

Comments: (note exceptions and management strategies)

- ① STILL WAITING FOR GENERAL RUBBISH BINS.
 - USING CLINICAL WASTE BINS FOR ALL WASTE CURRENTLY
- ② STILL WAITING FOR TRANSPORT TROLLEY (not from CSJ) of ORAL HEALTH UNIT.
 - USING OTHER TROLLEY & SEALS CONTAINERS IN THE INTERIM
- ③ STILL WAITING FOR SOME DENTAL EQUIPMENT & INSTRUMENTS
 - ITEMS ON BACK ORDER IDENTIFIED
 - CHASING UP MISSING ITEMS.

I confirm that I have taken all reasonable steps to ensure the accuracy of the information in this report:

Commissioning Group: SURGICAL DIVISION

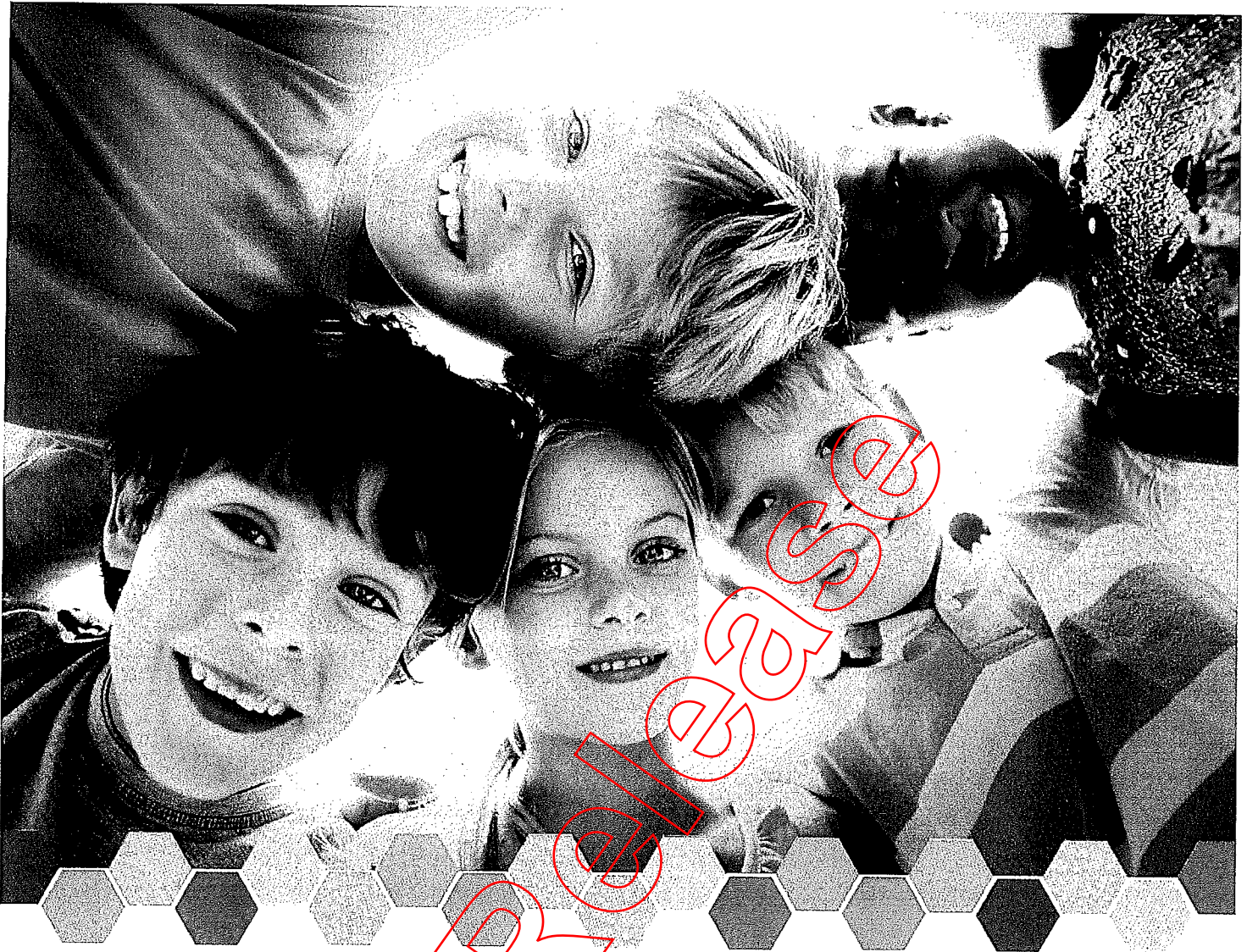
Commissioner (s) Name(s): DR ROSS WALKER / DR HUGH M^c CALLUM

Accountable Commissioner Signature(s)  Date: 3/12/14

Please return to (please enter the name of your Coordinator here...), Coordinator prior to opening

Beryl Valentine by 28/11/14.

RTI Release



Clinical and Non Clinical Readiness Assessment – Commissioning Sub-Groups

66 Neurology / Metabolic (insert CSG name here)
November 2014
Outpatients.



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- Day 1 Functionality

Criteria	Can demonstrate now	On Track (insert forecast completion date):	Comments	Documentary Evidence Please provide Title of document and attach as required
1. I have inspected the service area and am satisfied that the required cleaning standard has been met. The room set-up is suitable for safe patient care. Set-up and equipment in rooms represented by my CSG have been tested and working.	<input type="checkbox"/>	<input checked="" type="checkbox"/> 29/11/14		
2. I am satisfied that the equipment provided is suitable and functional for safe patient care	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_		
3. I can confirm that relevant professional certification / accreditation requirements have been met where applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_		
4. I can confirm that issues identified in these rooms that require rectification have been logged on QFM	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_		

RTI Release

	<p>5. I am aware that my staff have been appropriately oriented and trained and teams are aware of how to access support for further training if required</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 30/8/14 <u>1/12/14</u>		
	<p>6. I can confirm that my team is aware of how to access assistance for the following:</p> <ul style="list-style-type: none"> • Security • ICT & / or equipment • Building systems • Fault reporting • Telephone & pager numbers • AHNM's 	<input type="checkbox"/>	<input checked="" type="checkbox"/> <u>1/12/14</u>		

RTI Release

ACCOUNTABLE COMMISSIONER/S TO COMPLETE

Comments: (note exceptions and management strategies)


Some admission have escalated to QFM but will not
input upon opening

RTI Release

I confirm that I have taken all reasonable steps to ensure the accuracy of the information in this report:

Commissioning Group: Neurosciences

Commissioner (s) Name(s): Geoff Wilson Elizabeth Garklan

Accountable Commissioner Signature(s)  Date: 25/11/14

Please return to (please enter the name of your Coordinator here...), Coordinator prior to opening
Beryl Valentine by 28/11.



Clinical and Non Clinical Readiness Assessment – Commissioning Sub-Groups

_____ Child Development 6D (C/- Division Medicine) ___(insert CSG name here)

November 2014



Clinical and Non Clinical Readiness Assessment Commissioning Sub-Groups (CSG)

This readiness assessment outlines six criteria that are required to be met in order for services represented by your CSG to operate effectively from Day 1 at the LCCH.

Readiness for each CSG should be assessed against the Room layout sheets and FFE room information sheet plus the "Ready Set Go" document provided to you by your CSG Coordinator. You are assessing whether your unit is safe and suitably prepared to accept patients..

Some of the criteria will require your active involvement in verifying, whilst other criteria will require verification that you have been assured that rooms and equipment have been tested and are in the correct place.

As a Lead Commissioner you are accountable for ensuring that foreseeable risks have been reasonably identified and supported by appropriate mitigation strategies in your area of responsibility. If you are not able to sign off on all criteria you will be required to document this, noting exceptions and management strategies.

Your CSG Coordinator will assist you in gathering relevant evidence and initiating activities required to verify that each room is prepared and set up as planned

Final Sign-off is due by **17/11/14** in support of the 'LCCH Risk Assurance Tool'

LCCH Clinical/ Non Clinical Assessment – Commissioning Sub-Groups

Scope: This assessment should be undertaken against the scope of work as agreed in the:

- Room layout sheets and FFE lists, and
- Day 1 Functionality

Criteria	Can demonstrate now	On Track (insert forecast completion date):	Comments	Documentary Evidence Please provide Title of document and attach as required
1. I have inspected the service area and am satisfied that the required cleaning standard has been met. The room set-up is suitable for safe patient care. Set-up and equipment in rooms represented by my CSG have been tested and working.	<input type="checkbox"/>	X <input type="checkbox"/> 14_/11/_14_	<p>FFE missing – clinical beds, height adjustable tables, Assessment equipment – Feedback provided to Div Med Ops manager – indications that FFE supplies being rolled out over next two weeks</p> <p>ICT – Video – Audio Equipment on track for installation, confirmed with ICT commissioning group</p>	
2. I am satisfied that the equipment provided is suitable and functional for safe patient care	<input type="checkbox"/>	<input type="checkbox"/> _16_/11_/14	<p>As not fitted out adequately yet, unable to comment on this.</p> <p>Bench depth in assessment room inadequate for placement and use standard specification baby mat/s</p> <p>Clinical store-cupboards have inadequate internal shelving to allow for appropriate use</p> <p>Other WHS faults identified and logged</p> <p>List of faults being identified in the environment – for fixing Planned to be logged on QFM.</p>	

RTI RELEASE

3. I can confirm that relevant professional certification / accreditation requirements have been met where applicable	x <input type="checkbox"/>	<input type="checkbox"/> _/_/_	Recruitment appointments progressed where applicable	
4. I can confirm that issues identified in these rooms that require rectification have been logged on QFM	<input type="checkbox"/>	x <input type="checkbox"/> _25_/_11_/_ 14_		
5. I am aware that my staff have been appropriately oriented and trained and teams are aware of how to access support for further training if required	<input type="checkbox"/>	<input type="checkbox"/> 26/11/14	This has not occurred – advice was requested from Operations Manager Div Med and Operations Manager Clinical Support about training program for Administration staff – advised that this plan is under development and would be attended to in week of opening 1/12/14 and coordinated and led by Sam Adlam and Tania Young	
6. I can confirm that my team is aware of how to access assistance for the following: <ul style="list-style-type: none"> • Security • ICT & / or equipment • Building systems • Fault reporting • Telephone & pager numbers • AHNM's 	<input type="checkbox"/>	x <input type="checkbox"/> 27_/_11/14	Onboarding orientation confirmed Further education and information to be addressed in team briefing/planning session booked for 2/12/14 and 4/12/14 as staff attend work for first shifts. Further information required re use of gvt fleet vehicles and parking for gvt fleet vehicles attending to site for official business as yet not released. This information and relevant protocols is of particular relevance for 6D with visiting service partners from CYCHS for clinical purposes a requirement and travel from Hospital for outreach services a requirement.	

RTI Release

ACCOUNTABLE COMMISSIONER/S TO COMPLETE

Comments: (note exceptions and management strategies)

Further information and detail yet to be advised about,

- **Process for receipt of requested Dect Phones and Pagers**
- **Training plan for administration**
- **Protocols for management of shared resources across clinical areas on floor – the operational governance and how to manage issues if problems arise in terms of “unresolvable differences/issues” is yet to be identified eg management of workflow requirements and roster needs for shared staff eg RNs, RMOs, AINs**
- **Need to identify a workload management tool for administration officers supporting SOPD area – and how to request additional resource support; Identified already a risk that allocated 1FTE may be insufficient to manage demand**
- **Process for training on equipment use especially audio – visual equipment – across areas no advice as yet received**

I confirm that I have taken all reasonable steps to ensure the accuracy of the information in this report:

Commissioning Group: _____ Division of Medicine – Area 6D Specialist Outpatients Child Development _____

Commissioner (s) Name(s) Ven-nice Ryan Director Child Development Program Child and Youth Community Health Service (C-Jane McLean , Opearations Manager Division of Medicine)

Accountable Commissioner Signature(s) _____

Date: _____ 4/12/14 _____

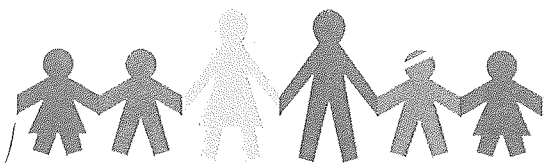
Please return to (please enter the name of your Coordinator here...), Coordinator prior to opening



Clinical and Non Clinical Readiness Assessment – Commissioning Sub-Groups

1/a Neurosciences / orthopaedic (insert CSG name here)

November 2014



Clinical and Non Clinical Readiness Assessment Commissioning Sub-Groups (CSG)

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Your CSG Coordinator will assist you in gathering relevant evidence and initiating activities required to verify that each room is prepared and set up as planned

Final Sign-off is due by **17/11/14** in support of the 'LCCH Risk Assurance Tool'

LCCH Clinical/ Non Clinical Assessment – Commissioning Sub-Groups

Scope: This assessment should be undertaken against the scope of work as agreed in the:

- Room layout sheets and FFE lists, and
- Day 1 Functionality

Criteria	Can demonstrate now	On Track (insert forecast completion date):	Comments	Documentary Evidence Please provide Title of document and attach as required
1. I have inspected the service area and am satisfied that the required cleaning standard has been met. The room set-up is suitable for safe patient care. Set-up and equipment in rooms represented by my CSG have been tested and working.	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_		
2. I am satisfied that the equipment provided is suitable and functional for safe patient care	<input type="checkbox"/>	<input type="checkbox"/> _/_/_	<i>cleaner beds have no monitor.</i>	
3. I can confirm that relevant professional certification / accreditation requirements have been met where applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_		
4. I can confirm that issues identified in these rooms that require rectification have been logged on QFM	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_		

RTI Release

5. I am aware that my staff have been appropriately oriented and trained and teams are aware of how to access support for further training if required	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_		
6. I can confirm that my team is aware of how to access assistance for the following: <ul style="list-style-type: none"> • Security • ICT & / or equipment • Building systems • Fault reporting • Telephone & pager numbers • AHNM's 	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_	<i>they do now</i>	

RTI Release

ACCOUNTABLE COMMISSIONER/S TO COMPLETE

Comments: (note exceptions and management strategies)

RTI Release

I confirm that I have taken all reasonable steps to ensure the accuracy of the information in this report:

Commissioning Group: _____

Commissioner (s) Name(s) : NUM John Leach

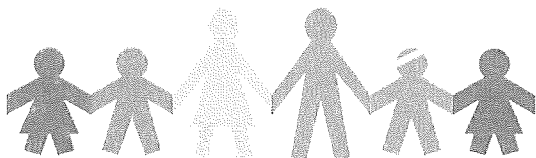
Accountable Commissioner Signature(s) _____ Date: 10/12/14

Please return to ~~(please enter the name of your Coordinator here...)~~ BERYL VALENTINE by FRIDAY 28/11, Coordinator prior to opening



Clinical and Non Clinical Readiness Assessment – Commissioning Sub-Groups

Child Protection and Forensic Medical Service 2 F
November 2014



Clinical and Non Clinical Readiness Assessment Commissioning Sub-Groups (CSG)

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Your CSG Coordinator will assist you in gathering relevant evidence and initiating activities required to verify that each room is prepared and set up as planned.

Final Sign-off is due by ~~21/11/14~~ in support of the 'LCCH Risk Assurance Tool'

LCCH Clinical/ Non Clinical Assessment – Commissioning Sub-Groups

Scope: This assessment should be undertaken against the scope of work as agreed in the:

- Room layout sheets and FFE lists, and
- Day 1 Functionality

Criteria	Can demonstrate now	On Track (insert forecast completion date):	Comments	Documentary Evidence Please provide Title of document and attach as required	Post certification approval
1. I have inspected the department and am satisfied that the required cleaning standard has been met, and the room set-up is suitable for safe patient care. set-up and equipment in rooms represented by my CSG have been tested and working	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_	<p>We are awaiting soap dispenser filling which has been logged to Medirest.</p> <p>Equipment is sound and working.</p> <p>Ipads ordered arrived with the incorrect mounting brackets and as such have cords hanging down and are a choking hazard. This has been reported and we are progressing taping of the cords at 14:30 on 28/11/14 to redress this risk</p>		
2. I am satisfied that the equipment provided is suitable and functional for safe patient care	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_	<p>Signage remains incorrect – briefed and Lend Lease Aware and on list for corrective action – awaiting Jodie Stevenson update on 2 F sign correction</p> <p>Colposcope is installed.</p> <p>Tip sheets and user instructions ready.</p> <p>Orientation completed with medical and nursing staff for initial use</p> <p>Double screens are to be redressed as were installed in incorrect area – Ian Booth advised</p>		

RTI REQUEST

<p>3. I can confirm that relevant professional certification / accreditation requirements have been met where applicable</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <u> / / </u>	<p>Colposcope has been approved and checked by Bio medical services <i>✓ completed 22/11/14.</i></p>		
<p>4. I can confirm that issues identified in these rooms that require rectification have been logged on QFM</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <u> / / </u>	<p>This will be done on Monday 1st December when assigned staff have capacity and have transitioned across from Mater as the designated staff with QFM log in</p>		
<p>5. I am aware that my staff have been appropriately oriented and trained and teams are aware of how to access support for further training if required</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <u> / 12 / 14 </u>	<p>Training schedule in place with leMR , CIMHA and Pi5. Some staff haven't received p/work yet and are f/u with respective areas ie HR/ Payroll and onboarding team</p>		
<p>6. I can confirm that my team is aware of how to access assistance for the following items;</p> <ul style="list-style-type: none"> • Security • ICT & / or equipment • Building systems • Fault reporting • Telephone & pager numbers • AHNM's 	<input type="checkbox"/>	<input checked="" type="checkbox"/> <u> / 12 / 14 </u>	<p>Fault Reporting to be confirmed ICT personnel contact is Ian Booth and we are coordinating with him our outstanding ICT needs.</p>		

RTI Release

ACCOUNTABLE COMMISSIONER/S TO COMPLETE

Comments: (note exceptions and management strategies)

I confirm that I have taken all reasonable steps to ensure the accuracy of the information in this report:

Commissioning Group: Child Protection and Forensic Medical Service

Commissioner (s) Name(s) : Dr Jan Connors and Reeny Jurchyszyn

Accountable Commissioner Signature(s) _____

[Redacted Signature]

Date: 28/11/14

Please return to (please enter the name of your Coordinator here...), Coordinator prior to opening

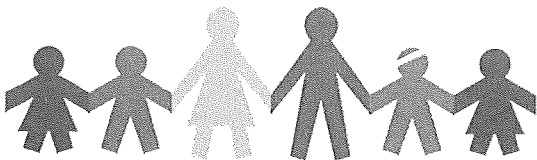
RTI Release



Clinical and Non Clinical Readiness Assessment – Commissioning Sub-Groups

86 CYMHS. (insert CSG name here)

November 2014



Clinical and Non Clinical Readiness Assessment Commissioning Sub-Groups (CSG)

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Your CSG Coordinator will assist you in gathering relevant evidence and initiating activities required to verify that each room is prepared and set up as planned

Final Sign-off is due by **17/11/14** in support of the 'LCCH Risk Assurance Tool'

RTI RELEASE

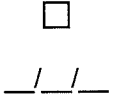

LCCH Clinical/ Non Clinical Assessment – Commissioning Sub-Groups

Scope: This assessment should be undertaken against the scope of work as agreed in the:

- Room layout sheets and FFE lists, and
- Day 1 Functionality

Criteria	Can demonstrate now	On Track (insert forecast completion date):	Comments	Documentary Evidence Please provide Title of document and attach as required
1. I have inspected the service area and am satisfied that the required cleaning standard has been met. The room set-up is suitable for safe patient care. Set-up and equipment in rooms represented by my CSG have been tested and working.	<input type="checkbox"/>	<input type="checkbox"/> _/_/	Chair missing in AMHU.	CSG
2. I am satisfied that the equipment provided is suitable and functional for safe patient care	<input type="checkbox"/>	<input type="checkbox"/> 5/12/11.	Medical beds require shortening of power cord prior to commissioning these beds	
3. I can confirm that relevant professional certification / accreditation requirements have been met where applicable	<input type="checkbox"/>	<input type="checkbox"/> _/_/	High care courtyard not operational until dress capability rectified. * Certification of fire egress under review.	"Cymts issues Register"
4. I can confirm that issues identified in these rooms that require rectification have been logged on QFM	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/		

RTI Please

<p>5. I am aware that my staff have been appropriately oriented and trained and teams are aware of how to access support for further training if required</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 		
<p>6. I can confirm that my team is aware of how to access assistance for the following:</p> <ul style="list-style-type: none"> • Security • ICT & / or equipment • Building systems • Fault reporting • Telephone & pager numbers • AHNM's 	<input checked="" type="checkbox"/>	<input type="checkbox"/> 		

RTI Release

ACCOUNTABLE COMMISSIONER/S TO COMPLETE

Comments: (note exceptions and management strategies)

There are a number of rooms that have FFE missing as notated by K. Menigoz. These will be logged on @FM.

RTI Release

I confirm that I have taken all reasonable steps to ensure the accuracy of the information in this report:

Commissioning Group: CYMHHS

Commissioner (s) Name(s): Janelle Bourne ND CYMHHS

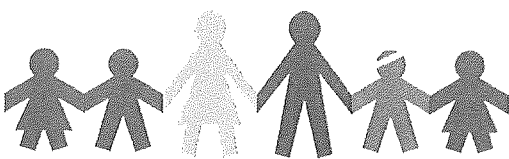
Accountable Commissioner Signature(s) [Redacted] Date: 3-12-14

Please return to (please enter the name of your Coordinator here...), Coordinator prior to opening
BERYL VALENTINE BY FRIDAY 28th. NOV.



Clinical and Non Clinical Readiness Assessment – Commissioning Sub-Groups

Emergency and short stay unit (insert CSG name here)
November 2014



Clinical and Non Clinical Readiness Assessment Commissioning Sub-Groups (CSG)

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Final Sign-off is due by ~~21/11/14~~ in support of the 'LCCH Risk Assurance Tool'

LCCH Clinical/ Non Clinical Assessment – Commissioning Sub-Groups

Scope: This assessment should be undertaken against the scope of work as agreed in the:

- Room layout sheets and FFE lists, and
- Day 1 Functionality

Criteria	Can demonstrate now	On Track (insert forecast completion date):	Comments	Documentary Evidence Please provide Title of document and attach as required	Post certification approval
1. I have inspected the department and am satisfied that the required cleaning standard has been met, and the room set-up is suitable for safe patient care. set-up and equipment in rooms represented by my CSG have been tested and working	<input type="checkbox"/>	<input checked="" type="checkbox"/> 21/11/14	ISSUES ESCALATED TO SMT.		
2. I am satisfied that the equipment provided is suitable and functional for safe patient care	<input type="checkbox"/>	<input checked="" type="checkbox"/> 21/11/14			
3. I can confirm that relevant professional certification / accreditation requirements have been met where applicable	<input type="checkbox"/>	<input checked="" type="checkbox"/> 21/11/14			
4. I can confirm that issues identified in these rooms that require rectification have been logged on QFM	<input type="checkbox"/>	<input checked="" type="checkbox"/> 21/11/14			

<p>5. I am aware that my staff have been appropriately oriented and trained and teams are aware of how to access support for further training if required</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <u>21/11/14.</u>			
<p>6. I can confirm that my team is aware of how to access assistance for the following items;</p> <ul style="list-style-type: none"> • Security • ICT & / or equipment • Building systems • Fault reporting • Telephone & pager numbers • AHNM's 	<input type="checkbox"/>	<input checked="" type="checkbox"/> <u>21/11/14</u>			

RTI Release

ACCOUNTABLE COMMISSIONER/S TO COMPLETE

Comments: (note exceptions and management strategies)

RTI Release

I confirm that I have taken all reasonable steps to ensure the accuracy of the information in this report:

Commissioning Group: EMERGENCY + SHORT STAY COMMISSIONING GROUP

Commissioner (s) Name(s) : BENJAMIN SUTTON

Accountable Commissioner Signature(s) [Redacted] Date: 2/12/14

Please return to ~~(please enter the name of your Coordinator here...)~~, Coordinator prior to opening Becky Valentine



Clinical and Non Clinical Readiness Assessment – Commissioning Sub-Groups

Food Services
November 2014



Clinical and Non Clinical Readiness Assessment Commissioning Sub-Groups (CSG)

This readiness assessment outlines six criteria that are required to be met in order for services represented by your CSG to operate effectively from Day 1 at the LCCH.

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Final Sign-off is due by **17/11/14** in support of the 'LCCH Risk Assurance Tool'

LCCH Clinical/ Non Clinical Assessment – Commissioning Sub-Groups

Scope: This assessment should be undertaken against the scope of work as agreed in the:

- Room layout sheets and FFE lists, and
- Day 1 Functionality

Criteria	Can demonstrate now	On Track (insert forecast completion date):	Comments	Documentary Evidence Please provide Title of document and attach as required
1. I have inspected the service area and am satisfied that the required cleaning standard has been met. The room set-up is suitable for safe patient care. Set-up and equipment in rooms represented by my CSG have been tested and working.	<input type="checkbox"/>	<input type="checkbox"/> _/_/_	No cleaning is evident in nutrition bays. Kitchen cleaning is being carried out. Nutrition bays are not stocked and ward pantries have limited food. Equipment such as fridges have not been checked and equipment missing has not identified or rectified. No scenario testing of equipment. Unable to confirm equipment (including burfordge trolleys) are working.	
2. I am satisfied that the equipment provided is suitable and functional for safe patient care	<input type="checkbox"/>	<input type="checkbox"/> _/_/_	As above. No scenario testing. No ability to check at ward level. Saffron (electronic menu system) is not functional and working.	
3. I can confirm that relevant professional certification / accreditation requirements have been met where applicable	<input type="checkbox"/>	<input type="checkbox"/> _/_/_	Certification for the kitchen has been completed. Food safety for LCCH at the ward level is absent.	

<p>4. I can confirm that issues identified in these rooms that require rectification have been logged on QFM</p>	<input type="checkbox"/>	<input type="checkbox"/> ///	<p>All issues have been logged on QFM or discussed as mobilisation meetings with Medirest and Rick Stewart (food services commissioning group).</p>	
<p>5. I am aware that my staff have been appropriately oriented and trained and teams are aware of how to access support for further training if required</p>	<input type="checkbox"/>	<input type="checkbox"/> ///	<p>Food Service staff have received limited or no training. This has been identified with Medirest.</p>	
<p>6. I can confirm that my team is aware of how to access assistance for the following:</p> <ul style="list-style-type: none"> • Security • ICT & / or equipment • Building systems • Fault reporting • Telephone & pager numbers • AHNM's 	<input type="checkbox"/>	<input type="checkbox"/> ///	<p>NA</p>	

RTI Release

ACCOUNTABLE COMMISSIONER/S TO COMPLETE

Comments: (note exceptions and management strategies)

As at 17 November, issues identified for urgent action have been identified within a mobilisation meeting with Rick Stewart. These issues include:

- Staff training needs consideration – there is limited evidence of training of staff
- Equipment testing – FFE not confirmed and working
- Scenario testing – not able to be completed
- Stocking of wards and areas – not done
- Cooking and kitchen process documentation
- Major issue – Saffron (Electronic system) is not functional.
- RTF Stock room remains un-air conditioned. Temperature of room (holding vulnerable stock) is approximately 27 degrees (should be 20 degrees)
- Menu needs to be completed

RTI Release

I confirm that I have taken all reasonable steps to ensure the accuracy of the information in this report:

Commissioning Group: FOSO Services

Commissioner (s) Name(s): Dr Robyn Littlewood

Accountable Commissioner Signature(s) [Redacted] Date: 11/12/14

Please return to (please enter the name of your Coordinator here...), Coordinator prior to opening



Clinical and Non Clinical Readiness Assessment – Commissioning Sub-Groups

FORMULA ROOM

(insert CSG name here)

November 2014



Clinical and Non Clinical Readiness Assessment Commissioning Sub-Groups (CSG)

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Final Sign-off is due by **17/11/14** in support of the 'LCCH Risk Assurance Tool'

LCCH Clinical/ Non Clinical Assessment – Commissioning Sub-Groups

Scope: This assessment should be undertaken against the scope of work as agreed in the:

- Room layout sheets and FFE lists, and
- Day 1 Functionality

Criteria	Can demonstrate now	On Track (insert forecast completion date):	Comments	Documentary Evidence Please provide Title of document and attach as required
1. I have inspected the service area and am satisfied that the required cleaning standard has been met. The room set-up is suitable for safe patient care. Set-up and equipment in rooms represented by my CSG have been tested and working.	□	□ _/_/_	Equipment still missing, unable to establish ongoing working process.	

RTI Release

is suitable and functional for safe patient care

prepare formula arrived on Tuesday 2nd December 2014.

The trolleys were to be custom built to meet requirements and fit under the bench. The trolleys that arrived on site do not fit under the benches width or height. The trolleys supplied are wrong as they were agreed to be multi sized draws and the draws on the trolley just fit the small tin of formula. This issue has been escalated but needs attention immediately.

The service is currently not meeting food safety accreditation requirements as staff are having to leave the clean prep room to collect tins from the shelving in the ante room during preparation. This is impacting on the time spent making up formula.

The drain under the sink in the ante room is dripping – job logged through QFM. The hydroboil in the preparation room is dripping. Job logged in QFM.

The monitor screen is yet to be fitted to the wall, and linked into the IT system. Needs urgent attention.

There is a space above the fridge that needs to be left open due to the fire door, however being that it is in the preparation room this needs to be sealed off my recommendation is with a filter screen. Have provided this to Lend Lease. Needs urgent attention.

Computer and phone have had multiple issues and continue to drop out (outside of the QH computer issues). Phone needs replacing and computer has ongoing networking issues.

The exhaust hood over the dishwasher is missing the filter which doesn't comply with food safety.

The 3 stainless steel sinks for cleaning are missing plugs.

Shelving in the ante room that has been supplied in incorrect sizing. It is a safety hazard for staff and clinical risk. Staff cannot wash their hands in the handbasin and use the papertowel dispenser as it is too big for the room. Shelving needs URGENT ATTENTION. There is no bin the room.

3. I can confirm that relevant professional certification / accreditation requirements have been met where applicable	<input type="checkbox"/>	<input type="checkbox"/> _/_/_		
4. I can confirm that issues identified in these rooms that require rectification have been logged on QFM	<input type="checkbox"/>	<input type="checkbox"/> _/_/_	Yes, see above.	
5. I am aware that my staff have been appropriately oriented and trained and teams are aware of how to access support for further training if required	<input type="checkbox"/>	<input type="checkbox"/> _/_/_	Staff are being trained on the job and being orientated to the site by other staff.	
6. I can confirm that my team is aware of how to access assistance for the following: <ul style="list-style-type: none"> • Security • ICT & / or equipment • Building systems • Fault reporting • Telephone & pager numbers • AHNM's 	<input type="checkbox"/>	<input type="checkbox"/> _/_/_		

RTI Release

ACCOUNTABLE COMMISSIONER/S TO COMPLETE

Comments: (note exceptions and management strategies)

RTI Release

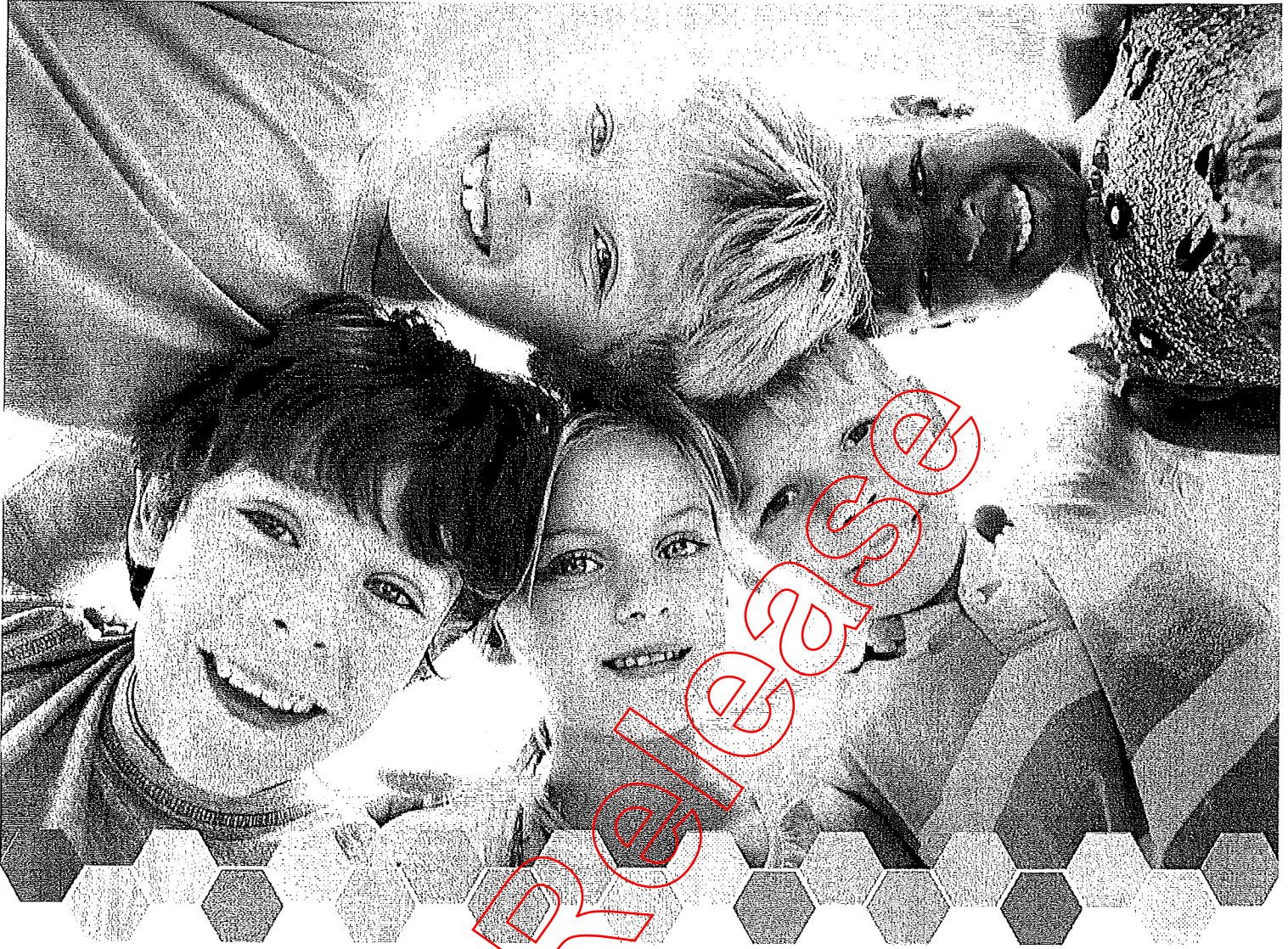
I confirm that I have taken all reasonable steps to ensure the accuracy of the information in this report:

Commissioning Group: Formula Room

Commissioner (s) Name(s) : Dr Robyn Littlewood

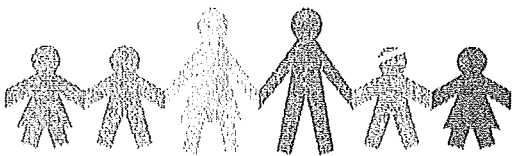
Accountable Commissioner Signature(s) [Redacted] Date: 11/12/14

Please return to (please enter the name of your Coordinator here...), Coordinator prior to opening



Clinical and Non Clinical Readiness Assessment – Commissioning Sub-Groups

Medical Imaging
November 2014



LCCH Clinical/ Non Clinical Assessment – Commissioning Sub-Groups

Scope: This assessment should be undertaken against the scope of work as agreed in the:

- Room layout sheets and FFE lists, and
- Day 1 Functionality

Criteria	Can demonstrate now	On Track (insert forecast completion date):	Comments	Documentary Evidence Please provide Title of document and attach as required
1. I have inspected the service area and am satisfied that the required cleaning standard has been met. The room set-up is suitable for safe patient care. Set-up and equipment in rooms represented by my CSG have been tested and working.	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_		
2. I am satisfied that the equipment provided is suitable and functional for safe patient care	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_		
3. I can confirm that relevant professional certification / accreditation requirements have been met where applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_		
4. I can confirm that issues identified in these rooms that require rectification have been logged on QFM	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_		

RTI Release

<p>5. I am aware that my staff have been appropriately oriented and trained and teams are aware of how to access support for further training if required</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/12/15		
<p>6. I can confirm that my team is aware of how to access assistance for the following:</p> <ul style="list-style-type: none"> • Security • ICT & / or equipment • Building systems • Fault reporting • Telephone & pager numbers • AHNM's 	<input checked="" type="checkbox"/>	<input type="checkbox"/> <u> / / </u>		

RTI Release

ACCOUNTABLE COMMISSIONER/S TO COMPLETE

Comments: (note exceptions and management strategies)

RTI Release

I confirm that I have taken all reasonable steps to ensure the accuracy of the information in this report:

Commissioning Group: Medical (major)

Commissioner (s) Name(s) : Tom Toepfer

Accountable Commissioner Signature(s) [Redacted] Date: 4/12/14

Please return to (please enter the name of your Coordinator here...), Coordinator prior to opening



Clinical and Non Clinical Readiness Assessment – Commissioning Sub-Groups

MEDICAL OUTPATIENTS & INPATIENT SERVICES. (insert CSG name here)

November 2014



Great state. Great opportunity.



Clinical and Non Clinical Readiness Assessment Commissioning Sub-Groups (CSG)

This readiness assessment outlines six criteria that are required to be met in order for services represented by your CSG to operate effectively from Day 1 at the LCCH.

Readiness for each CSG should be assessed against the Room layout sheets and FFE room information sheet plus the "Ready Set Go" document provided to you by your CSG Coordinator. You are assessing whether your unit is safe and suitably prepared to accept patients..

Some of the criteria will require your active involvement in verifying, whilst other criteria will require verification that you have been assured that rooms and equipment have been tested and are in the correct place.

As a Lead Commissioner you are accountable for ensuring that foreseeable risks have been reasonably identified and supported by appropriate mitigation strategies in your area of responsibility. If you are not able to sign off on all criteria you will be required to document this, noting exceptions and management strategies.

Your CSG Coordinator will assist you in gathering relevant evidence and initiating activities required to verify that each room is prepared and set up as planned.

Final Sign-off is due by ~~21/11/14~~ in support of the 'LCCH Risk Assurance Tool'

LCCH Clinical/ Non Clinical Assessment – Commissioning Sub-Groups

Scope: This assessment should be undertaken against the scope of work as agreed in the:

- Room layout sheets and FFE lists, and
- Day 1 Functionality

Criteria	Can demonstrate now	On Track (insert forecast completion date):	Comments	Documentary Evidence Please provide Title of document and attach as required	Post certification approval
1. I have inspected the department and am satisfied that the required cleaning standard has been met, and the room set-up is suitable for safe patient care. set-up and equipment in rooms represented by my CSG have been tested and working	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_			
2. I am satisfied that the equipment provided is suitable and functional for safe patient care	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_			
3. I can confirm that relevant professional certification / accreditation requirements have been met where applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_			
4. I can confirm that issues identified in these rooms that require rectification have been logged on QFM	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_			

<p>5. I am aware that my staff have been appropriately oriented and trained and teams are aware of how to access support for further training if required</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/> / / /			
<p>6. I can confirm that my team is aware of how to access assistance for the following items;</p> <ul style="list-style-type: none"> • Security • ICT & / or equipment • Building systems • Fault reporting • Telephone & pager numbers • AHNM's 	<input checked="" type="checkbox"/>	<input type="checkbox"/> / / /			

RTI Release

ACCOUNTABLE COMMISSIONER/S TO COMPLETE


Comments: (note exceptions and management strategies)

RTI Release

I confirm that I have taken all reasonable steps to ensure the accuracy of the information in this report:

Commissioning Group: MEDICAL OUTPATIENTS & INPATIENT SERVICES

Commissioner (s) Name(s) : S. McTAGGART, J. BUYS, J. McLEAN

Accountable Commissioner Signature(s)  Dr Steven McTaggart Date: 4/12/14

Please return to (please enter the name of your Coordinator here...), Coordinator prior to opening



Clinical and Non Clinical Readiness Assessment – Commissioning Sub-Groups

_____ (insert CSG name here)

November 2014



Clinical and Non Clinical Readiness Assessment Commissioning Sub-Groups (CSG)

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Your CSG Coordinator will assist you in gathering relevant evidence and initiating activities required to verify that each room is prepared and set up as planned

Final Sign-off is due by **17/11/14** in support of the ‘LCCH Risk Assurance Tool’

LCCH Clinical/ Non Clinical Assessment – Commissioning Sub-Groups

Scope: This assessment should be undertaken against the scope of work as agreed in the:

- Room layout sheets and FFE lists, and
- Day 1 Functionality

Criteria	Can demonstrate now	On Track (insert forecast completion date):	Comments	Documentary Evidence Please provide Title of document and attach as required
1. I have inspected the service area and am satisfied that the required cleaning standard has been met. The room set-up is suitable for safe patient care. Set-up and equipment in rooms represented by my CSG have been tested and working.	<input type="checkbox"/>	x _29/11/14_		
2. I am satisfied that the equipment provided is suitable and functional for safe patient care	x	<input type="checkbox"/> _/_/_		
3. I can confirm that relevant professional certification / accreditation requirements have been met where applicable	x	<input type="checkbox"/> _/_/_		
4. I can confirm that issues identified in these rooms that require rectification have been logged on QFM	x	<input type="checkbox"/> _/_/_		

RTI Release

	<p>5. I am aware that my staff have been appropriately oriented and trained and teams are aware of how to access support for further training if required</p>	x	<input type="checkbox"/> _/_/_		
	<p>6. I can confirm that my team is aware of how to access assistance for the following:</p> <ul style="list-style-type: none"> • Security • ICT & / or equipment • Building systems • Fault reporting • Telephone & pager numbers • AHNMs 	x	<input type="checkbox"/> _/_/_		

RTI Release

ACCOUNTABLE COMMISSIONER/S TO COMPLETE

Comments: (note exceptions and management strategies)

I confirm that I have taken all reasonable steps to ensure the accuracy of the information in this report:

Commissioning

Group: _____ Neurosciences _____

Commissioner (s) Name(s) : _____ Geoff Wallace Elizabeth Garrigan _____

Accountable Commissioner Signature(s) _____

Date: _____ 15.12.2012 _____

Please return to (please enter the name of your Coordinator here...), Coordinator prior to opening

RTI Release



Clinical and Non Clinical Readiness Assessment – Commissioning Sub-Groups

ONCOLOGY
November 2014



Great state. Great opportunity.



Queensland
Government

Clinical and Non Clinical Readiness Assessment Commissioning Sub-Groups (CSG)

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Your CSG Coordinator will assist you in gathering relevant evidence and initiating activities required to verify that each room is prepared and set up as planned

Final Sign-off is due by ~~17/11/14~~ in support of the 'LCCH Risk Assurance Tool'

LCCH Clinical/ Non Clinical Assessment – Commissioning Sub-Groups

Scope: This assessment should be undertaken against the scope of work as agreed in the:

- Room layout sheets and FFE lists, and
- Day 1 Functionality

Criteria	Can demonstrate now	On Track (insert forecast completion date):	Comments	Documentary Evidence Please provide Title of document and attach as required
1. I have inspected the service area and am satisfied that the required cleaning standard has been met. The room set-up is suitable for safe patient care. Set-up and equipment in rooms represented by my CSG have been tested and working.	<input type="checkbox"/>	<input checked="" type="checkbox"/> 08/12/2014	Cleaning and testing of all rooms in the 11b BMT area have not been completed Set up not checked before move due to delay with cleaning ICT testing could not be completed in all areas due to clinical cleans and locked rooms.	
2. I am satisfied that the equipment provided is suitable and functional for safe patient care	<input type="checkbox"/>	<input checked="" type="checkbox"/> _/_/_	Some equipment such as wall mounted ophthalmoscopes not in place. Suction in one room non functional. Unknown date of arrival. Overall safe however.	
3. I can confirm that relevant professional certification / accreditation requirements have been met where applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_		
4. I can confirm that issues identified in these rooms that require rectification have been logged on QFM	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_		

<p>5. I am aware that my staff have been appropriately oriented and trained and teams are aware of how to access support for further training if required</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <u> / / </u>	<p>Chemotherapy training for staff in 10b will occur over the next few months. IT systems training for new staff to be completed over the next month.</p>	
<p>6. I can confirm that my team is aware of how to access assistance for the following:</p> <ul style="list-style-type: none"> • Security • ICT & / or equipment • Building systems • Fault reporting • Telephone & pager numbers • AHNM's 	<input type="checkbox"/>	<input checked="" type="checkbox"/> 03/12/2014	<p>Thought we were, but not really prepared to know exactly who was supposed to be dealing with each problem. QFM lacks ability to check if anything was actually being done regarding faults.</p>	

RTI Release

ACCOUNTABLE COMMISSIONER/S TO COMPLETE

Comments: (note exceptions and management strategies)

RTI Release

I confirm that I have taken all reasonable steps to ensure the accuracy of the information in this report:

Commissioning Group: ONCOLOGY

Commissioner (s) Name(s) : Ross Pinkerton

Accountable Commissioner Signature(s) _____ Date:03/12/2014

Please return to (please enter the name of your Coordinator here...), Coordinator prior to opening

Mohida Hussain

From: Ross Pinkerton
Sent: Wednesday, 3 December 2014 3:10 PM
To: Karen Menigoz
Subject: RE: CI& NCI Readiness Assessment final

Yes I have seen the final version. Ross

From: Karen Menigoz
Sent: Wednesday, 3 December 2014 2:09 PM
To: Penny Slater; Ross Pinkerton
Subject: RE: CI& NCI Readiness Assessment final

Penny,

Thank you. Your attention to this is muchly appreciated!!

I noted that there was no signature on the attachment.
Ross, can you confirm your agreement and I will attach your email in lieu of signature.

Many thanks again,
Karen

Karen Menigoz
Project Manager - Lady Cilento Children's Hospital Project
Children's Health Queensland
Hospital and Health Service
T: 3020 8716
E: karen.menigoz@health.qld.gov.au
Level 5, 199 Grey St, South Brisbane 4101
GPO Box 48 Brisbane QLD 4001
www.health.qld.gov.au/childrenshealth

From: Penny Slater
Sent: Wednesday, 3 December 2014 2:03 PM
To: Karen Menigoz
Subject: RE: CI& NCI Readiness Assessment final

Hi Karen
See attached from Ross and I

Regards
Penny.

From: Karen Menigoz
Sent: Wednesday, 3 December 2014 12:33 PM
To: Penny Slater
Cc: Ross Pinkerton; Cathy Henry; Cathy Sullivan
Subject: FW: CI& NCI Readiness Assessment final

Hi Penny,

Can I please ask for your assistance to arrange sign-off of the attached Readiness Assessment Tool for 6c and 11b?
I acknowledge that not everything is perfect in your areas.
It's a point-in-time document that relates to your readiness back on the 29/11 to move patients in.

If there are things you believe are still outstanding, feel free to note them on the form or make reference to them as issues logged in QFM.

The revised deadline for this is today.
Please send back to me as soon as you can.

Kind regards,
Karen

Karen Menigoz
Project Manager - Lady Cilento Children's Hospital Project
Children's Health Queensland
Hospital and Health Service
T: 3020 8716
E: karen.menigoz@health.qld.gov.au
Level 5, 199 Grey St, South Brisbane 4101
GPO Box 48 Brisbane QLD 4001
www.health.qld.gov.au/childrenshealth

From: Beryl Valentine
Sent: Tuesday, 28 October 2014 3:32 PM
To: DL-LCCH-Commissioners
Cc: Mayuri Gandhi; Angela Bardini; Karen Menigoz; Robynne Bain; Cassandra Auty; Philomena Webb
Subject: CI& NCI Readiness Assessment final

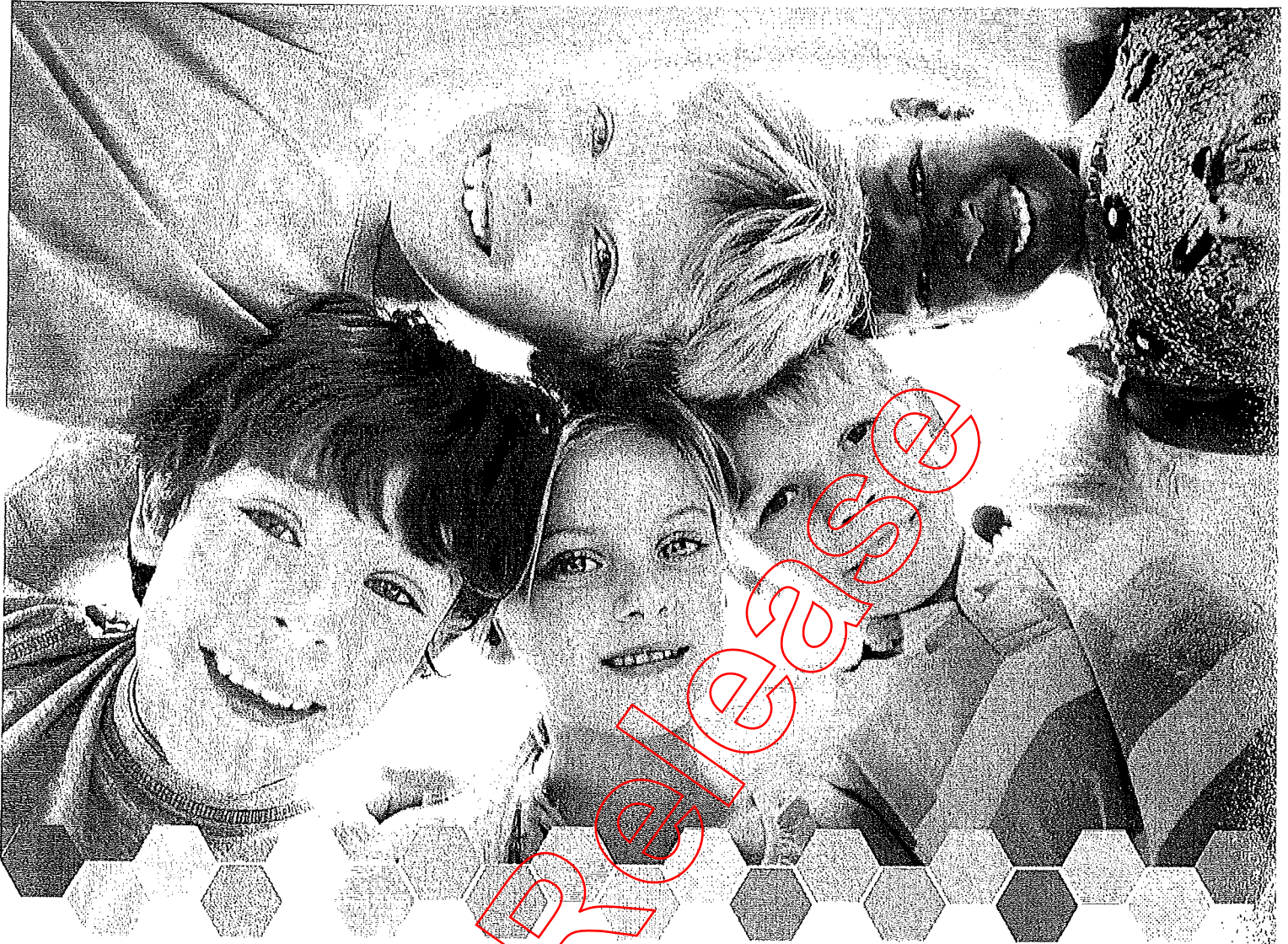
Dear Commissioners,
Please find attached the last of the Readiness Sign Off Tools in preparation for opening LCCH. This tool has been developed in the same format as the other tools that you are required to sign off, noting your readiness to commence the service at LCCH.

This sign off is to be completed by 17 November as approved by Noelle Cridland.

Prior to this sign off there will be a process of room checking for key clinical areas to ensure readiness to open. When these checks are completed they will be provided to you as the Commissioner. You will note that you need to complete the first page with the CSG in addition to the last page with other information.

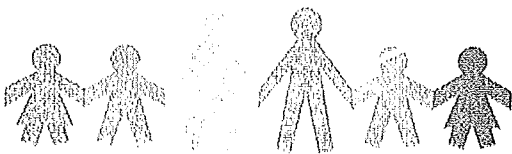
Your coordinator will provide you with the information required as noted.
Regards,
Beryl Valentine
Director Clinical and Non Clinical Commissioning.
LCCHP

RTI@dohs.qld.gov.au



Clinical and Non Clinical Readiness Assessment – Commissioning Sub-Groups

Pharmacy
November 2014



Clinical and Non Clinical Readiness Assessment Commissioning Sub-Groups (CSG)

This readiness assessment outlines six criteria that are required to be met in order for services represented by your CSG to operate effectively from Day 1 at the LCCH.

Readiness for each CSG should be assessed against the Room layout sheets and FFE room information sheet plus the "Ready Set Go" document provided to you by your CSG Coordinator. You are assessing whether your unit is safe and suitably prepared to accept patients..

Some of the criteria will require your active involvement in verifying, whilst other criteria will require verification that you have been assured that rooms and equipment have been tested and are in the correct place.

As a Lead Commissioner you are accountable for ensuring that foreseeable risks have been reasonably identified and supported by appropriate mitigation strategies in your area of responsibility. If you are not able to sign off on all criteria you will be required to document this, noting exceptions and management strategies.

Your CSG Coordinator will assist you in gathering relevant evidence and initiating activities required to verify that each room is prepared and set up as planned

Final Sign-off is due by **17/11/14** in support of the 'LCCH Risk Assurance Tool'

LCCH Clinical/ Non Clinical Assessment – Commissioning Sub-Groups

Scope: This assessment should be undertaken against the scope of work as agreed in the:

- Room layout sheets and FFE lists, and
- Day 1 Functionality

Criteria	Can demonstrate now	On Track (insert forecast completion date):	Comments	Documentary Evidence Please provide Title of document and attach as required
1. I have inspected the service area and am satisfied that the required cleaning standard has been met. The room set-up is suitable for safe patient care. Set-up and equipment in rooms represented by my CSG have been tested and working.	<input type="checkbox"/>	<input checked="" type="checkbox"/> 29/11/2014	Clinical clean is being undertaken on 19 th November. Clean Room (compounding suite) is being cleaned and validated currently, not yet commissioned Some ICT and phones are still outstanding.	
2. I am satisfied that the equipment provided is suitable and functional for safe patient care	<input type="checkbox"/>	<input checked="" type="checkbox"/> 29/11/2014	Laptops are not currently in place. EFTPOS machines are to be transferred from RCH, and are anticipated to be usable from Day 1. Cytotoxic laminar flow hood is functional but the suite is not yet commissioned.	
3. I can confirm that relevant professional certification / accreditation requirements have been met where applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_	Laminar flow units (aseptic and cytotoxic) have been credentialed. Professional staff members have appropriate registration with AHPRA.	
4. I can confirm that issues identified in these rooms that require rectification have been logged on QFM	<input type="checkbox"/>	<input type="checkbox"/> _/_/_	Unclear at present, limited access for pharmacy staff to QFM. Many issues have apparently been logged by project staff but we have been unable to confirm.	

<p>5. I am aware that my staff have been appropriately oriented and trained and teams are aware of how to access support for further training if required</p>	<input type="checkbox"/>	<input type="checkbox"/> <u> / / </u>	<p>Staff from the Mater have not yet been able to access ICT training.</p> <p>RCH staff have appropriate training, except some specialised roles where upskilling will be required during initial weeks.</p> <p>Most staff have completed the onsite induction and orientation to the LCCH building and pharmacy spaces.</p>	
<p>6. I can confirm that my team is aware of how to access assistance for the following:</p> <ul style="list-style-type: none"> • Security • ICT & / or equipment • Building systems • Fault reporting • Telephone & pager numbers • AHNM's 	<input type="checkbox"/>	<input type="checkbox"/> <u> / / </u>	<p>Security is not yet completed for pharmacy staff. New ID badges do not provide access to pharmacy spaces and differential access dependant on registration (and legislation) for staff within the pharmacy department has not been confirmed.</p> <p>Telephone and pager numbers for LCCH are not yet confirmed but are close.</p> <p>Power is missing to the middle benches of the Satellites in Level 9, 10 and 11.</p>	

RTI RELEASE

ACCOUNTABLE COMMISSIONER/S TO COMPLETE

Comments: (note exceptions and management strategies)

Medication storage clinical areas is insufficient, particularly for the inpatient areas. Medication is currently stored in boxes on the floor if unable to be placed on shelving. Some shelving for the clean utility rooms was not ordered until 18th November, expected delivery date 25th November. Stock is being left on the floor in boxes at present, with the plan to reduce stock levels over move week. This is likely to result in some delays in medication administration while stock is sourced either from other wards or from the pharmacy satellite (if in working hours).

Compounding suite – commissioning for the aseptic laminar flow unit is progressing well and should be ready for 24 hour expiry urgent items by move day. The cytotoxic laminar flow hood was delayed in installation and is not ready for use. With increased cleaning we are still hoping to be able to produce short expiry and emergency items on move day, however this is not confirmed. Access to the compounding suite at RCH and at RBWH is available if required.

PBS key is not yet available but is apparently on its way.

Patient communication is a risk. Many parents are feeling anxious about ongoing access to medicines. A communication flyer has been developed and concerned families are being phoned personally by senior staff.


Fridge monitoring is not yet complete for the medication storage fridges but is being addressed.

Staff from the Mater are concerned about being able to access ICT training before their first day. QHPIMS has offered to provide training on Tuesday and Thursday of move week, however it is not yet been confirmed whether staff can be released from their work at the Mater to attend training.

I confirm that I have taken all reasonable steps to ensure the accuracy of the information in this report:

Commissioning Group: Pharmacy

Commissioner (s) Name(s) : Sonya Stacey (Acting Director of Pharmacy)

Accountable Commissioner Signature(s)  Date: 19/11/2014

Please return to (please enter the name of your Coordinator here...), Coordinator prior to opening

Mayuri Gandhi

From: Jane Tilbury
Sent: Wednesday, 3 December 2014 3:41 PM
To: Mayuri Gandhi
Subject: CI& NCI Readiness Assessment final
Attachments: CI& NCI Readiness Assessment final.doc

3/12 - Phone call follow up to Jane Tilbury.
JT advised lot of equipment not here, still having building ICT issues eg. intercom not working. MG advised to list the issues in the commits and complete the readiness columns as they are already in the building. JT returned the attached forms on 3/12.

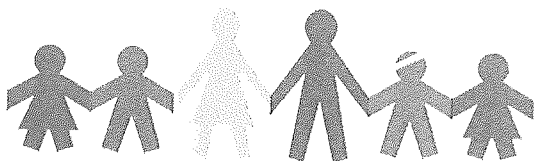
RTI REQUEST



Clinical and Non Clinical Readiness Assessment – Commissioning Sub-Groups

_____ PICU _____ (insert CSG name here)

November 2014



Clinical and Non Clinical Readiness Assessment Commissioning Sub-Groups (CSG)

This readiness assessment outlines six criteria that are required to be met in order for services represented by your CSG to operate effectively from Day 1 at the LCCH.

Readiness for each CSG should be assessed against the Room layout sheets and FFE room information sheet plus the "Ready Set Go" document provided to you by your CSG Coordinator. You are assessing whether your unit is safe and suitably prepared to accept patients..

Some of the criteria will require your active involvement in verifying, whilst other criteria will require verification that you have been assured that rooms and equipment have been tested and are in the correct place.

As a Lead Commissioner you are accountable for ensuring that foreseeable risks have been reasonably identified and supported by appropriate mitigation strategies in your area of responsibility. If you are not able to sign off on all criteria you will be required to document this, noting exceptions and management strategies.

Your CSG Coordinator will assist you in gathering relevant evidence and initiating activities required to verify that each room is prepared and set up as planned

Final Sign-off is due by **17/11/14** in support of the 'LCCH Risk Assurance Tool'

RTI RELEASE

LCCH Clinical/ Non Clinical Assessment – Commissioning Sub-Groups

Scope: This assessment should be undertaken against the scope of work as agreed in the:

- Room layout sheets and FFE lists, and
- Day 1 Functionality

Criteria	Can demonstrate now	On Track (insert forecast completion date):	Comments	Documentary Evidence Please provide Title of document and attach as required
1. I have inspected the service area and am satisfied that the required cleaning standard has been met. The room set-up is suitable for safe patient care. Set-up and equipment in rooms represented by my CSG have been tested and working.	<input type="checkbox"/>	<input checked="" type="checkbox"/> 8_/12_/14 -	Outside deck is dirty Only 1 of the 4 pressurised rooms have passed testing Incomplete setup on medical side Oxygen cylinders, suction canister, curtains (on both sides) BBraun brain Keys for individual rooms not provided. No swipe on equipment room	
2. I am satisfied that the equipment provided is suitable and functional for safe patient care	<input type="checkbox"/>	<input checked="" type="checkbox"/> _20_/12/14_ -	2x retrieval monitors transferred from Mater not up to best practice standard. Need urgent replacement. One of 4 resus trolleys does not have defibrillator – needs to be standardised in the unit	
3. I can confirm that relevant professional certification / accreditation requirements have been met where applicable	<input type="checkbox"/>	<input checked="" type="checkbox"/> _/_/_	3 of the 4 isolation rooms have not met standard	
4. I can confirm that issues identified in these rooms that require rectification have been logged on QFM	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_	Jodie Stevenson managing outdoor service panel issues	

<p>5. I am aware that my staff have been appropriately oriented and trained and teams are aware of how to access support for further training if required</p>		<p style="text-align: center;"><input checked="" type="checkbox"/> 8/12/14</p>	<p>There are currently 64 cardiac trained nurses working across the 2 pods at MCH and LCCH. To date 75% have either completed familiarisation or worked a shift in LCCH PICU.</p>	
<p>6. I can confirm that my team is aware of how to access assistance for the following:</p> <ul style="list-style-type: none"> • Security • ICT & / or equipment • Building systems • Fault reporting • Telephone & pager numbers • AHNM's 	<p style="text-align: center;"><input type="checkbox"/></p>	<p style="text-align: center;"><input type="checkbox"/> _/_/_</p>		

RTI Release

ACCOUNTABLE COMMISSIONER/S TO COMPLETE

Comments: (note exceptions and management strategies)

I confirm that I have taken all reasonable steps to ensure the accuracy of the information in this report:

Commissioning Group: _____

Commissioner (s) Name(s) : _____

Accountable Commissioner Signature(s) _____ Date: _____

Please return to (please enter the name of your Coordinator here...), Coordinator prior to opening

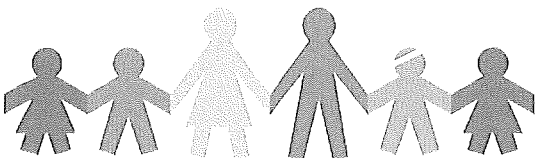
RTI Release



Clinical and Non Clinical Readiness Assessment – Commissioning Sub-Groups

Paediatric Rehabilitation: 6g (Rehab OPD), 6e (Day Rehab Unit) 8a (Rehab Ward)

November 2014



Clinical and Non Clinical Readiness Assessment Commissioning Sub-Groups (CSG)

This readiness assessment outlines six criteria that are required to be met in order for services represented by your CSG to operate effectively from Day 1 at the LCCH.

Readiness for each CSG should be assessed against the Room layout sheets and FFE room information sheet plus the "Ready Set Go" document provided to you by your CSG Coordinator. You are assessing whether your unit is safe and suitably prepared to accept patients..

Some of the criteria will require your active involvement in verifying, whilst other criteria will require verification that you have been assured that rooms and equipment have been tested and are in the correct place.

As a Lead Commissioner you are accountable for ensuring that foreseeable risks have been reasonably identified and supported by appropriate mitigation strategies in your area of responsibility. If you are not able to sign off on all criteria you will be required to document this, noting exceptions and management strategies.

Your CSG Coordinator will assist you in gathering relevant evidence and initiating activities required to verify that each room is prepared and set up as planned

Final Sign-off is due by ~~17/11/14~~ in support of the 'LCCH Risk Assurance Tool'

RTI RELEASE

LCCH Clinical/ Non Clinical Assessment – Commissioning Sub-Groups

Scope: This assessment should be undertaken against the scope of work as agreed in the:

- Room layout sheets and FFE lists, and
- Day 1 Functionality

Criteria	Can demonstrate now	On Track (insert forecast completion date):	Comments	Documentary Evidence Please provide Title of document and attach as required
1. I have inspected the service area and am satisfied that the required cleaning standard has been met. The room set-up is suitable for safe patient care. Set-up and equipment in rooms represented by my CSG have been tested and working.	<input type="checkbox"/>	√ 5.1.15	We will have a limited number of therapy and consult rooms ready for patient care in 6g and 6e on Mon 1.12.14. The majority of rooms in 8a, 6g, and 6e will be ready for patient care by 8.12.14 – there are still outstanding issues in some rooms eg low tech gait lab, orthotics manufacturing rooms that will not be ready. Issues identified to date are logged. Note: The inpatient ward area apart from therapy treatment areas and patient write up areas in 8a do not need to be finalised till early Jan 2015.	
2. I am satisfied that the equipment provided is suitable and functional for safe patient care	<input type="checkbox"/>	√ 2.1.15	As above	
3. I can confirm that relevant professional certification / accreditation requirements have been met where applicable	<input type="checkbox"/>	√ TBA	Cannot identify a date at this stage	
4. I can confirm that issues identified in these rooms that require rectification have been logged on QFM	√	<input type="checkbox"/> _/_/_	Further issues will be identified as further testing undertaken. Some issues are still in progress eg FF& E equipment delivery and installation of equipment	
5. I am aware that my staff have been appropriately oriented and trained and teams are aware of how to access support for further training if required	<input type="checkbox"/>	√ 5.1.15	In progress with a small number of staff yet to commence at LCCH	

	<p>6. I can confirm that my team is aware of how to access assistance for the following:</p> <ul style="list-style-type: none"> • Security • ICT & / or equipment • Building systems • Fault reporting • Telephone & pager numbers • AHNM's 	<input type="checkbox"/>	<p style="text-align: center;">√ 5.1.15</p>	<p style="text-align: center;">In progress with a small number of staff yet to commence at LCCH</p>	
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ACCOUNTABLE COMMISSIONER/S TO COMPLETE

Comments: (note exceptions and management strategies)

Paed Rehab is waiting for a significant amount of new equipment to arrive and be installed – this is all part of FF&E and the team have been working with appropriate project officers re items for orthotics manufacturing, low tech gait lab and upper limb assessment rooms, fridges, draftsmen stools etc. Solutions for “work around” have been identified and will be implemented.

We have identified a number of issues re WH &S during previous inspection. We are awaiting the full report. Issues have been phones in or logged with QFM. Staff have been made aware of issues and processes are in place to mitigate risks.

A range of issues have been identified in terms of incomplete or incorrect fixtures and fittings. These have been phoned through or logged with QFM

Ward 8a will not be open to inpatients in the next period, however therapy and treatment for inpatients from other wards will commence on 8th Dec 2014

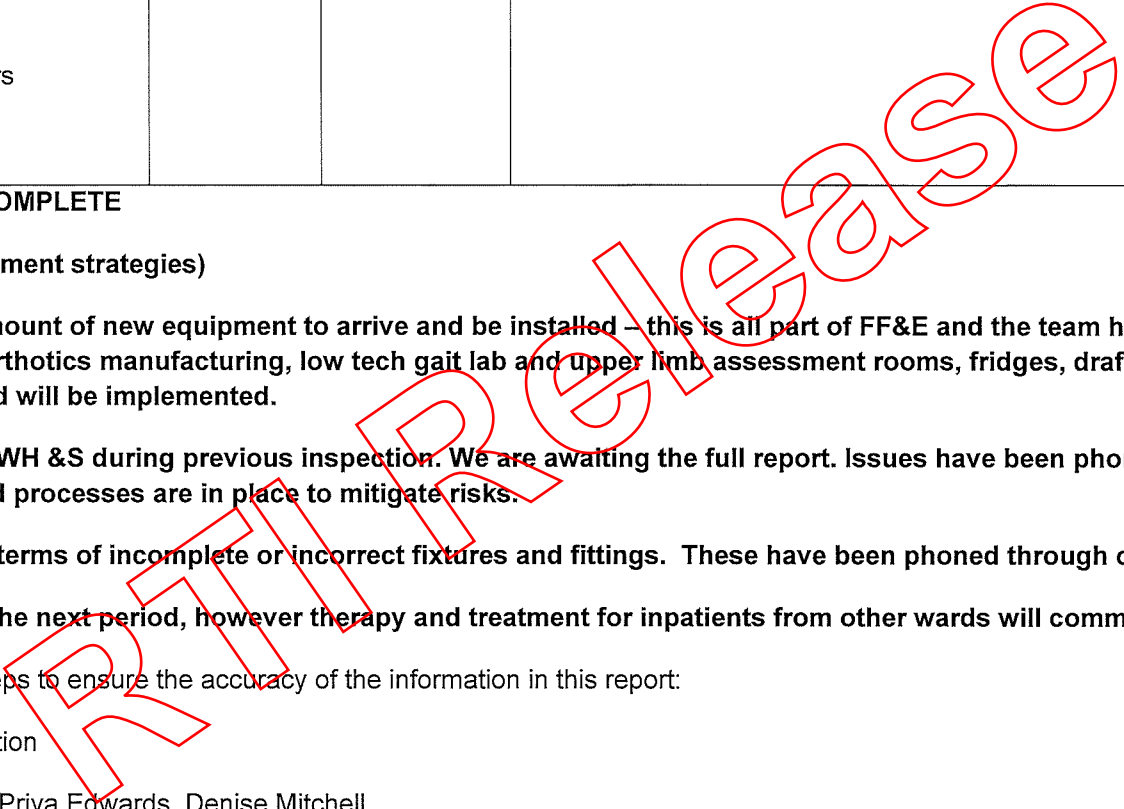
I confirm that I have taken all reasonable steps to ensure the accuracy of the information in this report:

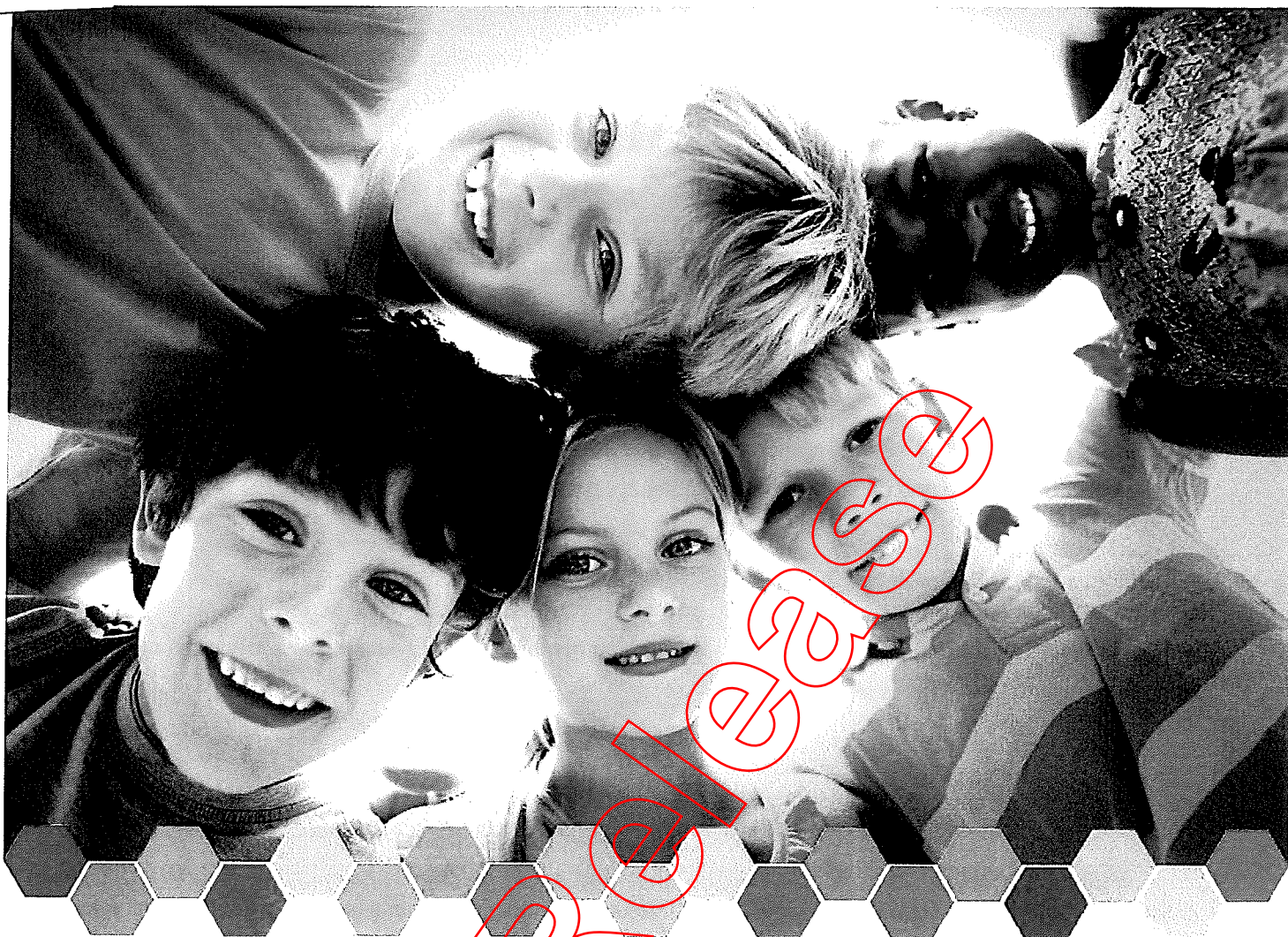
Commissioning Group: Paediatric Rehabilitation

Commissioner (s) Name(s) :Megan Kentish, Priya Edwards, Denise Mitchell

Accountable Commissioner Signature(s) _____ Date: 3/12/14

Please return to Megan Kentish





Clinical and Non Clinical Readiness Assessment – Commissioning Sub-Groups

RESPIRATORY & SLEEP MEDICINE (insert CSG name here)

November 2014



Great state. Great opportunity.



Clinical and Non Clinical Readiness Assessment Commissioning Sub-Groups (CSG)

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Some of the criteria will require your active involvement in verifying, whilst other criteria will require verification that you have been assured that rooms and equipment have been tested and are in the correct place.

As a Lead Commissioner you are accountable for ensuring that foreseeable risks have been reasonably identified and supported by appropriate mitigation strategies in your area of responsibility. If you are not able to sign off on all criteria you will be required to document this, noting exceptions and management strategies.

Your CSG Coordinator will assist you in gathering relevant evidence and initiating activities required to verify that each room is prepared and set up as planned.

Final Sign-off is due by ~~21/11/14~~ in support of the 'LCCH Risk Assurance Tool'

LCCH Clinical/ Non Clinical Assessment – Commissioning Sub-Groups

Scope: This assessment should be undertaken against the scope of work as agreed in the:

- Room layout sheets and FFE lists, and
- Day 1 Functionality

Criteria	Can demonstrate now	On Track (insert forecast completion date):	Comments	Documentary Evidence Please provide Title of document and attach as required	Post certification approval
1. I have inspected the department and am satisfied that the required cleaning standard has been met, and the room set-up is suitable for safe patient care. set-up and equipment in rooms represented by my CSG have been tested and working	<input type="checkbox"/>	<input type="checkbox"/> _/_/_	No - Outpatient rooms incomplete. Sleep study rooms not ready. Respiratory function - partially operational.	Issues & Rescs for Resp & Sleep Medicine	
2. I am satisfied that the equipment provided is suitable and functional for safe patient care	<input type="checkbox"/>	<input type="checkbox"/> _/_/_	No As above		
3. I can confirm that relevant professional certification / accreditation requirements have been met where applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_	Yes.		
4. I can confirm that issues identified in these rooms that require rectification have been logged on QFM	<input checked="" type="checkbox"/>	<input type="checkbox"/> _/_/_	Yes.		

5. I am aware that my staff have been appropriately oriented and trained and teams are aware of how to access support for further training if required	<input type="checkbox"/>	<input checked="" type="checkbox"/> 5/12/14	No Awaiting training on EMR Awaiting information on training for Aulab, Winscribe		
6. I can confirm that my team is aware of how to access assistance for the following items; <ul style="list-style-type: none"> • Security • ICT & / or equipment • Building systems • Fault reporting • Telephone & pager numbers • AHNM's 	<input checked="" type="checkbox"/>	<input type="checkbox"/> ///			

RTI Release

ACCOUNTABLE COMMISSIONER/S TO COMPLETE

Comments: (note exceptions and management strategies)

Issues & Risks Register for Respiratory & Sleep Medicine
supplied to Jane McLean & Steve McTaggart.

RTI Release

I confirm that I have taken all reasonable steps to ensure the accuracy of the information in this report:

Commissioning Group: Respiratory & Sleep Medicine

Commissioner (s) Name(s): C OAKIN MO'NEIL

Accountable Commissioner Signature(s) [Redacted] [Redacted] Date: 27.11.2014

Please return to (please enter the name of your Coordinator here...), Coordinator prior to opening