



Government of **Western Australia**
Department of **Health**
Office of the Director General

Dr Tony Buti MLA
Chair
Public Accounts Committee
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Dear Dr Buti

**INQUIRY INTO THE MANAGEMENT AND OVERSIGHT OF THE PERTH'S
CHILDREN HOSPITAL PROJECT – SUBMISSION**

Thank you for your letter of 29 June 2017, detailing the Terms of Reference and scope of the Inquiry.

A detailed response to the preliminary questions compiled by the Committee, and associated appendices are provided for your consideration.

It should be noted that a number of items listed in Appendix F, dated October 2016 to April 2017, were tabled in Parliament by the Minister for Health on 18 May 2017 (Tabled Paper 268).

Thank you for the opportunity to provide a submission to the Inquiry. In addition, should you deem it appropriate for the Department of Health to discuss and take questions on its submission to the Inquiry I am available to assist. In this regard, I recommend that the Department's Deputy Director General and Assistant Director General Purchasing and System Performance also appear before the Committee.

Please do not hesitate to contact my office if you require further information. Alternatively, Ms Judith Chew, PCH Commissioning and Transition Taskforce Secretariat, can assist with specific document requests

Yours sincerely

A handwritten signature in black ink, consisting of a stylized 'D' and 'J' followed by a long horizontal stroke.

Dr D J Russell-Weisz
DIRECTOR GENERAL
01 August 2017

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1 What were the original Terms of Reference for the Perth Children’s Hospital (PCH) Commissioning and Transition Taskforce?

The Terms of Reference state the Taskforce’s responsibilities are to:

- Oversee the delivery and commissioning of PCH;
- Provide a forum that supports robust and effective decision making;
- Monitor the progress of the PCH project against key milestones determined by the Program Management Office and approved by the PCH Taskforce including Information and Communications Technology (ICT), Workforce and Transition Planning, Clinical Commissioning and Facilities Management;
- Provide advice and support on emerging issues or risks for project delivery and commissioning, including remediation strategies. Where the PCH Taskforce’s advice is sought on an issue, the Taskforce will be informed of the final decision and outcome;
- Monitor transition planning and system preparedness across any other major Perth hospital sites which will be impacted by PCH coming online;
- Monitor budget parameters authorised by the Economic and Expenditure Reform Committee (EERC) and Cabinet for the infrastructure (including ICT), facilities management, transition planning and operation of PCH; and
- Report to the Premier and Cabinet via the Minister for Health on a quarterly basis, or as requested or resolved by the PCH Taskforce.

For further information, see Appendix A *Terms of Reference for the PCH Commissioning and Transition Taskforce*.

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2 Have the Taskforce’s Terms of Reference been revised since practical completion was accepted?

The PCH Commissioning Transition Taskforce Terms of Reference dated 24 June 2014 remain current.

Practical Completion of the construction of Perth Children’s Hospital (PCH) was achieved by the Managing Contractor (MC), John Holland Pty Ltd on 13 April 2017. With the achievement of PC, the PCH site has transitioned to the Health Ministerial Body (HMB), with care and control of the asset now under the Director General, Department of Health. The Director General, Department of Health holds overarching governance responsibility for the clinical commissioning of PCH, up to Final Move Day, at which time responsibility completely transfers to the Child and Adolescent Health Service (CAHS) Board.

In recognition of this transition from the MC to the HMB, the PCH project governance is currently under review.

An updated governance structure that is reflective of current project roles, responsibilities and accountabilities is under development. The revised commissioning oversight committee will be responsible for the oversight of PCH commissioning and ensuring delivery against key milestones. This will enable opening of the hospital:

- with appropriate consideration of patient and staff safety issues;
- in line with phased opening schedules;
- within the allocated commissioning and operational budget;
- with consideration of post-commissioning activities and transition to business as usual governance arrangements; and
- with necessary monitoring and management of impacts on the wider health system.

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3 Can you provide copies of all Agendas and Minutes from the Taskforce meetings?

The Department of Health is able to facilitate provision of Taskforce Agendas and Minutes as required.

It should be noted by the Committee that, to date, there have been 155 Taskforce meetings.

Please note that the Department of Health is seeking advice from the State Solicitor’s Office on content within the Taskforce minutes referring to matters related to the Managing Contractor Contract.

Ms Judith Chew PCH Commissioning and Transition Taskforce Secretariat, can facilitate requests for meeting minutes from specific dates or timeframes.

Please contact

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4 Can you confirm the roles and responsibilities of each of the Taskforce members?

The current membership of the Taskforce is:

- Director General (DG), Department of Health (DoH) (*Chair*)
- Director General, Department of the Premier and Cabinet (DPC)
- Under Treasurer, Treasury
- Deputy State Solicitor – Commercial, State Solicitor’s Office (SSO)
- Executive Director, Economic and Deregulation, Cabinet and Policy Division, DPC

Permanent proxies in attendance for members include:

- Deputy Director General, DPC
- Executive Director, Strategic Policy and Evaluation, Department of Treasury

The Taskforce’s function is to support the DG DoH to make strategic decisions that ensure PCH and any associated system reconfiguration is delivered successfully. The PCH Project is delivered across two program areas:

- Infrastructure Delivery
 - Under the delegated authority of the Minister for Works, pursuant to the *Public Works Act 1902*, the Executive Director Strategic Projects is responsible for delivery of the hospital asset, including:
 - Administration and management of the Managing Contractor (MC) Contract
 - PCH project activities related to construction.
- Clinical Commissioning and Transition
 - The Director General Department of Health, as Taskforce Chair, is responsible for:
 - the commissioning and implementation of models of care
 - management of elements relating to organisational change and ICT solutions
 - ensuring staff are prepared for transition to the new facility at completion
 - transitioning to a fully operational facility and opening the hospital, and
 - any related matters within health’s portfolio of responsibility, such as public health issues.

An Integrated Program Management Office, engaged by the Department of Health and accountable to the Director General and Taskforce, consolidates regular program reporting from the two program areas.

The Taskforce meets weekly and receives regular updates from formal attendees, including the:

- Chief Executive, CAHS and PCH Commissioning
- Executive Director, SP&AS.

For further information, see Appendix A *Terms of Reference for the PCH Commissioning and Transition Taskforce*.

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5 Who is on the Project Control Group (PCG) and can you specify what matters the PCG is required to report to the Taskforce?

The members of the PCH PCG are:

- Chief Executive, CAHS and PCH Commissioning (Chair)
- Executive Director SP&AS, Treasury
- Chief Executive, North Metropolitan Health Service (NMHS)
- Director Strategic Policy and Evaluation, Treasury
- Deputy Director General, DoH
- Director, Health Infrastructure, DoH
- Group Director Resources, Resourcing and Performance, DoH
- Legal Practitioner, SSO
- Assistant DG and Chief Information Officer, Health Support Services (HSS)

The PCG:

- monitors aspects of the commissioning and construction programs (e.g. budgets for infrastructure, ICT and organisational change and redesign)
- ensures that associated risks are identified, reported and managed appropriately
- reports regularly on these matters to the Taskforce.

For further information, see Appendices:

- B *PCG Terms of Reference*
- C *Decision Making Matrix - PCH Commissioning Project*
- D *Hierarchy of Governance*
- E *Overview of PCH Project Governance Framework.*

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6 How frequently have you, as Director General of Health, reported to the Minister for Health on matters dealt with by the Taskforce?

The Taskforce Terms of Reference state that status reports on the progress of the PCH program are to be provided to the Minister for Health and Cabinet on a quarterly basis, unless otherwise resolved by the Taskforce.

In addition to this, the Minister for Health and, where noted, other members of Executive Government have been updated in written briefings or separate presentations.

The Department of Health also provided regular updates to the Minister for Health at regular (monthly) meetings on key issues impacting the Health portfolio.

The Director General, Department of Health and Executive Director SP&AS attended regular meetings about PCH with the Minister for Health and Treasurer throughout 2016.

All previous Taskforce status reports and additional briefings are detailed in Appendix F.

The Department of Health is seeking advice from the Department of the Premier and Cabinet in relation to releasing a number of the Status Reports prepared by the Taskforce that were submitted to Cabinet, as noted within Appendix F.

It should be noted that items dated October 2016 to April 2017 were tabled in Parliament by the Minister for Health on 18 May 2017 (Tabled Paper 268).

7 Can you list each of the issues that resulted in either a departure from a key milestone or a delay to the original opening date of 30 November 2015 cited in the Managing Contractor (MC) contract?

a For each of these issues can you confirm the length of time they took to resolve?

b Can you confirm the date on which the Taskforce became aware of each issue?

c Can you confirm the date on which Cabinet was alerted to these issues, as per the Progress Report process outlined in Treasury’s Strategic Asset Management Framework?

Advice provided by the Taskforce through the Department of Health in relation to project issues such as milestone or opening delay has been detailed in a range of status reports provided to Cabinet through the Minister for Health, briefings and other presentations.

Please refer to Appendix F which outlines:

- Practical Completion (PC) dates – communicated from the Managing Contractor and projected from analysis of the construction program;

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- the departures from the original opening date – with revised planned opening dates from revised dates drawn from the construction program forecasts;
- Program reports received by the Taskforce detailing key issues impacting the PC and opening dates;
- Corresponding advice provided from the Taskforce to Cabinet, via the Minister for Health; and
- Other briefing information provided to the Minister for Health on the status of key issues impacting the progress of the PCH project.

The Department of Health is aware that Strategic Projects has provided WA Government Major Project Reports to Cabinet on a quarterly basis. The Department of Health is aware the reports are submitted through the Under Treasurer to the Treasurer, and provided to EERC (and subsequently, ERC); the Department of Health has had no visibility of these reports and has not been involved directly in their compilation or submission.

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8 What influence does the Taskforce have over decisions relating to the MC contract?

The Taskforce has oversight of the delivery and commissioning of PCH, and provides advice and support on emerging issues or risks for project delivery and commissioning.

The Taskforce has, on occasion, sought advice from the State Solicitor’s Office in respect of issues related to the MC Contract in order to understand the decisions available to the State in relation to specific issues.

The parties to the MC Contract are the Minister for Works (representing the State) and John Holland Pty Ltd (Managing Contractor); and the State’s Representative specified within the MC Contract is the Principal Project Director, Strategic Projects. Under the MC Contract, the State is represented by Treasury (and from 1 July 2017, the Department of Finance), acting under delegated authority from the Minister for Works pursuant to the *Public Works Act 1902*.

The Principal Project Director (State’s Representative) is an employee of Strategic Projects (Department of Treasury, and subsequently, Department of Finance).

The Director General, Department of Health and the Taskforce have no formal influence or decision making authority over decisions by the State’s Representative made in respect of matters relating to the MC contract.

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9 What is the extent of the Taskforce’s decision-making authority?

As per Question 4:

The Taskforce’s function is to support the Director General, Department of Health to make strategic decisions that ensure PCH and any associated system reconfiguration is delivered successfully. The PCH Project is delivered across two program areas with Taskforce being responsible for (2):

1. Infrastructure Delivery
 - a. Under the delegated authority of the Minister for Works, the Executive Director Strategic Projects is responsible for delivery of the hospital asset, including:
 - i. Administration and management of the Managing Contractor (MC) Contract
 - ii. PCH project activities related to construction.
2. Clinical Commissioning and Transition
 - a. The Director General Department of Health, as Taskforce Chair, is responsible for:
 - i. the commissioning and implementation of models of care
 - ii. management of elements relating to organisational change and ICT solutions
 - iii. ensuring staff are prepared for transition to the new facility at completion
 - iv. transitioning to a fully operational facility and opening the hospital, and
 - v. any related matters within health’s portfolio of responsibility, such as public health issues.

The Terms of Reference state that the Taskforce is responsible for:

- overseeing and monitoring the progress of the PCH project against key milestones
- providing advice and support on emerging issues or risks for project delivery and commissioning, including remediation strategies
- reporting to the Premier and Cabinet via the Minister for Health as necessary.

Taskforce’s decision making authority operates within the PCH project’s agreed decision making matrix. The Taskforce considers issues that:

- will result in delay or possible delay to key activities or critical milestones
- include activities or decisions requiring funding beyond that which is allocated for their organisation
- include contingency costs above a delegate’s authority
- recommend adjustments to quality that result in risk to the National Safety and Quality Health Service Standards
- includes any expansion or reduction in scope that may impact budget, timelines or patient safety
- proposes any procurement that may impact; budget, timelines or patient safety
- recommend change requests (i.e. changes to project schedule, budget or scope) with an extreme rating
- propose action to be taken on project-level risks / issues with an extreme rating.

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The project also utilises change tolerances, consistent with the Department of Health’s project management processes. The PCG must report any project change requests to Taskforce that include:

- Proposed changes to agreed program timelines where decisions impact on a critical path milestone
- Proposed changes to project scope that will impact on the overall objectives / benefits / deliverables of the PCH project
- Any budget change which will require a change to the Treasury approved PCH Transition Program budget.

The Taskforce may provide endorsement of proposed changes, or reject proposals – with recommendation of further actions to be progressed in order to manage risks or issues identified in respect of a proposal.

Aligned with the Taskforce’s responsibilities outlined in the Terms of Reference, the Taskforce may also provide separate briefings to Cabinet, through the Minister for Health.

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10 How does the Taskforce assure itself that materials used on the PCH project meet the relevant Australian standards, particularly for safety?

For all major health projects delivered under oversight of the Department of Finance’s Strategic Projects division (previously Department of Treasury’s Strategic Projects and Asset Sales division up until 1 July 2017) — 10 projects since 2008 including PCH, Fiona Stanley Hospital and Midland Health Campus — the lead contractor is required to warrant and provide certification that the completed works meet all relevant standards. Strategic Projects has advised that the required certification and warranties have been provided for all completed projects.

a Did the Taskforce play any part in drafting the conditions or specifications within the documentation that went out to tender for the MC contract?

No. Construction on the site commenced in January 2012, and the role of the PCH Taskforce was formalised by Cabinet in its meeting of 6th April 2014.

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11 In your incoming brief to the new government on the PCH Commissioning and Transition Taskforce dated 17 March 2017 you raised four concerns regarding the ‘current governance arrangements’. Can you provide examples to demonstrate how each of these concerns manifested and the extent to which they inhibited effective governance of the project?

a What concerns were raised with the previous government?

b When, and with whom, were these concerns raised?

The examples mentioned on slide 35 of the presentation to the incoming Minister for Health referred to four key areas:

1. multiple sources of program reporting and interdependencies between the separate construction and commissioning programs
2. the need to ensure clinical decision making was included in key areas of the construction program that would have potential impact on clinical care
3. dual governance and associated accountability issues between the Departments of Treasury and Health
4. possible gaps in reporting, noted from officer level and materialising in gaps in information flow to Taskforce.

The advice provided in the incoming brief to Government in March 2017 highlighted that the issues impacting the commissioning program, which had manifested over the life of the program, were inextricably linked to the ongoing delays demonstrated within the construction program.

As noted in the Project Timeline (Appendix F), there have been numerous and persistent delays by the MC in meeting timeframes specified in the MC Contract or in the MC’s own program. From my observations as Taskforce Chair, this has been particularly manifested in:

- The MC’s repeated failure to document and maintain a realistic and achievable program of works
- The programs submitted by the MC to the State frequently being incomplete, missing key information such as key activities, critical milestones and resourcing – necessary information to provide reasonable predictions in relation to PC
- The MC’s repeated failure to properly estimate the amount of work or resourcing required to achieve PC, or measure the impact of delay or slippage to its milestones, on the program as a whole
- Failure of the MC to achieve its own forecast dates for PC.

Multiple examples highlight the critical dependencies between the construction and commissioning programs. For example:

- June 2015: the Acting Director General advised the Minister for Health of potential ‘hidden delays’ within the construction program, potentially pushing the date of Practical Completion into January 2016 (from the forecast PC date of 30 November 2015).
- October 2015: Where it was reported to the Minister for Health by the Director General that, based on analysis of the current status of construction and

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commissioning activity by the MC (notwithstanding assurances to the contrary by the MC), there remained a high risk of further delay to PC beyond 31 January 2016, in turn delaying the point at which unfettered access required for critical hospital commissioning activities.

- January 2016: At this time the Taskforce was advised that the revised program date of PC provided by the MC was 20 June 2016. This revised date represented a six month delay on the MC’s previous forecast PC date of 31 January 2016, which had been communicated to the State three months prior in October 2015.
- August 2016: Where the Taskforce determined it was premature to make a ‘Go/No-Go’ decision in respect of phased opening, as key construction program assumptions had not been met.

In each of these instances, the commissioning program sought to mitigate and manage the impact of construction delays on the safe clinical commissioning of PCH.

Comprehensive ‘re-baselining’ of the commissioning program was undertaken in March 2015 and March 2016, following significant delays in construction.

To achieve this, all commissioning program (and individual project) start and end dates were updated against the PC dates communicated within the construction program.

Although re-baselining of the commissioning program provided more accurate progress reporting, and thus, prediction of forecast completion dates; this did not provide the commissioning program with greater ability to either predict further construction delays, or mitigate them directly, as the construction program was managed separately by the MC, with oversight from Strategic Projects.

In July 2015, the PCH Project Control Group (PCG) Terms of Reference were also revised to better reflect the changing governance requirements. This was communicated in the Taskforce’s July report prepared for Cabinet.

Steps were taken in May 2016 to manage clinical commissioning and the construction programs in parallel, through the State Primary Access Control (SPAC) program.

The SPAC program sought to provide a level of assurance that construction would be completed through an agreed, prioritised sequence that would allow clinical commissioning activities to commence in those areas requiring the longest lead time. However the achievement of commissioning program milestones remained linked to the progress of the MC’s construction progress and ability to achieve the works. This was noted throughout Taskforce programs received throughout May as a high risk to the construction program.

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Major themes of the dependent risks being managed by the construction and commissioning programs in May/June 2016 included:

- Management of the MC’s program;
- Clinical commissioning program dependencies on the progress of the construction program (such as in Operating Theatres);
- Timeframes for handover, commissioning and testing of multiple complex ICT systems;
- Costs associated with delay; and
- Interface with and management of external vendors.

These concerns were raised in a presentation from the Director General to Cabinet on 7 June 2016.

In August 2016 the dependency of the commissioning program on the construction was also further demonstrated in the ‘Go/No-Go’ process completed by the commissioning program. The Go/No-Go is a process completed to determine the progress of commissioning activities, and confirm whether it was appropriate to proceed with full commissioning to enable safe opening of the hospital. In respect of the August 2016 Go/No-Go, the Taskforce determined it was premature to make a decision with respect of ‘Go/No-Go’ as key assumptions associated with the construction program had not been met.

This was communicated in detail to the Minister for Health in correspondence dated 3 August 2016. At the time, the Taskforce noted that:

‘The achievement of an indicative forecast Practical Completion date of 30 August remains subject to required resourcing levels being maintained to deliver the outstanding Building System and [milestones being delivered by MC’s ICT sub-contractor Schneider].’

‘A comprehensive and resourced Program of the associated activities / works is not available from the MC.’

In September 2016, a project Gateway Review further identified that *‘the absence of an agreed and best practice critical path program had impeded prioritisation of activities between building and clinical commissioning teams’*. The Strategic Completion Program (SCP) was developed in response to the associated recommendation.

In summary, these examples illustrate the challenges caused by the dual governance arrangements in place. With the Department of Treasury (now Finance) responsible for the oversight and management of construction activities, and the Department of Health for commissioning and transition activities, timelines and program planning have been consistently frustrated by the MC’s construction program.

The repeated lack of meaningful, reliable program information from the MC and multiple missed PC dates, has therefore, driven the PCH commissioning program to adapt and change in circumstances where it is now demonstrated, there was little reliable program information from the MC coupled with consistently unreliable MC progress.

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In parallel, the emergence of unexpected and significant construction issues such as asbestos in the unitised roof panels and non-compliant potable water also resulted in unforeseen delays to the construction program, leading to impact on commissioning program timeframes.

Although the commissioning program has undertaken extensive program planning, such as ‘re-baselining’ of the program in 2015 and 2016, this was ultimately a reactive response to delays in construction. The dual governance has meant that the commissioning program had minimal, if any, ability to influence or contribute to mitigations to retrieve delay in the construction elements of the program.

For further information, please refer to the Project Timeline at Appendix F.

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12 What do you see as the benefits and risks that may arise from having granted practical completion on 20 April 2017 with several issues yet to be resolved?

Practical Completion of the construction of Perth Children’s Hospital (PCH) was achieved by the Managing Contractor (MC), John Holland Pty Ltd on 13 April 2017 (certificate of PC issued on 20 April 2017).

In order to satisfy that it had achieved PC, the MC was required to demonstrate that operations at PCH would not be impacted by remaining minor defects, or the rectification of those defects.

Granting of PC provided the State with the ability to take direct control of the facility, as well as any further treatments or mitigations required to resolve the water quality issues at PCH; however, this did not change the MC’s liability to rectify defects. PC enabled control of PCH to be formally transferred to the WA health system, with the PCH site transitioned to the Health Ministerial Body, and care and control of the asset under the Director General, Department of Health.

The achievement of PC was the catalyst for the first transition of governance for many aspects of the project, and was expected to trigger the full commencement of the final phase of clinical commissioning.

Until PC was achieved, responsibility for the PCH site remained with the MC,(and Strategic Projects), limiting access for clinical commissioning activities. The September 2016 Gateway Review noted that clinical commissioning had been severely constrained by the MC’s repeated failure to reach PC. These indeterminate delays had posed a risk to the commissioning program, particularly regarding leadership continuity and staff attrition. Because the construction program and the PC date had been beyond the Department of Health’s control, mitigating these risks to the commissioning program had been extremely problematic.

The recently completed July 2017 *Gateway Review* recognised that the Department of Health’s access to, and control of, the site afforded by PC allowed intensification and coordination of both asset and clinical commissioning activities. The Review Team also found that clinical commissioning activities across all of the workstreams are well advanced. In particular, preparation for ICT support has progressed with a number of activities already migrated to Health Support Services.

Under the MC Contract, PC was the point at which the MC was deemed to have completed all works (including associated testing and commissioning) other than 'minor defects'. It was effectively the point at which the facility was considered fit-for-purpose.

Minor defects are defined in the MC contract as outstanding items which, in the opinion of the State, do not prevent PCH from being used for its intended purpose and any necessary rectification work will not prejudice the convenient use of PCH.

Over the previous 12 – 18 months, the MC had consistently failed to:

- maintain a realistic and achievable program of works;

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- submit crucial information to the State such as key activities, critical milestones and resourcing;
- properly estimate the amount of work and resourcing required to achieve PC;
- measure the impact of delay; and
- meet its own (multiple) forecast PC dates.

The unmet PC dates, and timing of MC advice regarding other construction-related issues, are shown in the *Project Timeline*, at Appendix F.

There was no integrated MC Program to assess progress in completing these outstanding tasks although SP&AS was tracking the completion of individual areas of delivery.

At its meeting on 28 March 2017, the Taskforce was advised of 13 areas of the construction program requiring completion before PC could be granted, including the potable water system.

Other construction program activities to be resolved by the MC prior to PC included the:

- finalisation of documentation
- provision of asset information required for facilities and financial management
- completion of all mental health isolation rooms
- commissioning and witness testing of all Air Handling Units
- completion of exhaust works in nuclear medicine
- corrective works related to mental health seclusion doors
- finalisation of access control and monitoring required for mental health areas
- finalising design requirements for retail cafe ceilings to meet licensing, acoustic and aesthetic requirements
- replacement and final inspection of stainless steel pipes
- finalised design documentation associated with the roof weather seal solution
- resolution of all defects and completion of design change requests required for hospital operations.

The above listed construction program activities were tracked by SP&AS in a list of outstanding MC Critical Deliverables, with items either complete or agreed as a post-PC defect, when a certificate of PC was issued on 20 April 2017 by the State’s Representative (with PC dated 13 April 2017).

A project *Gateway Review* for Gate, 5 Readiness for Service, has been undertaken at multiple stages of the PCH project (June 2015, March 2016, June 2016, September 2016 and July 2017). Copies of these documents can be made available to the Committee on request.

The most recent July 2017 *Gateway Review* noted that:

‘PC was granted on 13 April 2017, following the succession of forecast dates missed by the MC. The decision to grant PC was made despite the MC’s failure to provide a range of asset documentation required under the contract, and the non-resolution of the potable water issue (which was referred to the Chief Health Officer).’

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Further to this, the Gateway Review highlighted a number of concerns in relation to the asset documentation:

‘Interviewees stated that the deficient asset documentation received to date was prohibiting an accurate assessment of DoH’s risk exposure. The Review consequently recommended commissioning an independent review to:

- confirm whether the MC has fully satisfied its contractual PC obligations*
- identify whether any deficiencies – including those in contracts, warranties and other asset documentation – will allow the State to undertake a comprehensive asset management (FF&E and Facilities Management) risk assessment.’*

The Gateway Review has also noted the performance of the MC, in completing activities post-PC as a key area of risk. Given the ongoing challenges experienced during the construction process, the risk of continued poor performance by the MC is a major concern to the Department of Health.

The Gateway Review notes *‘Strategic Projects has already issued Defect Notices and undertaken some of those works itself following the MC’s non-performance.’*

To forestall this (if possible), the final *Readiness for Service (5)* recommendation is to review and validate the Treatment Action Plans for the Issue *inadequate level of service provided by the MC pre- and post-PC*, to ensure there are specific actions, timelines and close-out protocols. The Gateway Review has also recommended the development of Business Continuity Plan in case the State needs to assume further responsibilities of the MC.

Both the Departments of Health and Treasury sought a significant body of legal advice from the State Solicitor’s Office, in addition to extensive technical advice to inform the State’s decision making in respect of the decision to grant PC. Granting PC, with minor defects including potable water, enabled the State to take responsibility for PCH without delay.

This provided the State direct control of any further remediation of the potable water system, which was a key consideration as part of this decision. The granting of PC enabled the State to immediately proceed with essential chemical treatment using polyphosphate, to inhibit lead leaching from brass fittings, as well as removing access constraints on clinical commissioning activities. The State, through Strategic Projects, continues in its oversight of the MC’s management in rectifying minor defects.

Questions the Public Accounts Committee will consider

Public Accounts Committee Inquiry - Further Information

I. Has the dual governance structure in place for the PCH project operated effectively in identifying and managing risks as they have emerged?

The dual governance structure (Strategic Projects Executive Director being responsible for infrastructure delivery, and the Director General, Department of Health being responsible for clinical commissioning and transition) was established for Major Health Infrastructure Projects in 2010.

The July 2017 *Gateway Review* observes that:

‘the lack of critical, timely and fit for purpose project documentation from either the MC or Strategic Projects has prevented DoH, NMHS and CAHS from fully assessing the inherent risks in the transferred assets, particularly regarding FF&E and Facilities Management.’

The ongoing completion of major construction activities occurring throughout 2014 through to late 2016, has resulted in both the construction and commissioning programs being inextricably linked. Although risks are reported at the PCG and Taskforce meetings via the Program Management Office (PMO) and the Integrated Program Management Office (IPMO), the resolution of risks, particularly those in commissioning, in many cases, are linked to activities within the construction program – managed by Strategic Projects and delivered by the Managing Contractor.

A number of Treatment Action Plans (TAPs) for High and Extreme Risks and Issues were noted in the July 2017 *Gateway Review* as ‘overdue’ or ‘ongoing’. It was unclear to the *Gateway Review* Team how those TAPs were being actioned by the risk owners.

The Team therefore made two associated recommendations for immediate action regarding these findings and risk management:

- Review and validate the TAPs for High and Extreme Risks and Issues that are noted as ‘overdue’ or ‘ongoing’.
- Instigate a protocol whereby each TAP for High and Extreme Risks and Issues reported to PCG or Taskforce meeting is reviewed, progress interrogated, and action agreed.

Following the September 2016 *Gateway Review*, overdue TAPs were actively managed and thus reduced from approximately 150 to around 30 by November 2016.

The September 2016 *Gateway Review* identified ‘the absence of an agreed and best practice critical path program had impeded prioritisation of activities between building and clinical commissioning teams’. The Strategic Completion Program (SCP) was developed in response to the associated recommendation.

The SCP outlines the key activities, including rigorous clinical scenario testing, high-level activities and milestones that must be met in order to deliver the commissioning program. This program encompasses all activities

Questions the Public Accounts Committee will consider

Public Accounts Committee Inquiry - Further Information

being delivered by all parties, including the PCH Commissioning team, NMHS and HSS.

The phased stages of opening PCH – Selected Outpatients, Theatres, and ultimately FMD – is intended to reduce the risk to PCH patients by assessing clinical and non-clinical processes in a live, low acuity environment and testing the building under load. This was based on the phased opening at FSH.

The SCP cannot be finalised until First Patient Arrival (FPA) and Final Move Day (FMD) dates are confirmed, which in turn depend on the resolution of the potable water quality.

II. Have these risks been consistently conveyed through appropriate lines of reporting up to and including the Executive branch of Government?

See responses to questions 6 and 7 above.

III. Has the governance structure facilitated clear and informed decision-making by appropriate entities or individuals?

See responses to questions 4 and 11 above.

IV. To what extent did the Taskforce interact with the Managing Contractor, and what input did the Taskforce have in decisions associated with construction issues?

See responses to questions 8 and 10a above.

V. Have clear lines of accountability existed within the governance structure?

See responses to questions 1, 2, 4, 5, 6, 7c, 8, 9 and 11 above.

VI. Was there any departure from the governance structure that was used to deliver the Fiona Stanley Hospital and the Midland Hospital?

In the then Acting Director General's proposal to the then Minister for Health, the PCH Taskforce was to be expressly modelled on that used for the Fiona Stanley Hospital (FSH).

Governance of this construction project has been the same as for FSH, i.e. the Major Health Infrastructure Projects dual governance structure.

Clinical commissioning governance internally to the projects has, by necessity, been somewhat different, given FSH and St John of God Midland Public Hospital's (SJOG MPH) differences, and Serco's involvement in FSH commissioning.

Questions the Public Accounts Committee will consider

Public Accounts Committee Inquiry - Further Information

The Public-Private Partnership for SJOG MPH included construction and commissioning by St John of God Health Care.

VII. If so, what was the rationale for this departure?

N/A.

VIII. If not, what factors have contributed to the significant issues in construction at PCH?

See responses to questions 7-12 above.

IX. How have key decision-makers obtained assurance that the materials and practices used on the project meet required standards?

See response to question 10 above.

Appendices

- A *Terms of Reference for the PCH Commissioning and Transition Taskforce*
- B *PCH Project Control Group Terms of Reference*
- C *Decision Making Matrix - PCH Commissioning Project*
- D *Hierarchy of Governance*
- E *Overview of PCH Project Governance Framework*
- F *Project Timeline*
- G *Abbreviations*

Terms of Reference

PERTH CHILDREN'S HOSPITAL COMMISSIONING AND TRANSITION TASKFORCE

1. FUNCTION

The Perth Children's Hospital Commissioning and Transition Taskforce (PCH Taskforce) is responsible for supporting the delivery and commissioning of the Perth Children's Hospital (PCH) and key associated impacts across the Western Australian health system.

The PCH Taskforce will focus on the progress of the total project including service transitioning, project risks and risk management strategies.

The PCH Taskforce will support the Director General of the Department of Health to make strategic decisions that ensure PCH and any associated system reconfiguration is delivered successfully. Successful delivery will take into account agreed scope, time, cost and quality parameters, and project benefits.

The PCH Taskforce will function until such time as PCH is fully operational and the PCH Taskforce judges that its oversight is no longer required.

2. RESPONSIBILITIES OF THE PCH TASKFORCE

The responsibilities of the PCH Taskforce will be to:

- Oversee the delivery and commissioning of PCH;
- Provide a forum that supports robust and effective decision making;
- Monitor the progress of the PCH project against key milestones determined by the Program Management Office and approved by the PCH Taskforce including Information and Communications Technology (ICT), Workforce and Transition Planning, Clinical Commissioning and Facilities Management;
- Provide advice and support on emerging issues or risks for project delivery and commissioning, including remediation strategies. Where the PCH Taskforce's advice is sought on an issue, the Taskforce will be informed of the final decision and outcome;
- Monitor transition planning and system preparedness across any other major Perth hospital sites which will be impacted by PCH coming online;
- Monitor budget parameters authorised by the Economic and Expenditure Reform Committee (EERC) and Cabinet for the infrastructure (including ICT), facilities management, transition planning and operation of PCH; and
- Report to the Premier and Cabinet via the Minister for Health on a quarterly basis, or as requested or resolved by the PCH Taskforce.

MEMBERSHIP

2.1 Members

PCH Commissioning Transition Taskforce Members are:

- Director General, Department of Health (Chair)
- Director General, Department of the Premier and Cabinet
- Under Treasurer, Department of Treasury
- Deputy State Solicitor - Commercial, State Solicitor's Office
- Executive Director, Economic and Deregulation, Cabinet and Policy Division, Department of Premier & Cabinet

2.2 Formal Attendees

PCH Commissioning Transition Taskforce formal attendees are:

- Chief Executive, Child and Adolescent Health Service
- Chief Executive, North Metropolitan Health Service
- Deputy Director General, Department of Health
- Chief of Staff, Office of the Minister of Health
- Commissioner, Mental Health Commission
- Chief Information Officer, Health Information Network
- Executive Director, Strategic Project, Department of Treasury
- Executive Director, Resource Strategy, Department of Health
- Chief Procurement Officer, Department of Health
- Executive Director, PCH Project
- Independent Advisor on ICT.

2.3 PCH Taskforce and Program Support

The following representatives attend PCH Taskforce meetings to support effective facilitation of the forum and to provide program support:

- Director of Program Integration, Department of Health
- Secretariat, Department of Health
- Representatives from the Program Management Office
- Representative from the Department of Treasury (support to the Under Treasurer).

2.4 Others in attendance

Other representatives from the Department of Health, relevant Government agencies, key consultants and/or advisors to the Minister for Health will be invited to attend meetings and provide advice to the PCH Taskforce as required.

2.5 Proxy Membership

Given the PCH Taskforce is required to provide strategic cross-agency direction and guidance at the highest level of Government, proxy membership is not encouraged.

3. ACCOUNTABILITY

The PCH Taskforce will report to the Premier and Cabinet via the Minister for Health on a quarterly basis, or as requested or resolved by the PCH Taskforce.

4. MEETING FREQUENCY

Meetings will be held as determined by the PCH Taskforce however frequency will not be less than one meeting every calendar month.

5. MEETING DOCUMENTATION

All reports, presentations and other information (papers) intended for the PCH Taskforce's consideration at a PCH Taskforce meeting will be provided to the Secretariat a minimum of forty eight hours prior to each PCH Taskforce meeting.

Minutes that clearly record all items endorsed, noted and/or any other actions will be circulated by the Secretariat within five working days of each PCH Taskforce meeting.

A log of decisions made and actions agreed during the PCH Taskforce forum will be maintained by the Secretariat.

6. OUT OF SESSION ITEMS

Where an issue is urgent and requires attention prior to a scheduled meeting, it may be considered out of session.

Items for out of session consideration must be proposed by Members via the Secretariat or Chair (who will determine if an item is to be raised out of session).

The Secretariat will keep a record of responses to out of session items. Items determined out of session will be minuted at the next face-to-face meeting.

Perth Children's Hospital Project Control Group Terms of Reference

Name The group shall be known as the Perth Children's Hospital Project Control Group (PCH PCG)

Role The PCH PCG is responsible for oversight of the delivery of all aspects of infrastructure, commissioning and transition for the PCH Project (the Project).

Responsibilities The responsibilities of the PCH PCG are to:

- Monitor the performance of all aspects of the Project and provide management oversight and direction.
- Ensure that Project risks and issues are identified, reported and managed appropriately.
- Monitor Project budgets for Infrastructure, ICT and OCR to ensure appropriate controls are in place and endorse budget management actions.
- Consider recommendations and issues raised by the Project Advisory Group (PAG)
- Provide direction to Control Groups.
- Review and endorse key Project decisions and documentation.
- Consider issues escalated to the PCG from any area of the Project and ensure appropriate actions are identified and implemented to address the issues.
- Monitor progress of the Project's delivery against timetables [in] the integrated master plan and ensure appropriate actions are identified and implemented.
- Provide regular reports to the PCH Commissioning and Transition Taskforce (PCH Taskforce).

Chair Chief Executive, Child and Adolescent Health Service (CAHS)

Secretariat PCH Project, CAHS

Reports to PCH Taskforce

Frequency

The PCH PCG will meet weekly.

Additional PCH PCG meetings may be convened at the discretion of the Chair to give urgent consideration to priority matters that may arise.

Groups that report to the PCG

There are a number of groups that will report or escalate issues to the PCG as required.

- PCH Commissioning Control Group (CCG)
- The Project Working Groups (PWG)
- Technical Control Groups (TCG), and
- The Project Advisory Group (PAG).

It is acknowledged that PAG is a mechanism for managing the contractual requirements for the Project. Members of the PAG attend PCG and will provide updates as required.

Membership

Members:

- Chief Executive, CAHS and PCH Commissioning (Chair)
- Executive Director, SP&AS, Department of Treasury
- CE North Metropolitan Health Service (NMHS)
- Director Strategic Policy & Evaluation, Department of Treasury
- Deputy Director General, DoH
- Health Infrastructure, DoH
- Resourcing and Performance, DoH
- Legal Practitioner, State Solicitor's Office
- Assistant Director General; CIO, HSS

Attendees:

- PCH Principal Project Director SP&AS
- Executive Director PCH, CAHS
- General Manager, ICT Service Delivery and Operations, DoH
- Director Organisational Development, CAHS
- Director SP&AS
- Project Lead Corporate and FM, PCH, CAHS
- PCH Transition Project Management Office
- PCH Transition Project Management Office
- Executive Director PMH, CAHS
- Director Operational Commissioning, CAHS
- IPMO (PwC)
- Deputy Executive Director PCH, CAHS
- Director ICT, PCH Project, CAHS
- Senior Project Officer, PCH Project, CAHS (secretariat)

Representatives of relevant programs and projects with specific expertise will be in attendance as appropriate with the approval of the Chair.

Proxies

If a PCH PCG Member cannot attend a meeting, a proxy may attend to provide comments and feedback on the PCH PCG Member's behalf. The Chair is to be advised prior to the meeting if a proxy is to attend.

Conflict of Interest (COI)

A conflict of interest is defined as: "A situation arising from conflict between the performance of public duty and private or personal interests".

It is important to note that it is not always possible to avoid a conflict of interest and in itself, a conflict of interest is not necessarily wrong or unethical. What is important, however, is to appropriately identify/disclose and effectively manage any actual, perceived or potential conflict of interest situations.

Any perceived COI must be formally raised with the Chair. See WA Health Managing Conflict of Interest Policy for advice:

<http://www.health.wa.gov.au/circularsnew/attachments/452.pdf>

Confidentiality

PCH PCG Members may at times be provided with access to confidential information relating to the PCH Project. As such, all Members and Attendees should take reasonable steps to ensure that confidential information is kept confidential.

Appendix C Decision Making Matrix PCH Commissioning Project

Decision making Matrix PCH Commissioning Project

This matrix applies a RAID framework to the relevant governance documents so as responsibilities can be identified in each area of program management.

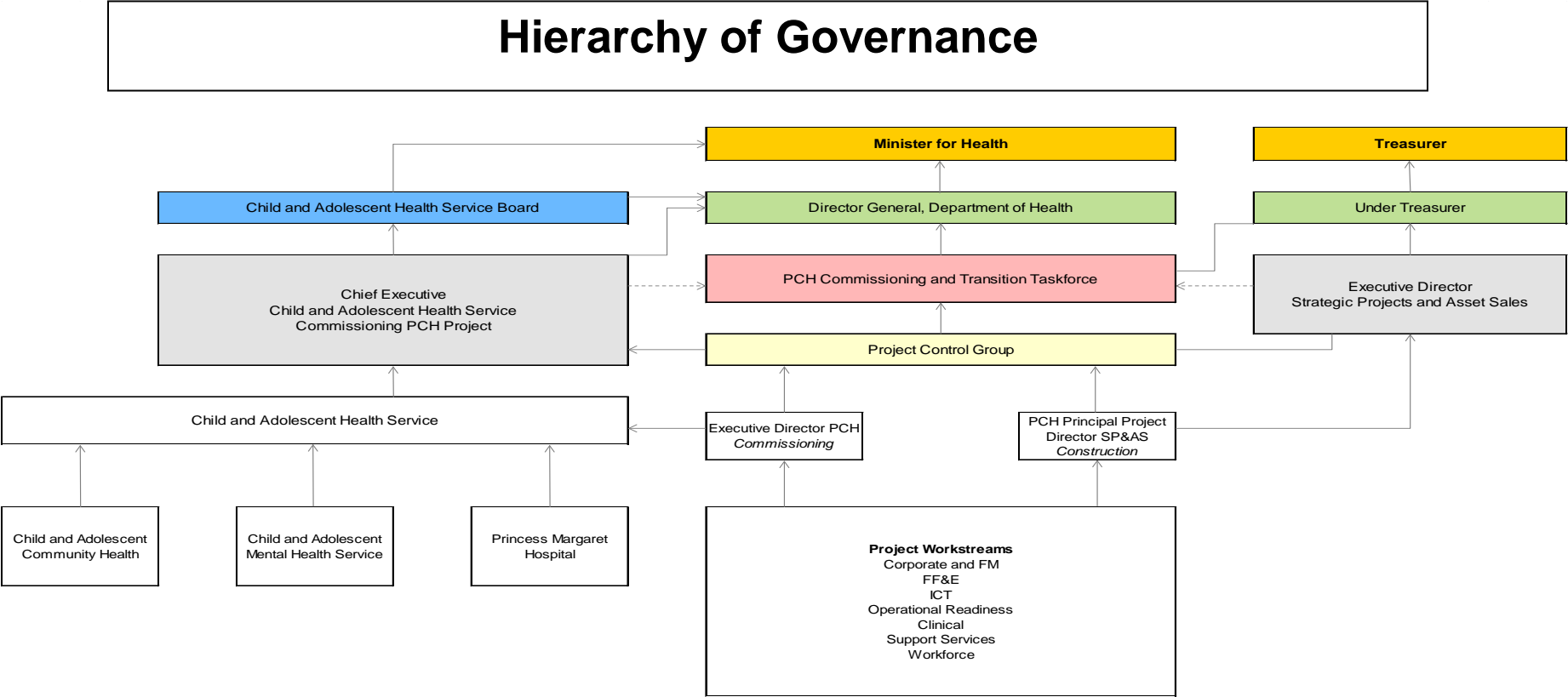
R - Recommend

A - Agree

I - Input

D - Decide

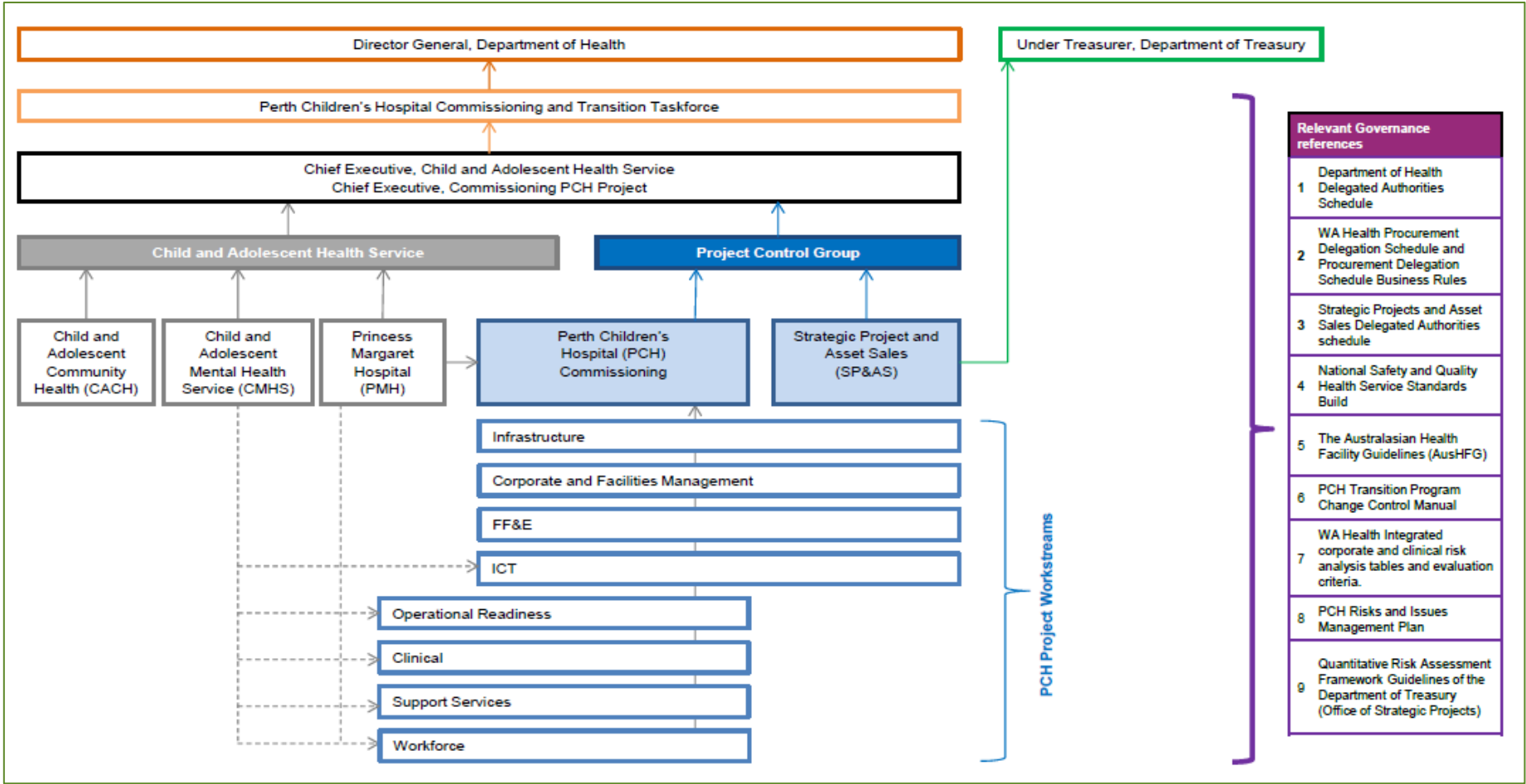
Area	Decisions	Taskforce	CE CAHS	PMH Executive	PCG	Documented Decision Making Framework								
						1	2	3	4	5	6	7	8	9
TIME	Change to the program plan which will not delay, or threaten to delay, any Integrated Master Program Key Activities or Critical Milestones.	D	D	D	D	✓	✓							
	Any decision that will result in a delay, or possible delay to Key Activities or Critical Milestones.	D	IR	A	IR									
COST	A delegate may approve expenditure within the total approved EERC (Economic and Expenditure Reform Committee) for the delegate's organisation.		D	D	D									
	A delegate may make decisions or authorise expenditure according the Department of Health Delegated Authorities or the Strategic Projects and Asset Sales Delegated Authorities schedule which falls within the approved budget.		IR	D	D									
	Any activities or decisions that require funding above and beyond that which is allocated for their organisation must be escalated to the PCH Commissioning and Major Hospitals Transition Taskforce.	D	IR	A	IR	✓	✓							
	Contingency Costs - Contingency use of above a delegates authority must be must be escalated to Taskforce.	D	IR	I	IR									
	Post commissioning operational Costs - A delegate may not approve expenditure or make financial commitments that will cause PCH, CAHS or WA Health to exceed their operational budgets.		D	A/I	IR									
QUALITY	A delegate can make adjustments to the specifications of the products and services to be delivered as long as they comply with the National Safety and Quality Health Service Standards.		D	D	D									
	Any adjustments to quality that puts these standards at risk must be escalated to the PCH Commissioning and Major Hospitals Transition Taskforce.	D	IR	A	IR					✓	✓			
SCOPE	A delegate can make decisions within the programs agreed scope which: a. Will not result in expenditure above the approved budget; and b. Will not delay, or threaten to delay, the commissioning of major hospitals c. Will not compromise the safety of staff or patients major hospitals d. Will reduce time taken to deliver item and/or reduce cost		D	D	D	✓	✓							
	Any expansion in scope or de-scoping that may impact; budget, timelines or patient safety must be escalated to the PCH Commissioning and Major Hospitals Transition Taskforce.	D	IR	A	IR									
PROCURE- MENT	A delegate has approval to make decisions regarding the procurement of goods and services that are consistent with Department of Health and Western Australian State Government procurement policies and procedures including the Procurement Delegations Schedule.		D	D/A/I	IR	✓	✓							
	Any procurement that may impact; budget, timelines or patient safety must be escalated to the PCH Commissioning and Major Hospitals Transition Taskforce.	D	IR	A	IR									
CHANGE REQUESTS*	Change requests (i.e. changes to project schedule, budget or scope) with an extreme rating	D	IR	I	IR									
	Change requests (project schedule, budget or scope) with a high rating		D	IR	D	✓		✓			✓			
	Change requests (project schedule, budget or scope) with a moderate rating		D	D	D									
	Change requests (project schedule, budget or scope) with a low rating		D	D	D									
RISK and ISSUES and QRAs	Action to be taken on project-level risks / issues: Extreme	D	A	I	R									
	Action to be taken on workstream-level risks / issues: High		D	I	RA									
	Action to be taken on PCH Transition Program-level risks / issues: Moderate			D	RAI							✓	✓	✓
	Action to be taken on PCH Transition Program-level risks / issues: Low				D									



As at 9 March 2017

Overview of PCH Project Governance

The PCH Project Governance framework brings together a number of relevant Governance guides as listed below. Detail of the Project Governance arrangements and how they are applied day to day are detailed in the PCH Project Governance Framework document.



Appendix F *Project Timeline*

Provided as separate attachment

Appendix G Abbreviations

Abbreviation	Description
BIM	Building Information Modelling
BMS	Building Management System
CAHS	Child and Adolescent Health Service
CCR2	Central Computer Room 2
CT	Commissioning and Transition Process
DG	Director General of the Department of Health
DLP	Defects Liability Period
FPA	First Patient Arrival (at PCH)
FC	Final Completion
FF&E	Furniture, Fittings and Equipment
FM	Facilities Management
FMD	Final Move Day
HSS	Health Support Services
ICT	Information and Communications Technology
IPMO	Integrated Program Management Office
JHPL	John Holland Pty Ltd
MC	Managing Contractor (<i>John Holland Pty Ltd</i>)
MOU	Memorandum of Understanding
NMHS	North Metropolitan Health Service
PC	Practical Completion
PCH	Perth Children's Hospital
PCH Taskforce	Perth Children's Hospital Commissioning and Transition Taskforce
PCG	Project Control Group
PMH	Princess Margaret Hospital
SA	Service Agreement
SCP	Strategic Completion Program
SLA	Service Level Agreement
SP&AS	Department of Treasury – Strategic Projects and Asset Sales Division (note, Strategic Projects function transferred to Department of Finance from 1 July 2017)
TBD	To Be Determined

INQUIRY INTO THE MANAGEMENT AND OVERSIGHT OF PERTH CHILDREN'S HOSPITAL PROJECT

Month / year	Expected PC Date		Final Move Date	Program reports provided to the Taskforce	Taskforce Report name	Advice to Government	Commentary and Key Issues
April 2014						Cabinet submission to establish Taskforce, date of minute 6 April 2014	
October 2014	09-Jul-15	MC Forecast (9 day delay relative to 30 June 2015)	30-Nov-15	14 October 2014 - PC of Hospital to enable CAHS commissioning to commence delayed by 9 calendar days	PMO Report - 14 October 2014	September report prepared for Cabinet - date of minute 13 October 2014	
November 2014						Minister for Health and Treasurer Meeting	Presentation slides include update on PCH project
January 2015	04-Sep-15	MC Forecast (66 day delay relative to 30 June 2015)	30-Nov-15	<p>13 January 2015 - PMO continues to hold the view that the risk of delay to the project is extreme, as reflected by Risk RP.208. The current unmitigated Construction PC forecast date of 3 September 2015 encroaches on the expected 3 month post-PC commissioning period for PCH.</p> <p>The PCH Transition Program is still waiting to receive the MC's Rev F Construction Program and Rev 8 FF&E Program promised in early January 2015. Access to this information is required to allow the PCH Transition Commissioning Plan to be developed for completion 31 January 2015. Any significant delay in receipt of the MC's Construction and FF&E programs will have the impact of pushing delivery of the IMP and as a result the delivery of a critical path for the project out beyond February 2015.</p>	PMO Report - 13 January 2015		January 2015 report prepared for Cabinet, submission deferred
February 2015						<p>A/Director General Correspondence to Minister for Health confirming Taskforce Status Report deferred 26 February 2015</p> <p>Minister for Health and Treasurer Meeting</p>	<p>February 2015 report prepared for Cabinet, submission deferred by Taskforce.</p> <p>Minister for Health and Treasurer Meeting - presentation slides include update on PCH project</p>
March 2015	30-Nov-15	MC Forecast	30-Apr-16	31 March 2015 - The Project is waiting for an updated Construction Program (Rev G) and the FF&E Program (Rev 8), with a revised Construction PC to be communicated. The delay to the project remains extreme, as reflected by Risk RP.208. The project continues to progress Organisational Change and Redesign activities in line with the PC date of 31 August 2015 with the assumption that the current construction milestones will be met. The SP&AS had advised at PCG the PC is now expected to be November 2015.	PMO Report - 31 March 2015	<p>March/April report prepared for Cabinet - date of minute 10/05/2015</p> <p>Minister for Health and Treasurer Meeting</p>	Minister for Health and Treasurer Meeting - presentation slides include update on PCH project
June 2015	31-Aug-15	New interim PC date following MC forecasting delay to PC beyond 30 November 2015. Extension of Time agreed due to Surgical Short Stay Unit variation by the State.		9 June 2015 - IMP report distributed out of session; notes forecast unmitigated PC date extended from 30 November 2015 to 4 December 2015	Tabled Paper - Agenda Item 6c - PCH IMP Report		
				<p>18 June 2015 - Strategic Projects advises: Since the last IMP report was provided to the PCH PCG and PCH Taskforce, the status of John Holland's program had been reviewed in detail by the State's project team.</p> <p>While the program indicated a PC date of 30 November 2015, the review identified serious concerns, with apparent 'hidden' delays potentially pushing PC into January 2016.</p> <p>The State's concerns were discussed in detail at the Project Advisory Group Meeting with John Holland senior management on 15 June 2015.</p>	Agenda Item 6c - Verbal Update <i>Refer Taskforce minutes of 18 June 2015</i>	A/Director General to Minister for Health correspondence dated 19 June 2015 - Update regarding construction	
July 2015						July report prepared for Cabinet - date of minute 12 August 2015	<p>Revised PCG Terms of Reference and Governance advised</p> <p>July 2015 Gateway Report provided</p>

Dr D J Russell-Weisz commences as Director General and Taskforce Chair on 3 August 2015

INQUIRY INTO THE MANAGEMENT AND OVERSIGHT OF PERTH CHILDREN'S HOSPITAL PROJECT

Month / year	Expected PC Date		Final Move Date	Program reports provided to the Taskforce	Taskforce Report name	Advice to Government	Commentary and Key Issues
September 2015						Director General to Minister for Health Briefing Note dated 7 September 2015	
October 2015	31-Jan-16	MC Forecast	Rebaselining of commissioning dates in progress, final move date not set	22 October 2015	Agenda Item 9f - Briefing on Construction delays	Briefing Note to Minister for Health dated 13 October 2015	Construction impact on status of PCH commissioning and transition timeline. Briefing provides high level estimate of the cost implications of the two delays to Practical Completion and commissioning. The associated impact of Liquidated Damages, Claims and project resourcing is detailed.
	Mid-March 2016	SP&AS Forecast, based on interrogation of the program					
November 2015	17/04/2016	Date for unfettered access based on 'rebaselined' commissioning program	18-Sep-16	15 November 2015 Core Network services will not be available in time for integration of network-dependent systems (communications, application services, biomedical engineering and building management systems), and will delay PC.	151117 - IPMO Fortnightly Update Report	Briefing note to Minister for Health dated 25 November 2015	PC Projected for 20 June 2016 with G Block Link Bridge; Excluding G block link bridge - projected for 20 April 2016
December 2015				3 December 2015 Forecast PC is projected for 3 February 2016 based on the IMP Cycle 16 to end on October 2015. However this represents an 'At Risk' forecast PC date, and is likely to be updated significantly based on Cycle 17 reporting which is due on 4 December 2015. The 'At Risk' date based on the interim MC Program updates and the observed physical status on site (non-integrated, physical status) is likely to be circa 31 March 2016. Quantified Risk Assessment (QRA) 23.1 – MC Claim for Extension of Time QRA 23.2 - Delay in Building Commission Audit (BCA) approval to occupy 1 February 2016 as a Result of MC Failure to Deliver in Accordance with Program QRA 22.6 - Additional scope items - Distributed Antennae System (DAS) Infrastructure Works	151201 - IPMO Fortnightly Update Report	Taskforce correspondence to Minister for Health confirming Status Report delay 3 December 2015	
				17 December 2015 Inability to coordinate the integration, commissioning and testing of key ICT systems at PCH prior to the PC.	IPMO Fortnightly Update Report		
January 2016				19 January 2016 A revised Program was received from the MC on 4 January 2016 which articulated a revised PC date of 20 June 2016 . The delay relates to the G Block link bridge. Excluding the G block link bridge completion, PC is projected to be 20 April 2016 .	160115 - IPMO Fortnightly Update Report	Minister for Health and Treasurer meeting	Presentation slides include update on PCH project
February 2016	Late May 2016	SP&AS Forecast, based on interrogation of the program	Late 2016	2 February 2016 'Change to move planned for 2016' (RP.583), reflects the risk that there is a small window for the hospital move day (PCH Program level) Risk of Inability downgraded to coordinate the integration, commissioning and testing of key ICT systems at PCH prior to the PC	20160229 - IPMO Fortnightly Update Report	Joint Health and Treasury Contentious Issues Briefing - Premier dated 16 February 2016	Change to FMD due to small window of time for the hospital move day
March 2016	21-Jun-16	MC Forecast	Late 2016	1 March 2016 The program is not on time. A 25 May 2016 forecast Building Occupancy date (the equivalent of PC) as advised by SP&AS will impact the start date of the 20 week (minimum) Commissioning Program activity that follows Building Occupancy / PC. The State's assessment is that a 25 May PC is the most likely, but this forecast PC date is subject to risk and assumes an augmentation in MC resources on site which has not been agreed with the MC. The program is not on track for the FMD of 18 September 2016. FMD on 18 September 2016 is not feasible given the current forecast Building Occupancy date, assuming a successive five month commissioning period. A forecast Building Occupancy date of 25 May 2016 will, assuming a 20 week Commissioning period and day-for-day slippage, move the FMD	01/03/16 - IPMO Fortnightly Update Report	March report for Cabinet prepared - date of minute - 29 March 2016 (Hames) and 12 April 2016 (Day)	PC forecast as 20 June 2016 but that date will impact the start date of the 20 week (minimum) Commissioning Program activity that follows Building Occupancy

INQUIRY INTO THE MANAGEMENT AND OVERSIGHT OF PERTH CHILDREN'S HOSPITAL PROJECT

Month / year	Expected PC Date		Final Move Date	Program reports provided to the Taskforce	Taskforce Report name	Advice to Government	Commentary and Key Issues
				15 March 2016 At Taskforce on 1 March 2016 there was an acceptance that the forecast PC date was likely to change . The new date of 20 June 2016 for forecast Building Occupancy had not yet flowed through to the IPMO for reporting to Taskforce. The review of the revised MC Program, the source of IPMO reporting, is progressing but not yet complete. A number of indications have been provided that there is greater alignment between the MC Program and the State's forecast view of dates but this is awaiting validation following a quality review and integration.	15/03/16 - IPMO Fortnightly Update Report		The Commissioning Program has identified a number of key areas such as Education and Training, implementation of the Agility program and the Patient Queuing and Recall system as Extreme risks for delivery within the current timescales
				29 March 2016 Program is not on time. The agreed dates for Stage 1 Opening and FMD are not feasible and work-in progress to assess potential revised dates is expected to be reported to a future Taskforce 2016 meeting.	29/03/16 - IPMO Fortnightly Update Report		18 September 2016 to be revised, not feasible and likely to continue to be late 2016
April 2016				12 April 2016 The MC Program baseline and forecast dates for PC continue to be 20 June 2016; however, the State has indicated a high degree of risk associated with this date. The Room Acceptance Program commenced on 29 March 2016 as planned.	160408 - IPMO Fortnightly Update Report		PC continues to be projected for 20 June 2016. The MC Program baseline and forecast dates for PC continue to reflect a 20 June 2016 date, with SP&AS reporting that this date was expected to be revised following receipt of the Rev M Program from the MC.
				26 April 2016 <ul style="list-style-type: none"> The dates for Stage 1 Opening and FMD are not yet agreed. This decision will be informed by the planning of a 20 November opening date scenario. A number of Extreme Risks to the Program exist, including Fire Door certification and ability to deliver the required room access as per plans that are agreed. Not on track for FMD of 18 September 2016. Taskforce discussion of a revised FMD expected to take place upon completion of planning around a 20 November 2016 date. A 20 November FMD is under development: <ul style="list-style-type: none"> Scenario planning for a 20 November Opening Date is progressing based on a requirement of controlled access to the building (as separate from Forecast PC as a contractual milestone). This access planning will reflect the requirements for those commissioning activities on the critical path that are dependent on early room access (ICT and Operational Commissioning). Planning for the above scenario being worked through in detail. A list of rooms required for priority access to be managed by SP&AS with the MC is being prepared. 	160426 - IPMO Fortnightly Update Report		On 25 April 2016, MC met Liquidated Damages cap of \$42.5 million, based on contract PC date of 31 August 2015.
May 2016	04-Aug-16	MC formal notice of PC	20-Nov-16	3 May 2016 <ul style="list-style-type: none"> It is understood, but not yet verified, that the MC Rev M Program now indicates further slippage to the PC date. Discussions continue regarding the approach for planning and tracking those early access prerequisites / dependencies to support a 20 November 2016 FMD. On receipt of the finalised planning, the IPMO propose reporting progress against delivery of this access plan / schedule to Taskforce on the Construction dashboard. The approach and rationale for a 20 November 2016 FMD is due to be presented to Taskforce and this, supported by detailed planning, will enable endorsement of a revised date. This will then determine the approach and timeline for those PC-dependent plans which require rebaselining. It is likely that only those PCH commissioning plans that are dependent upon PC will require rebaselining. Non-PC dependent plans will continue to reflect the current planned dates for activities. 			Concept of State Primary Access Control (SPAC) – where the State manages access to completed areas on behalf of, and by agreement with, the MC – introduced as a critical dependency for any 20 November 2016 FMD Taskforce discussion about endorsing the preferred FMD of 20 November 2016

INQUIRY INTO THE MANAGEMENT AND OVERSIGHT OF PERTH CHILDREN'S HOSPITAL PROJECT

Month / year	Expected PC Date		Final Move Date	Program reports provided to the Taskforce	Taskforce Report name	Advice to Government	Commentary and Key Issues
				<p>10 May 2016</p> <p>•SPAC concept now reflected in IPMO reporting.</p> <p>• The MC has provided the State with a schedule for 72 zones in tranches A to D, required for PCH commissioning activities, to be delivered to SPAC</p> <p>• The initial tranche (A) is planned for completion by 15 May 2016. These zones are planned to be available for SPAC by the end of June. The final tranche (E), comprising plant and system rooms, is scheduled for completion by 15 July 2016. Revised dates for Stage 1 Opening and FMD will be reflected in IPMO once formally endorsed by Taskforce</p> <p>• The integration of plans within the IMP based on the SPAC schedule is progressing. Completion of this will clarify any impact on the PCH Commissioning Program</p> <p>• SP&AS and the State's Solicitor's Office are working through the implications of SPAC.</p>	IPMO Fortnightly Update Report (10 - May 16)		
				<p>24 May 2016</p> <p>A revised Completion Works Program, reflecting the Rev N 4 August 2016 PC date, is expected to be received by SP&AS on Wednesday 25 May 2016. Assuming this is provided by the MC as expected, the plan will require review by the State and integration into the IMP prior to being provided to the IPMO for inclusion in Taskforce reporting.</p> <p>The MC's delivery of the SPAC schedule remains a critical dependency for a 20 November 2016 preferred FMD. An update will be tabled to Taskforce showing progress towards completion of the 9 outstanding zones in Tranche A and the further 7 zones in Tranche B which are planned to be completed by 22 May 2016.</p>	IPMO Fortnightly Update Report (10 May 16)		
				<p>31 May 2016</p> <p>Contractual PC continues to be reflected as 8 August 2016, pending receipt of the Rev N Program. This is expected to indicate a PC date of 4 August 2016.</p> <p>Eight zones were planned for delivery by 29 May 2016 in Tranche B of the SPAC schedule. An update to Taskforce to be tabled on Monday 30 May 2016 showing progress towards completion of these zones. A further 5 zones are then planned for completion as SPAC areas by 31 May 2016, which would complete Tranche B.</p> <p>The update and alignment of plans to SPAC and the revised PC date, for those plans that are PC dependent, remains ongoing by the PCH Commissioning Program.</p> <p>The completion of these outstanding components of planning will enable the IPMO to provide reporting to Taskforce on the current status of the Program towards a 20 November 2016 preferred FMD.</p>	IPMO Fortnightly Update Report (31 - May 16)	May status report prepared for Cabinet - date of minute 1 June 2016	
June 2016				<p>7 June 2016</p> <p>The updated MC Program, 'Rev M update' has been received and reviewed by the State and reflects a forecast actual PC date of 10 August 2016, although the MC's formal notification has been of expected completion on 4 August 2016.</p> <p>Tranche B of SPAC was completed as planned on 31 May 2016. Tranche C of SPAC is planned to be delivered by 15 June 2016.</p> <p>The Room Acceptance Program is progressing with an update provided for Taskforce showing progress by Department. The Program which is scheduled to complete by 5 July 2016, prior to PC</p> <p>In preparation for commencement of full commissioning activities, discussions continue to be progressed regarding an agreed set of prerequisites. The recalibration of PCH commissioning Plans is progressing and a progress update will be provided to Taskforce on 14 June 2016.</p>	IPMO Weekly Reporting Updates 07/06/16	Director General's presentation to Cabinet on PCH (7 June 2016)	<p>Major themes of risks being managed by the Construction and Commissioning Programs include:</p> <ul style="list-style-type: none">- Management of the MC's Program- Clinical commissioning program dependencies on the progress of the construction program (e.g. Operating Theatres)- Timeframes for handover, commissioning and testing of multiple complex ICT systems- Change management and staff fatigue- Dual-site operations when PMH and PCH are operating simultaneously- Costs associated with delay- Interface with and management of external vendors- Communication with external stakeholders. <p>The most significant issue remains the MC's ability to progress construction according to agreed timelines, thus enabling commencement of clinical commissioning activities.</p>
				<p>14 June 2016</p> <p>An unmitigated forecast actual PC date of 10 August 2016 is reported, as reflected in the updated MC Program. However, forecast actual PC is expected to be 4 August 2016 once mitigated and in line with notification from the MC. This date will be reflected in Taskforce reporting upon SP&AS confirmation that this 4 August 2016 date is achievable and reflected in plans.</p> <p>8 Zones in Tranche C of SPAC are planned for completion by 12 June 2016. An out-of-cycle SPAC Dashboard to be provided to Taskforce on Monday 13 June 2016.</p> <p>The development of the Operational Commissioning Plan is being progressed and is expected to be presented to Taskforce on 14 June 2016. Agreement of prerequisites and the update and alignment of plans to SPAC and the revised PC and preferred FMD remains ongoing .</p>	IPMO Weekly Reporting Updates (14/06/16)		

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				<p>21 June 2016</p> <p>An unmitigated forecast actual PC date of 10 August 2016 is reported, as reflected in the updated MC Program. This date will continue to be reported to Taskforce until SP&AS confirms that the unmitigated 4 August 2016 date, as notified by the MC is achievable and reflected in plans.</p> <p>The West Block Ground Floor Atrium is being rescheduled to allow panel remediation works, originally planned out-of-hours, to take place prior to PC .</p> <p>SP&AS reported that 14 of the 15 zones within Tranche C of SPAC were successfully delivered by 15 June 2016. An out-of-cycle SPAC Dashboard, which is expected to confirm this, to be provided to Taskforce on 20 June 2016. The agreed set of prerequisites for the commencement of the 20 week Commissioning Period on 4 July 2016 has been jointly developed with SP&AS and was reviewed at PCG on 16 June 2016. This will be presented to Taskforce on 21 June 2016. The IPMO will provide assurance and commentary.</p>	IPMO Weekly Reporting Updates (21/06/16)		
				<p>28 June 2016</p> <p>An unmitigated forecast actual PC date of 10 August 2016 continues to be reflected in the updated MC Program. Forecast actual PC is expected to be 4 August 2016 once mitigated and in line with notification from the MC This date will be reflected in Taskforce reporting upon confirmation from SP&AS that the 4 August 2016 date is achievable and reflected in plans.</p> <p>SPAC continues to be delivered to schedule. 3 Zones within Tranche D of SPAC are planned for completion by 26 June 2016. An update will be provided to Taskforce on 27 June 2016. The remaining 12 zones are planned for completion by 30 June 2016. The delivery of system milestones is also a key dependency for PC (see page 5).</p> <p>Recalibration of project plans continues to progress. Full commissioning activities are planned to commence on 4 July 2016. This is subject to confirmation by the PCH Commissioning Team that the agreed prerequisites have been met.</p>	IPMO Weekly Reporting Updates (28/06/16)		
July 2016				<p>5 July 2016</p> <p>Discussions continue with the MC regarding confirmation that the mitigating actions advised by SP&AS to achieve PC date will be addressed. A verbal update to be provided to Taskforce by SP&AS in line with the timetable for receipt of an MC response by Monday 4 July 2016.</p> <p>An unmitigated forecast actual PC date of 10 August 2016 continues to be reflected in Taskforce reporting. This represents the date within the 'Rev M Update' Schedule and will be amended once SP&AS have received updated schedules from the MC that outline an achievable path to 4 August 2016. The updated schedule must include delivery of building system milestones and an update on the key ICT Schneider dependencies which are required for PC and cannot currently be reported.</p> <p>SPAC delivery is ongoing with 12 Zones in Tranche D of SPAC planned for completion by 30 June 2016. An update to be provided to Taskforce on Monday 4 July 2016.</p> <p>Full commissioning activities are planned to commence on Monday 4 July 2016, subject to confirmation by the PCH Commissioning Team that the agreed prerequisites have been met.</p>	IPMO Weekly Reporting Updates		Not on track for Preferred Patient Move Day 20 November 2016
				<p>12 July 2016</p> <p>An unmitigated forecast actual PC date of 10 August 2016 continues to be reflected. The updated MC Program 'Rev N' was received by the IPMO on 7 July 2016. This Program does reflect the forecast actual 4 August 2016 PC date notified by the MC .</p> <p>However, SP&AS advise that the Program was non-compliant and contains a number of errors which are being worked through with the MC. The IPMO will update the Forecast Actual PC date and report progress on the relevant building system milestones pending advice from SP&AS regarding reliability of the Program.</p> <p>Seven zones in Tranche E of SPAC are planned for completion by 10 July 2016 and progress is expected to be made in relation to the small number of zones in Tranche D not completed. An update to be provided to Taskforce on 11 July 2016. The remaining 17 zones are planned for completion by 15 July 2016.</p> <p>Full commissioning activities commenced in wards 4a and 4b on 4 July 2016. Providing access to theatres on Monday 11 July 2016 is a key dependency for commencing Super User training in theatres on 19-22 July.</p>	IPMO Weekly Reporting Updates (12/07/16)		<p>11 July 2016 MC identifies chrysotile asbestos in roof panels</p> <p>4 August remains projected for PC but noting there remains no Program and assurance that the building system milestones, and resolution of defects prioritised as being required for PC, are on track for 4 August 2016.</p> <p>Achieving Forecast Actual PC on 4 August 2016 is now unlikely and remains subject to completion of the overdue Building System Milestones and Schneider Program activities. Indications are that these are not achievable by that date.</p> <p>An initial assessment of the impact on the critical path and preferred FMD is to be published by 23 July 2016. Any Forecast PC date also remains subject to confirming the panel replacement / remediation works for Chrysotile Asbestos.</p> <p>The achievement of any new indicative forecast PC date remains subject to completion of outstanding Building System milestones and the Schneider milestones.</p>

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				19 July 2016 The current focus is on the key dependency of PC on 4 August 2016 as reflected within 'Rev N'. <ul style="list-style-type: none">• Although understandable given the given the recent nature of the issue, it is not yet clear whether remediation works in relation to panel replacement are required prior to PC• The Building System milestones, whilst progressing, include a number of items which have not achieved their expected completion date in 'Rev N'. There are challenging timeframes to deliver the outstanding activities.	IPMO Weekly Reporting Updates (19/07/16)		
				26 July 2016 Delays in relation to the Building Systems milestones and delivery of Schneider activities are being reported by SP&AS who are progressing mitigating actions in relation to Schneider resources. Whilst the updated MC Rev N Program (status as at 11 July 2016) continues to reflect a 4 August 2016 PC date, an initial assessment by SP&AS is that this will be no earlier than 30 August 2016. A significant improvement in performance by Schneider Electric will be required to achieve this. New High Issue relating to the confirmed presence of white asbestos in the roof panels at PCH was discussed and approved for activation at PCG on 21 July 2016. This will flow into Taskforce reporting on 9 August 2016.	IPMO Weekly Reporting Updates 26/07/16		High number of overdue activities, combined with the lack of float or contingency within the program Confirmed presence of white asbestos in the roof panels at PCH
August 2016	04-Aug-16	MC forecast		2 August 2016 The achievement of Forecast PC is dependent upon completion of the following activities: <ul style="list-style-type: none">• Remediation option agreed for the ceiling panels.• Delivery of the remaining components of SPAC• Completion of all Building System milestones• Completion of all defects required for PC• Completion of the Room Acceptance Program - FF&E Mmilestones	IPMO Weekly Reporting Updates 02/08/16	Director General correspondence to Minister for Health - 3 August 2016	Taskforce agrees it is premature to make Go/No-Go decision as key construction assumptions have not been met, including the forecast PC date. The achievement of an indicative forecast PC date of 30 August remains subject to required resourcing levels being maintained to deliver the outstanding Building System and Schneider milestones. A comprehensive and resourced Program of the associated activities / works is not available from the MC. At Go/No-Go meeting, Deputy State Solicitor Commercial queries rumour regarding elevated lead levels detected in drinking water at PCH.
	30-Aug-16	MC Forecast	11-Dec-16	9 August 2016 Indicative forecast PC on 30 August 2016 remains dependant on completion of Building System and Schneider milestones, including the Building Management System and Smoke Management System. Additional oversight by PCH ICT is being progressed to assure that 'contractually operable' systems are in place. These systems must be 'integration ready' to deliver the 12 week critical path for remaining ICT activities. The impact of delays to PC on the critical path and the remaining long-lead activities in particular is being assessed by the PCH Commissioning Project. Delivery of all SPAC zones required for PCH Commissioning is expected to be confirmed through receipt of an updated SPAC schedule on 8 August 2016 to enable free and ready access.	IPMO Weekly Reporting Updates 09/08/16		Due to the Forecast Actual PC date of the 4 August not being met, the Preferred FMD on 20 November 2016 has been assessed as not achievable. Revised dates for commencement of (selected) Outpatients, Theatres and FMD are not able to be confirmed until there is confidence in Schneider progress, and an assessment of the PC slippage and impact on the overall critical path is complete. Preferred FMD is unknown.
				16 August 2016	IPMO Weekly Reporting Updates 16/08/16		
				23 August 2016 The indicative forecast PC on 30 August 2016 continues to be reflected in reporting on the basis this was reported by the MC in the last Rev N Program provided to the IPMO. The achievement of any indicative PC date will require completion of outstanding construction milestones. This includes all Building System milestones, a number of which are within the Schneider Program.	IPMO Weekly Reporting Updates 23/08/16		The achievement of any new indicative forecast PC date remains subject to completion of agreement of an asbestos remediation plan and achievement of the remaining construction milestones. This includes all final building commissioning activities (including water certification), 7 day fault free running, achievement of the outstanding Building System milestones, including the Schneider milestones, and delivery of documentation in line with contractual obligations.

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September 2016				<p>30 August 2016</p> <p>The achievement of any new indicative forecast PC date remains subject to completion of agreement of an asbestos remediation plan and achievement of the remaining construction milestones. This includes all final building commissioning activities (including water certification), 7 day fault free running, achievement of the outstanding Building System Milestones, including the Schneider milestones and delivery of documentation in line with contractual obligations.</p> <p>The delivery of the commissioning critical path, not reflected in the supporting plans, remains dependent on access and delivery of the required Schneider milestones. The latest MC Program was received by SP&AS on 25 August 2016, but a number of quality issues were identified and then under revision by the MC. This plan is expected to reflect that the 30 August 2016 is not achievable and indicate a PC date around mid-September 2016, driven by completion of works in relation to the Smoke Management System.</p> <p>The delivery of the Schneider Program, and the four required milestones, by 16 September 2016 remains a significant risk to the PCH Commissioning Critical Path. There are a number of other issues which require resolution to support achievement of any indicative PC date. These include determination of a root cause, and remediation plan for the water quality issue and confirmation of a schedule of work for the asbestos remediation. The MC's asbestos remediation schedule is expected by the State by 28 August 2016.</p>	IPMO Weekly Reporting Updates 30/08/16		Not on track for FMD - revised dates for commencement of selected Outpatients, Theatres and FMD are not confirmed.
	23-Sep-16	MC Forecast – This was considered by the commissioning team to be the last viable PC date to enable full phased opening in 2016, and it was not achieved. The Minister for Health and Treasurer were subsequently advised that a 'No Go' decision was made and full phased opening not possible in 2016.	11-Dec-16	<p>13 September 2016</p> <p>Whilst no dates have yet been agreed for the Program, an indicative forecast PC date of 23 September 2016 is being worked towards. The delivery of the four Building System Milestones on the Critical Path as required for 16 September 2016 remains critical. These include the Building Management System (a dependency for multiple commissioning activities) and the Nurse Call System. An assessment cannot be made until revised dates for commencement of selected Outpatients, Theatres and FMD have been agreed.</p> <p>The achievement of any new indicative forecast PC date remains subject to remediation of the water quality issue, completion of all outstanding Building System Milestones and delivery of documentation in line with contractual obligations.</p> <p>The delivery of the commissioning critical path, not currently reflected in the supporting plans, remains dependent upon access for ICT deployment and delivery of the required Schneider milestones.</p>	IPMO Weekly Reporting Updates 30/08/16		<p>Whilst no dates have yet been agreed for the Program, an indicative forecast PC date of 23 September 2016 is being worked towards. The delivery of the four Building System milestones on the Critical Path, as required for 16 September 2016, remains critical. These include the Building Management System (a dependency for multiple commissioning activities) and the Nurse Call System.</p> <p>Not on track for planned patient move - revised dates are not yet confirmed.</p>
				<p>20 September 2016</p> <p>Whilst no dates have yet been agreed for the Program, a forecast PC date of 23 September 2016 remains the indicative date being worked towards. SP&AS report 12 issues requiring resolution urgently and a further 58 issues required for PC, including the delivery of the four Building System milestones on the Critical Path which were planned to be completed on 16 September 2016 and are now overdue. Water quality remains the most significant issue. Further tests are expected to be completed again by close of business on 19 September 2016. The root cause of the issue remains unidentified.</p>	IPMO Weekly Reporting Updates 20/09/16		Forecast remains 23 September 2016 but is revised to a working assumption of a Forecast Actual PC date of 10 October 16 by mid October. Building System milestones are overdue.
October 2016				<p>4 October 2016</p> <p>Issue: building not completed with functioning systems to meet the clinical commissioning and operations program. Caused by:</p> <ol style="list-style-type: none">1. Failure of the MC to have building systems tested and certified to enable the building function safely for occupation, commissioning and operation2. Potential failure of the MC's technology subcontractor to complete commissioning of core technology systems (smoke, fire, security, access and building management services) primarily due to resourcing issues3. Attempts by the MC's technology subcontractor at leveraging their commercial position by not meeting program4. Delay in receiving accurate data on locations from the MC and associated delay in loading, testing and validation of data accuracy	IPMO Weekly Reporting Updates 04/10/16		<p>Continued delay of PC and no accurate MC Schedule</p> <p>Continuing water quality issues</p>

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				<p>11 October 2016 In lieu of standard IPMO Schedule and Risk reporting, the IPMO has assured the development of a detailed Schedule from which the Critical Path has been determined for presentation to Taskforce. This meets the requirements set out within Gateway recommendation 3 and will inform future reporting.</p> <p>Detailed Project Plans are predominantly aligned to a 4 August 2016 forecast PC date and a 20 November 2016 FMD. The detailed plans have not been reviewed or aligned within the scope of this work but to mitigate the risk of misalignment, the Strategic Completion Program (SCP) has been validated with the relevant project directors and leads to confirm alignment.</p>	IPMO Weekly Reporting Updates 11/10/16	Contentious Issues Briefing Notes - 11 October 2016 Minister for Health Premier	Portfolio: Minister for Health - Perth Children's Hospital Commissioning and Opening Portfolio: Treasury / Health - Elevated Levels of Lead, PCH Portfolio: Treasury / Health - Process for granting PC Portfolio: Health - PCH Commissioning
				<p>18 October 2016 The overall delivery of the Program continues to be dependent upon achievement of forecast PC. The key issues requiring resolution include remediation of defects, delivery of key Schneider milestones and resolution of the water quality issue. A Completion Schedule has been requested from the MC to demonstrate a clear Program of delivery of the remaining works.</p>	IPMO Weekly Reporting Updates 18/10/16		Remediation of defects and the resolution of the water quality issues continues to impact final move date.
				<p>25 October 2016 The forecast date for achievement of any forecast PC remains uncertain pending receipt of an MC Completion Program. The draft Program provided to the State on 19 October 2016 was rejected and rework is required to produce a Program to an acceptable level of quality and completeness. A further update will be provided to Taskforce on 25 October 2016 regarding its status.</p>	IPMO Weekly Reporting Updates 25/10/16		28 October 2016 Department of Treasury provides all clearance certification and verification documentation related to asbestos from MC to Taskforce
November 2016	30-Nov-16	MC Forecast	12-Feb-17	<p>1 November 2016 An indicative forecast PC date is expected to be included within the MC Completion Program which is being progressed with a view to complete by 28 October 2016. This should provide an overview of all outstanding activities with timelines for completion and resources identified. The IPMO will be provided with a copy of this document once available.</p>	IPMO Weekly Reporting Updates 1/11/16	Contentious Issues Briefing Notes - 1 November 2016 - Minister for Health	Portfolio: Health PCH commissioning and opening Portfolio: Health PCH water quality Forecast PC date is 30 November 2016 but moves to 13 December 2016 (on 6 December) and excludes water remediation. The focus remains on addressing key issues required to complete for PC, including: • Water remediation • Delivery of key Schneider milestones remains a material risk to PC with witness testing dates having been provided verbally but not yet reflected in a Program provided to the State. Concern exists in relation to the ability to deliver key components by the end of January 2017 in relation to code black and nurse call, in particular • Completion of works to replace piping in the ceiling of the non-sterile area of CSSD for which a plan remains outstanding • Closure of key 'PC Critical defects'. The PCH Commissioning team are in discussion with SP&AS in relation to agreeing the final list of 'Critical for PC' defects, following review • Provision of documentation required for PC in line with required quality levels. No preferred Move Day has been confirmed.
				<p>8 November 2016 The MC's Program submitted on 31 October 2016 reflected a forecast PC date of 30 November 2016. This Program has not been approved by the State as it does not include all outstanding activities required to achieve any forecast PC date. An update / revision is expected to include further activities in relation to outstanding critical issues that have been identified by the State.</p>	IPMO Weekly Reporting Updates 8/11/16		
				<p>15 November 2016 The MC's Program submitted on 31 October 2016 remains the Program against which daily progress is being tracked. An updated Program has not yet been received for review by the State. SP&AS report ongoing activities by the MC in relation to remediation of the water and acoustic testing issues.</p>	IPMO Weekly Reporting Update 15/11/16		
				<p>22 November 2016 The MC's Program (submitted on 31 October 2016) is being tracked. An update will be provided on the Critical Path and overall progress on 21 November 2016, once the latest status has been received.</p> <p>The update is expected to confirm the extent to which activities have been programmed in relation to the flushing program associated with lead in water and a program of works to address acoustic issues, including in theatres.</p>	IPMO Weekly Reporting Update 22/11/16		

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				28 November 2016 An update will be provided on the Critical Path and overall progress of the MC's Completion Program on Monday 28 November 2016, following receipt of the latest status. The update is expected to confirm progress in addressing the acoustic issues. SP&AS report that the witness testing of the prototype solution was successful and acoustic and environmental requirements were achieved. Work can now progress to achieve the summary completion milestone in the Program.	IPMO Weekly Reporting Update 28/11/16		
December 2016				6 December 2016 An update will be provided on the Critical Path and latest progress of the MC's Completion Program on Monday 5 December 2016. It is expected that this will indicate a forecast target PC date around 13 December 2016, noting this date currently excludes water remediation.	IPMO Weekly Reporting Update 06/12/16		November Report for Cabinet prepared, submitted 6 December 2016. Update for Cabinet on hold, report for re-submission January 2017.
				13 December 2016 An update will be provided on the Critical Path and latest progress of the MC's Completion Program, as available from the MC, on Monday 12 December 2016, noting this is expected to continue to exclude water remediation and acoustic remediation in theatres. Water remediation activities are progressing with further test results expected to confirm the impact of the installation of filters. In line with Taskforce discussions, once a remediation approach is agreed, provision of an acceptable program of remediation activities remains a requirement for PC	IPMO Weekly Reporting Update 13/12/16		
				20 December 2016 An update will be provided on the Critical Path and latest progress of the MC's Completion Program, as available from the MC, on Monday 17 December 2016.	IPMO Weekly Reporting Update 20/12/16		
January 2017				17 January 2017 A formal Completion Program submission has not been made by the MC and daily reports are no longer being provided. The last report provided to the IPMO, which remained incomplete, reflected status as at Thursday 15 December 2016. SP&AS have indicated that the State has now issued a notice directing the MC to produce a detailed, fully resourced technical Program. This has not yet been received the State. Subject to receipt of a Program by the State, an IPMO update will be provided on the latest progress of the MC's Completion Program, including Schneider deliverables, on Monday 16 January 2017.	IPMO Weekly Reporting Update 17/01/17		
				24 January 2017 High Risk Issue - current schedules do not reflect intended service move and go live dates. Caused by: 1. Continued delay of PC and no accurate MC schedule. 2. Schedule aligned to previous dates approved by Taskforce. Resulting in 1. Inability to accurately track and monitor progress against project activities and milestones. 2. Challenges in identifying at risk activities and milestones. Resolution Update: •Resolution. 1: The Strategic Completion Program has been reviewed and documented. Once P.C is confirmed it will be used to validate correct tasks and durations. •Resolution 2 & 3: Due dates have been revised to reflect the current status of the Program.	IPMO Weekly Reporting Update 24/01/16		January 2017 report prepared for Cabinet, and submitted to Minister for Health. Consideration by Cabinet pending.
				31 January 2017 No update on PC or FMD, no changes to Risk or Issues this week on the basis that there was no PCG on the 26 January 2017 due to the Public holiday.	IPMO Weekly Reporting Update 31/01/17		Delay to PC continues due to lead levels in potable water

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February 2017				<p>7 February 2017</p> <p>The MC is no longer submitting the short-term Critical Issues Program or an alternative Program of works. Without these there is no supporting evidence to undertake an assessment of forecast target PC.</p> <p>The current focus remains on addressing the following key issues required to complete for PC:</p> <ul style="list-style-type: none">• Water remediation and completion of a range of associated actions which include the operation and maintenance of any proposed solution;• Resolution of the air-flow issue in theatres which is expected to require work in each theatre. A design proposal has not yet been agreed with the MC There is a risk of a significant lead time (6-8 weeks) to source barometric equipment required to support one of the potential solutions under consideration;• Completion of works to replace piping in the ceiling of the non-sterile area of CSSD for which work has commenced but is understood to be tracking behind schedule. The extent to which this impacts the planned completion date of 15 February 2017 is yet to be confirmed;• Completion of Smoke testing in stairwells 1 and 3 and final retesting. Completion dates cannot be confirmed for reporting due to the lack of submission of the Critical Issues Program;• Installation of the HEPA filter in the Negative Isolation Room scheduled for completion on 28 February 2017	IPMO Weekly Reporting Update 07/02/17		<p>Forecast PC date 28 February 2017 indicated up until that date, noting that SP&AS indicate on 28 February that this is likely to be in the latter half of March 2017</p> <p>No supporting evidence to undertake an assessment of forecast target PC due to outstanding issues, including:</p> <ul style="list-style-type: none">• Agreement of a design solution for the replacement of the ground floor café ceiling which is expected to have been received from the MC prior to Taskforce on 7 February 2017;• Closure of key 'PC Critical defects';• Provision of documentation required for PC in line with required quality levels.• Remediation of water and delivery of outstanding construction works.
	28-Feb-17			<p>14 February 2017</p> <p>A date for forecast PC remains subject to remediation of water and determination of the plan to resolve the air flow issue in Theatres.</p> <p>Construction status:</p> <p>An update on the progress on the Potable Water Action Tracker will be issued to Taskforce on Monday 13 February 2017.</p> <p>Resolution of the air-flow issue in theatres remains a critical issue. The MC are expected to prototype test their preferred solution, with timeframes yet to be confirmed. The duration for undertaking this testing is expected to only be a matter of days.</p>	IPMO Weekly Reporting Update 14/01/17		<p>Dates remain subject to remediation of water and determination of the plan to resolve the air flow issue in Theatres.</p>
				<p>21 February 2017</p> <p>SP&AS advise that a completion Program was received from the MC on 10 February 2017. Following review by SP&AS, this appears to be a further commercially driven submission and not a complete program of outstanding works with realistic timeframes for completion.</p> <p>The MC has indicated, via reports submitted to the Project Advisory Group (PAG), that a forecast target PC date of 28 February 2017 is indicated based on outstanding works. SP&AS continue to advise that progress in resolving a number of key outstanding items, below, indicates this date is not realistic. Outstanding activities include: Water remediation, Resolution of air-flow issue in theatres, and others.</p>	IPMO Weekly Reporting Update 21/01/17		
				<p>28 February 2017</p> <p>A forecast date for forecast PC remains subject to remediation of water and delivery of outstanding Construction works and activities.</p> <p>SP&AS are in the process of preparing a list of the top ten risks to PC. If these risks are mitigated, SP&AS predict that PC could be achieved in the latter half of March 2017.</p> <p>An update on outstanding construction activities will be provided for Taskforce on 7 March 2017, as part of the regular construction reporting.</p>	IPMO Weekly Reporting Update 28/01/17		
State Election 11 March 2017							
March 2017	End March – Early April 2017	No formal MC Program, SP&AS forecast based on MC progress	July 2017 TBC	<p>7 March 2017</p> <p>There continues to be a lack of complete program available from the MC that details outstanding works with realistic timeframes for completion.</p> <p>There continues to be no MC Program which can be used to assess progress in completing outstanding activities. Whilst SP&AS are in the process of documenting the key risks to PC, there remains a risk that there is no single, comprehensive view from the MC of all outstanding activities requiring completion to support any forecast target PC date.</p> <p>The current informal assessment from SP&AS indicates that the achievement of a forecast PC date by end of March 2017 is increasingly at risk, although remains a target. This assessment is based on the current rate of progress in key areas and indicative timelines for outstanding activities, including: Water remediation, Smoke Management Testing, Air Handling Units and others.</p>	IPMO Weekly Reporting Update 07/03/17		<p>Unable to forecast single, comprehensive view from the MC on all outstanding activities requiring completion to support any forecast target PC Date. SP&AS indicate mid Match 17, then end March 2017, but at risk.</p> <p>Incoming Government Briefings provided (agency document and face-to-face briefings)</p> <p>Briefings:</p> <ol style="list-style-type: none">1. Director General and Minister for Health PCH update2. Director General and Minister for Health PCH potable water update3. Minister for Health and Chief Health Officer PCH Potable water update
				<p>14 March 2017</p> <p>Achievement of forecast PC in late March 2017 continues to have risk associated with it and remains subject to completion of outstanding critical works.</p>	IPMO Weekly Reporting Update 14/03/17		

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Month / year	Expected PC Date		Final Move Date	Program reports provided to the Taskforce	Taskforce Report name	Advice to Government	Commentary and Key Issues
				21 March 2017 Achievement of PC continues to be subject to resolution of a number of issues, including items identified by SP&AS as the outstanding MC Critical Deliverables. SP&AS have defined a list of the top outstanding MC Critical Deliverables that are required for PC and reported to PCG weekly.	IPMO Weekly Reporting Update 21/03/17		
				28 March 2017 Achievement of PC remains subject to completion of the outstanding MC Critical Deliverables including resolution of the water quality issue and agreement of the associated management and maintenance regime. Progress towards achievement of forecast PC continues to be indicated through tracking the SP&AS list of the required outstanding MC Critical Deliverables. Whilst some plans are provided, (including for the Air Handling Unit commissioning and HEPA-filter installation in Isolation Rooms) there remains no overall complete Program of outstanding works from the MC that includes a forecast PC date. Resolution of the Water Quality issue remains the most significant outstanding item.	IPMO Weekly Reporting Update 20/03/17	Director General to Minister for Health Briefing Note - Risks and Issues associated with PC - 31 March 2017	Late March 2017 - there is no overall complete program of outstanding works from the MC that includes a forecast PC date. Resolution of water quality issue remains the most significant outstanding item.
April 2017	PC achieved 13 April 2017 (retrospectively granted on 20 April 2017)			4 April 17 There has been a reduction in the number of items remaining on the list of Outstanding MC Critical Deliverables in this reporting period; achievement of any forecast PC date remains subject to resolution of the water quality issue. The provision of an updated version of the required compliant completion program remains outstanding from the MC SP&AS continue to track required outstanding MC Critical Deliverables and to informally project a date by which forecast PC may be achieved, noting this is subject to completion of outstanding activities in a number of areas. The most significant outstanding issue remains achieving compliance of water with the Australian Drinking Water Guidelines (ADWG). A number of actions remain open on the Potable Water Action Tracker, including confirmation that the associated management and maintenance regime of any agreed solution is acceptable within an operational facility.	IPMO Weekly Reporting Update 04/04/17	Minister for Health and Treasurer - 12 April 2017 - Advice on PC	Achievement of any forecast PC date remains subject to resolution of the water quality issue.
				11 April 17 A number of actions are being progressed in relation to resolution of the water quality issue, including assessing the State's options in relation to PC. Other key remaining items on the list of outstanding MC Critical Deliverables are completion of documentation and confirmation that the minimum asset dataset meets requirements. A compliant completion program remains outstanding from the MC. The list of outstanding MC Critical Deliverables continues to be tracked with the status of the remaining nine items defined by SP&AS (set out on pages 5 – 7). In some cases progress during this reporting period has resulted in the remaining activity being advised as post-PC works only, e.g. Air Handling Units and Isolation Rooms. The most significant outstanding issue remains achieving compliance of water with the ADWG standards.	IPMO Weekly Reporting Update 11/04/17		