



**ACT**  
Government

Chief Minister, Treasury and  
Economic Development

## Freedom of Information Publication Coversheet

The following information is provided pursuant to section 28 of the *Freedom of Information Act 2016*.

FOI Reference: CMTEDDFOI 2019-087

Information to be published	Status
1. Access application	Published
2. Decision notice	Published
3. Documents and schedule	Published
4. Additional information identified	No
5. Fees	Waived
6. Processing time (in working days)	20
7. Decision made by Ombudsman	N/A
8. Additional information identified by Ombudsman	N/A
9. Decision made by ACAT	N/A
10. Additional information identified by ACAT	N/A



**ACT**  
Government

**Canberra Health  
Services**

## Freedom of Information – Access Application Form

### PRIVACY NOTICE

The personal information you supply on this form will only be used for the purpose of processing your request. Your application must include an email or postal address to which the respondent can send notices under the Act. If all or some of this information is not collected, Canberra Health Services may not be able to communicate with you, inhibiting their obligations under the Act. This could mean the request cannot be dealt with. Your personal information will not be disclosed to a third party without your consent unless statutory obligations require otherwise.

The Canberra Health Services Privacy Policy contains information on how you can access or seek to correct any of your personal information that is held by Canberra Health Services, as well as the process for lodging a complaint about an alleged breach of the *Information Privacy Act 2014*. The Privacy Policy can be found on the Canberra Health Services website at <http://www.health.act.gov.au>.

### Applicant details

I wish to make an access application to Canberra Health Services under the *Freedom of Information Act 2016*.

**Name**

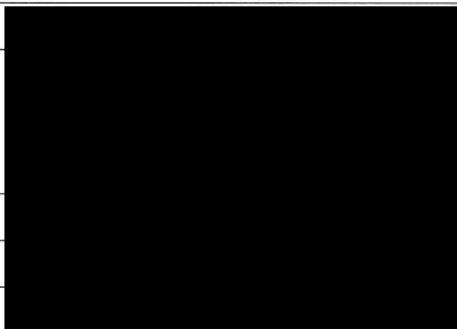
**Address**

(where notices relating to this request can be sent – either postal or electronic)

**Telephone Contact Office**

**Telephone Contact Mobile**

**Email Contact**



### What documents are you requesting under the Act?

- To help Canberra Health Services process your request, please include enough detail in your application so that we can fully understand what government information you want.
- You may wish to include a statement about how the release of information is in the public interest.
- If your application is for access to your own personal information you must include evidence of your identity. If you are an agent acting for an applicant, please supply evidence of your authorisation and evidence of the identity of the agent.
- If for reasons in section 30 of the Act is not compliant and your application cannot be processed, Canberra Health Services will take reasonable steps to assist you and give you reasonable time to amend your application if you wish.

I would like documents related to medical imaging records being transferred from a Siemens to an AGFA system in 2017 and 2018 (see scope)

a copy of these documents sent to the above address



**Fee Waiver**

If you wish to apply for a fee waiver, the Act sets out a number of provisions to do so:

- The information being requested was previously publicly available but no longer is.
- The information being requested is of special benefit to the public (Ombudsman guidelines see Section 66).
- The applicant is a concession card holder and demonstrates a material connection with the information requested (concession cards include a current health care or pensioner card issued under the Social Security Act 1991; a current pensioner concession card issued in relation to a pension under the Veterans' Entitlements Act 1986 or the Military Rehabilitation and Compensation Act 2004; a current gold card; or a card prescribed by regulation).
- The applicant is a not-for-profit organisation and the application relates to the activities or purposes of the organisation.
- The applicant is a member of the Legislative Assembly.

Canberra Health Services must waive any fees for providing information if the information was not publicly available and the agency makes the information publicly available before or within 3 working days after giving it to the applicant.

**Fee waiver application (fill in if applicable. Otherwise leave blank)**

I would like to apply for a fee waiver because (state reason/s from the list above).

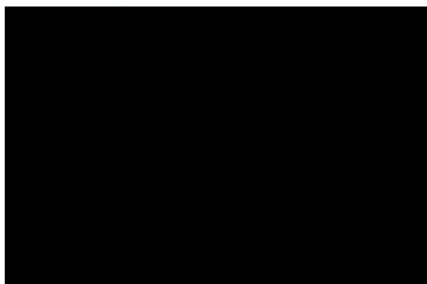
[Redacted]

APPLICANTS SIGNATURE	DATE OF REQUEST
[Redacted]	[Redacted]



# Scope of medical imaging records FOI request

- Documents dating from 1 January 2016 to 31 December 2018 related to the tender for an IT system for medical imaging records in the Canberra Hospital,
- Correspondence between Canberra Health Services, ACT Health, Siemens and AGFA regarding the transition of medical imaging records from a Siemens system to an AGFA system in 2017 and 2018.
- Reports prepared by consultants, Siemens, AGFA, or ACT Health staff about the transition process from the Siemens system to AGFA during 2017 and 2018 and related correspondence.








**ACT**  
Government

Chief Minister, Treasury and  
Economic Development

Our ref: CMTEDDDFOI2019-087



via email: 

Dear 

### **FREEDOM OF INFORMATION REQUEST**

I refer to your application received by ACT Health on 28 March 2019 and transferred to Chief Minister, Treasury and Economic Development Directorate (CMTEDD) on 10 April 2019. You are seeking access to "...documents related to medical imaging records being transferred from Siemens system to an AGFA system in 2017 and 2018" under the *Freedom of Information Act 2016* (the Act).

#### **Authority**

I am an Information Officer appointed by the Director-General under section 18 of the Act to deal with access applications made under Part 5 of the Act.

#### **Timeframes**

CMTEDD is required to provide a decision on your access application by 13 May 2019.

#### **Outcome of Documents Search**

A search of relevant areas within CMTEDD has resulted in a large number of documents that contain information within the scope of your request being found. Based on a review of the documents held, 17 third parties have been identified and based on a sample of some of the documents, I have determined that approximately 3500 pages would require review including 17 third party consultations to provide you with the information you have requested.

#### **Proposed Decision on Access**

Based on the number of pages and number of third parties to consult and the estimated time it would take to process your request, I am proposing to refuse to deal with this access application under s43(1)(a) of the Act.

I am satisfied that dealing with this request in its current form would require an unreasonable and substantial diversion of CMTEDD resources as outlined in s44(1)(a) of the Act, as the time taken to identify, collate, examine and potentially consult with 17 relevant third parties on the information held by CMTEDD would substantially inhibit the ability of the CMTEDD to exercise its functions.

### **Consultation Period**

Pursuant to s46(1) prior to refusing to deal with your request under s43(1)(a) of the Act, I am required to provide you with the opportunity to amend your application. The time allowed to allow you to amend your request under s46(4)(a) of the Act is 10 working days. You are required to amend the scope of your request by **20 May 2019**.

If no response is received from by COB **20 May 2019**, I will make a decision to refuse to deal with your application under s43(1)(a) of the Act.

Should you have any queries in relation to your request please contact me by telephone on 02 6207 7754 or email [CMTEDDFOI@act.gov.au](mailto:CMTEDDFOI@act.gov.au)

Yours sincerely,

A handwritten signature in black ink, appearing to read 'S. McBurney', with a stylized flourish at the end.

Sarah McBurney  
Information Officer  
Information Access Team  
Chief Minister, Treasury and Economic Development Directorate

6 May 2019



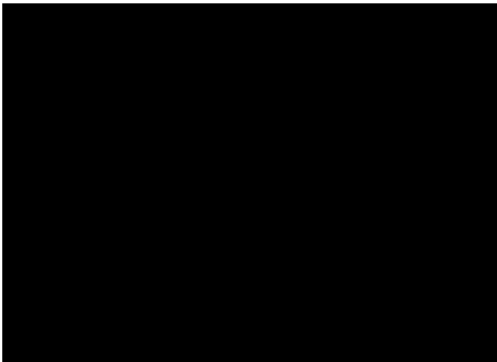
Ms Sarah McBurney  
Information Officer  
Information Access Team  
CMTEDD  
GPO Box 158  
CANBERRA ACT 2601

Dear Ms McBurney

I refer to your letter of 6 May 2019 in relation to my FOI request for documents relating to medical imaging records being transferred from the Siemens system to the AGFA system in 2017 and 2018.

I am prepared to limit the scope of this request to the following:

- Any final report assessing the adequacy of the Siemens system, and any associated recommendations to seek alternative systems;
- Any reports that analyse the suitability of the AGFA system, including any related recommendations;
- Any operational plans or scopes of works to (a) install the AGFA system; and (b) migrate data from the Siemens system to the AGFA system;
- Any reports or other de-briefing documents relating to post-migration analysis, including, but not limited to, problems that were encountered in the migration, data as to numbers of records successfully migrated, numbers of records lost in the migration process, numbers of records shown to be incomplete after migration and recommendations as to rectifying problems, recovering lost data and rectifying incomplete records; and
- Any final reports or other documents that lay out the on-going management and maintenance of the AGFA system.



Legislative Assembly for the Australian Capital Territory

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**ACT**  
Government

Chief Minister, Treasury and  
Economic Development

Our ref: CMTEDDFOI2019-087

[REDACTED]

via email: [REDACTED]

Dear [REDACTED]

### **FREEDOM OF INFORMATION REQUEST**

I refer to your application received by ACT Health on 28 March 2019 seeking access to information under the *Freedom of Information Act 2016* (the Act), specifically, "...documents related to medical imaging records being transferred from Siemens system to an AGFA system in 2017 and 2018".

On 6 May 2019 a letter proposing to refuse to deal with this access application under s43(1)(a) of the Act was sent to you giving you the opportunity to amend your application.

On 16 May 2019 you amended the scope of your request to the following:

- *"Any final report assessing the adequacy of the Siemens system, and any associated recommendations to seek alternative systems;*
- *Any reports that analyse the suitability of the AGFA system, including any related recommendations;*
- *Any operational plans or scopes of works to (a) install the AGFA system; and (b) migrate data from the Siemens system to the AGFA system;*
- *Any reports or other de-briefing documents relating to post-migration analysis, including, but not limited to, problems that were encountered in the migration, data as to numbers of records successfully migrated, numbers of records lost in the migration process, numbers of records shown to be incomplete after migration and recommendations as to rectifying problems, recovering lost data and rectifying incomplete records; and*
- *Any final reports or other documents that lay out the on-going management and maintenance of the AGFA system".*

On 6 June 2019 [REDACTED] clarified the above scope to:

- Any before analysis eg. Why we need to change to a new system (what doesn't work etc);
- Evaluation why AGFA is better than Siemens; and
- Documents relating to the migration – eg. How it went, any problems identified, what changes needed to be done to the AGFA system, any data lost.

### **Authority**

I am an Information Officer appointed by the Director-General of CMTEDD under section 18 of the Act to deal with access applications made under Part 5 of the Act.

### **Timeframes**

In accordance with section 40 of the Act, CMTEDD is required to provide a decision on your access application by 17 June 2019.

### **Decision on access**

Searches were completed for relevant documents and two documents were identified that fall within the scope of your request which cover points 1 and 2 above.

I am advised that documents relating to the point 3 above have already been provided been provided by the ACT Health Directorate. I am satisfied that appropriate searches were completed and that no documents relevant to your request are held by CMTEDD in relation to the data migration to the AGFA system.

I have decided to grant partial access to two documents. The information redacted in the documents is information that I consider to be, on balance, contrary to the public interest to disclose under the test set out in section 17 of the Act. Information not relevant to your request has also been redacted as out of scope material.

I have included as Attachment A to this decision the schedule of relevant documents. This provides a description of each document that falls within the scope of your request and the access decision for each of those documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as Attachment B to this letter.

In accordance with section 54(2) of the Act a statement of reasons outlining my decision is below.

### **Statement of Reasons**

In reaching my access decision, I have taken the following into account:

- the Act;
- the content of the documents that fall within the scope of your request; and
- the *Human Rights Act 2004*.

### **Exemption claimed**

My reasons for deciding not to grant access to the identified documents and components of these documents are as follows:

#### Public Interest

The Act has a presumption in favour of disclosure. As a decision maker I am required to decide where, on balance, public interests lies. As part of this process I must consider factors favouring disclosure and non-disclosure.

In *Hogan v Hinch* (2011) 243 CLR 506, [31] French CJ stated that when 'used in a statute, the term [public interest] derives its content from "the subject matter and the scope and purpose" of the enactment in which it appears'. Section 17(1) of the Act sets out the test, to be applied to determine whether disclosure of information would be contrary to the public interest. These factors are found in subsection 17(2) and Schedule 2 of the Act.

*Factors favouring disclosure (Schedule 2 section 2.1)*

Taking into consideration the information contained in the documents found to be within the scope of your request, I have identified that the following public interest factors in favour of disclosure are relevant to determine if release of the information contained within these documents is within the 'public interest':

- (a) *disclosure of the information could reasonably be expected to do any of the following:*
- (viii) *reveal the reason for a government decision and any background or contextual information that informed the decision.*

Having considered the factors identified as relevant in this matter, I consider that release of the information identified would provide you the background and contextual information of the tender process including evaluation and implementation of the project for the provision of an integrated radiology information system and picture archival communication system within the ACT Health Directorate. I am satisfied the information contained within these documents is within the public interest to release as they reveal the reason for a government decision and any background or contextual information that has formed that decision.

*Factors favouring non-disclosure (Schedule 2 section 2.2)*

As required in the public interest test set out in section 17 of the Act, I have also identified the following public interest factors in favour of non-disclosure that I believe are relevant to determine if release of the information contained within these documents is within the 'public interest':

- (a) *disclosure of the information could reasonably be expected to do any of the following:*
- (xi) *prejudice trade secrets, business affairs or research of an agency or person;*
  - (xiii) *prejudice the competitive commercial activities of an agency;*

When considering the documents and factors in favour of non-disclosure, the first factor I have considered relevant is the prejudice that could occur in releasing trade secrets, business affairs or research of an agency or person. In the case of *Re Mangan and The Treasury* [2005] AATA 898 the term 'business affairs' was interpreted as meaning 'the totality of the money-making affairs of an organisation or undertaking as distinct from its private or internal affairs'.

Having reviewed the documents identified, I am satisfied that the documents contain information related to two private organisations that were shortlisted as part of the tender process for the integrated radiology information system and picture archival communication system but were ultimately unsuccessful. The documents contain the business details and financial information provided by these organisations as part of the



tender process. I am satisfied that releasing this information would prejudice the business affairs of these organisations as the information would disclose financial information and business affairs that is not publicly available. In addition, these companies would not anticipate their information to be made public especially in an unsuccessful tender application.

The second factor I have identified as relevant in considering your access application are the competitive commercial activities of the Territory. The information contained in the RISPACS Replacement Contract Negotiation Strategy report at pages 52-54 and 56-59 consists solely of the strategy and process mapping used by ACT Health during contract negotiations to ensure the Territory's business requirements are met. If this information was released, it may enable members of the public to subvert or otherwise jeopardise the effectiveness of these strategies in future tender processes.

Having applied the test outlined in section 17 of the Act I have decided that the sensitive business and commercial information is not in the public interest to release. Accordingly, I have chosen to redact this specific information in accordance with section 50(2). Noting the pro-disclosure intent of the Act, I am satisfied that redacting only the information that I believe is not in the public interest to release will ensure the intent of the Act is met and will provide you with access to the majority of the information held by CMTEDD within the scope of your request.

### **Charges**

Pursuant to *Freedom of Information (Fees) Determination 2017 (No 2)* processing charges are applicable for this request because the total number of pages to be released to you exceeds the charging threshold of 50 pages. However, the charges have been waived in accordance with section 107 (2)(e) of the Act.

### **Online publishing – Disclosure Log**

Under section 28 of the Act, CMTEDD maintains an online record of access applications called a disclosure log. Your original access application, my decision and documents released to you in response to your access application will be published in the CMTEDD disclosure log after 20 June 2019. Your personal contact details will not be published.

You may view the CMTEDD disclosure log at:

<https://www.cmtedd.act.gov.au/functions/foi/disclosure-log>.

### **Ombudsman Review**

My decision on your access request is a reviewable decision as identified in Schedule 3 of the Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published on the CMTEDD disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman  
GPO Box 442  
CANBERRA ACT 2601  
Via email: [actfoi@ombudsman.gov.au](mailto:actfoi@ombudsman.gov.au)

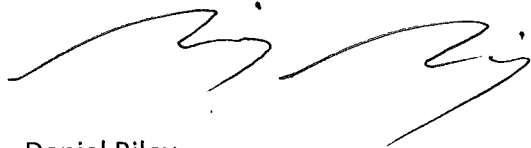
**ACT Civil and Administrative Tribunal (ACAT) Review**

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal  
Level 4, 1 Moore St  
GPO Box 370  
Canberra City ACT 2601  
Telephone: (02) 6207 1740  
<http://www.acat.act.gov.au/>

Should you have any queries in relation to your request please contact me by telephone on 6207 7754 or email [CMTEDDFOI@act.gov.au](mailto:CMTEDDFOI@act.gov.au).

Yours sincerely,



Daniel Riley  
Information Officer  
Information Access Team  
Chief Minister, Treasury and Economic Development Directorate

17 June 2019



**ACT**  
Government

Chief Minister, Treasury and  
Economic Development

## FREEDOM OF INFORMATION REQUEST SCHEDULE

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	Reference NO.
	Medical Imaging records being transferred from the Siemens system to the AGFA system 2017 and 2018.	CMTEDDFOI2019-087

Ref No	Page number	Description	Date	Status	Reason for Exemption	Online Release Status
1	1-14	RISPACS approval of tender evaluation	14 Sept 2016	Partial Release	Section 2.2(a)(ii)	Yes
2	15-59	RIS-PACS Evaluation Report	20 Feb 2017	Partial Release	Section 2.2(a)(ii) Section 2.2(a)(xiii)	Yes
<b>Total No of Docs</b>						
2						





**SUBJECT: RISPACS approval of tender evaluation.**

To: Shaun Strachan, A/g Deputy-Director-General, Corporate

Through: Chris Bone, Director of Operations

From: Mark Duggan, A/g Manager, Medical Imaging

Date: 14 September 2016

**Purpose**

This minute seeks your approval of the Tender Evaluation Report (Attachment A) for the Request for Expression of Interest (REOI) Stage of the RISPACS procurement activity currently underway. The Director General has approved for this process to occur as per Attachment B.

**Background**

ACT Health's existing Radiology Information System/Picture Archiving and Communication System (RISPACS) contract is coming to full term and accordingly in May 2016 it was decided that a procurement process would be undertaken to market test current RISPACS services being provided to ACT Health.

A two stage procurement process consisting of an REOI and RFP was agreed upon and undertaken. The REOI was released in June 2016 with 17 solutions provided by the responding vendors.

The vendor responses have been evaluated by the RISPACS EOI panel and based on the outcomes of the scoring undertaken by the panel there were three (3) vendor responses that were clearly superior once the scoring was finalized. The process and full breakdown of the evaluation is provided in the attached Tender Evaluation Report for the REOI stage of the procurement process.

## Recommendations

That you:

- Approve the finalisation of the first stage of the overall RISPACS procurement process

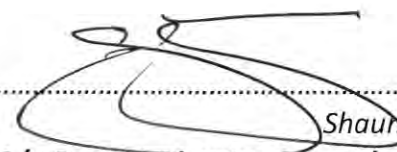
*AGREED/NOT AGREED/PLEASE DISCUSS*

- Approve the selection of the three highest scoring vendor responses to proceed to the shortlisted RFP stage.

*AGREED/NOT AGREED/PLEASE DISCUSS*

- Authorise the Tender team to move to the next stage of the procurement process, including the issuing of letters to the successful ~~and unsuccessful~~ vendors and the development of the RFP documentation.

*AGREED/NOT AGREED/PLEASE DISCUSS*

  
Shaun Strachan  
A/g Deputy Director-General, Corporate  
24, September 2016

Mark Duggan  
A/g Manager  
Medical Imaging  
Division of Operations

14 September 2016

*\* = Note comments in  
the TRT report; do not  
issue letters do not short  
listed parties at this juncture.*



## **TENDER EVALUATION REPORT**

**REQUEST FOR EXPRESSION OF INTEREST NO: 2016.27837.110**

**FOR THE PROVISION OF AN INTEGRATED RIS/PAC SOLUTION ("PROJECT")**

**ON BEHALF OF ACT HEALTH**

## TABLE OF CONTENTS

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## ATTACHMENTS

1. Approved Procurement Plan/ Evaluation Plan
2. Conformity of Tenders Schedule.
3. Details, Evaluation Criteria & Scoring Weightings – supporting info.
4. Pricing Analysis

**1. PURPOSE**

To seek approval to shortlist the following Tenderers for the second stage of the Request for Proposal (RFP) for the Provision of an Integrated RIS/PAC Solution from this two stage REOI process:

- (a) Agfa Healthcare Australia Pty Ltd;
- (b) 2.2(a)(ii)
- (c) 2.2(a)(ii)

**2. PROJECT BACKGROUND**

See attached approved Procurement Plan/ Evaluation Plan at **Attachment 1**.

**3. PROJECT DETAILS**

**Program**

The following timetable applies to the Project:

No	Tasks	Date
1.	REOI Advertised / Invited	10 June 2016
2.	Tenders Closed	7 July 2016
3.	Delegate Approval	August 2016
4.	Inform / Debrief Shortlisted Tenderers	August/September 2016

**Funding**

ACT Health has identified \$12 million from within the UCPH e-Health project authority to cover the costs associated with this procurement.

**4. PROBITY, DISCLOSURE OF CONFLICTS OF INTEREST & CONFIDENTIALITY**

All members of the Tender Evaluation Team have been asked to disclose any conflict of interest or association they might have with the Tenderers for the Project. No member has disclosed that he or she has a conflict of interest or association with any of the Tenderers.

Mark Duggan, a member of the Tender Evaluation Team declared he has contacts with almost all the tenderers in section 5 below, except for the 2.2(a)(xi), 2.2(a)(xi) on other projects prior to joining the ACT Health. The Chair of the Tender Evaluation Team determined that there is no conflict of interest and proceeded with inclusion of Mark Duggan on the Tender Evaluation Team for evaluation of tenders received for this Project.

All documents and proceedings of the Tender Evaluation Team have been treated as confidential.

**5. TENDERS RECEIVED**

The following Tenders were received.

No.	Company Name	ACN / ABN Check
1	Agfa Healthcare Australia Pty Ltd	126 260 473
2	2.2(a)(xi)	
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
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17		

**Late Response**

The tender closing date and time of this REOI was on 7 July 2016 at 2.00 pm. A late tender was received from 2.2(a)(xi) on the same day at 3.55pm. 2.2(a)(xi) has requested the TendersACT to open a late tender box and their email explanation is as follows:



*I have been trying to log on to the tender portal for the past hour, unsuccessfully. It was only in with my colleague discussions that we realised the tender time had passed.*

*The logon we were trying to use was the 2.2(a)(xi) account.*

*Our submission was/is complete and we would appreciate the opportunity to submit this tender in any format possible.*

The TET discussed how late this Tender was and the explanation given above. The 2.2(a)(xi) tender was admitted for evaluation by the TET on the basis that if the reasons given above were valid, then excluding this Tenderer may be viewed as an unfair decision.

### **Alternative Responses**

Alternative responses were not received.

### **Conformity of Tenders/ Compliance**

Report upon conformity / compliance issues are as set out in **Attachment 2** "Conformity of Tenders Schedule".

## **6. EVALUATION**

Tenders were evaluated in accordance with the endorsed Procurement Plan including applicable procurement guidelines.

### **STAGE 1: CONFORMANCE AND COMPLIANCE CHECK**

Tenders received were checked by the Conformance and Compliance Checking Team for formal conformance and compliance with the requirements (including a Regional SME check) of the REOI. Refer to **Attachment 2** "Conformity of Tenders Schedule".

### **STAGE 2: EVALUATION AGAINST THE WEIGHTED CRITERIA**

- (a) The assessment process for the weighted criteria required the assignment of numerical rating scores against each criterion. Initially as individuals, each TET member determined a score against the weighted criteria for each tender submission based on the information provided in the written material submitted at the close of tenders using the Scoring Regime (a score out of 10) as outlined in the Evaluation Plan/Procurement Plan.
- (b) The TET decided not to open the Pricing Schedules submitted by the Tenderers until the completion of all technical evaluation criteria numbers 1 to 6.

- (c) Scores submitted by all TET members for Criteria 1-6 were then averaged to inform development of a consensus score result for each criterion. The average scores were rounded up or down to the nearest 0.5 figure (*eg: an average score of 7.4 was rounded up to 7.5, whilst an average score of 6.2 was rounded down to 6.0*).
- (d) The TET discussed the resulting criterion score and negotiated an adjustment for some Tenderers' *Average Raw Scores*. The adjusted Average Raw Scores are included under the column heading of **Consensus Score** as set out in the **Attachment 3, Details, and Evaluation Criteria & Scoring Weightings – supporting info** (Risk Register/Comments Worksheet).
- (e) In the Evaluation Plan, it was stated that where any Tenderer is rated at a score of four (4) or below for any individual criterion except for SME criterion, they may (in absolute discretion of the TET) be excluded from further consideration where the TET considered the Responses represented an unacceptable risk to the Territory.
- (f) **Note:** For the pricing criterion 7, the TET decided to accept scores rated at a score of four (4) and below, since the pricing requested from Tenderers was indicative pricing, and hence their price is not considered to be the final pricing required for value for money assessment. The whole of life costing will be undertaken at the second stage of the REOI, when issuing an RFP to the shortlisted Tenderers.
- (g) On completion of all technical evaluation criteria, the TET opened the Pricing Schedules for analysing and assessing the value for money component of the indicative price submitted by the Tenderers (criterion 7).
- (h) A median score formula was used to allocate a score against the pricing submitted by each Tenderer. The score goes down by 10% higher than the median price, and goes up every 10% lower than the median price, with median price getting 5/10. Refer to Pricing Analysis at **Attachment 4, Pricing Analysis** for more details.
- (i) With regard to the Regional SME Criterion, the TET checked the Regional SME status of the each Tenderer and rated a score out of 5 against the Regional SME Criterion. The TET noted that almost all the Tenderers are not Regional SMEs and hence did not receive a score.
- (j) TET maintained a Risk register progressively, together with other comments against each criterion and updated it as TET progressed with the evaluation. Further details about Tenderers' claims for sub-contracting are also included in the Risk Register/Comments Worksheet at **Attachment 3**.

(k) The average Rounded Scores against the each Tenderer was determined at the TET sessions as follows:

No.	Company Name	Total Average Rounded Score for Criteria 1-8
1	Agfa Healthcare Australia Pty Ltd	52.50
2	2.2(a)(xi)	21.00
3		34.00
4		46.50
5		50.00
5		51.00
6		24.00
7		20.00
8		47.50
9		42.00
10		41.50
11		41.00
12		44.50
13		54.00
14		37.00
15		39.00
16		37.50
17		45.00

(l) The TET did not have to obtain clarifications from the Tenderers during the REOI process.

- (m) Tenderers that have been assessed as six (6) or higher against each of the weighted criteria except for Pricing Criterion [Criterion 7 – refer to item (f) above] and SME Criterion [Criterion 8 – refer to item (i) above] were shortlisted.
- (n) In this process, the declared evaluation criteria weighting (%) were multiplied against the agreed/consensus numerical 6-10 score that each tender submission achieved against each weighted criteria 1 to 6. The consensus numerical 6-10 score was not applicable for Criterion 7 and Criterion 8. The weighted scores were then combined to reach a 'total' weighted score for each considered tender response.
- (o) The list of the shortlisted Tenderers who received a score of 6 and above for Criterion 1-6 and their total weighted score for all Criteria 1-8 are as follows:

No.	Company Name	Total Weighted Score of Criteria 1-8
1	Agfa Healthcare Australia Pty Ltd	74.50
2	2.2(a)(xi)	75.25
3		66.00
4		66.50
5		63.75
6		67.50
7		73.25

- (p) As set out in the Evaluation Plan, the TET further short listed the above Tenderers to identify up to three highest scored Tenderers to be recommended to the Delegate for further participation in the RFP process (second stage of the REOI process). Accordingly, the following three Tenderers were identified as the highest total weighted score receivers. The TET noted that total weighted scores of the remaining four Tenderers were significantly below the scores of the highest three Tenderers.

No.	Company Name	Total Weighted Score of Criteria 1-8
1	Agfa Healthcare Australia Pty Ltd	74.50
2	2.2(a)(xi)	75.25
3		73.25

**STAGE 3: REFEREE CHECKS**

- (a) The TET decided not to seek referee comments during the REOI stage as it would not provide any added value in assessing the Tenders received.

**Summary of the Shortlisted Tenderers**

**Agfa Healthcare Australia Pty Ltd**

Agfa provided extensive background and information about their integrated RIS/PACS solution. The Tenderer also provided adequate proven experience in providing the proposed or similar solution. The TET is confident that the Tenderer can deliver a suitable solution for ACT health.

With regard to customising the proposed RIS/PACS to meet ACT Health's user requirements and contemporary Australian medical terminology, practice and privacy requirements, the Tenderer demonstrated details on the task based workflows showing an understanding of the requirements.

The Tenderer clearly understood the remote user access (including from mobile devices), SMS messaging and internal messaging component defining how it will be delivered. They have the capacity to provide training and support services however, the lack of ACT support detail provided by the Tenderer for training and support services were noted by the TET.

Overall this tender represents low risk.

2.2(a)(xi)

2.2(a)(xi) provided good evidence about their integrated RIS/PACS solution. The Tenderer also provided adequate evidence and experience in providing the proposed or similar solution. The TET is confident that the Tenderer can deliver a suitable solution for ACT health.

With regard to customising the proposed RIS/PACS to meet ACT Health's user requirements and contemporary Australian medical terminology, practice and privacy requirements, the Tenderer provided strong evidence and applicable development capability.

The Tenderer clearly understood the remote user access (including from mobile devices), SMS messaging and internal messaging component defining how it will be delivered. Also, their solution provides a very strong capability and functionality areas of strength that include SMS messages and critical results.

Whilst overall technical support looks solid, the lack of ACT support detail provided by the Tenderer for training and support services were noted by the TET.

Overall this tender represents low risk.

2.2(a)(xi)

2.2(a)(xi) provided good evidence about their integrated RIS/PACS solution including nuance imbedded into their solution. The Tenderer also provided adequate evidence and experience in providing the proposed or similar solution. The TET is confident that the Tenderer can deliver a suitable solution for ACT health.

With regard to customising the proposed RIS/PACS to meet ACT Health's user requirements and contemporary Australian medical terminology, practice and privacy requirements, the Tenderer provided strong evidence and applicable development capability.

The Tenderer clearly understood the remote user access (including from mobile devices), SMS messaging and internal messaging component defining how it will be delivered. Also, their solution provides a very strong capability and functionality areas of strength that include SMS messages and critical results.

Whilst overall technical support looks solid, the lack of ACT support detail provided by the Tenderer for training and support services were noted by the TET.

Overall this tender represents low risk.

## **7. DEBRIEFING OF UNSUCCESSFUL TENDERERS**

Letters will be sent to all unsuccessful Respondents and will include:

- appreciation for submitting an offer;
- regret that they were unsuccessful on this occasion;
- an offer to debrief; and
- the encouragement to submit offers in the future.



8. RECOMMENDATION

The Tender Evaluation Team recommends that the following three highest scored Tenderers be shortlisted for the second stage of the REOI to participate in the RFP process for the Provision of an Integrated RIS/PAC Solution:

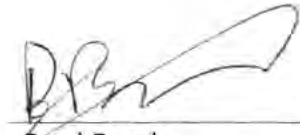
(a) Agfa Healthcare Australia Pty Ltd

(b) 2.2(a)(xi)

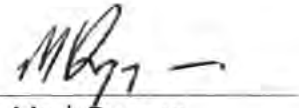
(c)



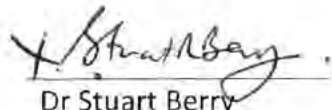
David Blythe  
Chairperson  
22/8/2016



Brad Burch  
Member  
23/8/16



Mark Duggan  
Member  
22/8/16.



Dr Stuart Berry  
Member  
28/8/16.



Jessica Griffiths  
Member  
23/8/16.



Peter McInerney  
25/8/16

9. DELEGATE APPROVAL

9.1. RECOMMENDATION

Tender Evaluation Team recommendation:

Approved / Not Approved / Requires Clarification.

The Tender Evaluation Team is authorised to:

- Issue letters to shortlisted Respondents to inform that they have been shortlisted to the RFP stage of the REOI process;
- Issue decline letters and provide a debriefing to unsuccessful Tenderers from the REOI stage; and
- arrange for a Statement of Requirements and an Evaluation Plan for the RFP stage for my approval.

*27.9.16,  
nb: Do not  
inform those  
unsuccessful for  
short listing. Do so  
at the end of the  
full process.*

Signature:

  
Name: Shaun Strachan

Date:

27.9.2016

Deputy-Director General  
Corporate

Position:

*Per delegate granted  
by 25 - DGC16/803  
27.9.2016.*

---

**CORRESPONDENCE COVER SHEET**

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**Correspondent:** Gale, Jamie

**Record Number:** COR17/2561

**Date Due:** .....

---

**Topic:** DDG Minute - RIS-PACS Proposal Evaluation Report for RFP V2 150217

---

<b>Action R required:</b>	Draft Response	No	Info Only	No	Brief to Minister	No
	Reply Directly	No	Action as Necessary	No	Comments to D-G	No
	Brief to D-G	No	For Discussion	No	Coordinate Response	No
	Action by Group	No	Advice	No	Full Speech	No
	Ministerial Response	No				

---

**Assignee:** Gale, Jamie since 20/02/2017 at 3:52 PM

---

**Comments for Cover Sheet:**

24/2 DDG ORP

27/2 DG

27/2 AO - complete.



**CORRESPONDENCE CLEARANCE**

**SUBJECT: DDG Minute - RIS-PACS Proposal Evaluation Report for RFP V2  
150217**

**NUMBER: COR17/2561**

**DATE DUE: -----**

Director-General - ACT Health: ----- *[Signature]* Date: *27/2/17*

Deputy Director-General - Corporate: ----- *[Signature]* Date: *27.2.17*

Deputy Director-General - Canberra Hospital & Health Services: ----- Date: -----

Deputy Director-General - Innovation: ----- Date: -----

Deputy Director-General - Quality, Governance and Risk: ----- Date: -----

Deputy Director-General - Population Health Protection & Prevention: ----- Date: -----

Contextually Correct <input checked="" type="checkbox"/>	Grammatically Correct <input checked="" type="checkbox"/>	Spell Checked <input checked="" type="checkbox"/>
Executive Director - Area name <u>Digital Solutions Division</u>	<i>[Signature]</i>	Date: <i>21 Feb 2017</i>

Senior Manager - Area name ----- Date: -----

Senior Manager, Ministerial and Government: ----- Date: -----

Senior Manager - Media and Strategic Communications: ----- Date: -----

Executive - Area name ----- Date: -----

Manager - Area name Medical Imaging *[Signature]* Date: *21/02/17*

Professional Leads: ----- Date: -----

Other: ----- Date: -----



**SUBJECT: RIS-PACS approval of Proposal Evaluation Report for Request for Proposal No 2016.27837.111**

To: Shaun Strachan, Deputy Director General, Corporate  
Through: Peter O'Halloran, Chief Information Officer  
From: Mark Duggan, A/g Manager, Medical Imaging  
Date: 21 February 2017

*Handwritten signature and date: 27/2/17*

**Purpose**

To seek Delegate approval of the recommendation from the Proposal Evaluation Team (PET) in the Proposal Evaluation Report (PER) (Attachment A) for a preferred Respondent for the provision of an Integrated Radiology Information System/Picture Archival Communication System (RIS-PACS) Solution. Secondly, to seek approval of the Contract Negotiation Strategy (Attachment B).

**Background**

ACT Health's existing RIS-PACS contract will expire soon and consequently in May 2016 it was decided that a procurement process would be undertaken to market test the current RIS-PACS ICT Systems being used at Canberra Hospital, Calvary Public Hospital and additional Medical Imaging requirements in X-Ray and Ultrasound onsite at the University of Canberra Public Hospital (UCPH).

A two stage procurement process consisting of a Request for Expression of Interest (REOI) and Request for Proposal (RFP) approach was agreed upon and undertaken.

During the first stage of the REOI process, the REOI Tender Evaluation Team (TET) recommended three Respondents be shortlisted to the RFP. The REOI Evaluation Report and the Addendum to the REOI Tender Evaluation Report (TER) relevant to this process were approved by the Delegate (DDG Corporate). The three shortlisted Respondents, Agfa Healthcare Australia Pty Ltd, <sup>2.2(a)(xi)</sup> and <sup>2.2(a)(xi)</sup> were issued with an RFP on 20 October 2016 to obtain a Commercial-Off-The-Shelf (COTS) solution for RIS-PACS and Voice Recognition Dictation system. The RFP closed on 10 November 2016.



The RFP evaluation was undertaken as per the Delegate approved Evaluation Plan (EP). The Conformance and Compliance Checking Team checked all responses against the RFP requirements in the Conformity of Proposals Schedule. The PET agreed that the three shortlisted Respondents met all the Mandatory Criteria using the RFP Respondent's Returnable Response Schedule to the Statement of Requirements.

The PET members individually evaluated each of the three conforming and compliant Respondents against each weighted evaluation criterion and rated a raw score for each criterion. The PET then met and determined an average raw score for each weighted criterion. Accordingly, the average raw score was weighted in accordance with the Scoring Weightings summarised in the EP. Then each Respondent's weighted criterion scores was summed up to obtain a total weighted score. Agfa's total weighted score was higher than 2.2(a)(xi)

The three shortlisted Respondents were invited to present and demonstrate their solution to the PET their proposed approach and solution capabilities as outlined in their proposal. The Respondent demonstrations were held on 7 December 2016. The Respondents were provided with 12 scenarios to address in their presentation. The Chair of the PET invited select Medical Imaging personnel as observers during the presentations.

Subsequently, the PET revisited and adjusted the previous weighted scores with Agfa's score increasing by 1.1, and 2.2(a)(xi) scores decreasing by 0.9 each. It was also noted that Agfa Healthcare Australia Pty Ltd's solution was more intuitive, provided more clarity on RIS-PACS integration and functionality, and was easy to use.

The Respondents' pricing information was not opened and reviewed until scoring against the weighted evaluation criteria was completed. The pricing comparisons are summarised on Pages 9 and 10 of Attachment A.

The PET conducted reference checks at the completion of the demonstrations, using a set of agreed questions and all responses were documented. The referee checks were used strictly to verify claims made by the Respondents in their responses to the RFP. Kingsway Financial Assessments (Veda Group Ltd) assessed all three Respondents' financial viability. Agfa came ahead of 2.2(a)(xi)

As the Proposals from the three shortlisted vendors were evaluated any documented risks during the evaluation process were set out in the Risks/Issues Register. The PET made an assessment based on the evaluation outcomes, review of the total price, any major risks and due diligence undertaken by the members.

At the conclusion of the RFP evaluation process and as outlined in the PER, the PET recommends that Agfa Healthcare Australia Pty Ltd be nominated as the preferred Respondent as their proposal represents the best value for money for The Territory.



Furthermore, the PET recommends that the Territory be authorised to enter into contract negotiations with particular sought as outlined in (Attachment B) RIS-PACS Contract Negotiation Strategy.

The Contract Negotiation Strategy (Attachment B) lists the processes and framework for the Territory (ACT Health Directorate) to undertake Contract Negotiations with the preferred Respondent for the provision of an Integrated RIS-PACS Solution. The strategy will support control and limit risk during the contract negotiation process by outlining the negotiation process, the roles and responsibilities, key discussion points and Territory starting positions and importantly the schedule of events before negotiations begin. Members of the Contract Negotiation Team have been briefed and agree to the approach.

<b>Negotiation Team Members</b>	<b>Role</b>
Peter O'Halloran	Lead Negotiator Contracts, Technical, Strategy (CIO)
Mark Duggan	Lead Negotiator Business (Manager, Medical Imaging)
Peter Jeffrey/Peter McNiven <sup>1</sup>	Technical (SSICT, ICT Health Managers)
Nick Crossley	Facilitator/Secretariat (Project Manager)
Dave Purser	Procurement advice, support & maintenance contract advice (Director PCW Goods & Services Procurement)

Where required, the Negotiation Team will be assisted by External Advisors:

<b>External Advisor</b>	<b>Role</b>
John Cockburn (Radiologist)	Radiologist (Senior User/Senior Supplier)
Greg Hollis (Director, Emergency Medicine)	Customer (Senior Customer)
Scott Barrett (RIS-PACS Manager, Radiology)	Manager of Support and Maintenance of RIS-PACS Solution
Sanaz Mirzabegian (ACT Government Solicitor)	Legal, Contract, approval of final contract terms
Ryan Mavin (ACT Health, Architecture Design Authority)	Technical, Architecture, Strategic Technical oversight
Sarah Norton (Program Manager)	Senior Project Management Digital Solutions Division

The External Advisors will be briefed on the contract negotiation status and current issues on a weekly basis or when required by the contract negotiation team. If, at the time of conducting the negotiation/s, a panel member is unavailable an alternative panel member with comparable experience and knowledge will be identified.

<sup>1</sup> Peter Jeffrey is on leave in March 2017, Peter McNiven will act in his place

## Issues

As noted in the RIS-PACS Carestream Health Australia Pty Ltd re-evaluation Minute (COR17/471), there was a three week delay in completing the PER as <sup>2.2(a)(xi)</sup> requested a re-evaluation of their REOI response. Details are outlined in the Addendum to the REOI TER.

## Recommendations

That you:

- Note the information contained in the Proposal Evaluation Report (Attachment A)

~~NOTED~~/PLEASE DISCUSS

- Sign and approve the recommendation specified in the Proposal Evaluation Report (Page 15 of Attachment A)

~~AGREED~~/NOT AGREED/NOTED/PLEASE DISCUSS

- Sign the Approval for Confidential Text disclosed by the Respondent as contained in their Proposal (Page 16 of Attachment A)

~~AGREED~~/NOT AGREED/NOTED/PLEASE DISCUSS

- Approve the Contract Negotiation Strategy (Attachment B) and authorise the Territory Contract Negotiation Team to undertake the contract negotiations

~~AGREED~~/NOT AGREED/NOTED/PLEASE DISCUSS

*Sarah Norton*  
27/2/17  
*noted + agreed*

Sarah Norton 50412

Digital Solutions Division

21 February 2017

*Shaun Strachan*  
Shaun Strachan  
Deputy Director General, Corporate

*Shaun* February 2017



**ACT**  
Government

## **PROPOSAL EVALUATION REPORT**

**REQUEST FOR PROPOSAL No 2016.27837.111  
FOR THE PROVISION OF AN INTEGRATED RADIOLOGY INFORMATION  
SYSTEM AND PICTURE ARCHIVAL COMMUNICATION SYSTEM (RIS - PACS  
SOLUTION) ("PROJECT")**

**ON BEHALF OF**

**ACT HEALTH DIRECTORATE**



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## ATTACHMENTS

Appendix 1	Approved Evaluation Plan
Appendix 2	Conformity of Proposals Schedule
Appendix 3	Details, Evaluation Criteria & Scoring Weightings
Appendix 4	Risks/ Issues Register
Appendix 5	Presentations / Demonstrations Invitation Letters
Appendix 6	Pricing Comparison
Appendix 7	Referee Reports
Appendix 8	Financial Viability Assessment Summary and Outcome
Appendix 9	REOI Evaluation Report
Appendix 10	Addendum to the REOI Evaluation Report

## 1. PURPOSE

The purpose of this Proposal Evaluation Report is to seek approval for the engagement of Agfa Healthcare Australia Pty Ltd, ACN 126 260 473 to commence implementation of the Project.

## 2. PROJECT BACKGROUND

ACT Health's existing Radiology Information System/Picture Archiving and Communication System (RIS - PACS) contract is soon to expire and with the additional services due for University of Canberra Public Hospital (UCPH). It was an opportune time to test the market's capability to provide an innovative and modern solution to support our medical imaging requirements. With the UCPH, a new sub-acute facility in Bruce ACT, coming online in 2018 there will be additional medical imaging requirements in X-Ray and Ultrasound onsite at UCPH.

This procurement process involved a two stage Request for Expression of Interest (REOI) and Request for Proposal (RFP) approach to identify and engage with the private sector with the intention to enter into a long term contract for an Integrated (RIS - PACS) Solution with ACT Health.

On completion of the first stage of REOI, the Proposal Evaluation Team recommended that three Respondents be shortlisted in to the second stage of the RFP and the Delegate, ACT Health approved the REOI Evaluation Report. A copy of the REOI Evaluation Report is at **Appendix 9**.

ACT Health issued an RFP to the following three shortlisted Respondents to obtain a Commercial-Off-The-Shelf (COTS) solution for (RIS - PACS) and Voice Recognition Dictation system on 20 October 2016 and subsequently closed on 10 November 2016.

The three Respondents are;

- (a) Agfa Healthcare Australia Pty Ltd;
- (b) 2.2(a)(xi) [REDACTED] and
- (c) 2.2(a)(xi) [REDACTED]

The three Respondents were invited to:

- (a) implement a seamless RIS - PACS and Voice Recognition Dictation product solution which meets ACT Health's medical imaging department's technical and user requirements, including network design and application configuration;
- (b) provide 24/7 product support and Australian based training services for the contract term; and
- (c) provide regular maintenance, periodic upgrades and system diagnostics for the contract term.

The delegate approved the Evaluation Plan to evaluate the Responses submitted by Respondents and signed the Evaluation Plan at **Appendix 1**. Subsequently, the delegate approved to change one of the Proposal Evaluation Team members outlined in page 2 of the Evaluation Plan, that is, Dr Murali Guduguntla to be replaced with Dr Peter Foley through an email dated 11 November 2016 at 10:19am.

The evaluation of RFP completed late December 2016 and the process undertaken is outlined in section 7 below.

In the meantime, the letters of decline were issued to 12 unsuccessful REOI Tenderers on 17 November 2016, which included 2.2(a)(xi)

A debrief session was held for 2.2(a)(xi) on 20 December 2017. 2.2(a)(xi) were informed that they submitted a late tender on 07/07/2016 at 3.03 PM; however, the Evaluation team admitted their tender for evaluation. Due to the reason they did not submit the Returnable Schedules, and did not address the evaluation criteria, their submission did not attract a good score. As a result, their tender was not shortlisted to submit a proposal for the second stage of RFP.

On completion of 2.2(a)(xi) debrief session on the 20 December 2016; an email was received from 2.2(a)(xi) representative indicating that they submitted the Returnable Schedules.

The Territory re-evaluated the 2.2(a)(xi) Tender and the details of this evaluation including recommendation made by the Tender Evaluation Team were outlined in an Addendum to the Evaluation Report at **Appendix 10**. After re-evaluation, the Tender Evaluation Team did not recommend the short listing of 2.2(a)(xi) for the second stage of the REOI to participate in the RFP process for the Provision of an Integrated RIS/PACS Solution.

The following three Tenderers who received the highest total weighted scores remained without any change:

- (a) Agfa Healthcare Australia Pty Ltd;
- (b) 2.2(a)(xi)
- (c) 2.2(a)(xi)

### 3. PROJECT DETAILS

#### Program

The following timetable applies to the Project:

No	Tasks	Date
1.	Proposals Released to three shortlisted Respondents	20/10/2016
2.	Proposals Closed	10/11/2016
3.	Delegate Approval	January 2017



4.	Issue Preferred Respondent Letter and Unsuccessful Letters	January 2017
----	--	--------------

**Funding**

Funds have been identified from within the UCPH e-Health project authority, ACT Health to cover the costs associated with this procurement.

**4. PROBITY, DISCLOSURE OF CONFLICTS OF INTEREST & CONFIDENTIALITY**

All members of the Proposal Evaluation Team have been asked to disclose any conflict of interest or association they might have with the Respondents for the Project. No member has disclosed that he or she has a conflict of interest or association with any of the Respondents.

All documents and proceedings of the Proposal Evaluation Team have been treated as confidential.

**5. PROBITY ADVISOR**

ACT Government Solicitors Office was engaged to provide Probity advice as required for this project.

**6. PROPOSALS RECEIVED**

The following Proposals were received.

- (a) Agfa Healthcare Australia Pty Ltd                      ACN 126 260 473
- (b) 2.2(a)(xi)
- (c) [REDACTED]

Late Proposals were not received.

Alternative Proposals were not received.

**Conformity of Proposals/ Compliance**

Refer to Report upon conformity and compliance issues as set out in **Appendix 2**, "Conformity of Proposals Schedule".

**7. EVALUATION**

Proposals were evaluated in accordance with the approved Evaluation Plan at **Appendix 1** and applicable procurement guidelines.

**STAGE 1: CONFORMANCE AND COMPLIANCE**

Responses received were checked by the Conformance and Compliance Checking Team for formal conformance and compliance with the requirements of the RFP as set out in **Appendix 2**, "Conformity of Proposals Schedule". The following details were checked:

- (a) **Price Exclusion** - The Conformance and Compliance Checking Team (the Team) checked all Proposals received for the RFP to confirm no pricing information has been included in any part of the Proposals submitted. Where pricing is included, the Conformance and Compliance Checking Team redacted the pricing information.
- (b) The Team checked whether the Responses were:
  - (i) at variance with or does not respond to or does not fully conform and comply with any requirement of the RFP; or
  - (ii) contains erasures or is illegible.

The Proposal Evaluation Team (PET) admitted all three Responses received for evaluation and did not consider them as nonconforming.

- (c) The Team screened all Responses to ensure Respondents meet the **Mandatory Criteria** using the RFP Respondent's Returnable Response Schedule to the Statement of Requirements and noted that all Mandatory Criteria were met by the three Respondents. However, the PET was informed to review each Mandatory Criteria in order to make a final decision that the Respondents met the Mandatory Criteria. Accordingly, the PET made a decision that all the Respondents met all the Mandatory Criteria.

On completion of the Conformance and Compliance Check, the Team provided the Conformity of Proposal Schedule at **Appendix 2** to the Chair of the Evaluation Team for review.

During **Stage 1**, a Risk Register was created in order to record possible contract negotiation issues as the evaluation progresses. Refer to **Appendix 4** for the Risks/Issues Register.

#### **STAGE 2 (A): EVALUATION AGAINST THE WEIGHTED CRITERIA**

- (a) Each conforming and compliant Proposal was evaluated by individual PET Members against each weighted evaluation criterion, and rated a raw score out of 10 for each criterion.
- (b) The PET did not have to request any advice from additional technical Advisors when determining their raw score for each weighted criterion. The PET met and determined raw scores against each weighted criterion.
- (c) The raw scores for each weighted criterion was then summed and divided by the total number of PET members, resulting in an average raw score for each weighted criterion.
- (d) The average raw score of each weighted criterion was then weighted in accordance with the weightings identified in the Evaluation Plan /RFP. Then the weighted criterion scores of each Respondent was summed to obtain a total weighted score for each Response.

The weighted scores of the each Respondent are as follows:

Number	Respondent's Name	Total Weighted Score
1	Agfa Healthcare Australia Pty Ltd	74.78
2	2.2(a)(xi)	65.91
3		67.29

- (e) Refer to **Appendix 3** for further details of Evaluation Criteria, and Scoring Weightings provided to each Respondent.
- (f) The PET did not have to obtain any clarification questions from Respondents during stage 2(A) evaluation period.
- (g) Identified risks for each Proposal was progressively added to the Risks/ Issues Register at **Appendix 4** for reference throughout the tender evaluation and, and during contract negotiations with the preferred Respondent.

**STAGE 2 (B) PRESENTATIONS/DEMONSTRATIONS**

- (a) In Stage 2 (B) all three Respondents were invited to provide a presentation/ demonstration, presenting their proposed approach and the capabilities of the solution being offered.

Presentations/ demonstrations covered only what has been outlined in the Proposal. Accordingly, the PET provided all Respondents with 12 scenarios to be addressed in the presentation. The letters of invitation and Addenda issued to the three Respondents are at **Appendix 4**.

- (b) Based on the presentations/ demonstrations, the PET were able to revisit and adjust the weighted scores already determined using the following mechanism:
  - (i) Presentation/ Demonstration decreases the total weighted score assessment – weighting 0.9
  - (ii) Presentation/ Demonstration supported the total weighted score assessment – weighting 1.0
  - (iii) Presentation/ Demonstration increased the total weighted score assessment – weighting 1.1
- (c) The Chair of the Evaluation Team invited the following personnel to be presented at the Presentation/ Demonstration sessions as observers, in addition to the PET Members:
  - (i) Greg Morley, CNC, Medical Imaging
  - (j) Jeannie Dumbrell, Supervisor, Medical Imaging

- (k) Ashley Hoolihan, Health Professional, Medical Imaging
  - (iii) Jessica Griffiths, Project Officer, Medical Imaging
  - (iv) Melissa Devries, Personal Assistant, Medical Imaging
- (d) On completion of the three Respondents' Presentations/ Demonstrations, the following comments received from the observers:
- (i) Agfa Healthcare Australia Pty Ltd
    - The observers indicated that they were very positive with this solution and liked the usability of the application including the work boards. All observers were comfortable with the proposed integration. Jeannie/Ash wanted to ensure support was appropriate and that there was a plan for downtime.
  - (ii) 2.2(a)(xi)
    - The observers indicated that they were very concerned about how clunky the solution looked, also concerns around the workflow and very concerned about the lack of integration.
  - (iii) 2.2(a)(xi)
    - The observers indicated that they were very concerned about the Respondent's lack of attention to presenting the 12 scenarios. All feel that based on what was presented it was a product better suited to the private sector.
- (e) The PET noted the following observations:
- (i) Agfa Healthcare Australia Pty Ltd (Agfa)
    - Product appeared to be very intuitive.
    - Provided further clarity on RIS-PACS integration and functionality.
    - Clearly demonstrated the product's ease of use.
  - (ii) 2.2(a)(xi)
    - Did not demonstrate the ease of use of the product. Appeared clunky.
    - There was concern with integration. RIS did not appear to be linked to PACS as seamlessly as described.
    - Billing example not understood – created confusion amongst the PET and observers.
    - Cluttered nature of RIS raised concerns about patient safety.



(iii) 2.2(a)(xi)

- Observed issues with the voice recognition application. Did not appear to be integrated as well as the other presentations.
- Did not demonstrate full understanding of the scenarios. The Respondent's approach confused the PET and observers.
- The separate focus on RIS and PACS was an issue. PET was unclear to see how well they were integrated.
- Response had noted on-shore support but phone-in presenters from the US did not engender confidence in this expectation.

(f) Based on the above rationale, the PET adjusted the total weighted scores of the Respondents as follows and the details are as outlined in the Table below:

- (i) Agfa - Increased the weighted score by 1.1
- (ii) 2.2(a)(xi) - Decreased the weighted score by 0.9
- (iii) - Decreased the weighted score by 0.9

Number	Respondent's Name	Total Weighted Score	Total Score Assessment	Adjusted Total Weighted Score
1	Agfa Healthcare Australia Pty Ltd	74.78	Weighting Increased by 1.1	82.26
2	2.2(a)(xi)	65.91	Weighting decreased by 0.9	59.32
3		67.29	Weighting decreased by 0.9	60.56

**STAGE 3: PRICE EVALUATION**

- (a) Two envelope system was used for this procurement project. The pricing information provided by Respondents was not opened and reviewed until scoring against the weighted evaluation criteria has been completed. Once the Weighted Criteria evaluation was completed as per stages 2 above, the Respondents' separate pricing files were opened by the PET.
- (b) The PET analysed the Pricing and noted the following information:
  - (i) Agfa offered an option that excluded hardware, which will not form part of this evaluation.
  - (ii) Agfa's support includes hardware upgrades in year 5 and 7 unlike the other two Respondents, which made their proposal more attractive.
  - (iii) Agfa's quote for data migration appears to be very low.

- (iv) 2.2(a)(xi) pricing schedule provided a lump sum figure for Workstations and peripherals hardware whereas Agfa provided a breakdown of the costs, which helped the Evaluation team to get a better understanding of their offering.
- (v) 2.2(a)(xi) has a different pricing model for Software and Maintenance and Support. They included this with the software licensing fees over the term of the contract, ie, 5 or 7 years. Also, the Respondent did not include the majority of hardware costs. Hence, an indicative figure has been provided by an SSICT Solution Architect for the hardware support component which was included in the 2.2(a)(xi) pricing for comparison purposes only.
- (vi) 2.2(a)(xi) provided options for PowerScribe priced at 2.2(a)(xi) upfront and 2.2(a)(xi) for ongoing maintenance and support, however the other two Respondents, included these pricing in their Software offering.
- (vii) 2.2(a)(xi) offer their business intelligence software (Tableau) separately for 2.2(a)(xi) and 2.2(a)(xi) for ongoing maintenance and support.
- (viii) The Risks/ Issues register at **Appendix 4** was updated.

(c) The following table set out the total costs of each Respondent.

	Agfa (GST inclusive)	2.2(a)(xi) (GST inclusive)	2.2(a)(xi) (GST inclusive)
Initial Period of 3 years	\$5,049,743.72	\$6,387,685.63	\$5,095,644.30
Total period of 5 years (if 1 <sup>st</sup> Option is undertaken)	\$6,836,635.03	\$8,173,316.97	\$7,786,716.18
Total period of 7 years (if 2 <sup>nd</sup> Option is undertaken)	\$9,011,898.29	\$10,092,450.96	\$10,210,344.49

**Note:** The PET made some assumptions to 2.2(a)(xi) pricing as outlined in clause (v) above to obtain their total cost.

- (d) The detailed pricing comparison undertaken by the PET is at **Appendix 6**.
- (e) The Risks/ Issues register at **Appendix 4** was updated.

**STAGE 4: REFEREE CHECKS**

- (a) On completion of the Presentations/Demonstrations, the PET decided to obtain referee comments.
- (b) A set of questions were agreed to be asked from referees and all questions and responses were documented. Please refer to Referee Reports at **Appendix 7** for further information.

- (c) Referee checks were used only to verify the claims made by a Respondent in response to the RFP. Referee checks were not used to introduce new or additional information, not included in the tender, into the evaluation.
- (d) To reflect information received from referees, the PET decided not to adjust the comments and/or criterion average scores from the evaluation, but identify any risks/ issues.
- (e) The PET did not come across with any other risks or issues to update the Risks/ Issues Register.

#### **STAGE 5: FINANCIAL VIABILITY**

- (a) The assessment of the financial viability of all three Respondents was undertaken by engaging Kingsway Financial Assessments (Veda Group Ltd) under the Whole of Government Financial Assessment Services Panel contract, in order to confirm their financial viability to deliver the services.
- (b) The Veda Group Reports have identified the following outcome:
  - (i) Agfa Healthcare Australia Pty Ltd – The Company has been assessed as “**Good**” with an overall outcome score of 76%.
  - (ii) 2.2(a)(xi) – The Company has been assessed as “**Good**” with an overall outcome score of 71%.
  - (iii) 2.2(a)(xi) The Company has been assessed as “**Acceptable**” with an overall outcome score of 60%.
- (c) The Executive Summaries and Financial Assessment Outcome pages of the three Reports are at **Appendix 8**.
- (d) The PET did not have to update the Risks/Issues Register.

#### **STAGE 6: RELATIVE RISK EVALUATION**

- (a) A risk evaluation of each Proposal was undertaken, taking into account any risks documented during the evaluation process including consideration of the associated risk between the weighted score and the pricing analysis, referee comments and financial viability assessment as set out in the Risks/ Issues Register at **Appendix 4**.
- (b) A risk evaluation/assessment included the level of risks transferred to the Directorate, any assumptions underpinning the prices provided, which were relevant to evaluating the costs associated with provision of the procurement and the impact upon achieving overall value for money.



### **STAGE 7: VALUE FOR MONEY**

- (a) Value for money was assessed by the PET by taking into account the preceding evaluation outcomes, analysis of the total price, any significant risks identified in relation to the tender including risks based on the outcome of referee reports and financial viability assessments undertaken as set out in the Risks/ Issues Register at **Appendix 4**, and any due diligence undertaken by the PET.
- (b) The best potential value for money was represented by the Response with the highest Total Weighted Score, a reasonable Price and minimal risks.
- (c) Following its value for money deliberations the PET decided on the preferred Respondent, Agfa Healthcare Australia Pty Ltd, which provided the best potential Value for Money. The PET did not rank the other two Respondents as preferred Respondents under this evaluation process.

### **STAGE 8: TENDER EVALUATION REPORT**

- (a) The PET finalised this Proposal Evaluation Report reflecting the various stages indicated above.
- (b) This Proposal Evaluation Report is providing the Delegate with a recommendation on the preferred Respondent for final approval.

### **POST TENDER (CONTRACT) NEGOTIATIONS**

Following Delegate approval, the PET will undertake any negotiations, if required, in accordance with the recommendations in the Evaluation Report or as instructed by the Delegate.

#### **8. DEBRIEFING OF UNSUCCESSFUL RESPONDENTS**

Letters will be sent to all unsuccessful Respondents and will include:

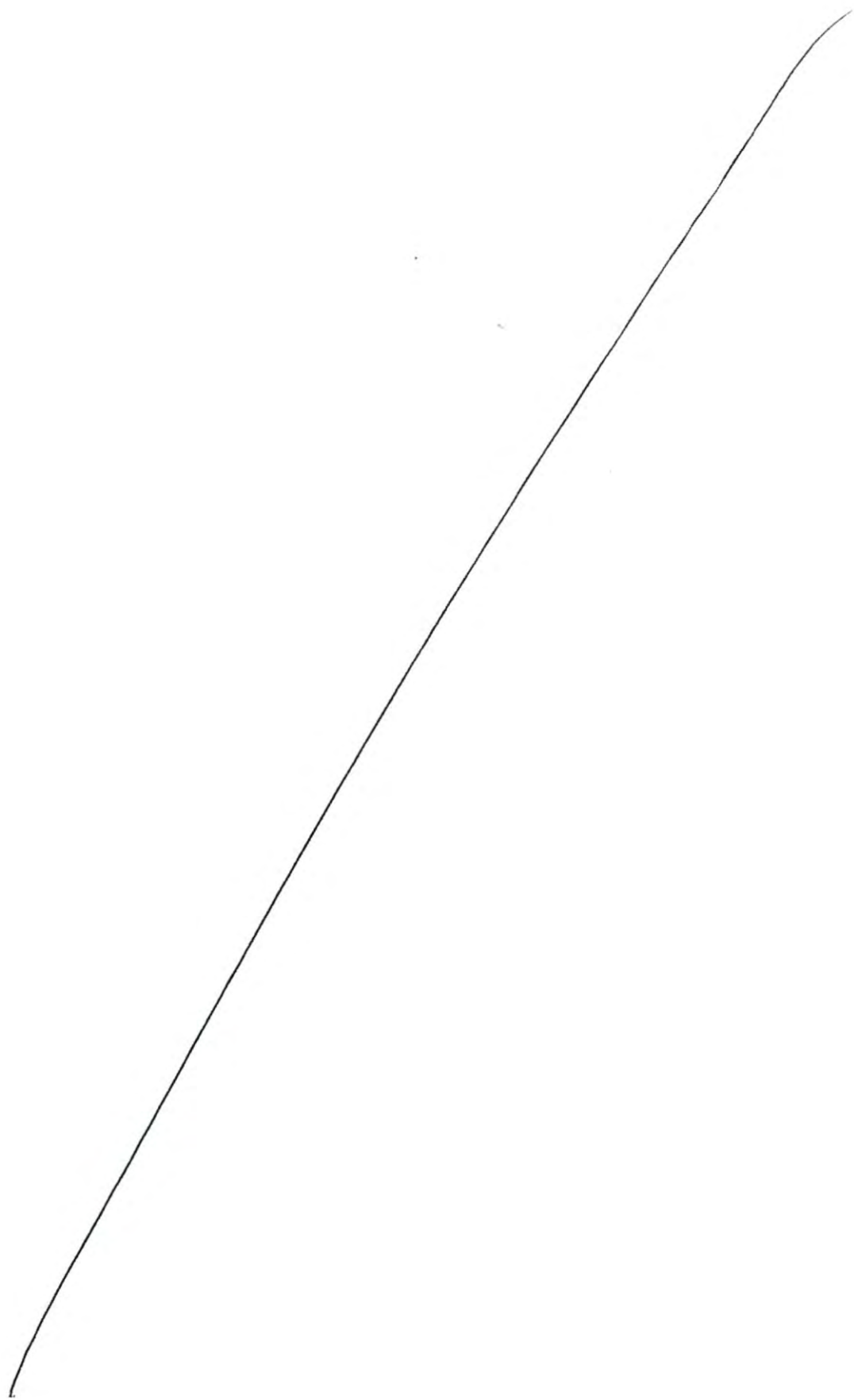
- appreciation for submitting an offer;
- regret that they were unsuccessful on this occasion;
- an offer to debrief; and
- encouragement to submit offers in the future.

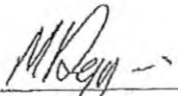
#### **9. RECOMMENDATION**

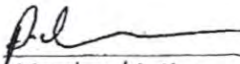
The Proposal Evaluation Team (PET) recommends that Agfa Healthcare Australia Pty Ltd be nominated as the preferred Respondent as this Proposal represents the best value for money. The GST inclusive total cost price of Agfa Healthcare Australia Pty Ltd's solution is as set out below:

<b>For the Initial period of 3 years</b>	\$5,049,743.72
<b>Total period of 5 years (if 1<sup>st</sup> Option is undertaken)</b>	\$6,836,635.03
<b>Total period of 7 years (if 2<sup>nd</sup> Option is undertaken)</b>	\$9,011,898.29


The PET recommends that the Territory be authorised to enter into contract negotiations as per the RIS-PACs Contract Negotiation Strategy.



  
Chairperson  
Mark Duggan  
18/11/17

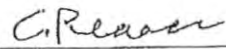
  
Member / Acting  
Chair person  
Peter O'Halloran  
18/11/2017

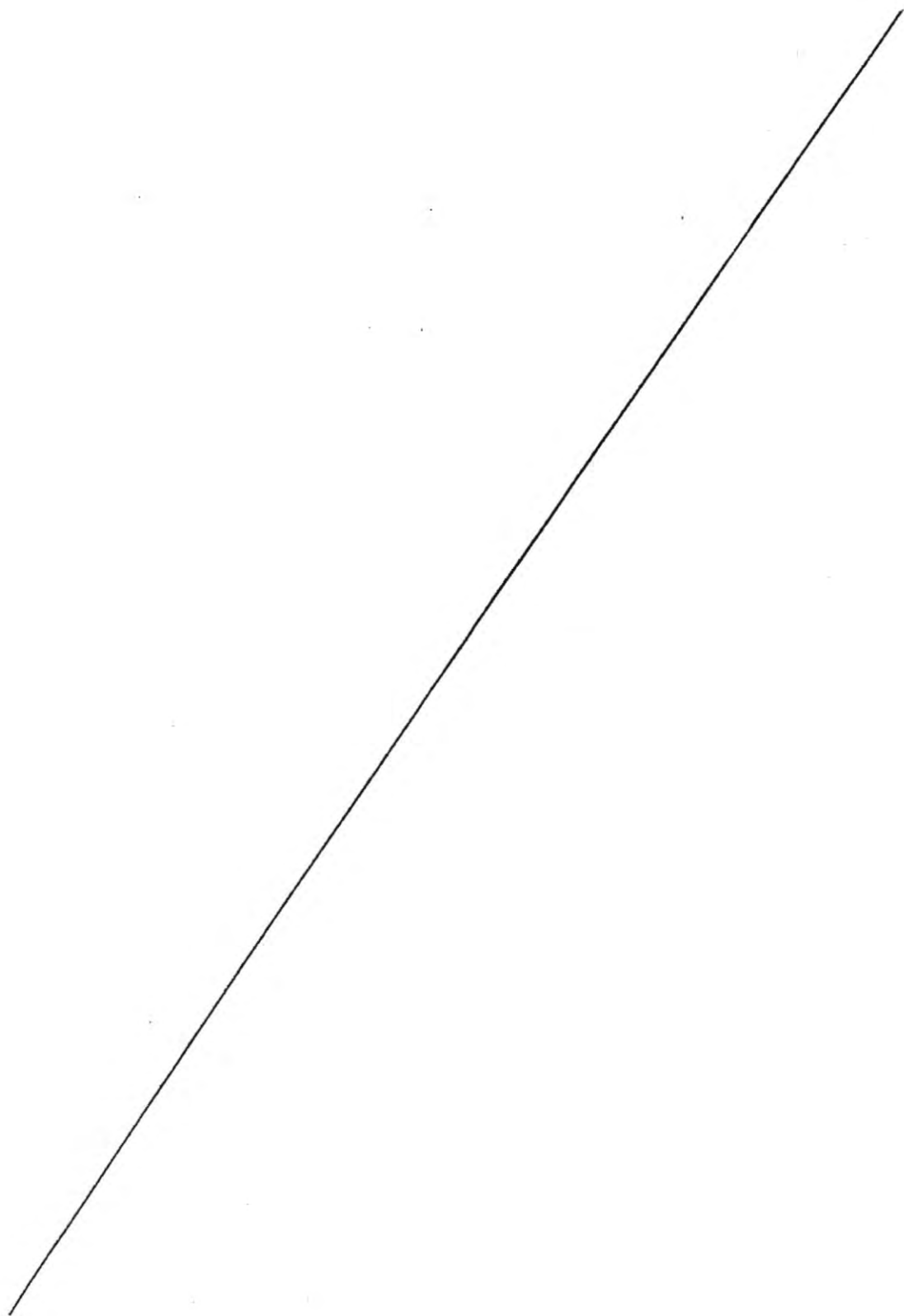
  
Member  
Peter Foley  
20/11/2017

  
Member  
Peter McNiven  
18/11/17

  
Member  
James Green  
20/11/2017

  
Member  
Hammam Hijazi  
19/11/17

  
Member  
Christopher Pearce  
18/11/17




**10. DELEGATE APPROVAL**

Proposal Evaluation Team recommendation:

**Approved / Not Approved / Requires Clarification.**

The Proposal Evaluation Team is authorised to:

1.	Enter into contract negotiations with the preferred Respondent within the parameters outlined in their recommendation.	<input type="checkbox"/>
2.	Arrange for a contract to be prepared between the Territory and the preferred Respondent, provided the outcomes of the contract negotiations are successful as outlined in the PET's recommendation.	<input type="checkbox"/>
3.	Provide a debriefing to unsuccessful Respondents following contract execution.	<input type="checkbox"/>

Signature:  Date: 27.2.17.  
Name: Shaun Strachan Position: Deputy Director General, Corporate



**11. DIRECTOR GENERAL APPROVAL FOR CONFIDENTIAL TEXT**

As part of the Proposal process, Agfa Healthcare Australia Pty Ltd has requested under section 34(1)(a) of the *Government Procurement Act 2001* (GPA) that selected contents of their Proposal including as identified below are to be kept confidential.

- (a) All mentioned AGFA HealthCare personnel;
- (b) The individual components of the pricing schedule;
- (c) The AGFA HealthCare Enterprise Imaging - Short Term Roadmap provided in Appendix B of their Proposal; and
- (d) The AGFA HealthCare Statutory Accounts provided in Appendix A of their Proposal.

In accordance with section 35(1) of the GPA, the responsible Territory entity must not agree to any part of the contract being confidential text, unless satisfied that –


- (a) *the disclosure of the text would –*
  - (i) *be an unreasonable disclosure of personal information about a person; or*
  - (ii) *disclose a trade secret; or*
  - (iii) *disclose information (other than a trade secret) having a commercial value that would be, or could reasonably be expected to be, destroyed or diminished if the information were disclosed; or*
  - (iv) *be an unreasonable disclosure of information about the business affairs of a person;*
  - (v) *disclose information that may put public safety or the security of the Territory at risk; or*
  - (vi) *disclose information prescribed by regulation for this section; or*

Procurement & Capital Works is satisfied that the exemption is allowable in accordance with the provisions of the legislation. Therefore, it is recommended that you agree to the request from the Respondent to omit from the public text of the proposed contract the following details as contained in their Proposal, and treat this as confidential text in accordance with section 35 of the GPA.

- (a) All mentioned AGFA HealthCare personnel;
- (b) The individual components of the pricing schedule;
- (c) The AGFA HealthCare Enterprise Imaging - Short Term Roadmap provided in Appendix B of their Proposal; and
- (d) The AGFA HealthCare Statutory Accounts provided in Appendix A of their Proposal.

**NOTE:**

1. The confidential text version of the contract will include all information pertaining to the Agreement.
2. Director General has passed Delegate approval to Deputy Director General, Corporate in Procurement Plan Minute signed on 27 May 2016.

Signature:  Date: 27.2.17.

Name: Shaun Strachan Position: Deputy Director-General, Corporate

APPENDIX 2 - CONFORMITY OF PROPOSALS SCHEDULE

Company Name	Response submitted on Time	Attachment 3, Schedule 1 Compliance with Mandatory Criteria	Attachment 3, Schedule 1 - Returnable Schedules on Assessment Criteria received	Attachment 3, Schedule 2 Returnable Pricing Schedule Received	Attachment 3, Schedule 3 Referee Details Received	Attachment 3, Schedule 4 - Completed Confidential Text Form Received	Attachment 3, Schedule 5 - Completed and signed Respondent Declaration	ACN / ABN Check - Legal entity is clear
Agfa Healthcare Australia Pty Ltd	Yes	Yes	Yes	Yes	Yes	Yes	Yes	126 260 473
2.2(a)(xi)	Yes	Yes	Yes	Yes, provided a Pricing Schedule. However, some other pricing information provided in the 2.2(a)(xi) document, which were redacted prior to providing them to the Evaluation Team.	Yes	Did not complete. However, this information can be obtained, if the vendor is the successful tenderer.	Yes	2.2(a)(xi)
2.2(a)(xi)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	2.2(a)(xi)
Checked and Signed by: Surangani Luck/ Sarah Norton 14/11/16								

# **RIS-PACS Replacement Contract Negotiation Strategy**

**RFP No 2016.27837.111**

Version 01.00



## Version History

Version	Date	Made by	Description of Change
00.01	07 February 2017	S. Norton (Program Manager)	Draft document for review
00.03	10 February 2017	S. Norton	Incorporating updates from N.Crossley and P. O'Halloran
00.04	15 February 2017	S. Norton	Updates post workshop with P. Jeffrey,
01.00	17 February 2017	S. Norton	Final clearance

## Related Documents

Document	Approved by	Date
Procurement Plan Minute	Director General	May 2016

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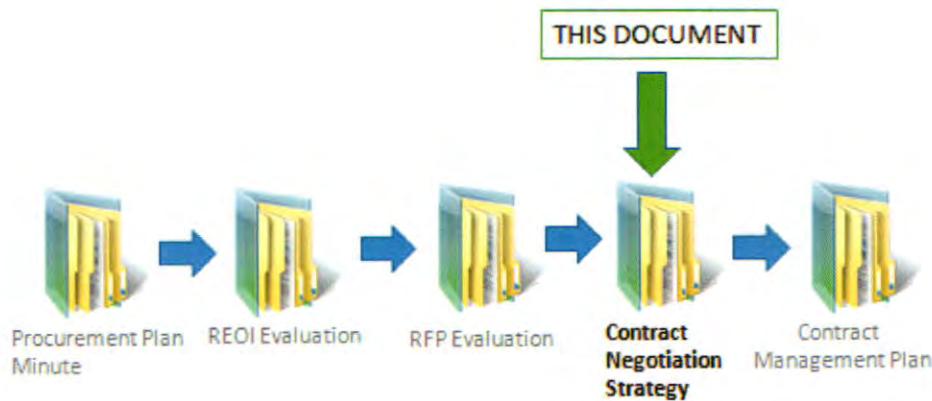
# 1 Introduction

## 1.1 Document Purpose

This document outlines the processes and framework for the Territory (ACT Health Directorate) to undertake Contract Negotiations with the preferred Respondent (“Preferred Vendor”) for the provision of an Integrated Radiology Information System/Picture Archival Communication System (RIS-PACS) Solution.

## 1.2 Document Map

This document forms part of the suite of plans and strategies used to manage and control the procurement of the replacement RIS-PACS solution.

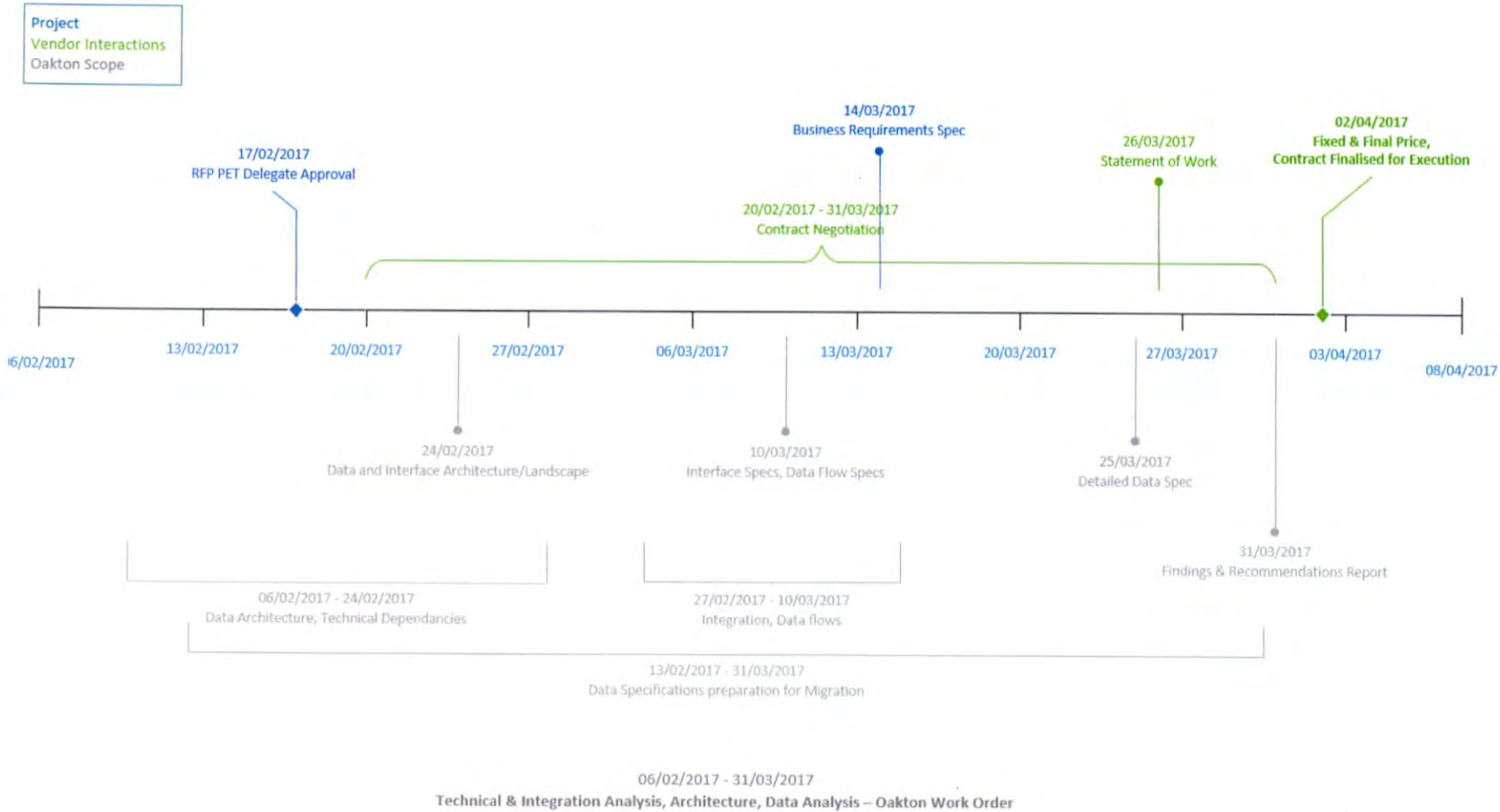


## 2 Project Work Breakdown Structure (Contract Negotiation Phase)

	Activity	Output	Timeframe
<b>1. RIS Admin SME &amp; Business Analyst</b>			
1.1	Review 1. Preferred Vendor RFP responses Partial compliance and non compliance requirements 2. PET Comments to RFP responses 3. RISKS/ISSUES identified by PET	Determine: Items for clarification and negotiation Review, rationalise and refine of business requirements Reduce duplicate requirements Risks for mitigation	10 February 2017
1.2	Business Analysis	Workflows, Business Processes, Use cases, Detailed Statement of Requirements (BRS)	Mid March
1.3	Statistical Reporting Requirements – analysing 190 statistical reports	Determine: Review, rationalise and refinement Reduce duplicates Develop Statistical Reporting Requirements set	Early March
<b>2. Project Manager</b>			
2.1	Analysis of all project inputs from 1.1 & 1.2 Expertise of previous projects	Draft Statement of Work	WIP, due before contract negotiations begin
2.2	Consultations	Project Management Plan	Ongoing
2.3	Contract Negotiation Planning	Meetings planned and booked	Ongoing
2.4	Manage resources and deliverables for 3. Analysis, Integration, Data, Architecture and ensure stakeholders are considered, included and review processes are incorporated	See below	Ongoing Due end March
<b>3. Integration, and Data Analysis and Architecture</b>			
3.1	Current state Analysis		WIP, due end March

	Activity	Output	Timeframe
3.2	Technical Analysis Data Analysis Integration Analysis Architecture & Solutions Design	Interface specifications x 38 Current state architecture Current state meta data model, data over interfaces	WIP, due end March
3.3	Current state analysis of data	Develop data specification current state in preparation for data migration	WIP, due end March

### 3 Road Map to Contract Finalisation

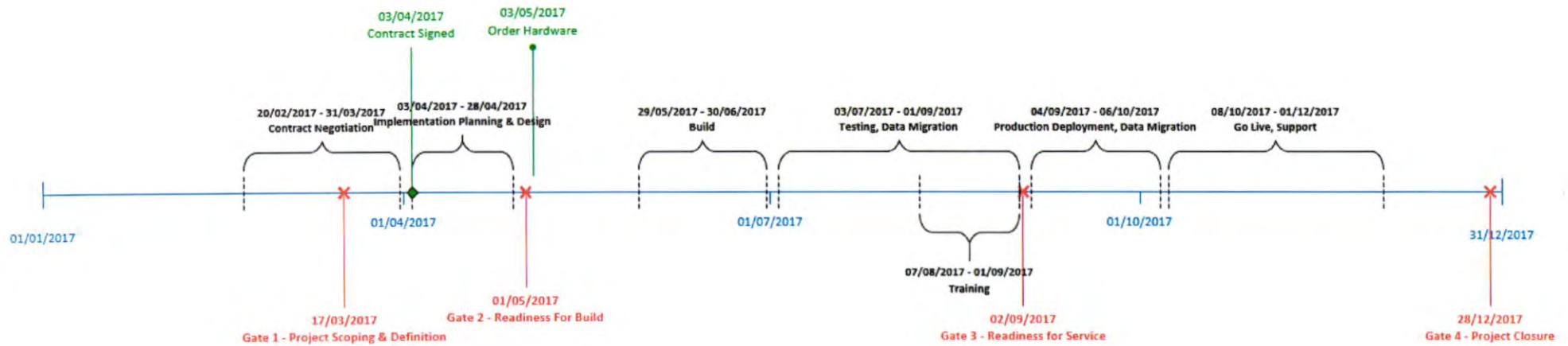




## 4 Draft Project Timeline 2017

### RIS-PACs Replacement High Level Draft Schedule

February 13, 2017





## 5 Contract Negotiations

### 5.1 Territory Contract Negotiation Team

The following representatives have been identified to conduct contract negotiations:

Negotiation Team Members	Role
Peter O'Halloran	Lead Negotiator Contracts, Technical, Strategy (CIO)
Mark Duggan	Lead Negotiator Business (Manager, Medical Imaging)
Peter Jeffrey/Peter McNiven <sup>1</sup>	Technical (SSICT, ICT Health Managers)
Nick Crossley	Facilitator/Secretariate (Project Manager)
Dave Purser	Procurement advice, support & maintenance contract advice (Director PCW Goods & Services Procurement)

Where required, the Negotiation Team will be assisted by External Advisors:

External Advisor	Role
John Cockburn (Radiologist)	Radiologist (Senior User/Senior Supplier)
Greg Hollis (Director, Emergency Medicine)	Customer (Senior Customer)
Scott Barrett (RIS-PACS Manager, Radiology)	Manager of Support and Maintenance of RIS-PACS Solution
Sanaz Mirzabegian (ACT Government Solicitor)	Legal, Contract, approval of final contract terms
Ryan Mavin (ACT Health, Architecture Design Authority)	Technical, Architecture, Strategic Technical oversight
Sarah Norton (Program Manager)	Senior Project Management Digital Solutions Division

The External Advisors will be briefed on the contract negotiation status and current issues on a weekly basis or when required by the contract negotiation team. If, at the time of conducting the negotiation/s, a panel member is unavailable an alternative panel member with comparable experience and knowledge will be identified.

This Negotiation Plan sets out the arrangements for contract negotiations between ACT Health Directorate (Territory) and the Preferred Vendor for the provision of RIS-PACS solution licence and implementation, and ongoing support and maintenance for ACT Health Directorate.

The Objectives of the negotiation process are to:

<sup>1</sup> Peter Jeffrey is on leave in March 2017, Peter McNiven will act in his place

- I. achieve good Value For Money for the Territory;
- II. negotiate in a timely manner with the Preferred Vendor in order to achieve an outcome (including final fixed price, fit-for-purpose and reducing risk) that is consistent with the requirements of the business without diminishing the Territory's requirements; and
- III. Agree a sound contract in a timely manner the Preferred Vendor.

This will be best achieved by the Territory undertaking the following steps:

- 1) Advise the Preferred Vendor as soon as possible that they have been accorded Preferred Respondent status,
- 2) Invite the Preferred Vendor's senior representatives to commence negotiations beginning with a Contract Negotiation Phase to be conducted during the following six weeks (see outline schedule for the contract negotiations),
- 3) Schedule the detailed negotiations (meetings) for ensuring all contract terms are reviewed and agreed,
- 4) Draft the Statement of Work including scope and deliverables to be finalised and agreed with the Preferred Vendor during negotiations. This document will form part of the contract,
- 5) Draft the support and maintenance terms to be negotiated and agreed.

## 5.2 Roles and responsibilities

Role	Responsibility
ACT Health Director General	<ul style="list-style-type: none"> <li>• Contract Approval final signatory to contract on behalf of Territory</li> </ul>
ACT Health Deputy Director General Corporate	<ul style="list-style-type: none"> <li>• Procurement Delegate</li> <li>• Approve negotiation strategy prior to execution (this document)</li> <li>• Financial management and delegation</li> <li>• Ensure value for money</li> <li>• Strategic Governance</li> </ul>
Chief Information Officer (CIO)	<ul style="list-style-type: none"> <li>• Ensure strategic alignment and overall direction of the contract including deliverables and SOW</li> <li>• Provide leadership throughout the negotiation</li> <li>• Monitor ICT Portfolio and conflicts</li> <li>• Ensure value for money</li> <li>• Raise issues to DDG Corporate for direction as required</li> <li>• Senior sign off for Business Requirements Specification</li> <li>• Ongoing management of solution and including support and maintenance, vendors and internal resources undertaking support</li> </ul>
Director of Operations CHHS	<ul style="list-style-type: none"> <li>• Program Executive Sponsor of Digital Solutions Program</li> <li>• Governance of program</li> <li>• Conflict management</li> <li>• Ensure Medical Imaging and ACT Health business needs are met</li> <li>• Approval of Business Requirements Specification at direction of CIO and Manager, Medical Imaging</li> </ul>



Radiologist	<ul style="list-style-type: none"> <li>• Provide advice regarding impacts to business workflow with transition and support and maintenance</li> <li>• Engagement and input to Business Requirements Specification</li> </ul>
Director Emergency Medicine	<ul style="list-style-type: none"> <li>• Sample of high use of system, input into Business Requirements Specification</li> <li>• Provide advice regarding impacts to clinical workflow with transition and support and maintenance</li> </ul>
Manager, Medical Imaging	<ul style="list-style-type: none"> <li>• Senior Business Stakeholder</li> <li>• Manager of business unit end users</li> <li>• Senior sign off of Business Requirements Specification</li> <li>• Makes recommendations to CIO and DDG Corporate as required</li> <li>• Overall management of internal stakeholders</li> <li>• Validate and approve Support and Maintenance Terms</li> <li>• Risk analysis on Support and Maintenance Contract</li> <li>• Conflict management</li> </ul>
Manager, RIS-PACS Support and System Administration	<ul style="list-style-type: none"> <li>• Validate Support and Maintenance Terms</li> <li>• Risk analysis on Support and Maintenance Contract</li> </ul>
Manager, ICT Health – Shared Services ICT	<ul style="list-style-type: none"> <li>• Considerable input to technical requirements for SOW and end contract</li> <li>• Considerable input to technical issues and assumptions for negotiation</li> </ul>
UCPH Digital Solutions Program Manager	<ul style="list-style-type: none"> <li>• Oversee the quality of deliverables from resources</li> <li>• Overall responsibility for management of required inputs and deliverables for decision making</li> <li>• Overall responsibility for engagement and governance procedures</li> <li>• Define and agree the Project Plan with the CIO, Program Sponsors and relevant Committees</li> <li>• Overall resource management as per program and project plans, transitioning staff to projects/work packages as required</li> <li>• Manage SSICT and vendor involvement to the agreed plan and milestones</li> <li>• Monitor and report progress to CIO and delegate as required</li> </ul>
ACT Government Solicitor	<ul style="list-style-type: none"> <li>• Provide probity support</li> <li>• Advice relating to legislation, Contract terms and conditions,</li> <li>• Approval of final contract terms</li> </ul>
Project Manager	<ul style="list-style-type: none"> <li>• Administration of Contract Negotiations including arranging meetings, ensuring contract negotiation team are briefed on issues arising, support contract negotiation team</li> <li>• Monitor and report progress</li> <li>• Responsible for delivery of statement of work for ACT Health</li> <li>• Responsible for contract management during project implementation and go-live</li> <li>• Manage SSICT and vendor involvement to the agreed plan and milestones</li> </ul>
Procurement and Capital Works - Goods and Services	<ul style="list-style-type: none"> <li>• Provide support and advice relating to procurement methodology and ACT Government policy</li> <li>• Support LIPP as necessary</li> <li>• Provide support and advice relating to contract terms, statement of work, support and maintenance contract and terms</li> </ul>

### 5.3 Contract Negotiation Process

The Negotiation Team will be responsible for conducting negotiations, in accordance with this Negotiation Strategy with the Preferred Vendor and will recommend further action to the Delegate as necessary. The Negotiation Team will be responsible for ensuring that, during the course of the negotiations, all entities are given equal and fair opportunity. In short the Negotiation team will ensure:

- A traceable record of changes to original RFP documentation is carefully maintained,
- Security over documents and information and confidentiality is maintained,
- Contract documents are prepared that fully and accurately incorporate the agreed outcomes of the negotiation process.

#### 5.3.1 Role of Delegate (Deputy Director-General, Corporate) in contract negotiations

- Procurement delegate
- Approval of Contract Negotiation Strategy
- Provide direction to significant issues or risks as raised by the Territory Contract Negotiation Team

#### 5.3.2 Role of Contract Negotiation Team

- Ensure the negotiation issues are resolved whilst achieving good VFM for the Territory;
- Conduct contract negotiations with the Preferred Vendor until terms and conditions acceptable to both parties are negotiated;
- Maintain probity and confidentiality in all dealings;
- Brief the Delegate (DDG Corporate) on significant issues or risks for direction;
- Seek advice as required; and
- Prepare a negotiation report, including recommendations to the Delegate, if required.

#### 5.3.3 Strategies for Managing Negotiations

- The Secretariat (Project Manager) is to record and keep track of the updates to the contract, including which party is currently actively working on updating the contract,
- Without prior consultation or agreement from the Territory Contract Negotiation Team, no position is to be discussed on a contentious issue,
- The Territory Contract Negotiation Team where possible with raise contentious issues with the Delegate for direction,



- The Territory Contract Negotiation Team will meet prior to meeting with the Preferred Vendor and ensure all items for discussion are investigated as required and agreed unanimously,
- The Secretariat (Project Manager) will maintain a register of items under investigation, consideration or active discussion and register when items are agreed and closed,
- When required by either party, a break should be taken to enable the parties to consider their position.

#### 5.3.4 Meetings

- All meetings will be conducted onsite at Territory facilities in the ACT including the provision of access to appropriate facilities. The Territory Secretariat (or proxy) will schedule meetings, arrange rooms and resources. Meetings can be conducted over Video Conferencing including via WebEx, however, the aim will be to conduct as many as possible via face to face to ensure collaboration and relationship building.
- A timetable and the anticipated goals for each meeting will be forwarded to the Preferred Vendor prior to the meeting, in order to ensure that both parties are given equal opportunity to prepare and respond to the issues under consideration.
- All parties will be provided equal opportunity during the negotiations to discuss their issues. Meetings may be attended by legal and/or probity advisors as necessary. All discussions during meetings will be documented.
- The negotiation timetable will take into account the possible imposition caused by public holidays or anytime required for travel to attend meetings and will build in contingency's for these issues.
- Any meetings that occur with Preferred Vendor legal representation (Lawyers) ACT GSO must be present.

#### 5.3.5 Specialist Advice

The Negotiation Team may, as required, utilise specialist advice to assist in the negotiation process. The areas of experience may include:

1. Technical advice;
2. Clinical advice;
3. Financial assessment;
4. Probity; and
5. Legal issues.

### 5.4 Discussion points and the Territory's starting position

Schedule 2.2(a)(xiii)





### 5.5 Termination of contract negotiations

Without limiting its rights, the Territory may, at its sole discretion, cease negotiating with the Preferred Vendor at any time.

If the Territory, at its sole discretion, concludes during negotiations that the providers retract or attempt to retract any part of its offer, the Territory reserves the right to terminate the negotiation process.

### 5.6 Schedule of contract negotiation meetings

Meetings and workshops will be held at least two per week. The Territory is aiming to finalise the contract by the end of March 2017 to ensure the solution is delivered in a timely manner. Venue for meetings will not be within the Medical Imaging Department, and where possible will be housed in an area that includes a break out room.

The Territory Negotiation Team plan to hold two workshops/meetings with the preferred vendor per week over a six week period to limit the impact to the delivery timeframes.

Timeline	Agenda/Intent	Outcomes
Week 0	Without Vendor - Workshop with ACT GS on Contract and BRS	Contract Negotiation Team prepared for contract negotiations on behalf of the Territory
Week 0	2 hours Kick Off Meeting, meet & greet negotiation team, set the scene, expectations	Schedule of meetings, nominated attendees from Preferred Vendor Agreed timelines
Week 1	½ day workshop Items for Clarity in Statement of Requirements listed	Clarity for both parties on poorly executed requirements or responses reaching mutual agreement
	½ day workshop Non-Compliant and Partially-Compliant requirements	Mutual agreement on all requirements, Refined Statement of Requirements (BRS)
Week 2	½ day workshop Business requirements ½ day workshop Statistical reporting requirements	Mutually agreeable positions
	Data migration	Strategy, deliverables, cost, time frames
Week 3	Statement of Work ½ day workshop ½ day workshop	Roles, Responsibilities, timelines, milestones, Project Schedule
Week 4	Milestones and payment schedules ½ day workshop ½ day workshop	Agreeable milestones and payments related to deliverables and schedule from statement of work and data migration strategy
Week 5	Support and Maintenance	Terms, deliverables, support response times, planned maintenance schedule and costs
Week 6	Statement of Work Finalised Contract Terms and Conditions finalised	Final contract for Territory and Vendor approval and execution
	<b>Fixed and Final Price</b>	

## 6 Appendices

### 6.1 Appendix 1 – Non-Compliant or Partially-Compliant items to be negotiated

Item No	Requirement	Outcome Sought for the Territory
Schedule 2.2(a)(xiii)		







