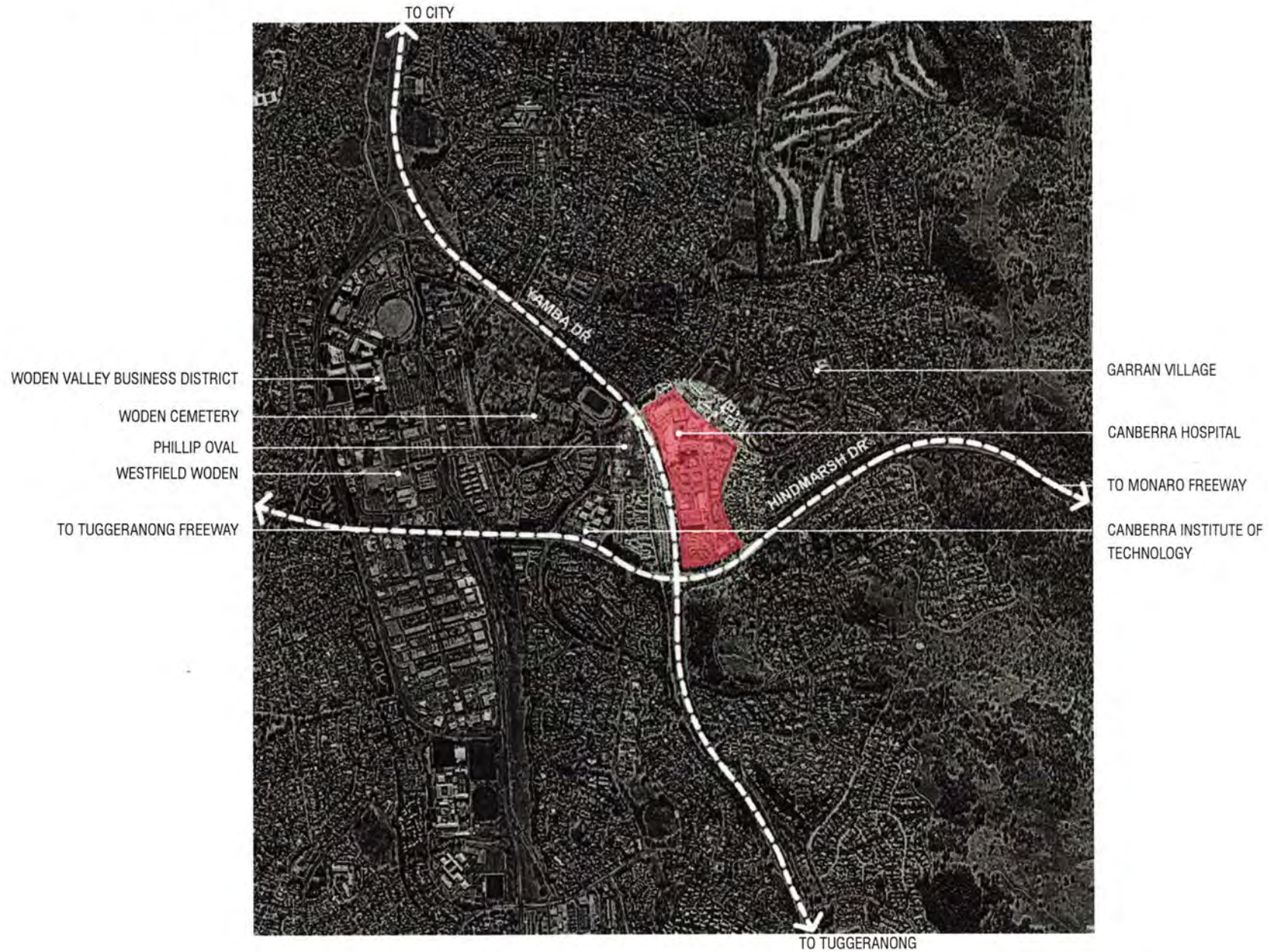


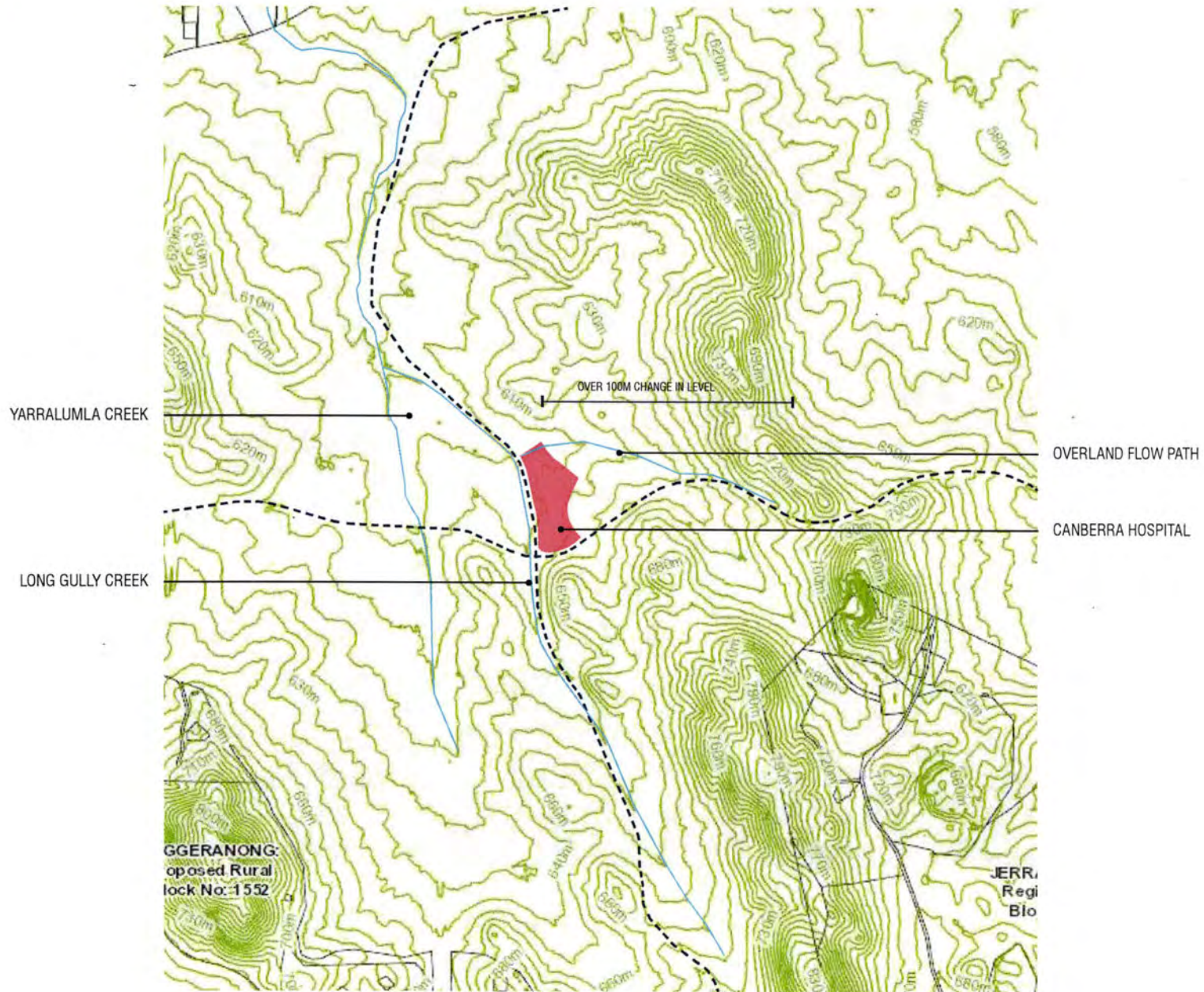
# SITE ANALYSIS

## URBAN CONTEXT - LOCALITY MAP



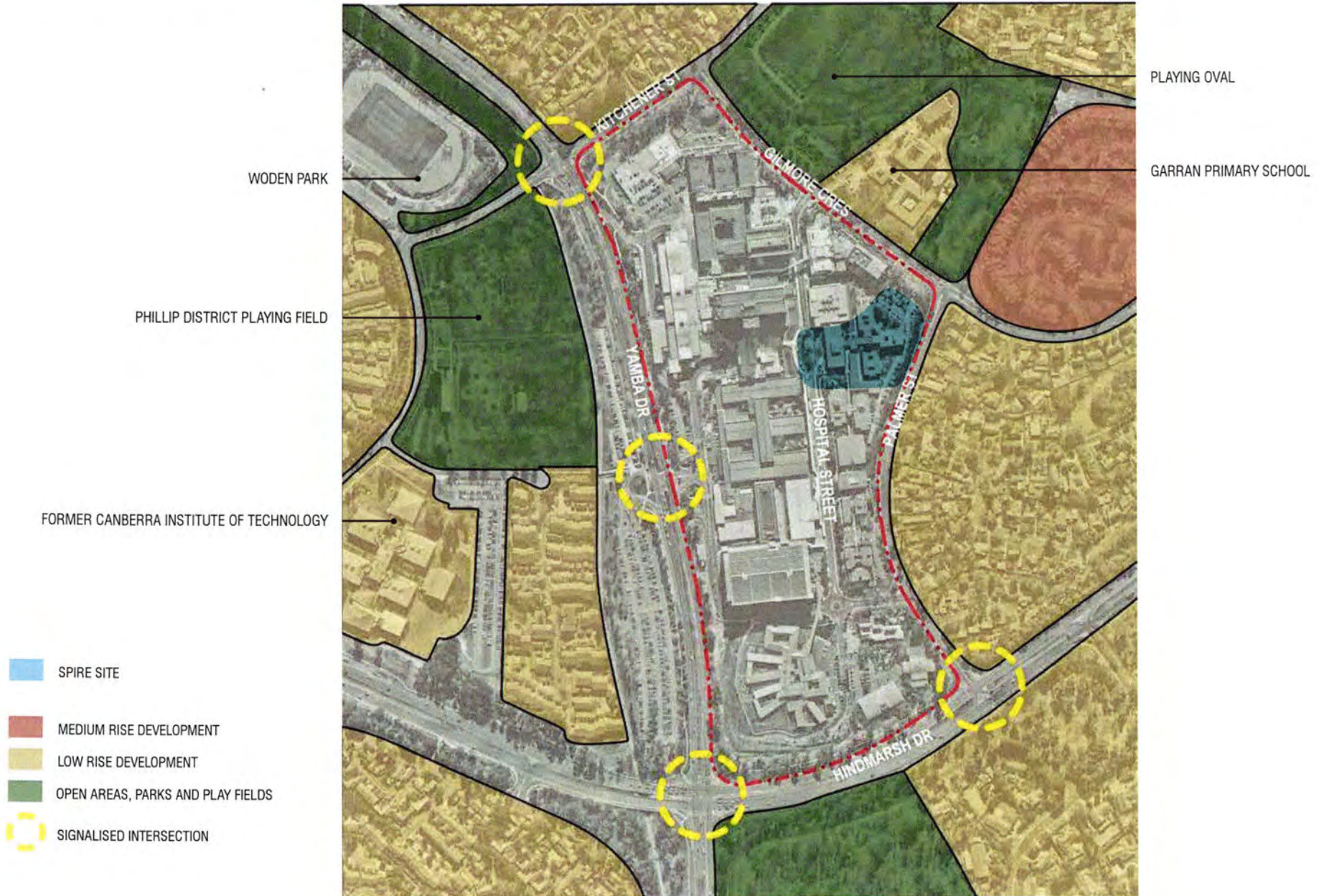
# SITE ANALYSIS

## URBAN CONTEXT - TOPOGRAPHY



# SITE ANALYSIS

## URBAN CONTEXT - SURROUNDING USES & EXISTING BUILT FORM



WODEN PARK

PHILLIP DISTRICT PLAYING FIELD

FORMER CANBERRA INSTITUTE OF TECHNOLOGY

■ SPIRE SITE

■ MEDIUM RISE DEVELOPMENT

■ LOW RISE DEVELOPMENT

■ OPEN AREAS, PARKS AND PLAY FIELDS

○ SIGNALISED INTERSECTION

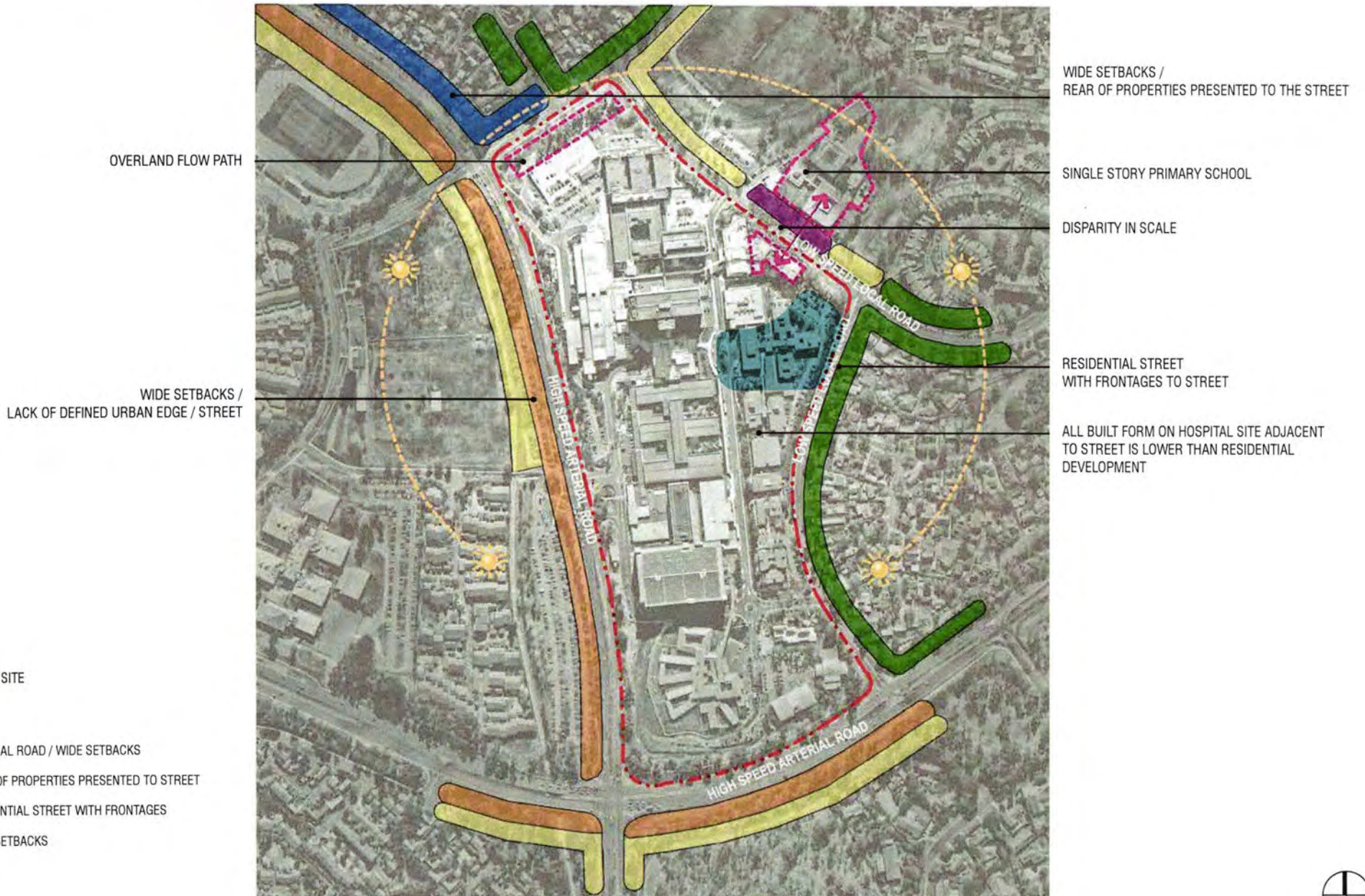
PLAYING OVAL

GARRAN PRIMARY SCHOOL



# SITE ANALYSIS

## URBAN CONTEXT - URBAN INTERFACE



OVERLAND FLOW PATH

WIDE SETBACKS /  
LACK OF DEFINED URBAN EDGE / STREET

WIDE SETBACKS /  
REAR OF PROPERTIES PRESENTED TO THE STREET

SINGLE STORY PRIMARY SCHOOL

DISPARITY IN SCALE

RESIDENTIAL STREET  
WITH FRONTAGES TO STREET

ALL BUILT FORM ON HOSPITAL SITE ADJACENT  
TO STREET IS LOWER THAN RESIDENTIAL  
DEVELOPMENT

■ SPIRE SITE

■ ARTERIAL ROAD / WIDE SETBACKS

■ REAR OF PROPERTIES PRESENTED TO STREET

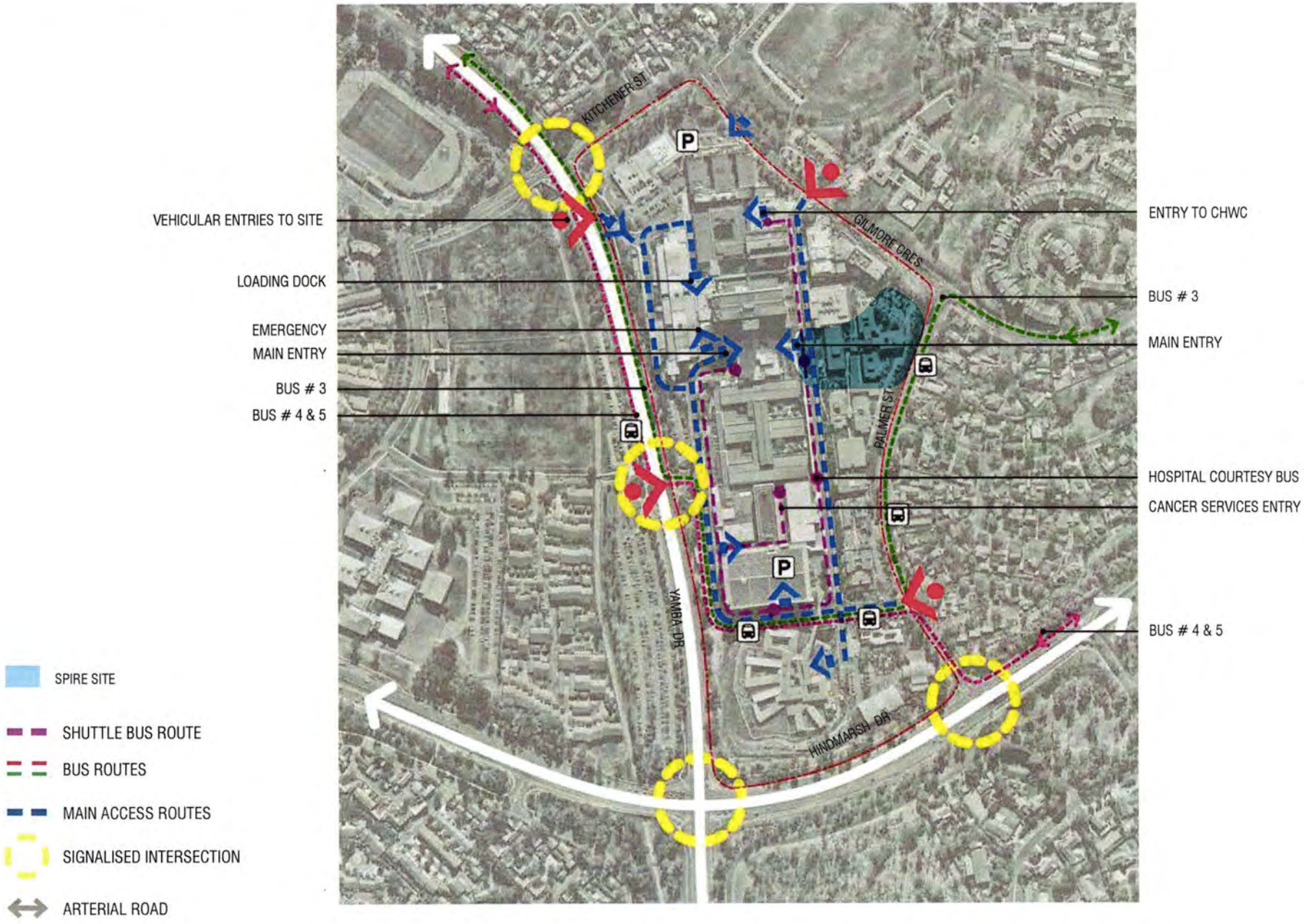
■ RESIDENTIAL STREET WITH FRONTAGES

■ WIDE SETBACKS

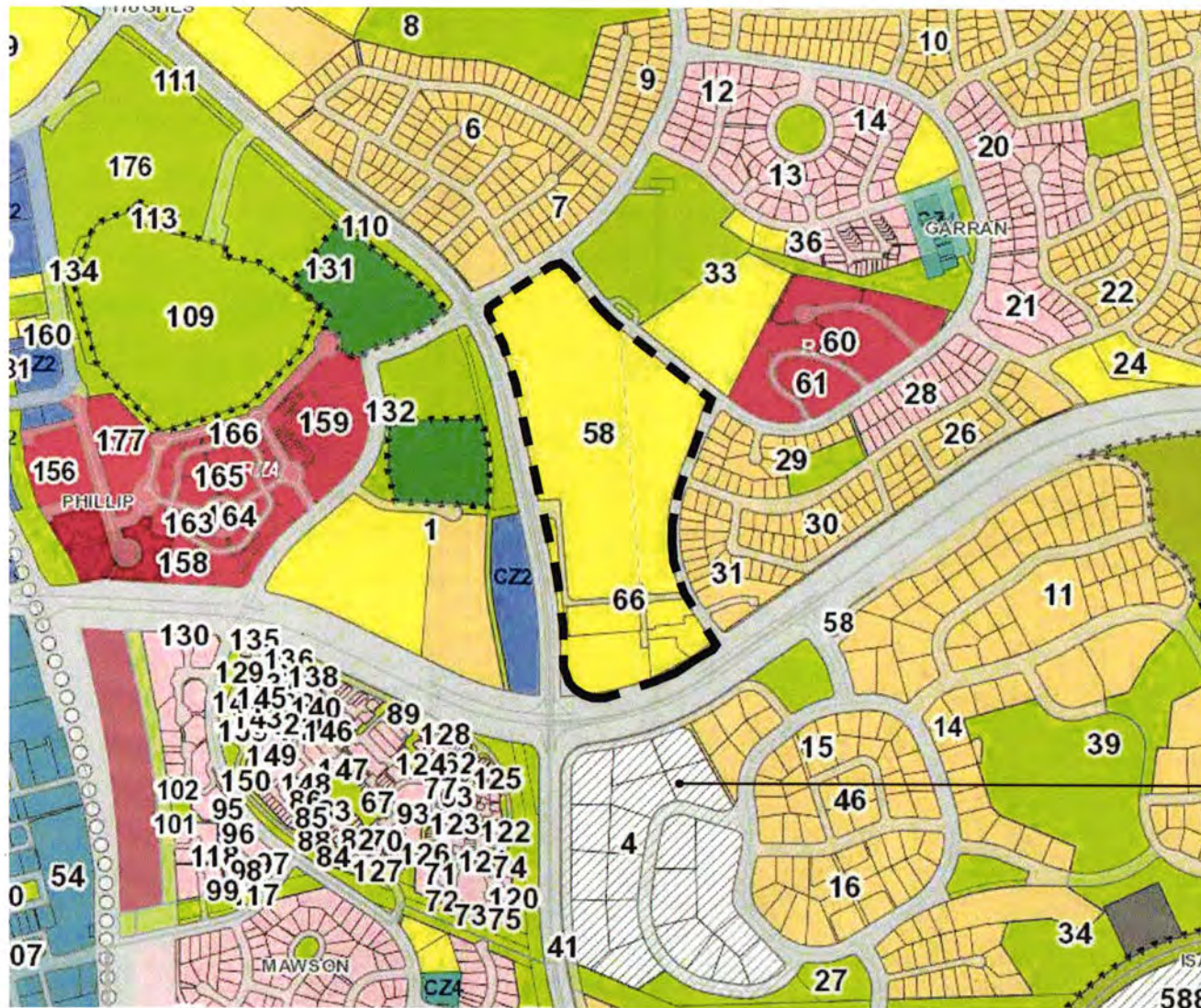


# SITE ANALYSIS

## URBAN CONTEXT - SITE ACCESS & CIRCULATION



# SITE ANALYSIS PLANNING ZONING

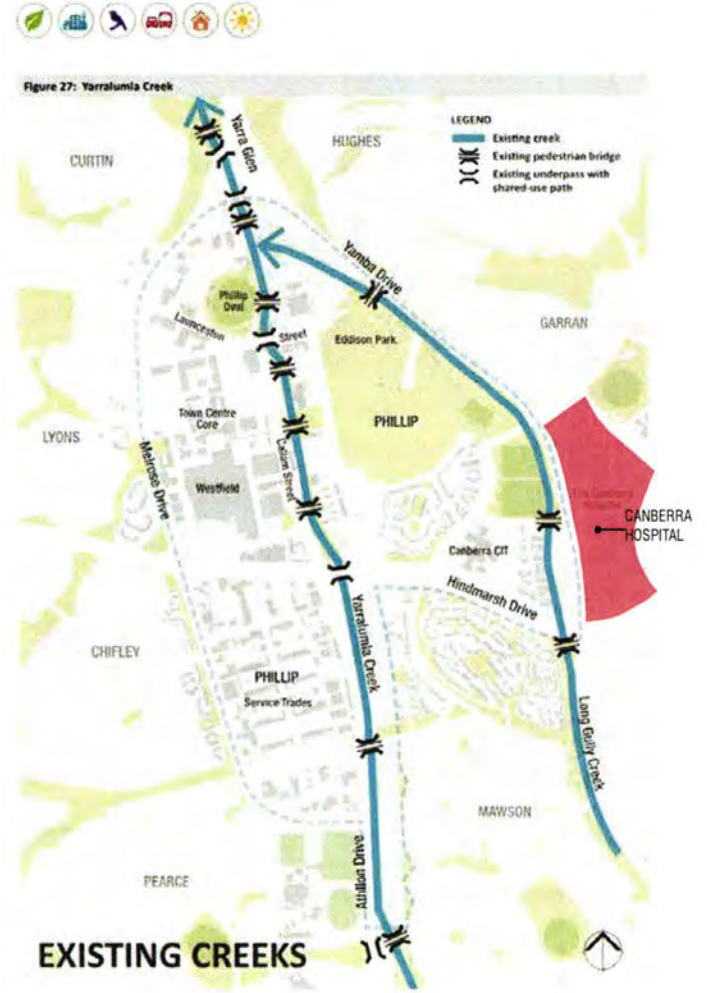
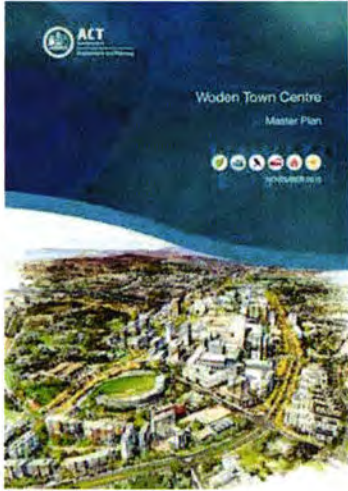


- ZONES**  
 Refer to the Facility Plan at ALL Locations Register  
 www.epi.govt.nz/arcgis/2010/urban/default.asp  
 Designated Areas  
 [Symbol] See National Capital Plan
- Residential**  
 R1 - Suburban  
 R2 - Suburban-Care  
 R3 - Urban Residential  
 R4 - Medium Density Residential  
 R5 - High Density Residential
- Commercial**  
 C1 - Core  
 C2 - Business  
 C3 - Services  
 C4 - Local Centre  
 C5 - Mixed Use  
 C6 - Leisure and Accommodation
- Industrial**  
 I1 - General Industrial  
 I2 - Industrial Mixed Use
- Community Facility**  
 CF2 - Community Facility
- Parks and Recreation**  
 PR1 - Urban Open Space  
 PR2 - Restricted Access Recreation
- Transport and Services**  
 TS1 - Transport  
 TS2 - Services
- Non Urban**  
 NU1 - Broadacre  
 NU2 - Rural  
 NU3 - Hills, Ridges and Buffer  
 NU4 - Water Corridor  
 NU5 - Mountains and Buffer
- OVERLAYS**  
 A - National Land subject to master plan under 2004 Commonwealth approach  
 B - Special Requirements apply under National Capital Plan  
 C - National Land proposed for urban development  
 FUA - Future Urban Area  
 Special Requirements apply: Ranking Main Avenues and Approach Routes (see National Capital Plan)  
 Interurban Public Transport Route  
 Public Land: shows joint ownership and encompasses the type of public and reserve held below (see also Chapter 10 of the Planning and Development Act 2010)  
 Type of Public Land Reserve (see also Schedule 3 of the Planning and Development Act 2010)  
 PL - a public reserve  
 PL - a national park  
 PL - a nature reserve  
 PL - a general purpose reserve  
 PL - an urban open space  
 PL - a sports or leisure ground  
 PL - the production of water supply  
 PL - a lake  
 PL - a water and recreation reserve



# SITE ANALYSIS

## WODEN TOWN CENTRE MASTERPLAN - TOPOGRAPHY AND WATERWAYS

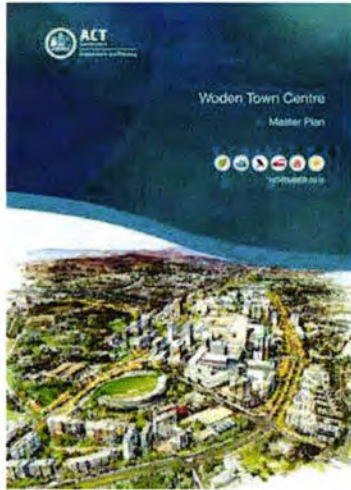


ACT | [www.act.gov.au/transport](http://www.act.gov.au/transport)

ACT | [www.act.gov.au/transport](http://www.act.gov.au/transport)

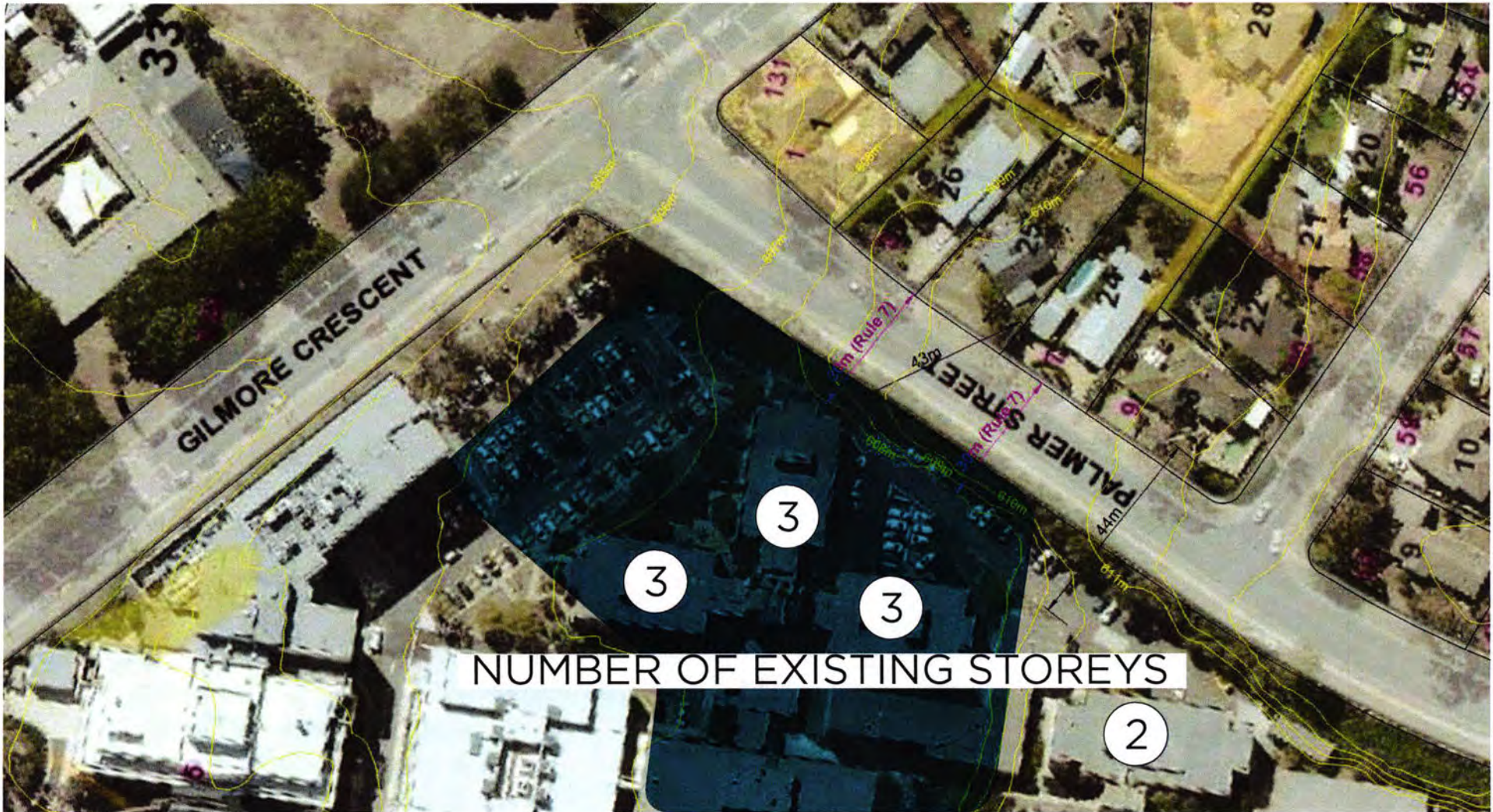
# SITE ANALYSIS

## WODEN TOWN CENTRE MASTERPLAN OPPORTUNITIES





# SITE ANALYSIS PLANNING ASSESSMENT

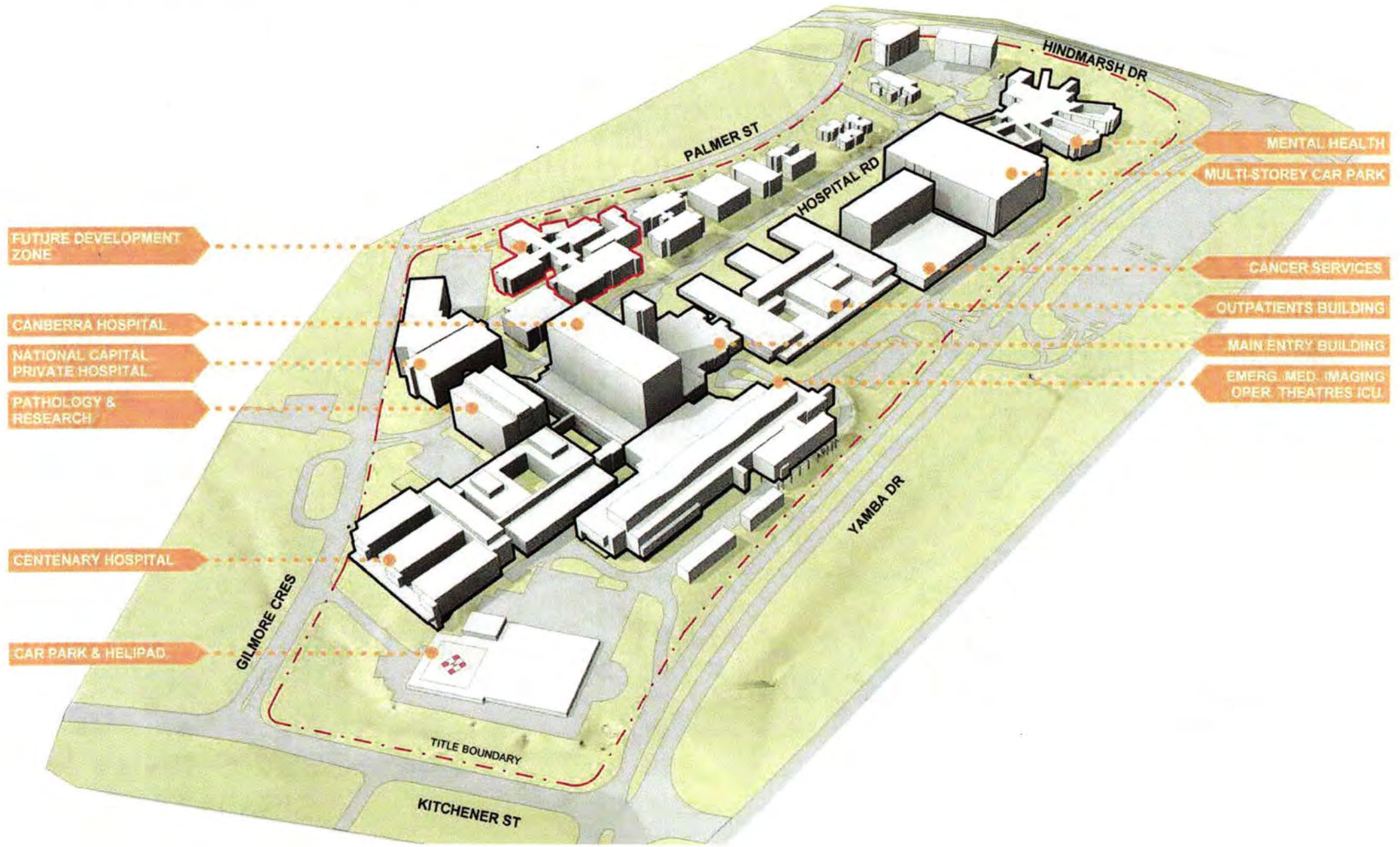


- **COMMUNITY FACILITY ZONE CODE**
- max building height **within 30m** of a residential block - the maximum number of storeys permitted on that residential block (**2 STOREY**)
- max building height **outside of the 30m** buffer - **4 STOREYS OR 15M HEIGHT OF BUILDING**
- to **increase heights** under the criteria consideration must be given to **character, scale and privacy and solar access** to residential blocks



# SITE ANALYSIS

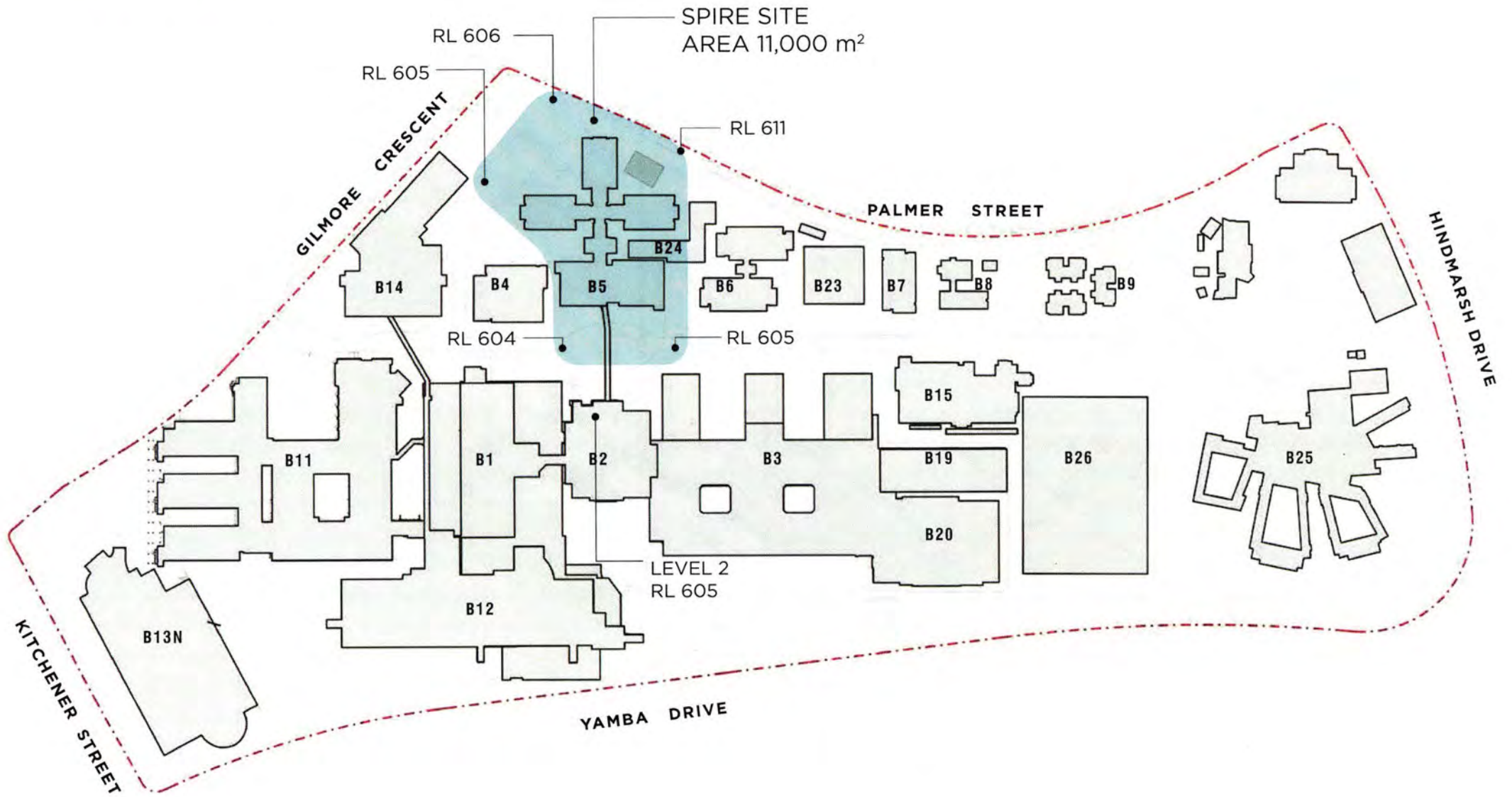
## EXISTING BUILT FORM



# SITE ANALYSIS

## SPIRE SITE

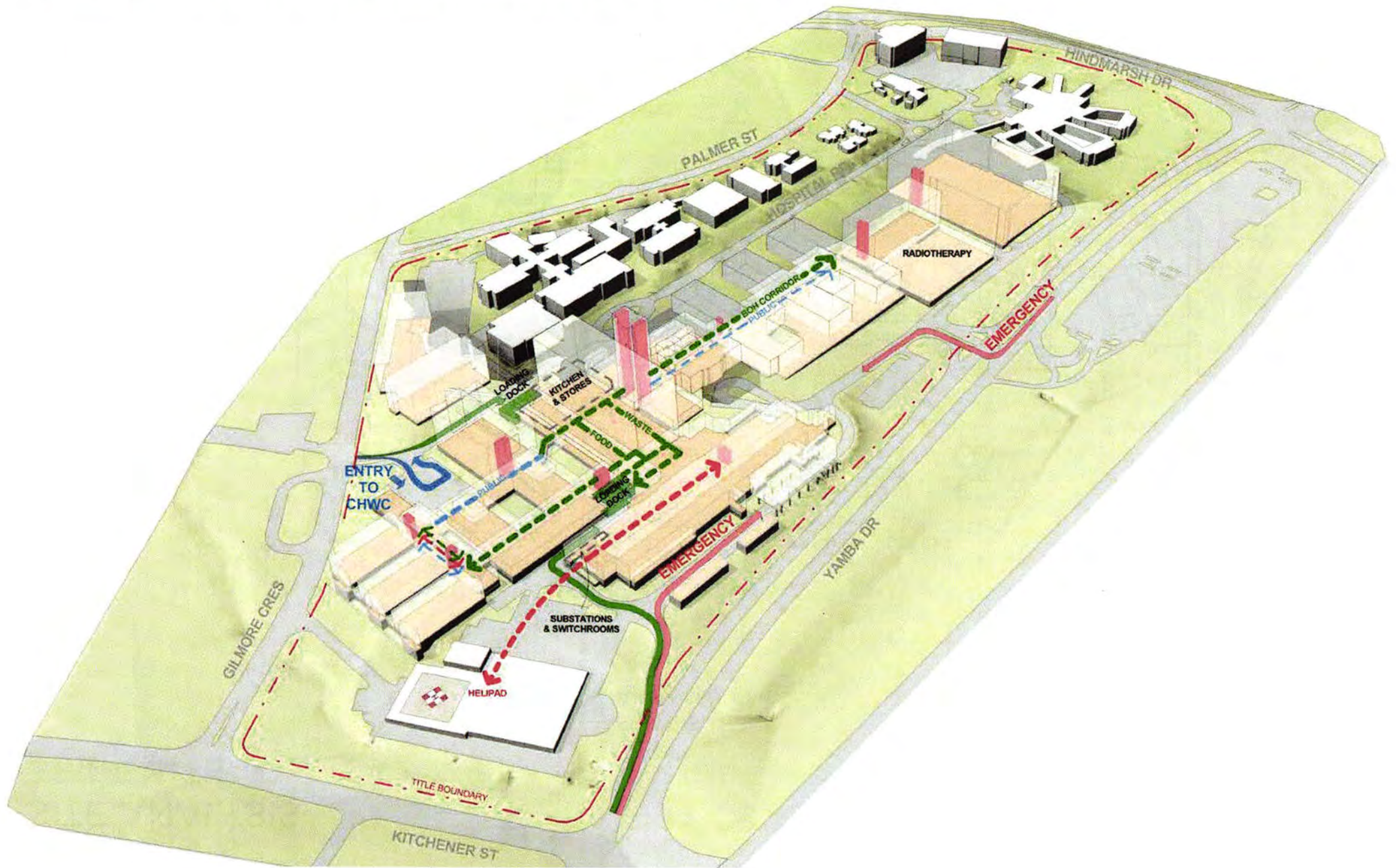
580  
015



# SITE ANALYSIS

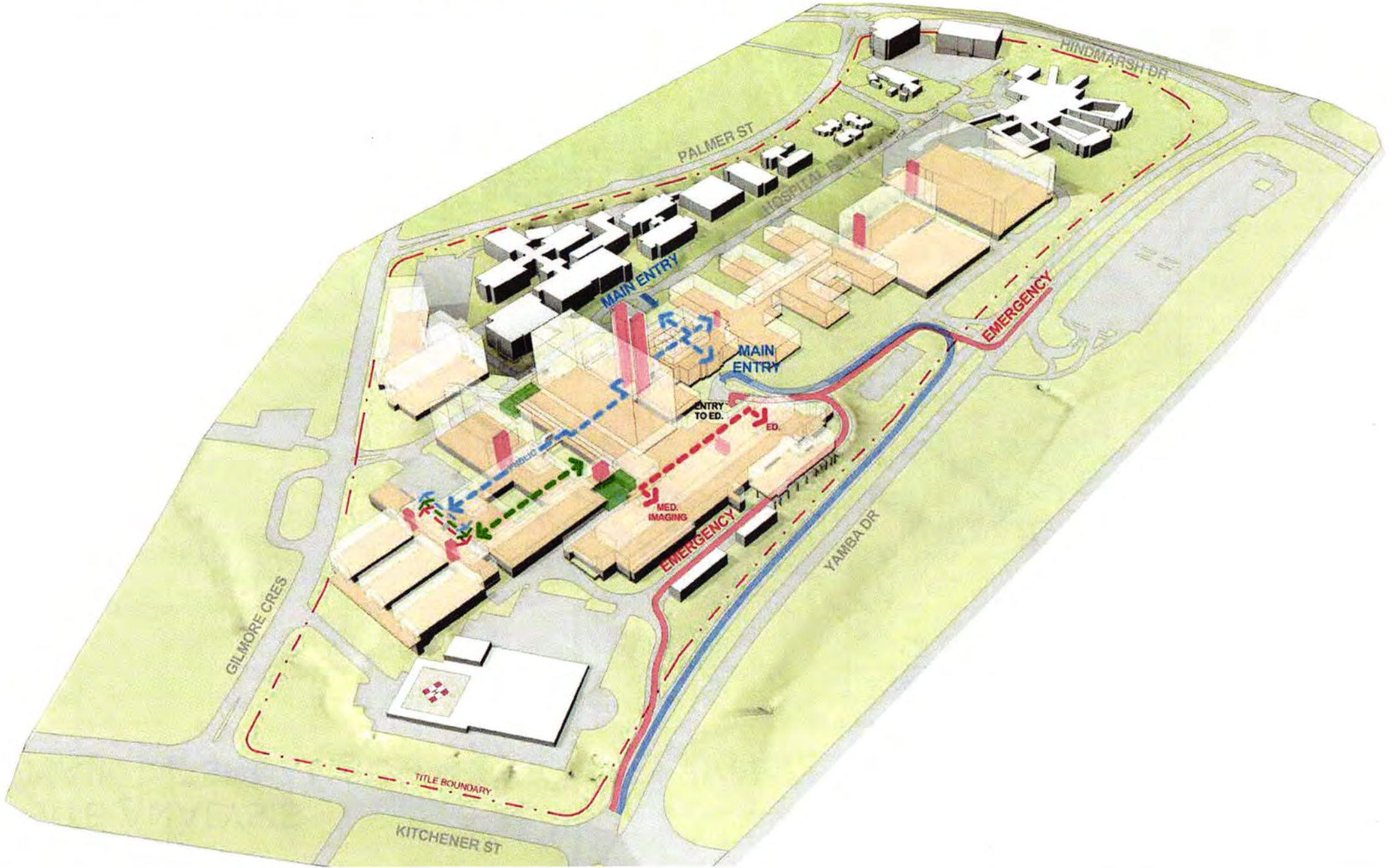
## MAIN INTERNAL CONNECTIONS - LEVEL 1

581  
016



SITE ANALYSIS  
MAIN INTERNAL CONNECTIONS - LEVEL 2

582  
017

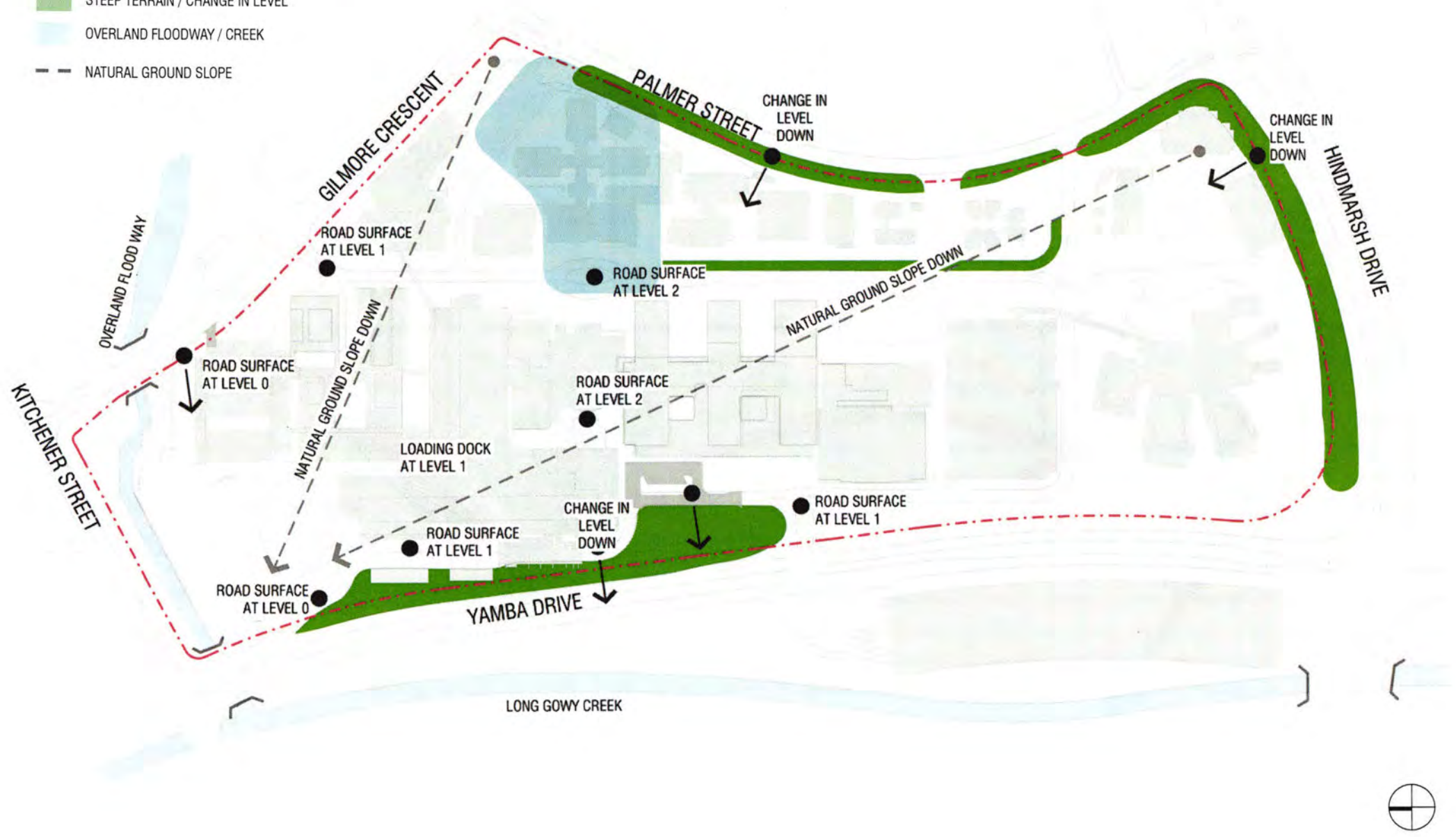




# SITE ANALYSIS

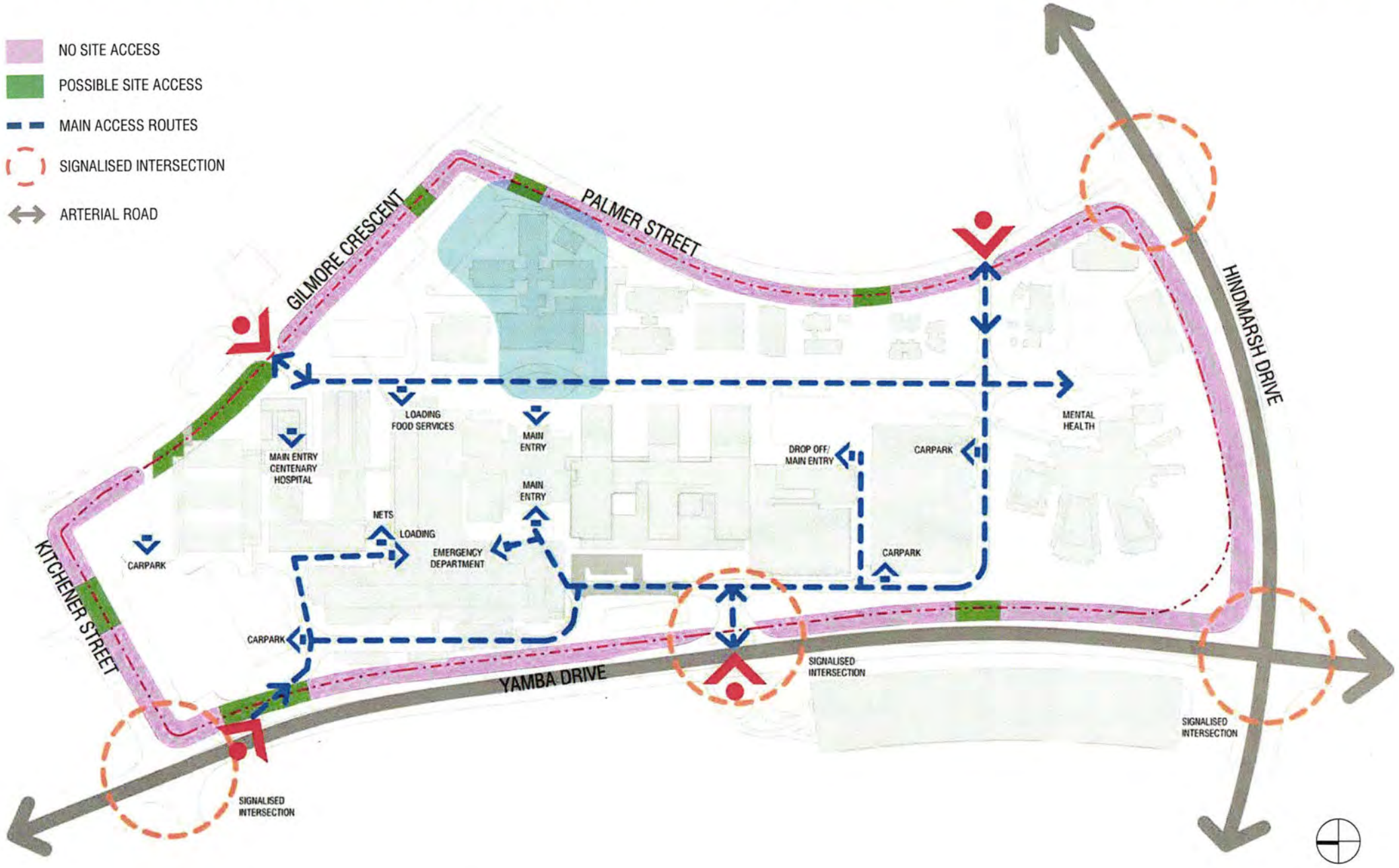
## OPPORTUNITIES AND CONSTRAINTS - TOPOGRAPHY

- STEEP TERRAIN / CHANGE IN LEVEL
- OVERLAND FLOODWAY / CREEK
- - NATURAL GROUND SLOPE



# SITE ANALYSIS

## OPPORTUNITIES AND CONSTRAINTS - SITE ACCESS AND CIRCULATION

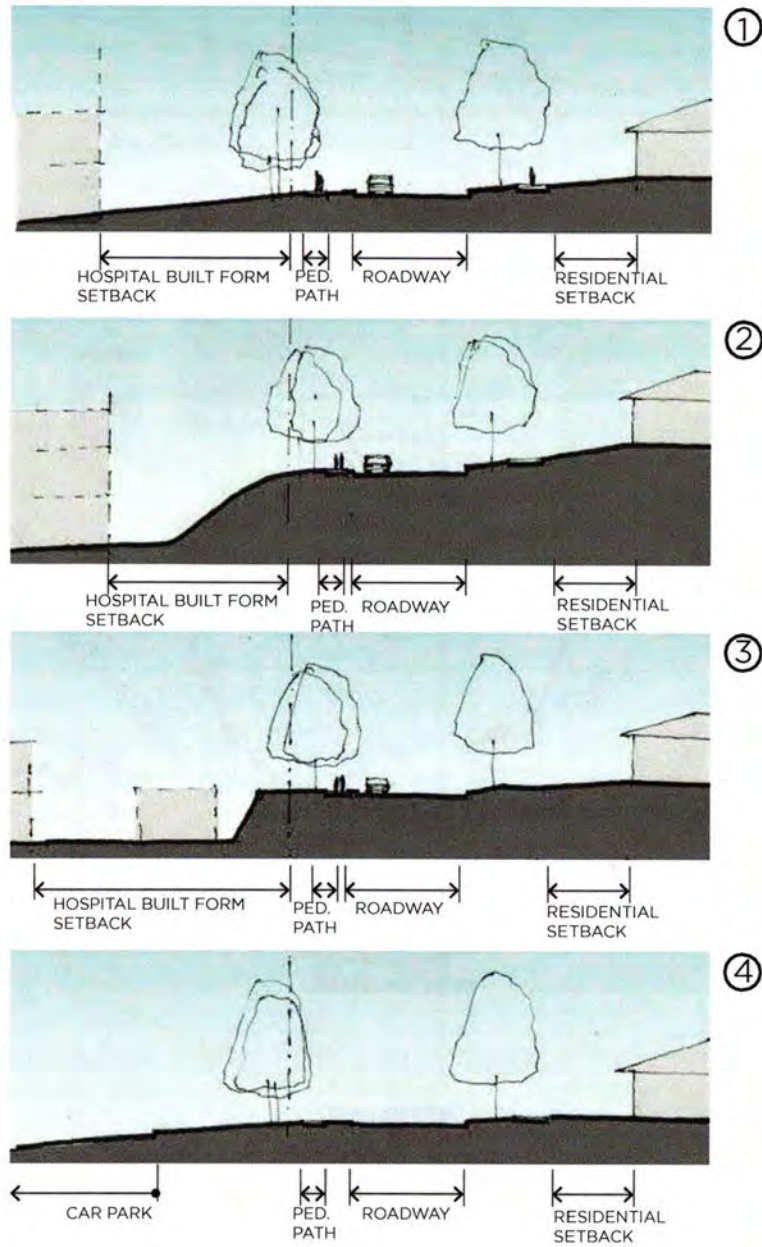
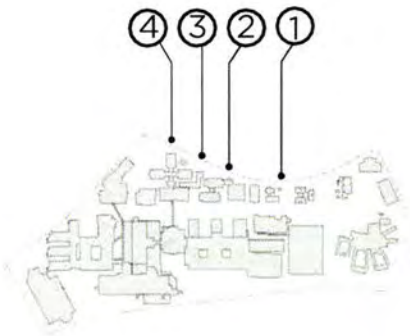






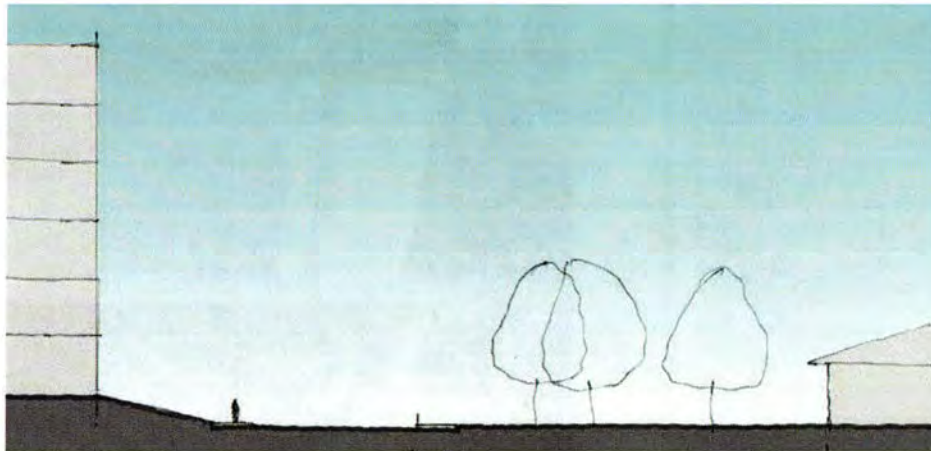
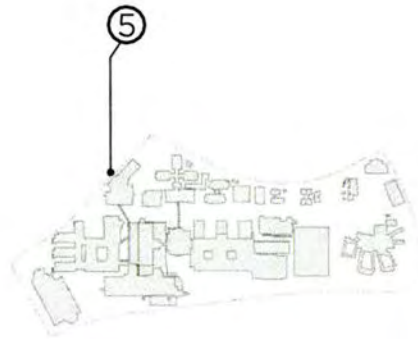
# SITE ANALYSIS

## URBAN ANALYSIS - PALMER STREET



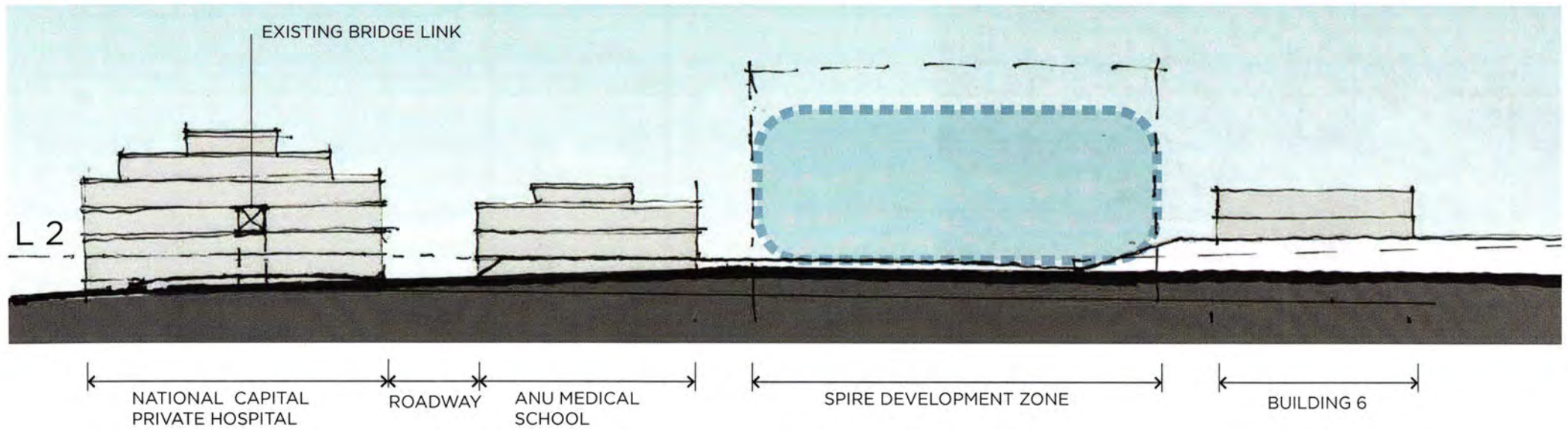
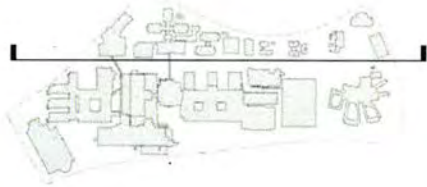
# SITE ANALYSIS

## URBAN ANALYSIS - GILMORE CRESCENT



# SITE ANALYSIS

## URBAN ANALYSIS - HOSPITAL ROAD



# SITE ANALYSIS

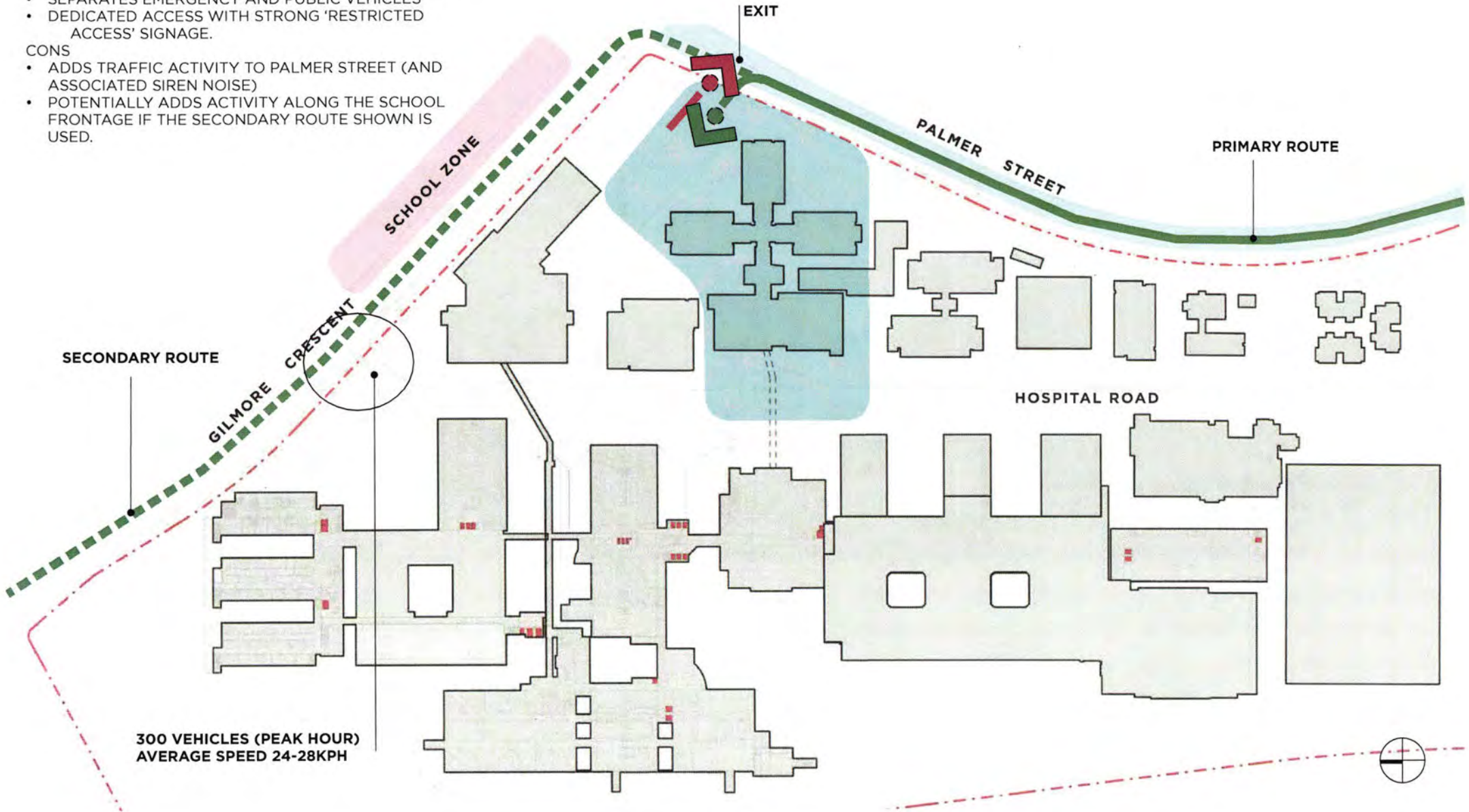
## TRAFFIC ANALYSIS - PALMER STREET AMBULANCE ACCESS

### PROS

- AVOIDS USE OF HOSPITAL ROAD, WHICH CARRIES SLOWER TRAFFIC AND HAS LIMITED SPACE TO PASS PUBLIC VEHICLES.
- MORE DIRECT ACCESS FROM THE ROAD NETWORK.
- SEPARATES EMERGENCY AND PUBLIC VEHICLES
- DEDICATED ACCESS WITH STRONG 'RESTRICTED ACCESS' SIGNAGE.

### CONS

- ADDS TRAFFIC ACTIVITY TO PALMER STREET (AND ASSOCIATED SIREN NOISE)
- POTENTIALLY ADDS ACTIVITY ALONG THE SCHOOL FRONTAGE IF THE SECONDARY ROUTE SHOWN IS USED.



# SITE ANALYSIS

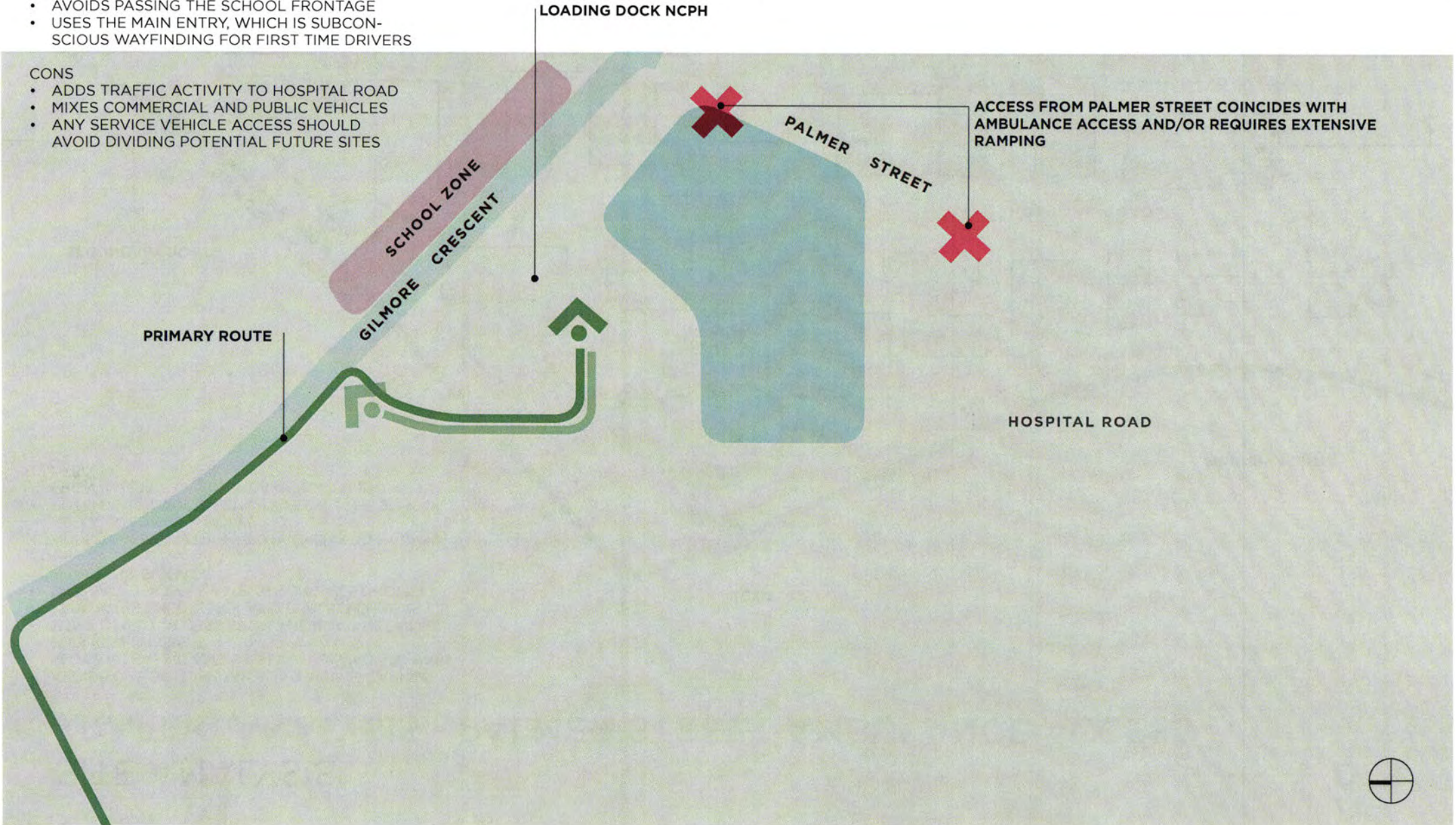
## TRAFFIC ANALYSIS - GILMORE CRESCENT SERVICE ACCESS

### PROS

- AVOIDS SEVERE GRADE CHANGE BETWEEN PALMER STREET AND THE TARGET SERVICING LEVEL
- AVOIDS PASSING THE SCHOOL FRONTAGE
- USES THE MAIN ENTRY, WHICH IS SUBCONSCIOUS WAYFINDING FOR FIRST TIME DRIVERS

### CONS

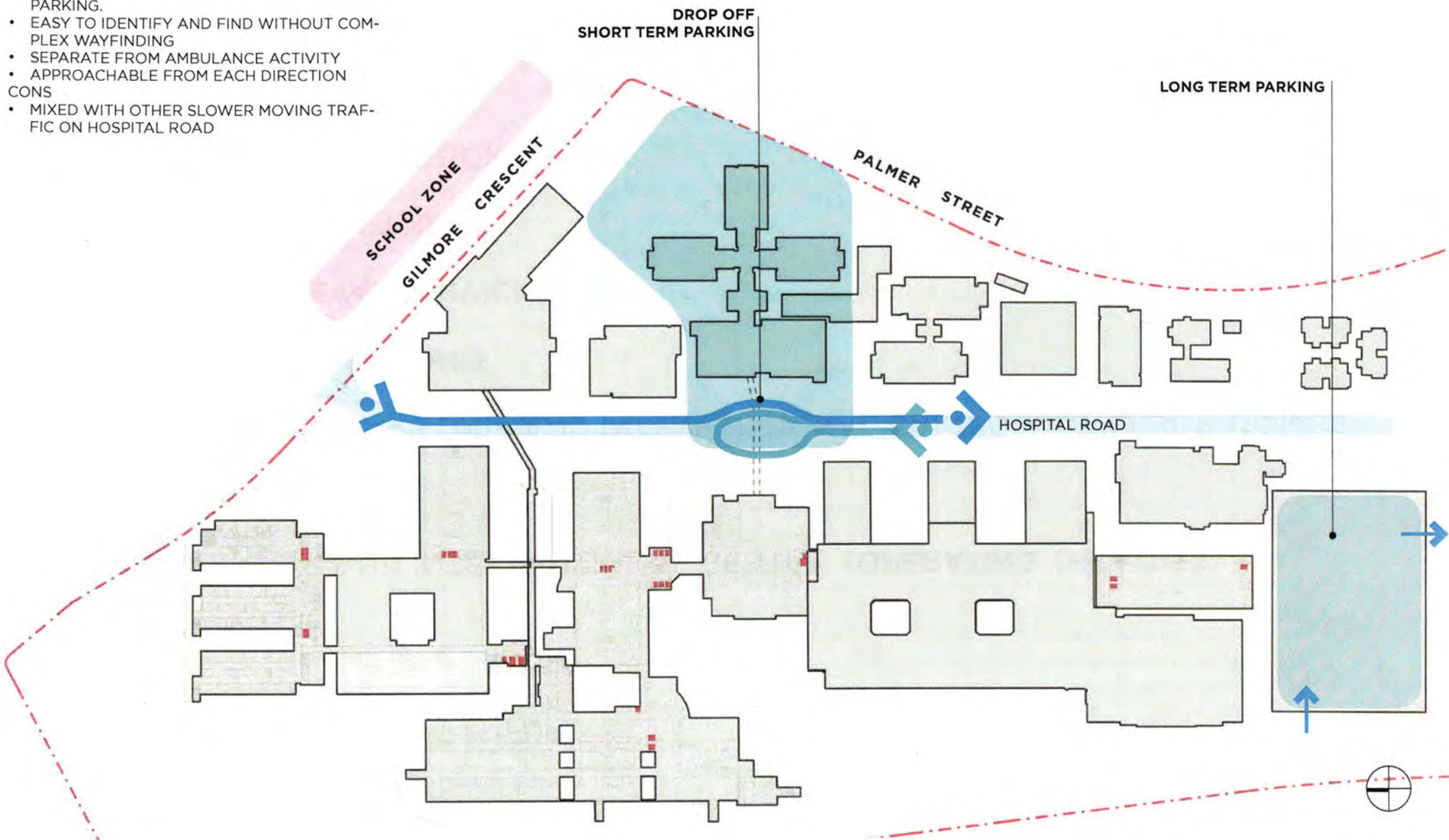
- ADDS TRAFFIC ACTIVITY TO HOSPITAL ROAD
- MIXES COMMERCIAL AND PUBLIC VEHICLES
- ANY SERVICE VEHICLE ACCESS SHOULD AVOID DIVIDING POTENTIAL FUTURE SITES



# SITE ANALYSIS

## TRAFFIC ANALYSIS - HOSPITAL ROAD PUBLIC ACCESS

- PROS
- ALLOWS FOR DROP-OFF OR SHORT-TERM PARKING FOR EMERGENCIES, FOLLOWED BY MOVING THE VEHICLE TO LONGER TERM PARKING.
  - EASY TO IDENTIFY AND FIND WITHOUT COMPLEX WAYFINDING
  - SEPARATE FROM AMBULANCE ACTIVITY
  - APPROACHABLE FROM EACH DIRECTION
- CONS
- MIXED WITH OTHER SLOWER MOVING TRAFFIC ON HOSPITAL ROAD



SPIRE FACILITY SCOPE  
HEALTH PLANNING UNITS

593  
028

EMERGENCY

PERIOPARATIVE AND INTERVENTIONAL CENTRE (OPERATING THEATRES)

INTENSIVE CARE UNIT

ACUTE CARDIAC CARE UNIT AND INTERVENTIONAL CARDIOLOGY LABORATORIES

SURGICAL INPATIENT UNIT

HELIPAD RETRIEVAL SERVICES

STERILISING DEPARTMENT

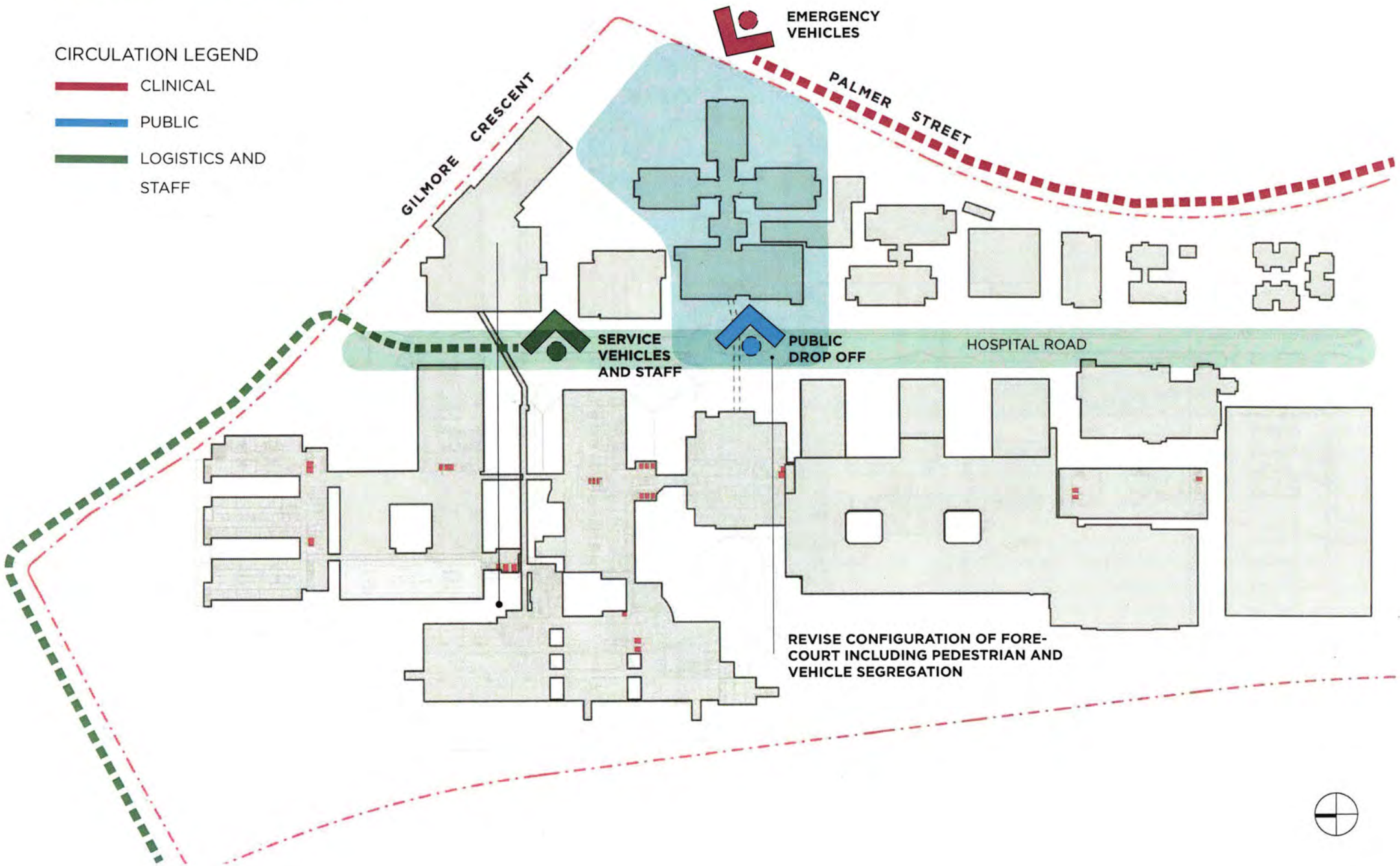
DISPATCH / LOADING DOCK



# PLANNING OUTCOMES FACILITY ACCESS

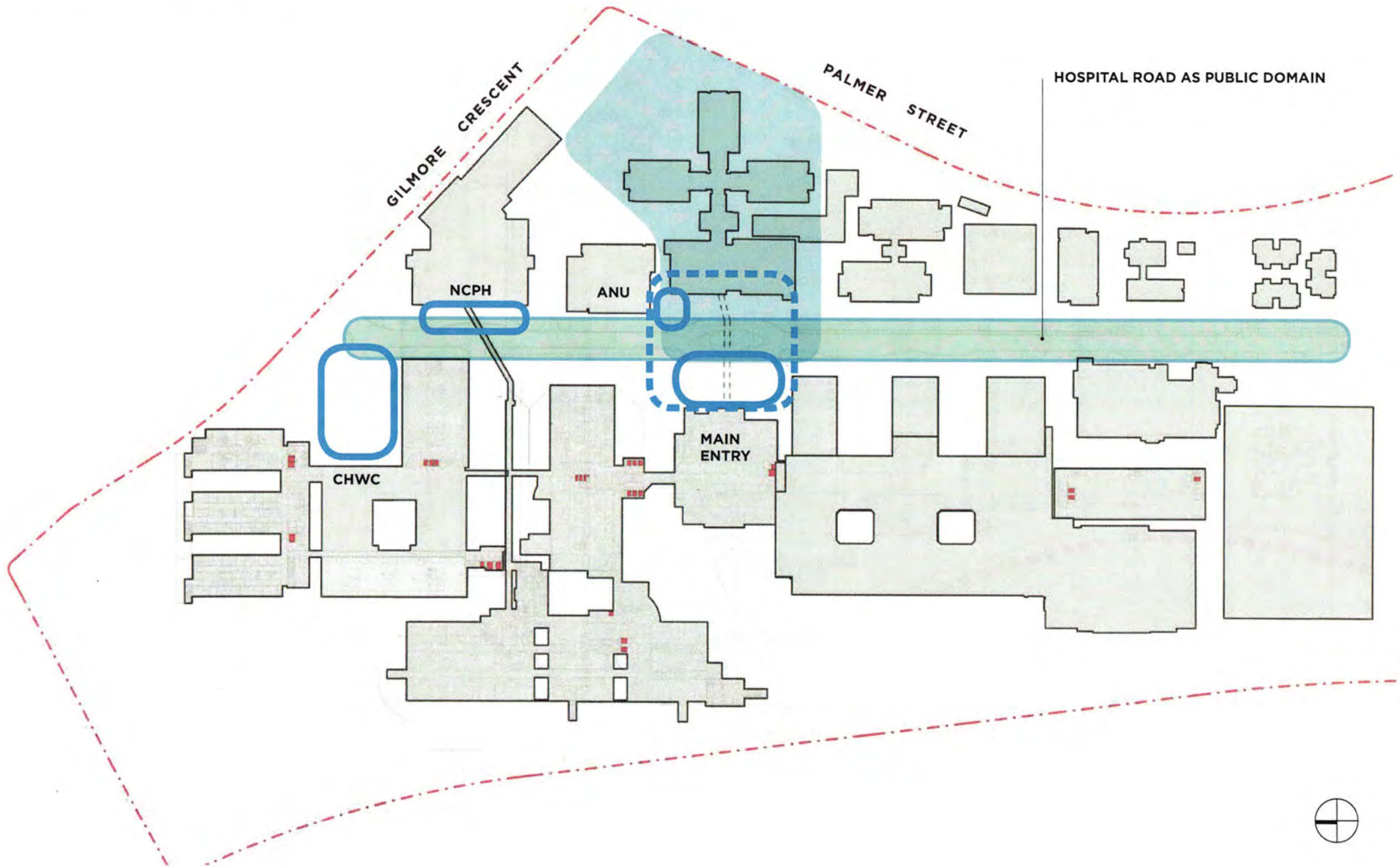
## CIRCULATION LEGEND

- CLINICAL
- PUBLIC
- LOGISTICS AND STAFF

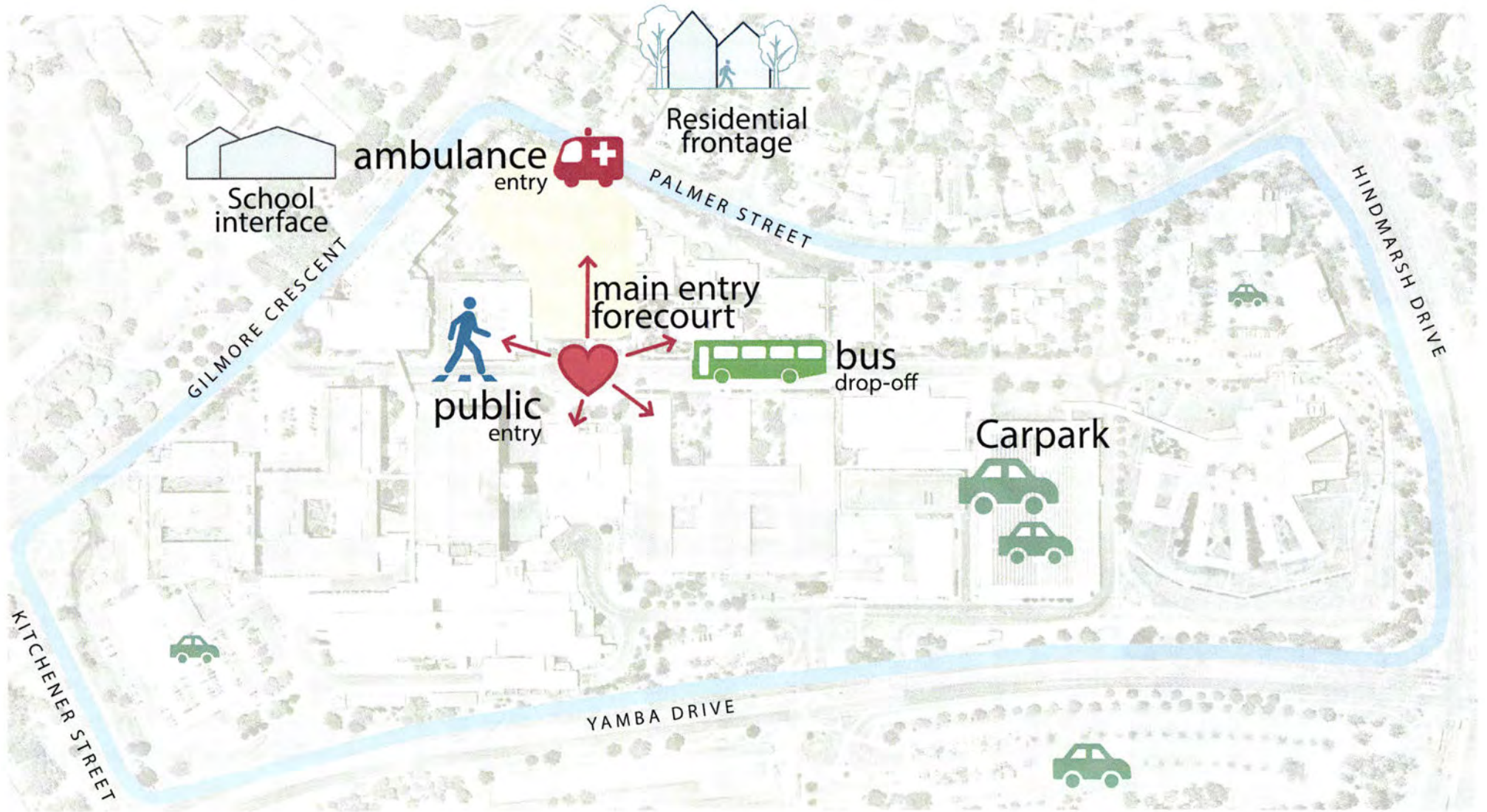


# PLANNING OUTCOMES PUBLIC SPACES

595  
030

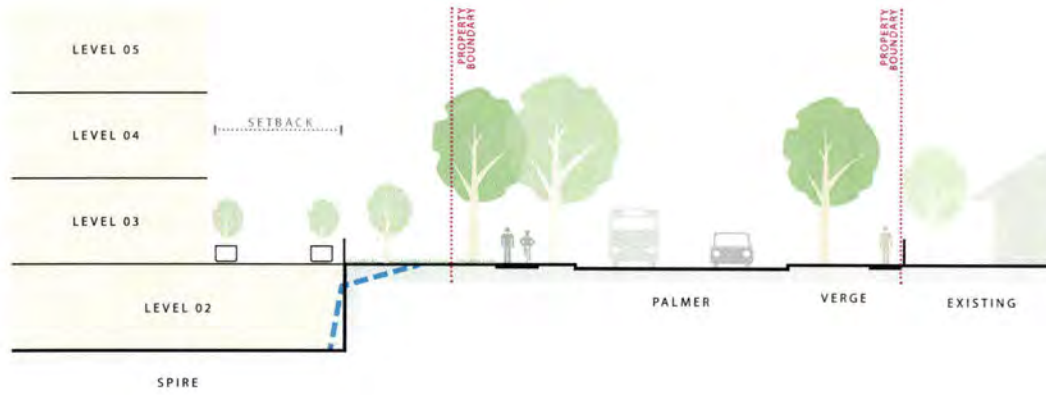


# PLANNING OUTCOMES PUBLIC SPACES



# PLANNING OUTCOMES PUBLIC SPACES - PALMER STREET

## Option 01



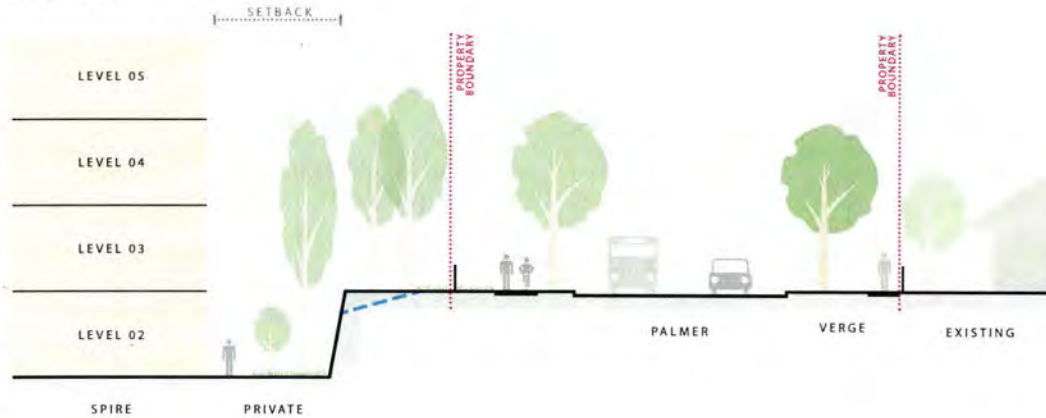
## Considerations

- Streetscape presence to Palmer Street
- Land use maximisation
- Safety from Palmer Street
- Enhanced Palmer Street streetscape

Existing Character



## Option 02



## Considerations

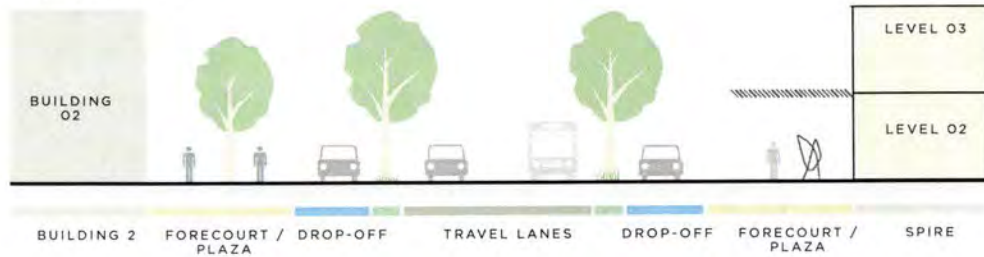
- Surveillance / CPTED issues
- Security of private open space
- Maintenance of private open space
- Reduced street presence

Possible Character



# PLANNING OUTCOMES PUBLIC SPACES - HOSPITAL ROAD

## Option 01



### Considerations

- Increased tree planting
- Safe pedestrian environment
- Solar access
- Sightlines maintained
- Passive surveillance

Existing Character



Possible Character



Canberra Airport

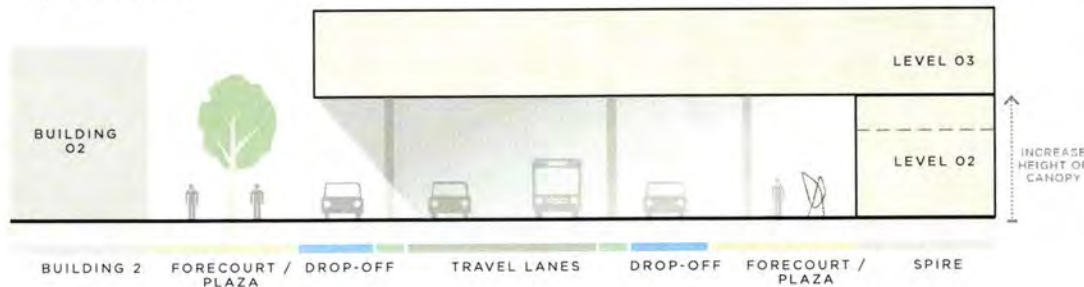
## Option 02



### Considerations

- Covered drop-off
- Reduced solar access
- Less greening

## Option 03



### Considerations

- Covered drop-off
- Reduced sight lines
- Possible covered link bridge to Building 2
- Reduced solar access
- No greening

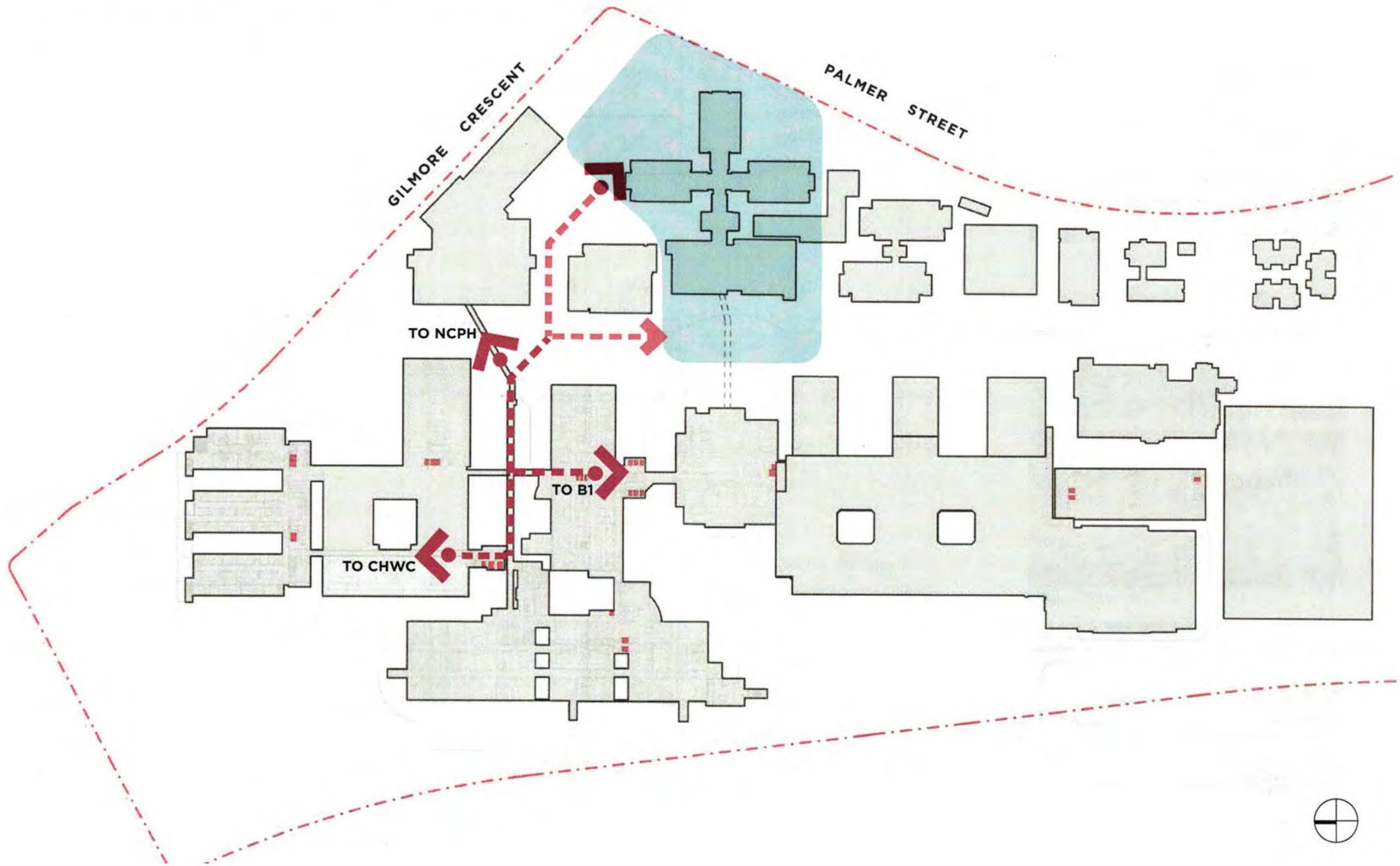


Adelaide Airport



Parkes Way overpass 45 x 33m

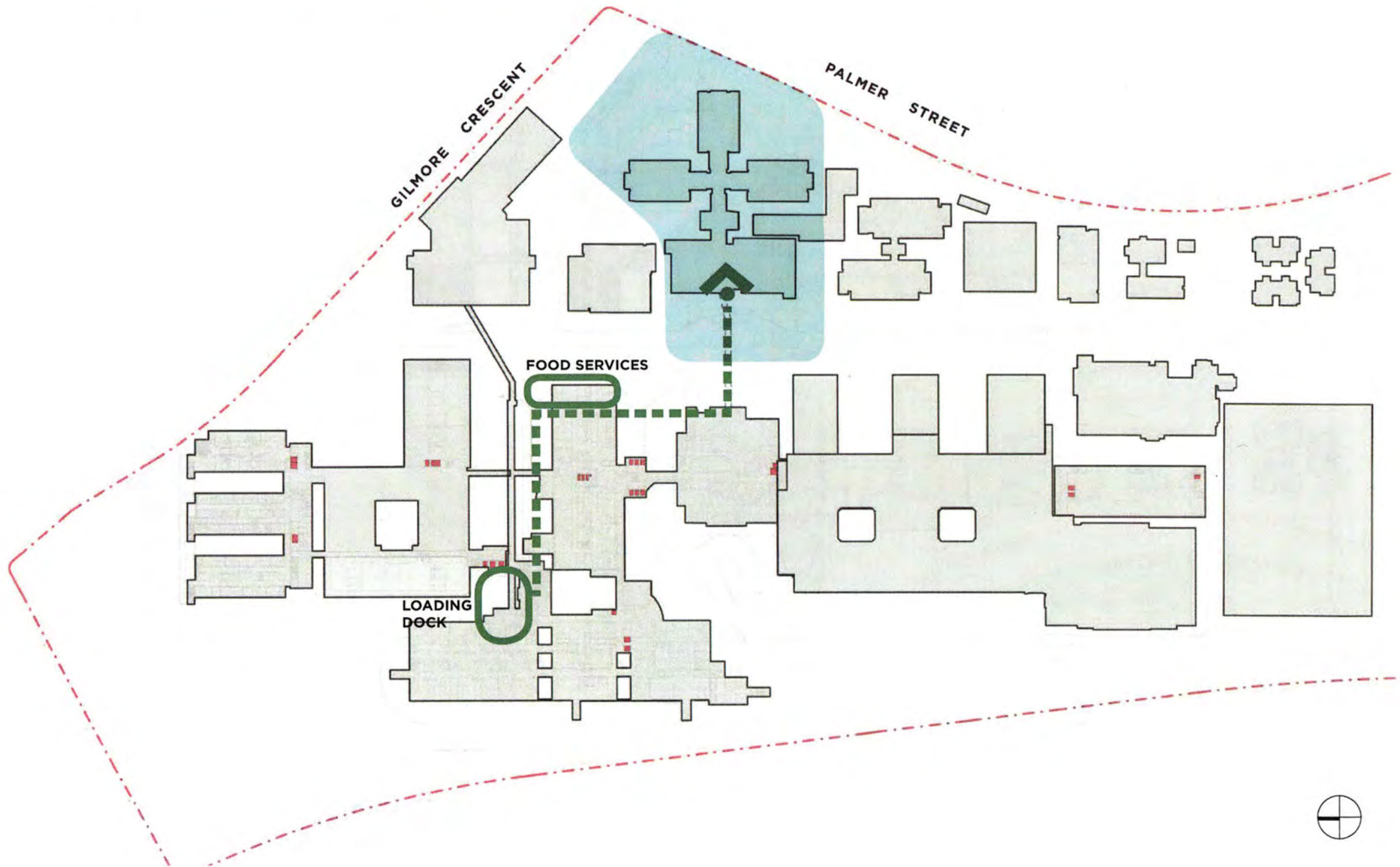
# PLANNING OUTCOMES LINKAGES TO EXISTING - LEVEL 3



# PLANNING OUTCOMES

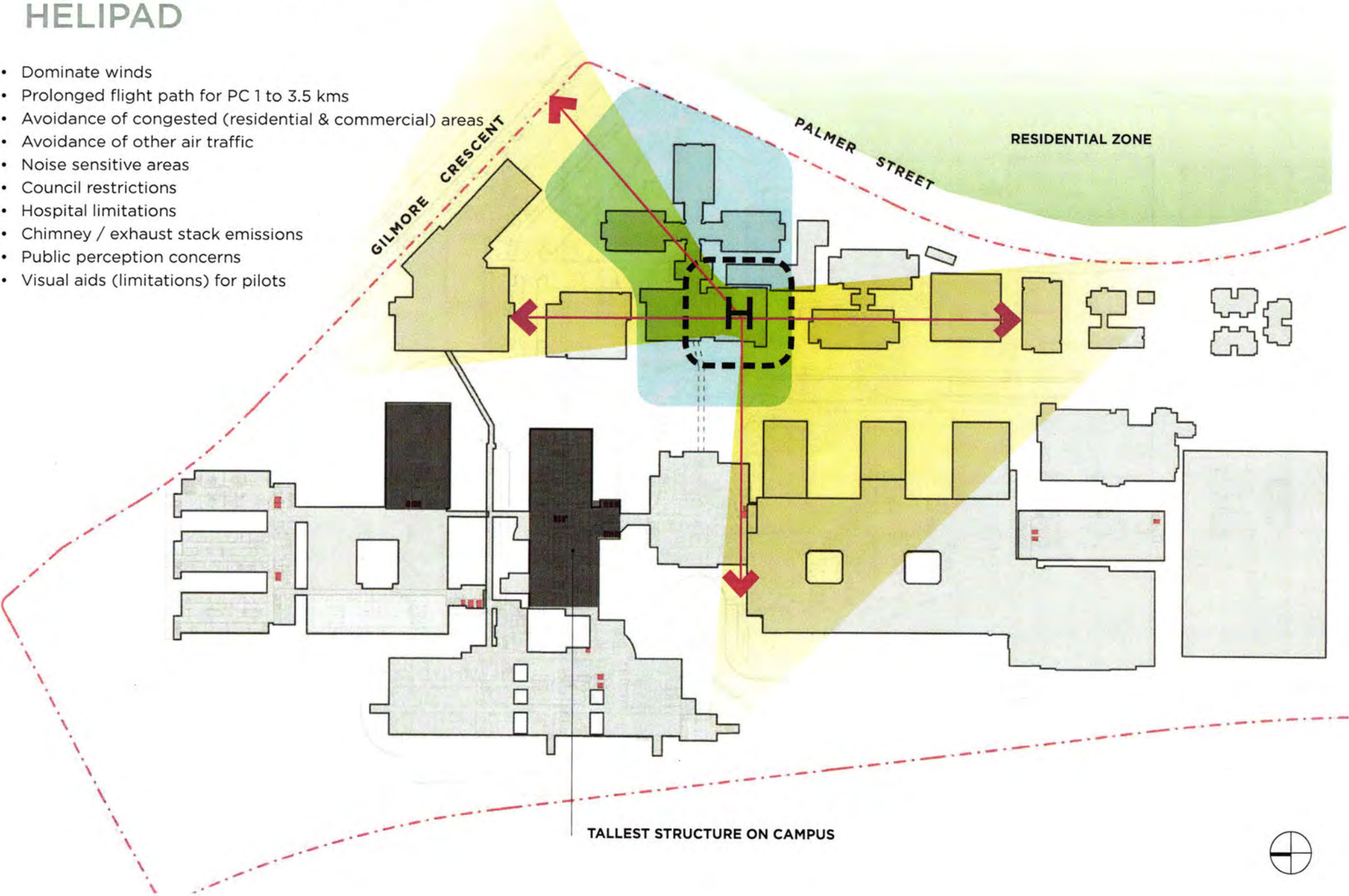
## LINKAGES TO EXISTING - LEVEL 1

600  
035



# PLANNING OUTCOMES HELIPAD

- Dominate winds
- Prolonged flight path for PC 1 to 3.5 kms
- Avoidance of congested (residential & commercial) areas
- Avoidance of other air traffic
- Noise sensitive areas
- Council restrictions
- Hospital limitations
- Chimney / exhaust stack emissions
- Public perception concerns
- Visual aids (limitations) for pilots

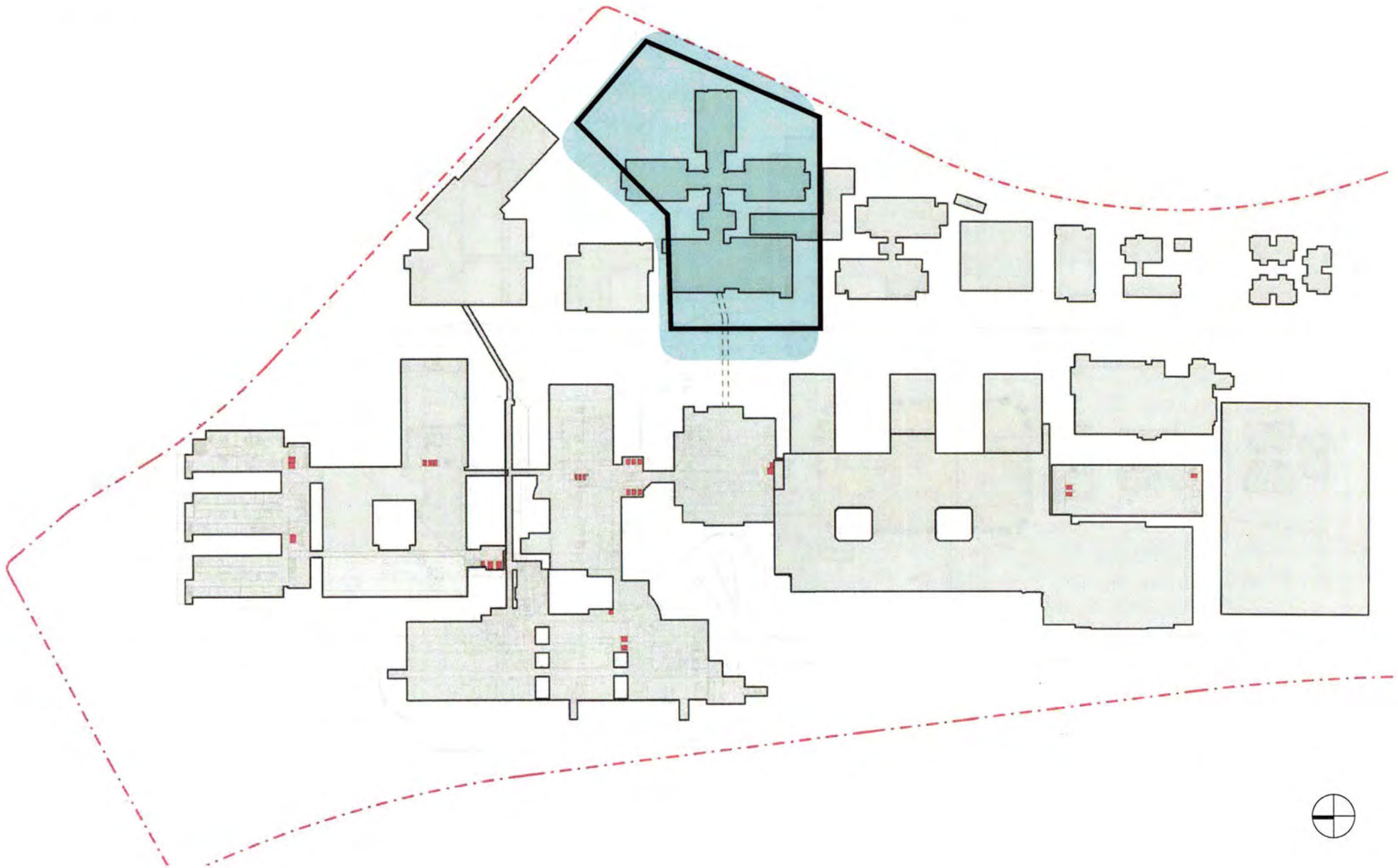




# PLANNING OUTCOMES

## LARGEST FLOOR PLATE - PERIOPERATIVE CENTRE

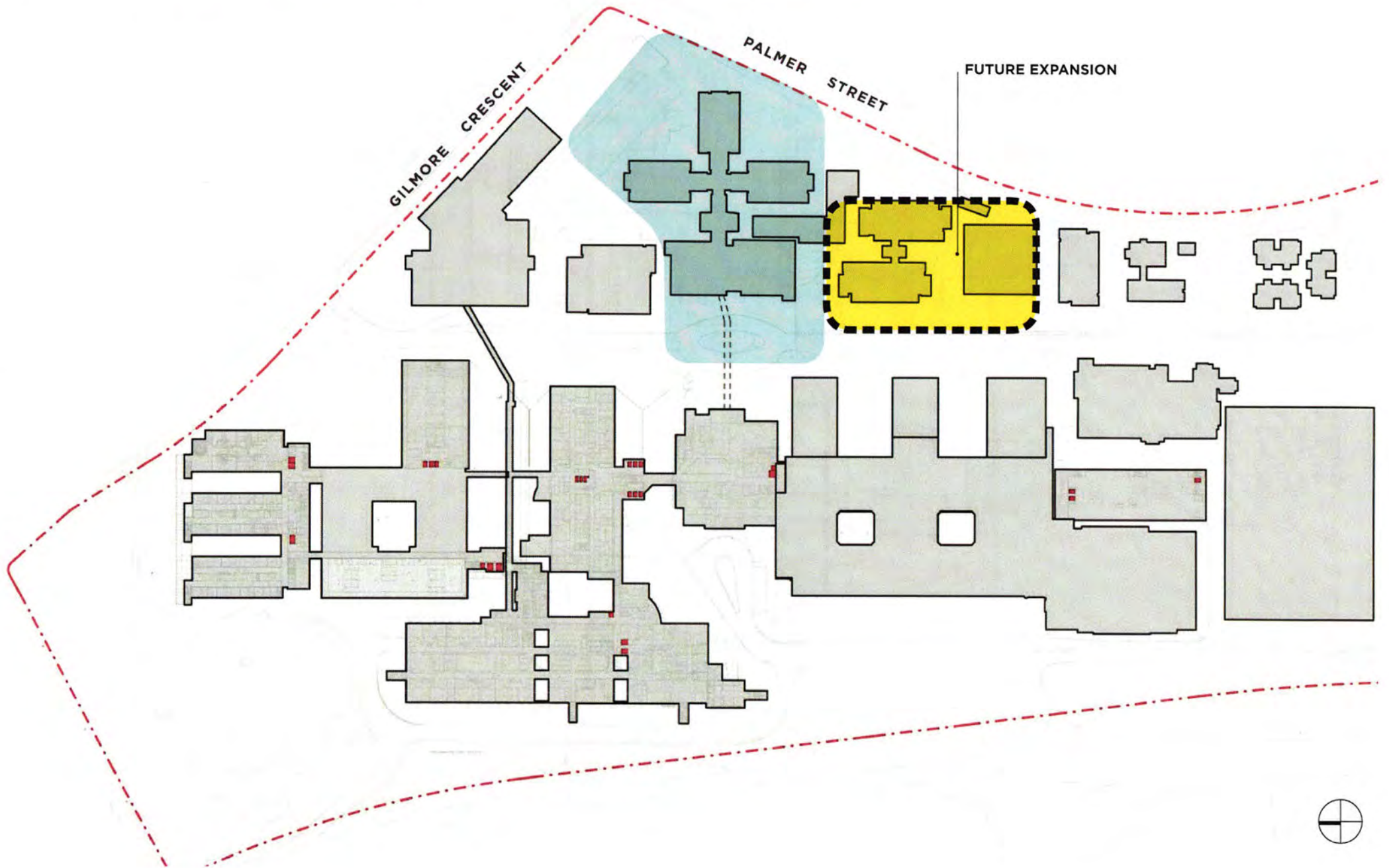
602  
037



# PLANNING OUTCOMES

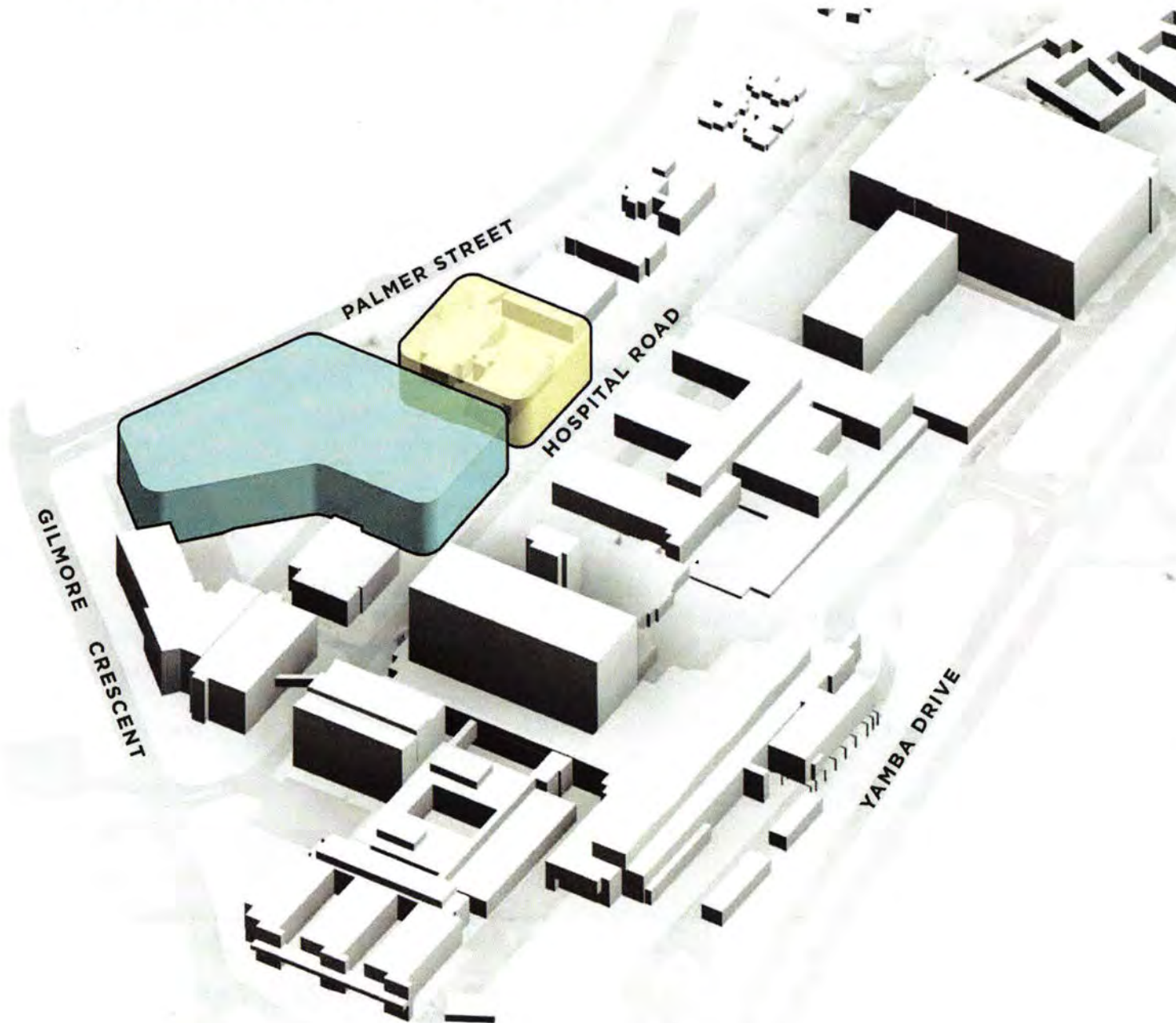
## ASSET MANAGEMENT - FUTURE EXPANSION

603  
038



# PLANNING OUTCOMES DEVELOPMENT ENVELOPE

604  
039



## SEGREGATED ACCESS

- AMBULANCE - PALMER ST
- SERVICES - GILMORE ST /HOSPITAL ROAD
- PUBLIC - HOSPITAL ROAD

## LINKAGES

- LOGISTICS -LEVEL 1 TUNNEL
- PUBLIC -LEVEL 2
- CLINICAL - LEVEL 3 BRIDGE

## MAIN ENTRY FORECOURT

- LINK EAST & WEST OF CAMPUS
- IMPROVED PEDESTRIAN CONNECTIONS ACROSS HOSPITAL ROAD

## ROOF-MOUNTED HELIPAD

- FLIGHT PATH AVOIDS RESIDENTIAL AREAS

## FUTURE EXPANSION PATH SOUTH

# EVALUATION CRITERIA

## FUTURE OPTIONS ANALYSIS

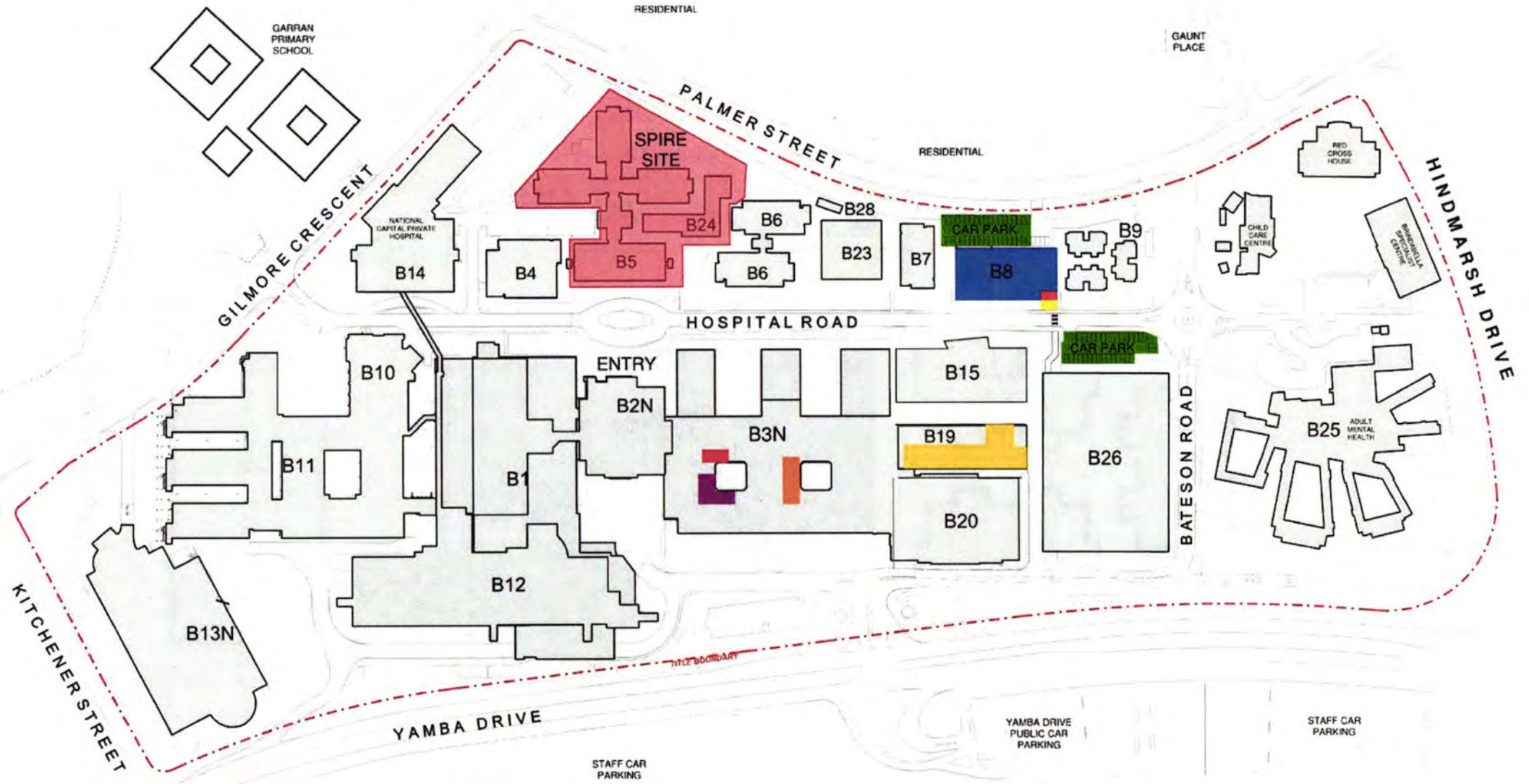
		Weighting	Option 1		Option 2		Option 3		Option 4		
			Raw Score	Weighted Score	Raw Score	Weighted Score	Raw Score	Weighted Score	Raw Score	Weighted Score	
1	<b>Functionality</b>	Fully accommodates the range of services and facilities proposed in the service plan	10	3	30	4	40	5	50	6	60
4	<b>Functionality</b>	Proposed massing provides appropriate functional zoning (horizontally and vertically)	10		0		0		0		0
6	<b>Functionality</b>	Provides a clear circulation framework and hierarchy that is legible to users and assist wayfinding, separates the movement of patients and people from the movement of goods and services.	10		0		0		0		0
8	<b>Place Making</b>	The proposal is sensitive to adjoining buildings on the site, its neighbours, and the urban context.	6		0		0		0		0
9	<b>Place Making</b>	The proposal provides high quality open spaces in appropriate locations.	8		0		0		0		0
10	<b>Amenity</b>	The proposal maximises the benefits of any environmental opportunities eg views, light, shelter, wind.	6		0		0		0		0
11	<b>Amenity</b>	The proposed zoning is efficient, minimising travel distances for patients, staff and visitors	8		0		0		0		0
15	<b>Asset Management</b>	Proposed massing uses valuable site area efficiently.	7		0		0		0		0
16	<b>Asset Management</b>	Future Expansion options	7		0		0		0		0
17	<b>Constructability</b>	Has minimal impact on the day-to-day operation of the hospital.	8		0		0		0		0
<b>TOTALS</b>				3	30	4	40	5	50	6	60
<b>RANK</b>					4.00		3.00		2.00		1.00

Criteria Weighting	Definition
10	Critical significance
9	High order of priority
8	
7	
6	
5	Average order of priority
4	
3	
2	
1	Lowest order of priority
0	Not applicable to this project

Criteria Rating	Definition
10	Exceeds criteria
9	
8	Partially exceeds criteria
7	
6	
5	Meets criteria
4	
3	
2	
1	Partially meets criteria
0	Does not meet criteria

# DECANTING STRATEGY

## SPACE AUDIT - OPTION 2



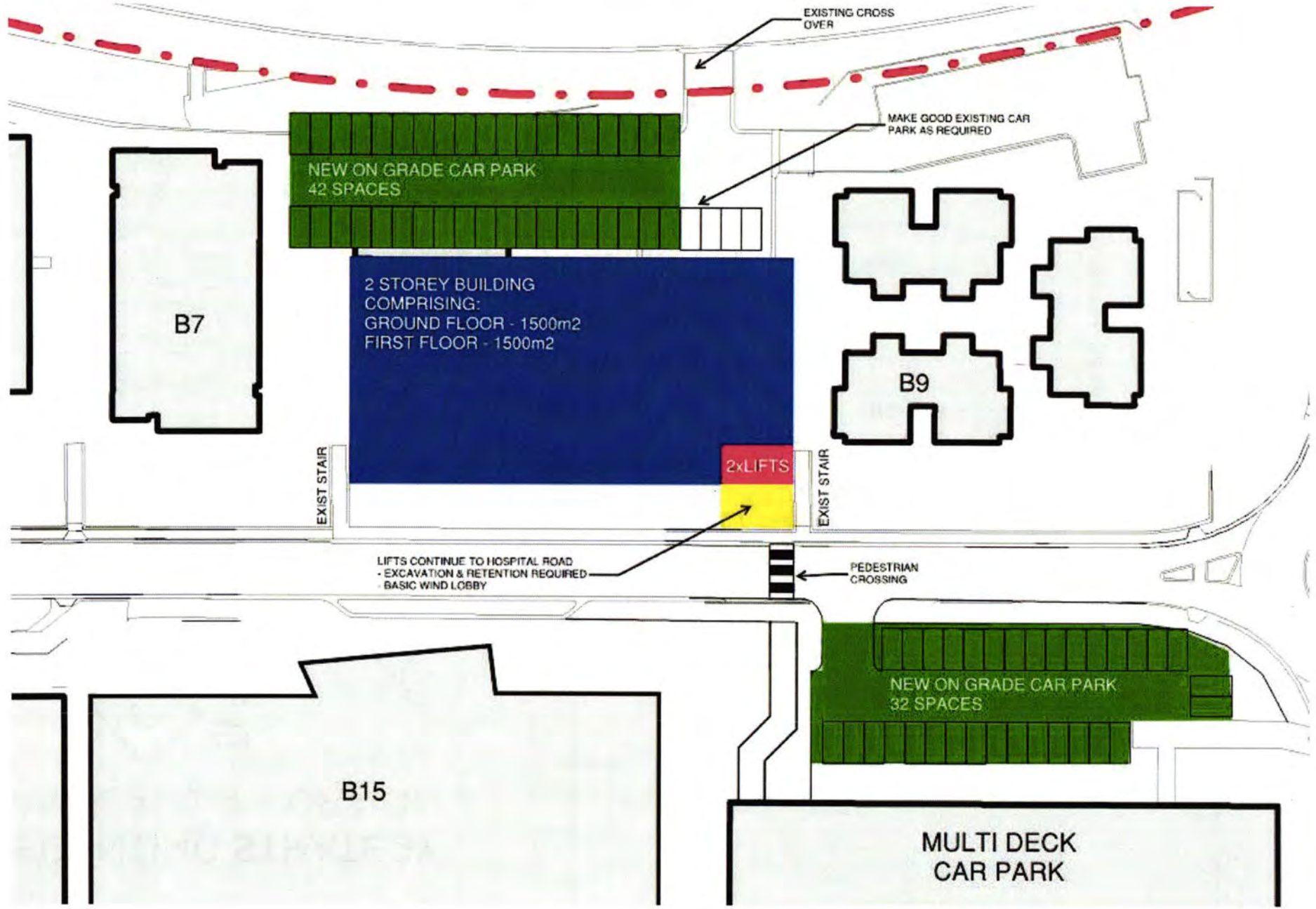
- DEMOLITION OF BUILDING 8 TO PROVIDE MODULAR BUILDING
- BUILDING 19 LEVEL 03 COLD SHELL SPACE. APPROX AREA 680-750m<sup>2</sup>

- BUILDING 3 LEVEL 01 FORMER GYM AND ADJACENT OFFICES. APPROX AREA 260m<sup>2</sup>
- BUILDING 3 LEVEL 01 FFE STORES. APPROX AREA 230m<sup>2</sup>
- BUILDING 3 LEVEL 01 BED MAINTENANCE. APPROX AREA 100m<sup>2</sup>



# DECANTING STRATEGY

## SPACE AUDIT - OPTION 1 NEW MODULAR BUILDING 8

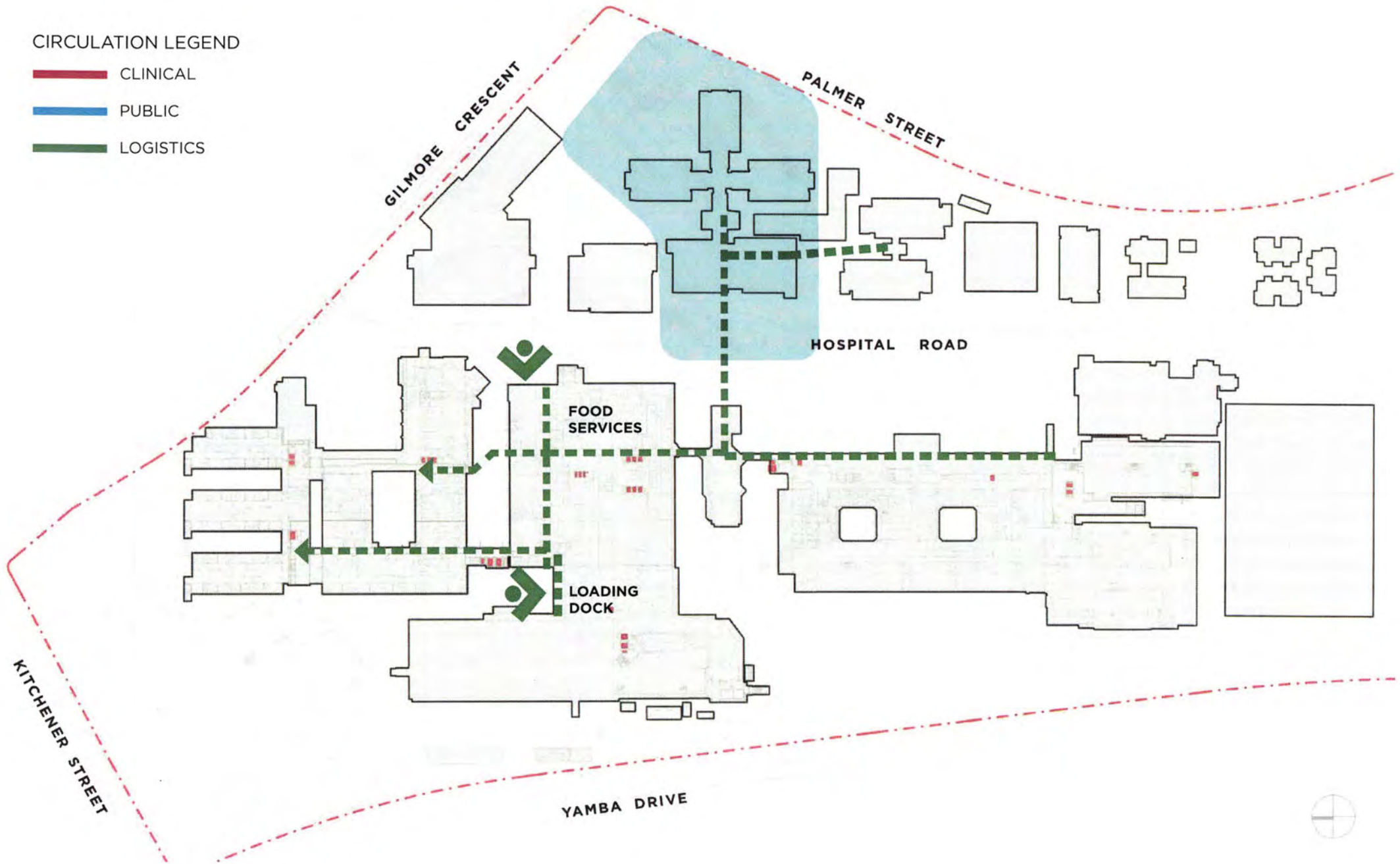


# SITE ANALYSIS

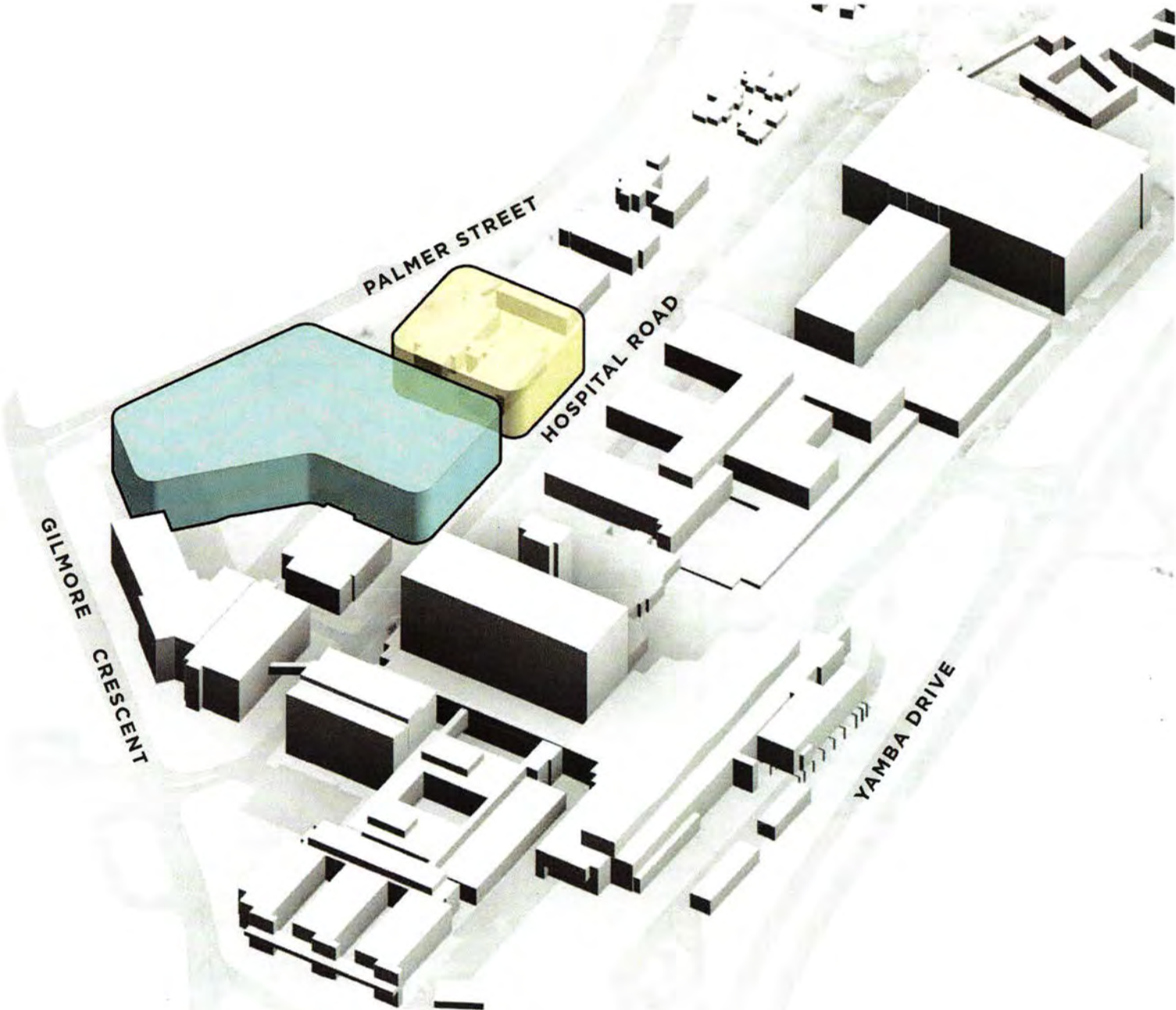
## INTERNAL LINKAGES - LEVEL 1

### CIRCULATION LEGEND

-  CLINICAL
-  PUBLIC
-  LOGISTICS



# NEXT STEPS



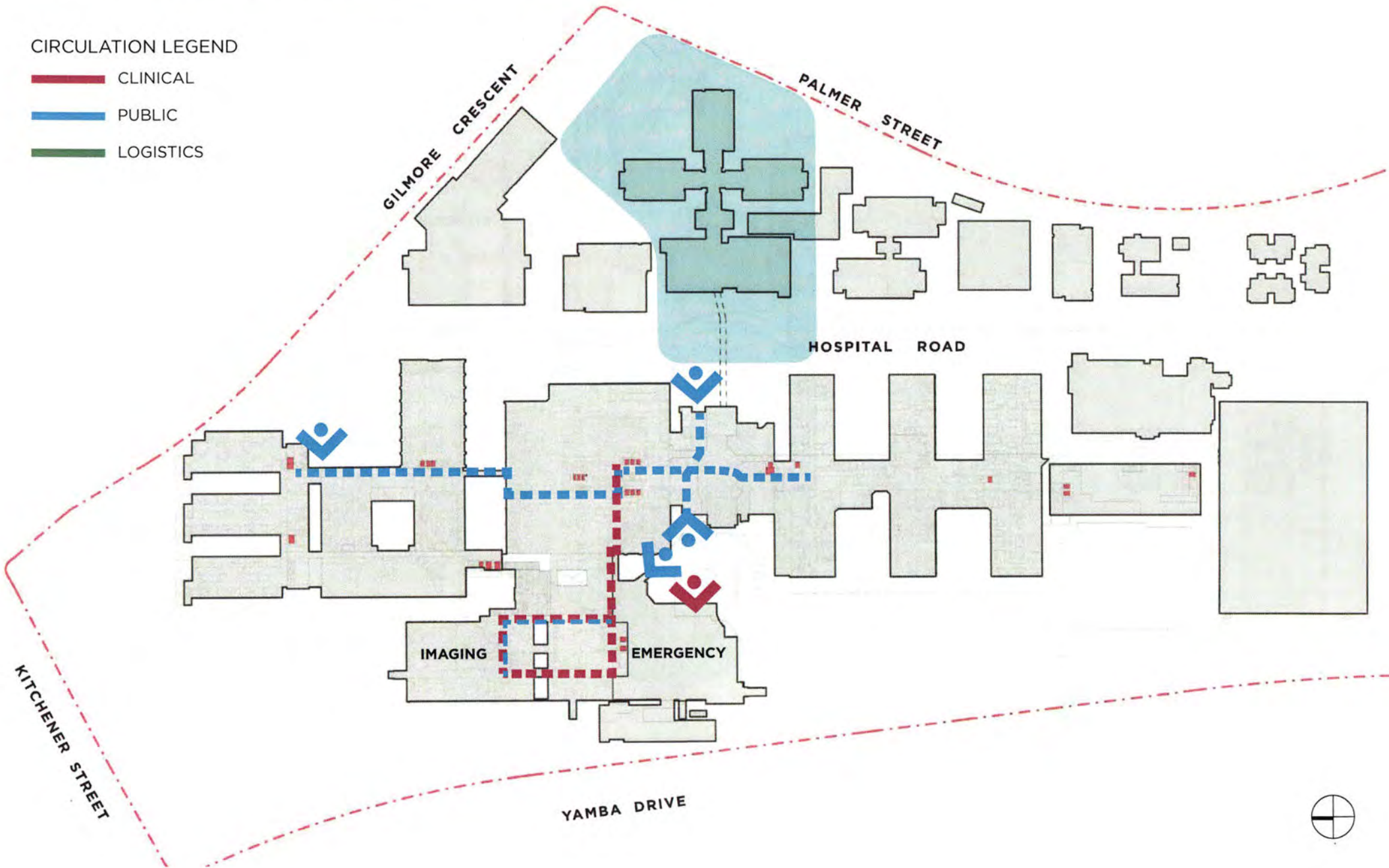


# SITE ANALYSIS

## INTERNAL LINKAGES - LEVEL 2

### CIRCULATION LEGEND

-  CLINICAL
-  PUBLIC
-  LOGISTICS

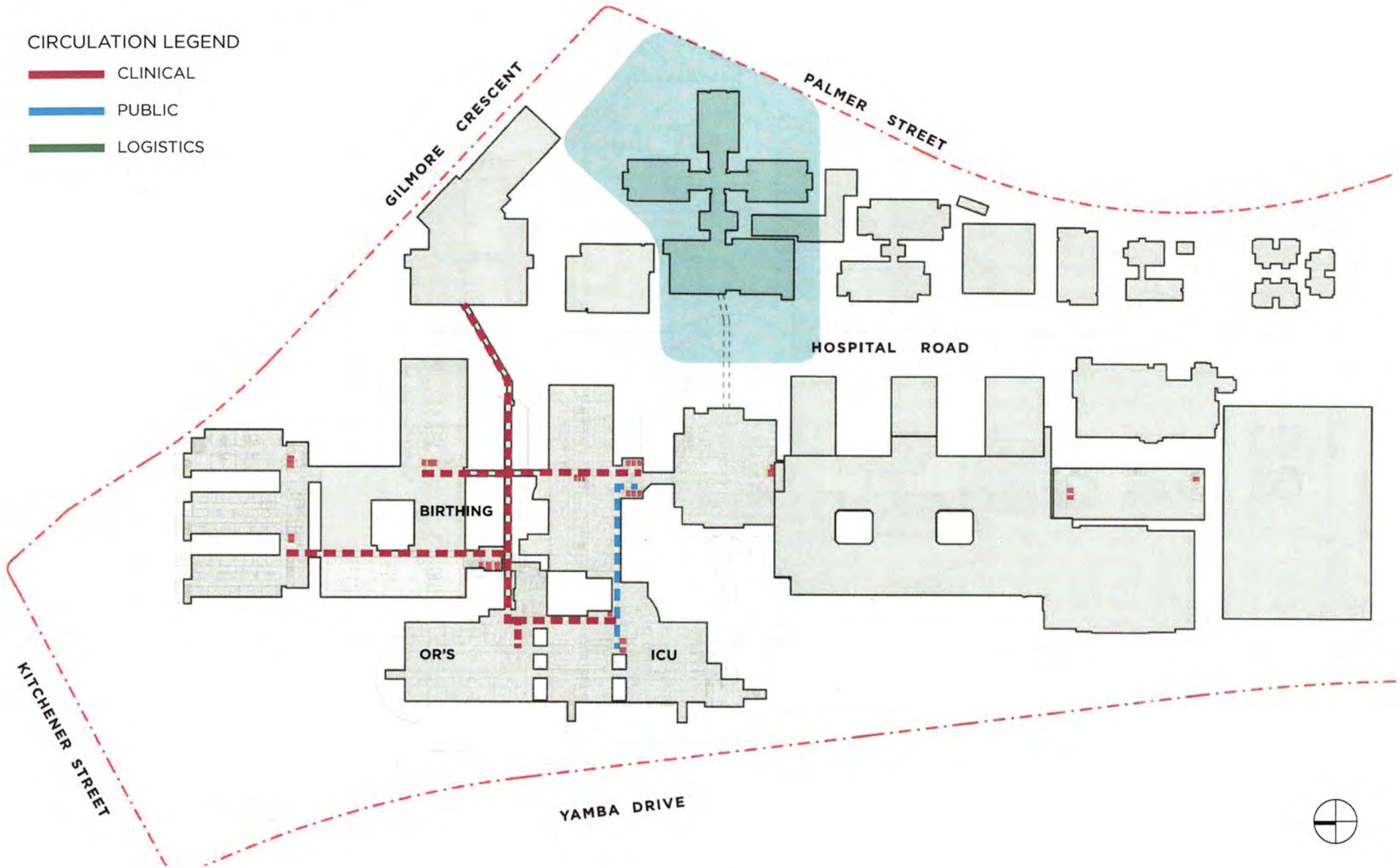


# SITE ANALYSIS

## INTERNAL LINKAGES - LEVEL 3

### CIRCULATION LEGEND

-  CLINICAL
-  PUBLIC
-  LOGISTICS



# SITE ANALYSIS

## URBAN CONTEXT - BUSH FIRE PRONE AREAS

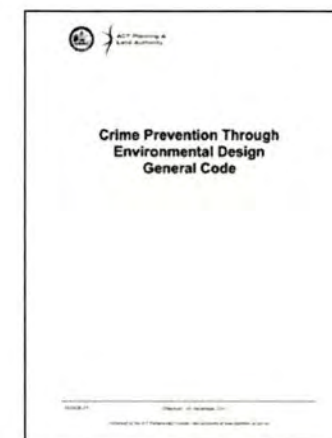
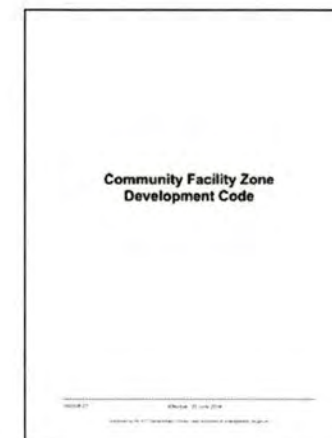
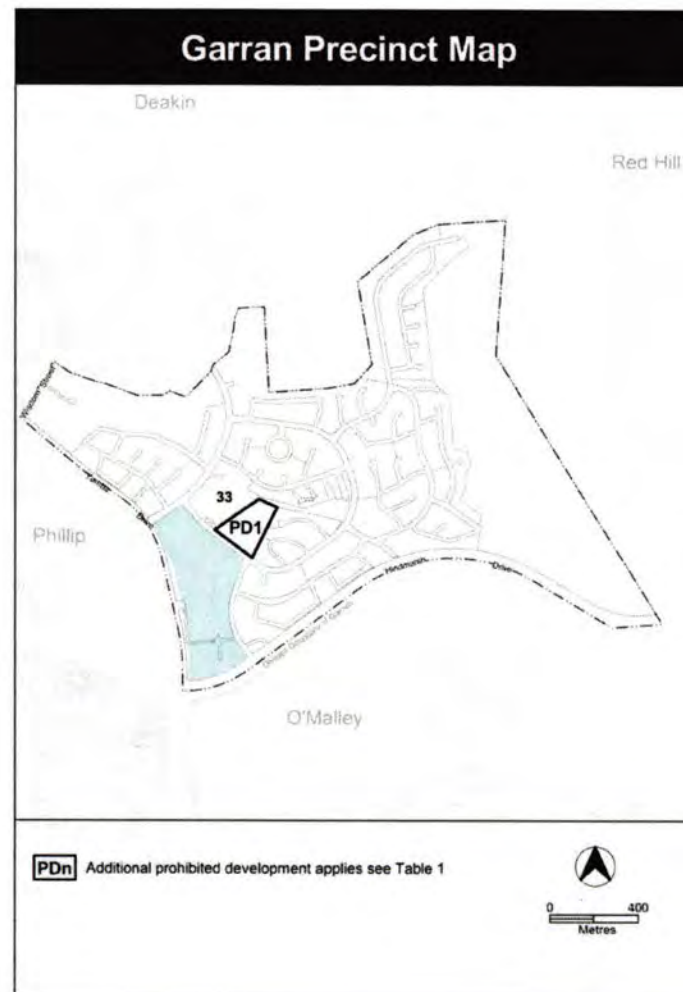


CANBERRA HOSPITAL



# SITE ANALYSIS PLANNING CONTROLS

613  
048



**Lowes, Shannon (Health)**

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**From:** Harding, Nikki  
**Sent:** Tuesday, 26 February 2019 11:51 AM  
**To:** Gilmore, Lisa (Health); De'Ath, Michael (Health); Doran, Karen (Health); McDonald, Bernadette (Health); Lopa, Liz (Health); Bone, Chris (Health); Burch, Brad (Health); Mooney, Colm (Health); Esau, Lloyd; Whybrow, Mark; Lindemann, Monica (Health); Culver, Jakob (Health)  
**Cc:** Gardner, Joannel; Basic, Babita; DDGCorporate; Hayne, Casey (Health); Douglas, Nerida (Health); Building Health Services Program; Chicco, Dee (Health); Rucinski, Gul (Health)  
**Subject:** SPIRE ESC - Papers [SEC=UNCLASSIFIED]  
**Attachments:** 3.1 Project Governance.pdf; 3.2 ToR ESC and PCG.pdf; 3.6 ICT Network Infrastructure - Early Works.pdf; Agenda - SPIRE Executive Steering Committee DRAFT 27 Feb 2019.pdf  
**Importance:** High

Bern,  
I will add these to your papers.  
You will be late to this meeting and I have let them know. Lisa Gilmore will be there for the duration of the meeting.  
Thanks  
Liv

Good morning all

Please find attached agenda and papers for tomorrow's initial SPIRE Executive Steering Committee meeting. Please note, as per the agenda, papers 3.3, 3.4 and 3.5 are currently pending.

Regards,

**Nikki Harding** | Governance Officer

Phone: (02) 6205 1757

**Procurement ACT** | Chief Minister, Treasury and Economic Development Directorate | ACT Government

GPO Box 158 Canberra ACT 2601 | [www.act.gov.au](http://www.act.gov.au)

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# Submission Paper Terms of Reference – Executive Steering Committee and Project Control Group

Surgical Procedures, Interventional  
Radiology and Emergency (SPIRE) Centre  
Executive Steering Committee

**Meeting Date:** 27 February 2019      **Agenda Item No:** 3.2

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**Subject:** Terms of Reference – Executive Steering Committee and  
Project Control Group

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**Author:** Strategic Infrastructure

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**Purpose:** For Decision

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# Terms of Reference – Executive Steering Committee and Project Control Group

## Submission Paper Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre Executive Steering Committee

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### Background

1. The Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre project is an election commitment and ACT Government priority being delivered under the Building Health Services Program (BHSP). The project is a Tier One project, as per the ACT Government's the Capital Framework, and is owned by the ACT Health Directorate (ACTHD) under the leadership of the Corporate Services division. Canberra Health Services (CHS) is the ultimate client and end-user. Project management for the business case development period is provided for through existing ACT Government resources from Infrastructure Finance and Capital Works (IFCW) of the Commercial Services and Infrastructure (CSI) division of ACT Treasury.
2. In December 2018 a Principal Design Consultant (Silver Thomas Hanley) and business case advisors (Ernst & Young) were engaged to enable the completion of proof of concept for the project and development of the detailed business case. It is anticipated that the detailed business case for the project will be completed for submission in late April 2019 for Government's consideration in the 2019-20 Budget context.
3. On 21 January 2019, the Director-General of the ACTHD approved a brief (DGC 19/32) agreeing to a proposed governance approach and structure for the SPIRE project for the business case development period, with a foundation basis in a Project Control Group (monitor and decision setting) and Executive Steering Committee (strategic guidance and decision setting) model.
4. A decision by the Executive Steering Committee in relation to the project governance model for the SPIRE Centre project is the subject of a separate submission paper (see submission paper 3.1).

### Issues

5. The draft Terms of Reference for the SPIRE Executive Steering Committee is contained at [Attachment A](#), for review and endorsement by the Executive Steering Committee.
6. Following endorsement the Executive Steering Committee Terms of Reference will be escalated to the Directorate Leadership Committee for approval.
7. The draft Terms of Reference for the SPIRE Project Control Group is contained at [Attachment B](#), for review and in-principal approval by the Executive Steering Committee (as a SPIRE Project Control Group meeting has not yet occurred).
8. Following in-principal approval by the Executive Steering Committee, the Project Control Group Terms of Reference will be provided to the Project Control Group for endorsement, at which time given no substantive changes the Project Control Group Terms of Reference will be taken to be approval (they will be provided back to the Executive Steering Committee for noting).

### Recommendation

9. It is recommended that Executive Steering Committee:
  - Endorse the Terms of Reference for the SPIRE Executive Steering Committee; and
  - Agree to provide in-principal approval of the Terms of Reference for the SPIRE Project Control Group.

### Attachments

Attachment	Title
Attachment A	Terms of Reference – SPIRE Executive Steering Committee
Attachment B	Terms of Reference – SPIRE Project Control Group



# **SURGICAL PROCEDURES, INTERVENTIONAL RADIOLOGY AND EMERGENCY (SPIRE) CENTRE \_ EXECUTIVE STEERING COMMITTEE**

Strategic Infrastructure, Corporate Services  
ACT Health Directorate

22 February 2019



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## BACKGROUND/CONTEXT

This Terms of Reference establishes the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre Executive Steering Committee, as well as, defines its authority, responsibility and composition.

## FUNCTION OF THE COMMITTEE

The Executive Steering Committee (ESC) will provide the strategic management and guidance of the project. In particular the ESC will function as the key decision-making body for the SPIRE Centre project, in particular providing higher level guidance and advice to the Project Control Group (PCG) and working groups established for the project.

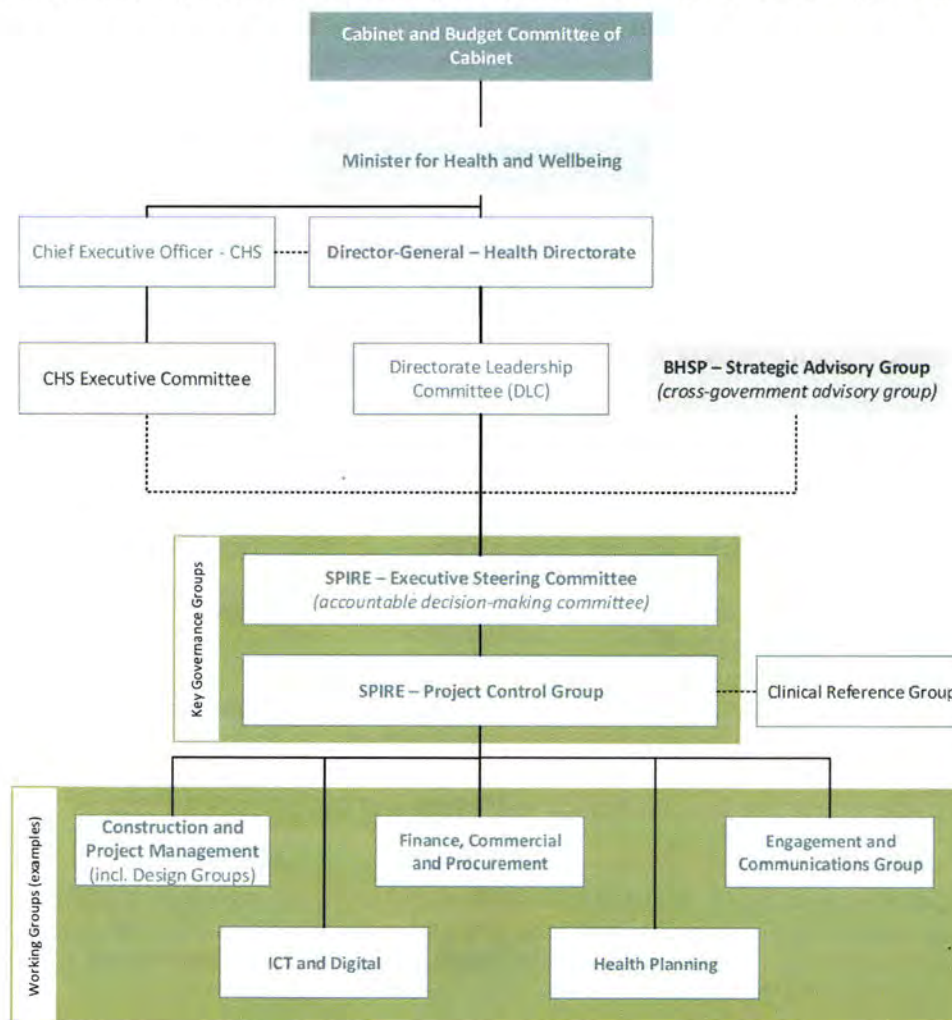
The ESC will be responsible for:

- Strategic oversight of the project to ensure progress and performance against its critical path, and that the project is meeting organisation operational and strategic objectives;
- Approving project deliverables and changes including the scope, time, procurement strategy and budget management (within set delegated limitations);
- Establishing boundaries and mechanisms for the variation of project scope, inclusive of time and cost;
- Overseeing stakeholder communication and engagement activities;
- Resolving issues and policy decisions;
- Monitoring risks and opportunities;
- Resourcing decisions during the business case development period of the project, including for developing proof of concept and undertaking early works;
- Appointing and directing the PCG, and acting as a point of reporting and escalation;
- Provide regular briefing updates to the Minister and Government as required.

Unless otherwise approved by the Directorate Leadership Committee (DLC) of the ACTHD (or an equivalent within the ACTHD), the ESC will continue until project completion or until an alternative governance committee of commensurate level and status is implemented for the project. In either case, the DLC of the ACTHD (or an equivalent within the ACTHD) will determine if this ESC is require to meet beyond this point.

SPIRE CENTRE PROJECT – EXECUTIVE STEERING COMMITTEE –  
TERMS OF REFERENCE

FIGURE ONE: PROJECT GOVERNANCE – SPIRE CENTRE PROJECT



## MEMBERSHIP

The ESC will be comprised of the following members and attendees.

TABLE ONE: STEERING COMMITTEE MEMBERS AND ATTENDEES

Representation	Position	Individual
<b>Chair</b>	Director-General, ACT Health Directorate (ACTHD)	Michael De'Ath
<b>Deputy Chair</b>	Deputy Director-General, Corporate Services (ACTHD)	Karen Doran
<b>Members</b>	Executive Group Manager, Strategic Infrastructure and Procurement (ACTHD)	Liz Lopa
	Executive Branch Manager, Strategic Infrastructure (ACTHD)	Brad Burch
	Chief Executive Officer, Canberra Health Services (CHS)	Bernadette McDonald
	Deputy Director-General, Clinical Services (CHS)	Chris Bone

## SPIRE CENTRE PROJECT – EXECUTIVE STEERING COMMITTEE – TERMS OF REFERENCE

Executive Director, Infrastructure Management and Maintenance (CHS)	Colm Mooney
Executive Director, Infrastructure Finance and Capital Works (IFCW) (CMTEDD)	Lloyd Esau
Executive Director, Finance and Budget Division (CMTEDD)	Mark Whybrow

<b>Attendees</b>	SPIRE Project Management Role (specialised consultant)	TBC
	SPIRE Clinical Director	TBC
	Specialist Advisor, Strategic Infrastructure (ACTHD) Commercial Advisor, Strategic Infrastructure (ACTHD)	Monica Lindemann Jakob Culver
<b>Secretariat</b>	IFCW	TBC

The ESC may call on other staff/representatives to attend from time to time to provide additional support and subject matter expertise.

### GOVERNANCE AND SECRETARIAT

The ESC will report directly to the Directorate Leadership Committee (DLC) of the ACT Health Directorate (ACTHD). Periodic updates from the ESC will be provided to the DLC, and by exception actions and issues may be escalated by the ESC to the DLC for reply advice and strategic resolution.

The ESC will be chaired by the Director-General, ACTHD, with the Deputy Director-General, Corporate Services the Deputy Chair. The ESC is comprised of executives from the ACTHD, CHS, IFCW (CMTEDD), and the Finance and Budget Division of the CMTEDD. From time to time, the Chair may invite observers or seek presentations from other ACT Government Agencies, and where appropriate, external representatives (e.g. representatives from consultants and various stakeholder groups).

In addition to the PCG, IFCW provides Secretariat support to the Chair and the ESC, and if required to the project's working groups. The Secretariat will coordinate all agenda papers and those submission papers and reports prepared by members and the PCG.

Wherever practicable, agenda papers will be provided to ESC members at least 3 days in advance of meetings. Outcomes of ESC meetings will be provided to members as soon as possible after meetings, and should be promulgated amongst relevant PCG members where appropriate.

All action items and decisions are to be recorded by the Secretariat. It is the responsibility of the Chair to ensure that the minutes, decisions and actions recorded are an accurate representation of the ESC activities and approvals.

The ESC decisions are generally made by consensus, although the Chair retains the ability to settle preferred approaches, noting any dissenting views, where consensus cannot be reached.

### PROXIES TO MEETINGS

Members and attendees of the ESC are to nominate a proxy to attend a meeting if unable to attend.

## SPIRE CENTRE PROJECT – EXECUTIVE STEERING COMMITTEE – TERMS OF REFERENCE

The nominated proxy must have a suitable briefing to fulfil the position and to be able to make an informed decision.

The nominated proxy is to act on behalf of the member/agency they represent, and is responsible for ensuring that member is debriefed on the meeting outcomes.

### QUORUM REQUIREMENTS

A quorum is constituted when a minimum of 5 members (which may include the Chair) are in attendance at the meeting (which may include 1 proxy), and there is at least 1 member from each of the Health Directorate, Canberra Health Services and CMTEDD. Where the Chair is not able to attend a meeting, the Deputy Chair will chair the meeting. Where the Chair and Deputy Chair is not able to attend a meeting, those members at the meeting must elect one of their number to act as Chair for that meeting.

### AGENDA ITEMS

All agenda items must be forwarded by members to the Secretariat by Close of Business (COB) five (5) working days prior to the next scheduled meeting. The Chair and Deputy Chair holds custodianship of the Agenda for the ESC.

Wherever practical the agenda, with attached meeting papers, will be distributed at least three (3) working days prior to the next scheduled meeting.

### MINUTES & MEETING PAPERS

The minutes of each meeting will be recorded and distributed by the Secretariat.

Full copies of the minutes, including attachments, will be provided to all members no later than five (5) working days following each meeting.

### FREQUENCY OF MEETINGS

The ESC will meet every month (1-2 weeks after the SPIRE PCG), or out-of-session as required. With the approval of the Chair, some issues may be considered out-of-session.

### TERMS OF REFERENCE REVIEW FREQUENCY

Annually

### TERMS OF REFERENCE APPROVAL

The TOR is to be tabled for formal endorsement at the first ESC meeting, for recommendation for approval to the DLC of the ACTHD.

### AMENDMENT HISTORY

Version #	Issue date	Amendment details	Author
1.0	22/02/2019	Version 1	Jakob Culver

## APPENDIX A: ESC ROLES AND RESPONSIBILITIES

Role	Responsibility	Nominated individual (s)
<b>Chair</b>	Chairs all meetings (assigned to the Deputy Chair when unable to), liaises with other members to ensure all Terms of Reference rules are met, tables the consensus on resolutions and starts and ends all meetings. The Chair is also a member of the ESC.	
<b>Deputy Chair</b>	Chairs all meeting that the Chair is unable to, or when the Chair is an apology or absent. Take on responsibilities of the Chair when the Chair is not present. The Deputy Chair is also a member of the ESC.	Refer to Table Two
<b>Secretariat</b>	Takes minutes, records actions, due dates and owners, tracks these for the Committee, ensures these are agreed at the end of each session and circulated in advance of sessions.	
<b>Member</b>	Members are participants of the SPIRE ESC. They are required to review issues presented to them and act in accordance with the conditions specified within the Terms of Reference. Members hold voting rights in regards to issues and items of endorsement and/or items of decision.	
<b>Attendee</b>	Attendees are participant of the SPIRE ESC. Attendees do not hold voting rights in regards to issues and items of endorsement.	

SPIRE CENTRE PROJECT – EXECUTIVE STEERING COMMITTEE –  
TERMS OF REFERENCE

## APPENDIX B: SPIRE PROJECT ROLES AND RESPONSIBILITIES

Role	Position	Organisation
Senior Owner	Director-General (Chair: SPIRE – Executive Steering Committee)	ACTHD
Deputy Senior Owner	Deputy Director-General, Corporate Services (Deputy Chair: SPIRE – Executive Steering Committee)	ACTHD
Project Executive	Executive Group Manager, Strategic Infrastructure (Chair: SPIRE – Project Control Group)	ACTHD
Deputy Project Executive	Executive Branch Manager, Strategic Infrastructure	ACTHD
Project Management Role	<i>Position to be filled (IFCW during the business case development period and staging and decanting)</i>	ACTHD
Lead Project Managers	<i>Positions to be filled</i>	ACTHD
Senior User	Chief Executive Officer	CHS
Deputy Senior User	Deputy Director-General, Clinical Services	CHS
User Representatives	Executive Director, Critical Care Executive Director, Surgery and Oral Health Executive Director, Medical Services Executive Director, Nursing and Midwifery Executive Director, Infrastructure Management and Maintenance	CHS
Lead Clinicians <sup>1</sup> (for example)	Clinical Director, Emergency Department Clinical Director, Surgery Clinical Director, Intensive Care Clinical Director, Coronary Care	CHS
SPIRE Clinical Director	SPIRE Clinical Director (appointed by the Chief Executive Officer)	CHS
Senior Supplier	Executive Director, Infrastructure Finance and Capital Works (IFCW)	IFCW
Deputy Senior Supplier	Branch Director, Social Infrastructure Branch	IFCW
Principal Design Consultant	Principal Design Consultant (External Consultant) – Reporting to IFCW for the development of the Business Case	STH <sup>2</sup>
Business Case Advisor	Business Case Advisor (External Consultant) – Reporting to ACTHD	EY <sup>2</sup>
Service Delivery Planning Consultant	Service Delivery Planning Consultant (External Consultant) – Reporting to ACTHD	TBC

1. In addition to Lead Clinicians, other clinical stakeholders will form part of the Working Groups to inform progression of project elements (e.g. design user groups to inform early design and preliminary/final design processes). Lead Clinicians will form part of the proposed Clinical Reference Group.

2. STH – Silver Thomas Hanley; EY – Ernst & Young



Strategic Infrastructure, Corporate Services  
ACT Health Directorate

22 February 2019



# **SURGICAL PROCEDURES, INTERVENTIONAL RADIOLOGY AND EMERGENCY (SPIRE) CENTRE – PROJECT CONTROL GROUP (PCG)**

Strategic Infrastructure, Corporate Services  
ACT Health Directorate

22 February 2019





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## BACKGROUND/CONTEXT

This Terms of Reference establishes the Surgical Procedures interventional Radiology and Emergency (SPIRE) Centre Project Control Group (PCG), as well as, defines its authority, responsibility and composition.

## FUNCTION OF THE PROJECT CONTROL GROUP (PCG)

The Project Control Group will meet regularly to communicate with and provide direction, guidance and oversight for the SPIRE Centre project being delivered. The PCG provides mutually agreed guidance, direction and oversight to the Working Groups and User Groups and endorses recommendations from the project management role and team of the project. The PCG monitors project performance and reports to the SPIRE Executive Steering Committee (SPIRE ESC), escalating endorsed matters to the SPIRE ESC for approval.

The PCG will:

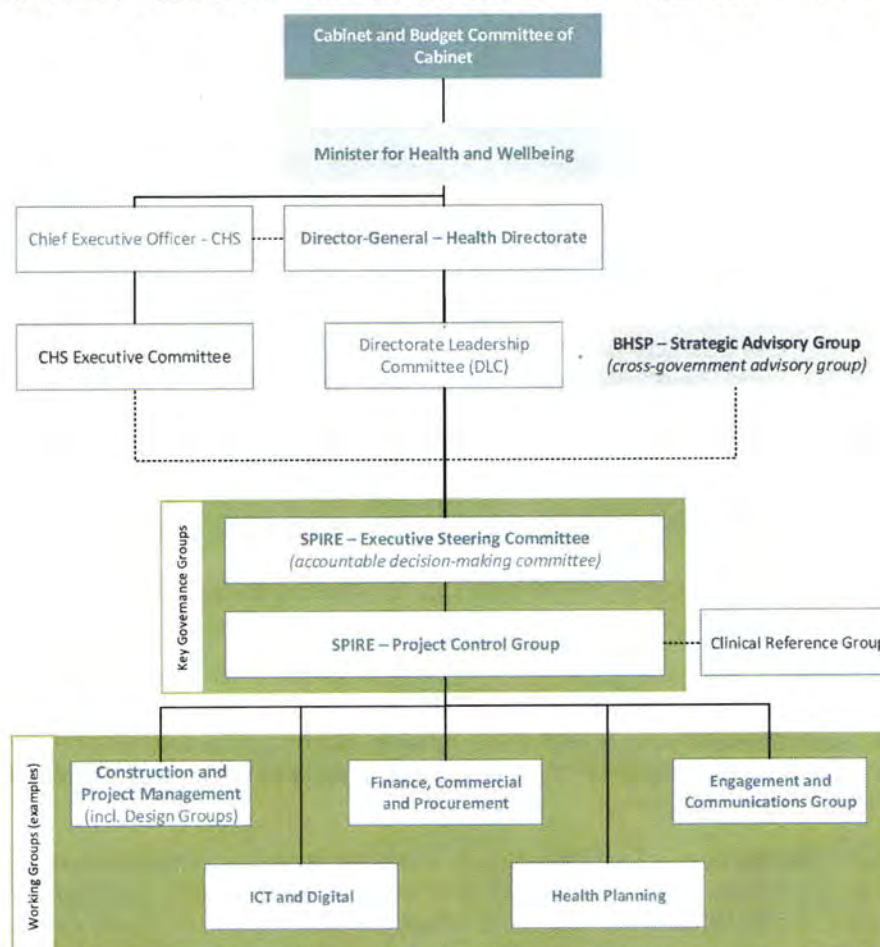
1. Ensure sufficient reporting of scope, cost and program matters, including significant changes to brief and budget, to the SPIRE ESC to facilitate review and approval;
2. Provide direction, guidance and oversight to IFCW during the business case development period of the project, including for developing proof of concept and undertaking early works, for the SPIRE Centre project;
3. Provide direction with respect to brief changes, scope, prioritisation, risk management, design, budget allocation and staging and decanting;
4. Review financial management of the project as well as monitor financial progress against approved project cost plans; review of project scope; review project program against the approved timelines;
5. Engage with the ACT Health Directorate, Canberra Health Services, and other relevant Stakeholders where appropriate;
6. Apply / implement policy, planning objectives and operational recommendations;
7. Endorse and/or make recommendations to the SPIRE ESC regarding project related discretionary variations submitted to the PCG by stakeholders;
8. Where necessary, escalate the need for policy interpretation or issue resolution to the SPIRE ESC;
9. Review project reports submitted by IFCW / the project management role and team, and raise related questions or concerns; endorse reports to be submitted to the SPIRE ESC;
10. Advise the SPIRE ESC of advice and recommendations on matters relevant to the project including design milestones, statutory approvals and commencement of activities for next phases (e.g. staging and decanting, early works, procurement and next stages of design);
11. Review project risks and associated treatments for the project and the project elements;
12. Receive advice on compliance with relevant statutory authorities;
13. Review and confirm the suitability of key project documentation including PCG progress reports to the SPIRE ESC.
14. Receive advice from IFCW, the project management role and team, the Health Planning Unit, Digital Solutions Division and the other relevant working groups to the stage of the project (particularly with respect to User and Stakeholder requirements);
15. Recommend necessary actions and obtain approval from the SPIRE ESC to seek amendments to the functions and responsibilities of the PCG or to seek its termination.

## SPIRE CENTRE PROJECT – PROJECT CONTROL GROUP – TERMS OF REFERENCE

The PCG will recommend the formation of Working Groups to inform the delivery of project elements for endorsement and provide the SPIRE ESC with advice regarding various issues. The PCG will nominate Working Group Chairs and recommend the membership of each group.

IFCW and Working Group Chairs will be responsible for providing regular updates to the SPIRE PCG from each working group. A SPIRE PCG submission paper template will be developed for utilisation for submission to the PCG.

**FIGURE ONE: PROJECT GOVERNANCE – SPIRE CENTRE PROJECT**



### MEMBERSHIP OF THE PCG

The SPIRE PCG will be comprised of the following members and attendees.

**TABLE ONE: PCG MEMBERS AND ATTENDEES**

Representation	Position	Individual
<b>Chair</b>	Executive Group Manager, Strategic Infrastructure (ACTHD)	Liz Lopa
<b>Members</b>	Executive Branch Manager, Strategic Infrastructure (ACTHD) SPIRE Project Management Role (specialised consultant)	Brad Burch TBC

SPIRE CENTRE PROJECT – PROJECT CONTROL GROUP –  
TERMS OF REFERENCE

	<p>SPIRE Clinical Director Executive Director, Medical Services (CHS) Executive Director, Nursing and Midwifery (CHS) Executive Director, Surgery and Oral Health (CHS) Executive Director, Critical Care (CHS) Director, Facilities Management and Maintenance (CHS) Branch Director, Social Infrastructure Branch, Infrastructure Finance and Capital Works (IFCW) (CMTEDD) Director, Social Policy Branch, Finance and Budget Division</p>	<p>TBC Paul Dugdale Hamish Jeffery Daniel Wood Narelle Boyd Chris Tarbuck  Sophie Gray  Ben Morris</p>
<b>Attendees</b>	<p>Clinical and Facilities Planning Lead(s), Strategic Infrastructure (ACTHD) Commercial Advisor, Strategic Infrastructure (ACTHD) Specialist Advisor, Strategic Infrastructure (ACTHD) SPIRE ICT Services Lead, Digital Solution Division (ACTHD) Lead Clinicians (CHS) (where applicable) Lead Project Managers and Work Stream Leads Consultant Representatives (where required)</p>	<p>Kate Evans Jakob Culver Monica Lindemann Mark Moerman</p>
<b>Secretariat</b>	IFCW	TBC

The PCG may call on other staff to attend from time to time to provide additional support and subject matter expertise.

## GOVERNANCE AND SECRETARIAT

The PCG will report directly to the SPIRE ESC. Actions, issues and outcomes of the PCG be reported to the SPIRE ESC and the PCG has the right to escalate matters to the SPIRE ESC for reply advice and strategic resolution.

The PCG will be chaired by the Executive Group Manager, Strategic Infrastructure (ACTHD) and is comprised of executives and senior officers from Infrastructure Finance and Capital Works (IFCW), the ACT Health Directorate, Canberra Health Services and ACT Treasury. From time to time, the Chair may invite observers or seek presentations from other ACT Government Agencies, and where appropriate, external representatives (e.g. representatives from consultants and various stakeholder groups).

The Governance and Contracts Branch within IFCW provides Secretariat support to the Chair and PCG.

Wherever practicable, agenda papers will be provided to PCG members at least 3 days in advance of meetings. Outcomes of meetings will be provided to members as soon as possible after meetings.

All action items and decisions are to be recorded by the Secretariat. It is the responsibility of the Chair to ensure that the minutes, decisions and actions recorded are an accurate representation of the PCG activities and approvals.

The PCG decisions are generally made by consensus, although the Chair retains the ability to settle preferred approaches, noting any dissenting views, where consensus cannot be reached.

## PROXIES TO MEETINGS

Members and attendees of the PCG are to nominate a proxy to attend a meeting if unable to attend.

The nominated proxy must have a suitable briefing to fulfil the position and to be able to make an informed decision.

The nominated proxy is to act on behalf of the member/agency they represent, and is responsible for ensuring that the member is debriefed on the meeting outcomes.

## QUORUM REQUIREMENTS

A quorum is constituted when a minimum of 5 members (which may include the Chair) are in attendance at the meeting (which may include 1 proxy), and there is at least 1 member from each of the Health Directorate, Canberra Health Services and CMTEEDD. Where the Chair is not able to attend a meeting, those members at the meeting must elect one of their number to act as Chair for that meeting.

## AGENDA ITEMS

All agenda items must be forwarded by members to the Secretariat by Close of Business (COB) five (5) working days prior to the next scheduled meeting. The Chair and Project Executive hold custodianship of the Agenda for the PCG.

Where practical the agenda, with attached meeting papers, will be distributed at least three (3) working days prior to the next scheduled meeting.

## MINUTES & MEETING PAPERS

The minutes of each meeting will be recorded and distributed by the Secretariat.

Full copies of the minutes, including attachments, will be provided to all members no later than five (3) working days following each meeting.

## FREQUENCY OF MEETINGS

The PCG will meet every month (approx. 2 weeks before the SPIRE ESC), or out-of-session as required. With the approval of the Chair, some issues may be considered out-of-session.

## TERMS OF REFERENCE REVIEW FREQUENCY

Annually

## TERMS OF REFERENCE APPROVAL

The TOR is to be tabled for formal endorsement at the first PCG meeting, for recommendation for approval by the SPIRE ESC.

## AMENDMENT HISTORY

Version #	Issue date	Amendment details	Author
1.0	22/02/2019	Version 1	Jakob Culver

## APPENDIX A: PCG ROLES AND RESPONSIBILITIES

Role	Responsibility	Nominated individual (s)
<b>Chair</b>	Chairs all meetings (and assigns a delegate when unable to), liaises with other members to ensure all Terms of Reference rules are met, tables the consensus on resolutions and starts and ends all meetings. The Chair is also a member of the PCG.	
<b>Secretariat</b>	Takes minutes, records actions, due dates and owners, tracks these for the Committee, ensures these are agreed at the end of each session and circulated in advance of sessions.	Refer to Table Two
<b>Member</b>	Members are participants of the SPIRE PCG. They are required to review issues presented to them and act in accordance with the conditions specified within the Terms of Reference. Members hold voting rights in regards to issues and items of endorsement.	
<b>Attendee</b>	Attendees are participant of the SPIRE PCG. Attendees do not hold voting rights in regards to issues and items of endorsement.	

## APPENDIX B: SPIRE PROJECT ROLES AND RESPONSIBILITIES

Role	Position	Organisation
Senior Owner	Director-General (Chair: SPIRE – Executive Steering Committee)	ACTHD
Deputy Senior Owner	Deputy Director-General, Corporate Services (Deputy Chair: SPIRE – Executive Steering Committee)	ACTHD
Project Executive	Executive Group Manager, Strategic Infrastructure (Chair: SPIRE – Project Control Group)	ACTHD
Deputy Project Executive	Executive Branch Manager, Strategic Infrastructure	ACTHD
Project Management Role	<i>Position to be filled (IFCW during the business case development period and staging and decanting)</i>	ACTHD
Lead Project Managers	<i>Positions to be filled</i>	ACTHD
Senior User	Chief Executive Officer	CHS
Deputy Senior User	Deputy Director-General, Clinical Services	CHS
User Representatives	Executive Director, Critical Care Executive Director, Surgery and Oral Health Executive Director, Medical Services Executive Director, Nursing and Midwifery Executive Director, Infrastructure Management and Maintenance	CHS
Lead Clinicians <sup>1</sup> (for example)	Clinical Director, Emergency Department Clinical Director, Surgery Clinical Director, Intensive Care Clinical Director, Coronary Care	CHS
SPIRE Clinical Director	SPIRE Clinical Director (appointed by the Chief Executive Officer)	CHS
Senior Supplier	Executive Director, Infrastructure Finance and Capital Works (IFCW)	IFCW
Deputy Senior Supplier	Branch Director, Social Infrastructure Branch	IFCW
Principal Design Consultant	Principal Design Consultant (External Consultant) – Reporting to IFCW for the development of the Business Case	STH <sup>2</sup>
Business Case Advisor	Business Case Advisor (External Consultant) – Reporting to ACTHD	EY <sup>2</sup>
Service Delivery Planning Consultant	Service Delivery Planning Consultant (External Consultant) – Reporting to ACTHD	TBC

1. In addition to Lead Clinicians, other clinical stakeholders will form part of the Working Groups to inform progression of project elements (e.g. design user groups to inform early design and preliminary/final design processes). Lead Clinicians will form part of the proposed Clinical Reference Group.

2. STH – Silver Thomas Hanley; EY – Ernst & Young



Strategic Infrastructure, Corporate Services  
ACT Health Directorate

22 February 2019













## AGENDA

### Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre – Executive Steering Committee

MEETING NO. 1

DATE / TIME: 1:00pm to 2:30pm, 27 February 2019

VENUE: Executive Conference Room, Level 5, 2-6 Bowes Street Phillip

Name	Position
<b>Committee Members</b>	
Michael De'Ath [Chair]	Director-General, ACT Health Directorate (ACTHD)
Karen Doran	Deputy Director-General, Corporate Services (ACTHD)
Liz Lopa	Executive Group Manager, Strategic Infrastructure (ACTHD)
Brad Burch	Executive Branch Manager, Strategic Infrastructure (ACTHD)
Bernadette McDonald	Chief Executive Officer, Canberra Health Services (CHS)
Chris Bone	Deputy Director-General, Clinical Services (CHS)
Colm Mooney	Executive Director, Infrastructure Management and Maintenance (CHS)
Lloyd Esau	Executive Director, Infrastructure Finance and Capital Works (IFCW) (CMTEDD)
Mark Whybrow	Executive Director, Finance and Budget Division (CMTEDD)
<b>Attendees / Other Invitees</b>	
TBC	<i>SPIRE Program Manager</i>
TBC	<i>SPIRE Clinical Director</i>
Monica Lindemann	Special Advisor, Strategic Infrastructure (ACTHD)
Jakob Culver	Commercial Advisor, Strategic Infrastructure (ACTHD)

No.	Item	Paper	Outcome	Lead
1	<b>Welcome and Apologies</b>			Chair
2	<b>Project Status Update</b>	Verbal	Discussion	ACTHD / IFCW
3	<b>Submission Papers for Noting, Discussion and Decision</b>			
3.1	Project Governance Structure	3.1	Decision	ACTHD
3.2	Terms of Reference (Business Case Development Phase) <ul style="list-style-type: none"> <li>• Executive Steering Committee</li> <li>• Project Control Group</li> </ul>	3.2	Decision	ACTHD
3.3	Project Scope and Schedules	Pending	Discussion	ACTHD
3.4	Decanting Strategy and Demolition	Pending	Discussion	ACTHD
3.5	Accommodation Strategy	Pending	Discussion	CHS
3.6	ICT Infrastructure – Early Works	3.6	Noting	ACTHD
3.7	Clinical Engagement and Early Design	Verbal	Discussion	ACTHD
3.8	Ministerial and Government Business	Verbal	Discussion	ACTHD
4	<b>Other Business</b>			Chair
5	<b>Meeting Close</b> Next meeting: 2:00pm to 3:30pm, 21 March 2019 – Executive Conference Room, Level 5, 2-6 Bowes Street Phillip			

**Lowes, Shannon (Health)**

---

**From:** Basic, Babita  
**Sent:** Tuesday, 5 March 2019 9:34 AM  
**To:** Doran, Karen (Health); Burch, Brad (Health); Culver, Jakob (Health); McDonald, Bernadette (Health); Bone, Chris (Health); Mooney, Colm (Health); Gray, Sophie; Catanzariti, John; Esau, Lloyd; [REDACTED]  
[REDACTED] Evans, Kate (Health); Lindemann, Monica (Health); JasonSmith, Rhona (Health); Harding, Nikki; Kinghorne, Sally-Anne (Health); Lopa, Liz (Health); ACTH-TCH-HIS-Conference Room (B3 L1 Rm 100 - S15); [REDACTED]  
Lopa, Liz (Health)  
**Subject:** SPIRE - PPT04 Presentation Material [SEC=UNCLASSIFIED]  
**Attachments:** SPIRE PPT- 20190305-low.pdf

Bern,  
I have passed on your apologies. Chris will attend the meeting.  
Thanks Liv

Hi All

This is the presentation that will be given by STH at today's PPT meeting.

Kind Regards

**Babita Basic**

Assistant Project Manager – Social Infrastructure Branch

Phone 02 512 49106 | Mobile [REDACTED]

**Infrastructure Finance & Capital Works** | Chief Minister, Treasury and Economic Development Directorate | **ACT Government**

Level 1 Building 3, The Canberra Hospital, Yamba Drive, Garran, ACT 2605 | PO Box 158, Canberra City ACT 2601 | [www.act.gov.au](http://www.act.gov.au)

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**Lowes, Shannon (Health)**

---

**From:** Mooney, Colm (Health)  
**Sent:** Thursday, 21 March 2019 11:34 AM  
**To:** Culver, Jakob (Health)  
**Cc:** Lopa, Liz (Health); Burch, Brad (Health); McDonald, Bernadette (Health)  
**Subject:** RE: SPIRE ESC Meeting (21 March 2019) - Papers [DLM=Sensitive]  
**Attachments:** Attachment 1 ED feedback re SPIRE 13032019.pdf; SPIRE ESC CHS POC Feedback Submission 21.3.2019v.1.docx

UNCLASSIFIED Sensitive: Cabinet

Bern,  
 I have added these to your meeting papers.  
 Thanks  
 Liv

Jake

As discussed see attached submission paper for agenda item 6.2?

Can you circulate these documents before today's meeting

Thanks

Colm

---

**From:** Culver, Jakob (Health)  
**Sent:** Thursday, 21 March 2019 9:03 AM  
**To:** De'Ath, Michael (Health) <Michael.De'Ath@act.gov.au>; Doran, Karen (Health) <Karen.Doran@act.gov.au>; McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>; Lopa, Liz (Health) <Liz.Lopa@act.gov.au>; Bone, Chris (Health) <Chris.Bone@act.gov.au>; Burch, Brad (Health) <Brad.Burch@act.gov.au>; Mooney, Colm (Health) <Colm.Mooney@act.gov.au>; Esau, Lloyd <Lloyd.Esau@act.gov.au>; Whybrow, Mark <Mark.Whybrow@act.gov.au>; Lindemann, Monica (Health) <Monica.Lindemann@act.gov.au>  
**Cc:** Gardner, JoanneL <JoanneL.Gardner@act.gov.au>; Busic, Babita <Babita.Busic@act.gov.au>; DDGCorporate <DDGCorporate@act.gov.au>; Hayne, Casey (Health) <Casey.Hayne@act.gov.au>; Douglas, Nerida (Health) <Nerida.Douglas@act.gov.au>; Building Health Services Program <BuildingHealthServicesProgram@act.gov.au>; Chicco, Dee (Health) <Dee.Chicco@act.gov.au>  
**Subject:** SPIRE ESC Meeting (21 March 2019) - Papers [DLM=Sensitive]  
**Importance:** High

Dear all

Please find attached agenda and papers for today's SPIRE Executive Steering Committee meeting. These are provided with a sincere apologies for the late circulation.

Please note that presentation materials in regards to agenda items 6.1 to 6.3 are currently being finalised – these will be for discussion.

Please do not hesitate to contact me should you have any questions or queries.



Thanks and regards

Jake

**Jakob J Culver**

Commercial Advisor | Strategic Infrastructure, Corporate Services | ACT Health Directorate

P: +61 2 5124 9707 | M: [REDACTED] | E: [Jakob.J.Culver@act.gov.au](mailto:Jakob.J.Culver@act.gov.au) | A: 2-6 Bowes Street PHILLIP ACT 2606



















**Lowes, Shannon (Health)**

---

**From:** Lopa, Liz (Health)  
**Sent:** Tuesday, 28 May 2019 9:20 AM  
**To:** McDonald, Bernadette (Health); De'Ath, Michael (Health)  
**Subject:** Presentation for clinician engagement this morning [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]  
**Attachments:** FINAL clinicians presentation.pptx  
**Categories:** For Bern to read then file

Bern,  
I have printed you a copy and I will set this up on the projector.  
Thanks  
Liv

Good morning Michael and Bernadette

Please find attached the presentation for the clinician briefing at 11am this morning.

Please let me know if any changes are needed

Thanks

Liz

Liz Lopa  
Executive Group Manager, Strategic Infrastructure  
ACT Health  
Ph: 5124 9805  
[REDACTED]

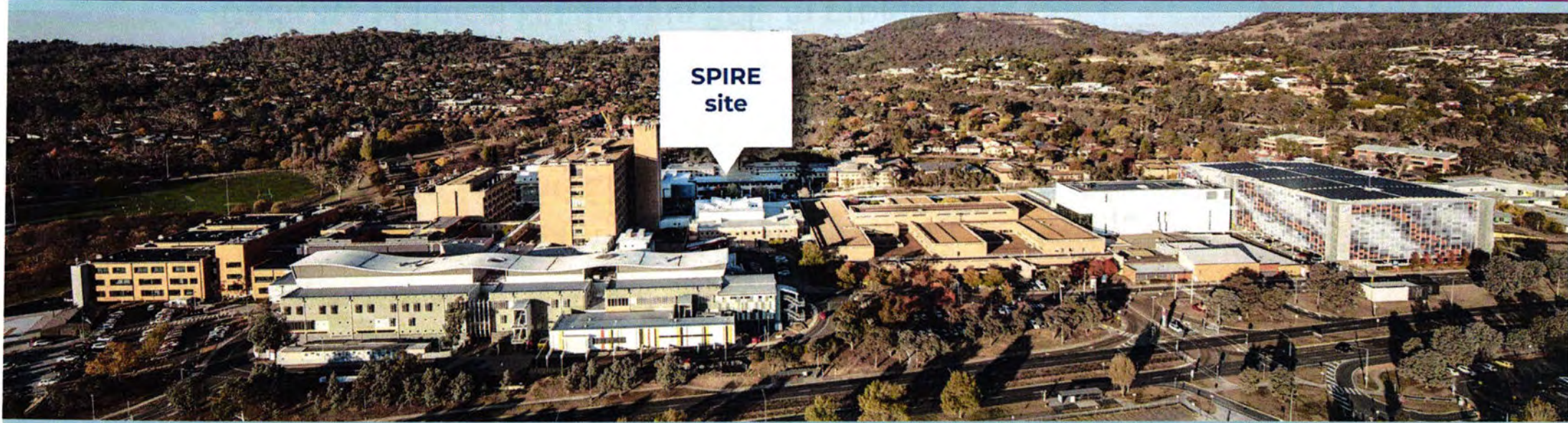
[liz.lopa@act.gov.au](mailto:liz.lopa@act.gov.au)



**ACT**  
Government

**ACT Health**

Building Health Services Program



# SPIRE Centre Project – Clinicians Presentation

Canberra Health Services – 28 May 2019

# Current Status of SPIRE Project

## Government Consideration of SPIRE (May 2019) – Key Outcomes:

1. SPIRE Project APPROVED for Delivery:
  - Option 3A (with increased beds and scope)
2. Decanting Strategy Approved (B24 & 5)
3. Updated governance & project resourcing:
  - Dedicated project team with representation from ACTHD, CHS and CMTEDD
  - Dedicated Project Director role
  - Clinical Reference Group of senior clinicians
  - Dedicated Clinical Leadership Role in project team reporting to project director and CEO

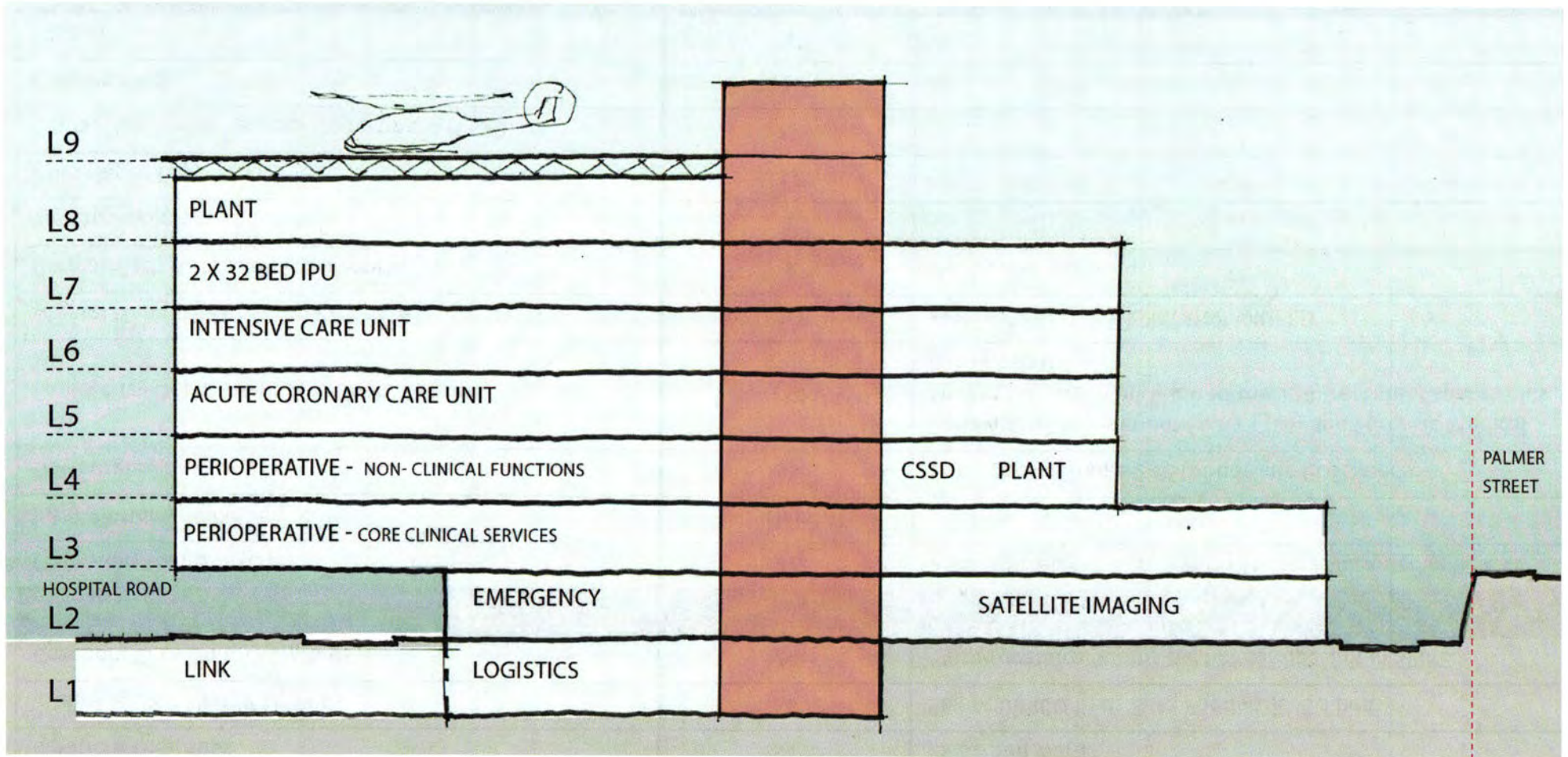


## Government's Decision – Agreed Project Scope (Option 3A)

Functional Area	Option 3A	Comments
Inpatient Unit Beds	64	2x 32 bed wards
Intensive Care Unit (ICU) Beds	60	56x Adult ICU beds & 4x Paediatric ICU beds
Coronary Care Unit (CCU) Beds	24	<i>Plus</i> Procedure Rooms part of cardiac unit in SPIRE
<b>Total Beds</b>	<b>148</b>	
Operating Theatres (OTs)	22	All OTs fitted out & 2x Hybrid Theatres included in 22 OTs
Interventional Radiology Suites	4x Incl. in OTs	
Day Surgery Beds	55	Comprises of Stage 2 DSU beds and EDSU beds
Emergency Department Treatment Spaces	114	Behavioural Assessment Spaces (x4) and Forensic Medical Spaces (x2) are in addition to the 114 treatment spaces plus consult spaces
Mental Health SSU Treatment Spaces	10	Planned not to be collocated with ED
Cardiac Catheterisation Laboratories	3	27 ICL unit day beds
Electrophysiology Laboratories	1	
Ambulance Bays	12	
Central Sterilising Services Department (CSSD)	1,122 m <sup>2</sup>	
Loading Dock	492 m <sup>2</sup>	
Helipad	1	

**NOTE:** The Option 3A scope reflects the Schedules of Accommodation (SOAs) signed off by Canberra Health Services (CHS)

# Current Early Design – Block and Stack (April 2019)



# Perioperative Services and Anaesthetics

---

## Key Scope Features:

- 22 Theatres – All fitted out (no shelled)  
(2x hybrid, 4x interventional & 16x general)
- 39 Bays/Beds – Stage 1 Recovery
- 55 Day Surgery Beds – EDSU/DSU Stage 2

## Other Features:

- Theatres sizes, support/storage spaces per clinical/CHS engagement April
- Frozen section room and overnight rooms
- Core administration and education only (per feedback)
- Associated sterilising services (1,122 m<sup>2</sup>) per CHS discussions

\* Note: 'Total Size' does not include associated plant and travel space

# Emergency Department (ED) and Helipad Retrieval Services

## Key Scope Features (ED):

- 114 spaces plus consult rooms etc
- Bariatric/super bariatric areas
- Negative pressure/procedure rooms

## Other Features:

- Support and storage spaces per clinical/CHS engagement
- Insitu admin/meeting space for core requirements (per feedback)

## Medical Imaging

- 3x CT Scanners (2x dedicated to ED)
- 2x X-Ray Machines
- 1x MRI and support space

Treatment Clusters within ED	
Reus Bays	7
Acute Adult Spaces	42
Acute Paediatric Spaces	20
EMU Adult Spaces	25
EMU Paediatric Spaces	5
Fast Track Spaces	15
<b>Total ED Spaces</b>	<b>114</b>

Plus (in addition to the above):	
Behavioural Assessment Spaces	4
Clinical Forensic Medical Service Spaces	2
Helipad	1
Mental Health SSU Spaces (outside ED)	10



# Intensive Care Unit (ICU) Services

---

## Key Scope Features:

- 60 Intensive Care Unit (ICU) Beds  
(56x adult & 4x Paediatric)
- Critical care bays and lead-lined treatment spaces
- Dedicated rehabilitation space
- Dedicated self-contained infectious threat pod

## Other Features:

- Bay sizes, support and storage spaces per clinical/CHS engagement
- Family zone with accommodation, lounge and play area
- Insitu admin/meeting space for core requirements (per feedback)

## **Coronary Care Unit (CCU) Services & Interventional Cardiology**

---

### Key Scope Features:

- 24 Coronary Care Unit (CCU) Beds  
(including bariatric and isolation rooms)
  - 3x Dedicated Procedure Rooms for acute cardiac unit
- Interventional Cardiac Laboratories
  - 3 Cardiac Catheterisation Laboratories
  - 1 Electrophysiology Laboratory
  - 1x Dedicated Procedure Room

### Other Features:

- Support and storage spaces per clinical/CHS engagement
- Insitu admin/meeting space for core requirements (per feedback)

## SPIRE Centre Project – High-Level Timeframes

Key Milestones and Phases	Target Date
Commence Decant and Demolition of Building 24 and 5	Late 2019
Next Design Stages (preliminary and detailed design)	Mid 2019 to Late 2020
Complete Decant (Building 24 and 5) and Site Clearance	Mid to Late 2020
Commence Construction of SPIRE (Main Works)	Early 2021
Complete Construction of SPIRE	Mid 2024
Operational Commencement of SPIRE	Late 2024

- Current Design Status: Early design has reach 50% (April 2019) and is due to be completed (100%) in July/August 2019

## Next Steps – What is to occur for remainder of 2019?

---

- **Next Steps – Key areas of focus following project approval (May 2019)**
  - Update Models of Care (MoCs) with clinicians over coming months
  - Complete early design with design consultants – ACTHD and CHS by August 2019
  - Develop functional and technical briefs (based on concept designs & MoCs)
  - Commence project team recruitment
  - Commence demolition and decant – late 2019

*Completion of these key milestones and the early design phase in August 2019 will enable progression to next design stages from late 2019*

- **How will clinicians and users be involved in next design stages?**
  - Dedicated departmental design user groups (second half of 2019 and 2020)
  - Clinical Reference Group of senior clinicians (part of formal SPIRE governance)
  - Dedicated Clinical Leadership Role for SPIRE – representing CHS

## Australian National University (ANU) Proposal

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- Also being announced today is a partnership with the ANU
- Alongside this significant investment from the ACT Government, “ANU will develop world-class research, education and training facilities at the Canberra Hospital.”
- the University will develop new “state-of-the-art facilities” in conjunction with the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre.
- Decisions are yet to occur on location for the new ANU building.
- The ANU and ACT Health, in close consultation with CHS executives, are currently identifying initial options.

# Questions



SPIRE Artist’s Impressions – Main Forecourt Perspective

**Lowes, Shannon (Health)**

---

**From:** Fraszczak, Natalia  
**Sent:** Tuesday, 4 June 2019 2:56 PM  
**To:** Doran, Karen (Health); Burch, Brad (Health); Culver, Jakob (Health); McDonald, Bernadette (Health); Bone, Chris (Health); Mooney, Colm (Health); Catanzariti, John; Esau, Lloyd; Evans, Kate (Health); Lindemann, Monica (Health); Harding, Nikki; Gray, Sophie; JasonSmith, Rhona (Health); Kinghorne, Sally-Anne (Health); Lopa, Liz (Health); Moerman, Mark (Health)  
**Cc:** Busic, Babita  
**Subject:** RE: SPIRE - PPT07 Agenda [SEC=UNCLASSIFIED]  
**Attachments:** SPIRE\_ PPT07-20190603.pdf  
**Categories:** For Bern to read then file

UNCLASSIFIED

Good afternoon all

Please find attached presentation from yesterday's meeting.

Thank you

Regards

Natalia Fraszczak

Phone: 02 5124 9106 | [Natalia.Fraszczak@act.gov.au](mailto:Natalia.Fraszczak@act.gov.au)

Social Infrastructure Branch | Infrastructure Finance and Capital Works

Chief Minister, Treasury and Economic Development Directorate | ACT Government

GPO Box 158 Canberra ACT 2601

[www.act.gov.au](http://www.act.gov.au)



I acknowledge the traditional custodians of the ACT the Ngunnawal people, and their continuing connection to land and community. I pay my respect to them, and to the Elders both past and present.









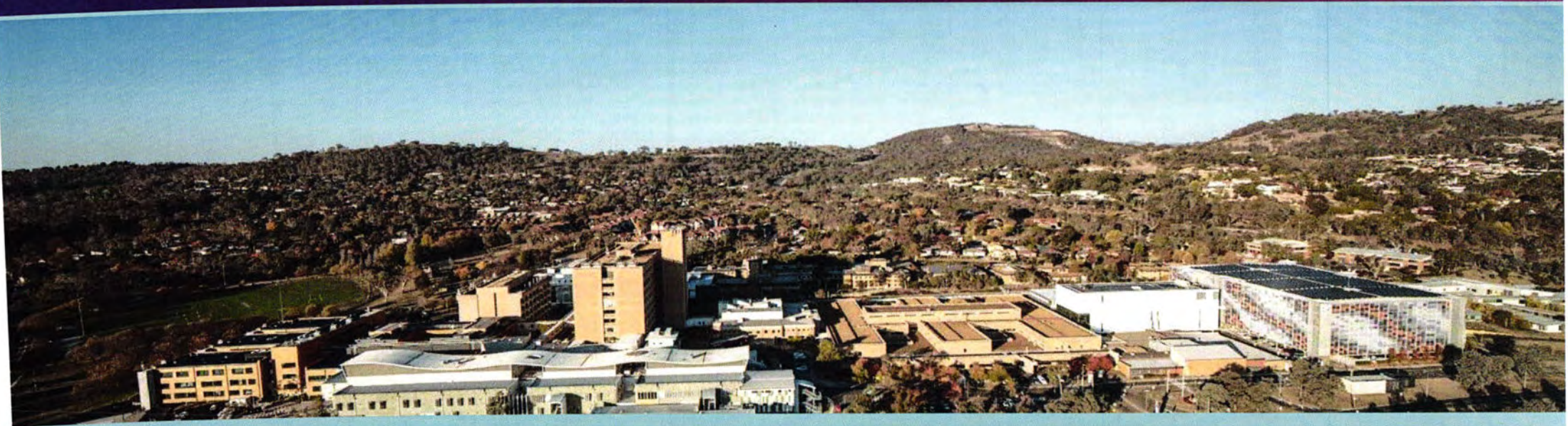








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# **SPIRE Project**

Building for better healthcare

19 September 2019

# Agenda

---

- Welcome & Introduction Colm Mooney
- SPIRE Project Update Lloyd Esau
- Canberra Hospital Campus Modernisation Colm Mooney
- Demand Projections Jacinta George
- Questions All

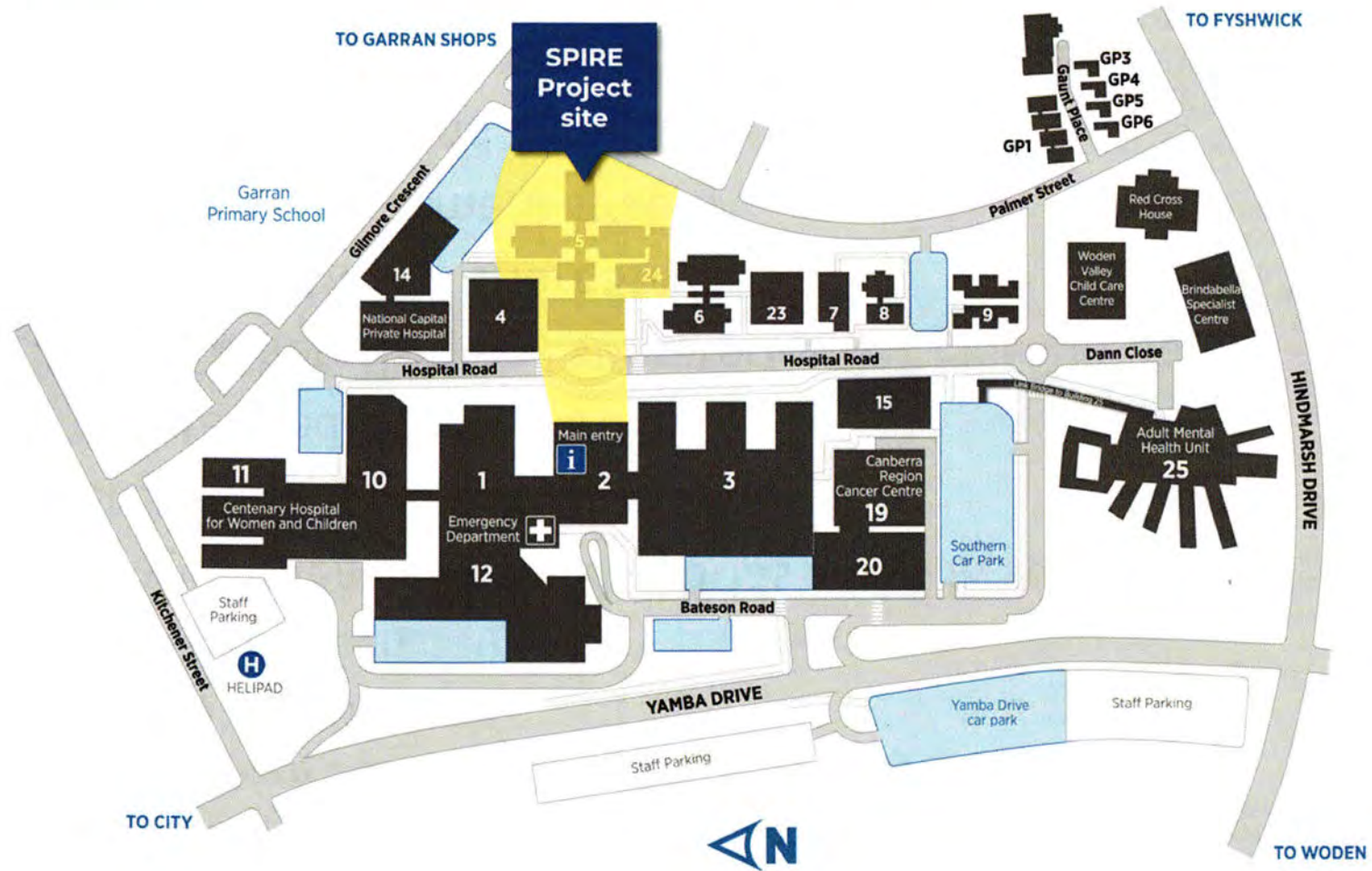
## The SPIRE Project will deliver:

---

- 148 inpatient beds
  - Intensive Care Unit – 60 (including 4 paediatric beds)
  - Coronary Care Unit - 24
  - Inpatient Unit (surgical) - 64
- 22 operating theatres (incl. 2 hybrids and 4 IR suites)
- Central Sterilising Services Department
- 55 day/extended-day surgery beds
- 3 Cardiac Catheterisation Laboratories & 1 EP Laboratory
- 10 bed Mental Health Short Stay Unit
- 114 emergency treatment spaces
- 12 ambulance bays and 1 helipad
- Integrated radiology and medical imaging facilities



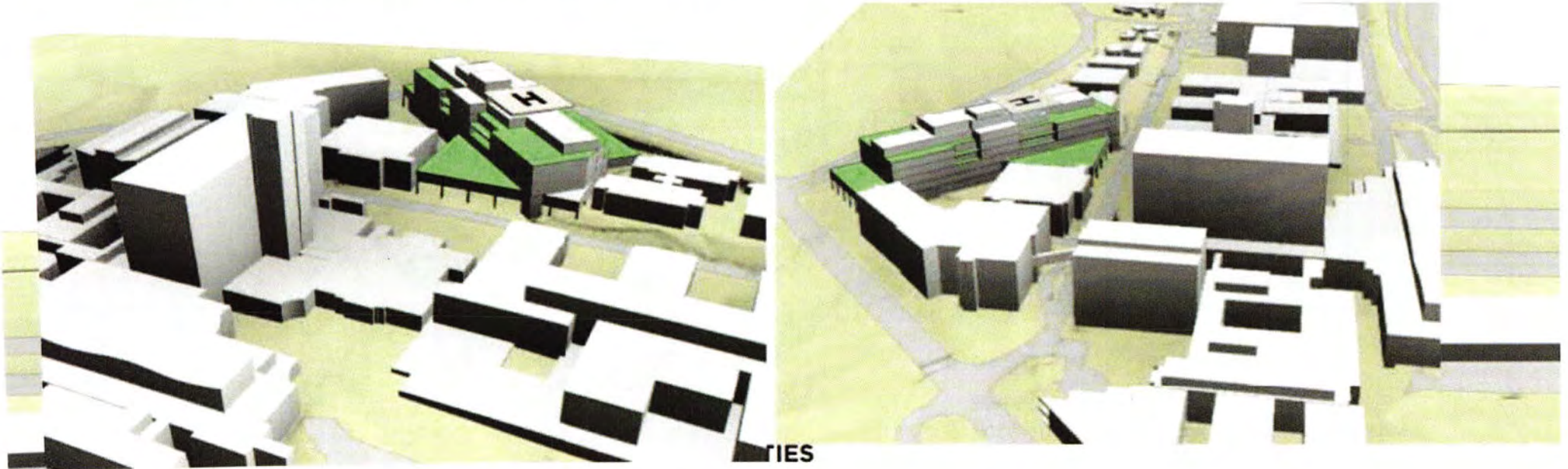
# Site of the new emergency, surgical and critical care facility



# Site utilisation

FEASIBILITY STUDY VALIDATION  
BUILDING FORM AND SITE UTILISATION

04

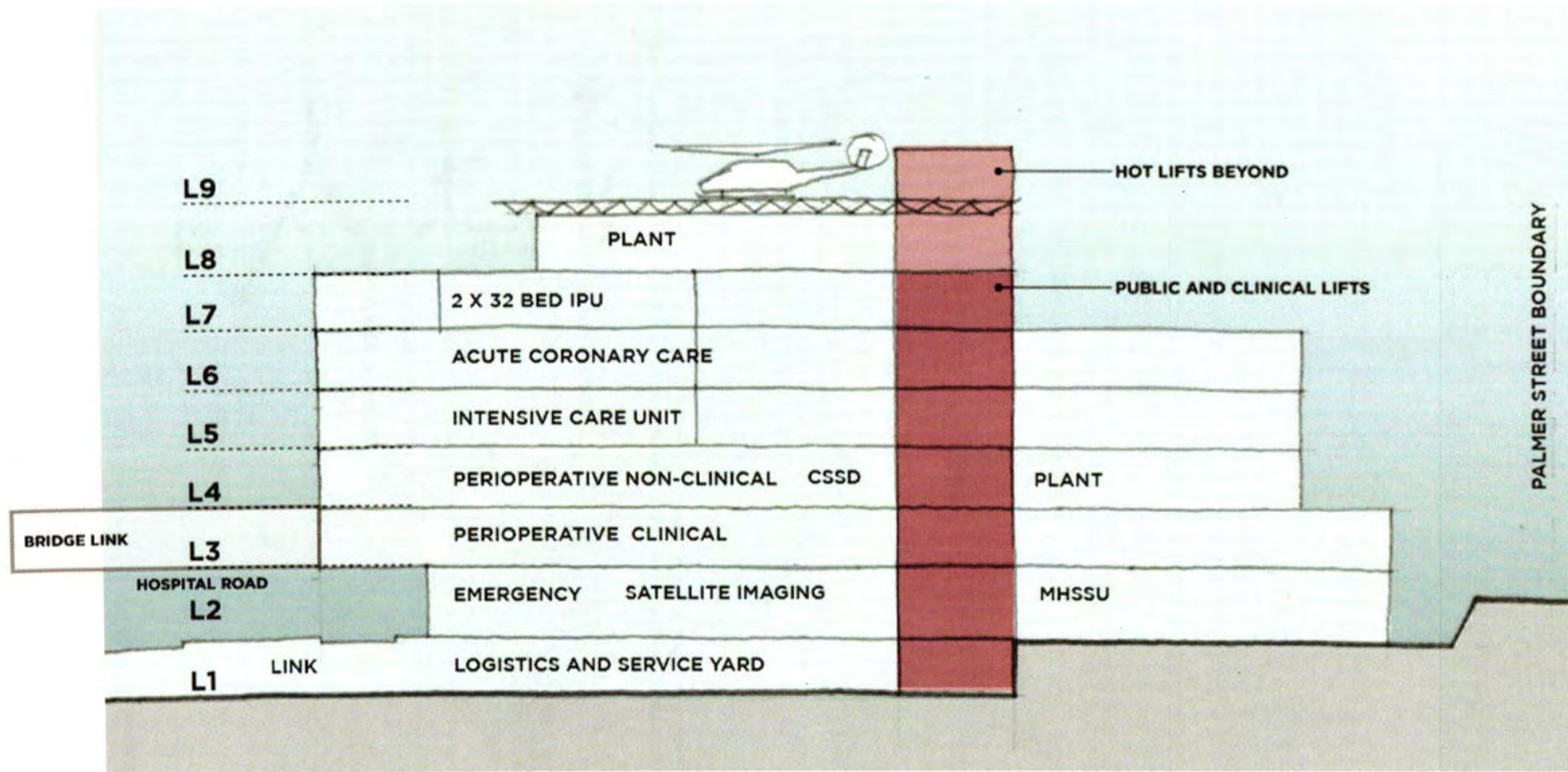


# Green spaces and access

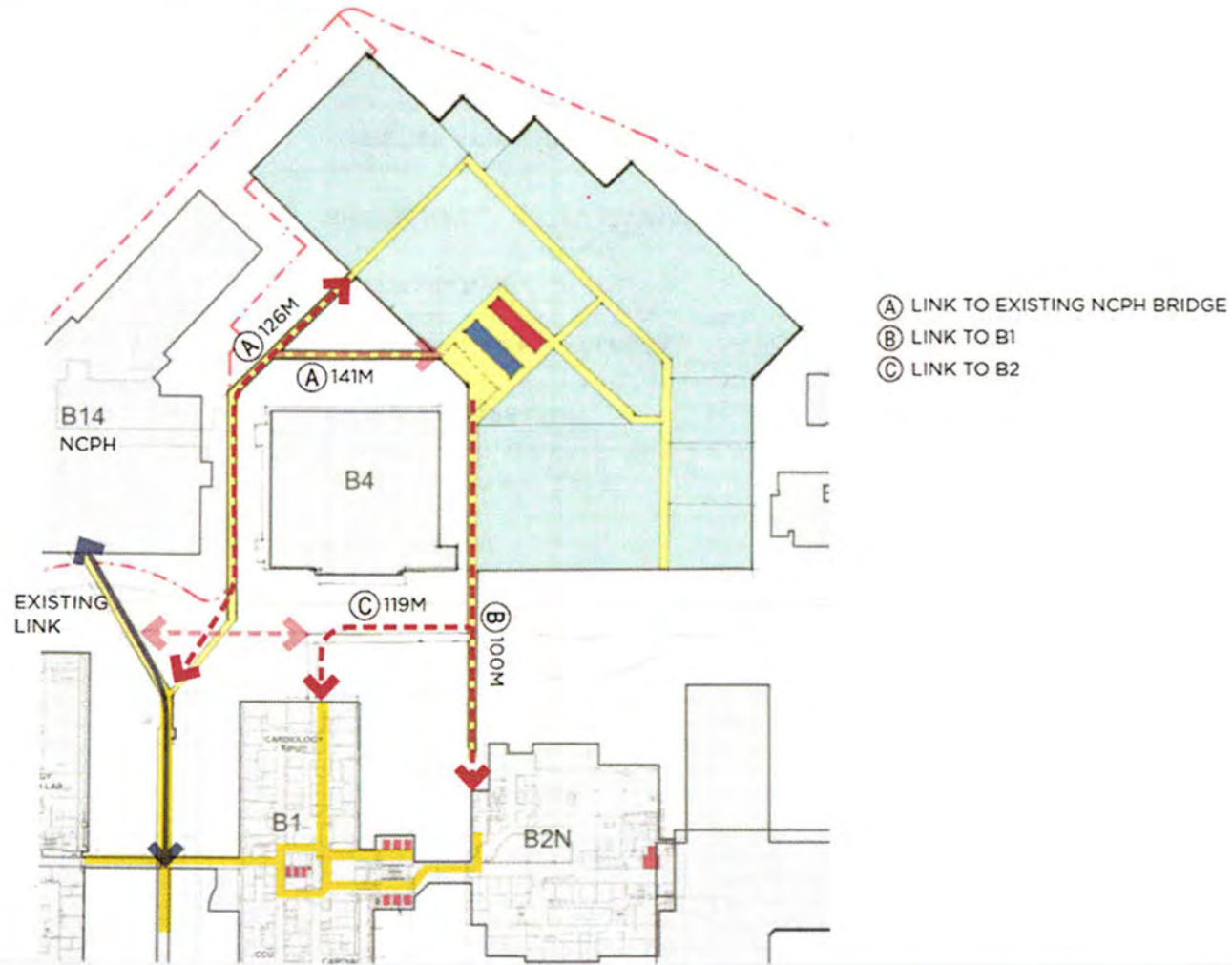


- ① SITE PERMEABILITY, PEDESTRIAN AND VISUAL CONNECTIONS WITH THE DISTRICT, OPEN SPACE AND HEART OF SPIRE
- ② ACTIVATION OF PALMER ST WITH CREATION OF ENTRIES AND ACTIVE SPACES ALONG THE FRONTAGE
- ③ DIRECT ROUTE TO AMBULANCE BAYS
- ④ BUILDING FOOT PRINT RESPONDS TO THE STREET CORNER

# Functional stacking



# Clinical linkages



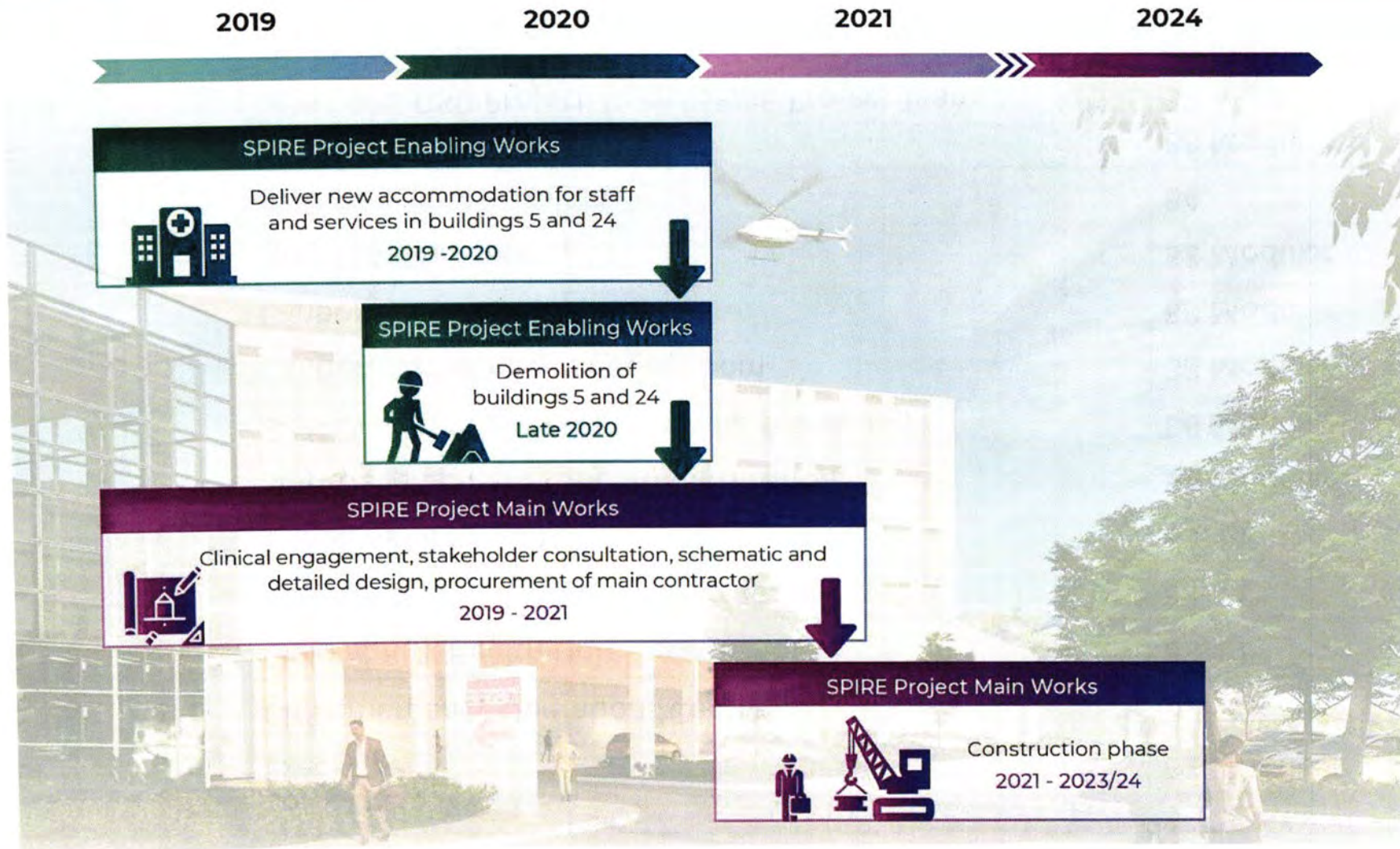


Artist's impression: aerial view of the new surgical, emergency and critical healthcare facility on the Canberra Hospital campus



Artist's impression: view from Palmer Street

# Indicative timeline

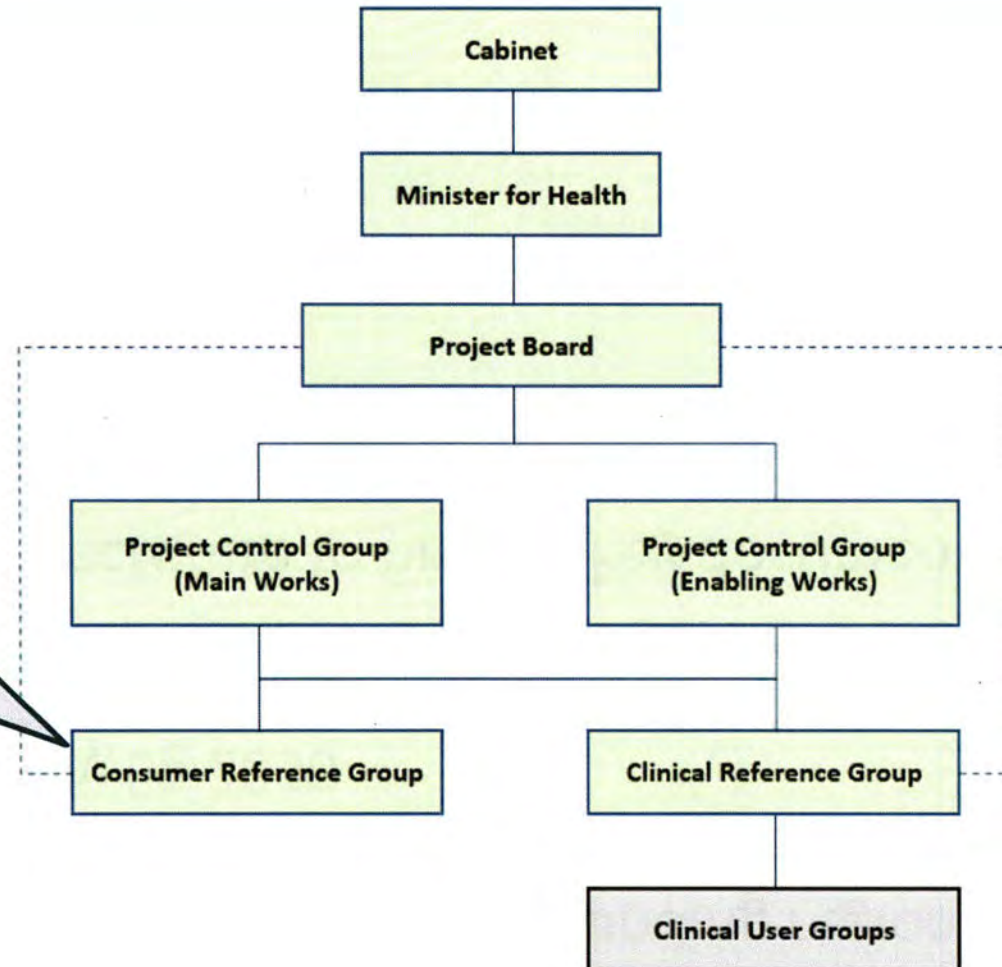
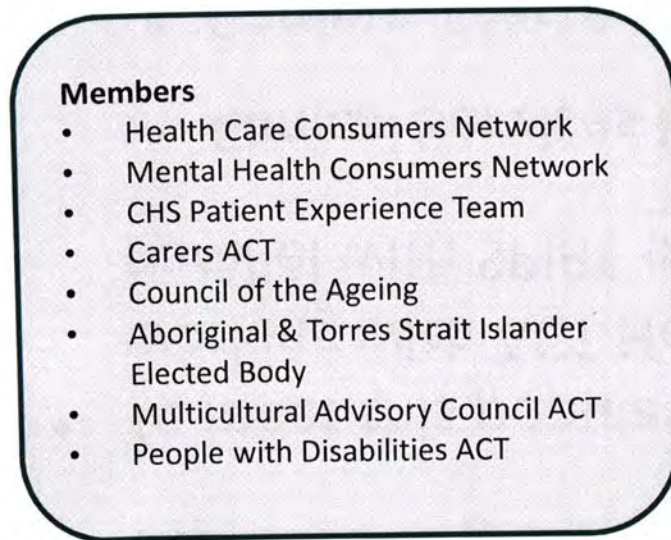




## Enabling Works

Current Location	Service	Destination
B24	Executive CHS Emergency Operations Centre	B28 Modular B28 Modular
B5	Child at Risk Health Unit Accommodation and Volunteers team Tissue viability team Staff Development Unit (administration) Staff Development Unit (teaching & training) Canberra University meeting room Canberra Sexual Health Centre ANU (administration) ANU (teaching & training)	B3, L1 B3, L1 B3, L1 B8 Modular B8 Modular B8 Modular B8 Modular B8 Modular B4
B6	Synergy (Canberra University)	B8 Modular
B3 L1	IHSS/ SIB/ DSD Project Team/ SPIRE Project Team Simulation Team	B8 Modular B8 Modular
NEW	Surgical Training Centre	B8 Modular

# Governance structure



## Canberra Hospital Campus Modernisation

---

- Major Trauma Centre for the ACT and the surrounding region serving a catchment population of around 650,000 people and is expected to grow significantly by 2050
- To meet this population growth Canberra Health Services are working with ACT Health Directorate to finalise key documents in parallel with SPIRE in the coming months:
  - Clinical Services Plan
  - Campus Master Plan

## The Early Days of Canberra Hospital - 1975



# Canberra Hospital - 2019



## Canberra Health Services SPIRE Focus

---

- Project design development through finalisation of Model of Care (MOC).
- Commence work force planning following completion of MOC
- Staging and Decanting support and integration into existing services at the Canberra Hospital
- Car Parking Strategies
- Development of Building 5 residential accommodation services solution(s)



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# **Surgical services demand trends, projections and theatre modelling for TCH**

Health Service Planning Unit, ACT Health Directorate

## Hospital demand modelling in the ACT

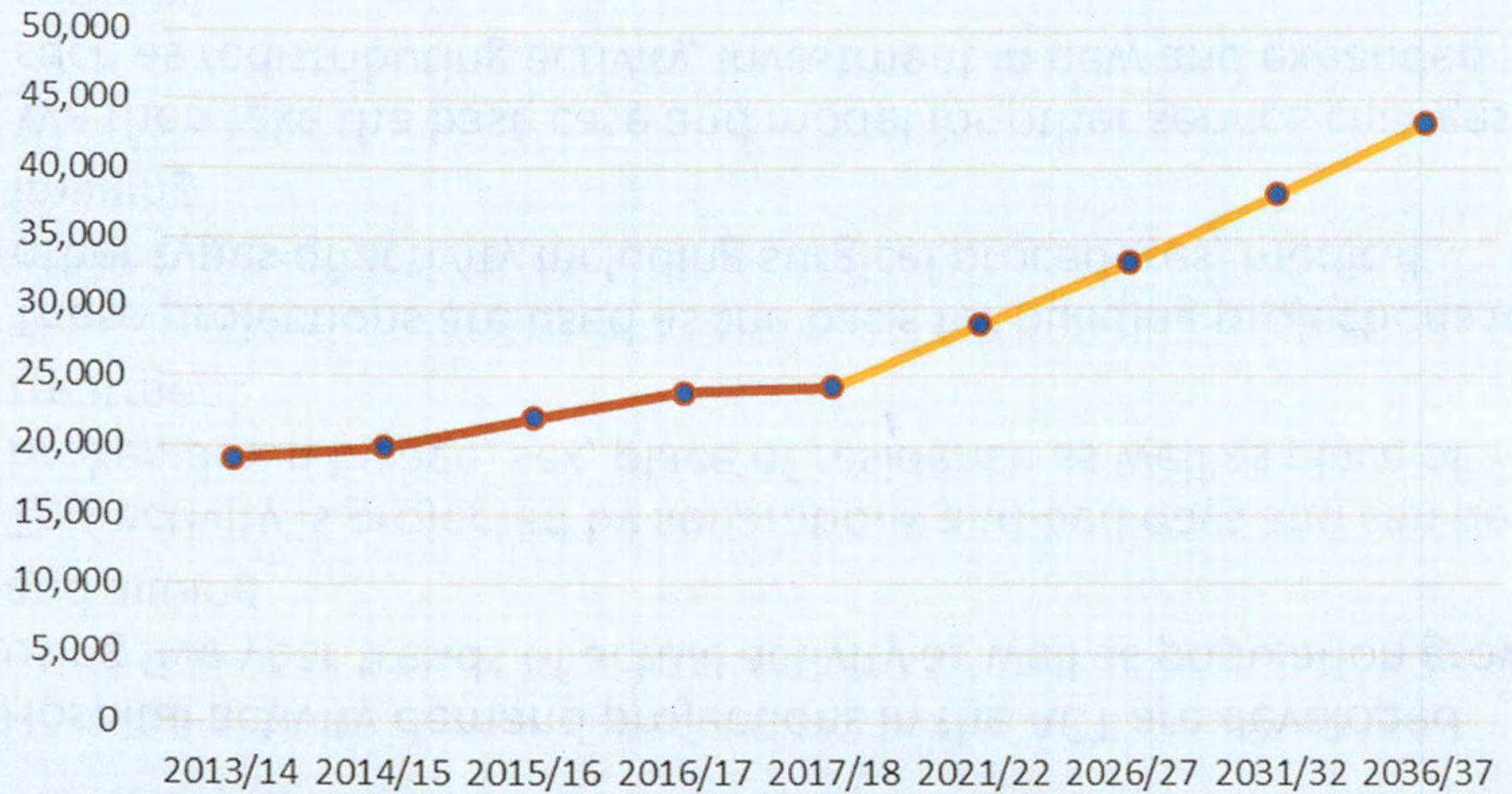
---

- Hospital activity demand projections in the ACT are developed using five year trends of actual activity as well as population growth and ageing
- This activity is projected by separations and bed days and can be broken down by age, sex, place of residence as well as place of treatment
- These projections are used as the basis for building projections for other types of activity including surgical procedures, medical imaging
- We then take the base case and model for other service changes such as redistributing activity, investment in new and expanded services

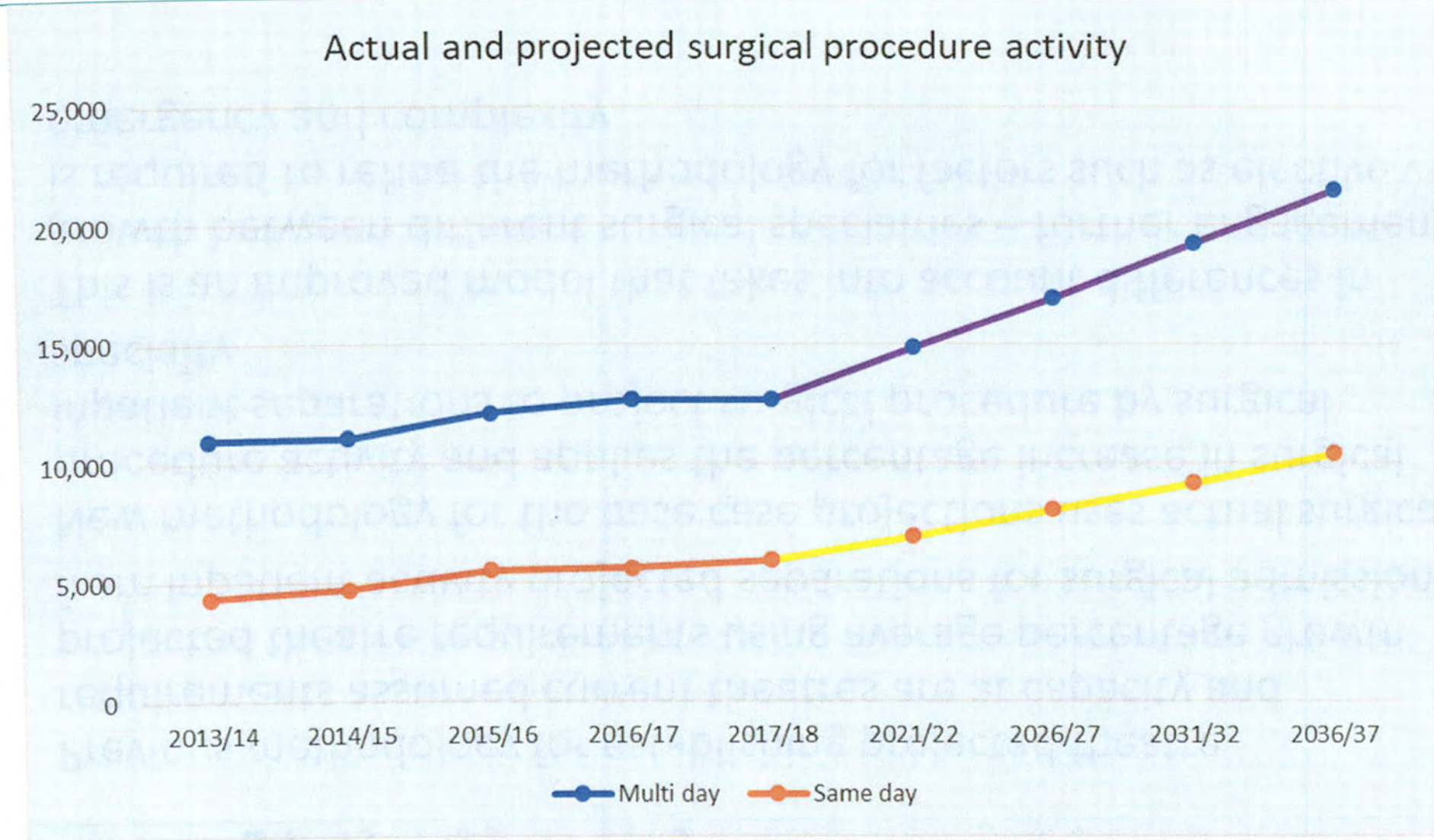


# Current and projected future trends using Hardes ACTAIM

Actual and projected surgical inpatient separations at TCH



## Current and projected future surgical procedures at TCH



## Converting projected activity into theatre requirements

---

- Previous methodology for establishing projected theatre requirements assumed current theatres are at capacity and projected theatre requirements using average percentage growth from inpatient activity projected separations for surgical admissions
- New methodology for the base case projections uses actual surgical procedure activity and applies the percentage increase in surgical inpatient separations to project surgical procedure by surgical specialty
- This is an improved model that takes into account differences in growth between different surgical specialties – further engagement is required to refine the methodology for factors such as elective vs emergency and complexity

## Base case projected theatre requirements using updated methodology

---

- Actual average throughput of same day and multi day patients per theatre is used to establish projected theatre requirements
- Actual throughput per theatres in 2017/18 was an average per theatre of 1,185 same day and 2,422 multi day patients
- Base case projections indicate that by 2031/32 there will be a requirement for 20 theatres to accommodate TCH activity, increasing to 23 theatres by 2036/37

# Considerations and issues for scenario modelling of actual theatre capacity required

---

- Current model does not include IR requirements – more information is needed to model for this. Also doesn't include scopes
- Redistribution of activity to northside - through improved catchment self sufficiency and/or redistribution of surgical services by specialty
- Changes to management of surgical services at a regional level i.e. opportunities for reversal of flows
- Reversal of flows for ACT residents currently receiving surgery in NSW
- Changes to contractual arrangements with private hospitals for surgical services for public patients
- Opportunities to change models of care with infrastructure, workforce, technology e.g. plastics and vascular
- Decision making to improve access – new:review and wait lists in outpatients, elective surgery wait lists, theatre utilisation

## Questions?

---

- Stay in touch by registering on our mail list. See staff at the back of the room, or register online at: [www.act.gov.au/majorprojectscanberra](http://www.act.gov.au/majorprojectscanberra)

**Lowes, Shannon (Health)**

---

**From:** Elfving, Regan  
**Sent:** Friday, 27 September 2019 3:38 PM  
**To:** McDonald, Bernadette (Health); De'Ath, Michael (Health); Chatham, Elizabeth (Health); Miners, Stephen; Ponton, Ben; Edghill, Duncan; Esau, Lloyd; Mooney, Colm (Health); Lindemann, Monica (Health); Slater, Amanda (Health); Kinghorne, Sally-Anne (Health); Evans, Kate (Health); Tarbuck, Chris (Health); Stellios, George Fraszczak, Natalia; Tzavalas, Olivia (Health); Pulford, Nikki; Ross, Carolina; Rucinski, Gul (Health); Cameron, Susan; Vest, Petra; Harding, Nikki; SPIRE Project Team; Major Projects Canberra Corporate and Governance  
**Cc:**  
**Subject:** RE: SPIRE papers  
**Attachments:** 7.0 IEOI Framework.pdf; 8.1 [REDACTED].pdf; 8.2 Assembly Report of SPIRE Milestones.pdf; 9.0 Communications & Media Update.pdf; 0.0 Agenda - SPIRE Project Board 20191002.pdf; 1.0 SPIRE ESC Minutes #7 20190827.pdf; 2.0 Outstanding Actions.pdf; 3.0 Decisions Register.pdf; 4.1 Governance Structure & Project Team.pdf; 5.0 Staging & Decanting Strategy.pdf; 6.0 Project Director's Report.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

UNOFFICIAL

Good afternoon

Please find attached the meeting papers for SPIRE Project Board on 2 October.

Noting some papers were circulated for the previous scheduled meeting I have reattached them all along with the updated agenda.

Should you have any questions please contact the SPIRE Board Secretariat – Nikki Harding x51757.

Kind regards

**Regan Elfving** | Director, Governance and Administration  
**Major Projects Canberra** | ACT Government  
 Phone: 6207 7248 | Email: [Regan.Elfving@act.gov.au](mailto:Regan.Elfving@act.gov.au)



**From:** SPIRE Project Team <SPIRE@act.gov.au>  
**Sent:** Wednesday, 18 September 2019 4:08 PM  
**To:** McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>; De'Ath, Michael (Health) <Michael.De'Ath@act.gov.au>; Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Miners, Stephen <Stephen.Miners@act.gov.au>; Ponton, Ben <Ben.Ponton@act.gov.au>; Edghill, Duncan <Duncan.Edghill@act.gov.au>; Esau, Lloyd <Lloyd.Esau@act.gov.au>; Mooney, Colm (Health) <Colm.Mooney@act.gov.au>; Lindemann, Monica (Health) <Monica.Lindemann@act.gov.au>; Slater, Amanda (Health) <Amanda.Slater@act.gov.au>; Kinghorne, Sally-Anne (Health) <Sally-Anne.Kinghorne@act.gov.au>; Evans,

Kate (Health) <Kate.Evans@act.gov.au>; Tarbuck, Chris (Health) <Chris.Tarbuck@act.gov.au>  
**Cc:** Fraszczak, Natalia <Natalia.Fraszczak@act.gov.au>; Tzavalas, Olivia (Health) <Olivia.Tzavalas@act.gov.au>;  
Elfving, Regan <Regan.Elfving@act.gov.au>; Pulford, Nikki <Nikki.Pulford@act.gov.au>; Ross, Carolina  
<Carolina.Ross@act.gov.au>; Rucinski, Gul (Health) <Gul.Rucinski@act.gov.au>; Cameron, Susan  
<Susan.Cameron@act.gov.au>; Vest, Petra <Petra.Vest@act.gov.au>  
**Subject:** SPIRE papers

Good afternoon all

Please find attached papers for next Tuesday's SPIRE Project Board meeting.

Further papers to follow.

Regards,

**Nikki Harding** | Governance Officer

Phone: (02) 6205 1757

**Major Projects Canberra** | ACT Government

GPO Box 158 Canberra ACT 2601 | [www.act.gov.au](http://www.act.gov.au)

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**ACT**  
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Major Projects Canberra

## SPIRE

Delivering a new emergency, surgical and critical healthcare facility at the Canberra Hospital

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### Enabling Works PCG - Terms of Reference

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Prepared by:

**MAJOR PROJECTS CANBERRA**

ACT Government  
Level 3, Callam Offices  
50 Easty Street  
Woden ACT 2606

September 2019

## DOCUMENT CONTROL

### Contact for enquiries and proposed changes

If you have any questions regarding this document or if you have a suggestion for improvements, please contact:

Contact officer    George Stellios  
 Title                Commercial Director  
 Phone                02 6207 8705

### Version History

Version No.	Date	Author	Comments
1.0	7 Sep 2019	Lloyd Esau	First draft to PCG
2.0	15 Sep 2019	Lloyd Esau	Updated following discussion at 10.09.19 PCG

### Endorsement

These Terms of Reference were presented to the Enabling Works PCG on 10 September 2019 for endorsement. They were endorsed subject to the following comments:

- section to be added for conflict of interests (added at section 2.3 in rev 2.0); and
- clarification required on decision making authority of the EW OCG (added at section 4.1 in rev 2.0).

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1.2	The Project	1
1.3	Relationship to other Governance bodies	2
1.4	Project Governance Structure	2
<b>2</b>	<b>Function of the Early Works Project Control Group.....</b>	<b>2</b>
2.1	Purpose of the EW PCG	2
2.2	Role of the EW PCG	2
2.3	Conflicts of Interest	3
2.4	Working Groups	4
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## 1 Introduction

### 1.1 The Purpose of This Document

These Terms of Reference establish the SPIRE Enabling Works Project Control Group (EW PCG) and defines its authority, responsibility and composition.

### 1.2 The Project

For the purposes of these Terms of Reference the “SPIRE Project” refers to the planning, procurement and delivery of a new emergency, surgical and critical healthcare facility at the Canberra Hospital campus in Garran.

“SPIRE” is an acronym for ‘Surgical Procedures, Interventional Radiology and Emergency’ and was coined during the early stages of the project’s inception. It remains in use as a name for the project but is not used to describe the facility that will be constructed.

The SPIRE Project is broken down into distinct phases: Definition; Project Design; Enabling Works; Main Works Procurement; Main Works Delivery; and Commissioning. These stages, along with indicative timescales are indicated in Table 1 below.

*Table 1: Project Phases and Project Stages*

Project Phase	Project Stage	Estimated Period
Definition	Needs analysis	2016 – Q3 2019 <i>(completed)</i>
	Proof of Concept Design	
	Business Case	
Enabling Works	Staging & Decanting and site preparation	Q3 2019 – Q4 2020
Project Design	Pre-tender design	Q4 2019 – Q2 2020
	Post-tender design by contractor	Q3 2020 – Q2 2021
Main Works Procurement	Main ECI tender process	Q4 2019 – Q4 2020
	Detailed design and fixed price offer	
Main Works Delivery	Main construction stage	Q1 2021 – 2023/24
	Building commissioning and acceptance	
Clinical Commissioning	Preparations for operational commencement	2023/24

The SPIRE Project consists of two main streams of activity that will run in parallel during 2019 and 2020. These are:

1. the SPIRE Main Works – the planning, design, procurement and delivery of the new emergency, surgical and critical healthcare facility and the process of clinical commissioning that will follow completion of construction; and
2. the SPIRE Enabling Works – the planning, design, procurement and delivery of multiple projects necessary to facilitate the decant from and demolition of Buildings 5 and 24.

These Terms of Reference refer only to the Enabling Works stage.

### 1.3 Relationship to other Governance bodies

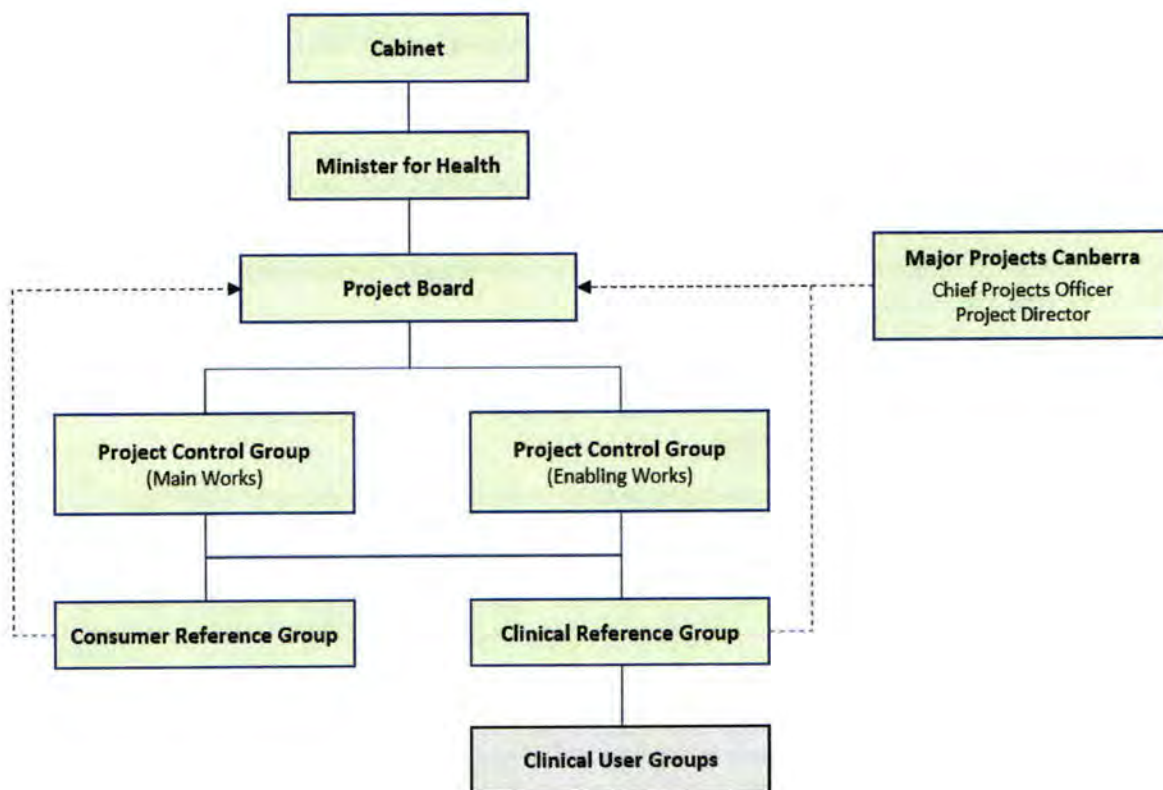
To ensure that appropriate focus is placed on both streams of activity, a PCG is established for both aspects of the SPIRE Project, Enabling Works and Main Works. The Project Director will ensure that issues which overlap these two areas of focus are understood by both PCGs.

The EW PCG will report to the SPIRE Project Board via the Project Director on all matters that require escalation for approval at that level.

### 1.4 Project Governance Structure

Figure 1 shows the structure of the governance arrangements for the SPIRE project.

Figure 1: Project Governance Structure



## 2 Function of the Early Works Project Control Group

### 2.1 Purpose of the EW PCG

The EW PCG will function as the primary working group for all matters relating to the Enabling Works component of the SPIRE Project. It will approve project delivery decisions where these fall within the overarching strategy and parameters that have been approved by the Project Board.

### 2.2 Role of the EW PCG

The EW PCG provides mutually agreed guidance, direction and oversight to the SPIRE Project Team and endorsement of recommendations from the Project Director. The PCG monitors project performance and reports to the SPIRE Project Board, escalating matters for approval where required.



Specific functions of the EW PCG include:

1. Represent relevant operational areas involved with, or impacted by, decanting of existing services and functions associated with the SPIRE project.
2. In partnership with communications and stakeholder engagement teams, provide appropriate and consistent engagement and communication with staff of Canberra Health Services to both gain input to, and disseminate information from the SPIRE EW PCG.
3. Endorse and/or make recommendations to the Project Board regarding the budget for the various aspects of the Enabling Works.
4. Provide direction, guidance and oversight to the Project Team during the planning and design development phases of the Enabling Works project.
5. Endorse and/or make recommendations to the Project Board on the proposed approach to the decanting of Buildings 5 and 24 and any related projects associated with the Enabling Works.
6. Advise on and/or approve brief changes, scope, prioritisation, risk management, design, budget allocation and staging of the works;
7. Review financial management for all aspects of the projects as well as financial progress against approved project budgets.
8. Monitor progress against the project programme to ensure that project milestones, timeframes are being met and outcomes achieved.
9. Review project risks and associated treatments through the life of the project.
10. Engage with the ACT Health Directorate, Canberra Health Services, and other relevant Stakeholders where appropriate.
11. Apply / implement policy, planning objectives and operational recommendations.
12. Endorse scope variations where these remain within the budgets endorsed by the Project Board.
13. Ensure that the Project Board is provided with adequate reporting of scope, cost and program matters, including significant changes to brief and budget to facilitate review and approval where required.
14. Approve service relocation plans and support clinical and administrative service delivery during relocation and commencement of full services in partnership with the SPIRE Project Team.
15. Oversee transition and commissioning activities relating to occupation of destination locations.

The SPIRE Project Team will be responsible for providing regular updates to the EW PCG.

### 2.3 Conflicts of Interest

A conflict of interest arises where an EW PCG participant has an interest that conflicts, could be perceived to conflict, or has the potential to conflict with the interests of the Territory in conducting the project.

Members and other participants must:

1. disclose to the Chair of the EW PCG any actual, perceived or potential conflicts of interest which may exist as soon as they become aware of the issue; and
2. take any necessary and reasonable measures to try and resolve the conflict.

Declarations of conflicts of interest will be considered by the Probity Advisor on a case by case basis to ensure the impartiality of EW PCG participants can be assured without imposing undue burdens on the individuals concerned.

## 2.4 Working Groups

The EW PCG may recommend the formation of Working Groups to inform the delivery of projects for endorsement and provide the Project Board with advice regarding various issues. The EW PCG will nominate Working Group Chairs and recommend the membership of each group.

## 3 Membership, Roles and Responsibilities

### 3.1 Members and Proxies

Table 1 lists the members and regular attendees of the EW PCG.

The approach towards the use of proxies is outlined in Section 3.4.

Table 2: EW PCG Membership

EW PCG Role	Position	Individual
<b>Chair</b>	SPIRE Project Director	Lloyd Esau
<b>Member</b>	Chief Operating Officer (CHS)	Elizabeth Chatham
<b>Member</b>	EGM, IHSS (CHS)	Colm Mooney
<b>Member</b>	Deputy CEO, Strategy, Policy and Planning (CHS)	Dave Pepper
<b>Member</b>	Commercial Director (SPIRE Project Team)	George Stellios
<b>Member</b>	EGM, Strategic Infrastructure and Procurement (ACTHD)	Liz Lopa
<b>Member</b>	Executive Director (CHS)	Cathie O'Neill
<b>Attendee</b>	Facilities Director, IHSS (CHS)	Chris Tarbuck
<b>Attendee</b>	Senior Director, ICT Infrastructure (ACTHD, DSD)	Mark Moerman
<b>Attendee</b>	Facility Planner (SPIRE Project Team)	Amanda Slater
<b>Attendee</b>	Project Manager(s) (SPIRE Project Team)	Katherine Harris
<b>Attendee</b>	Senior Manager, Capital Project Delivery, IHSS (CHS)	James Walsh
<b>Attendee</b>	Senior Manager Staff Accommodation Projects (CHS)	Robyn Jensen
<b>Attendee</b>	Stakeholder Engagement and Communications (CHS)	Angie Drake
<b>Attendee</b>	Communications Manager	Monica Linderman
<b>Secretariat</b>	Project Administration Officer (SPIRE Project Team)	Natalia Fraszczak

Other attendees will be present depending on the agenda for each meeting.

### 3.2 Secretariat Function

The EW PCG is supported by the secretariat. The secretariat's responsibilities include:

1. circulate the EW PCG agenda;
2. record minutes and actions from each meeting;

3. coordinate the collection and distribution of all documentation for meetings; and
4. maintaining, updating and ensuring all EW PCG members have an up to date copy of the EW PCG Terms of Reference.

### 3.3 The Role of Members

Members are participants of the EW PCG. They are required to review issues presented to them and resolve matters for endorsement in a timely manner.

### 3.4 Use of proxies

Members and attendees are to nominate a proxy to attend a meeting if unable to attend. The nominated proxy must have a suitable briefing to fulfil the position and to be able to make an informed decision.

The nominated proxy is to act on behalf of the member/agency they represent and is responsible for ensuring that member is debriefed on the meeting outcomes.

Where the member noted at Section 3.1 appoints a delegate, this person will be a member and will not be counted as a proxy.

## 4 Meeting Principles

### 4.1 Decision Making

The EW PCG is authorised to endorse or approve all matters relating to the Enabling Works phase of the project except where the matter in question:

1. will introduce an item of additional scope (other than non-material scope) to the Enabling Works phase that has not been authorised by the Project Board or Cabinet;
2. will cause the approved budget for the Enabling Works phase to be exceeded; or
3. has been determined by the EW PCG or the Major Projects Canberra executive to be a matter that required escalation to the Project Board.

EW PCG decisions will typically take the form of one of the following:

- endorsed – the recommendations tabled at the meeting are endorsed as presented in the paper;
- endorsed subject to... – the recommendations tabled are endorsed subject to specific changes;
- not endorsed – the recommendations tabled are not endorsed, with a summary of rework required provided;
- approved – the recommendations tabled at the meeting are approved as presented in the paper; or
- noted – where the EW PCG receives a briefing paper or a verbal briefing but is not required to make a decision.

EW PCG members must attend meetings with the authority to make decisions on recommendations that are tabled. It is the member's responsibility to attain the necessary authority from the organisations they represent, or to indicate at the meeting that this is being sought. To the extent practicable, it is the member's responsibility to undertake any investigations or consultation required to form a position on a recommendation.

The EW PCG will endeavour to make decisions based on consensus of all members. Where consensus cannot be reached, the matter may be escalated to the Project Board for a decision.

#### 4.2 Quorum

A quorum is constituted when a minimum of 50% of members (including the Chair) attend a meeting. This number may include no more than one proxy.

Where the Chair is not able to attend a meeting, one of the other members will chair the meeting.

#### 4.3 Meeting Frequency

The EW PCG will meet every month until the conclusion of the Early Works Phase of the SPIRE Project.

#### 4.4 Minutes and Meeting Papers

The minutes of each meeting will be recorded and distributed by the Secretariat.

Full copies of the minutes, including attachments, will be provided to all members no later than five (5) working days following each meeting.

#### 4.5 Decisions and Actions Register

All decisions and actions will be recorded in a Decisions and Actions Register. The register will reflect the meeting minutes.

# SPIRE

Delivering a new emergency, surgical and critical healthcare facility at the Canberra Hospital

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## Main Works PCG - Terms of Reference

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Prepared by:

**MAJOR PROJECTS CANBERRA**

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September 2019

## DOCUMENT CONTROL

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### Version History

Version No.	Date	Author	Comments
1.0	15 Sep 2019	Lloyd Esau	First draft

### Endorsement

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## 1 Introduction

### 1.1 The Purpose of This Document

These Terms of Reference establish the SPIRE Main Works Project Control Group (MW PCG) and defines its authority, responsibility and composition.

### 1.2 The Project

For the purposes of these Terms of Reference the “SPIRE Project” refers to the planning, procurement and delivery of a new emergency, surgical and critical healthcare facility at the Canberra Hospital campus in Garran.

“SPIRE” is an acronym for ‘Surgical Procedures, Interventional Radiology and Emergency’ and was coined during the early stages of the project’s inception. It remains in use as a name for the project but is not used to describe the facility that will be constructed.

The SPIRE Project is broken down into distinct phases: Definition; Project Design; Enabling Works; Project Design, Main Works Procurement; Main Works Delivery; and Commissioning. These stages, along with indicative timescales are indicated in Table 1 below.

*Table 1: Project Phases and Project Stages*

Project Phase	Project Stage	Estimated Period
Definition	Needs analysis	2016 – Q3 2019 <i>(completed)</i>
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	Detailed design and fixed price offer	
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	Building commissioning and acceptance	
Clinical Commissioning	Preparations for operational commencement	2023/24

The SPIRE Project consists of two main streams of activity that will run in parallel during 2019 and 2020. These are:

1. the SPIRE Main Works – the planning, design, procurement and delivery of the new emergency, surgical and critical healthcare facility and the process of clinical commissioning that will follow completion of construction; and
2. the SPIRE Enabling Works – the planning, design, procurement and delivery of multiple projects necessary to facilitate the decant from and demolition of Buildings 5 and 24.

These Terms of Reference refer only to the Main Works stage.



### 1.3 Relationship to other Governance bodies

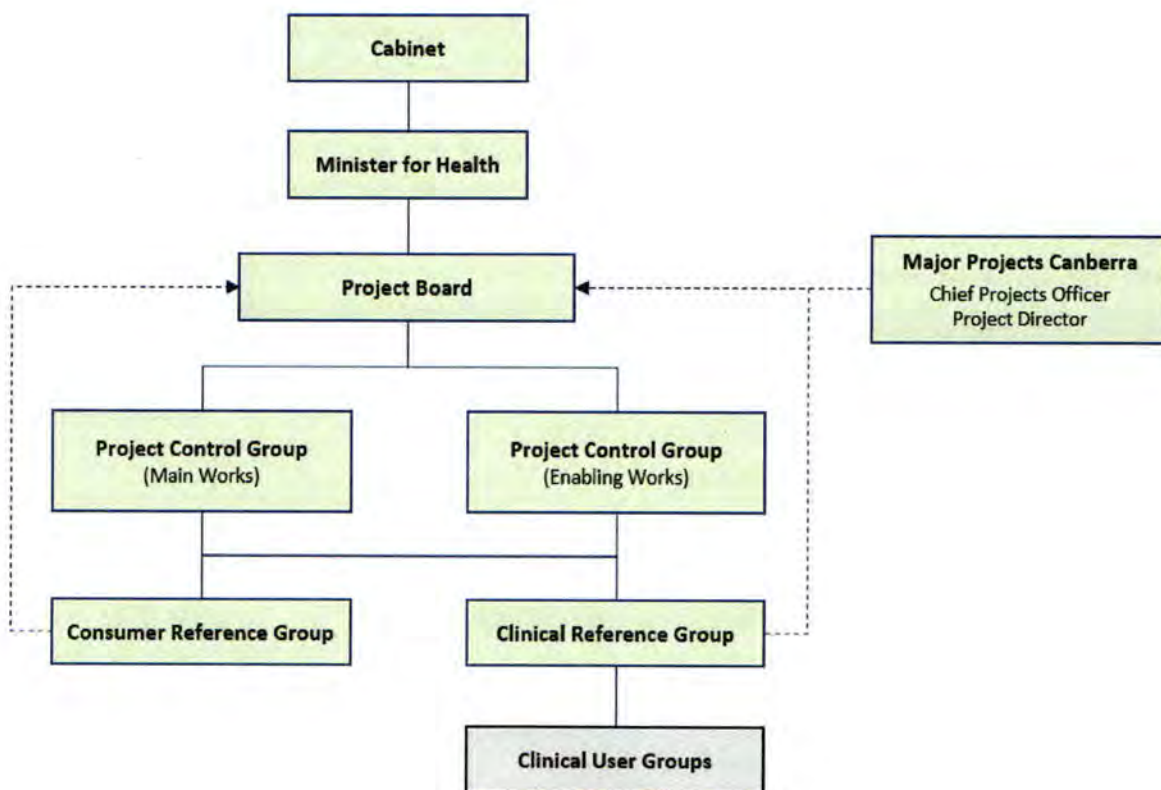
To ensure that appropriate focus is placed on both streams of activity, a PCG is established for both aspects of the SPIRE Project, Enabling Works and Main Works. The Project Director will ensure that issues which overlap these two areas of focus are understood by both PCGs.

The MW PCG will report to the SPIRE Project Board via the Project Director on all matters that require escalation for approval at that level.

### 1.4 Project Governance Structure

Figure 1 shows the structure of the governance arrangements for the SPIRE project.

Figure 1: Project Governance Structure



## 2 Function of the Early Works Project Control Group

### 2.1 Purpose of the MW PCG

The MW PCG will function as the primary working group for all matters relating to the Main Works component of the SPIRE Project. It will approve project delivery decisions where these fall within the overarching strategy and parameters that have been approved by the Project Board.

### 2.2 Role of the MW PCG

The MW PCG provides mutually agreed guidance, direction and oversight to the SPIRE Project Team and endorsement of recommendations from the Project Director. The PCG monitors project performance and reports to the SPIRE Project Board, escalating matters for approval where required.

Specific functions of the MW PCG include:

1. Represent relevant operational areas involved with, or impacted by, the SPIRE project.
2. In partnership with communications and stakeholder engagement teams, provide appropriate and consistent engagement and communication with staff of Canberra Health Services to both gain input to, and disseminate information from the MW PCG.
3. Endorse and/or make recommendations to the Project Board regarding the budget for the various aspects of the Main Works.
4. Provide direction, guidance and oversight to the Project Team during the planning and design development phases of the Main Works project.
5. Endorse and/or make recommendations to the Project Board on the proposed approach to the Main Works.
6. Advise on and/or approve brief changes, scope, prioritisation, risk management, design, budget allocation and staging of the works;
7. Review financial management for all aspects of the projects as well as financial progress against approved project budgets.
8. Monitor progress against the project programme to ensure that project milestones, timeframes are being met and outcomes achieved.
9. Review project risks and associated treatments through the life of the project.
10. Engage with the ACT Health Directorate, Canberra Health Services, and other relevant Stakeholders where appropriate.
11. Apply / implement policy, planning objectives and operational recommendations.
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13. Ensure that the Project Board is provided with adequate reporting of scope, cost and program matters, including significant changes to brief and budget to facilitate review and approval where required.
14. Oversee transition and commissioning activities relating to occupation of destination locations.

The SPIRE Project Team will be responsible for providing regular updates to the MW PCG.

### 2.3 Conflicts of Interest

A conflict of interest arises where an MW PCG participant has an interest that conflicts, could be perceived to conflict, or has the potential to conflict with the interests of the Territory in conducting the project.

Members and other participants must:

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The MW PCG may recommend the formation of Working Groups to inform the delivery of projects for endorsement and provide the Project Board with advice regarding various issues. The MW PCG will nominate Working Group Chairs and recommend the membership of each group.

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Table 1 lists the members and regular attendees of the MW PCG.

The approach towards the use of proxies is outlined in Section 3.4.

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MW PCG Role	Position	Individual
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<b>Member</b>	Deputy CEO, Strategy, Policy and Planning (CHS)	Dave Peffer
<b>Member</b>	Commercial Director (SPIRE Project Team)	George Stellios
<b>Member</b>	EGM, Strategic Infrastructure and Procurement (ACTHD)	Liz Lopa
<b>Member</b>	Executive Director (CHS)	Cathie O'Neill
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<b>Attendee</b>	Facility Planner (SPIRE Project Team)	Sally-anne Kinghorne
<b>Attendee</b>	Clinical Liaison (SPIRE Project Team)	Kate Evans
<b>Attendee</b>	Project Manager(s) (SPIRE Project Team)	Katherine Harris
<b>Attendee</b>	Senior Manager, Capital Project Delivery, IHSS (CHS)	James Walsh
<b>Attendee</b>	Stakeholder Engagement and Communications (CHS)	Angie Drake
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Other attendees will be present depending on the agenda for each meeting.

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The MW PCG is supported by the secretariat. The secretariat's responsibilities include:

1. circulate the MW PCG agenda;
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### 3.3 The Role of Members

Members are participants of the MW PCG. They are required to review issues presented to them and resolve matters for endorsement in a timely manner.

### 3.4 Use of proxies

Members and attendees are to nominate a proxy to attend a meeting if unable to attend. The nominated proxy must have a suitable briefing to fulfil the position and to be able to make an informed decision.

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Where the member noted at Section 3.1 appoints a delegate, this person will be a member and will not be counted as a proxy.

## 4 Meeting Principles

### 4.1 Decision Making

The MW PCG is authorised to endorse or approve all matters relating to the Main Works phase of the project except where the matter in question:

1. will introduce an item of additional scope (other than non-material scope) to the Main Works phase that has not been authorised by the Project Board or Cabinet;
2. will cause the approved budget for the Main Works phase to be exceeded; or
3. has been determined by the MW PCG or the Major Projects Canberra executive to be a matter that required escalation to the Project Board.

MW PCG decisions will typically take the form of one of the following:

- endorsed – the recommendations tabled at the meeting are endorsed as presented in the paper;
- endorsed subject to... – the recommendations tabled are endorsed subject to specific changes;
- not endorsed – the recommendations tabled are not endorsed, with a summary of rework required provided;
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MW PCG members must attend meetings with the authority to make decisions on recommendations that are tabled. It is the member's responsibility to attain the necessary authority from the organisations they represent, or to indicate at the meeting that this is being sought. To the extent practicable, it is the member's responsibility to undertake any investigations or consultation required to form a position on a recommendation.

The MW PCG will endeavour to make decisions based on consensus of all members. Where consensus cannot be reached, the matter may be escalated to the Project Board for a decision.

#### 4.2 Quorum

A quorum is constituted when a minimum of 50% of members (including the Chair) attend a meeting. This number may include no more than one proxy.

Where the Chair is not able to attend a meeting, one of the other members will chair the meeting.

#### 4.3 Meeting Frequency

The MW PCG will meet every month until the conclusion of the Early Works Phase of the SPIRE Project.

#### 4.4 Minutes and Meeting Papers

The minutes of each meeting will be recorded and distributed by the Secretariat.

Full copies of the minutes, including attachments, will be provided to all members no later than five (5) working days following each meeting.

#### 4.5 Decisions and Actions Register

All decisions and actions will be recorded in a Decisions and Actions Register. The register will reflect the meeting minutes.

# SPIRE

Delivering a new emergency, surgical and critical healthcare facility at the Canberra Hospital

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## Clinical Reference Group - Terms of Reference

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Prepared by:

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September 2019

## DOCUMENT CONTROL

### Contact for enquiries and proposed changes

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### Version History

Version No.	Date	Author	Issue Purpose
01.0	19 Sep 2019	Lloyd Esau	First draft by MPC

### Endorsement

Version 1.0 is submitted to the 24 September 2019 Board for comment and is subject to further development and consultation with Canberra Health Services.

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## 1 Introduction

### 1.1 The Purpose of This Document

These Terms of Reference (TOR) establish the SPIRE Project Clinical Reference Group (CRG) and define its authority, responsibility and composition.

### 1.2 The Project

For the purposes of this TOR, the “SPIRE Project” refers to the planning, procurement and delivery of a new emergency, surgical and critical healthcare facility at the Canberra Hospital campus in Garran.

“SPIRE” is an acronym for ‘Surgical Procedures, Interventional Radiology and Emergency’ and was coined during the early stages of the project’s inception. It remains in use as a name for the project but is not used to describe the facility that will be constructed.

The SPIRE Project is broken down into distinct phases: Definition; Project Design; Enabling Works; Main Works Procurement; Main Works Delivery; and Commissioning. These stages, along with indicative timescales are indicated in Table 1 below.

Table 1: Project Phases and Project Stages

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Main Works Procurement	Main ECI tender process	Q4 2019 – Q4 2020
	Detailed design and fixed price offer	
Main Works Delivery	Main construction stage	Q1 2021 – 2023/24
	Building commissioning and acceptance	
Clinical Commissioning	Preparations for operational commencement	2023/24

The SPIRE Project consists of two main streams of activity that will run in parallel during 2019 and 2020. These are:

1. the SPIRE Main Works – the planning, design, procurement and delivery of the new emergency, surgical and critical healthcare facility and the process of clinical commissioning that will follow completion of construction; and
2. the SPIRE Enabling Works – the planning, design, procurement and delivery of multiple projects necessary to facilitate the decant from and demolition of Buildings 5 and 24.

The focus of the CRG will be on the Main Works part of the project and will remain in operation through to clinical commissioning and operations.

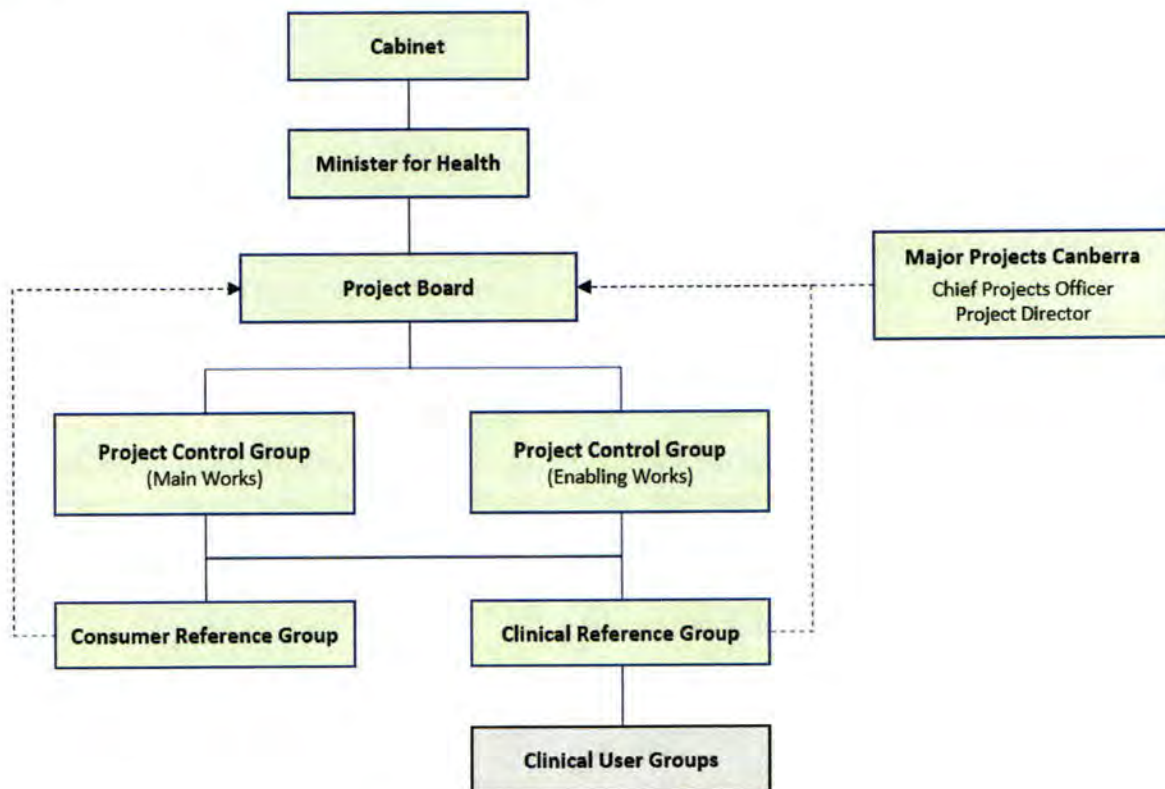
### 1.3 Relationship to other Governance bodies

The CRG will report to the SPIRE Project Board via the Project Director on all matters that require escalation for approval at that level.

### 1.4 Project Governance Structure

Figure 1 shows the structure of the governance arrangements for the SPIRE project.

Figure 1: Project Governance Structure



## 2 Function of the Clinical Reference Group

### 2.1 Purpose of the CRG

The CRG is an executive advisory group established to ensure that the facilities delivered by the SPIRE Project meet the operational and clinical requirements of Canberra Hospital and Canberra Health Services. The CRG adopt a holistic 'best-for-project' and 'best-for-consumer' approach to its activities and will base its decisions on accepted best practice, Territory-wide and Canberra Health Services policies and professional college requirements. It will seek to ensure that the SPIRE Project delivers a coordinated and integrated approach to the four pillars of healthcare: Models of Care, workforce (including workforce planning and change management), technology and infrastructure/facilities.

### 2.2 Role of the CRG

This group is an advisory and investigative body relating to the clinical planning, policy and strategy for the SPIRE Project. The group will consider and moderate the interests of specialist clinical user groups

and will work collaboratively to ensure that the service and facility user requirements are accurately reflected in the SPIRE Project.

The CRG will oversee the activities at the user group level and provide endorsement of clinical design and operational approaches that are developed and signed-off in those groups. It will also provide an escalation body to mediate and resolve disputes and/or escalate matters that will impact on clinical operations to the CHS executive team for resolution.

Specific functions of the CRG include:

manage issues and problems that arise in progressing and implementing the SPIRE Project, particularly in relation to service provision (scope), design, cost, time and quality.

- operate as clinical champions for the SPIRE Project and ensure that the project's objectives and the associated clinical plans are communicated with Canberra Hospital's clinicians and staff;
- ensure that Canberra Health Services and ACT Health Directorate policy, planning and operational issues are integrated into the SPIRE planning and implementation;
- ensure that interdependencies and interfaces across different components of the SPIRE Project and the wider Canberra Hospital Campus are considered and responded to in the delivery of the project;
- provide advice to the Project Team on any matters relating to clinical design or operation that must be resolved in the delivery of the SPIRE Project;
- review and endorse key project documentation (e.g. Models of Care, Health Planning Unit Briefs, departmental designs, etc.) following development of the same through the user group processes;
- escalate to the Project Director any emerging issues that will or may have an impact on the project's approved scope, cost or programme;
- escalate to the Chief Executive Officer of Canberra Health Services any emerging issues that will or may have an unplanned and adverse impact on the future operational costs of the Canberra Hospital;
- [add items for Clinical Commissioning and Workforce Planning]
- report and make recommendations to the Project Director/Board as required.

### 2.3 Working Groups

The CRG may recommend the formation of Working Groups to inform the delivery of projects for endorsement and provide the Project Director with advice regarding various issues. The CRG will nominate Working Group Chairs and recommend the membership of each group.

## 3 Membership, Roles and Responsibilities

### 3.1 Members and Proxies

Table 1 lists the members and regular attendees of the CRG.

The approach towards the use of proxies is outlined in Section 3.4.

Table 2: EW PCG Membership<sup>1</sup>

ERC Role	Position	Individual
Chair	CHS Project Lead	TBA
Interim Chair	Deputy CEO, Strategy, Policy & Planning (CHS)	Dave Peffer
Member	Chief Operating Officer (CHS)	Liz Chatham
Member	Executive Director of Medical Services (CHS)	Paul Dugdale
Member	Executive Director Nursing & Midwifery and Patient Support Services (CHS)	Denise Patterson
Member	Executive Director – Allied Health (CHS)	Kerry Boyd
Member	Chief Financial Officer (CHS)	Andrew Gay
Member	EGM Infrastructure and Health Service Support (CHS)	Colm Mooney
Member	EGM Quality Safety Innovation and Improvement (CHS)	Denise Lamb
Member	EGM People and Culture (CHS)	Janine Hammat
Attendee	Project Director –SPIRE (MPC)	Lloyd Esau
Attendee	EGM Strategic Planning & Infrastructure (HD)	Liz Lopa
Attendee	EGM Health System Planning & Evaluation (HD)	Jacinta George
Attendee	Design Director (MPC)	TBA
Attendee	Health Facility Planner (MPC)	Sally-anne Kinghorne
Secretariat	Project Administration Officer (MPC)	MPC SPIRE officer

Other attendees will be present depending on the agenda for each meeting.

### 3.2 The Chair

The Chair is a member of the group and is the official representative and spokesperson for the group and will:

1. provides strategic leadership of the group; and
2. ensure the efficient organisation and conduct of the group.

Where the Chair is unable to attend a meeting, the Chair can delegate the role to a member of the group. If the Chair is unable to nominate a member prior to the meeting the members at the meeting must elect one of their number to act as Chair for that meeting.

### 3.3 Secretariat Function

The CRG is supported by the secretariat. The secretariat is to receive requests for agenda items 2 weeks before the meeting. Unless otherwise advised, agenda requests will be scheduled for the following meeting.

Papers to be circulated with the agenda must be submitted at least 5 working days before the meeting.

The secretariat's responsibilities include:

- circulating the CRG agenda;

<sup>1</sup> NB: The members listed are an initial suggestion by MPC. CHS will determine the appropriate mix of members and attendees for this group.

- recording minutes and actions from each meeting;
- coordinating the collection and distribution of all documentation for meetings; and
- maintaining, updating and ensuring all CRG members have an up to date copy of the CRG Terms of Reference.

### 3.4 The Role of Members

Members are participants of the CRG. They are required to review issues presented to them and resolve matters for endorsement in a timely manner.

### 3.5 Use of proxies

Members and attendees are to nominate a proxy to attend a meeting if unable to attend. The nominated proxy must have a suitable briefing to fulfil the position and to be able to make an informed decision.

The nominated proxy is to act on behalf of the member/agency they represent and is responsible for ensuring that member is debriefed on the meeting outcomes.

Where the member noted at Section 3.1 appoints a delegate, this person will be a member and will not be counted as a proxy.

## 4 Meeting Principles

### 4.1 Decision Making

CRG decisions will typically take the form of one of the following:

- endorsed – the recommendations tabled at the meeting are endorsed as presented in the paper
- endorsed subject to... – the recommendations tabled are endorsed subject to specific changes
- not endorsed – the recommendations tabled are not endorsed, with a summary of rework required provided
- approved – the recommendations tabled at the meeting are approved as presented in the paper or
- noted – where the CRG receives a briefing paper or a verbal briefing but is not required to make a decision.

Decisions will be made by a general consensus of the meeting quorum. If a general consensus cannot be reached the Chair will either:

- make a determination on the issue;
- raise an action item to be addressed by one or more of the CRG members; or
- refer the issue to the PCG or Project Board for guidance and/or determination.

CRG members must attend meetings with the authority to make decisions on recommendations that are tabled. It is the member's responsibility to attain the necessary authority from the organisations they represent, or to indicate at the meeting that this is being sought. To the extent practicable, it is the member's responsibility to undertake any investigations or consultation required to form a position on a recommendation.

## 4.2 Quorum

A quorum is constituted when a minimum of 50% of members (including the Chair) attend a meeting. This number may include no more than one proxy.

Where the Chair is not able to attend a meeting, one of the other members will chair the meeting.

## 4.3 Meeting Frequency

The CRG will meet at a frequency to be determined by the Chair. It is anticipated that this may be monthly during key stages (e.g. planning and design development, operational mobilisation planning, etc.) and less frequently or as required during other periods.

## 4.4 Minutes and Meeting Papers

The minutes of each meeting will be recorded and distributed by the secretariat.

Full copies of the minutes, including attachments, will be provided to all members no later than five (5) working days following each meeting.

## 4.5 Decisions and Actions Register

All decisions and actions will be recorded in a Decisions and Actions Register. The register will reflect the meeting minutes.

DRAFT































































































































































































## Agenda

### SPIRE Project Board Meeting #1

<b>Date</b>	Wednesday, 2 October 2019
<b>Time</b>	12.30pm -2.00pm
<b>Location</b>	Canberra Hospital, Building 24, Level 1
<b>Chair</b>	Bernadette McDonald (interim)

#### Members

Bernadette McDonald	BMD	Chief Executive Officer, Canberra Health Services (CHS)
Michael De'Ath	MDA	Director-General, ACT Health Directorate (ACTHD)
Elizabeth Chatham	EC	A/g Chief Operating Officer, Clinical Services (CHS)
Stephen Miners	SM	Deputy Under Treasurer
Ben Ponton	BP	Director-General, EPSDD

#### Attendees

Duncan Edghill	DE	A/g Chief Projects Officer (MPC)
Lloyd Esau	LE	A/g SPIRE Project Director (MPC)
Colm Mooney	CM	EGM, Infrastructure and Health Support Services (CHS)
Monica Lindemann	ML	Communications Officer, SPIRE Project Team (MPC)
Amanda Slater	AS	Senior Health Facility Planner, SPIRE Project Team (MPC)
Sally-anne Kinghorne	SAK	Senior Health Facility Planner, SPIRE Project Team (MPC)
Kate Evens	KE	Clinical Liaison, SPIRE Project Team (MPC)
Chris Tarbuck	CT	Facilities Director, Infrastructure and Health Support Services (CHS)
Nikki Harding		Secretariat

Agenda Item	Time	Lead	Item	Action
<b>1. Acceptance of Previous Minutes (ESC #7)</b>	12.30	BMD	Paper	Approval
<b>2. Review Outstanding Actions</b>	12.35	BMD	Paper	Review
<b>3. Review of Decisions Register</b>	12.50	BMD	Paper	Review
<b>4. Governance Structure</b>	13.10			
4.1 Project Team & PCG TORs		LE	Paper	Endorsement
4.2 Independent Board Chair		DE	Verbal	Discussion
<b>5. Staging &amp; Decanting Strategy</b>	13.20	LE/AS	Paper	Approval
<b>6. Project Director's Report</b>	13.45	LE	Paper	Noting



Agenda Item	Time	Lead	Item	Action
<b>7. Invitation for Expressions of Interest - Framework</b>	14.00	LE	Paper	Discussion
<b>8. Matters for Cabinet</b>	14.10			
8.1 [REDACTED]		LE	Paper	Endorsement
8.2 Assembly report on SPIRE milestones		DE/LE	Paper	Endorsement
<b>9. Communications &amp; Media Update/Report</b> (also noting Public Release of Business Case)	14.20	ML	Paper	Noting
<b>10. Other Business</b>	14.30	BMD	n/a	n/a

**Lowes, Shannon (Health)**

---

**From:** McDonald, Bernadette (Health)  
**Sent:** Monday, 30 September 2019 8:07 PM  
**To:** Peffer, Dave (Health); Chatham, Elizabeth (Health)  
**Cc:** Mooney, Colm (Health)  
**Subject:** Re: Clinical Reference Group

**Categories:** For Bern to read then file

Liz, I have provided verbal feedback to Lloyd that this group needs more clinical reps on it and a few less execs. I would appreciate if you can followup and provide key roles and names.

Thanks

B

Get [Outlook for iOS](#)

---

**From:** Peffer, Dave (Health) <Dave.Peffer@act.gov.au>  
**Sent:** Sunday, September 22, 2019 8:38:29 PM  
**To:** Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>  
**Cc:** Mooney, Colm (Health) <Colm.Mooney@act.gov.au>; McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>  
**Subject:** FW: Clinical Reference Group

UNCLASSIFIED

Hi Liz

I imagine you'll have some views on this ToR given this group's focus on clinical operations. My only thought was to include as a responsibility, the need to align the activities of this group with what's identified in the CHS Clinical Services Plan which we're working with Jacinta George's team on at the moment and is due to be in draft form January 2020.

Otherwise, I'm comfortable with the ToR.

I'm not sure if you wanted to provide a coordinated response back to Lloyd or go back individually?

Thanks

Dave

---

**From:** Esau, Lloyd <Lloyd.Esau@act.gov.au>  
**Sent:** Friday, 20 September 2019 6:41 AM  
**To:** McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>; Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Peffer, Dave (Health) <Dave.Peffer@act.gov.au>  
**Cc:** Mooney, Colm (Health) <Colm.Mooney@act.gov.au>; Kinghorne, Sally-Anne (Health) <Sally-Anne.Kinghorne@act.gov.au>; Stellios, George <George.Stellios@act.gov.au>  
**Subject:** Clinical Reference Group

UNCLASSIFIED

Bernadette,

Duncan was keen to get a draft TOR for the Clinical Reference Group (CRG) to the Board next week as it is an outstanding action that can be closed out. I am conscious that this element of the governance structure is substantially a CHS run component and apologise that we have been unable to get a draft up to you for discussion

and development earlier. However, we will not be seeking final endorsement of this next week, and expect that the attached draft will just be a framework to be developed further and lodged as final in the next few weeks.

Once Duncan has taken a look, the attached draft will go out in a board paper today. However, please can you and your team start reviewing this and provide any comments or tracked changes back to me and my team.

Regards

**Lloyd Esau** | Project Director, SPIRE (a/g) & ACT Law Courts  
Major Projects Canberra | ACT Government

T: +61 (0)2 6205 3552 | M: [REDACTED]  
GPO Box 158, Canberra, ACT 2601

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**ACT**  
Government

Major Projects Canberra

## SPIRE

Delivering a new emergency, surgical and critical healthcare  
facility at the Canberra Hospital

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### Clinical Reference Group - Terms of Reference

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Prepared by:

**MAJOR PROJECTS CANBERRA**

ACT Government  
Level 3, Callam Offices  
50 Easty Street  
Woden ACT 2606

September 2019

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## DOCUMENT CONTROL

### Contact for enquiries and proposed changes

If you have any questions regarding this document or if you have a suggestion for improvements, please contact:

Contact Officer    Lloyd Esau  
Title                Project Director - SPIRE  
Phone                02 6205 3552

### Version History

Version No.	Date	Author	Issue Purpose
01.0	19 Sep 2019	Lloyd Esau	First draft by MPC

### Endorsement

Version 1.0 is submitted to the 24 September 2019 Board for comment and is subject to further development and consultation with Canberra Health Services.



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## 1 Introduction

### 1.1 The Purpose of This Document

These Terms of Reference (TOR) establish the SPIRE Project Clinical Reference Group (CRG) and define its authority, responsibility and composition.

### 1.2 The Project

For the purposes of this TOR, the “SPIRE Project” refers to the planning, procurement and delivery of a new emergency, surgical and critical healthcare facility at the Canberra Hospital campus in Garran.

“SPIRE” is an acronym for ‘Surgical Procedures, Interventional Radiology and Emergency’ and was coined during the early stages of the project’s inception. It remains in use as a name for the project but is not used to describe the facility that will be constructed.

The SPIRE Project is broken down into distinct phases: Definition; Project Design; Enabling Works; Main Works Procurement; Main Works Delivery; and Commissioning. These stages, along with indicative timescales are indicated in Table 1 below.

Table 1: Project Phases and Project Stages

Project Phase	Project Stage	Estimated Period
Definition	Needs analysis	2016 – Q3 2019 (completed)
	Proof of Concept Design	
	Business Case	
Enabling Works	Staging & Decanting and site preparation	Q3 2019 – Q4 2020
Project Design	Pre-tender design	Q4 2019 – Q2 2020
	Post-tender design by contractor	Q3 2020 – Q2 2021
Main Works Procurement	Main ECI tender process	Q4 2019 – Q4 2020
	Detailed design and fixed price offer	
Main Works Delivery	Main construction stage	Q1 2021 – 2023/24
	Building commissioning and acceptance	
Clinical Commissioning	Preparations for operational commencement	2023/24

The SPIRE Project consists of two main streams of activity that will run in parallel during 2019 and 2020. These are:

1. the SPIRE Main Works – the planning, design, procurement and delivery of the new emergency, surgical and critical healthcare facility and the process of clinical commissioning that will follow completion of construction; and
2. the SPIRE Enabling Works – the planning, design, procurement and delivery of multiple projects necessary to facilitate the decant from and demolition of Buildings 5 and 24.

The focus of the CRG will be on the Main Works part of the project and will remain in operation through to clinical commissioning and operations.

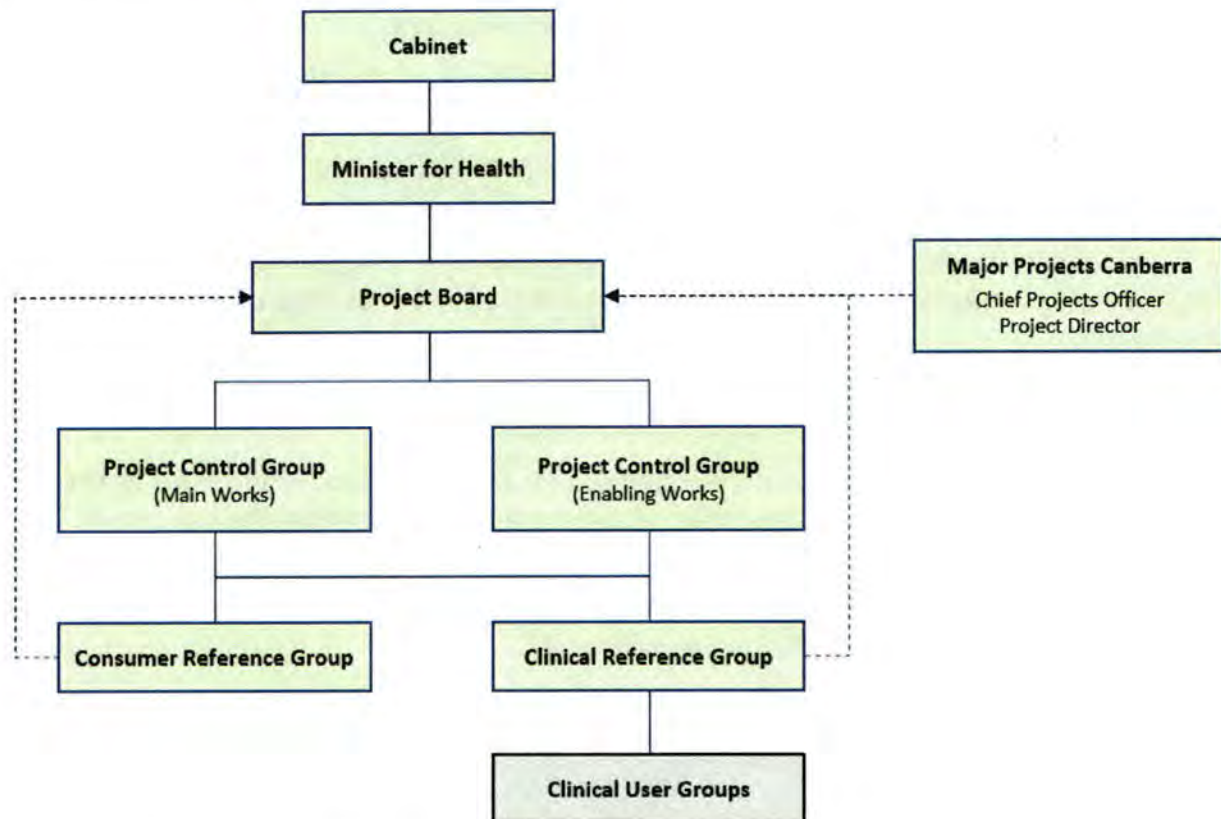
### 1.3 Relationship to other Governance bodies

The CRG will report to the SPIRE Project Board via the Project Director on all matters that require escalation for approval at that level.

### 1.4 Project Governance Structure

Figure 1 shows the structure of the governance arrangements for the SPIRE project.

Figure 1: Project Governance Structure



## 2 Function of the Clinical Reference Group

### 2.1 Purpose of the CRG

The CRG is an executive advisory group established to ensure that the facilities delivered by the SPIRE Project meet the operational and clinical requirements of Canberra Hospital and Canberra Health Services. The CRG adopt a holistic 'best-for-project' and 'best-for-consumer' approach to its activities and will base its decisions on accepted best practice, Territory-wide and Canberra Health Services policies and professional college requirements. It will seek to ensure that the SPIRE Project delivers a coordinated and integrated approach to the four pillars of healthcare: Models of Care, workforce (including workforce planning and change management), technology and infrastructure/facilities.

### 2.2 Role of the CRG

This group is an advisory and investigative body relating to the clinical planning, policy and strategy for the SPIRE Project. The group will consider and moderate the interests of specialist clinical user groups

and will work collaboratively to ensure that the service and facility user requirements are accurately reflected in the SPIRE Project.

The CRG will oversee the activities at the user group level and provide endorsement of clinical design and operational approaches that are developed and signed-off in those groups. It will also provide an escalation body to mediate and resolve disputes and/or escalate matters that will impact on clinical operations to the CHS executive team for resolution.

Specific functions of the CRG include:

manage issues and problems that arise in progressing and implementing the SPIRE Project, particularly in relation to service provision (scope), design, cost, time and quality.

- operate as clinical champions for the SPIRE Project and ensure that the project's objectives and the associated clinical plans are communicated with Canberra Hospital's clinicians and staff;
- ensure that Canberra Health Services and ACT Health Directorate policy, planning and operational issues are integrated into the SPIRE planning and implementation;
- ensure that interdependencies and interfaces across different components of the SPIRE Project and the wider Canberra Hospital Campus are considered and responded to in the delivery of the project;
- provide advice to the Project Team on any matters relating to clinical design or operation that must be resolved in the delivery of the SPIRE Project;
- review and endorse key project documentation (e.g. Models of Care, Health Planning Unit Briefs, departmental designs, etc.) following development of the same through the user group processes;
- escalate to the Project Director any emerging issues that will or may have an impact on the project's approved scope, cost or programme;
- escalate to the Chief Executive Officer of Canberra Health Services any emerging issues that will or may have an unplanned and adverse impact on the future operational costs of the Canberra Hospital;
- [add items for Clinical Commissioning and Workforce Planning]
- report and make recommendations to the Project Director/Board as required.

## 2.3 Working Groups

The CRG may recommend the formation of Working Groups to inform the delivery of projects for endorsement and provide the Project Director with advice regarding various issues. The CRG will nominate Working Group Chairs and recommend the membership of each group.

# 3 Membership, Roles and Responsibilities

## 3.1 Members and Proxies

Table 2 lists the members and regular attendees of the CRG.

The approach towards the use of proxies is outlined in Section 3.5.