

Project Agreement for the expansion of Clare Holland House

OVERVIEW

1. This Project Agreement (the Agreement) is created subject to the provisions of the Intergovernmental Agreement on Federal Financial Relations (IGA FFR) and should be read in conjunction with that Agreement and its Schedules, which provide information in relation to performance reporting and payment arrangements under the IGA FFR.

Purpose

2. This Agreement will support the expansion of Clare Holland House to increase palliative care facilities in the Australian Capital Territory.

Reporting Arrangements

3. The Australian Capital Territory will report against the agreed milestones during the operation of this Agreement, as set out in Part 4 – Project Milestones, Reporting and Payments.

Financial Arrangements

4. The Commonwealth will provide a financial contribution to the Australian Capital Territory of \$ 4 million, exclusive of GST in respect of this Agreement, as set out in Part 5 – Financial Arrangements.

PART 1 – FORMALITIES

5. This Agreement constitutes the entire agreement for this project.

Parties to this Agreement

6. This Agreement is between the Commonwealth of Australia (the Commonwealth) and the Australian Capital Territory.

Term of the Agreement

7. This Agreement will commence as soon as the Commonwealth and the Australian Capital Territory sign it and will expire on 30 June 2022 or on completion of the project, including final performance reporting and processing of final payments, unless terminated earlier or extended as agreed in writing by the Parties.

PART 2 – PROJECT OUTPUTS

Outputs

8. The outputs of this Agreement will be:
- (a) Expansion of Clare Holland House, to support the expansion of palliative care facilities in the Australian Capital Territory. The proposed scope of works include, but is not limited to:
 - i. Inpatient areas: 8 to 10 Palliative Care Beds, including family friendly design, appropriate bariatric support, and supportive spaces (kitchen, pharmacy, storage areas etc.); and
 - ii. Administrative expansion: reconfiguration of existing office space, and additional room to accommodate the increase in patient amenity and staff numbers.

PART 3 – ROLES AND RESPONSIBILITIES OF EACH PARTY

Role of the Commonwealth

9. The Commonwealth will be responsible for:
- (a) monitoring and assessing achievement against milestones in the delivery of the expansion of Clare Holland House under this Agreement to ensure that outputs are delivered within the agreed timeframe;
 - (b) providing a consequent financial contribution to Australian Capital Territory to support the implementation of this Agreement;
 - (b) in accordance with the *Building and Construction Industry (Improving Productivity) Act 2016*, ensuring that financial contributions to a building project or projects as defined under the Fair Work (Building Industry – Accreditation Scheme) Regulations 2016 are only made where a builder or builders accredited under the Australian Government Building and Construction WHS Accreditation Scheme is contracted; and
 - (c) ensuring that compliance with the Code for the Tendering and Performance of Building Work 2016 (Building Code 2016) is a condition of Australian Government funding.

Role of the Australian Capital Territory

10. The Australian Capital Territory will be responsible for:
- (a) all aspects of delivering on the outputs set out in this Agreement;
 - (b) reporting on the delivery of outputs as set out in Part 4 – Project Milestones, Reporting and Payments;
 - (c) ensuring that only a builder or builders accredited under the Australian Government Building and Construction WHS Accreditation Scheme is contracted, and providing the necessary assurances to the Commonwealth; and
 - (d) ensuring that compliance with the Building Code 2016 is made a condition of tender for and performance of building work by all contractors and subcontractors and providing the necessary assurances to the Commonwealth.

11. The Australian Capital Territory will also be responsible for ensuring that, for the purposes of the practical completion, projects will:
- (a) be complete and free from defects or omissions, except for defects or omissions that are minor in nature, that The Australian Capital Territory cannot reasonably fix, or by fixing, will significantly inconvenience users of the works;
 - (b) not cause any legal or physical impediment to the use and occupation of the property and the works for the designated use; and
 - (c) be fit for use for the designated use.

Shared roles

12. The Parties will meet the requirements of Schedule E, Clause 26 of the IGA FFR, by ensuring that prior agreement is reached on the nature and content of any events, announcements, promotional material or publicity relating to activities under this Agreement, and that the roles of both Parties will be acknowledged and recognised appropriately.

PART 4 – PROJECT MILESTONES, REPORTING AND PAYMENTS

13. Table 1 summarises the milestones for the project, their relationship to the outputs, expected completion dates, relevant reporting dates and expected payments to be made. The Commonwealth will make payments subject to the annual performance report demonstrating the relevant milestone has been met.

Table 1: Reporting summary

Outputs	Reporting	Report due	Payment
Tender ready	Confirmation of a report at tender ready stage detailing: <ol style="list-style-type: none"> (a) practical completion dates; (b) evidence of compliance with the Australian Government Building and Construction WHS Accreditation Scheme; and (c) evidence of compliance with the Building Code 2016. 	15 May 2019	\$4.0m

14. If a milestone is met in advance of the due date, where the relevant performance report demonstrates that the milestone has been met, the Commonwealth may make the associated payment earlier than scheduled provided it falls within the same financial year as the original milestone date.

Reporting arrangements

15. The Australian Capital Territory will provide:
- (a) reports in accordance with Table 1 during the operation of the Agreement, and

- (b) bi-annual project status reports with photographs in May and November each year via the Commonwealth Department of Health's Capital Works Portal system in accordance with the template at Schedule A, until the completion of the projects.
- (d) Provision of a final project report including confirmation of:
- a brief description of the project; and
 - official opening dates.
16. The final report that includes a Certificate of Practical Completion can be used for public information and dissemination purposes and will evaluate the projects from the Australian Capital Territory's perspective, including a description of the conduct, benefits and outcomes of the projects.

PART 5 – FINANCIAL ARRANGEMENTS

17. The Commonwealth will provide an estimated financial contribution to from the Australian Capital Territory of \$4 million in respect of this Agreement. All payments are GST exclusive.
18. The Commonwealth's funding contribution will not be reduced where the Australian Capital Territory secures funding from other activity partners.
19. The Commonwealth's estimated financial contributions to the operation of this Agreement, including through National Partnership payments to the States paid in accordance with *Schedule D – Payment Arrangements* of the IGA FFR, are shown in Table 2.

Table 2: Estimated financial contributions

(\$ million)	2018-19	Total
Estimated total budget	4.0	4.0
Less estimated National Partnership Payments	4.0	4.0
Balance of non-Commonwealth contributions	0.0	0.0

20. Having regard to the agreed estimated costs of projects specified in this Agreement, the Australian Capital Territory will not be required to pay a refund to the Commonwealth if the actual cost of the project is less than the agreed estimated cost of the project. Similarly, the Australian Capital Territory bears all risk should the costs of a project exceed the agreed estimated costs. The Parties acknowledge that this arrangement provides the maximum incentive for the Australian Capital Territory to deliver projects cost effectively and efficiently.

PART 6 – GOVERNANCE ARRANGEMENTS

Enforceability of the Agreement

21. The Parties do not intend any of the provisions of this Agreement to be legally enforceable. However, that does not lessen the Parties' commitment to this Agreement.

Variation of the Agreement

22. The Agreement may be amended at any time by agreement in writing by both the Parties.
23. Either Party to the Agreement may terminate their participation in the Agreement at any time by notifying the other Party in writing.

Delegations

24. The Commonwealth Minister may delegate the assessment of performance and the authorisation of project payments to senior Commonwealth officials, having regard to the financial and policy risks associated with those payments.

Dispute resolution

25. Either Party may give notice to other Party of a dispute under this Agreement.
26. Officials of both Parties will attempt to resolve any dispute in the first instance.
27. If a dispute cannot be resolved by officials, it may be escalated to the relevant Ministers.


The Parties have confirmed their commitment to this Agreement as follows:

*Signed for and on behalf of the Commonwealth
of Australia by*

The Honourable Greg Hunt MP
Minister for Health

Date _____

*Signed for and on behalf of the Australia
Capital Territory by*



The Honourable Meegan Fitzharris MLA
Minister for Health and Wellbeing

Date 22/3/2019

Schedule A

Project Status Report:

Report Month:

Submission Date:

Current Forecast Completion Date:

Current Project Stage:

Key Activity Undertaken Since Last Report:

Significant Achievements In Next 6 Months:

Project Status

Schedule: Green, Amber, Red

Cost: Green, Amber, Red*

Compliance: Green, Amber, Red

Scope: Green, Amber, Red

Slippage Comments:

Corrective Action Taken:

Risk: Green, Amber, Red

Allen, Jonas (Health)

From: Brady, Vanessa (Health)
Sent: Thursday, 26 April 2018 4:28 PM
To: Chamberlain, Jodie (Health); Doran, Karen (Health); Bone, Chris (Health)
Cc: Dal Molin, Vanessa (Health); De'Ath, Michael (Health)
Subject: Review Required: Ministerial Brief - Clinical Services Planning & Infrastructure
Attachments: 180426 Min Brief_Clinical Services Planning & Infrastructure.docx

Hi Jodie, Chris and Karen

May I please request your review of the attached draft Ministerial Brief regarding "Clinical services Planning and Infrastructure". I am seeking to provide a final version of this document to the Interim DG by tomorrow 10am.

Regards,

Vanessa Brady

Executive Director, Health Services Program

Ph: 6205 9071 Mobile: [REDACTED]

GPO Box 825, Canberra ACT 2601 www.act.gov.au

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Health Directorate

SENSITIVE

To:	Minister for Health and Wellbeing	Tracking No.: Click here to enter text.
From:	Michael De'Ath, Interim Director-General, ACT Health	
Subject:	Building Health Services Program – Clinical Services Planning and Infrastructure	
Critical Date:	4 May 2018	
Critical Reason:	To inform the preparation of a Ministerial Statement being prepare for the 14 May sitting week.	

Purpose

To seek your endorsement to commence planning work to initiate a Territory-wide Master Plan project.

Recommendations

That you:

1. Note the information contained in this Brief.

Noted / Please Discuss

2. Agree to the proposal that a comprehensive Territory-wide Master Plan is activated as a project.

Agreed / Not Agreed / Please Discuss

3. Agree that the BHSP can be deferred until the completion of a Territory-wide Master Plan is complete, anticipated to be a minimum of 12 months.

Agreed / Not Agreed / Please Discuss

4. Note that pending your decision to proceed with a Territory-wide Master Plan, a detailed project plan outlining the methodology, program and governance structure; will be prepared for your consideration and acceptance acceptance prior to any work commencing.

Noted / Please Discuss

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Meegan Fitzharris MLA /...../.....

Minister's Office Feedback

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Background

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Issues

5. ACT is facing unprecedented population growth over the next 10 to 20 years. The aging population and increased chronic and acute disease profile means ACT Health must determine proactive solutions to manage this growth and the changing demographics and associated service demand requirements.
6. The problem of growing population is compounded by the increase in aging populations, which brings with it a greater demand for services and more complex health needs which include greater chronic condition management and more acute episodes.

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7. The scope of the SPIRE and CHWC projects were framed to address specific challenges being faced in the health system, notable pressures on future capacity for maternity and pediatric services; critical care and emergency services. As such, the clinical services planning undertaken to support these focused on these aspects of the health service with a corresponding tailored infrastructure solution proposal.
8. The ACT Health Territory-wide Health Services Framework 2017-2027 (TWHSF) seeks to improve health care delivery across the ACT through changes in services processes and clinical specifications (Specialty Services Plans – SSPs) which will provide the policy blueprint for meeting the evolving health care needs of the ACT community in the future.
9. The recent decision to restructure ACT Health into two organisations, with one organisation focussed on strategic planning and policy; and the second organisation focused on clinical operations and service delivery, has created an opportunity to consider more broadly, the future investment strategy in infrastructure which considers the system-wide pressures and demands for the next 20- 30 years which directly responds to the TWHSF.
10. Furthermore, the Strategic Asset Management Plans (SAMP) recently completed in February 2018 for the Canberra Hospital and Calvary Public Hospital, identifies critical assets which are at the end of their useful life. These critical assets have below target condition and functionality ratings and require significant capital investment to stabilise engineering services and ensure system redundancy in the event of a catastrophic failure.
11. Presently, ACT Health does not have a consolidated plan which culminates the findings of the SAMP with the TWHSF Specialty Services Plans into a strategy which forecasts the incremental action plan for targeted infrastructure investment which delivers the required capacity, technological capability and operational efficiencies to compliment and affect the services demand projections predicted in the TWHSF.
12. The ACT Health asset portfolio is diverse in that it comprises of a mix of owned and leased assets of varying condition, utilisation and operational and capital and expense profiles. To effectively plan for the delivery of TWHSF Specialty Services Plans that meets the future demand in service capability, the infrastructure plan to enable this services delivery must be cohesive and intrinsically linked to the clinical services forecast. It is therefore proposed that a ‘Territory-wide Master Plan’ be prepared to bind these strategic agendas of the organization together to inform an infrastructure investment strategy for the future.
13. The timeframe to prepare this comprehensive master plan would be in the order of 12 to 18 months and is reliant upon a number of critical inputs such as:
 - a. the TWHSF Specialty Services Plans;
 - b. Comprehensive activity demand projections , validated by an independent third party;
 - c. Policy decisions on demand moderation strategies and modeling assumptions; and

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- d. Asset utilisation studies.
14. As a consequence of this proposal to undertake a Territory-wide Master Plan and derive the full benefit and value of understanding the projected 30 year clinical services demands, BHSP is recommended to hold until the findings of this exercise can be properly evaluated against the current project scope to affirm that the proposed infrastructure investment is appropriately aligned to the service demands. Noting that the magnitude of the BHSP capital investment is in the order of \$900 million, inclusive of the acute and community services projects. The validation of this investment is essential.
 15. The development of a Territory-wide Master Plan presents significant opportunity to design a reference group and governance structure which binds the community, consumer groups, education and research partners; staff and other ACT Government Directorates into a formative process which will inform and shape the future blueprint of health service delivery and precinct planning.
 16. Importantly, the Little Company of Mary (Calvary) will conjoined with ACT Health in this project, as our partner in the delivery of public health services.

Internal

17. Territory-wide Health Services Planning has informed the formation of this brief.

External

18. No external consultation has occurred in the development of this paper.

Benefits/Sensitivities

19. As a result of the Territory-wide Master Plan, it is possible that the comprehensive clinical and infrastructure planning may change the current specifications of the BHSP.
20. The project elements of the BHSP are centered on the Government's 2016 election commitments and therefore, it is likely that there will be criticism of the deferment of these projects. Conversely, the Government is also sensitive to feedback from staff that the projects are under accelerated delivery timeframes and are being progressed in advance of the completion of the TWHSF Specialty Services Plans. The purpose of this proposal, is to provide a considered action plan in response to this feedback.
21. There are several compelling benefits associated with this proposal, including:
 - a. The opportunity for validation and data integrity assurance of the Territory-wide demand projections by a third party;
 - b. Confirmation and validation that the current capital works program aligns with the future clinical services demand profile, this may result in the identification of omitted works and therefore cost savings;
 - c. Development of an investment framework which mitigates expenditure in retired assets;

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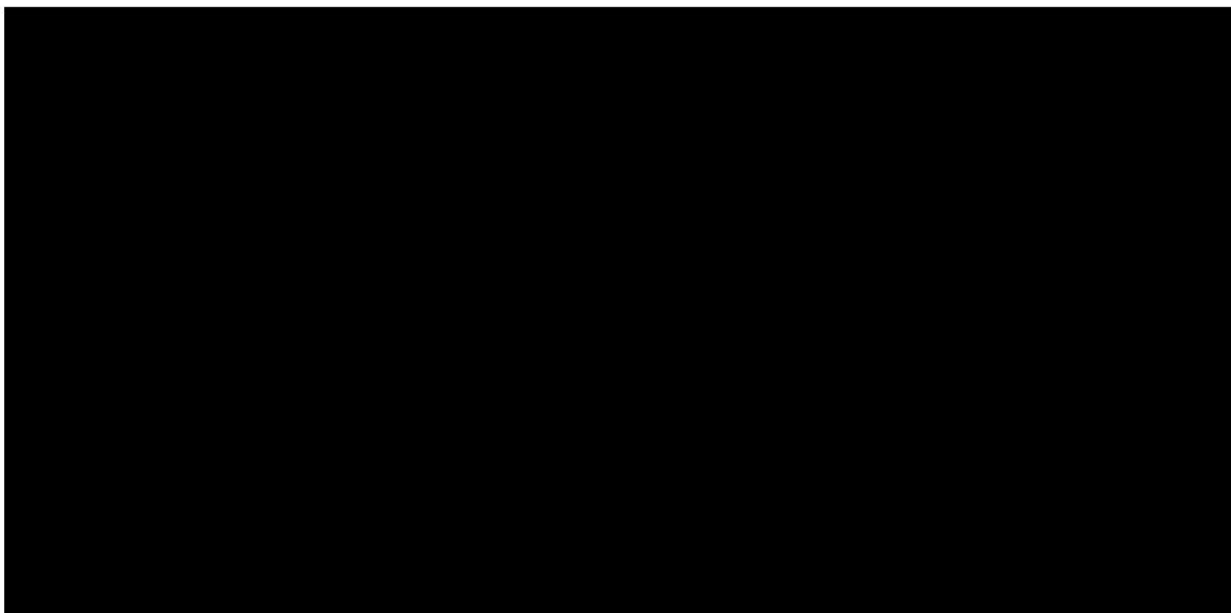
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- d. Identified opportunities for asset divestment and sale;
- e. Facilitation of strong engagement, consultation and communications with staff, the community and partners into the Health strategy which inherently brings support, confidence and commitment to the implementation of the agenda.

Financial

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**Media Implications**

- 24. A communications and media strategy will need to be developed to support the decision of acceptance of this proposal.
- 25. A communications strategy for staff will need to be developed to explain the how the Government has considered their feedback and the response action plan to engage and involve their contribution into the Territory-wide Master Plan.

Action Officer: Vanessa Brady

Phone: 6205 9071

Allen, Jonas (Health)

From: Brady, Vanessa (Health)
Sent: Thursday, 26 April 2018 5:12 PM
To: De'Ath, Michael (Health)
Cc: Dal Molin, Vanessa (Health)
Subject: Review Required: Draft Ministerial Brief - Clinical Services Planning & Infrastructure
Attachments: 180426 Min Brief_Clinical Services Planning Infrastructure.docx

Follow Up Flag: Follow up
Flag Status: Completed

Hi Michael

Ministerial Brief regarding the draft "Clinical Services Planning and Infrastructure".

I am awaiting feedback from Karen and Chris, however I am issuing you a copy of the document in its current state so that you have a sense of what it being proposed.

I will formally issue the document via TRIM tomorrow morning.

Regards,

Vanessa Brady

Executive Director, Health Services Program

Ph: 6205 9071 Mobile: [REDACTED]

GPO Box 825, Canberra ACT 2601 www.act.gov.au

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Health Directorate

SENSITIVE

To:	Minister for Health and Wellbeing	Tracking No.: Click here to enter text.
From:	Michael De'Ath, Interim Director-General, ACT Health	
Subject:	Building Health Services Program – Clinical Services Planning and Infrastructure	
Critical Date:	4 May 2018	
Critical Reason:	To inform the preparation of a Ministerial Statement being prepare for the 14 May sitting week.	

Purpose

To seek your endorsement to commence planning work to initiate a Territory-wide Master Plan project.

Recommendations

That you:

1. Agree to the proposal that a comprehensive Territory-wide Master Plan is activated as a project;

Agreed / Not Agreed / Please Discuss

2. Agree that the Building Health Services Program (BHSP) can be deferred until the completion of a Territory-wide Master Plan is complete, anticipated to be a minimum of 12 months; and

Agreed / Not Agreed / Please Discuss

3. Note that, should you agree to proceed with a Territory-wide Master Plan, a detailed project plan outlining the methodology, program and governance structure will be prepared for your consideration and acceptance prior to any work commencing.

Noted / Please Discuss

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Meegan Fitzharris MLA /...../.....

Minister's Office Feedback

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Tracking No.: [Click here to enter text.](#)

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Background

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Issues

5. The ACT is facing unprecedented population growth over the next 10 to 20 years. The aging population and increased chronic and acute disease profile means ACT Health must determine proactive solutions to manage this growth and the changing demographics and associated service demand requirements.
6. The problem of growing population is compounded by the increase in aging populations, which brings with it a greater demand for services and more complex health needs which include greater chronic condition management and more acute episodes.

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7. The scope of the SPIRE and CHWC projects were framed to address specific challenges being faced in the health system, notable pressures on future capacity for maternity and pediatric services, critical care and emergency services. As such, the clinical services planning undertaken to support these focused on these aspects of the health service with a corresponding tailored infrastructure solution proposal.
8. The ACT Health Territory-wide Health Services Framework 2017-2027 (TWHSF) seeks to improve health care delivery across the ACT through changes in services processes and clinical specifications (Specialty Services Plans – SSPs) which will provide the policy blueprint for meeting the evolving health care needs of the ACT community in the future.
9. The recent decision to restructure ACT Health into two organisations, with one organisation focused on strategic planning and policy; and the second organisation focused on clinical operations and service delivery, has created an opportunity to consider more broadly, the future investment strategy in infrastructure which considers the system-wide pressures and demands for the next 20- 30 years which directly responds to the TWHSF.
10. Furthermore, the Strategic Asset Management Plans (SAMP) recently completed in February 2018 for the Canberra Hospital and Community and Other Assets, identifies critical assets which are at the end of their useful life; the draft Calvary SAMP similarly shows an aged infrastructure profile. These critical assets have condition and functionality ratings below ACT Health’s targets and likely require significant capital investment to stabilise engineering services and ensure system redundancy in the event of a catastrophic failure. The recently received information around the investment required to remedy the condition of these assets has also contributed to the recommendation to develop a master plan.
11. Presently, ACT Health does not have a consolidated plan which culminates the findings of the SAMP with the TWHSF Specialty Services Plans into a strategy which forecasts the incremental action plan for targeted infrastructure investment which delivers the required capacity, technological capability and operational efficiencies to compliment and affect the services demand projections predicted in the TWHSF.
12. The ACT Health asset portfolio is diverse in that it comprises of a mix of owned and leased assets of varying condition, utilisation and operational, capital and expense profiles. To effectively plan for the delivery of TWHSF Specialty Services Plans that meets the future demand in service capability, the infrastructure plan to enable this services delivery must be cohesive and intrinsically linked to the clinical services forecast. It is therefore proposed that a ‘Territory-wide Master Plan’ be prepared to bind these strategic agendas of the organisation together to inform an infrastructure investment strategy for the future.
13. The timeframe to prepare this comprehensive master plan would be in the order of 12 to 18 months and is reliant upon a number of critical inputs such as:
 - a. the TWHSF Specialty Services Plans;

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- b. Comprehensive activity demand projections , validated by an independent third party;
 - c. Policy decisions on demand moderation strategies and modeling assumptions; and
 - d. Asset utilisation studies.
14. As a consequence of this proposal to undertake a Territory-wide Master Plan and derive the full benefit and value of understanding the projected 30 year clinical services demands, BHSP is recommended to hold until the findings of this exercise can be properly evaluated against the current project scope to affirm that the proposed infrastructure investment is appropriately aligned to the service demands. Noting that the magnitude of the BHSP capital investment is in the order of \$900 million, inclusive of the acute and community services projects. The validation of this investment is essential.
15. The development of a Territory-wide Master Plan presents significant opportunity to design a reference group and governance structure which binds the community, consumer groups, education and research partners, staff and other ACT Government Directorates into a formative process which will inform and shape the future blueprint of health service delivery and precinct planning.
16. Importantly, there is the opportunity for the Little Company of Mary (Calvary) to be conjoined with ACT Health in this project, as our partner in the delivery of public health services.

Internal

17. Territory-wide Health Services Planning has informed the formation of this brief.

External

18. No external consultation has occurred in the development of this paper.

Benefits/Sensitivities

19. As a result of the Territory-wide Master Plan, it is possible that the comprehensive clinical and infrastructure planning may change the current specifications of the BHSP.
20. The project elements of the BHSP are centered on the Government's 2016 election commitments and therefore, it is likely that there will be criticism of the deferment of these projects. Conversely, the Government is also sensitive to feedback from staff that the projects are under accelerated delivery timeframes and are being progressed in advance of the completion of the TWHSF Specialty Services Plans. The purpose of this proposal, is to provide a considered action plan in response to this feedback.
21. There are several compelling benefits associated with this proposal, including:
- a. The opportunity for validation and data integrity assurance of the Territory-wide demand projections by a third party;

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- b. Confirmation and validation that the current capital works program aligns with the future clinical services demand profile, this may result in the identification of omitted works and therefore cost savings;
- c. Development of an investment framework which mitigates expenditure in retired assets;
- d. Identified opportunities for asset divestment and sale;
- e. Facilitation of strong engagement, consultation and communications with staff, the community and partners into the Health strategy which inherently brings support, confidence and commitment to the implementation of the agenda.

Financial

22.

23.

24.

Media Implications

- 25. The deferment of the BHSP program, will impact:
 - a. the commencement of the SPIRE project, targeted for mid-2020; and
 - b. the completion dates for the projects.
- 26. A communications and media strategy will need to be developed to support the decision of acceptance of this proposal.
- 27. A communications strategy for staff will need to be developed to explain the how the Government has considered their feedback and the response action plan to engage and involve their contribution into the Territory-wide Master Plan.

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SENSITIVE

Action Officer:	Vanessa Brady	Phone:	6205 9071
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Tracking No.: [Click here to enter text.](#)

Allen, Jonas (Health)

From: Doran, Karen (Health)
Sent: Friday, 27 April 2018 9:10 AM
To: Brady, Vanessa (Health); Chamberlain, Jodie (Health); Bone, Chris (Health)
Cc: Dal Molin, Vanessa (Health); De'Ath, Michael (Health)
Subject: RE: Review Required: Ministerial Brief - Clinical Services Planning & Infrastructure [SEC=UNOFFICIAL]
Attachments: 180426 Min Brief_Clinical Services Planning Infrastructure (002).docx

Hi Vanessa

Suggested edits.
 Karen

From: Brady, Vanessa (Health)
Sent: Thursday, 26 April 2018 4:28 PM
To: Chamberlain, Jodie (Health) <Jodie.Chamberlain@act.gov.au>; Doran, Karen (Health) <Karen.Doran@act.gov.au>; Bone, Chris (Health) <Chris.Bone@act.gov.au>
Cc: Dal Molin, Vanessa (Health) <Vanessa.DalMolin@act.gov.au>; De'Ath, Michael (Health) <Michael.De'Ath@act.gov.au>
Subject: Review Required: Ministerial Brief - Clinical Services Planning & Infrastructure

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Regards,

Vanessa Brady

Executive Director, Health Services Program
 Ph: 6205 9071 Mobile: [REDACTED]
 GPO Box 825, Canberra ACT 2601 www.act.gov.au

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MINISTERIAL BRIEF

Health Directorate

SENSITIVE

To: Minister for Health and Wellbeing

Tracking No.: [Click here to enter text.](#)

From: Michael De'Ath, Interim Director-General, ACT Health

Subject: Building Health Services Program – Clinical Services Planning and Infrastructure

Critical Date: 4 May 2018

Critical Reason: To inform the preparation of a Ministerial Statement being prepare for the 14 May sitting week.

Purpose

To seek your endorsement to commence planning work to initiate a Territory-wide Master Plan project.

Recommendations

That you:

1. Note the information contained in this Brief.

Noted / Please Discuss

2. Agree to the proposal that a comprehensive Territory-wide Master Plan is activated as a project.

Agreed / Not Agreed / Please Discuss

3. Agree that the BHSP can be deferred until the completion of a Territory-wide Master Plan is complete, anticipated to be a minimum of 12 months.

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Agreed / Not Agreed / Please Discuss

4. Note that pending your decision to proceed with a Territory-wide Master Plan, a detailed project plan outlining the methodology, program and governance structure; will be prepared for your consideration and acceptance ~~acceptance~~ prior to any work commencing.

Noted / Please Discuss

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Minister's Office Feedback

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Background

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Issues

5.7. ~~ACT is currently experiencing facing unprecedented high levels of population growth which can be expected to continue over the next 10 to 20 years. The aging population and increased chronic and acute disease profile means ACT Health must determine~~

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~~proactive solutions to manage this growth and the changing demographics and associated service demand requirements.~~

- ~~6.8.~~ The problem/challenge of growing population is compounded by the increase in ageing populations, which brings with it a greater demand for services and more complex health needs which include greater chronic condition management and more acute episodes. The aging population and increased chronic and acute disease profile means ACT Health must determine proactive solutions to manage this growth and the changing demographics and associated service demand requirements.
- ~~7.9.~~ The scope of the SPIRE and CHWC projects ~~were~~ framed to address specific challenges being faced in the health system, notable pressures on future capacity for maternity and pediatric services; critical care and emergency services. As such, the clinical services planning undertaken to support these projects focused on these aspects of the health service with a corresponding tailored infrastructure solution proposal.
- ~~8.10.~~ The ACT Health Territory-wide Health Services Framework 2017-2027 (TWHSF) seeks to improve health care delivery across the ACT through changes in services processes and clinical specifications (Specialty Services Plans – SSPs) which will provide the policy blueprint for meeting the evolving health care needs of the ACT community in the future.
- ~~9.11.~~ The recent decision to restructure ACT Health into two organisations, with one organisation focussed on strategic planning and policy; and the second organisation focused on clinical operations and service delivery, has created an opportunity to consider more broadly, the future investment strategy in infrastructure which considers the system-wide pressures and demands for the next 20- 30 years and which directly responds to the TWHSF.
- ~~10.12.~~ Furthermore, the Strategic Asset Management Plans (SAMP) recently completed in February 2018 for the Canberra Hospital and Calvary Public Hospital, ~~identify~~es critical assets which are at the end of their useful life. These critical assets have below target condition and functionality ratings and require significant capital investment to stabilise engineering services and ensure system redundancy in the event of a catastrophic failure.
- ~~11.13.~~ Presently, ACT Health does not have a consolidated plan which culminates the findings of the SAMP with the TWHSF Specialty Services Plans into a strategy which forecasts the incremental action plan for targeted infrastructure investment over the next 10-20 years under a program which delivers the required capacity, technological capability and operational efficiencies to compliment and affect the services demand projections predicted in the TWHSF.
- ~~12.14.~~ The ACT Health asset portfolio is diverse in that it comprises of a mix of owned and leased assets of varying condition, utilisation and operational and capital and expense profiles. To effectively plan for the delivery of TWHSF Specialty Services Plans to that meets the future demand in service capability, the infrastructure plan ~~to enable this services delivery~~ must be cohesive and intrinsically linked to the clinical services forecast. It is therefore proposed that a 'Territory-wide Master Plan' be prepared to

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bind these strategic agendas of the organization together to inform an infrastructure investment strategy for the future.

~~13.15.~~ The timeframe to prepare this comprehensive master plan would be in the order of 12 to 18 months and is reliant upon a number of critical inputs such as:

- a. the TWHSF Specialty Services Plans;
- b. Comprehensive activity demand projections-, validated by an independent third party;
- c. Policy consideration and decisions ~~decisions~~ on demand moderation strategies and modeling assumptions; and
- d. Asset utilisation studies.

~~14.16.~~ As a consequence of this proposal to undertake a Territory-wide Master Plan and derive the full benefit and value of understanding the projected ~~30-20~~ year clinical services demands, ~~BHSP-it is recommended to pause on the BHSP. hold until the~~ findings of this exercise can then be properly evaluated against the current project scope to affirm that the proposed infrastructure investment is appropriately aligned to the service demands. Noting that the magnitude of the BHSP capital investment is in the order of \$900 million, inclusive of the acute and community services projects, ~~t-~~The validation of this investment is essential.

~~15.17.~~ The development of a Territory-wide Master Plan presents significant opportunity to design a reference group and governance structure which binds the community, consumer groups, education and research partners; staff and other ACT Government Directorates into a formative process which will inform and shape the future blueprint of health service delivery and precinct planning.

~~16.18.~~ Importantly, the Little Company of Mary (Calvary) will conjoined with ACT Health in this project, as our partner in the delivery of public health services.

Internal

~~17.19.~~ Territory-wide Health Services Planning has informed the formation of this brief.

External

~~18.20.~~ No external consultation has occurred in the development of this paper.

Benefits/Sensitivities

~~19.21.~~ As a result of the Territory-wide Master Plan, it is possible that the comprehensive clinical and infrastructure planning may change the current specifications of the BHSP.

~~20.22.~~ The project elements of the BHSP are centered on the Government's 2016 election commitments and therefore, it is likely that there will be criticism of the deferment of these projects. Conversely, the Government is also sensitive to feedback from staff that the projects are under accelerated delivery timeframes and are being progressed in advance of the completion of the TWHSF Specialty Services Plans. The purpose of this proposal, is to provide a considered action plan in response to this feedback.

~~SENSITIVE~~ SENSITIVE

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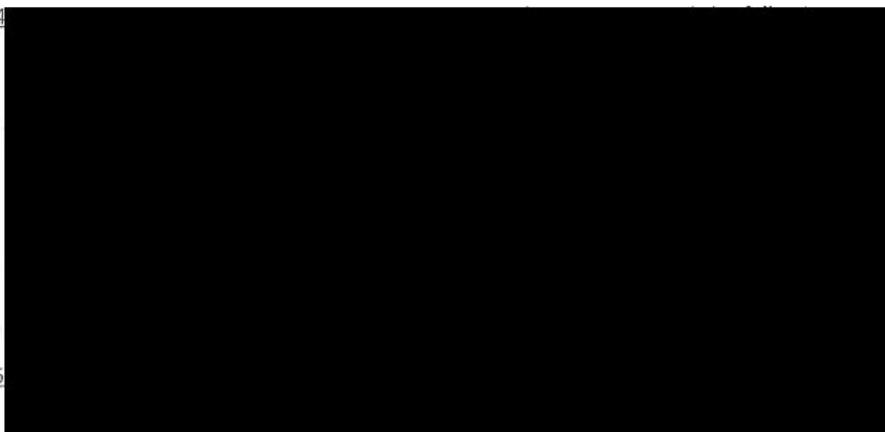
SENSITIVESENSITIVE

21-23. There are several compelling benefits associated with this proposal, including:

- a. The opportunity for validation and data integrity assurance of the Territory-wide demand projections by a third party;
- b. Confirmation and validation that the current capital works program aligns with the future clinical services demand profile, this may result in the identification of omitted works and therefore cost savings;
- c. Development of an investment framework which mitigates expenditure in retired assets;
- d. Identified opportunities for asset divestment and sale;
- e. Facilitation of strong engagement, consultation and communications with staff, the community and partners into the Health strategy which inherently brings support, confidence and commitment to the implementation of the agenda.

Financial

22-24



23-25

Media Implications

24-26. A communications and media strategy will need to be developed to support the decision of acceptance of this proposal.

25-27. A communications strategy for staff will need to be developed to explain how the Government has considered their feedback and the response action plan to engage and involve their contribution into the Territory-wide Master Plan.

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SENSITIVESENSITIVE

Action Officer: Vanessa Brady Phone: 6205 9071

SENSITIVESENSITIVE

[Tracking No.: Click here to enter text.](#)Tracking No.:-



MINISTERIAL BRIEF

Health Directorate

FOR OFFICIAL USE ONLY

To: Minister for Health and Wellbeing

Tracking No.: MIN18/311

- 1 MAY 2018

From: Michael De'Ath, Acting Director-General

Subject: Update on ACT Health's Walk-in Centres

Critical Date: Not applicable

Critical Reason: Not applicable

- DG! *[Signature]*

Purpose

To provide you with an update on ACT Health's Walk-in Centres (WiCs) progress in development of future model of care directions and stakeholder consultation.

Recommendation

That you note the information contained in this brief.

Noted / Please Discuss

Meegan Fitzharris MLA *[Signature]* 10/5/18

Minister's Office Feedback

I will continue discussing pedestrian access with TCCS given Ernest Lavanagh extension & significant adjacent residential development.

Background

1. ACT Health currently provides nurse led services from two WiCs at Belconnen and Tuggeranong. The 2016 election saw the Government commit to expand the service to five centres with new services for Gungahlin, North Canberra and Weston Creek.
2. Presentations to the existing WiCs at Belconnen and Tuggeranong have continued to increase, supporting the intent of the centres to provide timely and affordable health services closer to where people live. Year to date comparison of total presentations is currently 30,693, which demonstrates an overall increase of 12 per cent. Year to date there has been a 15 per cent increase in presentations at the Belconnen WiC compared to a 9 per cent increase at the Tuggeranong WiC.

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3. The funding of additional WiCs across the ACT has received mixed responses from stakeholders. Consumers, in the main, are very supportive of the WiCs, which is evident in the compliments submitted through the Consumer Feedback and Engagement Team in regard to open hours, location, ease of parking and good care. General Practitioners (GPs) and the Australian Medical Association (AMA) have expressed mixed views with many acknowledging the high level of quality care provided at the centres however questioning the economics of replicating primary health services.
4. The WiC model of care (MoC) aims to complement general practitioner and emergency department services to ensure that people have access to the most appropriate level of care when they need it. This intent and the scope of care provided at the Centres was, and continues to be, publicised through messaging in the media and information opportunities.
5. On 1 February 2018 the operational management of the WiCs was transferred from the division of Rehabilitation, Aged and Community Care (RACC) to the division of Cancer, Ambulatory and Community Health Support (CACHS). This transfer aligns the clinical management with the administrative management within CACHS and supports the ability of RACC management to focus on the commissioning of University of Canberra Hospital.
6. Construction of Gungahlin WIC commenced on 16 February 2018 with the target project delivery date August 2018, noting that this is subject to weather conditions.
7. The Project Manager for the Gungahlin WIC has advised that the installation of an additional pedestrian crossing for the WIC is not required. There is an existing pedestrian crossing which connects to the Gungahlin Health Centre which provides sufficient access to the building and will not be altered.

Issues

8. The Gungahlin WiC will open utilising the existing Tuggeranong and Belconnen WiC MoC. Review and further development of the scope of the nurse led services has continued since their opening.
9. In August 2017 a working group was established to review current model of care and lead the development and implementation of innovative models of care for the current and future Walk-in Centres.
10. Key priorities of this work was to identify options to enhance the timely provision of urgent care closer to where people live, reduce the utilisation of emergency departments for lower acuity urgent care, relieve pressure from medical outpatient services and optimize the capacity in the current and proposed WiCs.

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14. Senior staff met in a roundtable format with representatives of the AMA and the Royal Australian College of General Practitioners on 9 November 2017. Both organisations advised they would explore with their members opportunities to work collaboratively. This work is ongoing and any future developments will be briefed to you.

Financial Implications

15. Consultation with GPs resulted in the suggestion of GP involvement in the WiCs or GPs providing WiC type services from their private practices (under a funding model with ACT Health). Further work is required to develop an appropriate funding model to facilitate this option.

Benefits/Sensitivities

16. Key sensitivities continue to be stakeholder resistance, particularly from the local GP community who perceive contest and duplication of services.

Media Implications

17. There has been a significant amount of social media and press regarding the proposed new WiCs recently. This is likely to continue as planning progresses for delivery of new WiCs.
18. A communication plan for the opening of Gungahlin WiC as well as a general Communication Strategy for the WiC's has been developed by the Media and Strategic Communications team. Both communication plans are with your office for approval.

Signatory Name:	Denise Lamb	Phone	6244 2738
Action Officer:	Natasha Milewski	Phone	6174 8513

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11. As a result of internal Canberra Hospital and Health services (CHHS) consultations the WiC's are now providing:
- a. Removal of plaster casts for patients where medical review is not required – This service commenced in September 2017 and 68 people have been seen for removals of casts.
 - b. A 12 month trial has commenced to provide additional sexual health outreach clinics for people at higher risk of STI and blood borne viruses in Tuggeranong and Belconnen. This is a collaborative project between Canberra Sexual Health Centre, the WiCs and Aids Action Council of ACT. The service is provided by a sexual health nurse and a support peer worker from the Aids Action Council. The trial is funded through ACT Health's Policy and Stakeholder Relations Division and commenced in February 2018.
 - c. A 12 month trial of an advanced practice musculo-skeletal physiotherapist is planned to commence in mid-2018. The initial recruitment round was unsuccessful in appointing to the position and further national recruitment is to commence in May 2018.
 - d. A proposal is currently being drafted for WiC nurses to complete a risk screen for clients presenting with possible diabetes. Clients who return a high risk screening score (12 or over) would be redirected to their GP for further assessment and management as appropriate.
 - e. Initial discussions have been held with Population Health to explore health prevention, promotion and screening opportunities and the provision of select immunisations.
12. The WiC Internal Research Project 'What happens to clients redirected to GPs?' is continuing. It is anticipated the report will be available in May 2018 provided that 300 surveys are complete. The results will help inform the ongoing development of the WiC MoC.

Consultation

13. Consultations with a range of external stakeholders including GP practices, College of General Practice, Capital Health Network and the AMA are underway. ACT Health and the Capital Health Network jointly hosted an information session with Gungahlin GPs in August 2017 and are planning to re-convene again in May 2018.

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Allen, Jonas (Health)

From: Dal Molin, Vanessa (Health)
Sent: Monday, 14 May 2018 9:06 AM
To: De'Ath, Michael (Health)
Subject: Fwd: September 2017 - MIN17/1198 [SEC=UNCLASSIFIED]
Attachments: Attachment A - Ministerial Brief - University of Canberra Public Hospital (UCPH) - Overview - September 2017.DOCX; ATT00001.htm; Ministerial Brief - University of Canberra Public Hospital (UCPH) - Overview - September 2017.DOCX; ATT00002.htm

Sent from my iPhone

Begin forwarded message:

From: "Andersen, Jackie (Health)" <Jackie.Andersen@act.gov.au>
Date: 14 May 2018 at 8:50:12 am AEST
To: "Attridge, Vanessa" <VanessaS.Attridge@act.gov.au>
Cc: "Dal Molin, Vanessa (Health)" <Vanessa.DalMolin@act.gov.au>
Subject: Fwd: September 2017 - MIN17/1198 [SEC=UNCLASSIFIED]

Nessa

Please note attached. Is this what Minister is seeking?

Thanks
 Jackie

Sent from my iPhone

Begin forwarded message:

From: "West, Alice (Health)" <Alice.West@act.gov.au>
Date: 14 May 2018 at 8:46:49 am AEST
To: "Andersen, Jackie (Health)" <Jackie.Andersen@act.gov.au>
Subject: September 2017 - MIN17/1198 [SEC=UNCLASSIFIED]

Hi Jackie,

This is the first iteration of MIN17/1198. Attachment A is in table format.

The December 2017 'further information' also has a couple of attachments. Will send that under separate cover.

Regards,

Alice



ACT
Government

Health

UNCLASSIFIED

To:

Minister for Health and Wellbeing

Tracking No.: MIN17/1198

From:

Nicole Feely, Director-General

Subject:

University of Canberra Public Hospital - Overview

Critical Date:

10 November 2017

Critical Reason:

For your information, as follow up to a meeting with your office

- DG .../.../...
- DDG .../.../...

Purpose

To provide you with further information about the University of Canberra Public Hospital (UCPH) project, following the meeting in your office on 14 September 2017.

Recommendation

That you note the information contained in this brief and attachment.

Noted / Please Discuss

Meegan Fitzharris MLA/...../.....

Minister's Office Feedback

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Tracking No.: MIN17/1198

UNCLASSIFIED

Background

1. The UCPH, developed under an agreement with the University of Canberra, is a part of the network of health facilities in the ACT. It will enable increased capacity for delivery of health services, and the improvement of health outcomes for the ACT and surrounding region by harnessing innovation in technologies and health services delivery.
2. The UCPH has been planned to meet the demand for sub-acute hospital services in the ACT, providing 140 inpatient beds, 75 day places as well as a range of sub-acute ambulatory services.
3. A separate sub-acute/rehabilitation facility, in addition to providing sub-acute beds to meet projected future demand, forms part of a network of public hospital facilities and will free capacity for acute beds in both the Canberra Hospital and Calvary Hospital which are currently being used for sub-acute patients.
4. As rehabilitation and aged care health services in the ACT are provided across a number of facilities and are broad in scope, UCPH will provide significantly increased inpatient bed capacity and will allow greater efficiency through the potential for improved synergies between service components. Improved facility design will enhance the delivery of clinical care.
5. Following the Health briefing on 14 September 2017, your office requested information about the UCPH, specifically:
 - Decision making process regarding scope of services (inclusions and exclusions);
 - How the operations of UCPH will impact services currently undertaken at Canberra Hospital (CH);
 - Commissioning update;
 - 'expansion of UCPH funding shortfall'; and
 - Overview of contractual issues with UC and any sensitivities.

Decisions regarding Scope of Services

6. The scope of services for UCPH were determined following an analysis of the demand for health services on the north side in 2011. This was followed by extensive consultation during the development of the Health Service Planning Unit briefs, which were compiled into a functional brief document and included as an appendix in the Service Delivery Plan.
7. These briefs were developed during and as a result of feedback from working groups consisting of staff, service executives and consumer representatives.
8. Each stage of the service planning and design process was endorsed by the relevant executive forum, through the former Health Infrastructure Program (HIP) Governance structure.

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9. UCPH will deliver sub-acute adult care consisting of:
 - Mental Health inpatient rehabilitation;
 - Mental Health day services;
 - General inpatient rehabilitation;
 - Aged care inpatient rehabilitation;
 - Neurological Rehabilitation; and
 - General rehab and aged care day and ambulatory services.
10. The facility will service the ACT and neighbouring areas of NSW. Pharmacy and pathology services will be provided for UCPH patients on site. Emergency Department and other acute services will not operate from the site. On completion, the sub-acute inpatient rehabilitation, aged care and mental health services will be delivered in line with proposed models of care and service delivery, in a purpose built facility.
11. Patients admitted to the rehabilitation and aged care inpatient units will be admitted for sub-acute care following a range of injuries and illness. Adult rehabilitation services will be provided for patients over 18 years of age. Older person's mental rehabilitation will typically be provided for patients over the age of 65 years.
12. Following assessment people will transition to the most appropriate rehabilitation service. This may include inpatient care within the rehabilitation unit, access to specific programs within the day program or services delivered as a community client.
13. The Adult Mental Health Rehabilitation Unit (AMHRU) will provide specialist inpatient and day rehabilitation services based on principles of recovery, to people with a range of mental illnesses. According to the Model of Care for the AMHRU it is anticipated that inpatients will stay at the AMHRU for three to twelve months.
14. Attachment A summarises the projected bed requirements for the specialty services within UCPH.
15. The facility is being delivered through a Design Construct and Maintain contract. Design and construction is led by Multiplex, and facility management is contracted to Brookfield Global Integrated Solutions (BGIS).
16. BGIS will provide 10 facility management services:
 - Contract Management and Administration;
 - Facility Management Help Desk;
 - Building Engineering Maintenance;
 - Grounds and Gardens Maintenance;
 - Food Services;
 - Distribution and Patient Support Services;
 - Cleaning Services;
 - Materials Distribution Services;
 - Pest Control Services; and
 - Security.

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Impact of Mental Health Services Moving to UCPH of the Operations of Canberra Hospital

17. None of the Mental Health Services to be provided at UCPH are based at Canberra Hospital.
18. The AMHDS (MH Day Service) currently operates from the Belconnen Community Health Centre (BCHC). This service occupies therapy and treatment room spaces on the Ground floor and work stations on Level 4. An Accommodation Variation Request (AVR) for these areas has been submitted by MHJHADS in order to accommodate the expanding Belconnen Community Mental Health Team to facilitate the redesign of the overarching Model of Care (MoC) for the Adult Mental Health Community Service.
19. A new Sub Acute Mental Health Rehabilitation Unit with a new MoC was included as part of the design of UCPH. At the time this MoC was endorsed, the then Minister for Health announced the closure of BHRC and a Transition Plan for residents at BHRC. Since that time the Government has been pursuing supported accommodation options for BHRC Residents. You will be briefed on this separately in MIN17/870.

Impact of RACC Services Moving to UCPH of the Operations of Canberra Hospital

20. The RACC Services planned to move to UCPH are:

- From Canberra Hospital
 - i. Ward 12B;
 - ii. RILU Day Program;
 - iii. Aged Care Nurse Practitioner service;
 - iv. Rehabilitation Nurse Practitioner service;
 - v. Rehabilitation Medicine Clinics;
 - vi. Multi-disciplinary Geriatric Medicine clinics;
 - vii. Psychology clinics
 - viii. Speech Therapy clinics;
 - ix. Rehabilitation@Home
 - x. Memory Assessment Service;
 - xi. Aged Care Assessment Team; and
 - xii. Hydrotherapy (Not currently managed by RACC)
- From Phillip and Belconnen Health Centres
 - i. Community Rehabilitation Team; and
 - ii. Falls and Falls Injury Prevention team.
- From Village Creek
 - i. Driver Assessment and Rehabilitation Service;
 - ii. Vocational Assessment and Rehabilitation; and
 - iii. RACC Multidisciplinary clinics -for example spinal clinic.

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Impact on Support Services at Canberra Hospital

21. A number of Canberra Hospital based services will expand to support services at UCPH including:

- Pathology
- Pharmacy

22. A number of Canberra Hospital based services provide support services at UCPH including:

- Aboriginal Liaison Service (ALS);
- Infection Control
- Residential Aged Care Liaison Nurse;
- Pastoral Care;
- Tissue Viability Nursing Service
- Veterans Liaison Nurses

23. The services moving to UCPH from Calvary are the Aged Care and Rehabilitation Unit (ACRU).

Operational Commissioning

24. Construction is on time and the building is planned to open in July 2018.

25. Commissioning is a portfolio of activities, resources, deliverables and program which are required to support the turn-key delivery of the project and activation of services at UCPH. The plan commits the ACT Health Directorate to develop and implement a schedule of clinical and operational outputs required to enable the functional requirements for services at UCPH.

26. The Commissioning Plan outlines the sequencing of activities and deliverables in the following phases:

- Phase 1: Commissioning Readiness which comprises the development of activities that are required to make the healthcare facility operational. It outlines responsibilities for commissioning, activities and establishes coordination activities for the project. This is managed by the Operational Commissioning Team.
- Phase 2: Building Commissioning refers to the completion of the building for occupation by the contractor from a physical facility point of view such as successful running of all plant and equipment. This is managed by the Project Team.
- Phase 3: Operational Commissioning is the preparation of a facility and its staff for commencement of operation such as equipment and familiarising of staff with facility operation. This is managed by the Operational Commissioning Team.

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27. The timeframe of the Commissioning Phases are as follows:

- Operational Readiness – Now – Feb 2018. During this period policy and procedures and training content are finalised.
- Building Commissioning – Now – Nov 2017. During this period building testing and acceptance is undertaken.
- Operational Commissioning and Transition
 - i. Phase 1 - Hospital Familiarisation - Feb 2018- Mar 2018
 - ii. Phase 2 - Preparation and Testing – April 2018- May 2018
 - iii. Phase 3 - Orientation and Training – May 2018 - Jun 2018
 - iv. Phase 4 - Service Preparation and Staff Transition- mid 2018
 - v. Phase 5 - Go live mid 2018

28. The commissioning activities are coordinated by a dedicated Commissioning Team. A number of working groups have been established to support the commissioning of UCPH. Calvary staff have been invited to these meetings.

Contract arrangements with UC

29. The Heads of Agreement was signed on 10 September 2012. The Acquisition and Development Deed, and the Collaboration and Precinct Deed were signed on 24 December 2013.
30. These have been superseded by the Acquisition and Collaboration Amending Deed which was signed on 30 October 2015.
31. The process of collaboration is determined by the UCPH Collaboration and Precinct Deed, and operationalised by the UCPH Collaboration Plan. The UCPH Collaboration Plan creates the framework to realise the mutual benefits to ACT Health and UC arising from the co-location of UCPH on the University Campus.
32. The Collaboration Plan includes an agreed set of collaboration principles, a rolling five-year strategic plan and an annual operational plan. On approval, the Collaboration Plan is binding between ACT Health and UC. The Collaboration Plan is overseen by the Partnership Committee, ACT Health and University of Canberra. This Committee is chaired by the Director-General and includes senior executive representatives from ACT Health and UC.
33. Development of the Collaboration Plan is almost complete. Matters outstanding include determining the allocation and number of clinical placements that will become available at UCPH. The finalised workforce profile and bed numbers for UCPH will guide capacity mapping for these placement numbers for input into the Collaboration Plan.

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34. The Collaboration Plan identifies the development of forward design work to enact the Plan in its entirety. This forward design work includes:
- the development of policies and procedures, including for booking and scheduling space, and access provisions;
 - clinical placement capacity mapping and review of student placement deeds; and
 - governance arrangements for joint coordination committees for education, research, and innovation. This forward design work is currently in development and is on-track to meet all obligations under the UCPH Collaboration and Precinct Deed with respect to collaboration.
35. The Acquisition and Collaboration Amending Deed sets out obligation whereby UC need to enter into a "Hospital Sublease" for their dedicated space within UCPH. The obligations within the Acquisition and Collaboration Amending Deed require the Hospital Sublease to be completed at practical completion, both parties however are endeavoring to expedite this execution.
36. Acquisition and Collaboration Amending Deed sets out obligation whereby ACTH need to enter into a "Car Park Sublease" for their dedicated car parking space within the UC multistorey car park. The obligations within the Acquisition and Collaboration Amending Deed require the Car Park Sublease to be completed at practical completion, both parties however are endeavoring to expedite this execution.
37. Through their Deed obligations UC are required to deliver a minimum 400 space car park for UCPH by a milestone date of 31 March 2018. A brief identifying details of this development was addressed in MIN17/943. The hospital cannot open to the public until 400 compliant spaces are provided.

Issues

38. On 14 September 2017, you requested further information relating to the communications strategy, which will be addressed under MIN17/922. This includes the naming of the facility.

Financial Implications

39. In 2011-2012 a budget appropriation of \$4 million was allocated to Northside Hospital Specification and Documentation. In the 2013-2014 budget, a total of \$8.252 million was appropriated for design.
40. A further \$200 million has been provided for total project funding. This has been re-purposed through Cabinet to \$195.405 million.
41. A funding allocation was provided in the 2015-16 Budget for the development of a minimum 400 car park spaces to support the requirements of the UCPH car parks on UC land.

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42. To ensure the facility is operationally functional, additional resourcing and funding is required to support the opening of the facility. An independent cost consultant, Paxton Partners, was engaged by ACT Health to inform and benchmark the facility operating costs in early 2017. Further analysis is currently underway to ensure all offset costs associated with the transfer of current activity from the Canberra and Calvary Hospitals have been identified.
43. A concept brief has been developed requesting an additional \$10.948 million to support the opening of UCPH.

ConsultationInternal

44. A number of areas across ACT Health contributed to the development of this brief.

Cross Directorate

45. Not applicable.

External

46. Not applicable.

Benefits/Sensitivities

47. Not applicable.

Media Implications

48. There is continuing public interest in UCPH.

Signatory Name: Linda Kohlhagen

Phone: 42356

Action Officer: Alice Fawcett

Phone: 71015

Attachments

Attachment	Title
Attachment A	Summary of the projected bed requirements for the specialty services within UCPH.

UNCLASSIFIED

Tracking No.: MIN17/1198

Summary of the projected bed requirements for the specialty services within UCPH.

Setting/Service*	Functional Planning Units (spaces per day)	Current Location
Mental Health		
Rehabilitation	20 sub-acute beds	Brian Hennessy Rehabilitation Centre (Calvary)
Day Service	25 day places (10 bed equivalents)	Belconnen Community Health Centre
Day Service (Consult)	2-3 consult rooms	Belconnen Community Health Centre
Rehabilitation		
Inpatient	120 beds	Canberra Hospital wards: 12B - 20 beds and RILU - 16 beds Calvary Hospital (ACR) - 28 beds Additional growth - 56 beds
Day Hospital	25 day places (10 bed equivalents)	New Services
Day Hospital (Consult)	6-7 consult/ interview/ treatment rooms	New Services
Ambulatory Care Clinics	3.25 consult/ 1 interview/ 1 treatment rooms	Canberra Hospital, Village Creek, Community Care Centres
Aged Care		
Day Hospital	25 day places (10 bed equivalents)	New Services
Day Hospital (Consult)	6-7 consult/ interview/ treatment rooms	New Services
Ambulatory Care Clinics	3.25 consult/ 1 interview/ 1 treatment rooms	Canberra Hospital, Village Creek, Community Care Centres

Allen, Jonas (Health)

From: Dal Molin, Vanessa (Health)
Sent: Wednesday, 23 May 2018 7:10 PM
To: De'Ath, Michael (Health)
Subject: Briefs - for clearance [DLM=For-Official-Use-Only]
Attachments: Initiated Brief - Minister for Health and Wellbeing - Building Health Services Program – Centenary Hospital for Women and Children – ~ 2020.DOCX; 180521 Min Brief_Infrastructure.docx

Michael,
 Karen has asked me to forward these briefs to you. She has received them from Vanessa Brady and will review.

In relation to the Infrastructure brief, Karen feels it doesn't quite hit the mark yet. She will look to review this evening. She mentioned however that if you are happy with it as it is, she'd be happy to put it through.

I've PDF'd the documents, and they're in a folder called 'For Clearance and Discussion (sitting under 'Friday')

Happy to discuss if you need.

Thanks
 Vanessa

-----Original Message-----

From: Doran, Karen (Health)
Sent: Wednesday, 23 May 2018 5:09 PM
To: Dal Molin, Vanessa (Health) <Vanessa.DalMolin@act.gov.au>
Subject: FW: HPE Content Manager Correspondence : COR18/9164 : Initiated Brief - Minister for Health and Wellbeing - Building Health Services Program – Centenary Hospital for Women and Children – Detailed Business Case 2019-2020 [DLM=For-Official-Use-Only]

Will discuss when I come up - coming now

-----Original Message-----

From: Douglas, Nerida (Health)
Sent: Wednesday, 23 May 2018 4:14 PM
To: Doran, Karen (Health) <Karen.Doran@act.gov.au>
Subject: HPE Content Manager Correspondence : COR18/9164 : Initiated Brief - Minister for Health and Wellbeing - Building Health Services Program – Centenary Hospital for Women and Children – Detailed Business Case 2019-2020 [DLM=For-Official-Use-Only]

Hi Karen, as requested, thanks

-----< HPE Content Manager record Information >-----

Record Number:COR18/9164
 Title:Initiated Brief - Minister for Health and Wellbeing - Building Health Services Program – Centenary Hospital for Women and Children – Detailed Business Case 2019-2020



Health Directorate

SENSITIVE

To:	Minister for Health and Wellbeing	Tracking No.: Click here to enter text.
From:	Michael De'Ath, Interim Director-General, ACT Health	
Subject:	Building Health Services Program – Public Hospital Infrastructure Planning	
Critical Date:	31 May 2018	
Critical Reason:	To enable procurement processes to commence for the engagement of specialist consultants.	

Purpose

To provide you with an outlined approach for undertaking further scope and site development investigations for the Canberra Hospital and Calvary Public Hospital which are informed by a detailed stakeholder and community engagement program.

Recommendations

That you:

1. Note that ACT Health will undertake a site planning and development constraints study of the Phillip Districts Playing Fields. This study will take approximately 3 weeks to complete and will provide a confidence statement on the viability of the site for a Greenfield development.

Agreed / Not Agreed / Please Discuss

2. Agree that ACT Health will prepare an interim funding request in the 2019-20 Budget process (February 2019) will be required to continue planning and design (confirmation of access to existing provision). ACT Health will target delivery of the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre Tier 1 detailed business case in the 2019-20 Budget review (September 2019).

Agreed / Not Agreed / Please Discuss

3. Agree that ACT Health target delivery of a strategic business case for the Northside General Hospital project in the 2019-20 Budget context, with a subsequent Tier 1 detailed business case for consideration in the 2019-20 Budget Review.

Agreed / Not Agreed / Please Discuss

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- 4. Agree to the broad approach outlined for the stakeholder and community engagement process including indicative timeframes.

Agreed / Not Agreed / Please Discuss

Meegan Fitzharris MLA /...../.....

Minister's Office Feedback

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Background

1. Ministerial Brief MIN18/645 was signed on 9 May 2018, noting the feedback comment that *“further advice is to be provided on ongoing planning for already committed projects to ensure no unnecessary delays”*.
2. MIN18-645 also endorsed recommendations to proceed with a comprehensive Territory-wide Master Plan which is anticipated to take up to 12 months to complete.
3. In response to this decision and feedback comment, this Brief seeks to outline an approach to progressing with the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre and Northside General Hospital projects in the context of:
 - a. Further investigating scope options which deliver the full extent of the 2016 election commitment, across the two public hospital developments;
 - b. Further investigating site development location options, at both the Garran and Bruce campuses;
 - c. High level budget estimates for scope and site options; and
 - d. An outline of the planning and consultation framework which will be undertaken to ascertain ideas, feedback and support from staff, stakeholders and the community on the solution options.

Territory-wide Clinical Services Planning Data Validation

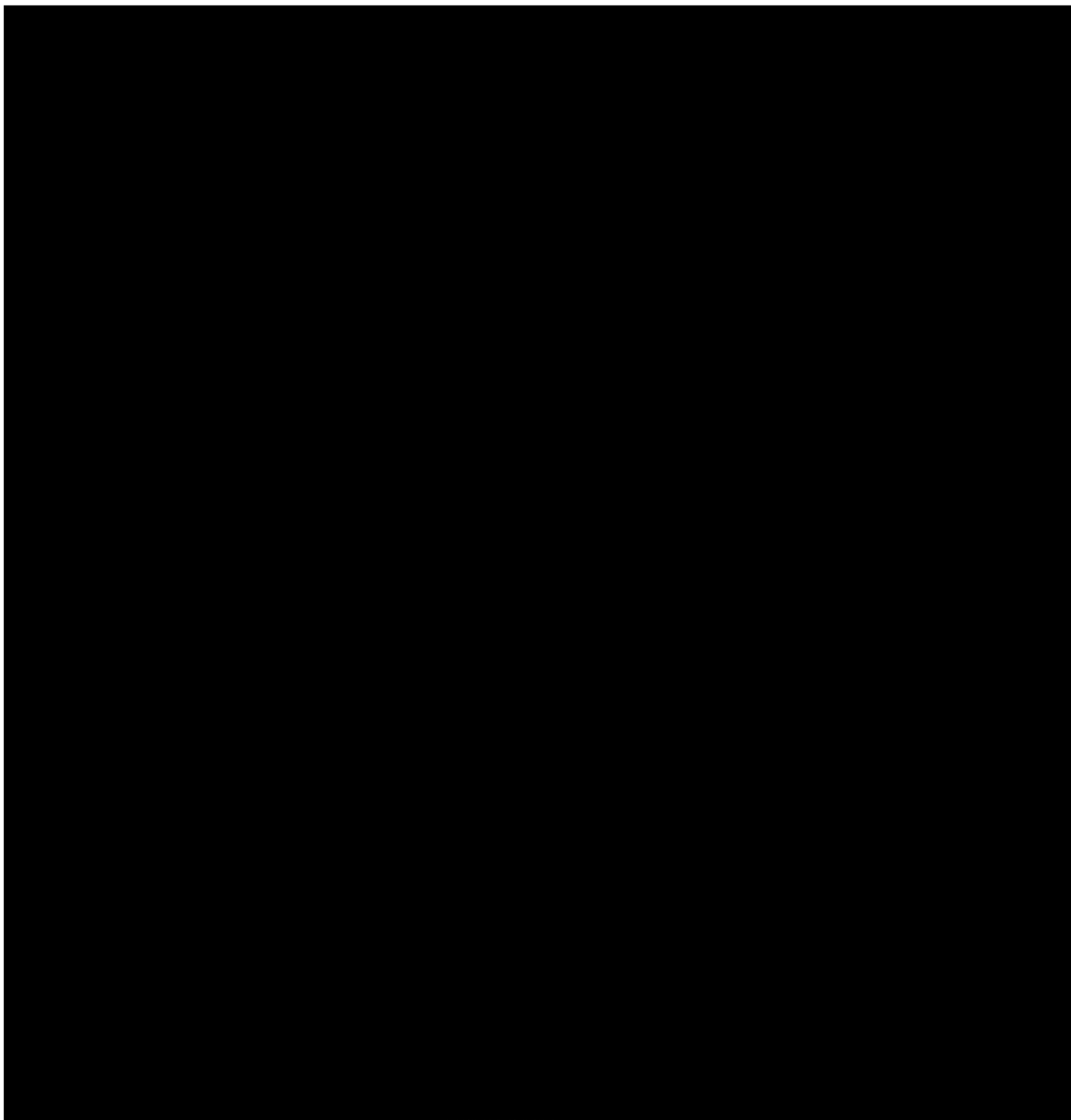
4. The ACT Acute Inpatient Model (AIM) Version 1.5 data model was completed in April 2018. The model predicts acute patient demand based on trends in territory-wide separations rates (by age, by stay type and by clinical specialty) and the application of population segments.
5. The model is an interactive excel database which predicts future demand scenarios based on population growth by age segments (0 – 17 years; 18 -24 years; 25-65 years and 75 + years). The model can reliably predict activity demand and trends up to 10 years.
6. It is common practice, across all health jurisdictions to determine potential impacts on service volumes (referred to as demand moderation strategies or clinical services assumptions), these can include:
 - a. Surgical admission changes for procedures that are likely to change demand in the foreseeable future;
 - b. Targeted changes to bring any long lengths of stay to acceptable levels (including through benchmarking); and
 - c. Compliance with national benchmark metrics through the National Healthcare Agreement and National Partnership Agreements.

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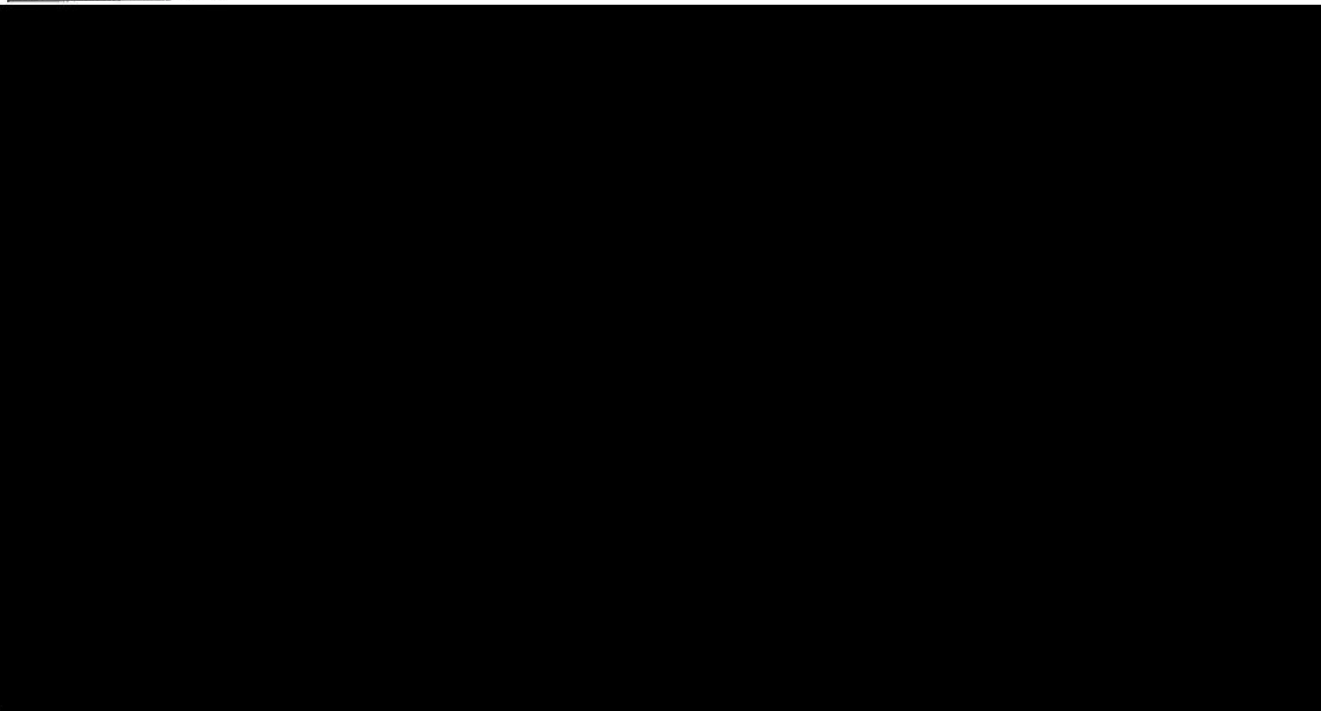
7. The clinical services assumptions will be determined for, and will apply, to both public hospitals (Canberra Hospital and Calvary Public Hospital). The clinical service assumptions will be validated and benchmarked against other jurisdictions and it is proposed that an external consultant is engaged to validate the modelling assumptions and findings.
8. The data validation and clinical assumption modelling will be completed late August 2018. The outcomes will be circulated for endorsement as a final document by ACT Health and Little Company of Mary.

Issues

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Budget EnvelopeStakeholder and Community Consultation

20. The development of a Territory-wide Master Plan presents significant opportunity to undertake an active consultation and engagement process which binds the community, consumer groups, education and research partners; staff and other ACT Government Directorates into a formative process which will inform and shape the future blueprint of health service delivery and precinct planning.
21. An outline approach will include:
- *Phase 1 - Community and consumer education portal (May 2018)*
It is proposed that the ACT Government “Your Say” website is used to provide a baseline education platform to the community on how our health system is currently structured; the types of services and activity we currently deliver and the future projections of activity and service we predict our community will require in the future.
 - *Phase 2 – Release of a “Discussion Paper” (July – August 2018)*
This will set the framework for the stakeholder community discussion to further describe the project vision, objectives, design principles, site constraints, future service demand gap analysis and idea generation for campus planning.
 - *Phase 3 - Reviewing key findings from Phase 2 (September – October 2018)*
A stakeholder and community referenced group will be formed. Consultation with specialist consultants on matters such as traffic, parking, transport, economic viability, urban design, social planning, heritage, environmental and sustainability.

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- *Phase 4 - Draft Master Plan (October – February 2019)*
Develop staging options and scope to evolve the master plan and supporting strategies. Developing spatial framework including variety of options to test land use mixes, and other structural scenarios such as transport and movement networks, public realm and urban planning principles, Develops key strategies and initiatives proposed to deliver the vision over a 5 year, 10 year and 20 year investment timeframe. Consultation with government agencies and other stakeholders.
 - *Phase 5 Master Plan (February – June 2019)*
Design testing within the Project team and Stakeholders to refine and finalise master plan position, initiatives and implementation strategy/plan – short, medium and long term. Presentation to government for endorsement.
22. Throughout project development three key groups are engaged with, provide reviews and collaborate/consulted with and allow the project team to continually explore and test ideas, obtain critical feedback as master plan progresses including:
- Steering Group to guide development of Master Plan, comprising of senior stakeholders from ACT Health, CMTEDD, TCCS and EPSDD;
 - Review Panel consisting key thought leaders providing valuable insight into future trends and opportunities; and
 - Stakeholder Group consisting key health practitioners and operational leaders within ACT Health providing valuable insight into aspirations of Health community and experience of working at Campuses, as well as options being tested.

Benefits/Sensitivities

23. Commencement of early works on a project must occur by mid-2020.
24. Adverse media response to the initial announcement of further clinical planning and site development options is anticipated. However, we will be seeking to offset this initial reaction with strong inputs and support from staff in the determination of the preferred solution.

Financial

25. 

Media Implications

26. Public relations and media advice is being sought from Ms Anita Perkins, Executive Director of Communications, Chief Minister, Treasury Economic Development Directorate (CMTEDD) to assist in the formation of a position strategy to undertake this proposed approach.

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Action Officer: Vanessa Brady Phone: 6205 9071

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CORRESPONDENCE CLEARANCE

SUBJECT: Event - Minister for Mental Health - University of Canberra Hospital (UCH) - Official opening ceremony - 16 June 2018

NUMBER: **MIN18/478**

DATE DUE: _____

Director-General - ACT Health: _____ Date: 7/6/18

Deputy Director-General - Corporate: _____ Date: _____

Deputy Director-General - Canberra Hospital & Health Services: _____ Date: 3.6.18

Deputy Director-General - Innovation: _____ Date: _____

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

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

Deputy Director-General - Performance, Reporting and Data: _____ Date: _____

Contextually Correct <input type="checkbox"/>	Grammatically Correct <input type="checkbox"/>	Spell Checked <input type="checkbox"/>
Executive Director - Area name <u>Hinda Kohlberg</u>		Date: <u>29/05/2018</u>

Senior Manager - Area name _____ Date: _____

Senior Manager, Ministerial and Government: _____ Date: 6/6/18

Director - Government and Communications: _____ Date: 29.5.18

Executive - Area name _____ Date: _____

Manager - Area name _____ Date: _____

Professional Leads: _____ Date: _____

Other: _____ Date: _____

Shane Rattenbury MLA – Arrangements Brief

Arrangements brief

FUNCTION:	University of Canberra Hospital (UCH) official opening event and community open day
VENUE:	UCH foyer
HOST:	Name: Michael De'Ath, Interim Director-General Mobile: [REDACTED]
DAY:	Saturday
DATE:	16 June 2018
TIME:	Official opening event: 9.00am – 10.30am Media tour and opportunities: 10.30am – 11.00am Community open day: 11.00am – 4.00pm
TIME COMMITMENT:	Approximately 2 to 3 hours. You are welcome to stay for as long as you choose to greet members of the public for the open day. The public will arrive from 11.00am.
CATERING:	Tea, coffee and cake will be provided for guests
DRESS CODE:	Business
YOUR ROLE:	You are invited to deliver a speech of approximately 5 – 10 minutes. Speaking notes are included at Attachment A to this brief. A microphone, lectern and sound equipment will be provided.
WHERE TO PARK:	UCH underground car park.
WHO WILL MEET YOU:	Michael De'Ath, Interim Director-General, will meet you at the glass door entrance in the underground car park.
ADVISOR ATTENDING:	Lisa Wills
AUDIENCE:	Approximately 100 people will be attending, including: <ul style="list-style-type: none"> • Members of the Legislative Assembly • ACT Health executive • Calvary executive • University of Canberra executive • Multiplex • Brookfield Global Integrated Solutions • Health care consumer representatives • Stakeholder group representatives • Ngunnawal Elders • Union representatives.

	<p>The guest list is included as Attachment B to this brief.</p> <p>The list of confirmed RSVPs will be provided to your office two days prior to the event.</p>
VIPs:	<ul style="list-style-type: none"> • Minister Meegan Fitzharris • Members of the Legislative Assembly • Professor Deep Saini, Vice-Chancellor University of Canberra • Executives from ACT Health, University of Canberra, Calvary, Brookfield Global Integrated Solutions and Multiplex
PAST INVOLVEMENT:	<p>You last attended a media event at UCH in August 2017 as part of Pop-up Cabinet in Belconnen.</p>
SENSITIVITIES:	<ul style="list-style-type: none"> • The trial of Multiplex and a number of their employees over the death of Mr Herman Holtz on site at UCH in August 2016 is currently in the media. • Discussion with unions about staffing under the Brookfield Global Integrated Solutions contract is ongoing. Union representatives are being invited to this event.
ORDER OF CEREMONIES	<p>A detailed order of ceremonies is included as Attachment C to this brief.</p>
MEDIA:	<p>A media release and media alert are included as Attachment D and Attachment E to this brief.</p> <p>The event will be filmed by video agency Screencraft, and live streamed to the ACT Health Facebook account for all members of the public to view. A member of the ACT Health Media Team will manage Screencraft and host the live stream.</p>
SOCIAL MEDIA ACCOUNTS	<p>ACT Health Facebook Minister Rattenbury Facebook University of Canberra Facebook</p> <p>Proposed social media posts are provided at Attachment F.</p>
OUTSTANDING REGULATORY ISSUES	<p>Not applicable.</p>

Shane Rattenbury MLA – Speaking notes

SPEAKING NOTES
University of Canberra Hospital opening
9am Saturday 16 June 2018
University of Canberra Hospital

Acknowledgements:

I acknowledge the traditional owners of the land we are meeting on today, the Ngunnawal people, and pay my respects to their elders past and present.

VIPs

I would also like to acknowledge:

- Minister for Health and Wellbeing Meegan Fitzharris
- Deep Saini, Vice-Chancellor and President of the University of Canberra
- Chief Minister and MLAs
- Stakeholders, staff and consumers

I'm excited to be here today to share with you and our Canberra community the opening of this world-class facility for the first time.

University of Canberra Hospital will provide dedicated mental health services to support Canberrans through their recovery journey. It's important to reiterate up front that UCH is a sub-acute facility. It won't deliver emergency or acute mental health care.

Public services from locations across the ACT are being brought together at UCH to provide a centre of excellence for mental health.

Rehabilitation services at Canberra Hospital, Calvary Public Hospital Bruce, Brian Hennessy Rehabilitation Centre and the Adult Mental Health Day Service at Belconnen Community Health Centre will move here.

Specialist health professionals will deliver innovative care and rehabilitation programs for both overnight and day patients, tailored to individuals.

There are 20 mental health inpatient beds here at UCH.

I know the staff at the mental health day service are very excited to move into this new space.

The unique design of UCH means the mental health day service will operate from purpose built rooms and spaces.

This will allow for a broader range of therapies and activities such as creative art, sensory modulation, psychological therapies and 'learning to be more independent in the kitchen'.

Importantly, the mental health day service at UCH will offer pharmacological treatment in a setting that does not require inpatient admission, which is sometimes a lengthy process.

The improved service includes a dedicated, comfortable space for patients and visitors to relax, as well as landscaped adjoining courtyards.

This forms part of the complete continuum of mental health care for Canberrans that the ACT Government is supporting through this excellent, fit-for-purpose hospital.

Personal bedrooms, ensuite bathrooms, small group kitchens, and residential style living areas all contribute to a warm and comfortable environment in the mental health wards.

You will be able to see these excellent facilities first hand when we tour the wards later today.

This is ultimately about helping Canberrans recover by building capacity for self-management and resilience and developing skills to help them thrive when they move back into the community.

<What else can we say about the mental health facilities?>

Last month we announced an additional \$20 million to provide accommodation to support people with mental health issues to recover and live in the community.

Community-based alternatives to inpatient mental health care are an important part of the stepped-care model that is critical to the delivery of a safe, effective and integrated mental health service system.

These supported accommodation initiatives will benefit the community and the people who use mental health services by enabling greater access and interaction with the community and the person's support networks.

This enables people to step up to specialist services and then step down to subacute care and other services when their needs change.

And of course the opening of Canberra's first dedicated Office for Mental Health is also fast approaching.

The Office will have comprehensive oversight of the ACT's mental health system to ensure we are adopting person-centred approaches across all government activity and improving the coordination of services and facilities.

I look forward to continuing our progress in mental health and ensuring we deliver the best possible mental health support for all Canberrans here at UCH and through our other supported services and facilities.

Thank you.

ENDS

ATTACHMENT G: Guest list for the University of Canberra Hospital official opening event

The list of confirmed RSVPs will be provided to your office two days prior to the event.

Salutation	First name	Surname	Role	Organisation	Category
Associate Professor	Nicolas	Cherbuin	ANU Research School of Population Health	ANU/Territory-wide Health Services Framework Advisory Group	ANU
	Dan	Savage	Artist	Artist	Artist
	Di	Fogwell	Artist	Artist	Artist
	Elisabeth	Kruger	Artist	Artist	Artist
	Ian	Williams	Artist	Artist	Artist
	Col	Ellis	Artist	Artist	Artist
	John	Reid	Artist	Artist	Artist
	Lynnice	Church	Artist / State Lead Aboriginal and Torres Strait Islander Strategy and Engagement	Red Cross (NSW/ACT)	Artist
	Holly	Grace	Artist	Artist	Artist
	Marzena	Wasikowska	Artist	Artist	Artist
	Megan	Jackson-Hinton	Artist	Artist	Artist
	Selina	Walker	Artist	Artist	Artist
	Tobias	Hayashi	Artist	Artist	Artist
	Waratah	Lahy	Artist	Artist	Artist
	Barbara	Reid	CEO	Calvary	Calvary
	Karen	Caldwell	Calvary Health Care Public	Calvary	Calvary
	Martin	Bowles PSM	Calvary National CEO	Calvary	Calvary
	Bronwyn	Fagan	Board Member	Canberra Hospital Foundation	Foundation
	Deb	Rolfe, OAM, Bec		Canberra Hospital Foundation	Foundation
	James	Willson	Board Member	Canberra Hospital Foundation	Foundation

Lynne	Pezullo	Board Member	Canberra Hospital Foundation	Foundation
Peter	Munday	Board Member	Canberra Hospital Foundation	Foundation
Damian	Haas	Chair	Belconnen Community Council	Community council
Andrew	Fisher	Manager	Brookfield Global Integrated Solutions	Contractor
Brad	Collins	State Director, Queensland	Brookfield Global Integrated Solutions	Contractor
Daniel	Murphy	Regional Director	Multiplex	Contractor
Jon	McCormick	President and Managing Director, Asia Pacific	Brookfield Global Integrated Solutions	Contractor
Matthew	Steig	Design Manager	Multiplex	Contractor
Nani	Melwani	Senior Services Manager	Multiplex	Contractor
Todd	Johnsen	COO	Brookfield Global Integrated Solutions	Contractor
Greg	Spulsby		Better Music Phillip	Donor
Andrew	Barr MLA	Chief Minister	ACT Legislative Assembly	MLA
Yvette	Berry MLA	Deputy Chief Minister	ACT Legislative Assembly	MLA
Joy	Burch MLA	Speaker	ACT Legislative Assembly	MLA
Candice	Burch MLA	Canberra Liberals	ACT Legislative Assembly	MLA
Tara	Cheyne MLA	Government Whip	ACT Legislative Assembly	MLA
Bac	Cody MLA	Assistant Speaker	ACT Legislative Assembly	MLA
Alistair	Coe MLA	Leader of the Opposition	ACT Legislative Assembly	MLA
Dunne	Vicki MLA	Canberra Liberals	ACT Legislative Assembly	MLA
Mick	Gentleman MLA	Manager of Government Business	ACT Legislative Assembly	MLA
Jeremy	Hanson CSC MLA	Canberra Liberals	ACT Legislative Assembly	MLA
Giulla	Jones MLA	Canberra Liberals	ACT Legislative Assembly	MLA
Elizabeth	Kikkert MLA	Canberra Liberals	ACT Legislative Assembly	MLA
Nicole	Lawder MLA	Canberra Liberals	ACT Legislative Assembly	MLA

	Caroline	Le Couteur MLA	MLA, Murrumbidgee	ACT Legislative Assembly	MLA
	Elizabeth	Lee MLA	Canberra Liberals	ACT Legislative Assembly	MLA
	James	Milligan MLA	Canberra Liberals	ACT Legislative Assembly	MLA
	Suzanne	Orr MLA	Member for Yerrabi	ACT Legislative Assembly	MLA
	Mark	Parton MLA	Canberra Liberals	ACT Legislative Assembly	MLA
	Michael	Petterson MLA	Member for Yerrabi	ACT Legislative Assembly	MLA
	Gordon	Ramsay MLA	Attorney-General	ACT Legislative Assembly	MLA
	Chris	Steel MLA	Assistant Speaker	ACT Legislative Assembly	MLA
	Rachel	Stephen-Smith MLA	Minister for Community Services and Social Inclusion	ACT Legislative Assembly	MLA
	Andrew	Wall MLA	Canberra Liberals	ACT Legislative Assembly	MLA
	Meegan	Fitzharris MLA	Minister for Health and Wellbeing	ACT Legislative Assembly	MLA
	Shane	Rattenbury MLA	Minister for Mental Health	ACT Legislative Assembly	MLA
The Hon	Andrew	Leigh MP	Member for Fenner	Parliament of Australia	MP
	Catherine	King MP	MP	Parliament of Australia	MP
	Gal	Brodthmann MP	MP	Parliament of Australia	MP
	Amber	Shuhyta	Director, Mental Health Policy Unit	ACT Health	Staff
	Cathie	O'Neill	A/g Executive Director, Community Health Support	ACT Health	Staff
Dr	Chris	Katsogiannis	Director Rehab Medicine	ACT Health	Staff
	Colm	Mooney	Executive Director, Health Infrastructure Services	ACT Health	Staff
	Conrad	Barr	Executive Director, Health Protection Service	ACT Health	Staff
	Cynthia	Douglas	Senior Manager, Communication	ACT Health	Staff
	Daniel	Wood	A/g Executive Director, Surgery and Oral Health	ACT Health	Staff

David	Jackson Hope	Operational Director, MHJHADS	ACT Health	Staff
Chris	Bone	Deputy Director-General, Canberra Hospital and Health Services	ACT Health	Staff
Denise	Lamb	Executive Director, CACHS	ACT Health	Staff
Elizabeth	Chatham	Executive Director, Women, Youth and Children	ACT Health	Staff
Elizabeth	Tobler	Director, Communications	ACT Health	Staff
Emily	Harper	Executive Director, Health Improvement Branch	ACT Health	Staff
Dr Girish	Talaulikar	A/g Executive Director, Medicine	ACT Health	Staff
Helen	Falla	Canberra Hospital Foundation	ACT Health	Staff
Jane	Murkin	Deputy Director-General, Governance, Quality and Risk	ACT Health	Staff
Janine	Hammat	Executive Director, People and Culture	ACT Health	Staff
Dr Jeff	Fletcher	Chief Medical Officer	ACT Health	Staff
Jo	Morris	A/g Chief Allied Health Officer	ACT Health	Staff
Jodie	Chamberlain	Executive Director	ACT Health	Staff
Karen	Doran	Deputy Director- General, Corporate	ACT Health	Staff
Katrina	Bracher	Executive Director, Mental Health, Justice Health Alcohol & Drug Services	ACT Health	Staff
Linda	Kohlhagen	Executive Director, UCH Commissioning	ACT Health	Staff
Lisa	Gilmore	A/g Executive Director, Clinical Support Services / Project Director, Collaboration Partnership	ACT Health	Staff

	Lynton	Norris	Deputy Director-General Performance, Reporting and Data	ACT Health	Staff
Dr	Margaret	McLeod	A/g Chief Nursing and Midwifery Officer	ACT Health	Staff
	Mark	Duggan	Executive Director, Imaging	ACT Health	Staff
	Mark	Dykgraaf	A/g Chief of Clinical Operations	ACT Health	Staff
	Mary	Wood	Deputy Director-General, Innovation	ACT Health	Staff
	Narelle	Boyd	A/g Executive Director, Critical Care Services	ACT Health	Staff
	Pat	Henry	Executive Director, Policy and Stakeholder Relations	ACT Health	Staff
	Paul	Dugdale	Executive Director, RACC	ACT Health	Staff
Dr	Paul	Kelly	Chief Health Officer	ACT Health	Staff
Professor	Peter	Collignon	Executive Director, Pathology	ACT Health	Staff
	Peter	O'Halloran	Chief Information Officer	ACT Health	Staff
	Rhonda	Maher	Director of Nursing	ACT Health	Staff
	Rosemary	Kennedy	Executive Director, Business Support Services	ACT Health	Staff
	Todd	Kaye	Director Allied Health	ACT Health	Staff
	Trevor	Vivian	Chief Finance Officer, Strategic Finance	ACT Health	Staff
	Vanessa	Brady	Executive Director, Health Services Program	ACT Health	Staff
	Adina	Cirson	ACT Executive Director	Property Council	Stakeholder
	Donna	Murray	CEO	Indigenous Allied Health Australia / Territory-wide Health Services Framework Advisory Group	Stakeholder
Dr	Kali	Hayward	President	Australian Indigenous Doctors Association	Stakeholder
	Anita	Mills	Executive Manager	Australian Indigenous Doctors Association	Stakeholder
	Joanne	Chivers	Health Rep	Aboriginal and Torres Strait Islander Elected Body	Stakeholder

Katrina	Fanning	Chairperson	Aboriginal and Torres Strait Islander Elected Bodies	Stakeholder	
Lisa	Kelly	CEO	ACT Carers Australia	Stakeholder	
Marcia	Williams	CEO	Women's Centre for Health Matters	Stakeholder	
Chin	Wong	Chair / ACT Health employee	Canberra Multicultural Community Forum	Stakeholder	
Brigadier	Allison	Creagh CSC	Chair	Veterans' Advisory Council ACT	Stakeholder
Fiona	May	Chair	ACT Ministerial Advisory Council on Ageing/Aged and Carer Advocacy Service (ADACAS)	Stakeholder	
Craig	Dukes	CEO	Australian Indigenous Doctors Association	Stakeholder	
Darlene	Cox	Executive Director	Health Care Consumers Association/Territory-wide Health Services Advisory Group	Stakeholder	
David	Luck	President	People With Disabilities ACT	Stakeholder	
Farzana	Choudhury	Chair	Women's Centre for Health Matters	Stakeholder	
Peter	Sommerville	Executive Officer	AMA	Stakeholder	
Dalane	Drexler	Executive Officer	ACT Mental Health Consumers Network	Stakeholder	
Gavin	Bussenschutt	Chair	Mental Health Advisory Council	Stakeholder	
Bruno	Yvanovich, BSc, MPA, FFFIA		Heart Foundation	Stakeholder	
Richard	Rolfe, OAM	Patron President	Heart Foundation	Stakeholder	
Rebecca	Davey	CEO	Arthritis ACT	Stakeholder	
Carrie	Fowler		Alcohol Tobacco & Other Drug Association ACT	Stakeholder	
Philippa	Moss	Chair, Director for the ACT	National LGBTI Health Alliance	Stakeholder	
Jenny	Mobbs	CEO	Council of the Ageing	Stakeholder	
Karen	Toohy		Health Services Commissioner	Stakeholder	
Kate	Gorman	Acting Executive Director	Health Care Consumers Association	Stakeholder	
Scott	Clouder	LGBTIQ Ministerial Advisory Council	LGBTIQ Ministerial Advisory Council/Territory-wide Health Services Framework Advisory Group	Stakeholder	
			Stroke Association of ACT	Stakeholder	

	Dougle	Herd	Chair	ACT Disability Reference Group/Territory-Wide Health Services Advisory Group	Stakeholder
				Parkinson's ACT	Stakeholder
Dr	Rashmi	Sharma	General Practitioner	Territory-wide Health Services Framework Advisory Group	Stakeholder
	Sandra	Turner	CEO	Cancer Council ACT/Territory-wide Health Services Framework Advisory Group	Stakeholder
	Antonio	Di Dio	Incoming president	AMA	Stakeholder
	Gaylene	Coulton	CEO	Capital Health Network/Territory-wide Health Services Framework Advisory Group	Stakeholder
	Patricia	Turner		National Aboriginal Community Controlled Health Organisation	Stakeholder
	Simon	Viereck	Executive Officer	Mental Health Community Coalition ACT/Territory-wide Health Services Framework Advisory Group	Stakeholder
	Julie	Tongs OAM	CEO	Winnunga Nimmityjah	Stakeholder
	Tony	Stubbs		Heart Foundation	Stakeholder
				Women With Disabilities ACT	Stakeholder
	Gerard	Pratt	Deputy Chair	Veterans' Advisory Council ACT	Stakeholder
Dr	Sue	Andrews	President	Health Care Consumers Association	Stakeholder
				Australian Physiotherapy Association	Stakeholder
	Theresa	Howarth	State Manager NSW & ACT	Stroke Foundation	Stakeholder
	Susan	Helyar		ACT Council of Social Services	Stakeholder
	Simon	Corbell			Stakeholder
	Michael	Moore	Retired	Previously/ Public Health Association of Australia	Stakeholder
	Claudia	Doman	Communication Manager	University of Canberra	UC
Professor	Deep	Saini	Vice-Chancellor and President	University of Canberra	UC
Professor	Diane	Gibson	Distinguished Professor of Health and Ageing	University of Canberra	UC
Professor	Dominic	Upton	A/g Dean, Faculty of Health	University of Canberra	UC

Professor	Gabrielle	Cooper	University of Canberra	University of Canberra/Territory-wide Health Services Framework Advisory Group	UC
Professor	George	Cho	A/g Deputy Vice-Chancellor and Vice-President, Research and Innovation	University of Canberra	UC
Professor	Jennie	Scarvell	Acting Associate Dean, Research	University of Canberra	UC
	Kasia	Ball		University of Canberra	UC
Professor	Lucy	Chipchase	Associate Dean, Clinical Management	University of Canberra	UC
Professor	Nick	Klomp	Deputy Vice-Chancellor and Vice-President, Academic	University of Canberra	UC
	Rachel	Harrigan	General Manager, Faculty of Health	University of Canberra	UC
Associate Professor	Stephen	Isbel		University of Canberra	UC
Associate Professor	Stuart	Semple	Associate Dean, Enterprise and Partnerships	University of Canberra	UC
Professor	Tom	Calma AO	Chancellor	University of Canberra	UC
	Vicki	Williams	Deputy Vice-Chancellor and Vice-President Finance and Infrastructure	University of Canberra	UC
	Antony	Perry	Communication Officer	University of Canberra	UC
Mrs	Chris	Faulks	Deputy Chancellor		UC
Aunty	Agnes	Shae	Ngunnawal Elder	United Ngunnawal Elders Council	UNEC
Aunty	Ros	Brown	Ngunnawal Elder	United Ngunnawal Elders Council	UNEC
	Poni	Ravula		United Services Union	Union
	Vince	McDevitt	Industrial Officer	Australian Education Union	Union
	Ash	Van Dyke	union	CPSU	Union
	Brendan	Forde	Professionals Australia Union member	This is David Smith's replacement	union

Brenton	Higgins	Industrial Organiser	Community and Public Sector Union	Union
Cameron	Hardy	Organiser	Construction Forestry Mining and Energy Union	Union
Con	Tsiakoulas	Plumbing	Communication, Electrical and Plumbing Union of Australia	Union
Erryn	Cresshull		United Voice	Union
Garrett	Purhill		Unions ACT	Union
Tony	Chase		Australian Medical Association ACT	Union
John	Stewart	Industrial Officer	Australia Manufacturing Workers Union	Union
Julie	Gordon		Health Services Union	Union
Klaus	Pinkas	Secretary	Transport Workers Union of Australia	Union
Matthew	Daniel	ACT Branch Secretary	Australian Nursing and Midwifery Federation ACT	Union
NA	NA	NA	Media, Entertainment and Arts Alliance	Union
Russ	Collison		Australian Workers Union	Union
Mick	Koppie	Electrical	Communication, Electrical and Plumbing Union of Australia	Union
Miriam	Adams-Schminger	Industrial Organiser	Community and Public Sector Union	Union
Sarah	Gleeson		Health Services Union	Union
Gerald	Hayes		Health Services Union	Union
Sam	Roberts	Branch Secretary	National Union of Workers	Union
Stephen	Crook		Australian Salaried Medical Officers Federation	Union
Tom	Cullen	ACT Branch Secretary	Australian Nursing and Midwifery Federation ACT	Union
Graeme	Kelly	General Secretary	United Services Union	Union
Jason	O'Mara	Secretary	CFMEU	Union
Alex	White		Unions ACT	Union

ATTACHMENT C: Order of ceremonies

Official opening event and community open day

Saturday 16 June 2018

9.00am	<p>Guests arrive in the hospital foyer</p> <p>Interim Director-General greets Ministers and VIPs</p> <p><i>Music – piano donated by Better Music Phillip / University of Canberra student musician</i></p> <p><i>Event filmed by Screencraft and photographed by Lightbulb Studio</i></p>
9.10	Interim Director-General opens event (5 mins), acknowledges VIPs, welcomes guests and introduces Aunty Agnes
9.15 – 9.17	Aunty Agnes gives Welcome to Country (2 mins)
9.18	Interim Director-General invites Vice-Chancellor University of Canberra to say a few words
9.19 – 9.24	Vice-Chancellor University of Canberra speaks (5 mins)
9.25	Interim Director-General invites Minister Rattenbury to speak
9.26 – 9.35	<p>Minister Rattenbury speaks (5 – 10 mins)</p> <p>Minister Rattenbury introduces Minister Fitzharris to speak</p>
9.35 – 9.45	Minister Fitzharris speaks (5 – 10 mins) and announces the Ngunnawal words 'Yurwang Mura' have been gifted to be the UCH building name
9.45	<p>Minister Fitzharris unveils the building plaques</p> <p>Photo opportunity: Minister Fitzharris joined on stage by Minister Rattenbury, Interim Director-General and Vice-Chancellor University of Canberra to unveil the plaques</p>
9.50	Interim Director-General closes formal proceedings and invites Ministers to cut the celebratory cake, and guests to remain for morning tea
9.55	<p>Photo opportunity: Minister Fitzharris and Minister Rattenbury cut the cake</p> <p><i>Guests enjoy a light morning tea</i></p>
10.00	Media interviews while guests enjoy morning tea
10.30 – 11.00	Media taken on a tour of the hospital with Minister Fitzharris, Minister Rattenbury, Vice-Chancellor University of Canberra and Interim Director-General
[Hatched area]	
11.00	Members of the community start to arrive for the community open day