

Specific functions of the MW PCG include:

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

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

2.3 Conflicts of Interest

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

Members and other participants must:

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

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

2.4 Working Groups

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

3 Membership, Roles and Responsibilities

3.1 Members and Proxies

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

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

Table 2: MW PCG Membership

MW PCG Role	Position	Individual
Chair	SPIRE Project Director	Lloyd Esau
Member	Chief Operating Officer (CHS)	Elizabeth Chatham
Member	EGM, IHSS (CHS)	Colm Mooney
Member	Deputy CEO, Strategy, Policy and Planning (CHS)	Dave Peffer
Member	Commercial Director (SPIRE Project Team)	George Stellios
Member	EGM, Strategic Infrastructure and Procurement (ACTHD)	Liz Lopa
Member	Executive Director (CHS)	Cathie O'Neill
Attendee	Facilities Director, IHSS (CHS)	Chris Tarbuck
Attendee	Senior Director, ICT Infrastructure (ACTHD, DSD)	Mark Moerman
Attendee	Facility Planner (SPIRE Project Team)	Sally-anne Kinghorne
Attendee	Clinical Liaison (SPIRE Project Team)	Kate Evans
Attendee	Project Manager(s) (SPIRE Project Team)	Katherine Harris
Attendee	Senior Manager, Capital Project Delivery, IHSS (CHS)	James Walsh
Attendee	Stakeholder Engagement and Communications (CHS)	Angie Drake
Attendee	Communications Manager	Monica Linderman
Secretariat	Project Administration Officer (SPIRE Project Team)	Natalia Fraszczak

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

3.2 Secretariat Function

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

1. circulate the MW PCG agenda;
2. record minutes and actions from each meeting;
3. coordinate the collection and distribution of all documentation for meetings; and
4. maintaining, updating and ensuring all MW PCG members have an up to date copy of the MW PCG Terms of Reference.

3.3 The Role of Members

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

3.4 Use of proxies

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

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

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

4 Meeting Principles

4.1 Decision Making

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

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

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

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

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

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

4.2 Quorum

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

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

4.3 Meeting Frequency

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

4.4 Minutes and Meeting Papers

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

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

4.5 Decisions and Actions Register

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

Lowes, Shannon (Health)

From: Esau, Lloyd
Sent: Thursday, 21 November 2019 4:19 AM
To: McDonald, Bernadette (Health); Edghill, Duncan
Cc: Mooney, Colm (Health); Chatham, Elizabeth (Health); Peffer, Dave (Health)
Subject: RE: SPIRE Footprint Options

UNCLASSIFIED Sensitive

Bernadette

[REDACTED] so thank you for taking the time to provide your confirmation on option 1 and feedback on this approach.

I have discussed these with Colm and STH and am confident that all these matters can be addressed. Although we are behind where we hoped to be on developing agreed departmental functional briefs with clinicians, I have instructed STH to proceed with the chassis and site plan design during which we will be able to fine tune the connection and B2 design solution. To this end, we will also set up some high-level design review workshops to track this activity.

Regards

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

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

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From: McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>
Sent: Wednesday, 20 November 2019 11:16 AM
To: Edghill, Duncan <Duncan.Edghill@act.gov.au>
Cc: Mooney, Colm (Health) <Colm.Mooney@act.gov.au>; Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Esau, Lloyd <Lloyd.Esau@act.gov.au>; Peffer, Dave (Health) <Dave.Peffer@act.gov.au>
Subject: Fwd: SPIRE Footprint Options

Dear Duncan,

Thanks for the email and the new updated options. We have reviewed and a few key points to feedback.

Colm will try to talk you through these today [REDACTED]
 [REDACTED] so will leave the discussion with Colm and you.

Key points

Option 1 is the preferred option- it makes sense for people to access outpatients, inpatient wards and medical imaging which will all stay in their current locations for the time being
 The link between Spire and building 2 should be enclosed, even if its a glass enclosed link for both the public link and level and the level 3 already designed link for patients and staff.

The drop off area should be covered at both the ED ambulant drop off and the main entrance off Yamba drive.

We need to think about after hours and where security is located ie close to the ED or main entrance.

The retail shops / veterans space should be moved elsewhere not just to the opposite side to really open up the new main entrance, so too the exit from building 2 to spire, it should open up as much as possible.

We need detailed traffic flow studies for the other roads ie off Gilmore and accessing Centenary

Need to be clear where logistics are dropping off

Thanks

Bernadette

Get [Outlook for iOS](#)

From: McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>

Sent: Tuesday, November 19, 2019 5:14:43 PM

To: Tzavalas, Olivia (Health) <Olivia.Tzavalas@act.gov.au>

Subject: Re: SPIRE Footprint Options

Can we do 0900 as I would like to go to Yoga, sorry

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From: Tzavalas, Olivia (Health) <Olivia.Tzavalas@act.gov.au>

Sent: Tuesday, November 19, 2019 3:34:10 PM

To: McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>

Subject: RE: SPIRE Footprint Options

UNCLASSIFIED Sensitive

Sorted, Colm will come and see you at 8am

From: McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>

Sent: Tuesday, 19 November 2019 3:28 PM

To: Tzavalas, Olivia (Health) <Olivia.Tzavalas@act.gov.au>

Subject: Re: SPIRE Footprint Options

Colm if possible, Liz I can do at lunch

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From: Tzavalas, Olivia (Health) <Olivia.Tzavalas@act.gov.au>
Sent: Tuesday, November 19, 2019 3:27:11 PM
To: McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>
Subject: RE: SPIRE Footprint Options

UNCLASSIFIED Sensitive

Bern,

You won't be able to catch up with Liz tomorrow because she is in meetings but I can get Colm unless you want to talk to them both during your lunch break tomorrow.

Thanks

Liv

From: McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>
Sent: Tuesday, 19 November 2019 3:08 PM
To: Mooney, Colm (Health) <Colm.Mooney@act.gov.au>; Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>
Cc: Tzavalas, Olivia (Health) <Olivia.Tzavalas@act.gov.au>
Subject: Fwd: SPIRE Footprint Options

Dear Liz and Colm, please see options, can we do a quick catchup tomorrow so I can provide some guidance on our preferred options to Duncan this week. Maybe before the workshop tomorrow morning would be good.

Thanks

B

Get [Outlook for iOS](#)

From: Edghill, Duncan <Duncan.Edghill@act.gov.au>
Sent: Tuesday, November 19, 2019 2:22:39 PM
To: McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>
Cc: Esau, Lloyd <Lloyd.Esau@act.gov.au>
Subject: SPIRE Footprint Options

Bern,

Let me know if you need another meeting otherwise I will add this to your next catch up?

Thanks

Liv

UNCLASSIFIED Sensitive

Bernadette,

Thank you again for the time you and the team spent with ourselves and STH last week. It was very useful.

I apologise in advance for the length of this email.

Path Forward

Please find attached three revised footprint options for SPIRE. A few thoughts in relation to taking an option forward:

- As our timeframes are reasonably tight, we'd propose pressing forward with design work as soon as you and Minister are informally OK with one of the footprint options.
- Once we have your feedback we'd propose also flagging the options discussion with Health.
- For completeness, we will put a paper up to the next Board meeting on these options.
- We have our regular MPC catch-up with Minister tomorrow, so would propose flagging our discussions around the design in that meeting too.
- We'll need to separately think through how one of these options may feed into the community consultation process.

Further Design Principles

Our key take-aways from last week's meeting were:

- There should be one clear front entrance to the hospital
- People movement between SPIRE and building 2 is a key consideration (as is their comfort and safety when moving between the buildings – an enclosed structure rather than an awning is preferable)
- Hospital Rd does not necessarily need to be a thoroughfare – indeed, not having through traffic may be preferable

Although not a key clinical driver, traffic movements on Palmer and Gilmore will remain a Ministerial consideration.

Footprint Options and MPC Inclination

Please find attached three revised footprint options for SPIRE. Hopefully the main aspects are reasonably self-explanatory.

The inclination of Lloyd and myself is – subject to the views of yourself and Minister - to progress with Option 1. This is not to say that the design won't continue to evolve through the procurement and design process, but it will enable us to progress more detailed designs for bidder costing purposes during the RFP.

To our minds, Option 1 provides a number of advantages:

- It provides a hospital main entry that fronts onto Yamba Drive. This is consistent with the development of the hospital to date where the campus is oriented to that road. (Please note the comments in the drawing which go to how the wayfinding will make clear there is one main entrance)
- From a carparking perspective, the hospital main entry at the Yamba Drive side of B2 makes the most sense – cars can drop people at the front door then continue on to the carpark
- Retaining the main entry in B2 makes sense as a central point between SPIRE, B1 and B3.
- B2 could be internally reconfigured to improve this space as the main entry – slide 5 provides some initial thoughts to this end.
- Using this SPIRE footprint provides the most flexibility for future growth of the campus and the master planning activities. There would be a physical, enclosed connection between SPIRE and B2. However, this connection could be easily 'sacrificed' depending upon future development decisions at the hospital.

The detailed design process would need to ensure that the design and wayfinding makes clear there is one main entrance – this would be a matter to be dealt with under each of the options as there are multiple approach points under all options.

Option 1 though does carry some costs and risks which we would continue to work through:

- There are some constraints in providing a turn-back for the northern part of Hospital Rd. There could be an engineering solution between B1 and B14, or the road could loop back onto Gilmore between B14 and B4 (which is shown on the slide). Either way, this will need more design work and will have an associated cost;
- There will be a cost associated with (i) the enclosed structure between B2 and SPIRE, (ii) front entrance works to B2; and (iii) internal B2 reconfiguration works. We've not yet costed those elements;

- Although the enclosed structure between SPIRE and B2 may be less substantial than the other footprint options, it may still require further utilities works on Hospital Rd which were not anticipated or costed in the business case

Under all options which close Hospital Rd we'd need to work through fire brigade access and bus arrangements.

Next Steps

We'd be very happy to arrange another meeting or teleconference with STH if that would assist, and I'd of course be available to discuss this with you at your convenience. Otherwise we'd be very grateful for your views.

Kind Regards

Duncan

SPIRE PROJECT

Building for better healthcare

21st November 2019



ACT
Government





Lloyd Esau
Project Director - SPIRE
Major Projects Canberra

HOSPITAL ROAD VIEW



MORE EMERGENCY, SURGICAL AND CRITICAL HEALTH CARE SERVICES



22

OPERATING THEATRES



148

INPATIENT BEDS *



114

EMERGENCY TREATMENT SPACES



55

DAY SURGERY BEDS



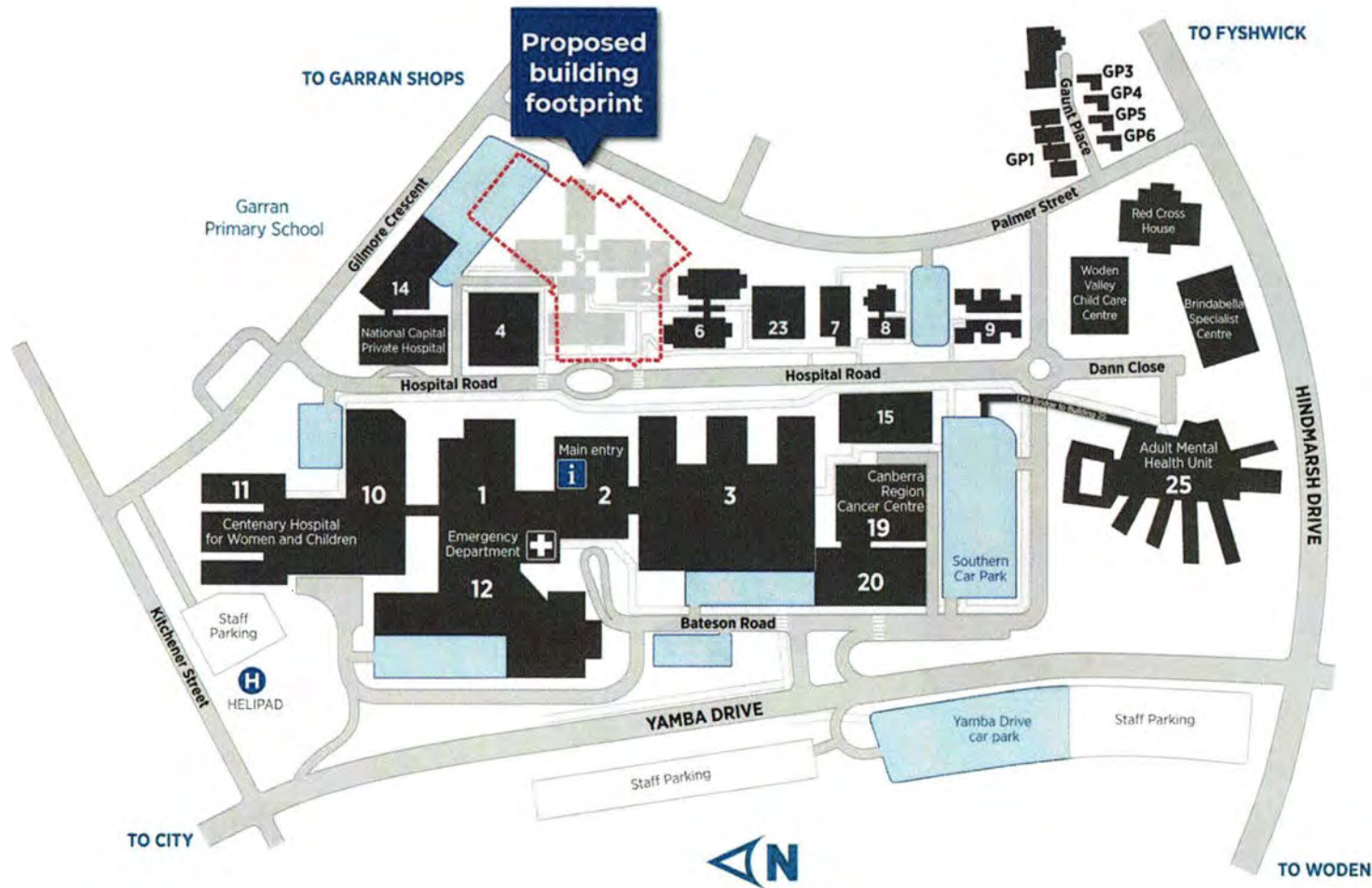
PATIENT, CARER & STAFF SPACES

FOR REFLECTION, LEARNING & MEETING

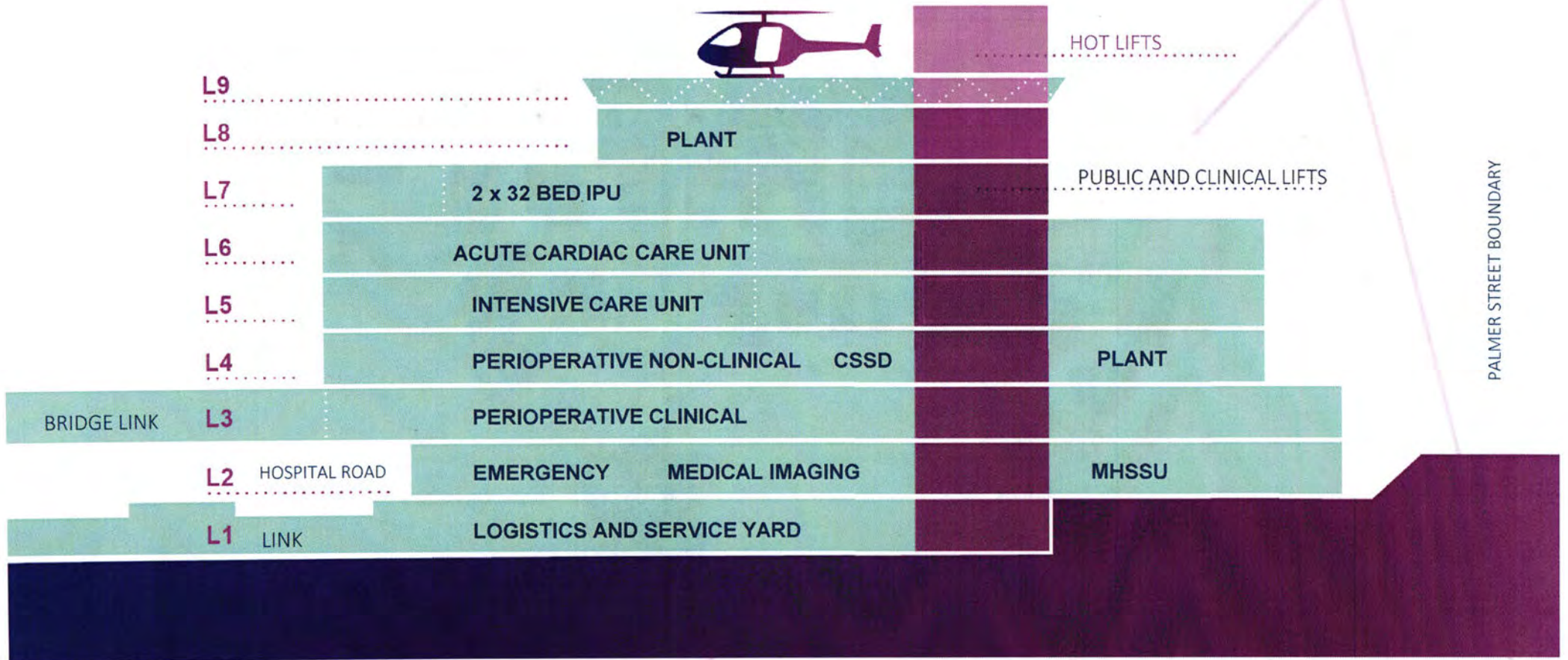


MEDICAL IMAGING

Site of the new emergency, surgical and critical care facility



FUNCTIONAL STACKING



Enabling Works

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

Clinical User Groups

Emergency
Department



Intensive
Care Unit



Acute Cardiac Care Unit
and Interventional
Cardiac Laboratories



Mental Health
Short Stay Unit



Perioperative and
Interventional Suite



Surgical
Inpatient Unit



Medical
imaging



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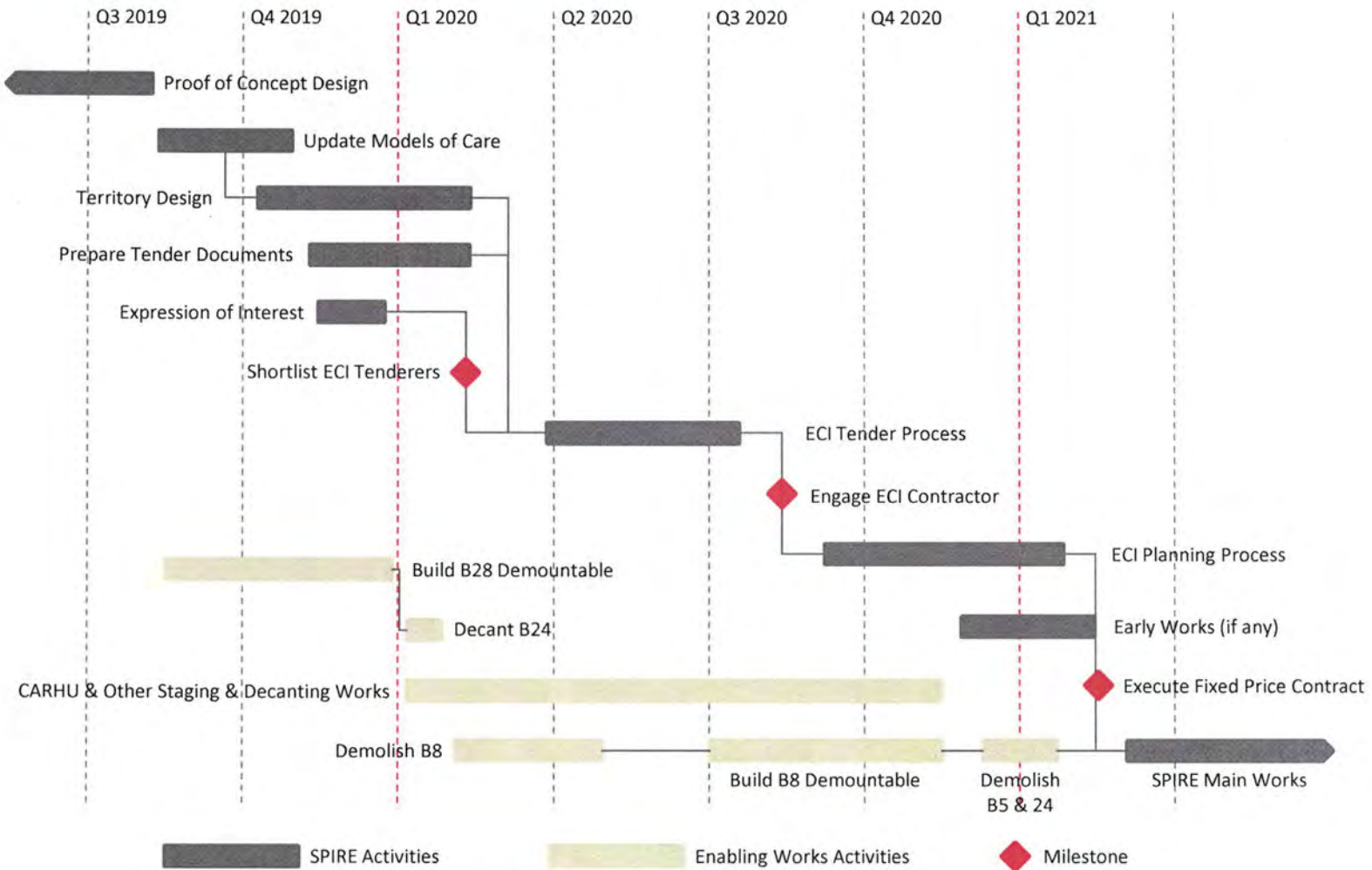


Central
Sterilising Services



Helipad

Indicative Timeline



PALMER STREET VIEW



QUESTIONS?

Stay in touch by registering on our mail list.

See staff at the back of the room, or register online at:

www.act.gov.au/majorprojectscanberra



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Goods and Services Contract Variation Request Form

To be completed by agency officers seeking to engage Goods and Services Procurement (GnS) to administer a contract variation on their behalf. Once completed, submit this request to GoodsandServices@act.gov.au. You will receive an acknowledgement of your request.

A GnS Officer will contact you upon receipt of your completed form to discuss the proposed variation.

AGENCY CONTACT OFFICER	
Name	Angie Drake
Position, Section and Branch	Assistant Director, Stakeholder Engagement and Communications, Infrastructure and Health Support Services
Phone Number	5124 8995
Email Address	Angie.drake@act.gov.au

PROCUREMENT REQUIREMENTS	
Contract Name	Community Engagement, Canberra Health Services Patient Accommodation Services
Contract variation type	Indicate which aspect of the contract is being varied: <ul style="list-style-type: none"> • contract value (including price / rates variation);
Value variation	If the contract value is being varied provide: <ol style="list-style-type: none"> i. the original contract value was \$21,857.00 (inc. GST); ii. the proposed contract value variation amount is \$8,236.00 (inc. GST); iii. the new total contract value will be \$30,093 (inc. GST). If the price schedule / rates are being varied, provide details.
Term variation	N/A

PROCUREMENT REQUIREMENTS											
Scope variation	<p>The original contract for \$21,587.00 included the following requirements which were stipulated by the client as necessary deliverables – all of which were assumed to be undertaken in the ACT.</p> <ul style="list-style-type: none"> • The development of an engagement strategy which includes methods of engagement; • The delivery of the engagement strategy including facilitation of sessions; • Preparation of an interim report to meet the reporting deadline (October) • Preparation and delivery of final report by the end of October <p>Part of the development process included the requirement to engage carer and consumer organisations early so that they could help develop the final program of engagement. This was undertaken at a meeting on 12 September.</p> <p>It was made clear at this meeting that additional scope would be required to ensure we were engaging with the right people, namely those carers and outpatients who lived in regional areas and travelled to Canberra for medical care. The three locations of Goulburn, Bega and Bateman’s Bay were selected based on hotspot data obtained from RAS.</p> <p>From this meeting, a new project outline was developed and is included the details listed at Attachment A – totalling \$27,423 plus expected travel and workshop costs (room hire and catering).</p> <p>Additionally, the week before the workshops, CHS agreed to place an additional advertising piece in the Goulburn post (included below for \$440.00).</p> <p>The final costs to the project identified but not entirely quantified at the time are now listed below:</p> <table> <tr> <td>Venue hire and catering for 4 workshops -</td> <td>\$1,100.00</td> </tr> <tr> <td>Travel costs (vehicle, petrol, travel allowance) -</td> <td>\$730.00</td> </tr> <tr> <td>Accommodation</td> <td>\$ 400.00</td> </tr> <tr> <td>Advertising (Goulburn Post) -</td> <td><u>\$440.00</u></td> </tr> <tr> <td>Total revised contract:</td> <td>\$30,093.00</td> </tr> </table>	Venue hire and catering for 4 workshops -	\$1,100.00	Travel costs (vehicle, petrol, travel allowance) -	\$730.00	Accommodation	\$ 400.00	Advertising (Goulburn Post) -	<u>\$440.00</u>	Total revised contract:	\$30,093.00
Venue hire and catering for 4 workshops -	\$1,100.00										
Travel costs (vehicle, petrol, travel allowance) -	\$730.00										
Accommodation	\$ 400.00										
Advertising (Goulburn Post) -	<u>\$440.00</u>										
Total revised contract:	\$30,093.00										
Specified personnel / contractors variation	n/a										
Other variation	Provide details of any other proposed contract variations.										
Timing	The contract variation needs to occur immediately										

Attachment A:

Our engagement period runs from Friday 20/9/2019 to Monday 7/10/2019.

Promotion:

1. Email to identified stakeholder groups inviting them to engage and also seeking further distribution of messages
 - a. To support this we will create a factsheet/poster that they can forward
2. Direct contact with consumer feedback respondents inviting them to engage
3. Direct promotion of program and survey to residents in Building 5 during consultation period
4. Exploration of other avenues to promote regional consultation including GP liaison and key pathology services
5. Pursue other promotional opportunities as they arise

Engagement:

1. Online survey
2. Onsite outreach session in Building 5 (7.30am – 9.30am and 11am – 12pm, Wednesday 25 September 2019)
3. 1 x stakeholder workshop in Canberra (2pm – 4pm – actual workshop time TBD, Thursday 3 October 2019)
4. 1 x stakeholder workshop in Goulburn (9 – 11am, Tuesday 1 October 2019)
5. 1 x stakeholder workshop in Bega (5pm – 7pm, Tuesday 1 October 2019)
6. 1 x stakeholder workshop in Bateman's Bay (9am – 11am, Wednesday 2 October 2019)

Supporting documents and collateral:

6. Provision of a plan-on-a-page consultation approach which includes key engagement tools, stakeholder groups and deliverable dates
7. Maintenance of stakeholder contact spreadsheet
8. Emails as required; including invitation email to stakeholders
9. Development of FAQs to guide engagement interaction
10. Development of online survey
11. Factsheet
12. Promo flyer for RAS
13. Interim report
14. Final report

Based on this, the revised total for this work would be \$24,930.00 + GST. (total **\$27,423.00**)

In addition to this, there will be expenses associated with the regional workshop. These are:

Staff costs

Travel costs - \$450 (to cover use of vehicle and petrol)

Accommodation - \$400 (for two staff)

Staff Travel allowance - \$280 (\$140 per staff member per night away)

Workshop costs

- Costs associated with venue hire for workshops in regional areas. We are targeting community facilities with room hire, this varies from about \$80 up to about \$180 per workshop.
- Tea/coffee/morning/afternoon tea at workshops (approx. \$30 per workshop based on about 20 people)

Lowes, Shannon (Health)

From: [REDACTED]
Sent: Wednesday, 11 September 2019 6:32 PM
To: Drake, Angie (Health)
Cc: [REDACTED]
Subject: Powerpoint presentation for tomorrow
Attachments: Powerpoint presentation 11092019.pptx

Hi Angie,

Please find attached a draft presentation for tomorrow's stakeholder meeting.

Please let me know in the morning if you would like us to change anything.

Cheers,
[REDACTED]

[REDACTED]
communicationlink.com.au
[REDACTED]

DPM CONFERENCING T/A COMMUNICATION LINK ABN: 49 081 231 629

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From: [REDACTED]
Sent: Wednesday, September 11, 2019 4:07:51 PM
To: [REDACTED]
Subject: Powerpoint presentation 11092019.pptx



Communication Link

Ask.
Listen.
Understand.
Achieve.

Patient Accommodation Services Consultation Program

Stakeholder planning meeting

██████████ Communication and Engagement Advisor
██████████ Communication and Engagement Advisor

12 September 2019

Background



Consultation objectives

To work with identified stakeholders to:

- Understand the needs of service users
- Identify potential options to provide continuation of services in the short, medium and long-term.



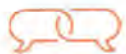
Stakeholder identification

- Have all stakeholders been identified?
- Are all identified stakeholders correct?
- Is there anyone else who should be included?



Proposed engagement methods

- Drop-in information session
- Stakeholder workshops
- To be delivered in the week of 23 – 27 September
- To understand the needs and options:
 - What information should be made available?
 - What questions should we be asking?



Proposed timeframes

13 Sept: Develop draft engagement strategy and collateral

16 Sept: Workshop invitations sent to stakeholders.

16 – 20 Sept: Prepare workshop activities. Receive workshop RSVPs (online through Eventbrite).

23 – 27 Sept: Deliver stakeholder engagement activities. Feedback and options received from stakeholders.

30 Sept – 1 Oct: Develop draft Interim Report from workshop and drop-in sessions.

21 Oct: Develop draft Final Report.

29 Oct: Deliver Final Report to client.

- What are the best times/days for engagement activities?
- Are there any other considerations that we should include in our planning?





Work Order

This Work Order is issued under and subject to the Panel Deed

You have been selected as the preferred Supplier for **Community Engagement, Canberra Health Services Patient Accommodation Services**. No legal obligations arise between your Organisation and the Territory until this Work Order has been executed by the Territory.

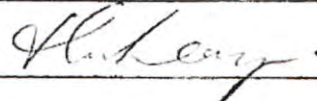
Name of Project	Community Engagement, Canberra Health Services Patient Accommodation Services		
Work Order No.	2019-VP159533		
Panel Deed Number	2017.27954.260		
Directorate / Agency	Canberra Health Services		
Territory Contact	Name: Angie Drake Position: Assistant Director	Territory Contact Details	Ph: 52149995 Email: angie.drake@act.gov.au
Panel Member	The Communication Link		
Panel Member Contact	Name: Helen Leayr Position: Managing Director	Panel Member Contact Details	Ph: 02 6226 8880 Email: helen.leayr@communicationlink.com.au
Date of commencement	Wednesday 11 September, 2019	Date of completion	Friday 15 November, 2019
Services	<p>Canberra Health Services (CHS), Infrastructure Health Support Services requires the services of an organisation to facilitate the delivery of targeted community engagement through workshop/s or similar appropriate method of engagement. The successful applicant will commit to work with CHS and selected stakeholders to deliver a suite of optimal solutions, which can form the basis for the delivery of a strategy for the continuation of patient accommodation services for patients and carers who use medical and health services at the Canberra Hospital.</p> <p>Stakeholder Identification has already been undertaken and an early plan of engagement has been developed which consists mainly of targeted meetings with different affected/impacted groups. Due to the critical nature of this service, it has been identified that deeper engagement and participation from stakeholders (internal and external) and consumer groups is a preferable way forward to ensure all feasible options can be considered. A suite of options will be developed to take forward to CHS Executive, and government for future decision making.</p> <p>The stakeholder groups could be engaged separately or together, depending on the advice of the successful panel applicant. The engagement work and final report will need to be finalised over a six week period so that options are ready to take forward by the end of October.</p> <p>In short, the job requires confirmation of stakeholder identification, engagement options development and the delivery of the engagement plan; and provision of an</p>		

	interim and final report that can be provided to executive/government as a suite of options.											
Deliverables and expected delivery dates	<ul style="list-style-type: none"> • The development of an engagement strategy which includes methods of engagement; • The delivery of approved engagement strategy including facilitation of sessions; • Preparation of an interim report to meet the reporting deadline for October Health Executive meeting (date early October); • The preparation and delivery of final report by the end of October. <p>Key dates:</p> <p>11 Sept: Inception meeting</p> <p>12 Sept: Meeting with Carers and consumers</p> <p>13 Sept: Develop draft engagement strategy, communications collateral, invitations and promotion, deliver draft engagement strategy'</p> <p>16 Sept: client feedback on draft engagement strategy; revisions; sign off; material/collateral confirmed</p> <p>16 Sept: workshop invitations sent to stakeholders</p> <p>16-20 Sept: prepare workshop activities; receive RSVP's, workshop process confirmed;</p> <p>23-27 Sept: Deliver Stakeholder Engagement Activities</p> <p>30 Sept – 1 Oct: Develop draft interim report from workshop and drop in activities; to client for review;</p> <p>3 Oct – Receive client feedback on interim report; incorporate feedback into finalised interim report; deliver final interim report to client for HSEC meeting</p> <p>Week 7 Oct: client provides feedback on Interim report from HSEC.</p> <p>14-21 Oct: Develop draft final report</p> <p>24 Oct: Receive client feedback on Draft Final Report;</p> <p>29 Oct: Deliver Final Report to client;</p>											
Reporting requirements	As above; Final report to be delivered to client by end October.											
Special requirements e.g./ specialist knowledge/skills												
Specified personnel	<p>Note - Any specified personnel not included in the original head agreement must be cleared through the Territory's contract manager prior to commencing work on any ACT Government request.</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Position</th> <th>Role/Level eg Senior Designer</th> </tr> </thead> <tbody> <tr> <td>Helen Leayr</td> <td>Managing Director</td> <td>Senior Facilitator</td> </tr> <tr> <td>Ellen Samuels</td> <td>Communication and Engagement Adviser</td> <td>Content and Delivery</td> </tr> </tbody> </table>			Name	Position	Role/Level eg Senior Designer	Helen Leayr	Managing Director	Senior Facilitator	Ellen Samuels	Communication and Engagement Adviser	Content and Delivery
Name	Position	Role/Level eg Senior Designer										
Helen Leayr	Managing Director	Senior Facilitator										
Ellen Samuels	Communication and Engagement Adviser	Content and Delivery										


Subcontractors	Liz Marshall	Communications and Engagement Consultant	Content and Delivery
	Lina Blair	Communications Consultant	Communication and administrative support
Confidential Text	n/a		
Work Order Price and Payment	The Contract Price is \$21,857.00 (including GST). It is payable as a lump sum.		
Disbursements	n/a		

Section 3: Authorisation to commence work

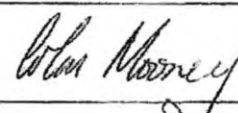
Panel Member Lead Representative

Name	Signature	Date
Helen Leary		8/10/19

Territory Responsible Officer (as applicable)

Name	Signature	Date
John Ludvigson		8/10/19

Territory Financial Delegate

Name	Signature	Date
Colm Mooney		13/9/19.

The panel member may not commence work until a signed copy of this work order has been provided by the Territory.

Reminders:

1. As per the executed panel deed no assignment or subcontracting is allowed without prior written consent of the Territory.

Lowes, Shannon (Health)

From: Bale, Natalie (Health)
Sent: Tuesday, 17 September 2019 8:56 PM
To: Drake, Angie (Health)
Subject: FW: Your scan (Scan to My Email) [SEC=UNCLASSIFIED]
Attachments: scan_natalie bale_2019-09-17-14-57-03.pdf

Hi Angie

Please find as cleared by Colm

Regards
Nat

Natalie Bale

Executive Officer | Infrastructure and Health Support Services

T: (02) 5124 9713 | **M:** [REDACTED] | **E:** natalie.bale@act.gov.au

Level 1, Building 3, Canberra Hospital | GPO Box 825 Canberra ACT 2601

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Blair Mooney
17/9/19
AM

Bale, Natalie (Health)

From: Drake, Angie (Health)
Sent: Monday, 16 September 2019 4:28 PM
To: IHSS; Bale, Natalie (Health); Robinson, James (Health)
Subject: FOR Clearance please - building 5 call for contributions blurb
Attachments: carers and consumers blurb 16 Sept.docx

UNCLASSIFIED

Hi Nat and James

Attached is a blurb to be sent out by the consumers and carers to seek involvement from their members to our engagement for Building 5.

I've sought the input from HCCA/Carers to these words and will provide to the consultants asap to finalise their EOI document.

I'm happy to provide more information if required.

Could we please seek clearance at the earliest convenience from Colm.

Regards

Angie Drake | Assistant Director, Stakeholder Engagement & Communications (Infrastructure)

Phone: (02) 5124 9995 | Mobile: [REDACTED] | Email: angie.drake@act.gov.au

Communications and Government Relations | Canberra Health Services | ACT Government

Level 2, Building 23, Canberra Hospital, Garran ACT 2605 | health.act.gov.au

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**Canberra Health
Services**

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Short term accommodation for families, carers and patients at Canberra Hospital

The ACT Government is investing in the Canberra Hospital site over the coming years to ensure it can deliver the best hospital care for Canberra and the region. A major part of this work is the construction of a new Surgical Procedures, Interventional Radiology and Emergency centre (known as SPIRE). This major project will deliver great benefits for the people who use our health system.

To enable the SPIRE project to be built, a number of older buildings on the hospital campus will need to be demolished to make way for the new buildings. One of these older buildings, Building 5, currently houses the Patient Accommodation Service, an important service that provides short-term, affordable accommodation for patients, their families and carers who travel to the ACT for treatment.

The Patient Accommodation Service will continue to operate in its current form until mid-2020.

The Health Care Consumers' Association and Carers ACT are working with Canberra Health Services to understand the accommodation needs of people who use Canberra Health Services and live outside the ACT, and identify alternative options to support patients, carers and families after the building is demolished.

We would like your input into this important work.

To register your interest in being involved in this project, you can sign up here - https://www.surveymonkey.com/r/ROI_PAS.

Lowes, Shannon (Health)

From: [REDACTED]
Sent: Thursday, 19 September 2019 4:57 PM
To: Drake, Angie (Health)
Cc: [REDACTED]
Subject: RE: Flyer - Patient Accommodation Services ROI
Attachments: CHS - RAS ROI Flyer (Final).docx

Hi Angie,

See attached revised Flyer, incorporating changes from comments below and a few minor changes from us.

From our perspective this is good to go – let us know if anything further from you.

[REDACTED]

From: Drake, Angie (Health) <Angie.Drake@act.gov.au>
Sent: Thursday, 19 September 2019 3:41 PM
To: [REDACTED]
Subject: Fwd: Flyer - Patient Accommodation Services ROI

Angie Drake
 [REDACTED]

From: Ingram, Daniel (Health) <Daniel.Ingram@act.gov.au>
Sent: Thursday, September 19, 2019 3:33:01 PM
To: Drake, Angie (Health) <Angie.Drake@act.gov.au>; Ludvigson, John (Health) <John.Ludvigson@act.gov.au>; Massey, Isabel (Health) <Isabel.Massey@act.gov.au>
Subject: RE: Flyer - Patient Accommodation Services ROI

UNCLASSIFIED

Hi all

Please find attached my track changes and comments.

I agree that we need to keep our name as Residential Accommodation Services. I have included additional wording (see attached) to ensure it focus' on outpatients and carer's only.

Kind Regards

Daniel Ingram | Acting Director Client Services

Mail Room, Patient Enquires, Residences, Switchboard, Volunteer Services

Phone 02 5124 8763 | Email daniel.ingram@act.gov.au

Operational Support Services | **Infrastructure and Health Support Services** | **Canberra Health Services**

Canberra Hospital, Building 5 Level 1 | PO Box 11, WODEN ACT 2606 | www.health.act.gov.au

From: Drake, Angie (Health) <Angie.Drake@act.gov.au>
Sent: Thursday, 19 September 2019 2:34 PM
To: Ludvigson, John (Health) <John.Ludvigson@act.gov.au>; Ingram, Daniel (Health) <Daniel.Ingram@act.gov.au>;

Massey, Isabel (Health) <Isabel.Massey@act.gov.au>
Subject: Re: Flyer - Patient Accommodation Services ROI

Yes - because we are only looking at the patient solution - but it doesn't matter in the long run. I think I agree with you John - just go with RAS

Angie Drake
 [REDACTED]

From: Ludvigson, John (Health) <John.Ludvigson@act.gov.au>
Sent: Thursday, September 19, 2019 2:20:26 PM
To: Drake, Angie (Health) <Angie.Drake@act.gov.au>; Ingram, Daniel (Health) <Daniel.Ingram@act.gov.au>; Massey, Isabel (Health) <Isabel.Massey@act.gov.au>
Subject: RE: Flyer - Patient Accommodation Services ROI

UNCLASSIFIED

It is currently called Residential Accommodation Services and that title has been used in numerous CFET's, Ministerials and in the Annual Report.

Is there a reason we want to change it – e.g. it comes across as aiding our patients.....perception? Personally, I think it needs to stay with what the business unit is – Residential Accommodation Services.

I await the thoughts of Daniel and Isabel.

John

John H. Ludvigson | Senior Director, Operational Support Services
 Infrastructure and Health Support Services | Canberra Health Services | ACT Government
 T: (02) 512 49721 | M: [REDACTED] | E: john.ludvigson@act.gov.au
 Canberra Hospital Building 3, Level 1, Yamba Drive Garran ACT 2605

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**Canberra Health
 Services**

From: Drake, Angie (Health) <Angie.Drake@act.gov.au>
Sent: Thursday, 19 September 2019 1:48 PM
To: Ingram, Daniel (Health) <Daniel.Ingram@act.gov.au>; Massey, Isabel (Health) <Isabel.Massey@act.gov.au>
Cc: Ludvigson, John (Health) <John.Ludvigson@act.gov.au>
Subject: FW: Flyer - Patient Accommodation Services ROI

UNCLASSIFIED

Can you please advise if we're ok with Patient Accommodation Services... and please come back on any comments on this flyer.
 thanks

From: [REDACTED]
Sent: Thursday, 19 September 2019 11:01 AM
To: Drake, Angie (Health) <Angie.Drake@act.gov.au>

Cc: [Redacted]
Subject: Flyer - Patient Accommodation Services ROI

Hi Angie,

As discussed in our meeting yesterday, see attached draft flyer intended for circulation to current Bldg 5 (patient) residents and other stakeholders, for your review/approval.

You'll see it's referred to as 'Patient Accommodation Services' in this flyer – would you please confirm if we should use this, rather than Residential Accommodation Services, throughout our communication on this project? Also note the 'Publication No' in the footer table provided in the CHS template needs updating – assuming we are including this table in the flyer.

Please let me know if you have any changes to this copy, including the above points.

Just wondering if you've heard back from Isabel concerning the occupancy breakdown in Bldg 5 from Tuesday evening? Hopefully that data may help us confirm if we are on track with our regional engagement plan.

Many thanks,

[Redacted signature block]



Communication Link

Ask. Listen. Understand. Achieve.

communicationlink.com.au

[Redacted contact information]



DPM CONFERENCING T/A COMMUNICATION LINK ABN: 49 081 231 629

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This email, and any attachments, may be confidential and also privileged. If you are not the intended recipient, please notify the sender and delete all copies of this transmission along with any attachments immediately. You should not copy or use it for any purpose, nor disclose its contents to any other person.

Help us shape the future service

The ACT Government is investing in the Canberra Hospital site over the coming years. A major part of this work is the construction of the Surgical Procedures, Interventional Radiology and Emergency centre. Building 5 and several other older buildings on the hospital campus will be demolished to enable building works to proceed.

Building 5 currently houses the important Residential Accommodation Services which provides short-term, affordable accommodation for outpatients requiring healthcare treatment in the ACT, and for their carers and families supporting them there.

The Residential Accommodation Service will continue to operate in its current form until mid-2020.

In order to ensure the continuity of the Residential Accommodation Service for outpatients and carers beyond mid-2020, Canberra Health Services want to understand the accommodation needs of people who use the service and live outside the ACT, and identify alternative options to support outpatients, carers and families after the building is demolished.

Have your say

Over the coming weeks you will have opportunity to provide feedback on the current Residential Accommodation Services and to suggest how this service may be provided to outpatients and carers in the future. Depending on your location and availability, this feedback may be made via online survey, drop-in sessions or workshops.

To register your interest in contributing to the future Residential Accommodation Service, please sign up here:

Online: https://www.surveymonkey.com/r/ROI_PAS OR

Email: feedback@communicationlink.com.au

ACCESSIBILITY

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For further accessibility information, visit: www.health.act.gov.au/accessibility

www.health.act.gov.au | Phone: 132281

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SPIRE

Draft updated 20 September 2019

Project Background

- The SPIRE project is one of the largest healthcare infrastructure projects undertaken by an ACT Government. Government has committed more than \$500 million to deliver this project.
- It will deliver a state-of-the-art emergency, surgical and critical healthcare facility on the Canberra hospital campus.
- Major Projects Canberra is responsible for the delivery of this project, but will work closely with Canberra Health Services as the project progresses through its stages.
- Throughout September and October, clinical service delivery working groups will be reviewing and document Models of care for the services to be delivered in the new emergency, surgical and critical health care facility.

Frequently Asked Questions

Q: What's going in the new building?

A: The new facility will greatly increase Canberra Hospital's capacity across a range of emergency and critical care services. The building will include:

- 148 inpatient beds (60 Intensive Care Unit beds, 64 surgical inpatient beds and 24 Acute Cardiac Care Unit beds)
- 22 operating theatres
- 55 day-surgery beds
- 2 Cardiac Catheterisation Laboratories
- 114 emergency treatment spaces
- a 10-bed Short Stay Mental Health Unit
- integrated radiology and medical imaging facilities
- 12 ambulance bays
- patient, carer and staff spaces for reflection, learning and meeting

In addition to the increases in critical care service capacity, the project will deliver improved access between the helipad, ambulance bay, emergency department and critical care facilities.

Q: What is the timing of this project and when will it be finished?

A: The SPIRE Project is scheduled for completion in 2023/24.

Q: How tall will the new emergency, surgical and critical care facility be?

A: The new building will not exceed the height of any existing Canberra Hospital building. A concept design for the facility has been completed and the detailed designs will be developed during 2019 and 2020 in consultation with key stakeholders and clinicians.

Q: Will there be noise reduction measures in place during construction?

A: As we are building on a functioning hospital site, a high level of attention will be paid to minimising noise and construction-related disturbances that may impact on the well-being of patients and neighbouring residents. At a minimum, all site preparation and construction will be subject to the Environment Protection Act 1997 and Environment Protection Regulation 2005 aiming to protect people from excessive noise.

Q: Will the public be kept informed?

A: As the SPIRE Project progresses, Canberra residents will be kept informed through a variety of means including updates on the Major Projects Canberra website: www.act.gov.au/majorprojectscanberra, the Our Canberra newsletter, leaflet drops and information forums. Enquiries may be directed to SPIRE@act.gov.au. You can also register to receive project updates via the subscription button on this page.

Q: Are you building more car parks?

A: Access to car parking at the Canberra Hospital is acknowledged as an ongoing concern for patients, visitors and staff. ACT Health, together with Canberra Health Services, is currently exploring options to support increased access to parking on or near the hospital site. Further information regarding parking will become available as plans progress.

Q: Where will the Emergency Department be located?

A: The Hospital's Emergency Department (ED) will be in the new building. Once the facility is operational, the existing ED will close. The helipad, currently adjacent to Building 12, will also be re-located to the top of the new building which will ensure rapid access to the ED.

Q: What's happening with the health and residential services currently available in building 5?

A: New accommodation is being identified on site for the Sexual Health and Child at Risk Health Unit services currently operating in Building 5. Further information will be available as planning progresses.

The Building 5 residences will continue to be accessible until mid 2020 for interstate visitors and carers of patients who live more than 100km from Canberra Hospital.

Canberra Health Services, with input from impacted stakeholders, is currently developing plans for the alternative arrangements that will be put in place for patients and carer accommodation going forward.

Q: When will new staff be recruited?

A: An ongoing staff recruitment plan will be rolled out as the project continues. At specific stages throughout the project, there will be a need to have recruited additional staff to work in the new areas.

Further work will be undertaken to finalise the recruitment and training program including timeframes, to support these new services. CHS will be happy to sit down with employee representatives when we have more definitive information on staffing numbers and timelines for recruitment.

Q: Will we be considering or allowing for outsourcing like UCH?

In terms of staffing and contract arrangements for the SPIRE project, we will be expanding upon the existing arrangements. Any contracts that we currently have in place for service delivery, will continue albeit with an expanded or revised scope where required.

Q: When will we have more information about models of care?

A: We have undertaken high level concept planning for models of care, however its not until we undertake our user group consultation, and then work with stakeholders about how this looks, will we be able to add the detail to finalise the model. This work will allow us to provide more exact information to the design architects so that it informs the design work.

Canberra Health Services has provided a commitment to have consumer and community engagement as part of that work. Any staffing considerations will be clearly drawn out in that piece of work.

Q: How are you planning on making sure information rolls out early for this project?

A: There is a comprehensive communications strategy for this project and we are happy to work with members of the community as that develops. We are also working up a plan to make sure we are consulting our workforce early and regularly.

Further information

Q: Who is responsible for the project?

A: From 1 July 2019, responsibility for the project transferred to Major Projects Canberra. MPC will work closely with CHS and ACT Health to deliver this project.

Q: Where can I get more information on the project?

A: Further information on the project is available by emailing SPIRE@act.gov.au

What will replace the areas that move to SPIRE, for example the ED?

Master plan and clinical services plan is currently underway and will provide more detail around what the future requirements are on campus and how these existing areas such as the ED and operating theatres will be utilised into the future.

Question around what sort of footprint allied health/radiology/sterilisation will have or is it too early?

that it's a little too early to provide that detail but noted the \$5 million recent upgrade to Sterilisation services on the TCH campus which has provided a lot more space on site.

What stage will be mock-up areas so they can look at spaces and so that staff can have a say about those spaces?

The first stages of the model of care is currently being developed through working groups. The project has is looking to engage the contractor and design team at the beginning of next year and they will drive the development process. Late next year, the project will start to work through prototype designs which will form the final nuance of how we will fit out. We expect that builders will come forward with a program late 2021.

Where are you looking for inspiration with regards to similar builds?

The project team will be looking across a range of projects – Fiona Stanley, RAH, Gold Coast – for positives and negatives. We won't just be looking at the physical build but also new programs and resourcing etc.

Staffing and service planning

When we will know more about workforce planning?

We expect to have the clinical services plan by the end of this year, early next year which will support the work of the workforce planning strategy. This will allow us to consider current workforce profile, and our forward planning requirements. We know that it takes time to recruit and we want to ensure we are undertaking this work as early as possible.

Are you looking at the expansion of service delivery hours?

The Clinical Service Plan and the Model of Care work will again flush out a lot of this. It is still just a bit too early but it is imperative that we integrate SPIRE into the campus and that it work seamlessly as part of our overall health system so that things are as sustainable as possible. The success of SPIRE will depend on how well we integrate services and how well the system works together.

Where will the acute stroke services sit?

At the moment, all of the interdependencies need to be worked out and we will need to consider how different services integrate with the rest of the hospital so that health care is seamless.

Has there been any emergency accommodation factored into the new build?

There is currently an engagement program underway to develop a suite of options for patient accommodation in the short to medium, and long term.

Building 9 provides 12, two-bedroom apartments and every four months the staff rotate. It is over subscribed and accommodates rotating registrars – wondering whether it will change?

It is likely that there will be changes to this building but we will be consulting with impacted stakeholders before that occurs.

What will happen with loading dock arrangement – are we planning on changing the arrangements.

We are looking at logistics flow but we will need to consider activity across the campus. WE have just engaged a specialist consultant and we will analyse the likely scenario and responses, noting that there will be a whole series of services that will have a knock-on effect with the new SPIRE.

Q: What services won't be moving to SPIRE?

A: At the moment, all of the interdependencies need to be worked out and we will need to consider how different services integrate with the rest of the hospital so that health care is seamless.

Master plan and clinical services plan is currently underway and will provide more detail around what the future requirements are on campus and how these existing areas such as the ED and operating theatres will be utilised into the future.

Q: Will the eye clinic/ophthalmology services be moving over to SPIRE

A: Answer to be provided

Q: What is the future of existing buildings on the Canberra Hospital Campus

A: Master plan and clinical services plan is currently underway and will provide more detail around what the future requirements are on campus and how these existing areas such as the ED and operating theatres will be utilised into the future.

Q: What stage is the Clinical Services Planning at?

A: Answer to be provided

Q: When is the Master Plan for the Canberra Hospital being developed and how can we be involved in this development?

A: Answer to be provided

Q: What are the plans for the Emergency Department and the ICU extension plans?

A: Master plan and clinical services plan is currently underway and will provide more detail around what the future requirements are on campus and how these existing areas such as the ED and operating theatres will be utilised into the future.

Staff impacts

Q: How will staff be impacted by this project?

A: Answer to be provided

Q: How many staff will be impacted?

A: Answer to be provided

Q: When will staff be consulted about changes that will impact them?

A: Answer to be provided

Q: How many new staff will be recruited for SPIRE?

A: We expect to have the clinical services plan by the end of this year, early next year which will support the work of the workforce planning strategy. This will allow us to consider current workforce profile, and our forward planning requirements. We know that it takes time to recruit and we want to ensure we are undertaking this work as early as possible.

INTERNAL USE

SPIRE information session - unions

Questions and Answers

Friday 20 September

Present: Brenton Higgins, Ryan Tyler (CPSU), Carlyn Fidow, Matt Daniel, Thom (ANMF).

Staff/Officials: Colm Mooney; Lloyd Esau; Duncan Edgehill, Daniel Wood, Elizabeth Chatham.

Presentation provided by Colm, Duncan and Lloyd

Questions:

Brenton Higgins: What will replace the areas that move to SPIRE, for example the ED?

Colm responded: Master plan and clinical services plan is currently underway and will provide more detail around what the future requirements are on campus and how these existing areas such as the ED and operating theatres will be utilised into the future.

Question around what sort of footprint allied health/radiology/sterilisation will have or is it too early?

Colm responded: that it's a little too early to provide that detail but noted the \$5 million recent upgrade to Sterilisation services on the TCH campus which has provided a lot more space on site.

Matt Daniel, ANMF: What stage will be mock-up areas so they can look at spaces and so that staff can have a say about those spaces?

Lloyd responded: The first stages of the model of care is currently being developed through working groups. The project has is looking to engage the contractor and design team at the beginning of next year and they will drive the development process. Late next year, the project will start to work through prototype designs which will form the final nuance of how we will fit out. We expect that builders will come forward with a program late 2021.

Brenton Higgins, CPSU: When we will know more about workforce planning?

We expect to have the clinical services plan by the end of this year, early next year which will support the work of the workforce planning strategy. This will allow us to consider current workforce profile, and our forward planning requirements. We know that it takes time to recruit and we want to ensure we are undertaking this work as early as possible.

Are you looking at the expansion of service delivery hours?

The Clinical Service Plan and the Model of Care work will again flush out a lot of this. It is still just a bit too early but it is imperative that we integrating SPIRE into the campus and that it work seamlessly as part of our overall health system so that things are as sustainable as possible. The success of SPIRE will depend on how well we integrate services and how well the system works together.

Where are you looking for inspiration with regards to similar builds?

The project team will be looking across a range of projects – Fiona Stanley, RAH, Gold Coast – for positives and negatives. We won't just be looking at the physical build but also new programs and resourcing etc.

Staff information session

Questions:

Where will the acute stroke services sit?

At the moment, all of the interdependencies need to be worked out. How different services integrate with the rest of the hospital so that health care is seamless is very important.

Has there been any emergency accommodation factored into the new build?

There is currently an engagement program underway to develop a suite of options for patient accommodation in the short to medium, and long term.

Building 9 provides 12, two-bedroom apartments and every four months the staff rotate. It is over subscribed and accommodates rotating registrars – wondering whether it will change?

There will most probably be changes to this building but we will be consulting with impacted stakeholders before that occurs.

What will happen with loading dock arrangement – are we planning on changing the arrangements.

We are looking at logistics flow but we will need to consider activity across the campus. We have just engaged a specialist consultant and we will analyse the likely scenario and responses, noting that there will be a whole series of services that will have a knock on effect with the new SPIRE.

Lowes, Shannon (Health)

From: Feedback <feedback@communicationlink.com.au>
Sent: Monday, 23 September 2019 5:37 PM
To: Feedback
Subject: Invitation: Residential Accommodation Services at Canberra Hospital consultation program
Attachments: CHS - RAS FactSheet.pdf; FAQs - CHS BLD 5 RAS.pdf

On behalf of Canberra Health Services, you are invited to participate in a consultation program to inform the future of the Residential Accommodation Services at Canberra Hospital. Communication Link, a Canberra-based communications and engagement company is working with Canberra Health Services to undertake a consultation program that will be used to identify future options for the service.

Help us design the optimal solutions for Canberra Health Services Residential Accommodation Services

The ACT Government is investing in the Canberra Hospital over the coming years. The Surgical Procedures, Interventional Radiology and Emergency centre (SPIRE) facility will deliver a state-of-the-art emergency, surgical and critical healthcare facility on the Canberra Hospital campus.

The Building 5 Residential Accommodation Services is closing on its current site however work is currently underway to determine how we provide this service for patients and their carer's, into the future. Several older buildings on the hospital campus, including Building 5 where the Residential Accommodation Services operates, are being demolished in mid-2020 to allow for the construction of the SPIRE centre. Residential Accommodation will continue to operate and will be available to outpatients and their carers until mid-2020.

Your input is very important. We want to:

- Hear how the current Residential Accommodation Services has met these needs to date.
- Know if the current Residential Accommodation Services may have better supported outpatients/families during their stay.
- Identify all possible options for alternative accommodation services in the future.

There are many ways to provide feedback, such as by attending workshops at some of our main regional referral areas and in Canberra. For those unable to attend a workshop session and those in other centres, an online survey is available to capture your feedback.

CONSULTATION PROGRAM

Details of all feedback channels are as follows:

- Complete an **online survey** at <https://www.surveymonkey.com/r/RASfuture>
- Feedback will be collected from **current users** of the service at Building 5 on Wednesday 25 September.
- Attend a feedback workshop. Workshops are being held as follows:
 - **Goulburn:** Tuesday 1 October 2019, 9am – 11am
 - Goulburn Soldiers Club, 15 Market Street, Goulburn
 - **Bega:** Tuesday 1 October 2019, 5pm – 7pm
 - Bega Valley Commemorative Civic Centre, Zingel Place, Bega
 - **Bateman's Bay:** Wednesday 2 October 2019, 9am – 11am
 - Coach House, 49 Beach Road, Batemans Bay
 - **Canberra:** Thursday 3 October 2019, 2pm – 4pm,

- Conference Room 2, 2-6 Bowes Street, Phillip ACT
- To register, please email: feedback@communicationlink.com.au

PLEASE SHARE THIS INFORMATION

To ensure others in your organisation or across your networks also have opportunity to participate in this feedback we ask that you please send the attached Fact Sheet and FAQs to your members/clients and on your social media, so they are informed and can also register their interest to contribute.

Kind regards,

[Redacted]

[Redacted]



Communication Link

Ask. Listen. Understand. Achieve.

communicationlink.com.au

[Redacted]



DPM CONFERENCING T/A COMMUNICATION LINK ABN: 49 081 231 629

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FACT SHEET



ACT
Government

**Canberra Health
Services**

Community Engagement: future changes to the Residential Accommodation Services at Canberra Hospital

What we're asking

The ACT Government is investing in the Canberra Hospital over the coming years. The Surgical Procedures, Interventional Radiology and Emergency centre (SPIRE) facility will deliver a state-of-the-art emergency, surgical and critical healthcare facility on the Canberra Hospital campus.

Several older buildings on the hospital campus footprint, including Building 5 where the Residential Accommodation Services operates, are being demolished in mid-2020 to allow for the construction of the SPIRE centre.

When will this service close?

The Building 5 Residential Accommodation Services will be closing in mid-2020 to make way for the SPIRE centre building works to commence.

Your feedback on these future changes will help us find the optimal solutions for Residential Accommodation Services beyond mid-2020.

We are seeking your views on:

1. The accommodation needs of outpatients, carers and families who use Canberra Health Services and live outside the ACT.
2. The alternative options which may support the accommodation needs of these people after Building 5 is closed for demolition.

Who we're talking to

- Current and previous users of the Building 5 Residential Accommodation Services.
- Healthcare professionals who refer interstate patients to the service.
- Representatives of patient and carer organisations whose members or clients have used/may use the service.
- Representatives of healthcare networks within the Canberra Health Services regional

Providing feedback

You can provide feedback in the following ways:

Online survey:

<https://www.surveymonkey.com/r/RASfuture>

Outreach session at Building 5:

Wednesday 25 September, 7.30am – 9.30am,
11am – 12pm

Feedback workshops:

- Goulburn: Goulburn Soldiers Club; Tuesday 1 October, 9am – 11pm
- Bega: Bega Valley Commemorative Civic Centre, Tuesday 1 October, 5pm – 7pm
- Bateman's Bay: Coach House, Wednesday 2 October, 9am – 11am
- Canberra: ACT Health Directorate, Thursday 3 October, 2pm – 4pm

To register for these events, please email:
feedback@communicationlink.com.au

FACT SHEET



Canberra Health Services

Your say matters

Your input is very important. We want to:

- Hear how the current Residential Accommodation Services has met these needs to date.
- Know if the current Residential Accommodation Services may have better supported outpatients/families during their stay.
- Identify all possible options for alternative accommodation services in the future.

Your feedback on these points will help us determine the best way to continue the Residential Accommodation Services beyond mid-2020.

What's next

All feedback received during the community engagement will be considered by Canberra Health Services to develop the optimal solutions of Residential Accommodation Services.

Background information

Residential Accommodation Services at Canberra Hospital

Through this service, Canberra Health Services offers short-term accommodation for outpatients receiving treatment at the hospital, and their carer/family members. This service is located within Building 5, on the eastern side of the campus.

The service provides on-campus, hostel-style accommodation that includes:

- Twin, single or (limited) family rooms
- Supplied linen that is changed weekly and at check-out
- Shared shower, kitchen, cooking, dining, living and laundry facilities
- Access to staff cafeteria if required

Parking is available in multiple disabled parking spaces on-campus and in the multi-storey car park.

Interstate outpatients and their carers who live more than 100km from Canberra may be eligible for accommodation support through the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS).

The SPIRE Project

The ACT Government is investing in the Canberra Hospital over the coming years. The Surgical Procedures, Interventional Radiology and Emergency centre (SPIRE) facility will deliver a state-of-the-art emergency, surgical and critical healthcare facility on the Canberra Hospital campus.

For more information, refer to our Frequently Asked Questions (FAQs) sheet or visit:

<https://www.health.act.gov.au/hospitals-and-health-centres/canberra-hospital/residential-accommodation>

<https://www.health.act.gov.au/about-our-health-system/planning-future/spire-project>

Future changes to the Residential Accommodation Services at Canberra Hospital

What does the current Residential Accommodation Services offer?

Through this service, Canberra Health Services offers short-term accommodation for outpatients receiving treatment at the hospital, and their carer/family members. This service is located within Building 5, on the eastern side of the campus.

The service provides on-campus, hostel-style accommodation that includes:

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- Supplied linen that is changed weekly and at check-out
- Shared shower, kitchen, cooking, dining, living and laundry facilities
- Access to staff cafeteria if required

Parking is available in multiple disabled parking spaces on-campus and in the multi-storey car park.

Why is the Building 5 Residential Accommodation Services closing?

The Building 5 Residential Accommodation Services is closing on its current site however work is currently underway to determine how we provide this service for patients and their carer's, into the future. Several older buildings on the hospital campus, including Building 5 where the Residential Accommodation Services operates, are being demolished in mid-2020 to allow for the construction of the Surgical Procedures, Interventional Radiology Emergency (SPIRE) Centre in that footprint.

When is the Residential Accommodation Services closing?

The Building 5 Residential Accommodation Services will be closing in mid-2020 to make way for the SPIRE centre building works to commence.

How much will the new/alternate Residential Accommodation Services cost me?

Interstate outpatients and their carers who live more than 100km from Canberra may be eligible for accommodation support through the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS).

The current Building 5 Residential Accommodation Services rates are:

PATIENTS			
Room fees	Nightly Rates	GST	Incl GST
Single Room	\$43.00	\$0.00	\$43.00
Second person 5 years & older	\$17.00	\$0.00	\$17.00
Children under 5 years	\$0.00	\$0.00	\$0.00
Double room	\$60.00	\$0.00	\$60.00

The current Building 5 Residential Accommodation Services rates may change from mid-2020 depending on the future provision of this service.

FREQUENTLY ASKED QUESTIONS



ACT
Government

**Canberra Health
Services**

Where will the new Residential Accommodation Service be located?

Canberra Health Services is currently seeking feedback and suggestions from community members and associated people affected by this pending change, such as: past and present users of the current accommodation; patient and carer organisation representatives; healthcare professional bodies such as regional Local Area Health Districts; and healthcare professionals who refer patients to this service.

This feedback will inform Canberra Health Services on what needs the users of this service have and what options should be explored when planning for the alternative accommodation services.

What is the SPIRE project?

The ACT Government is investing in the Canberra Hospital over the coming years. The Surgical Procedures, Interventional Radiology and Emergency centre (SPIRE) facility will deliver a state-of-the-art emergency, surgical and critical healthcare facility on the Canberra Hospital campus.

What healthcare services are going in the new SPIRE building?

The new, purpose-built facility will include:

- 148 inpatient beds (60 Intensive Care Unit beds, 64 surgical inpatient beds and 24 Acute Cardiac Care Unit beds)
- 22 operating theatres and 55 day-surgery beds
- 2 Cardiac Catheterisation Laboratories
- 114 emergency treatment spaces
- A 10-bed Short Stay Mental Health Unit
- Integrated radiology and medical imaging facilities
- 12 ambulance bays

The SPIRE building is scheduled for completion in 2023/24.

FREQUENTLY ASKED QUESTIONS

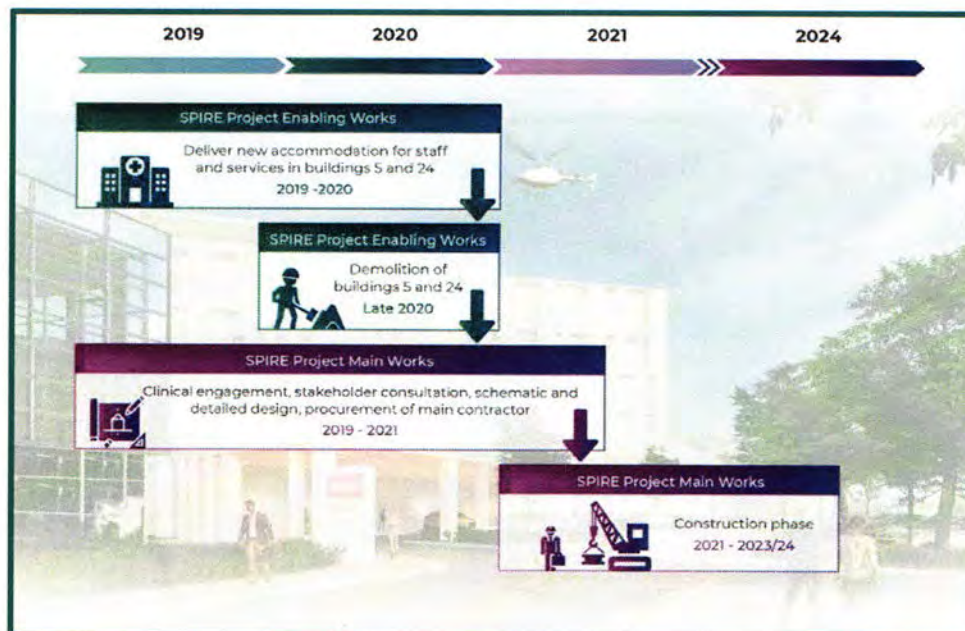


Canberra Health Services

The SPIRE Project site is at the eastern end of the hospital campus



An indicative timeline of the SPIRE Project's key phases



For more information on the SPIRE Project, visit:

<https://www.health.act.gov.au/about-our-health-system/planning-future/spire-project>

Consumer stakeholder briefing, SPIRE Project
Wednesday, 25 September
2:30pm – 3:30pm,
Canberra Hospital, Building 24, meeting room 1

Communications requirement

Consumer and community groups are key stakeholders in the SPIRE project. The objective of this briefing session is to provide these stakeholders with information regarding building and service plans, governance structure, schedule of works and any potential impact on service delivery.

The briefing session will also provide an opportunity for questions and feedback in relation to planning, governance and opportunities to engage in the design process.

Information this audience is likely to require includes:

- Impact on car parking and residential accommodation
- What's in the new facility?
- Linkages to existing building and services
- Clinical and consumer engagement in design and planning
- Timelines, when are things happening?
- What does this mean for my constituents?

Audience

The following people/organisations have accepted their invitation:

Organisation	First	Last
CHS GP Liaison Unit	Sharron	Mills-Thom
Ronald MacDonald House	Michelle	McCormack
Council for the Ageing	Jenny	Mobbs
University of Canberra	Nick	Brown
Aboriginal & Torres Strait Islander Elected Body	Jo	Chivers
CHS Patient Experience Team	Louise	Botha
CHS Patient Experience Team	Heather	Needham
Health Care Consumers Association (HCCA)	Darlene	Cox
Health Care Consumers Association	Alan	Thomas
Health Care Consumers Association	Anne	Meuronen
Carers ACT	Lisa	Kelly
Carers ACT	Kim	Bool
Council for the Ageing	Guest	
HCCA Consumer Rep	Gev	Khambata
	Maree	Pavloudis
Women's Centre for Health Matters	Emma	Davidson

Presentation

The briefing will provide a broad SPIRE project overview and cover:

- Introduction to project partners MPC/CHS
- Project scope and location
- Timeline and schedule
- Enabling works
- Governance and Consumer Reference Group
- Human Resources planning
- Opportunities to stay informed
- Q&A session with CHS and MPC panel

Running order

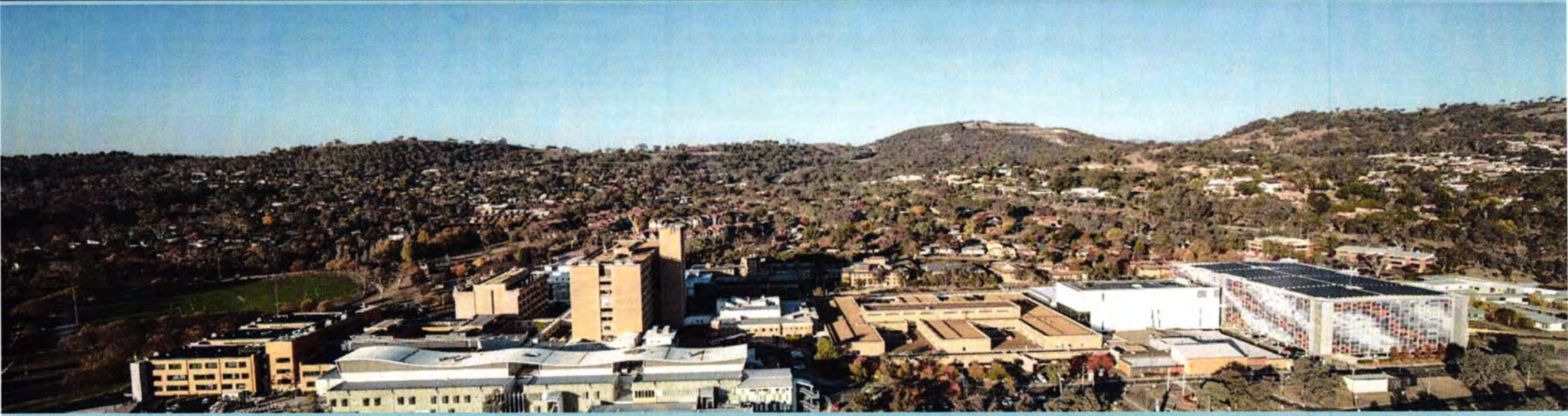
Time	Content	Speaker
2:30	Welcome, Acknowledgment of Country, Outline how this session will run SPIRE Project presentation Panel Q&A	Colm Mooney
2:35	MPC/SPIRE Project overview	Duncan Edghill
2:45	Duncan invites Lloyd to front SPIRE Project overview Staffing, parking, building 5	Lloyd Esau Colm Mooney
3:10	Colm invites Q&A, invites panel members to the front.	Colm Mooney (CHS) Panel Lloyd Esau (MPC) Liz Chatham (CHS) Daniel Wood (CHS) Narelle Boyd (CHS) Jacqui Taylor (CHS)
3:30	Close	Colm Mooney

Building 24, Meeting Room 1 accommodates up to 30 people theatre style.



ACT
Government

Major Projects Canberra



SPIRE Project

Building for better healthcare

25 September 2019

Agenda

- Welcome
- Introduction to Major Projects Canberra
- Overview of the SPIRE Project – scope and program
- SPIRE Project planning at Canberra Health Services
- Q&A





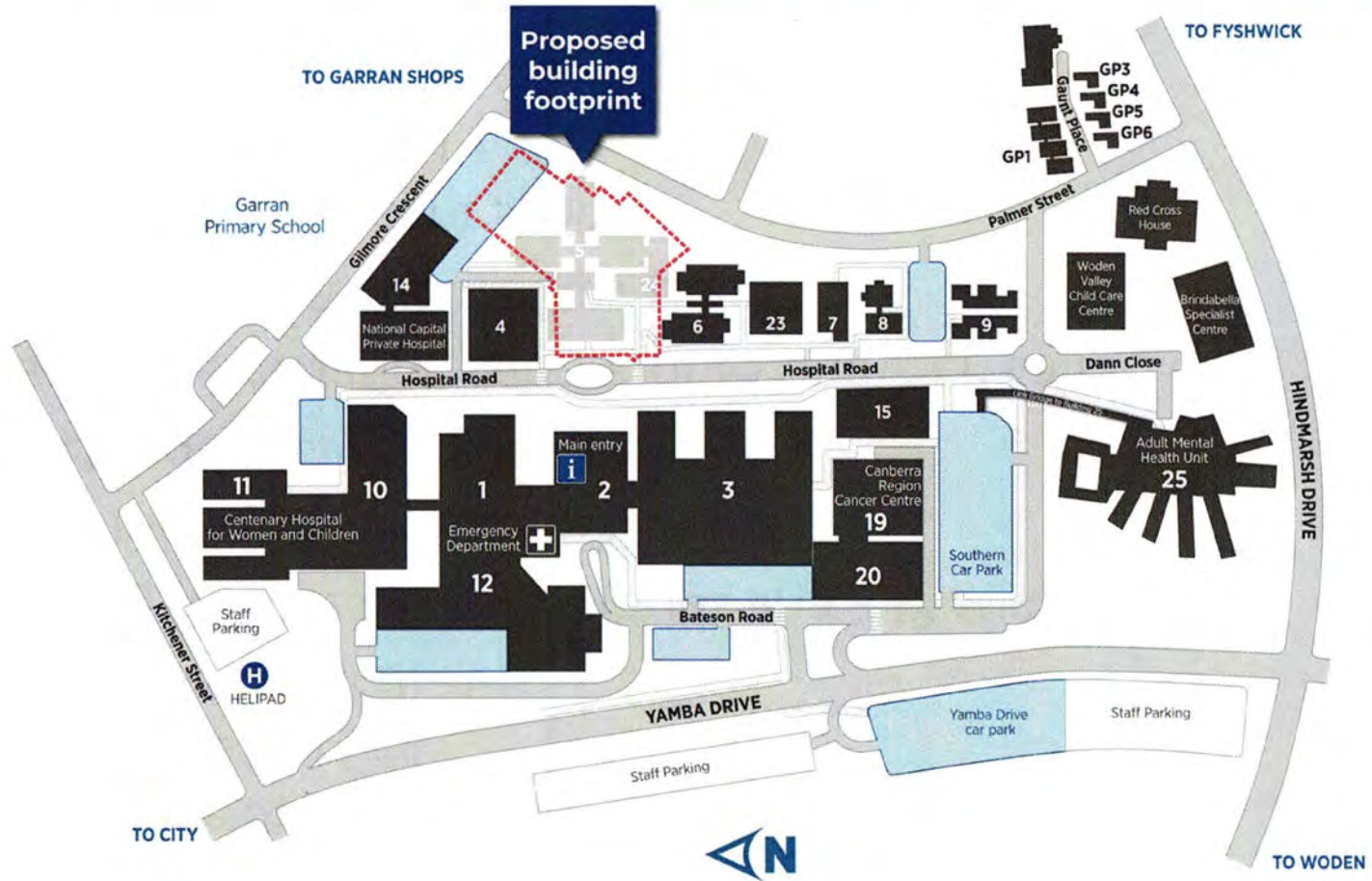
Duncan Edghill, Chief Projects Officer Major Projects Canberra

Lloyd Esau, SPIRE Project Director Major Projects Canberra

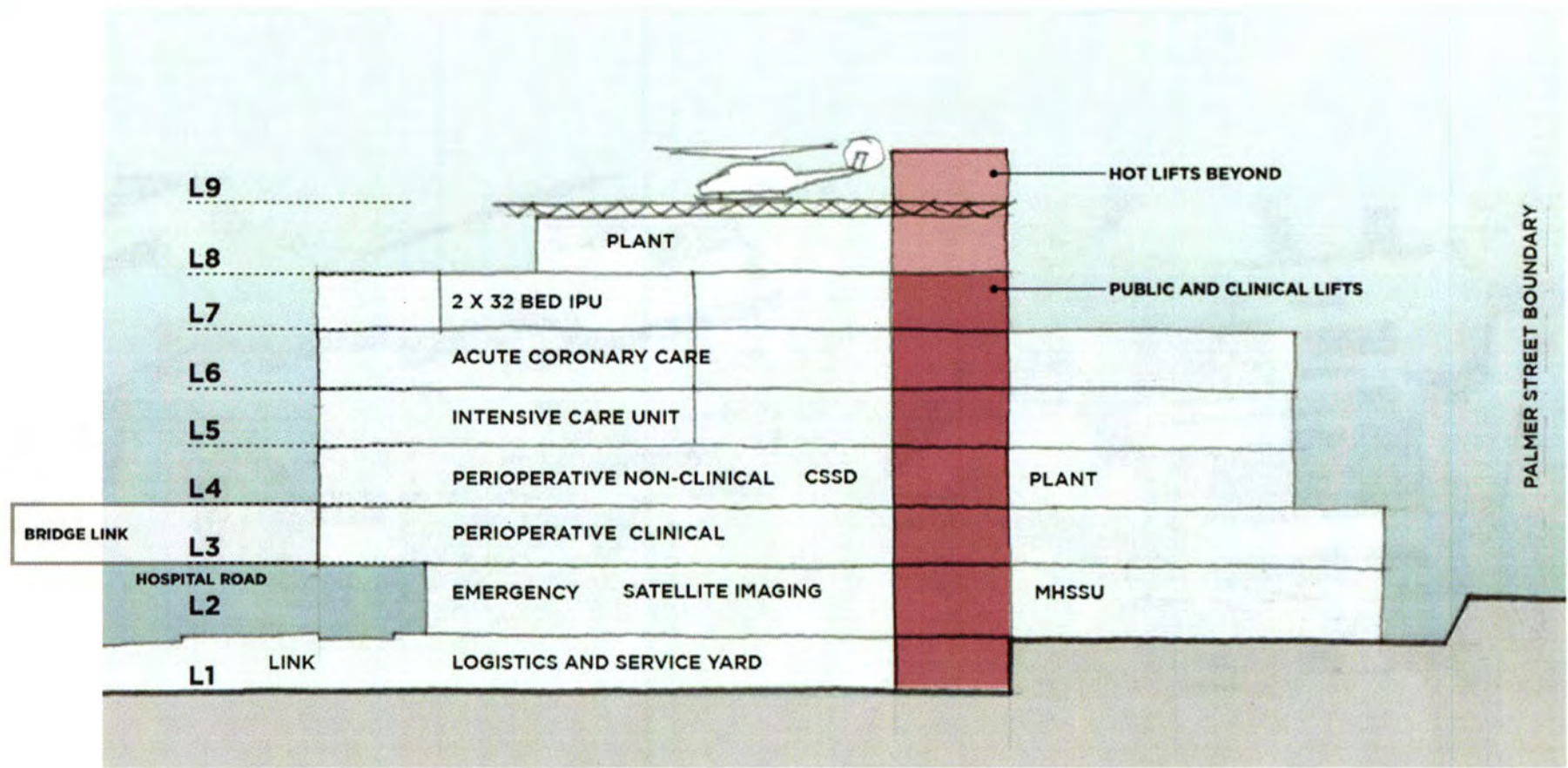
What will the SPIRE Project deliver?

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

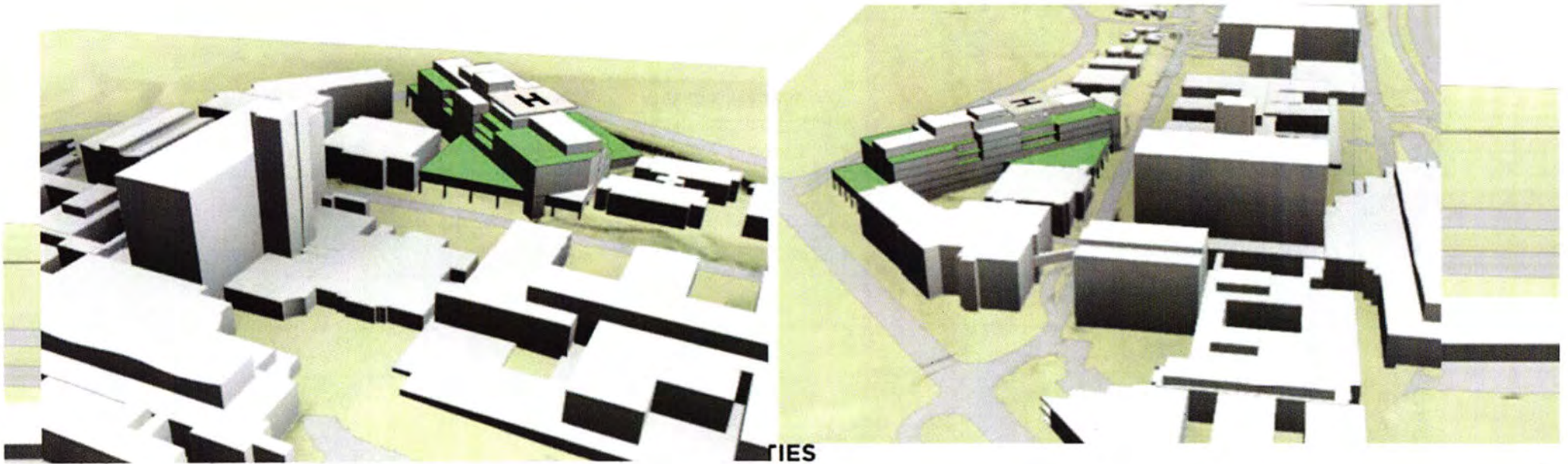
Site of the new emergency, surgical and critical care facility



Functional stacking



Site utilisation



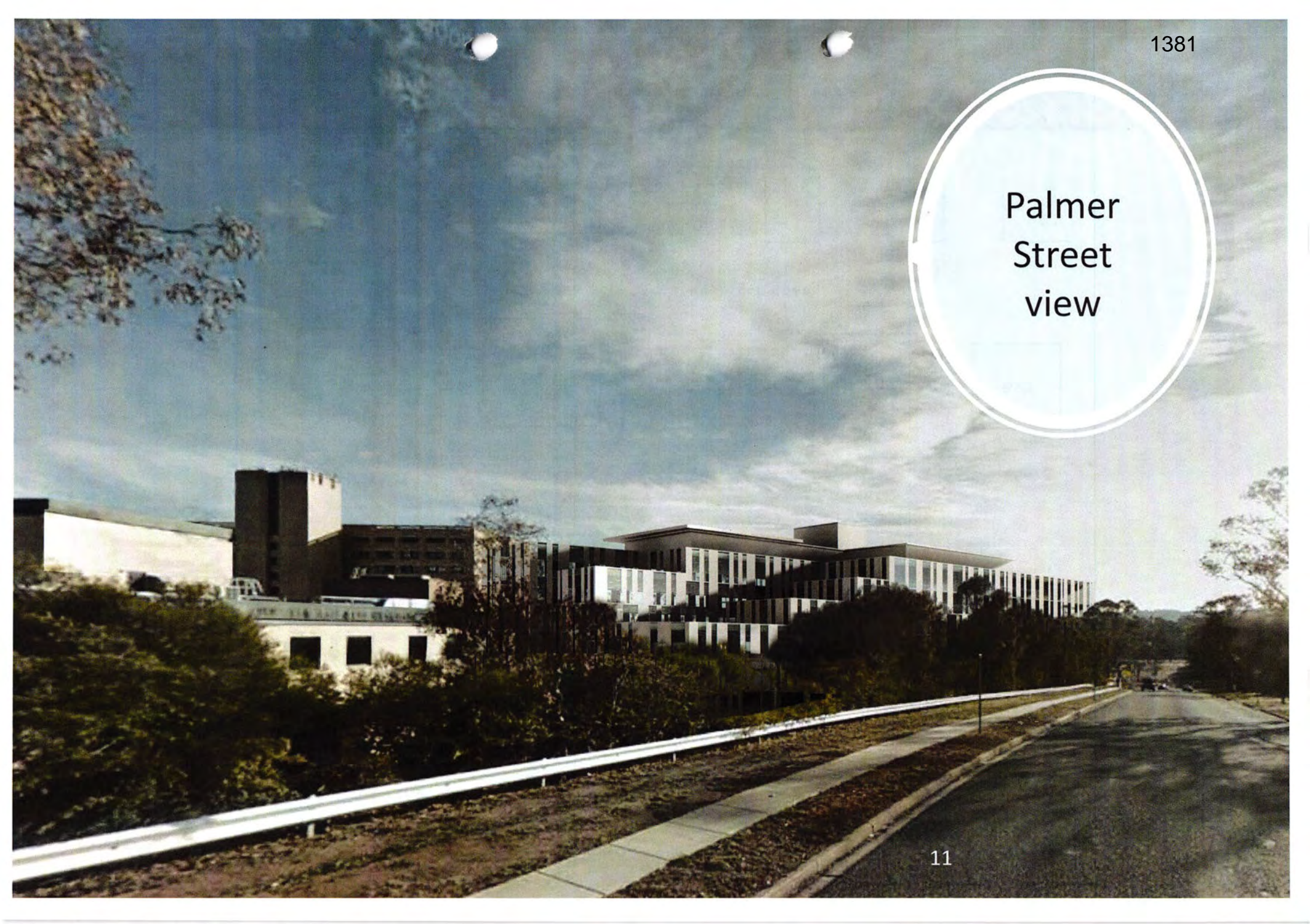
Hospital
Road view



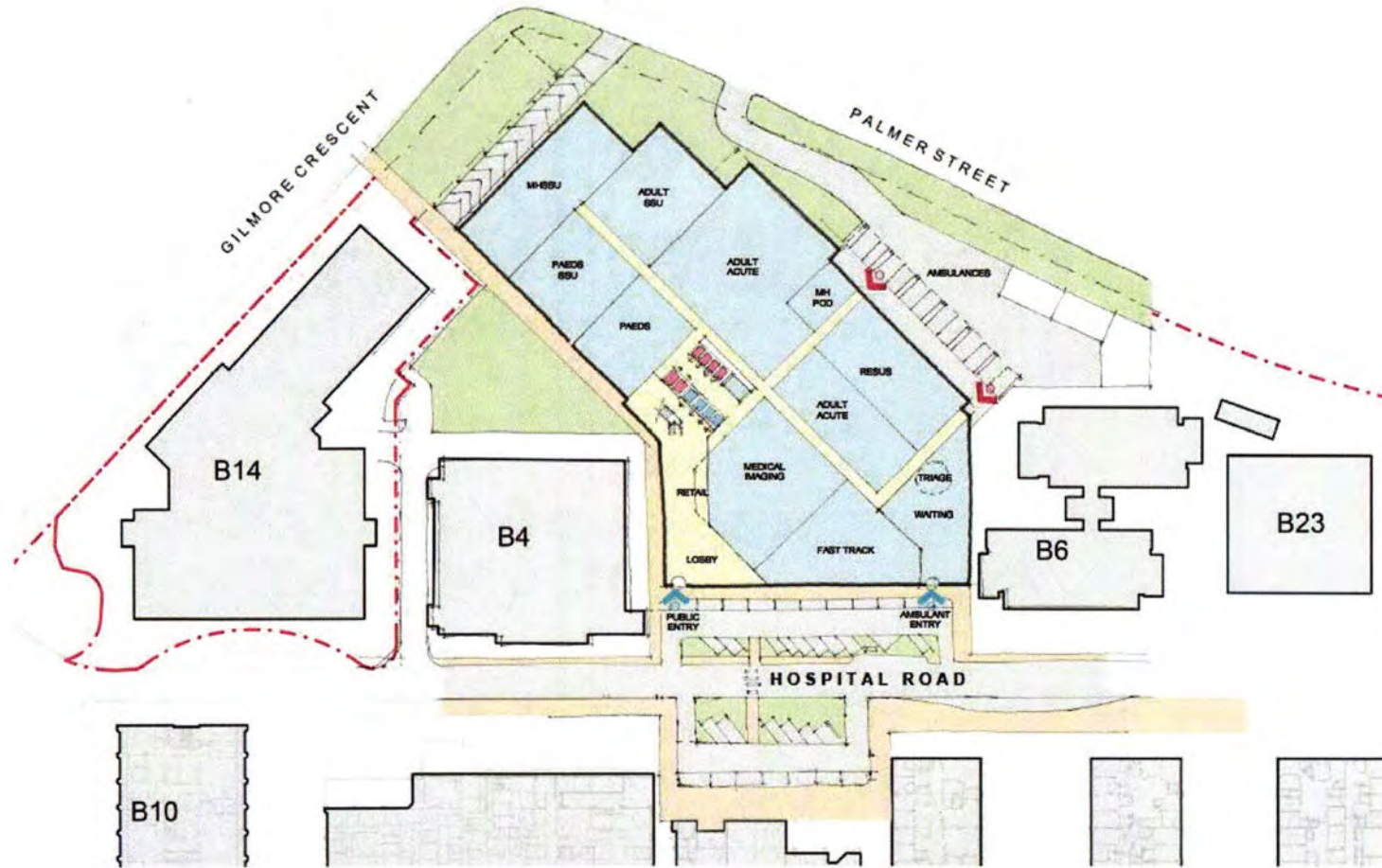
Aerial
view

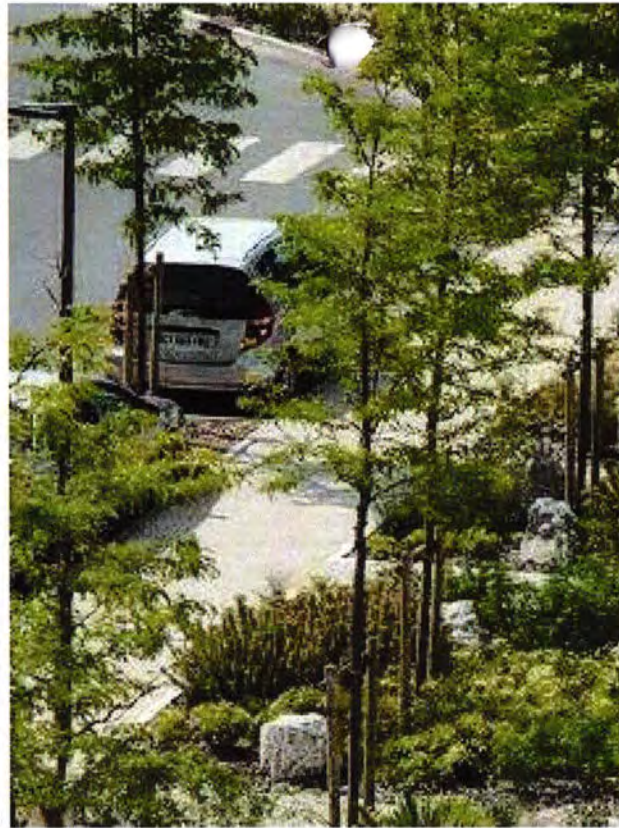


Palmer
Street
view

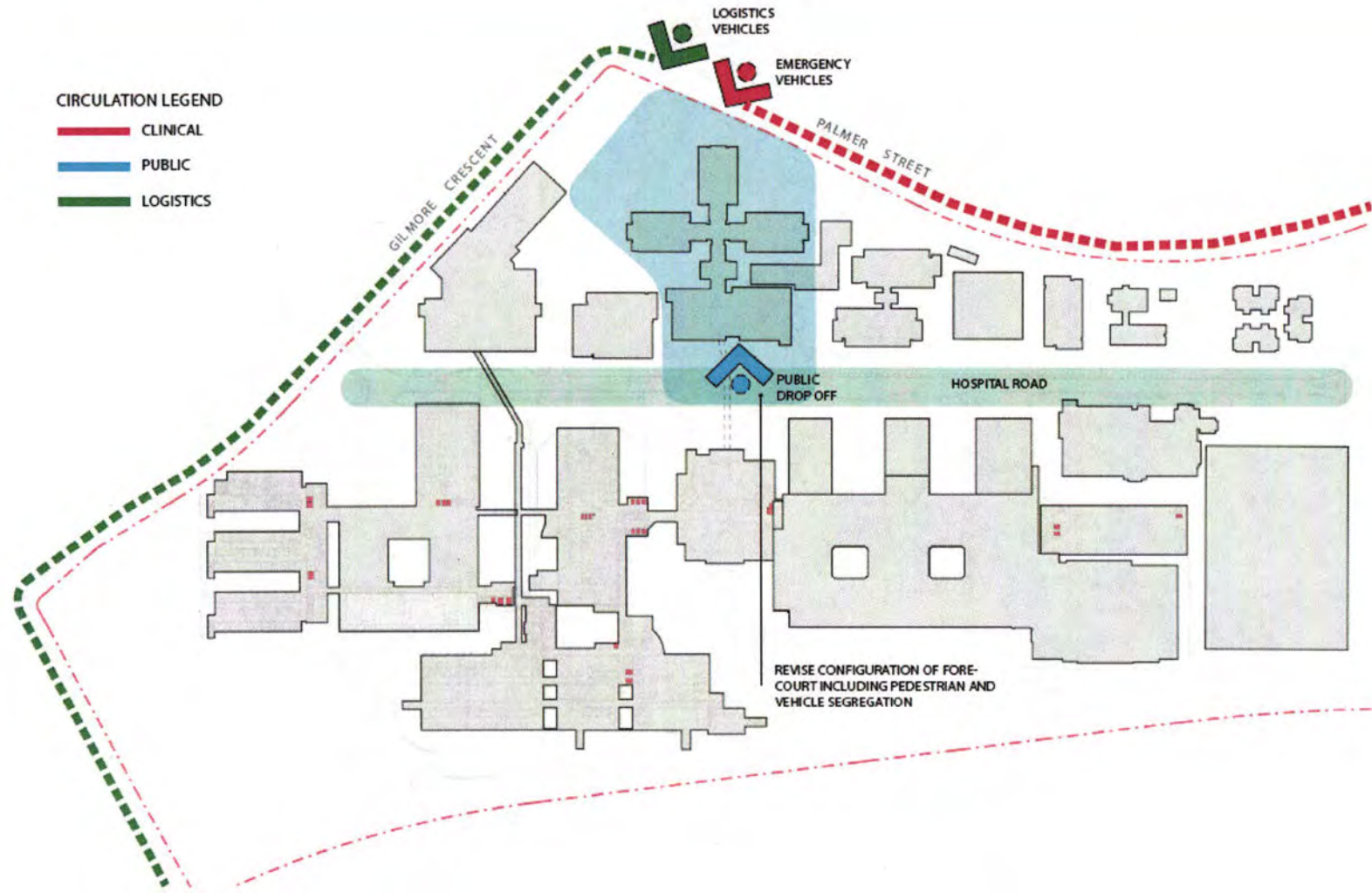


Green spaces and access

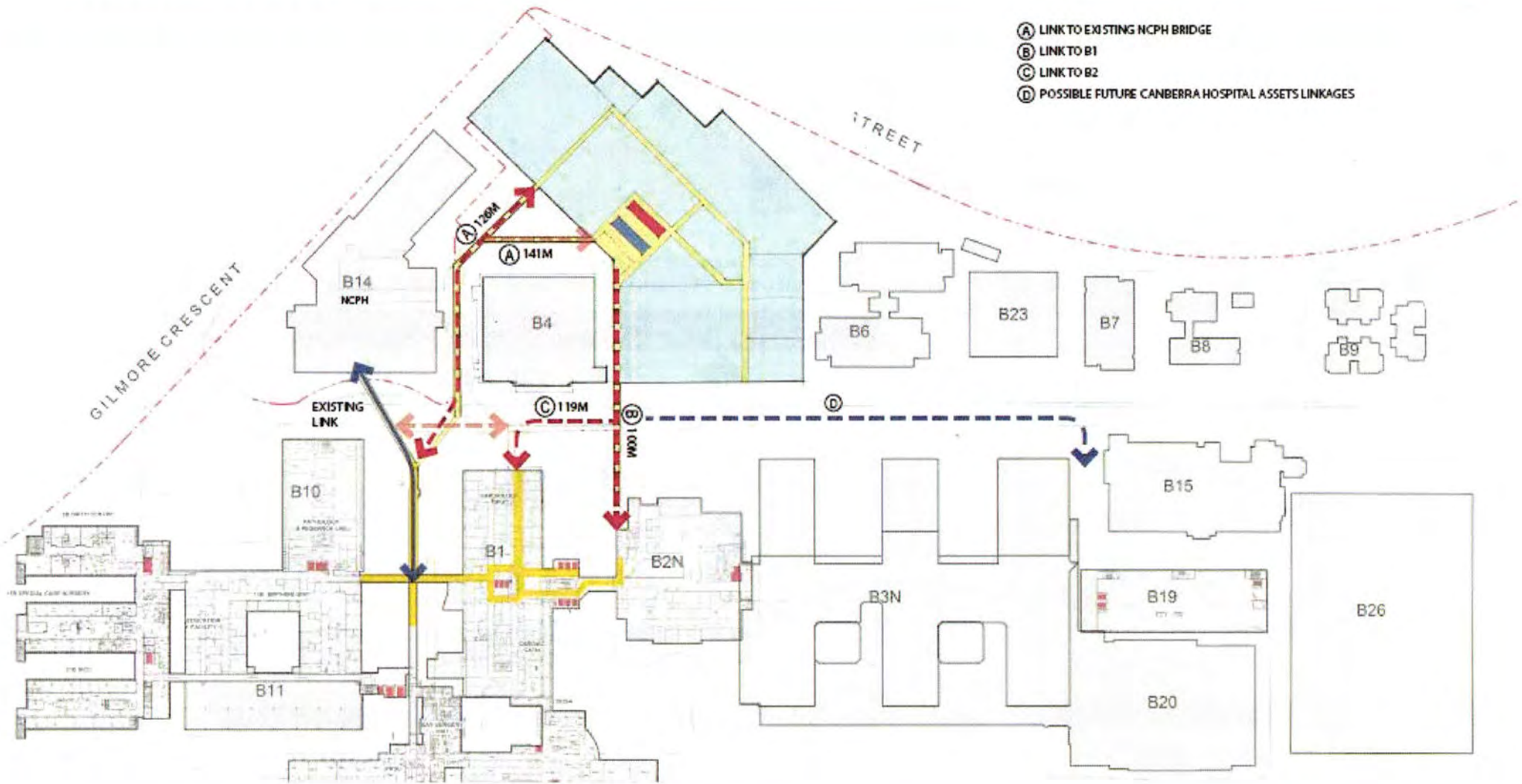




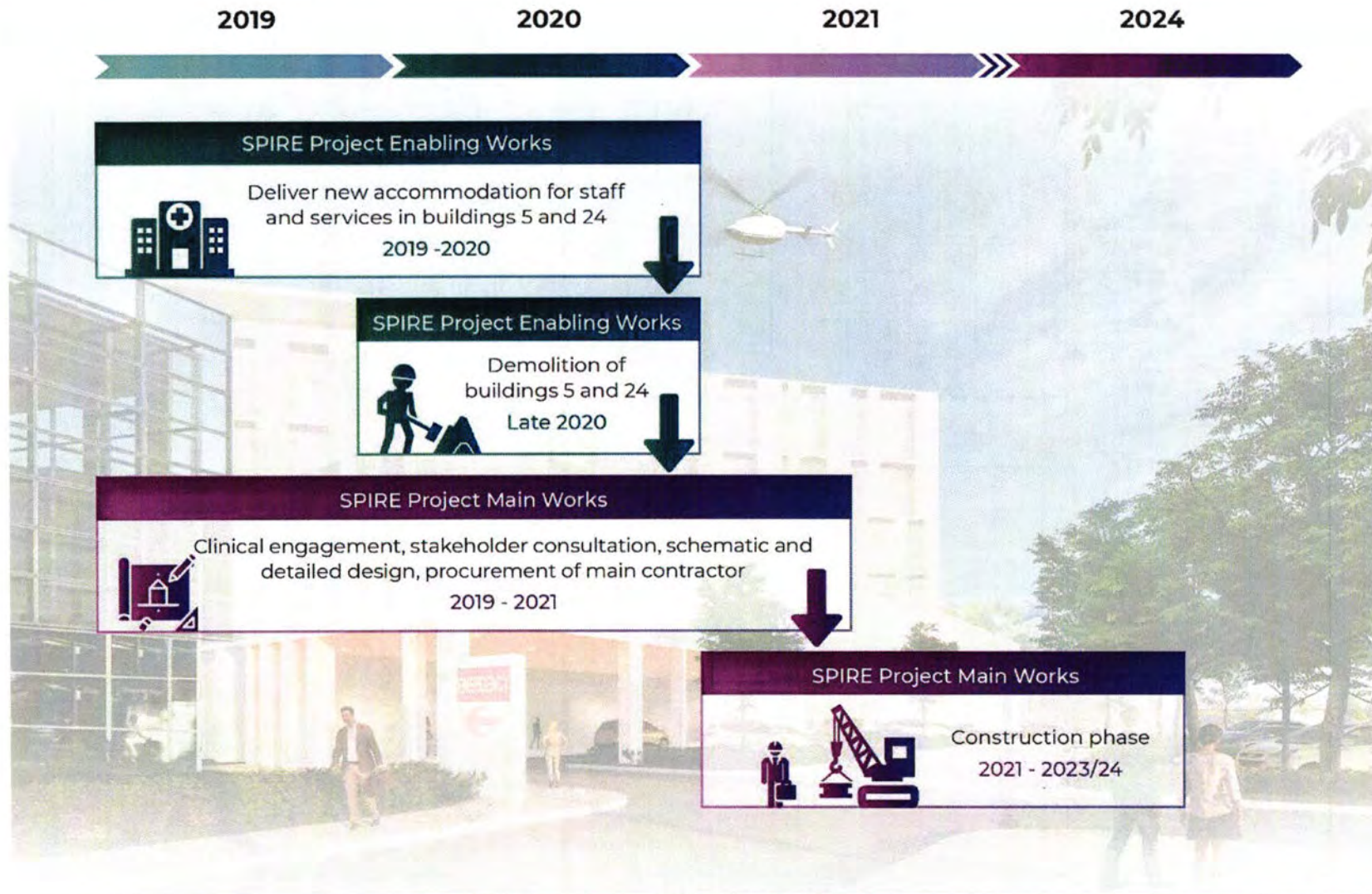
Access



Clinical linkages



Indicative timeline



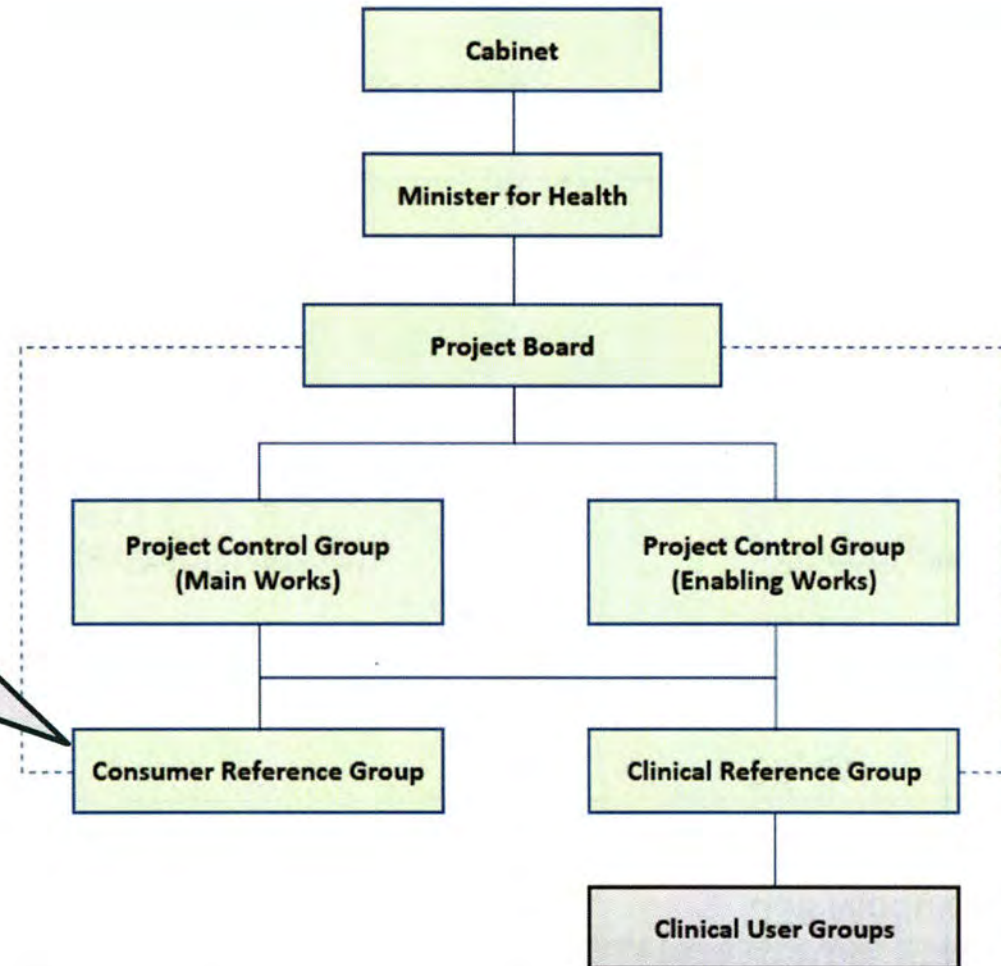
Enabling Works

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

Governance structure

Members

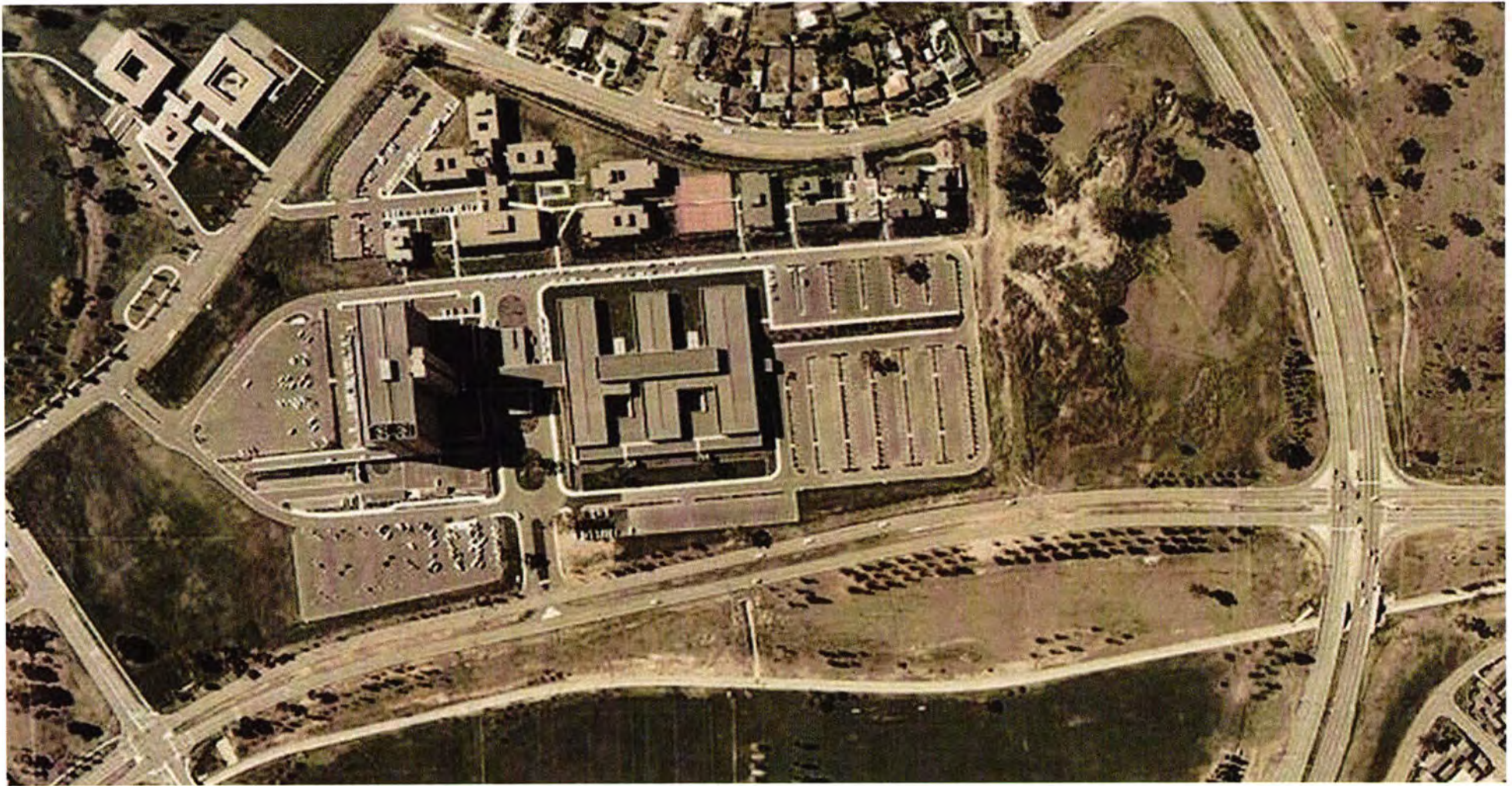
- Health Care Consumers Association
- Mental Health Consumers Network
- CHS Patient Experience Team
- Carers ACT
- Council of the Ageing
- Aboriginal & Torres Strait Islander Elected Body
- Multicultural Advisory Council ACT
- People with Disabilities ACT



Canberra Hospital Campus modernisation

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

The early days of Canberra Hospital - 1975



Canberra Hospital - 2019



Canberra Health Services SPIRE Project Focus

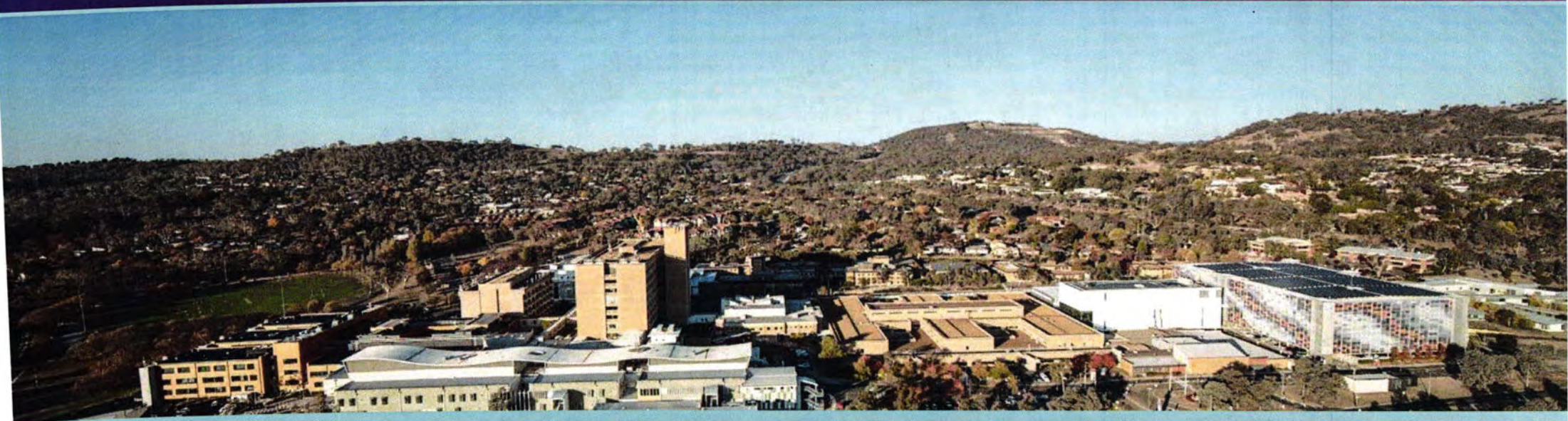
- Project design development through finalisation of Model of Care (MOC).
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Questions?

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ACT
Government
Major Projects Canberra

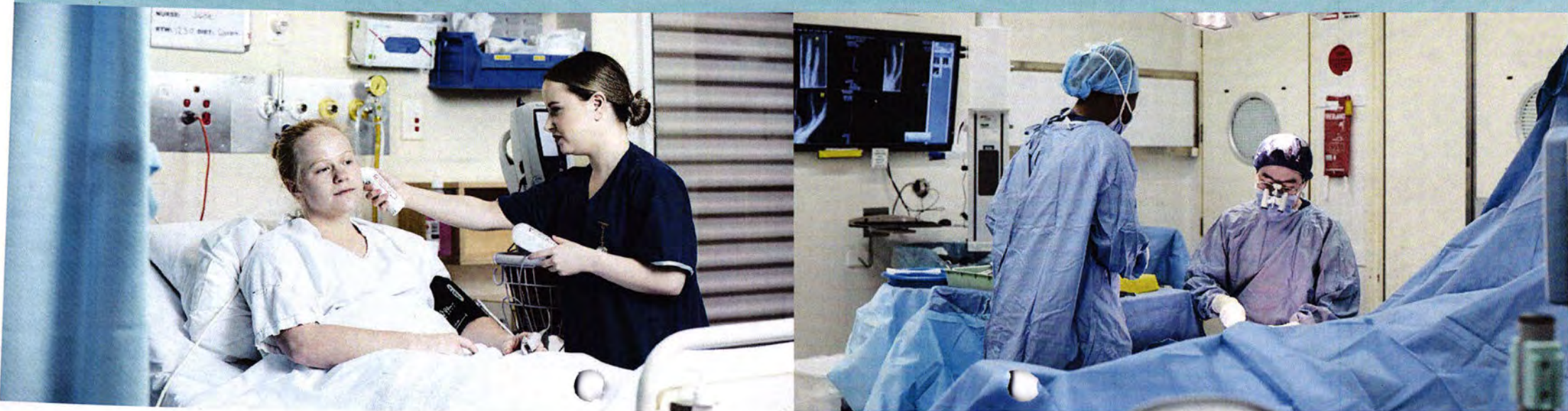


SPIRE Project

Building for better healthcare

25 September 2019

Colm Mooney, Executive Group Manager Infrastructure & Health Support Services Canberra Health Services



Agenda

- Welcome
- Introduction to Major Projects Canberra
- Overview of the SPIRE Project – scope and program
- SPIRE Project planning at Canberra Health Services
- Q&A



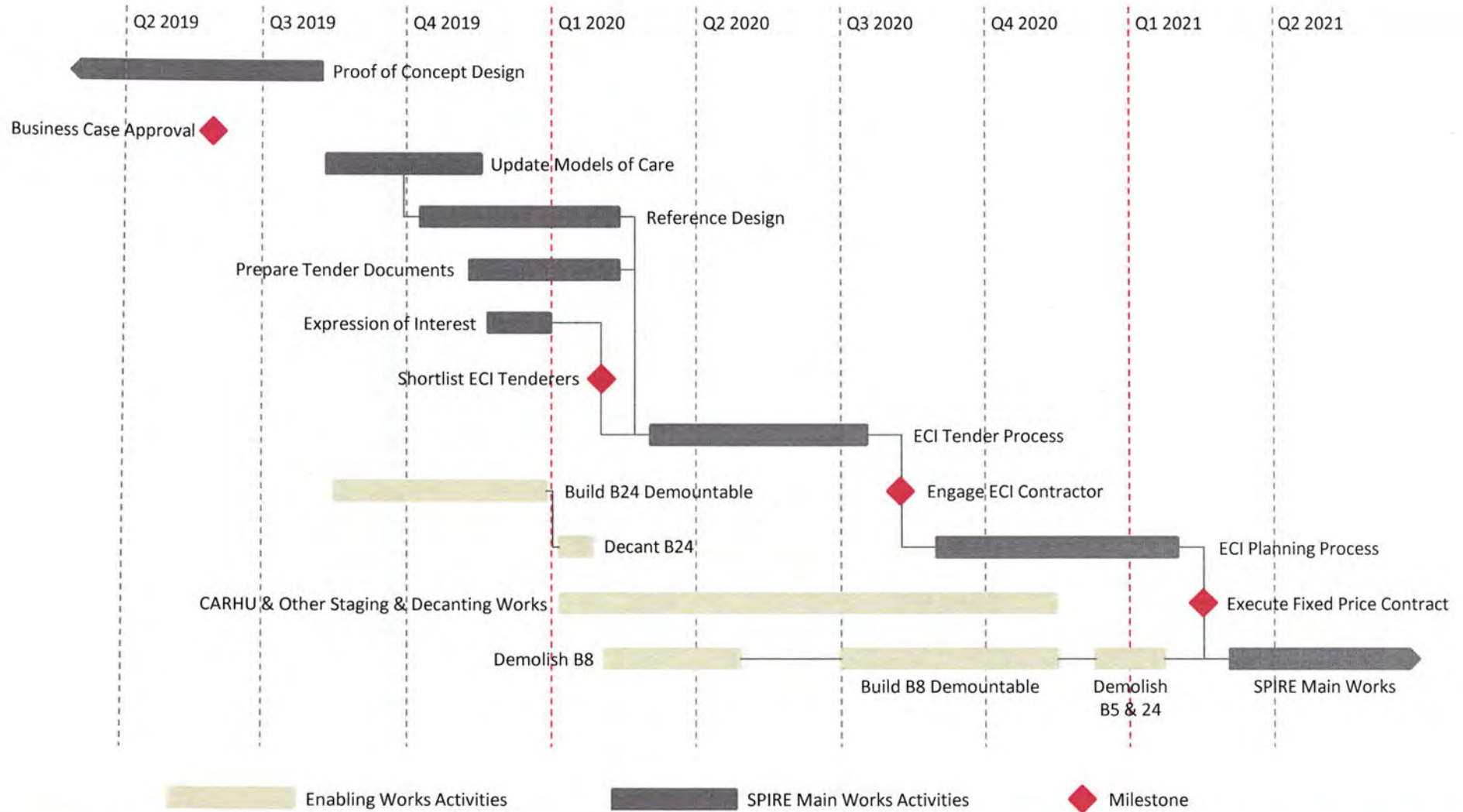
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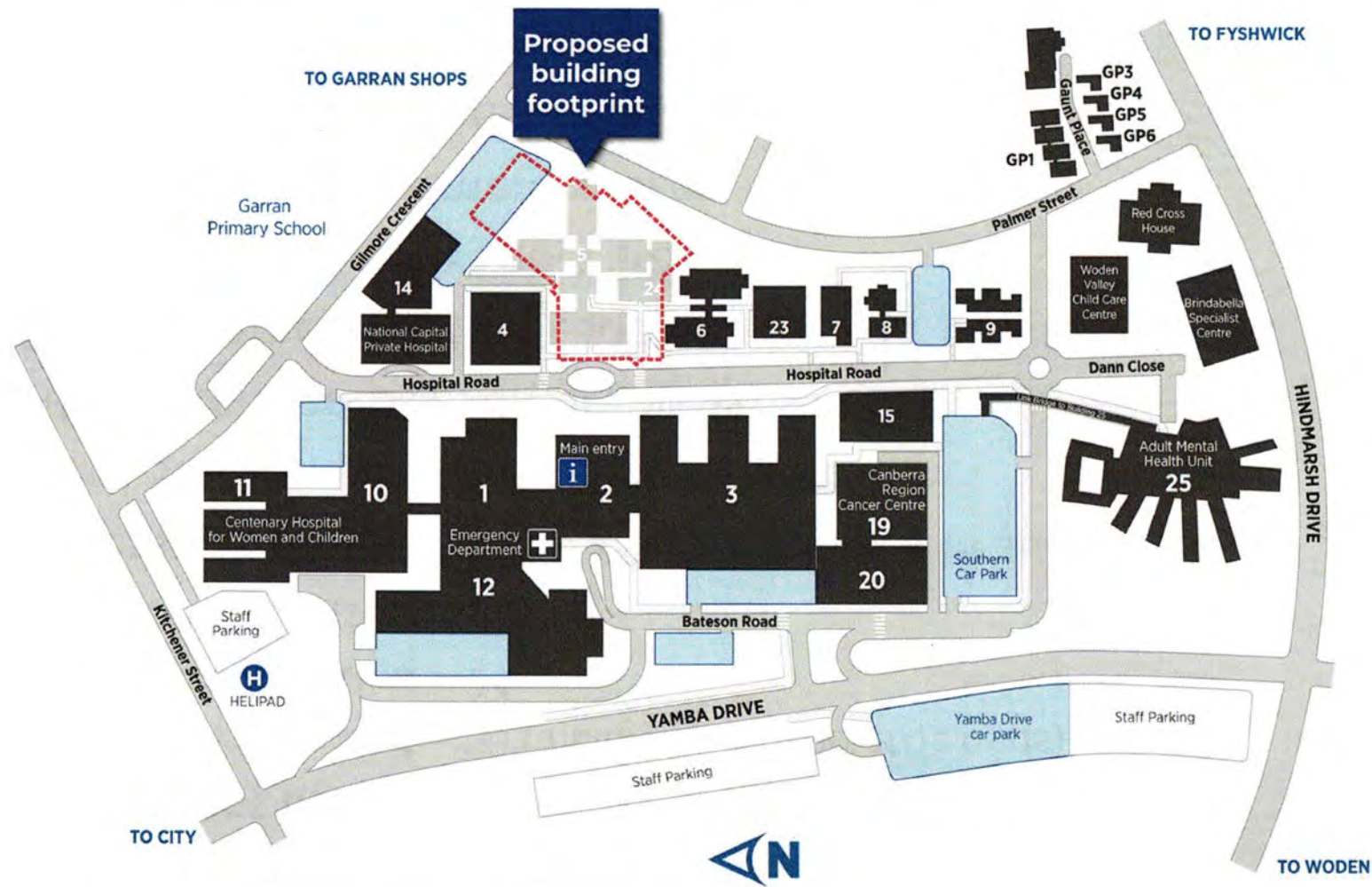
Where are and project development process



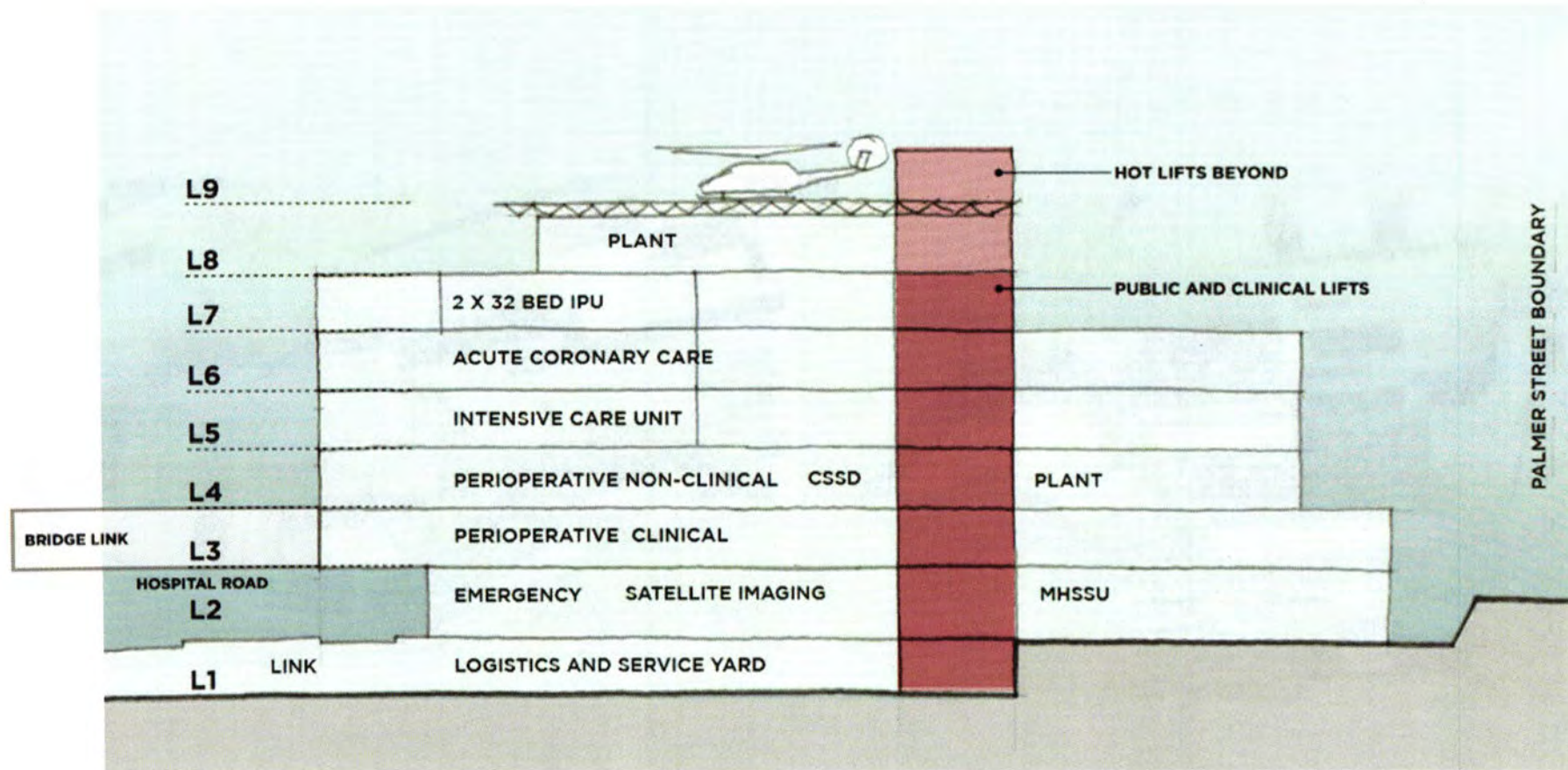
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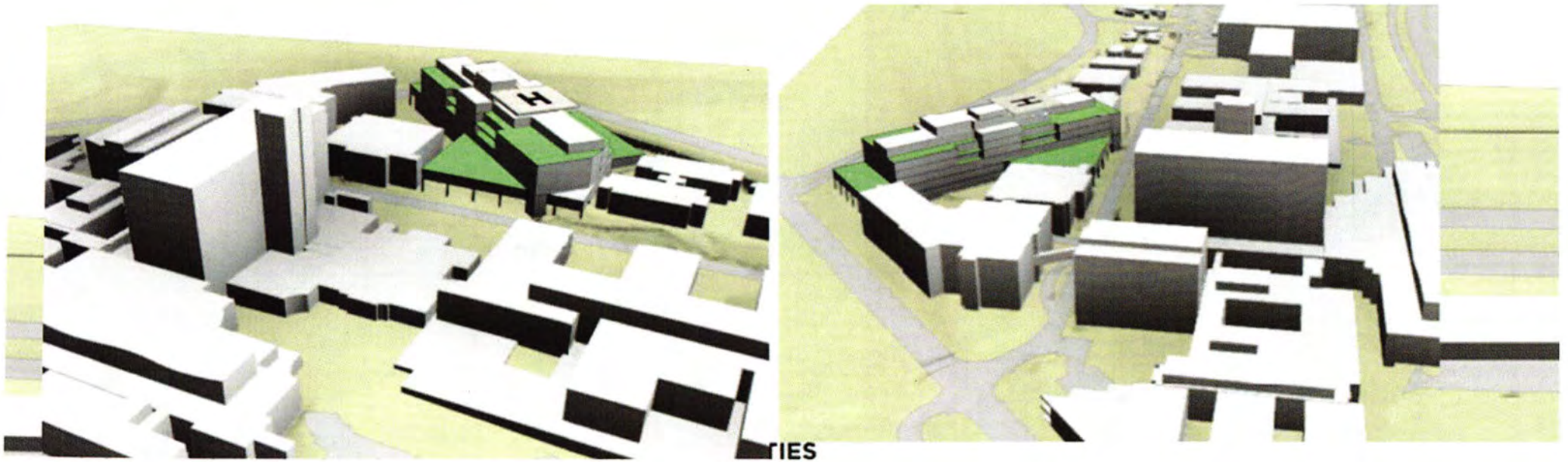
Site of the new emergency, surgical and critical care facility



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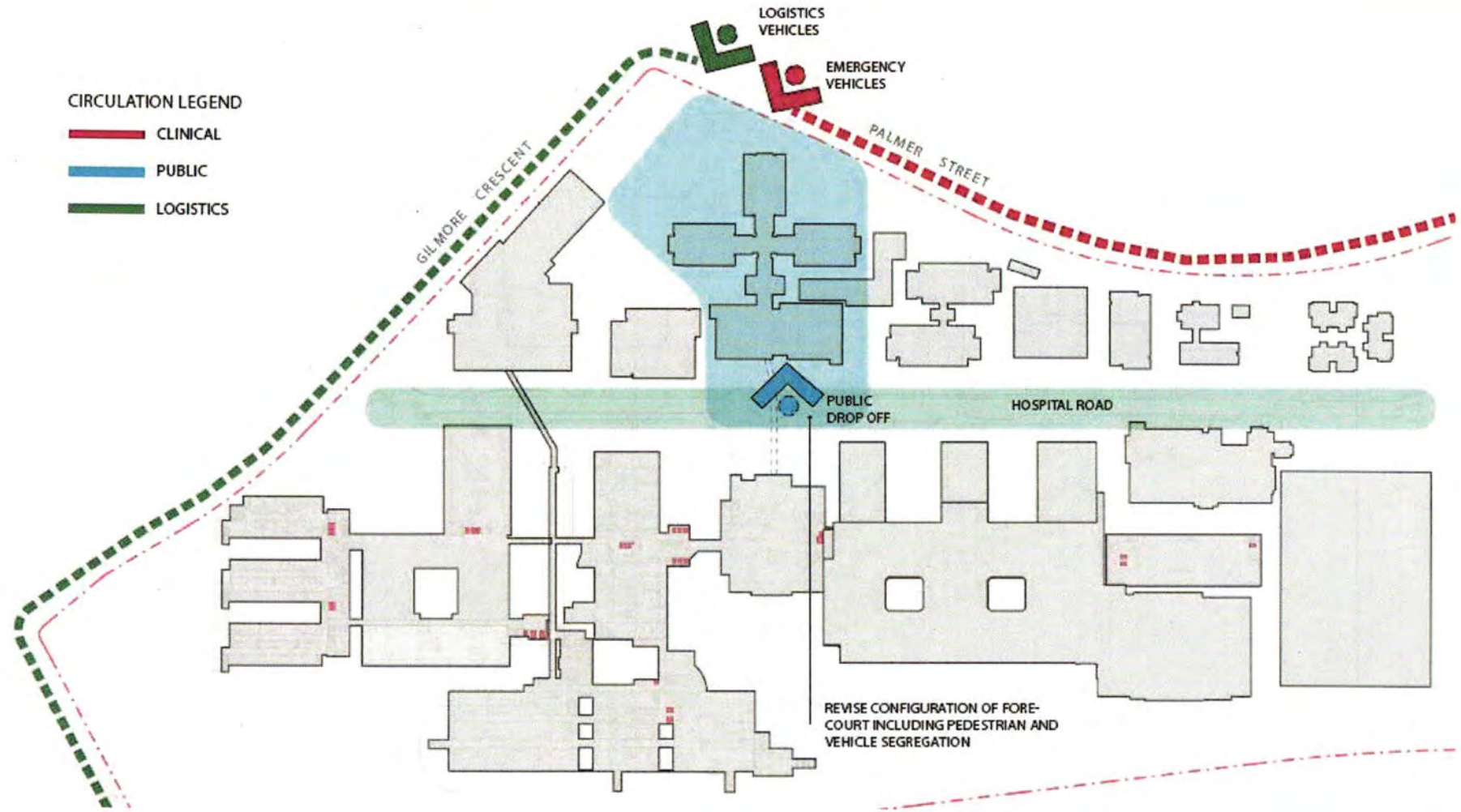
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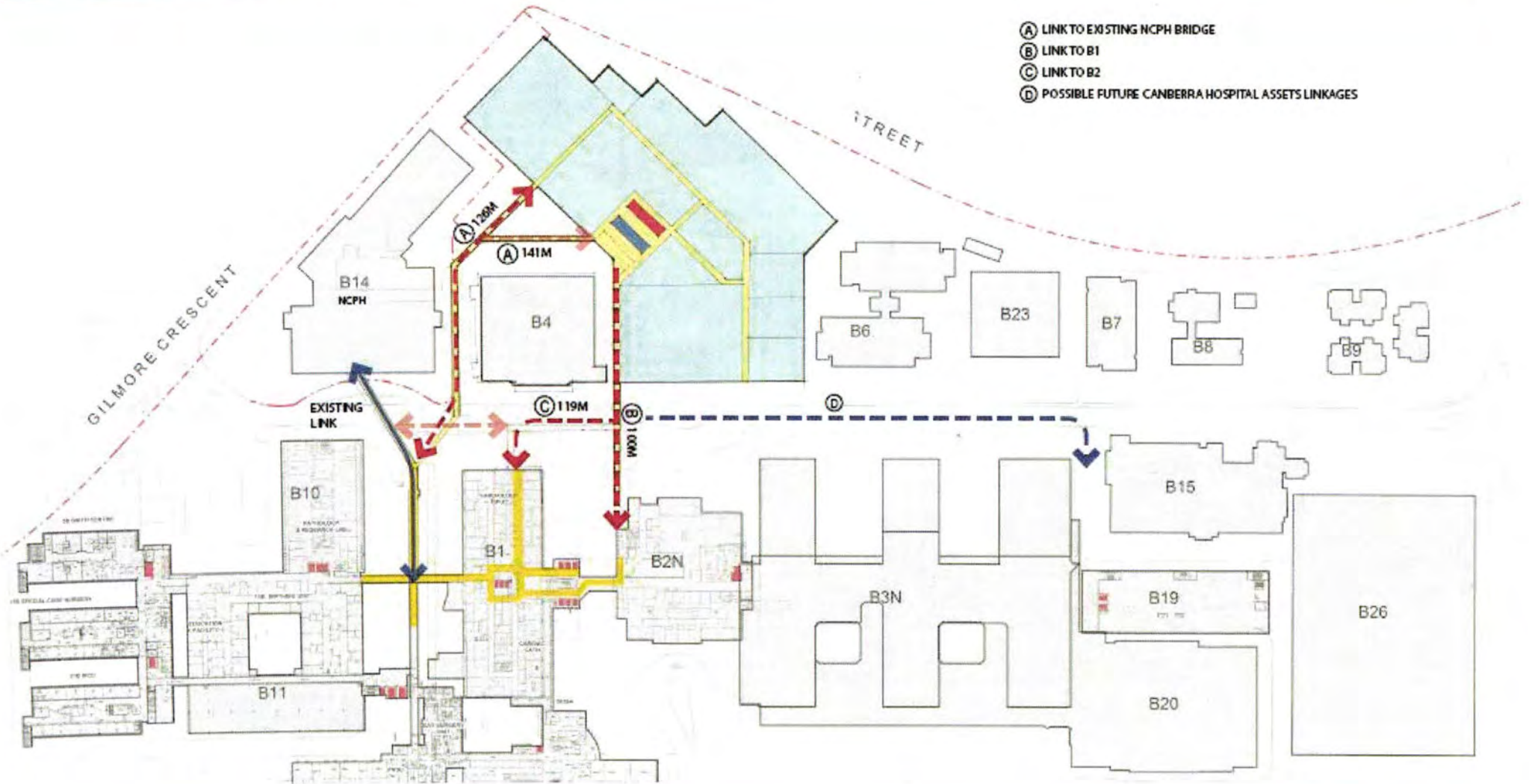
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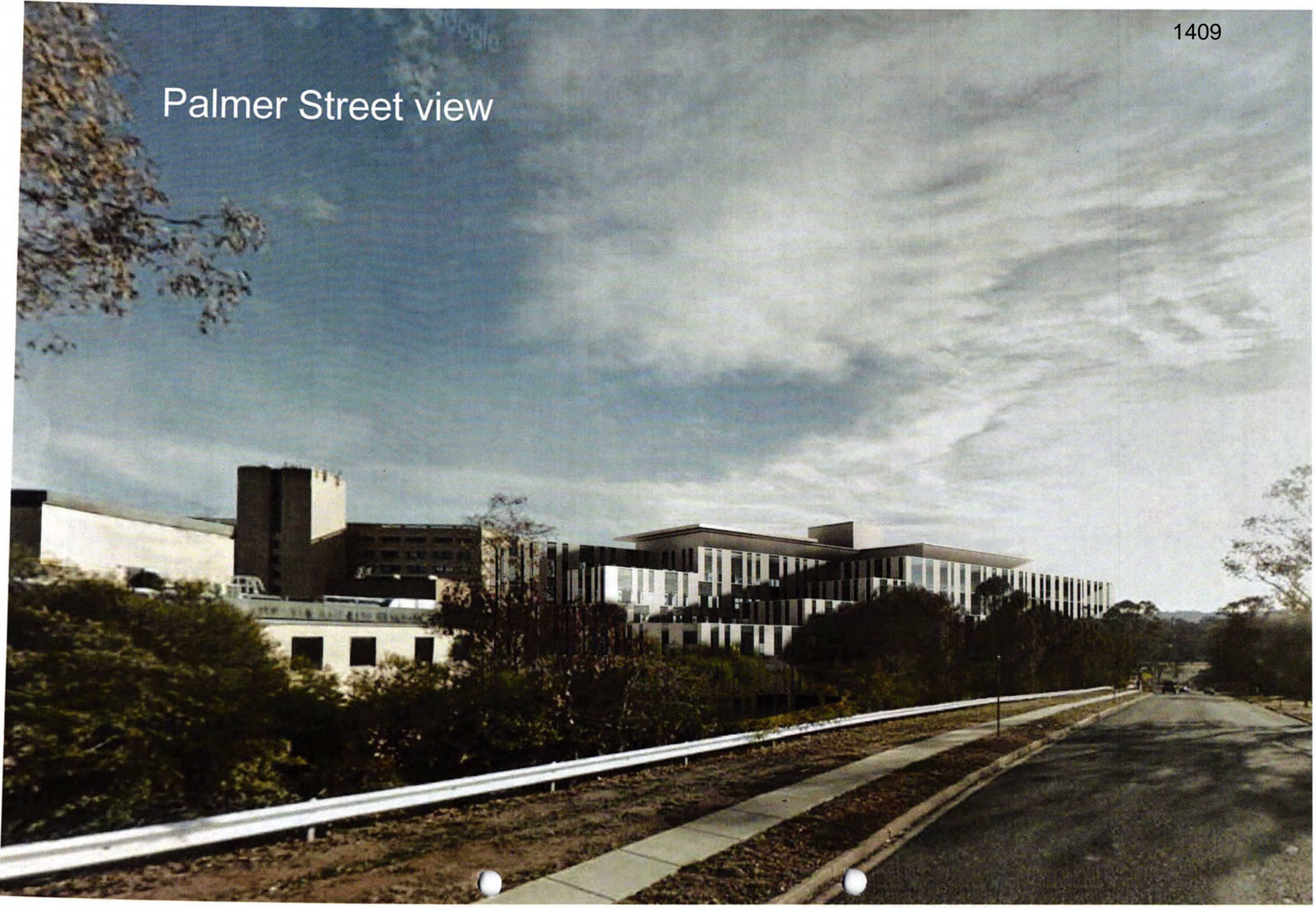
Aerial view



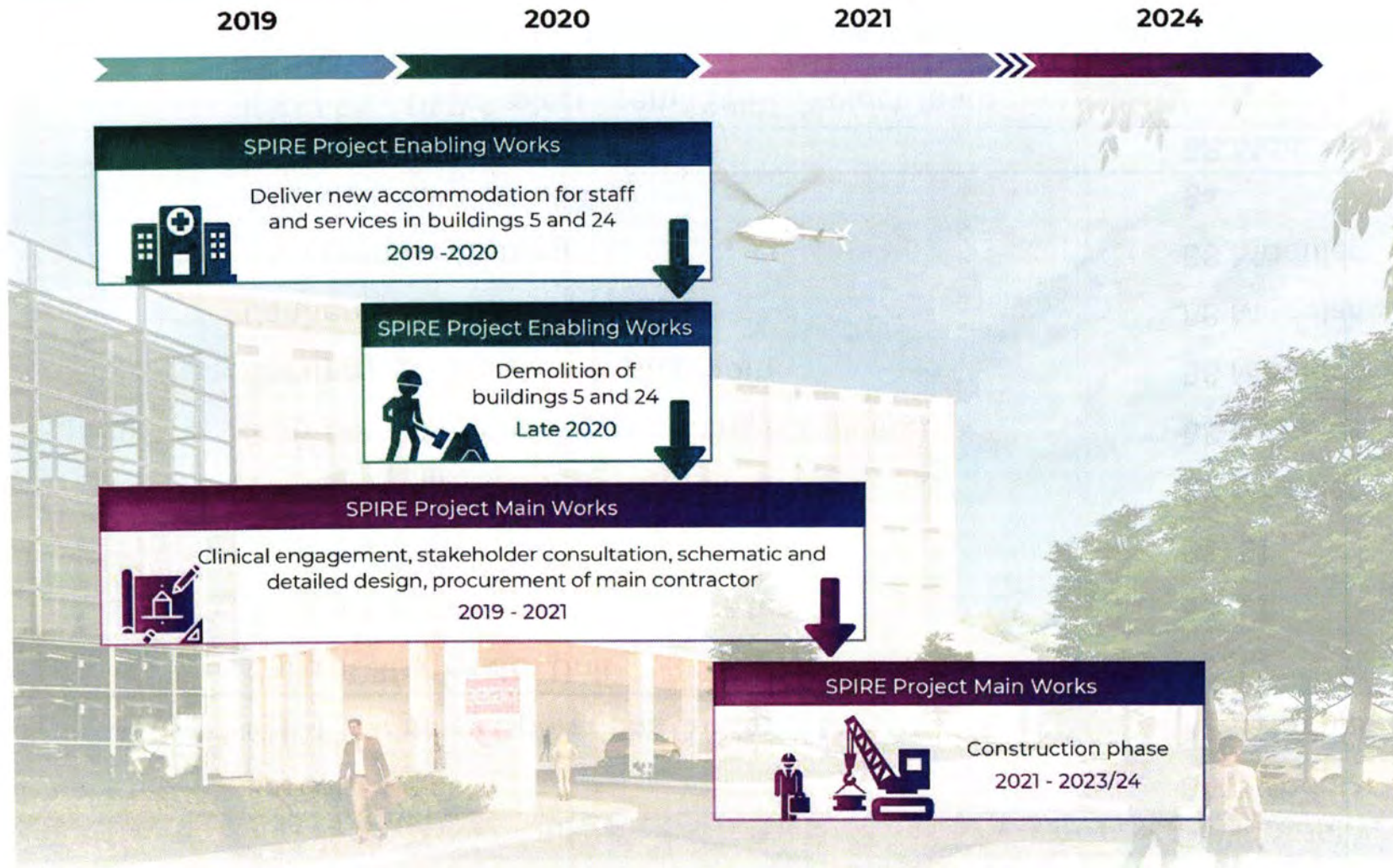


Hospital road view

Palmer Street view



Indicative timeline



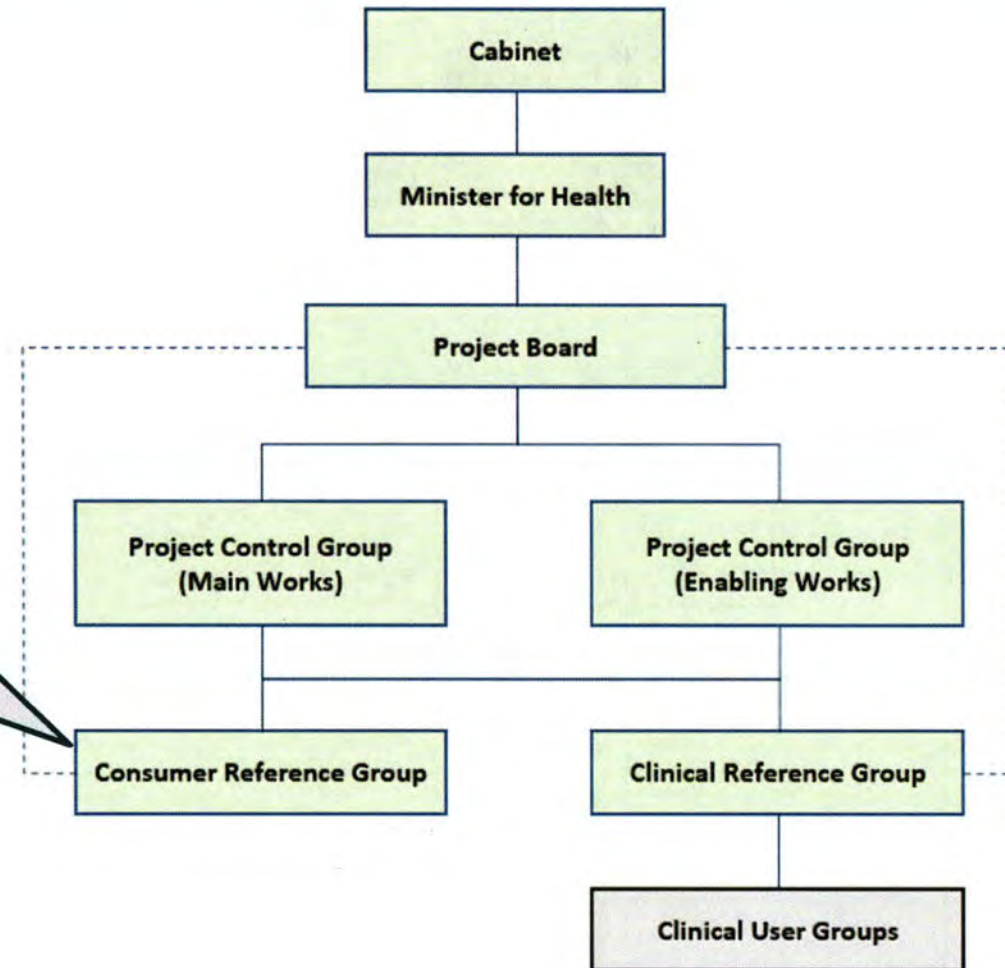
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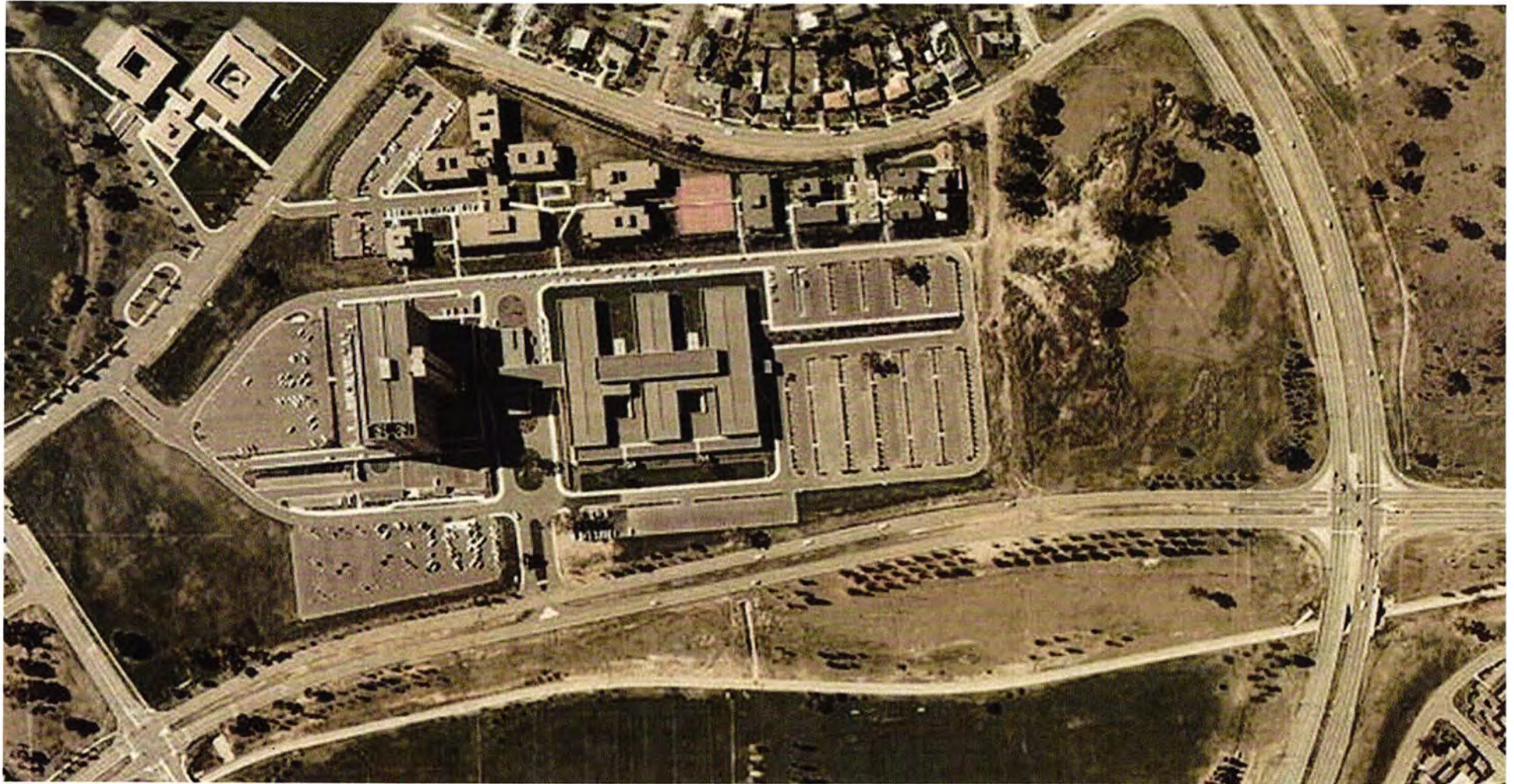
Colm Mooney, Executive Group Manager Infrastructure & Health Support Services Canberra Health Services



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Canberra Hospital - 2019



Canberra Health Services SPIRE Project Focus

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ACT
Government

**Canberra Health
Services**

Ms Lisa Kelly
Carers ACT
Lisa.Kelly@carersACT.org.au

Dear Ms Kelly

Building 5, Residential Accommodation Services

As you are aware, the ACT Government has committed more than \$500 million to construct the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) facility at the Canberra Hospital Campus. The SPIRE facility will increase the ACT's capacity to deliver acute, hospital-based health care in a modern, purpose-built facility. Following extensive planning and feasibility work, the decision has been made to construct SPIRE at the eastern end of the hospital campus.

This announcement has implications for the health facilities currently located on the new SPIRE building footprint, namely Building 5 which houses a number of services including the Canberra Sexual Health Centre, Child at Risk Health Unit (CARHU), Staff Development Unit, and Residential Accommodation Services. Whilst decisions have been progressed around the location of some of the services, we know that changes to the accommodation services will impact interstate users travelling to the ACT to receive care, and to care for unwell family members.

At this stage, we are advised that pending further SPIRE design work, it is anticipated that building 5 Residential Accommodation Services will close mid-2020 to facilitate the start of demolition.

I understand the level of interest and concern that this announcement has had on sections of the community, both here and in neighbouring regions. It is my intention that CHS spends time over coming months to determine the optimal solutions to how we can continue to provide support to patients and their families who are seeking affordable and accessible residential accommodation when they need it, close to the Canberra Hospital site.

I am writing to outline the process that we are about to undertake to develop community-led options for government to consider with regards to the alternative arrangements around Building 5 and the services that it currently provides.

CHS Infrastructure Health Support Services (IHSS) group are currently seeking to appoint an engagement consultant to assist in developing and delivering an engagement plan to work with key stakeholders to finalise a suite of options to ensure continuity of these services, before the end of this year. It is our intention to ensure that you have input into the development of this strategy, and that you are part of the engagement process as it is delivered. I have requested that a report be provided to CHS by the end of October.

Please do not hesitate to make contact with the Assistant Director, Stakeholder Engagement and Communications in IHSS, Angie Drake if you would like to discuss the next steps for this project. Otherwise, I am advised that she will be in touch to discuss arrangements going forward.

Yours sincerely

Bernadette McDonald
Chief Executive Officer
September 2019



SPIRE Project

Building for better healthcare

Public Forum

Garran Primary School, school hall
 Gilmore Crescent, Garran
 Thursday 26 September, 6:30pm

The ACT Government is undertaking one of the region's largest health infrastructure projects in the city's history - the SPIRE Project. This project is being managed by Major Projects Canberra in close cooperation with Canberra Health Services.

The Project will deliver a state-of-the art emergency, surgical and critical health care facility on the Canberra Hospital campus.

You are invited to attend a public information session hosted by the SPIRE Project team.

The briefing will provide you with an overview of the project and the enabling works that will precede the main construction phase, including:

- Project location, scope and intent
- Project timeline and schedule of works
- Opportunities to remain informed

The presentation will be followed by a Q&A session with our panel including representatives from both *Major Projects Canberra* and *Canberra Health Services*.

All welcome

Produced by Major Projects Canberra.
 For more information on the SPIRE Project visit act.gov.au/majorprojectscanberra



Staff briefing, CHWC Expansion and SPIRE Project**Thursday 3 October****12:00 – 1:30pm,****Canberra Hospital, level 2, Auditorium****Communications requirement**

Hospital staff are key stakeholders in the SPIRE and CHWC Expansion projects. The objective of this briefing session is to provide staff with information regarding building and service plans, governance structure, schedule of works and any potential impact on service delivery.

The briefing session will also provide an opportunity for questions and feedback in relation to planning, governance and opportunities to engage in the design process.

Information this audience is likely to require includes:

- Impact on car parking and accommodation
- What's in the new facility/ies
- Linkages to existing building and services
- Clinical engagement in design and planning
- Timelines, when are things happening?
- What does this mean for me/my area?

Audience

Canberra Hospital staff.

Presentation

The briefing will provide a broad project overview of both projects:

- Introduction to project partners MPC/CHS
- Project scope and location
- Timeline and schedule
- Enabling works
- Human Resources planning
- Opportunities to stay informed
- Q&A session with CHS and MPC panel

Running order

Time	Content	Speaker
12:00	Welcome, Acknowledgment of Country, Outline how this session will run CHWC Expansion presentation SPIRE Project presentation Panel Q&A	Colm Mooney
12:10	CHWC Expansion project overview	Colm Mooney Tina Bracher Karen Grace Dave Gilbert
12:30	Colm Mooney to introduce Lloyd Esau MPC/SPIRE Project overview	Lloyd Esau
1:00	Colm invites panel to front for Q&A for both projects	Colm Mooney Lloyd Esau Tina Bracher Karen Grace Dave Gilbert Liz Chatham Lisa Gilmore (until 1)
1:20	Close	Colm Mooney



Communication Link

FINAL

Canberra Hospital Residential Accommodation Services

Consultation Report

Version 1.0

31 October 2019

1. Background

The ACT Government is investing in the modernisation of Canberra Health Services over the coming years. A major part of this work is the construction of the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) centre. Building 5 and other older buildings on the footprint of the future SPIRE site on the Canberra Hospital campus will be demolished in mid-2020 to enable SPIRE building works to proceed.

Residential Accommodation Services (RAS) operates in Building 5 and provides short-term, affordable accommodation for outpatients, carers and families who use Canberra Health Services and live outside the ACT. RAS will continue to operate in its current form until mid-2020.

Canberra Health Services (CHS) engaged Communication Link to develop a consultation program to provide deeper engagement and participation from the various patient stakeholder and consumer groups impacted by the planned changes to the RAS. The intent of this consultation was to gather information from consumers/stakeholders to identify the needs of the RAS consumers and develop a suite of alternate options to enable the continuation of accommodation services beyond the closure of Building 5 in mid-2020.

2. Consultation approach

CHS and Communication Link, in consultation with Carers ACT and the Healthcare Consumers Association, developed a consultation approach with the objective of seeking stakeholder views on the following:

- the accommodation needs of outpatients, carers and families who use Canberra Health Services and live outside the ACT, and
- the alternative options which may support the accommodation needs of these people after Building 5 is closed for demolition.

For this project, a six-week promotion and consultation program was developed. This section details the promotion and consultation activities for this project.

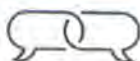
The consultation plan provided stakeholders with multiple avenues to contribute their feedback, and was developed taking into consideration the geographic range of CHS RAS users; potential mobility issues of some of the CHS RAS users; the limited timeline of the consultation period and data on geographic locations of recent users of the RAS.

2.1 Promotional tools

Promotion for the consultation was mainly targeted through direct invitation to identified stakeholder groups. These groups were asked to further distribute information through their networks. This was supported by supplementary media advertising, provision of information to government representatives and media coverage also assisted in generating interest and engagement.

Promotion was supported by production of a 'Registration of Interest' Flyer; consultation fact sheet; and frequently asked questions document.

The initial stakeholder list utilised for this consultation was provided to Communication Link by CHS and expanded on in consultation with Carers ACT and the Healthcare Consumers Association.



Based on this list, the stakeholder engagement activities were promoted through a range of channels to reach both consumer and healthcare worker audiences (Table 1).

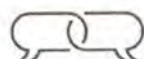
Table 1. Promotional channels - CHS RAS Stakeholder Engagement Activities

Promotional channel	Date	Included information
Invitation email to stakeholder list	23/09/2019	Feedback Workshop event details (date/time/venue) CHS RAS Fact Sheet CHS RAS Frequently Asked Questions Online survey link
Invitation email forwarded to local networks by specific stakeholders, further to follow up by Communication Link and CHS	24/09/2019 – 1/10/2019	Stakeholders who distributed emails included: HCCA and Carers ACT: to regional carer networks Southern NSW Local Health District (Renata Sheehan): to Southern NSW local hospital networks Tuross Head Progress Association (Cathy Milliken): To all members and local network
Notification to government representatives	27/09/2019	Communication Link phone call and invitation email sent to the offices of: Hon. Dr Mike Kelly, Federal MP, Eden-Monaro Hon. John Barilaro, NSW State Member for Monaro
Media activity (pre-engagement)	20/09/2019	ABC Canberra Local Radio; interview with Colm Mooney
	30/09/2019 & 1/10/2019	Goulburn Post community announcement: online and publication
	1/10/2019	ABC South East NSW Local Radio; interview with Colm Mooney
	1/10/2019	Bega District News article
	1/10/2019	Bay Post News article
Media activity (during & post-engagement)	2/10/2019	ABC South East NSW Local Radio; talk back session
	2/10/2019	Bega District News article
	4/10/2019	Goulburn Post news article

2.2 Consultation tools

The final agreed consultation tools for this project were:

- **Building 5 onsite consultation:** facilitated feedback was gathered using a combination of feedback forms and participants completing the online survey. This onsite consultation enabled feedback to be gathered from current users of the service.
- **Face-to-face feedback workshops:** CHS representatives Isabel Massey and Daniel Ingram presented an introduction to clarify details about the RAS usage, the SPIRE project and timelines on



SPIRE enabling and construction works. Workshops sought individual and group contributions, ensuring that all participants were able to give feedback and suggestions during the event.

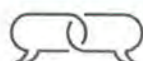
- **Online survey:** consisting of 24 questions seeking feedback on use of the service, referrals to the service, experience with other accommodation services and options for the future. Respondents were able to skip sections not relevant to them.

2.3 Consultation activities

Table 2 showing the dates, times and venues for each of the engagement activities.

Table 2. Table 1: CHS RAS Stakeholder Engagement Activities

Engagement Method	Date	Venue
Onsite drop-in session with current RAS users	25 September 2019; 8am – 12pm	RAS reception area, Building 5, Canberra Hospital
Feedback Workshops x 4	1 October 2019; 9am – 11pm	Goulburn Soldiers Club, 15 Market Street, Goulburn NSW
	1 October 2019; 5pm – 7pm	Bega Valley Commemorative Civic Centre, Zingel Place, Bega NSW
	2 October 2019; 9am – 11am	Coachhouse Marina Resort 45 Beach Road, Batemans Bay NSW
	3 October 2019; 2pm – 4pm	ACT Health Directorate 4 Bowes Street, Woden ACT
Online survey	23 September – 11 October 2019	Online: https://www.surveymonkey.com/r/RASfuture



3. Participation

Table 3 provides attendance/participation details of the stakeholder engagement activities. Each feedback workshop was also attended by CHS representatives: John Ludvigson, Daniel Ingram, Isabel Massey and Angie Drake.

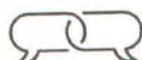
Table 3. Participation data - RAS Stakeholder Engagement Activities

Engagement Method	Date	Participation Numbers
Building 5 onsite consultation	25 September 2019; 8am – 12pm	48
Feedback Workshops x 4	Goulburn – 1 October 2019; 9am – 11pm	1 (+ 1 media representative)
	Bega - 1 October 2019; 5pm – 7pm	42 (+ 2 media representative)
	Batemans Bay - 2 October 2019; 9am – 11am	13 (+ 1 media representative)
	Canberra - 3 October 2019; 2pm – 4pm	8
Online survey	https://www.surveymonkey.com/r/RASfuture 23 September – 11 October 2019	1206 (including 6 handwritten surveys collected at workshops or sent by post/email)*

**Further detail of survey responders' locations and numbers is found in Appendix A*



Figure 1. Gathering feedback on user needs at the Bega workshop



4. Consultation outcomes - identification of user needs

This section provides the user needs identified across all consultation channels. Responses have been analysed and grouped to provide a wholistic understanding of the most frequently recurring feedback themes across all consultation activities.

Workshop participants were asked to identify the needs which they would have as a user of the RAS. This question was mirrored in the survey where respondents were asked to identify things that would have supported them better through their stay or things that would have better supported someone they knew using the RAS.

Figure 2 below shows a summary of these needs and their relative recurring frequency. A word cloud created from the full list of identified needs from all consultation sources is found in Appendix B.

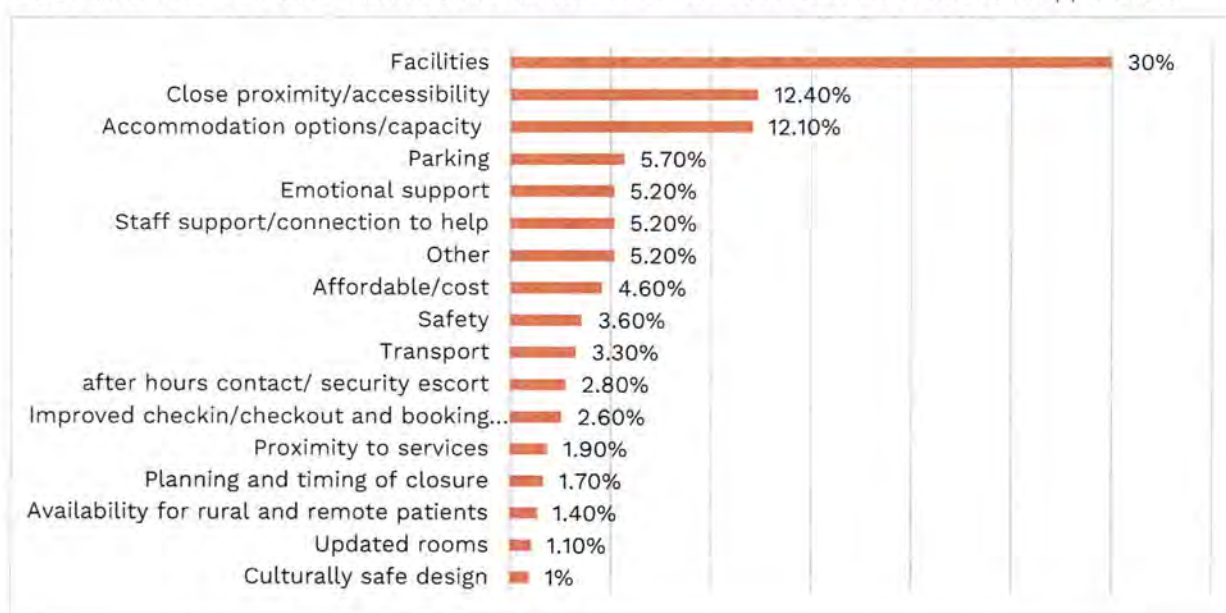


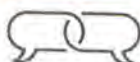
Figure 2. User needs aggregated from all consultation activities, ranked by frequency of occurrence

The themes which emerged reflect the underlying needs provided by participants in the workshop series. The following descriptions provides context and perspective on the identified RAS user needs that make up each theme. The following sections outline them in more detail.

4.1 Facilities

This theme made up a third of total feedback. It highlighted what is required within the accommodation: basic, clean, bed, bathroom, kitchen, room phone, laundry, self-contained units, quiet areas/privacy, family/long-term rooms, wifi, linen included, communal areas/TV/dining, pleasant design/surrounds, air-conditioning, services/support contact details.

A further breakdown of the facility needs identified is shown in Figure 3. Of this facility related feedback, nearly a quarter related to the need for better heating and cooling facilities. This was closely followed by the need for kitchen facilities or access to food.



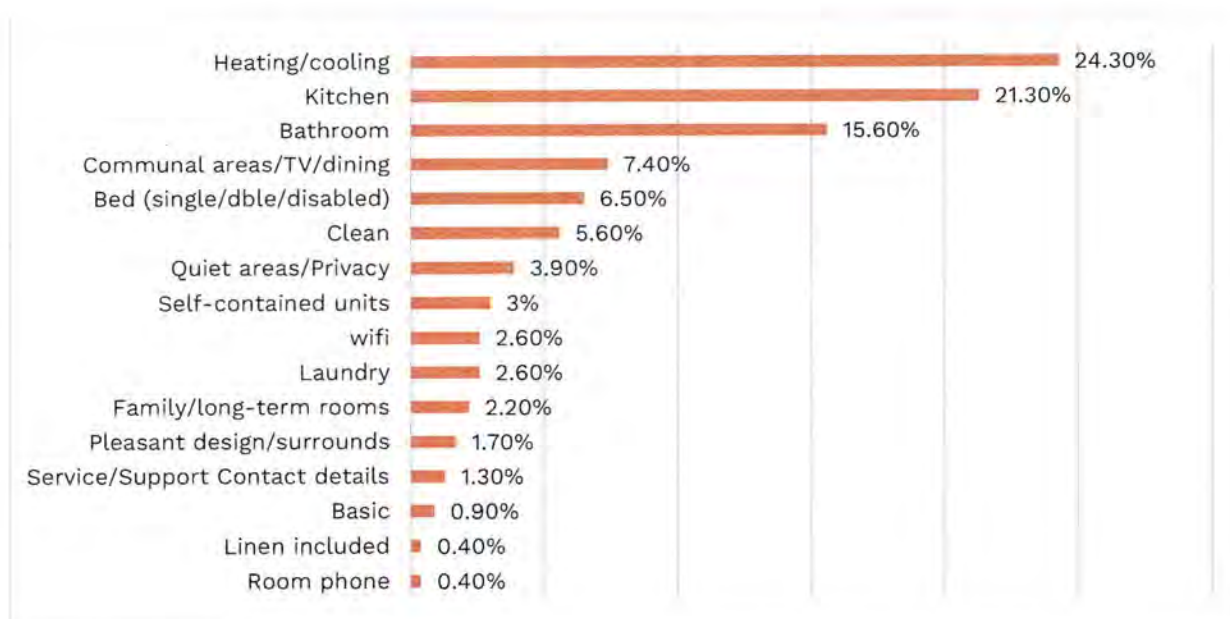


Figure 3. A further breakdown of facility-based needs identified during consultation

4.2 Close proximity/accessibility

The second most recurrent theme, this theme focused around feedback indicating that the accommodation options needed to be: on campus, walking distance to hospital, reliable, safe & immediate access to hospital (24/7), disability/aged access, provide access to public transport, and access to shops/foods.

4.3 Accommodation options/capacity

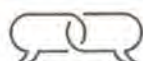
This theme highlighted that the needs of RAS users are varied and that they need to provide for Emergency, short/long-term, unknown length of stay flexibility, accommodation for rehabilitation, cancer and renal treatment and near to hospital. This theme also highlighted the need for family accommodation and noted that capacity will need to increase.

4.4 Parking

Parking was recurrent theme throughout all feedback. It covered the need for adequate, free parking at accommodation, with no time limit, in a secure environment, close to the hospital with 24/7 access.

4.5 Emotional support

This theme noted the role the RAS plays in the emotional support of users. This may be as place to escape; a place for carer/family support; relief that the RAS exists; social support spaces; improved patient response if family support around; or someone to talk to within the RAS.



4.6 Staff support/connection to help

This theme related to the logistical/physical support given to RAS users during their stay. Whether this is staff guidance re: stay planning & available services ('When in Canberra ...'), welfare checking, practical support for activities of daily living, or medical support available at accommodation if needed. This theme was often closely linked to the Emotional support theme.

4.7 Other

Much of the feedback recorded against this theme did not identify RAS user needs but highlighted that the respondent felt the current RAS should stay as it and not close.

4.8 Affordable cost

Affordable accommodation, especially for long-term stays was a recurrent theme. Aged pensioner considerations, affordable parking/transport, costs fully covered by IPTAAS, access to Medicare funded services were all featured in feedback received. It was also noted that 'Affordable' wasn't defined, and would depend on an individual's circumstances.

4.9 Safety

This theme highlighted the needs of users to have safe access to accommodation and to/from the hospital. This theme also covered the security of possessions in the RAS and access to safe parking and adequate lighting.

4.10 Transport

Feedback indicated that RAS users required transport options that were convenient, easy to access, available public transport (bus) close to accommodation (if off-site) and a shuttle bus/car to and from and with the hospital.

4.11 After hours contact / security escort

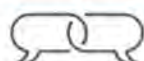
This theme was closely linked to Safety and Staff support/connection to help. It identified a specific need for an after hours contact or access to a security escort to assist RAS users to navigate the campus outside of usual business hours.

4.12 Improved check-in/check-out and booking procedures

This feedback is also related to Staff support/connection to help and it explicitly called out the need for improvements to the availability of booking processes and made reference to the need for more flexibility in check-in and check-out times.

4.13 Proximity to services

This theme highlighted the importance of being in close proximity to services including food, shopping; close proximity to hospital/treatment; out of hours/emergency access; it also overlapped



with the Staff support/connection to help by highlighting the needs of visitors to access information including 'what's nearby' guides to local services.

4.14 Planning and timing of closure

Although not specifically highlighting user needs, this feedback queried why the RAS and alternate option were not already included in forward planning for the SPIRE development. This theme was usually accompanied by negative sentiments around why the community was only hearing about it now.

4.15 Availability for rural and remote patients

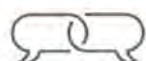
This theme did not highlight specific needs but rather focused on the RAS being a need in itself particularly for those in rural and remote communities.

4.16 Updated rooms

Feedback related to this theme did not specifically highlight user needs but expressed that the current facilities needed to be updated.

4.17 Culturally safe design

While this overlaps with Privacy (listed within Facilities) this theme, raised by the Canberra workshop participants, highlights the needs of various cultures concerning specific daily living practices, privacy and feeling safe whilst living within their cultural norms.



5. Consultation outcomes - identification of alternatives

Consultation participants were asked to identify options which could be considered as interim (a short-term, readily or easily established alternative), long-term (an alternative that would require more time to build, repurpose, establish or buy), or an option that may suit in the interim and into the long-term.

Feedback was not always easily divisible into these categories. Figure 4 shows the overarching groupings of the options identified. This has not been divided into short-term, long-term or other. More detail is provided below about what makes up each grouping.

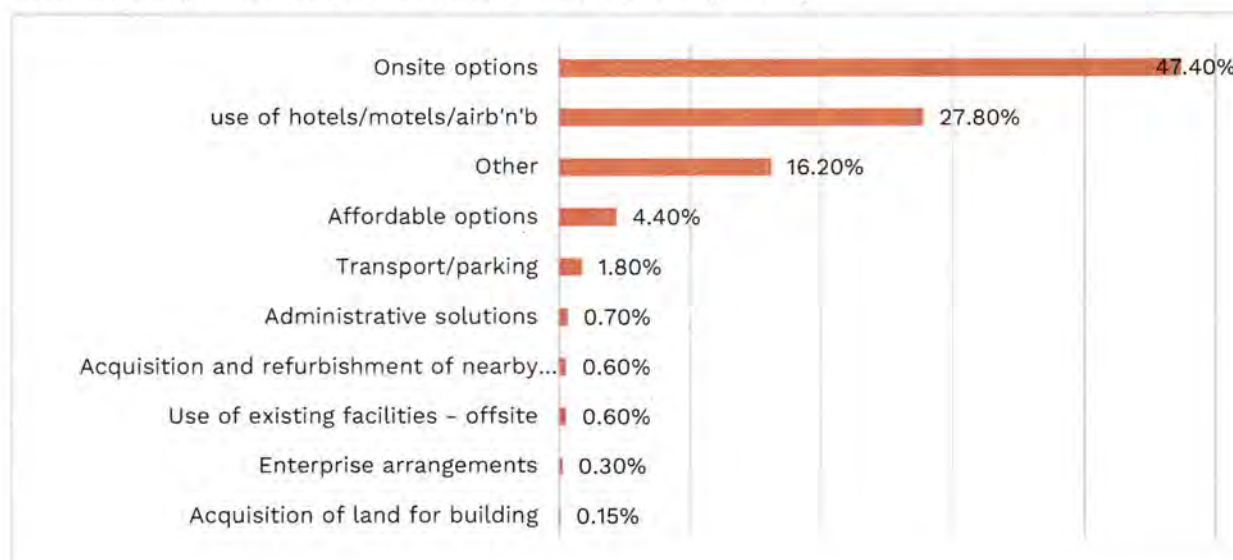


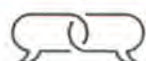
Figure 4. Alternative options identified for RAS across all feedback channels

5.1 Onsite options

This grouping consisted of all solutions that were related to the creation of alternative onsite accommodation. This included: repurpose another on-campus building; utilise demountable/storage container/modular units for on-campus accommodation; utilise Ronald McDonald House; repurpose the building that will become empty on the completion of SPIRE; include accommodation facility within the SPIRE building; build 'on top of' an existing campus building. In particular, it was thought that repurposing an existing on-campus building (Building 12 was mentioned) for the RAS was something that could potentially be established prior to the closure of Building 5 in mid-2020. It was also noted that the alternate RAS should have increased capacity in anticipation of the expected future population growth.

5.2 Use of hotels/motels/airb'n'b

The use of Air BnB, discount accommodation and subsidised motel rooms could be considered as alternatives to the current RAS, although these suggestions were made with a caveat that the accommodation would need to be close to the hospital and/or have subsidised transport/shuttle bus to and from the hospital.



5.3 Other

This grouping was mainly concerned with suggestions for improvement on the current RAS facilities within an alternative RAS. Within this grouping, some responses indicated that without an accommodation service they would try to avoid coming to Canberra, whilst others expressed support for the service remaining or dissatisfaction that the service in its current form is closing.

5.4 Affordable options

A recurring theme through all feedback channels and all questions was the requirement for the service to remain affordable. This feedback was often coupled with a reflection that it should continue to align with the IPTAAS accommodation rate. As noted previously, 'affordable' was not defined and would depend on an individual's circumstance.

5.5 Transport/parking

This grouping covered suggestions for transport options if the replacement RAS was off-site, such as subsidised taxi/bus costs or a shuttle bus/driver service between the accommodation and campus. Access to free, unlimited on-campus parking was also highlighted as important – this was the case for both an off- or on-site alternative option.

5.6 Administrative solutions

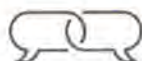
This grouping was based on discussion concerning the need for a central point of contact within the health service for all RAS users and for emergency situations where carers/family members of a newly admitted patient are away from home and unaware of services. It was noted that sometimes people have not been made aware of the current RAS by hospital staff, and this central contact would address that issue and 'take the worry out of finding accommodation'. If RAS alternatives became a suite of accommodation options, having a 24/7 coordinator to assist with arrangements for this would be essential. An additional suggestion was to have this resource also coordinate the running of a RAS-like facility e.g. coordinate linen, cleaning, security, transport/parking.

5.7 Acquisition and refurbishment of nearby residential buildings

This was the most preferred off campus option when considered across the consultation process. Participants noted this could then be a 'hospital-owned asset' that would enable easier management of support services such as a shuttle bus to the hospital and onsite parking at the building (rather than the hospital). Acquiring a motel or apartment block would have a ready-made structure of individual rooms/apartments which would serve the purpose of the accommodation services. Cost and time to acquire and repurpose such an asset was acknowledged as a negative towards this option hence it was considered a long-term solution. Additional suggestions in this grouping included utilising Duffy House and renting houses close to the hospital.

5.8 Use of existing facilities – offsite

Both the CIT Woden building and Callum Street offices are close to the hospital and government owned – saving on acquisition costs. Converse considerations of this suggestion were the cost



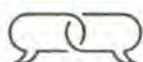
involved in refurbishment of these buildings, the need for a shuttle service to/from the hospital and security issues. Other options for offsite existing facilities suggestions included: billeting at private residence – room in a house; utilise university residences during holiday periods; utilise charity accommodation and existing aged care facilities.

5.9 Enterprise arrangements

This grouping included: business partnership to subsidise motel cost; arrangements with other Woden developments; refurbish something in the CIT building and Callum St offices. These options would save on acquisition costs and, in some cases, utilises either government-owned or existing properties which may expedite a transition to accommodation services.

5.10 Acquisition of land for building

Utilising available land within the vicinity of the hospital was also flagged as potentially viable. In acquiring this land, the ACT Government would have the ability to build an alternate accommodation service for the hospital and have oversight of such a facility.



6. Outcomes by engagement type

6.1 Building 5 onsite consultation

Onsite consultation conducted at Building 5 generated great interest from all residents who passed through the reception area in which it was situated. More than 40 people completed the online survey which was set-up for their usage during the session. Additional comments were documented from 14 people; this data is included in the breakdown of survey responses and has been factored into overall feedback.

6.2 Feedback workshops

In keeping with the overarching consultation objectives, data collected from the four feedback workshops focused on two main areas; 1) user needs; and 2) potential interim and long-term options for the service.

Workshops sought individual and group contributions for both areas, ensuring that all participants had opportunity to provide feedback and suggestions during the activities. Workshop participants were asked to think of everything they or a loved one had required during previous use of the RAS; or if no prior use of the facility, to think what might be needed during a stay at the RAS.

Further analysis was conducted to identify common themes across the four workshop groups. Appendix C provides a list of the themes across all four workshops, prior to merging of common themes.

Themes and their associated needs were listed together and merged in the instances where common themes had been given slightly different names in the various workshops and subsequent initial analysis. Figure 5 displays the overarching needs themes which emerged when viewed from the perspective of the combined RAS workshop series.

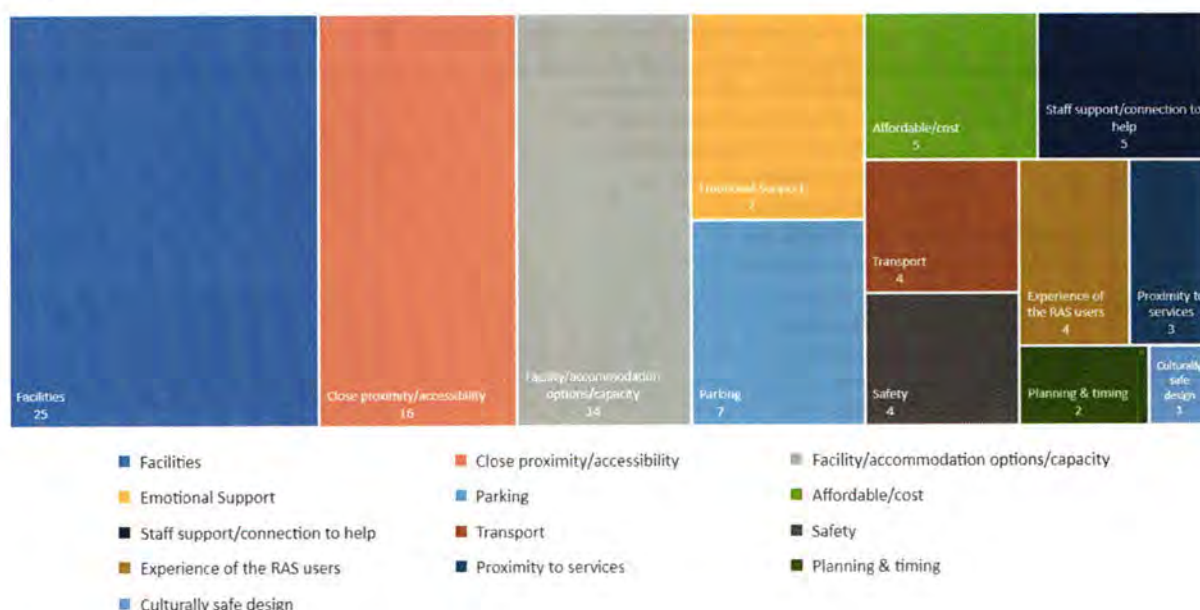
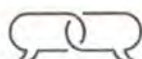


Figure 5. 'User needs' overarching themes identified during workshops (% of responses)



6.2.1 Breakdown of workshop identified 'facilities' needs

Figure 6 identifies the facility needs identified during the workshop activities. This closely aligns to the user needs identified across all consultation activities.

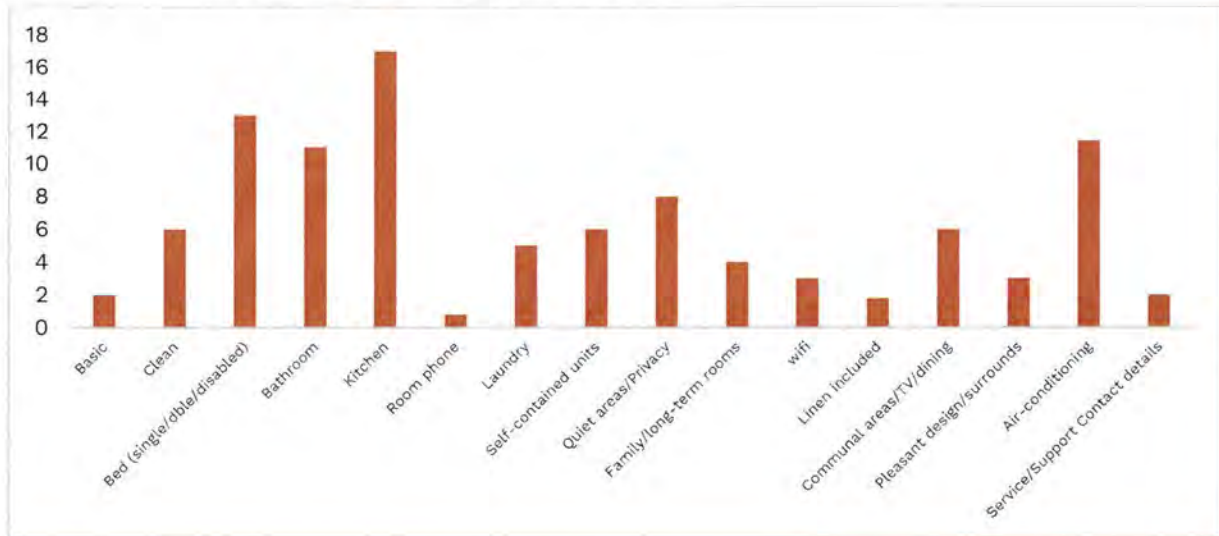


Figure 6. Facility needs identified during workshops

6.2.2 Feedback 'user needs' by workshop

Analysis of these needs was conducted per workshop, with additional themes introduced where specificity was lacking in the original categorisations. Figures 7 -10 depicts these themes as a percentage of total responses for each of the four workshop groups.

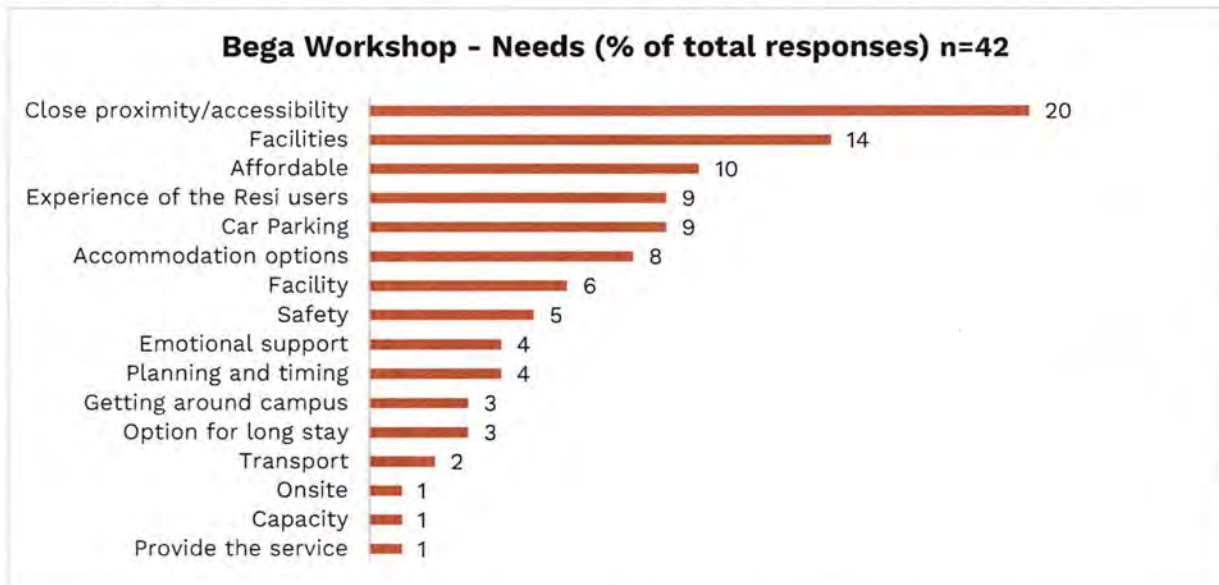


Figure 7. RAS User Needs from Bega Workshop categorised into themes - % of total responses



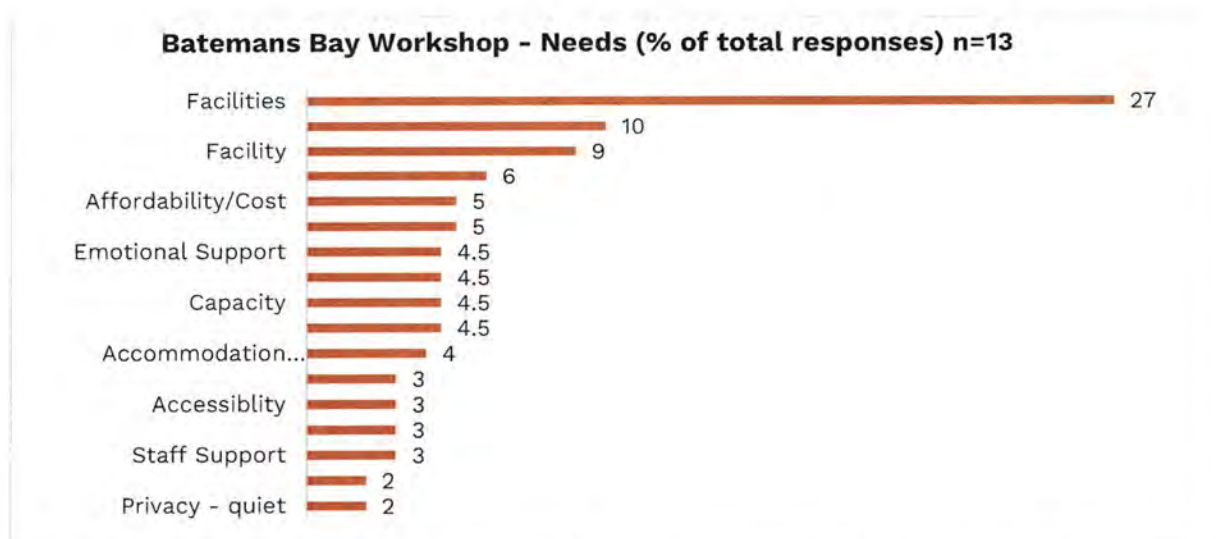


Figure 8. RAS User Needs from Bateman's Bay Workshop categorised into themes - % of total responses

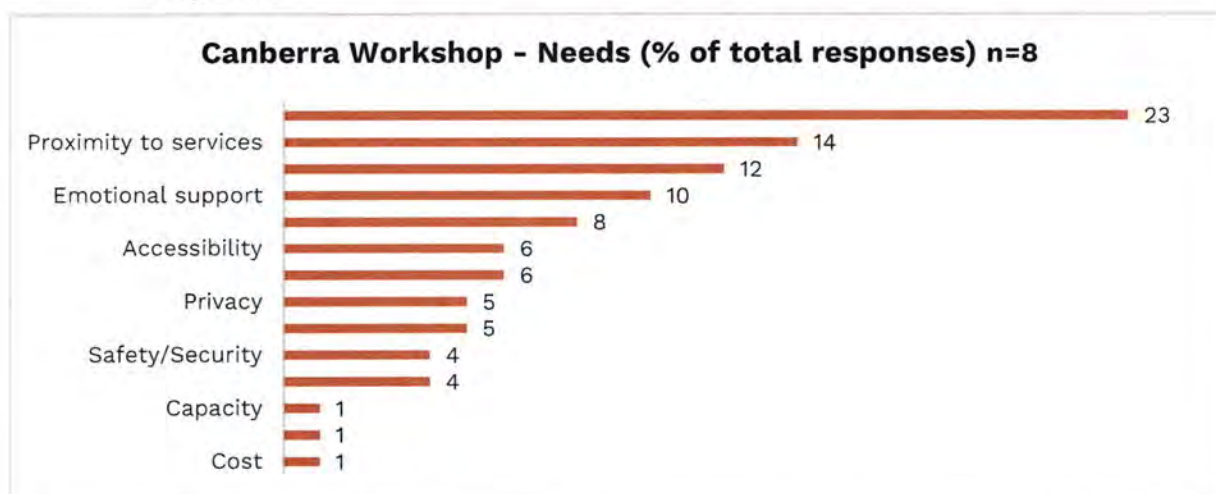


Figure 9. RAS User Needs from Canberra Workshop categorised into themes - % of total response

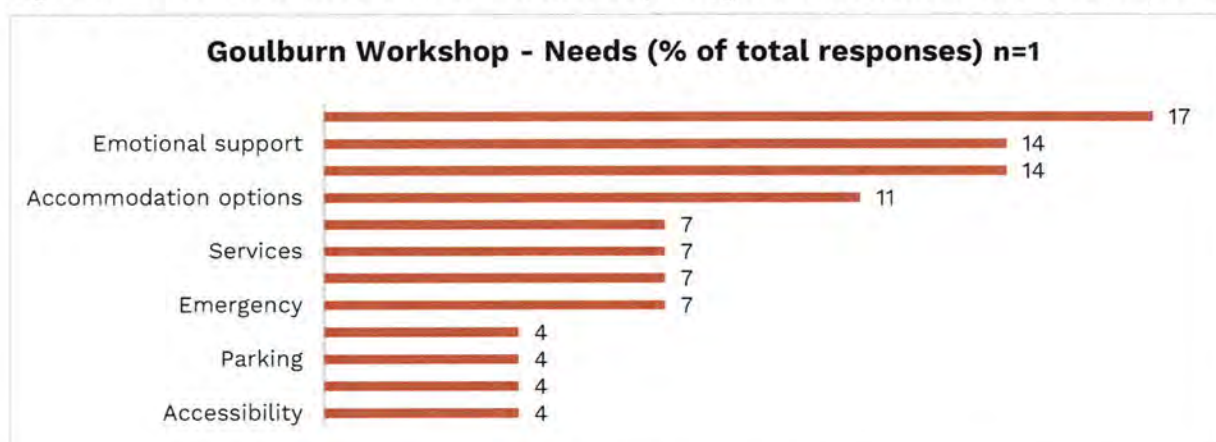
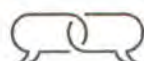


Figure 10. RAS User Needs from Goulburn Workshop categorised into themes - % of total responses

6.2.3 Alternative options identified in workshops

The second activity session of each workshop sought participants' views on potential alternative options to the RAS further to the closure of Building 5 for demolition in mid-2020. The options could



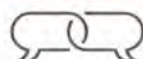
be considered as interim (a short-term, readily or easily established alternative), long-term (an alternative that would require more time to build, repurpose, establish or buy), or an option that may suit in the interim and into the long-term.

During the workshop each participant was provided with two coloured dot stickers and tasked with assigning one dot to their two preferred options (interim, long-term or both), with one dot representing one vote. This enabled a 'preferred score' to be assigned to each option proposed within the workshops. *(The exception to this was the Goulburn workshop which had one workshop attendee. This participant proposed several options, with some discussion to these, but did not provide preferred options.)*

Table 4 lists the most preferred options (in descending order) as chosen by combined workshop participants. These and other options, as categorised in overarching groupings identified from the overall consultation, have been discussed in more detail in section 4.2. Other options proposed in the workshops, but which did not receive a 'preferred score', are included in a complete list of proposed options in Appendix D.

Table 4. Workshop outcomes: options for residential accommodation services

Key	Interim	Long-Term	Both	Combined Preferred Score
B9 CBR9 BB12		Build something onsite with increased capacity (34) New building on campus (5) Replacement facility on campus (4)		43
B7 CBR2 BB9 G5	Repurpose building SPIRE will empty (14) Refurbish existing part of hospital (3)	Repurpose Building 12 (2)	Utilise other buildings on site (1)	20
B11 BB6 CBR1	Hospital administration solutions (2) Triage system to identify accommodation options (1)	ACT Health permanent accommodation officer (7)		10
BB13		Include in SPIRE		4
B10 BB8 BB14		Buy a block of units and provide transport (like RPA) (2) Acquire unit block nearby (1) Acquire motel (1)		4
BB3	Demountable/storage container/modular (2) Repurposed/demountables on closest block available (1)			3



CBR3 Refurbish something in CIT building and Callum St offices (2)

2

B – Bega Workshop (n=42); BB – Batemans Bay Workshop (n=13); CBR – Canberra Workshop (n=8); G – Goulburn Workshop (n=1)

Preferred Score: calculated by the number of 'coloured dots' placed on an option worksheet; one dot = one vote/score.

6.3 Online Survey

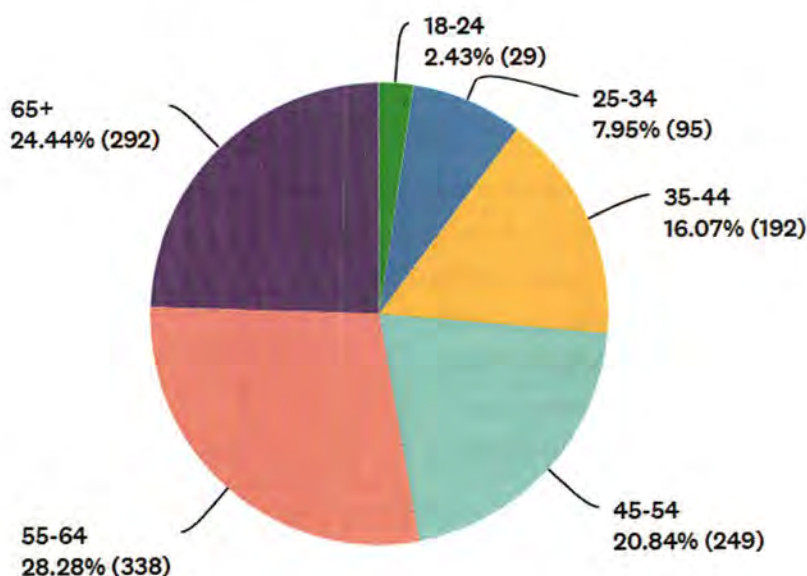
The online survey received 1206 responses. This section provides some of the high level outputs captured from this survey.

6.3.1 Demographic data (Questions 1, 2 and 3)

6.3.1.1 Gender

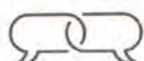
The gender of survey respondents was made up of 86.35% female; 13.23% male, and 0.42% other.

6.3.1.2 Age groups of respondents



6.3.1.3 Location

Survey responses were received from 160 different localities. A large portion of these areas were from the NSW South Coast, reflecting the use of the RAS by these areas. Figure 11 shows the top 10 locations from which survey responses were received. A full list of survey response locations and number of responses received is found in Appendix A.



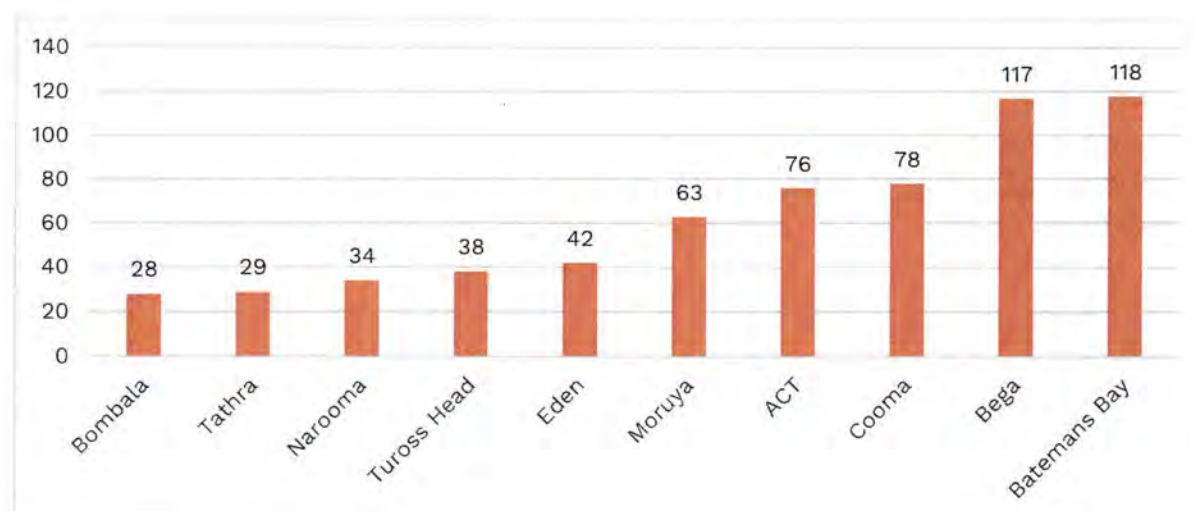


Figure 11. Top 10 survey respondent locations

6.3.2 Respondents

As detailed in Figure 12, the majority of survey respondents had used the service either to give support to a family member or as a carer to a patient. The survey also received responses from outpatients using the facility, potential future users or referrers to the service and from people who had referred people to the service previously.

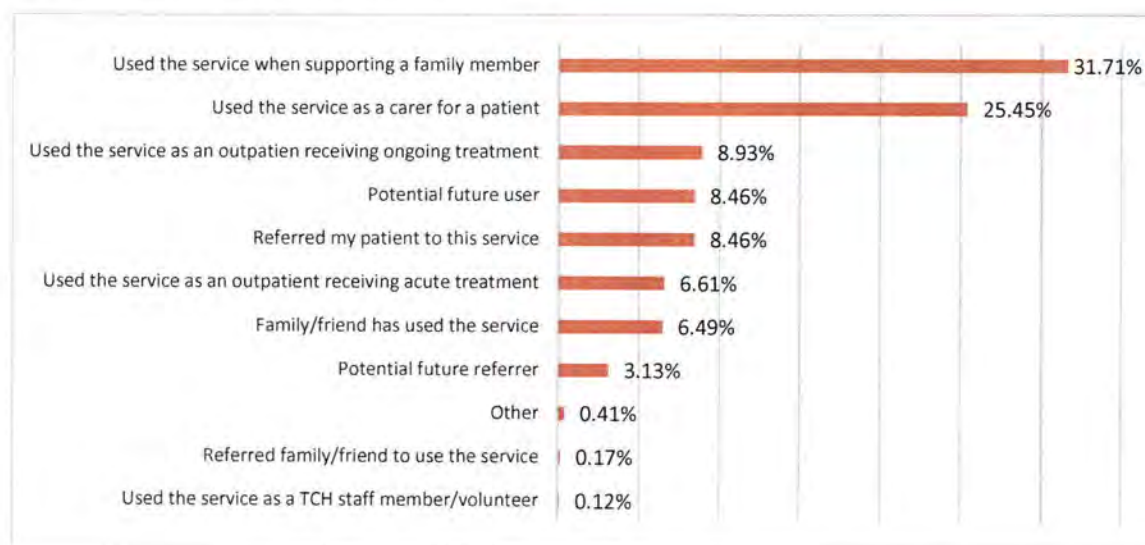


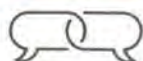
Figure 12. Relationship of survey respondents to the RAS

6.3.3 Satisfaction levels for current service

98% of survey respondents who had previously used the service indicated that the RAS met their needs. This highlights that although many potential improvements have been identified, the availability of the service itself is highly valued.

6.3.4 Suggested improvements (user needs)

Survey respondents were not explicitly asked to identify user needs but they were asked if they had suggestions for how they or their patients could have been better supported during their stay. Figure



13 provides an overview of the most recurrent feedback. This is largely aligned to the user needs identified overall.

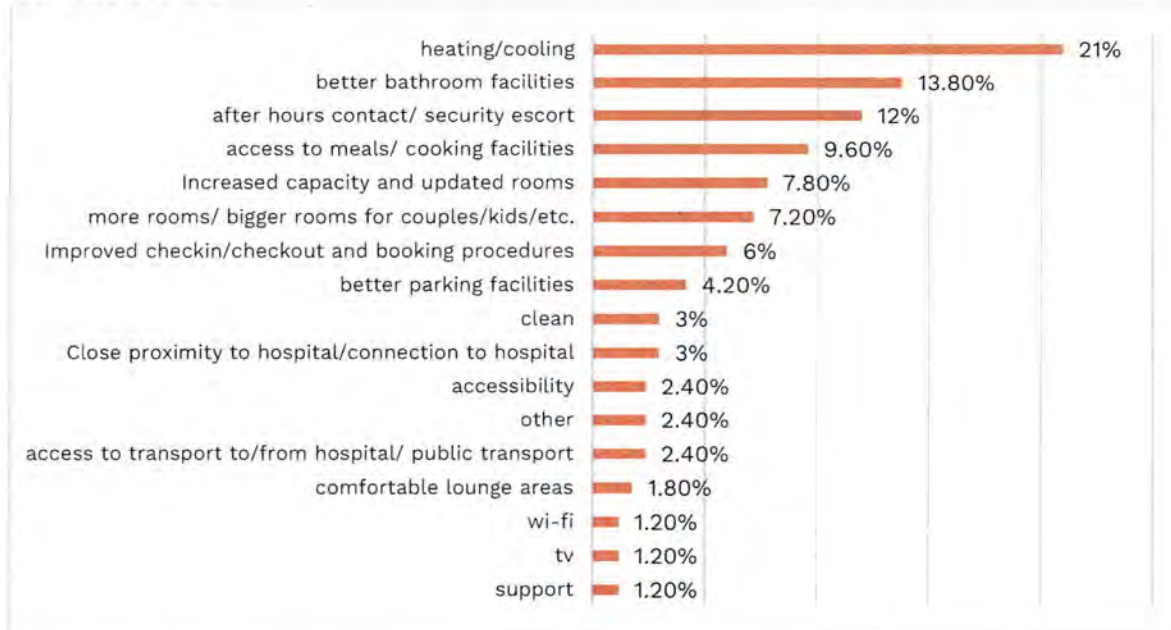


Figure 13. Suggested RAS improvements identified through the survey

6.3.5 Alternatives to the RAS

Survey respondents were asked to identify what they would have done if the RAS had not been available. As depicted in Figure 14, hotel accommodation was the most commonly identified response. This was often coupled with a suggestion that this option would have resulted in financial hardship. Many respondents were simply unsure what they would have done.

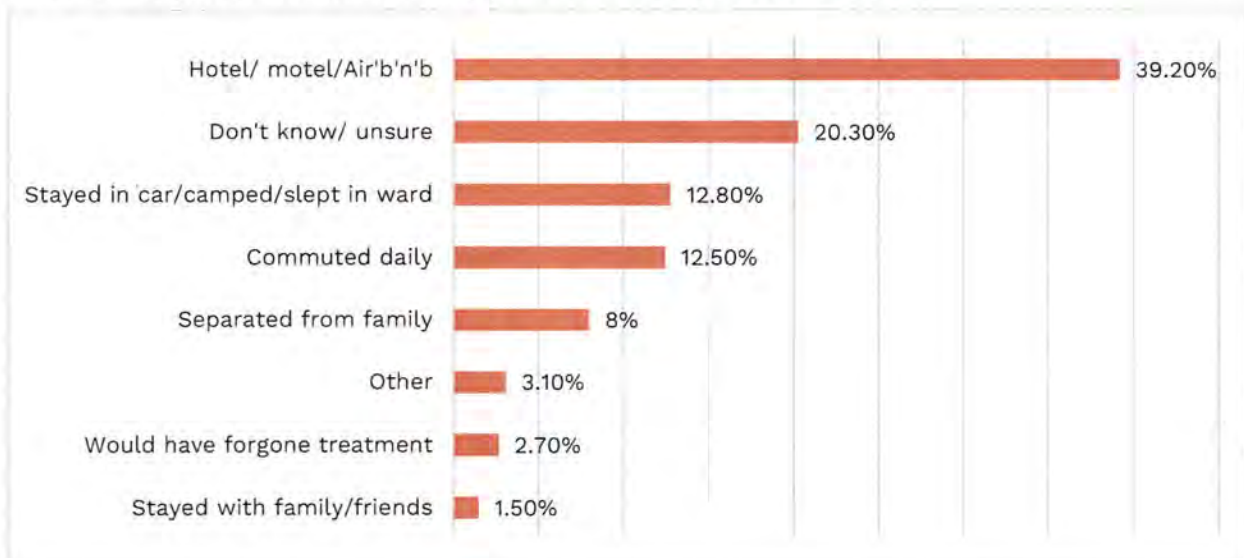
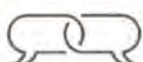


Figure 14. Responses to the question 'what would you have done if the RAS was unavailable?'

6.3.6 Identifying alternative options

Survey respondents were asked to identify what they saw as potential options to replace the current RAS in the short-term and the long-term. High level themes resulting from this feedback are found in Figures 15 and 16.



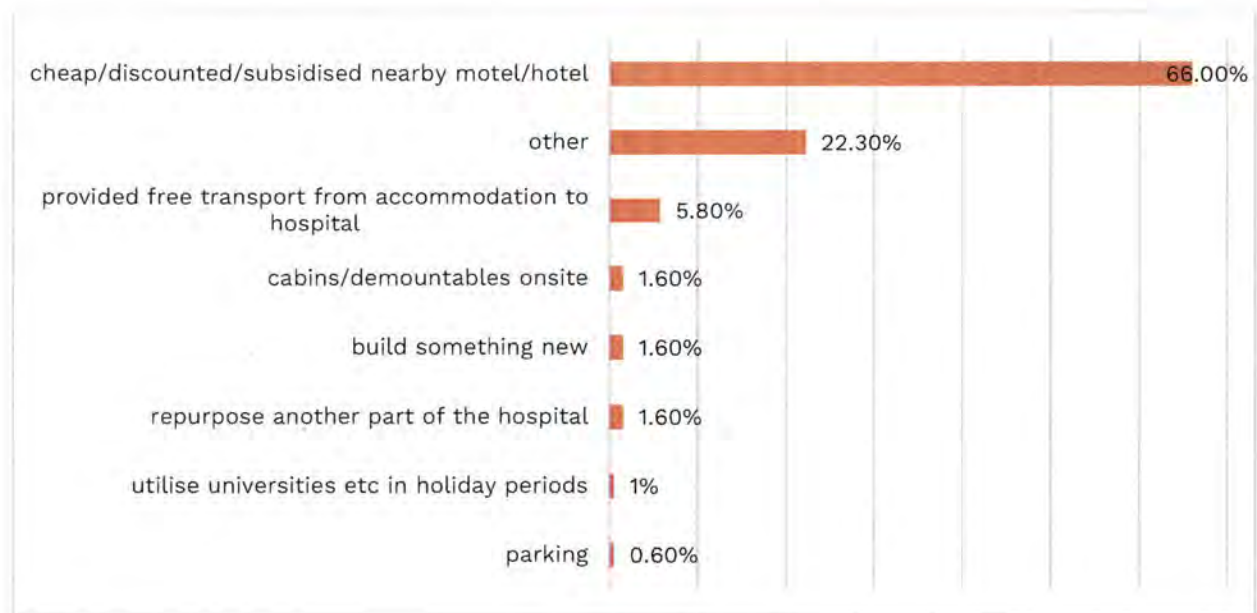


Figure 15. Interim solutions identified by survey respondents

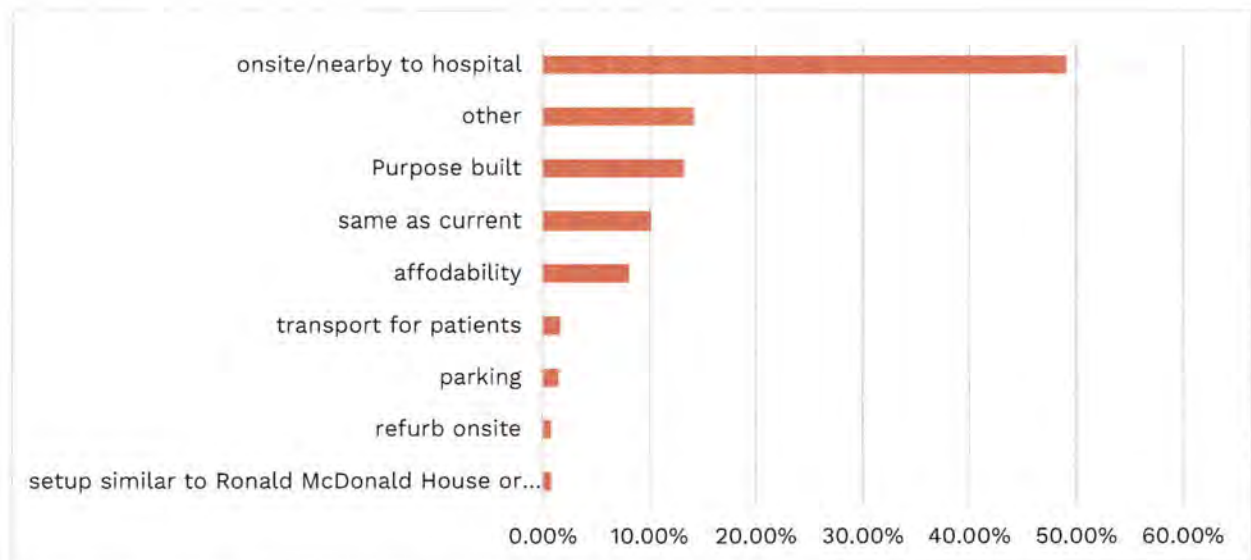
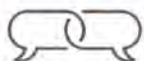


Figure 16. Long-term solutions identified by survey respondents

In addition to this, respondents were given five alternative accommodation options. They were asked to rank these from one to five in terms of their preference. Figure 17 displays the score derived from these rankings, suggesting that on-campus accommodation and hostel accommodation nearby to hospital and discount hotel accommodation are the most preferred options to the current RAS from the options given.



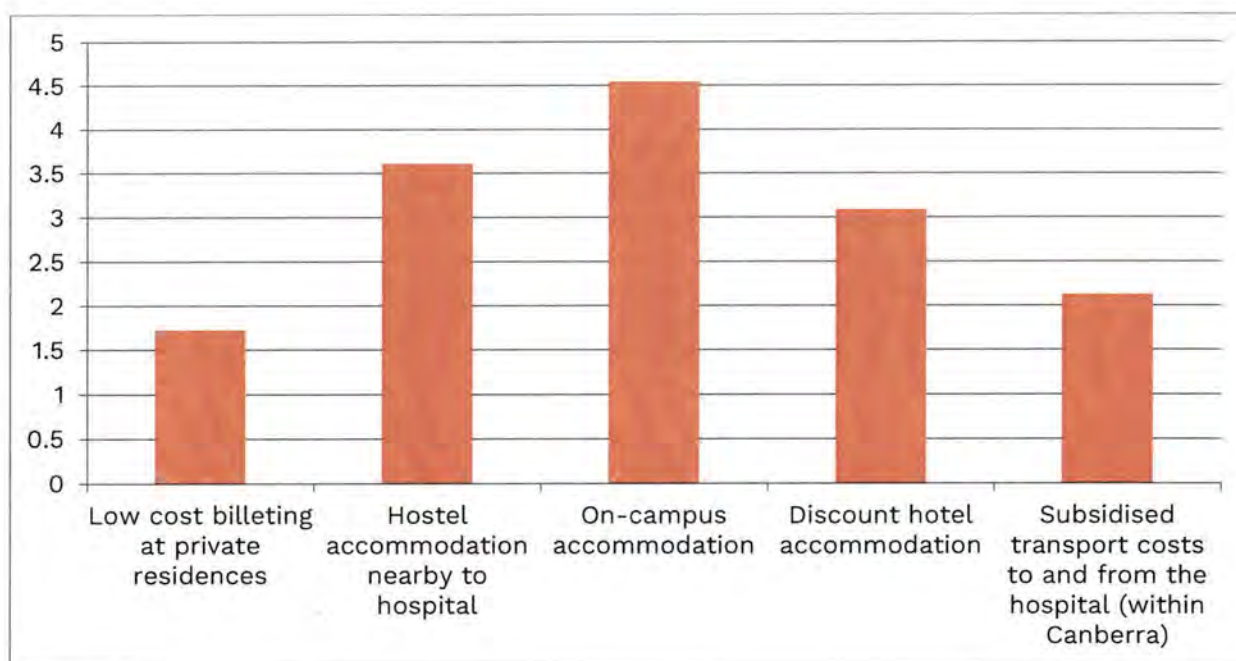


Figure 17. Responders' preference ranking to alternative accommodation options

6.3.7 Factors for consideration

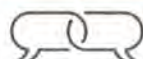
Survey respondents were asked to rank three statements in order of most importance to least importance. The statements were:

- The cost for accommodation should remain the same
- The location of accommodation should remain the same
- The facilities offered should remain the same

Although the three factors ended up being ranked similarly, 'the location of accommodation should remain the same' received the highest average score (2.42), followed by 'the cost for accommodation should remain the same' (2.19) and 'the facilities should remain the same' received an average score of 1.60.

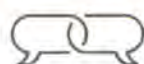
7. Conclusion

The high levels of participant engagement in this process highlights the importance of the RAS and the interests of those who have used or benefited from the service. Responses indicate that the service in its current form is highly valued by its users (although improvements to the current service were suggested) and that the most important factor to respondents is that an accommodation service for outpatients, carers and families who use Canberra Health Services and live outside the ACT is continued beyond the closure of Building 5 for demolition in mid-2020. A strong preference for an onsite option was clear through all consultation; as was the desire to ensure the service remained affordable.



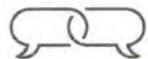
Appendix A – Locations and numbers of survey responses

Batemans Bay	118	Lochiel	4	Bonang	1	New Zealand	1
Bega	117	Verona	4	Bournda	1	Newtown	1
Cooma	78	Albury	3	Boydton	1	Nowra	1
ACT	76	Bolalla	3	Braidwood	1	Numbla Vale	1
Moruya	63	Bungendore	3	Brisbane	1	Numeralla	1
Eden	42	Forster	3	Bundaburg	1	Nyngan	1
Tuross Head	38	Googong	3	Bungarby	1	Orange	1
Narooma	34	Greenfell	3	Burra	1	Parkes	1
Tathra	29	Harden	3	Burradoo	1	Paupong	1
Bombala	28	Kalaru	3	Buxton	1	Potato Point	1
Merimbula	28	Lilli Pilli	3	Cann River	1	Rhine Falls	1
Barridale	27	Mogo	3	Central Tilba	1	Rock Flat	1
Jindabyne	27	Nimmitabel	3	Clontarf	1	South Durras	1
Bermagui	25	Rosedale	3	Cootamundra	1	Stapylton	1
Pambula	25	Sunshine Bay	3	Corowa	1	Surfside	1
Goulburn	22	Surf Beach	3	Corrowong	1	Tanja	1
Bemboka	19	Wallaga Lake	3	Cowra	1	Timbillica	1
Tura Beach	19	Bibbenluke	2	Crackenback	1	Toormina	1
Candelo	17	Bredbo	2	Denhams Beach	1	Toothdale	1
Cobargo	14	Cathcart	2	East Lyne	1	Towamba	1
Wolumla	12	Coila	2	Fitzgeralds	1	Tumut	1
Batehaven	11	Colma	2	Forbes	1	Turlinja	1
Dalmeny	11	Coolagotie	2	Glen Allen	1	Ulladulla	1
Broulee	10	Corunna	2	Gold Coast	1	Valencia Creek	1
Malua Bay	9	Geelong	2	Goolgowi	1	Wallalong	1
Quaama	9	Graften	2	Hobart	1	Warrandyte	1
Tomakin	9	Greta	2	Jerangle	1	Wingello	1
Wagga Wagga	9	Kalkite	2	Kayabram	1	Winmalee	1
Delegate	8	Mystery Bay	2	Koroit	1	Wollongong	1
Queanbeyan	8	Nelligen	2	Laggan	1	Wonboyn	1
Boorowa	7	South Pambula	2	Larbert	1	Woombah	1
Crookwell	7	Thredbo	2	Marulan	1	Yanco	1
Yass	7	Wamboin	2	Melbourne	1	Yaouk	1
Catalina	6	Wandella	2	Meringo	1	Young	1
Nethercote	6	Woodlands	2	Michelago	1		
Dalgety	5	Wulgulmerang	2	Mogilla	1		
Kianga	5	Ando	1	Moombooldool	1		
Long Beach	5	Bald Hill	1	Moree	1		
Millingandi	5	Bandoc	1	Morton	1		
Wyndham	5	Belrose	1	Mossy Point	1		
Brogo	4	Binalong	1	Murrumbateman	1		
Congo	4	Binda	1	Nambour	1		



Appendix C – All options data

Use of existing facilities - offsite	use of hotels/motels/air b'n'b	Enterprise arrangements	Acquisition and refurbishment of nearby residential buildings	Acquisition of land for building	Transport/parking	Onsite options	Administrative solutions	Affordable options	Other	
Billeting at private residence – room in a house	1	Air BnB 1	Business partnership to subsidise motel cost 1	Renting houses nearby 1	Buy Garran Primary School 1	Transport options (between accommodation and campus) 1	Demountables on campus 1	Triage system to identify accommodation options 1	Affordable 58 options 1	Othe 216 r
Uni residence	1	Discount accommodation 31	Arrangement with other Woden developments 1	Acquire motel 1	Acquire and move school 1	Parking 11	Repurposed/demountables on closest block available 1	Hospital administration solutions 2		
Charity accommodation	1	Subsidised Motel Rooms 338	Refurbish something in CIT building and Callum St offices 2	Rented houses 1		Provide transport to and from hospital 12	Repurpose private hospital 1	ACT Health permanent accommodation officer 7		
Use of space in existing aged care facilities	1			Acquiring unit block nearby 1			Repurpose Building 12 2			
Billeting	1			Buy a block of units and provide 2			Include in SPIRE 4			

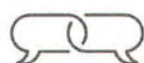


Use of existing facilities - offsite	use of hotels/motels/air b'n'b	Enterprise arrangements	Acquisition and refurbishment of nearby residential buildings	Acquisition of land for building	Transport/parking	Onsite options	Administrative solutions	Affordable options	Other
			transport (like RPA)						
Use of Uni residences in holidays	3		Duffy house	2		Replacement facility on-campus			10
						Demountable/storage container/modular			10
						Refurbished existing part of hospital			11
						Repurpose building SPIRE will empty			14
						Build something onsite with increased capacity			34
						Same as current			73
						New building on campus			115
						Onsite			351
						Ronald McDonald House			4

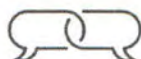
Appendix D – Workshop outcomes - options for residential accommodation services

Table 5. Workshop outcomes – options for residential accommodation services

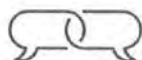
Key	Interim	Long-Term	Both	Preferred Score
B1	Subsidised Motel Rooms			0
B2	Billeting at private residence – room in a house			0
B3	Air BnB			0
B4	Use of Uni residences in holidays			0
B5	Repurposed/demountables on closest block available			1
B6	Business partnership to subsidise motel cost			0
B7	Repurpose building SPIRE will empty			14
B8	Renting houses nearby			0
B9		Build something onsite with increased capacity		34
B10		Buy a block of units and provide transport (like RPA)		2
B11		ACT Health permanent accommodation officer		7
BB1	Shuttle bus			0
BB2	Discount accommodation			0
BB3	Demountable/storage container/modular			2
BB4	Uni residence			0
BB5	Rented houses			1
BB6	Hospital administration solutions			2
BB7	Charity accommodation			0
BB8		Acquiring unit block nearby		1
BB9		Repurpose Building 12		2
BB10		Repurpose private hospital		1
BB11		Acquire and move school		1

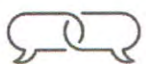


BB12		Replacement facility on-campus		4
BB13		Include in SPIRE		4
BB14		Acquire motel		1
CBR1	Triage system to identify accommodation options			1
CBR2	Refurbished existing part of hospital			3
CBR3	Refurbish something in CIT building and Callum St offices			2
CBR4	Demountables on campus			0
CBR5	Use of space in existing aged care facilities			0
CBR6	Billeting			0
CBR7	More rooms with carer beds and access to food			-
CBR8	Navigation/wayfinding concierge			-
CBR9		New building on campus		5
CBR10		Buy Garran Primary School		0
CBR11		Build on top of existing buildings		-
CBR12		Acquiring land and building nearby		-
CBR13		Acquiring land and repurposing nearby		-
CBR14			Transport options (between accommodation and campus)	0
CBR15			Arrangement with other Woden developments	0
CBR16			Use of technology for patients to reduce carer responsibilities e.g. FaceTime	-
CBR17			Acquire hotel near Woolshed or Statesman	-
G1	Billeting			-



G2	Repurposing other accommodation (external)			-
G3	Hostels			-
G4	Subsidised transport costs			-
G5			Utilise other buildings on site	-
G6			Subsidised hotels	-
G7			Combination of options	-
<p>B – Bega Workshop (n=42); BB – Batemans Bay Workshop (n=13); CBR – Canberra Workshop (n=8); G – Goulburn Workshop (n=1)</p> <p>Preferred Score: calculated by the number of 'coloured dots' placed on an option worksheet; one dot = one score point.</p>				







Communication Link

Ask.
Listen.
Understand.
Achieve.

Patient Accommodation Services at Canberra Hospital

Feedback workshop



October 2019

Objectives for today

Identify **client needs and future options (both interim and long-term)** for Residential Accommodation Services at Canberra Hospital



Participation tips

- Everyone has a chance to speak and be heard
- Be respectful of different ideas and perspectives
- Be ideas and outcomes focussed
- Avoid repetition, value add instead
- Follow the process
- Coloured sheets of paper for extra thoughts, parking-lot etc
- Turn your phone to silent



Introductions



Introduction

Daniel Ingram

Acting Director Client Services

Canberra Health Services

