

Our reference: **FOI20-16**



Dear 

DECISION ON YOUR ACCESS APPLICATION

I refer to your rescoped application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by Canberra Health Services (CHS) on **Thursday 16 July 2020**.

This application requested access to:

- 'Correspondence relating to:*
- *the need for such a facility in the ACT;*
 - *Any modelling undertaken to show the need for the facility;*
 - *the budget or cost of the project;*
- Plus:*
- *all briefing notes on the project prepared for the minister for health.'*

As the Principal Officer of Canberra Health Services, I am authorised to make a decision on access or amendment to government information in the possession or control of Canberra Health Services. CHS was required to provide a decision on your access application by **Friday 11 September 2020** following an extension of six business days with your agreement.

I have identified **55** documents holding the information within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

Decisions

I have decided to:

- grant full access to nine documents;
- grant part access to 39 documents; and
- refuse access to seven documents.

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

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

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

Full Access

I have decided to grant full access to nine documents relevant to the scope of your request at references 1, 10-11, 13, 25, 28-29 and 40-41.

Refuse Access

I have decided to refuse access to seven documents.

Documents at references 5 and 34-35 are wholly comprised of personal information, such as email addresses and contact numbers of both government and non-government employees and the business affairs of non-government businesses.

Documents at references 14-15 are wholly comprised of information that would reveal deliberations of Cabinet. This document is therefore taken to be contrary to the public interest to release, under Schedule 1.6 (1) Cabinet Information (d) the disclosure of which would reveal any deliberation of Cabinet. This document also includes personal information that I have decided is, on balance, contrary to the public interest to release.

Document at reference 21 are wholly comprised of personal information, contact numbers of government employees and commercial activity of government agencies.

Documents at reference 26 are wholly comprised of personal information, contact numbers of government employees, the business affairs of non-government businesses and commercial activity of government agencies.

Public Interest Factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- *Schedule 2.1 (a) (i) promote open discussion of public affairs and enhance the government's accountability;*
- *Schedule 2.1 (a) (ii) contribute to positive and informed debate on important issues or matters of public interest;*
- *Schedule 2.1 (a) (iv) ensure effective oversight of expenditure of public funds; and*
- *Schedule 2.1 (a) (viii) reveal the reason for a government decision and any background or contextual information that informed the decision.*

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- *Schedule 2.2 (a) (ii) prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004;*
- *Schedule 2.2 (a) (xi) prejudice trade secrets, business affairs or research of an agency or person; and*
- *Schedule 2.2 (a) (xiii) prejudice the competitive commercial activities of an agency.*

On balance, I determined the information identified is contrary to the public interest and I have decided not to disclose this information. As specified against each document in the schedule, disclosure of this information would have the detrimental effect of reducing the competitive ability of non-government organisations as well as reasonable expectation to reduce the ability of Government to engage external contractors and/or prejudice the right to privacy of the individuals involved.

Partial Access

I have decided to grant partial access to 39 documents.

Documents at references 2-4, 7-9, 17-18, 22-24, 31-33, 37-39, 42, 45, 49 and 51 are partially comprised of personal information, such as email addresses and contact numbers of both government and non-government employees. Documents 24, 39, 42 and 45 also contains information that would reveal deliberations of Cabinet and is therefore taken to be contrary to the public interest to release, under Schedule 1.6 (1) Cabinet Information (d) the disclosure of which would reveal any deliberation of Cabinet.

Documents at references 6, 16, 20, 30, 36, 47-48, 50 and 52-55 are partially comprised of personal information, such as email addresses and contact numbers of both government and non-government employees and the business affairs of non-government businesses. Document 48 also contains information that would reveal deliberations of Cabinet and is therefore taken to be contrary to the public interest to release, under Schedule 1.6 (1) Cabinet Information (d) the disclosure of which would reveal any deliberation of Cabinet.

Documents at references 12, 19, 27, 44 and 46 are partially comprised of the business affairs of non-government businesses. Document 12 is comprised of information that would reveal deliberations of Cabinet and is therefore taken to be contrary to the public interest to release, under Schedule 1.6 (1) Cabinet Information (d) the disclosure of which would reveal any deliberation of Cabinet.

Document at reference 43 is partially comprised of information that could be reasonable expected to prejudice the security of a financial IT system used by ACT Government. This document also contains personal information, such as contact numbers of government employees.

Public Interest Factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- *Schedule 2.1 (a) (i) promote open discussion of public affairs and enhance the government's accountability;*
- *Schedule 2.1 (a) (ii) contribute to positive and informed debate on important issues or matters of public interest;*
- *Schedule 2.1 (a) (iv) ensure effective oversight of expenditure of public funds; and*
- *Schedule 2.1 (a) (viii) reveal the reason for a government decision and any background or contextual information that informed the decision.*

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- *Schedule 2.2 (a) (ii) prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004;*
- *Schedule 2.2 (a) (iii) prejudice security, law enforcement or public safety; and*
- *Schedule 2.2 (a) (xi) prejudice trade secrets, business affairs or research of an agency or person.*

On balance, I determined the information identified is contrary to the public interest and I have decided not to disclose this information. As specified against each document in the schedule, disclosure of this information would have the detrimental effect of reducing the competitive ability of non-government organisations as well as reasonable expectation to reduce the ability of Government to engage external contractors and/or prejudice the right to privacy of the individuals involved. I have also redacted information that is not within the scope of the application at references 23, 49 and 51.

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, CHS maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

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

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

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au
Website: ombudsman.act.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

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

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

Further assistance

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9829 or email HealthFOI@act.gov.au.

Yours sincerely



Bernadette McDonald
Chief Executive Officer
Canberra Health Services

11 September 2020

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
[REDACTED]	<p><i>Correspondence relating to:</i></p> <ul style="list-style-type: none"> - <i>the need for such a facility in the ACT;</i> - <i>Any modelling undertaken to show the need for the facility;</i> - <i>the budget or cost of the project;</i> <p><i>Plus:</i></p> <ul style="list-style-type: none"> - <i>all briefing notes on the project prepared for the minister for health.</i> 	FOI20-16

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 4	Email and attachment - CHS, ED, Aspen, ADF – as requested, for your consideration	22 March 2020	Full Release		YES
2.	5 – 8	Email and attachment – Aspen proposal	22 March 2020	Partial Release	Schedule 2.2 (a) (ii) Personal	YES
3.	9 – 11	Email and attachment – Aspen proposal	22 March 2020	Partial Release	Schedule 2.2 (a) (ii) Personal	YES
4.	12	Email – Aspen numbers	24 March 2020	Partial Release	Schedule 2.2 (a) (ii) Personal	YES

5.	13 – 18	Email and attachment – next steps	25 March 2020	Refuse Release	Schedule 2.2 (a) (ii) Personal & Schedule 2.2 (a) (xi) Business Affairs	NO
6.	19 – 28	Email and attachment – Aspen proposal – Minister endorsement and Treasurer approval	26 March 2020	Partial Release	Schedule 2.2 (a) (ii) Personal & Schedule 2.2 (a) (xi) Business Affairs	YES
7.	29 – 34	Email and attachment – COVID 19 – Additional Capacity	27 March 2020	Partial Release	Schedule 2.2 (a) (ii) Personal	YES
8.	35 – 42	Email and attachment – URGENT – Aspen Proposal	27 March 2020	Partial Release	Schedule 2.2 (a) (ii) Personal	YES
9.	43 – 49	Email and attachment – Temporary Emergency Department	31 March 2020	Partial Release	Schedule 2.2 (a) (ii) Personal	YES
10.	50 – 52	Email and attachment – CM letter re funding and Aspen	31 March 2020	Full Release		YES
11.	53 – 55	Email – CM Letter re Funding and Aspen	1 April 2020	Full Release		YES
12.	56 – 57	Email and attachment – Pop-Up ED Budget	1 April 2020	Partial Release	Schedule 1.6 Cabinet & Schedule 2.2 (a) (xi) Business Affairs	YES
13.	58 – 61	Email and attachment – GP Clinic Engagement Model	1 April 2020	Full Release		YES
14.	62 – 64	Email - Pop-Up ED Budget	1 April 2020	Refuse Release	Schedule 1.6 Cabinet & Schedule 2.2 (a) (ii) Personal	NO
15.	65 – 66	Email - Pop-Up ED Budget	3 April 2020	Refuse Release	Schedule 1.6 Cabinet & Schedule 2.2 (a) (ii) Personal	NO
16.	67 – 77	Email and attachment – MCHS20/129 COVID-19 Temporary Emergency Department Site Location	7 April 2020	Partial Release	Schedule 2.2 (a) (ii) Personal & Schedule 2.2 (a) (xi) Business Affairs	YES
17.	78 – 82	Email and attachment – Temp ED – notice of works – URGENT CLEARANCE	8 April 2020	Partial Release	Schedule 2.2 (a) (ii) Personal	YES

18.	83 – 88	Email and attachment – Temp ED – notice of works – URGENT CLEARANCE	8 April 2020	Partial Release	Schedule 2.2 (a) (ii) Personal	YES
19.	89 – 90	Email and attachment – COVID-19: CHS Funding Estimate – May 2020	9 April 2020	Partial Release	Schedule 2.2 (a) (xi) Business Affairs	YES
20.	91 – 94	Email - COVID-19 Emergency Department – Aspen Medical Information Requests	9 April 2020	Partial Release	Schedule 2.2 (a) (ii) Personal & Schedule 2.2 (a) (xi) Business Affairs	YES
21.	95 – 100	Email – COVID-19 Emergency Department – Tender Evaluation	10 April 2020	Refuse Release	Schedule 2.2 (a) (ii) Personal & Schedule 2.2 (a) (xiii) Commercial	NO
22.	101 – 102	Email – Canberra Times interview on temp ED, plus RiotACT interview on staff preparedness	15 April 2020	Partial Release	Schedule 2.2 (a) (ii) Personal	YES
23.	103 – 104	Email – CM letter re funding and Aspen	15 April 2020	Partial Release	Schedule 2.2 (a) (ii) Personal Out of scope	YES
24.	105 – 122	Email and attachments – Marked-Up Cab Sub	15 April 2020	Partial Release	Schedule 1.6 Cabinet & Schedule 2.2 (a) (ii) Personal	YES
25.	123	Email – Aspen ED forward planning	16 April 2020	Full Release		YES
26.	124 – 127	Email – New facility Aspen Medical	16 April 2020	Refuse Release	Schedule 2.2 (a) (ii) Personal, Schedule 2.2 (a) (xi) Business Affairs & Schedule 2.2 (a) (xiii) Commercial	NO
27.	128 – 156	Email and attachments – ASPEN Medical Temporary ED Oversight Group meeting	20 April 2020	Partial Release	Schedule 2.2 (a) (xi) Business Affairs	YES
28.	157 – 158	Email – ASPEN ED options	20 April 2020	Full Release		YES
29.	159 – 160	Email – ASPEN – Staffing Model	21 April 2020	Full Release		YES
30.	161 – 245	Email and attachments – COVID-19 Temporary Emergency Department – Contract	21 April 2020	Partial Release	Schedule 2.2 (a) (ii) Personal & Schedule 2.2 (a) (xi) Business Affairs	YES

31.	246 – 247	Email – Brief on Aspen as it stands	22 April 2020	Partial Release	Schedule 2.2 (a) (ii) Personal	YES
32.	248 – 259	Email and attachment – For review and clearance: brief on Aspen	22 April 2020	Partial Release	Schedule 2.2 (a) (ii) Personal	YES
33.	260 – 261	Email – For information and comments: brief on Aspen	23 April 2020	Partial Release	Schedule 2.2 (a) (ii) Personal	YES
34.	262 – 274	Email and attachments – COVID-Emergency Department – Aspen Medical – Clinical Flow and Pathways	23 April 2020	Refuse Release	Schedule 2.2 (a) (ii) Personal & Schedule 2.2 (a) (xi) Business Affairs	NO
35.	275 – 278	Email – Temporary ED – Master Agreement and Work Order 1	24 April 2020	Refuse Release	Schedule 2.2 (a) (ii) Personal & Schedule 2.2 (a) (xi) Business Affairs	NO
36.	279 – 335	Email and attachments – COVID-19 Surge Centre – Scanned Contract Documents	24 April 2020	Partial Release	Schedule 2.2 (a) (ii) Personal & Schedule 2.2 (a) (xi) Business Affairs	YES
37.	336 – 337	Email – Contract signing	27 April 2020	Partial Release	Schedule 2.2 (a) (ii) Personal	YES
38.	338 – 357	Email and attachment – For review and clearance: Aspen Brief	28 April 2020	Partial Release	Schedule 2.2 (a) (ii) Personal	YES
39.	358 – 392	Email and attachments – Draft COVID-19 Surge Centre_Security & Emergency Management Cabinet	29 April 2020	Partial Release	Schedule 1.6 Cabinet & Schedule 2.2 (a) (ii) Personal	YES
40.	393 – 396	Email and attachment – FOR APPROVAL Talking Points on COVID-19 Surge Centre	29 April 2020	Full Release		YES
41.	397	Email – FOR APPROVAL Talking Points on COVID-19 Surge Centre	29 April 2020	Full Release		YES
42.	398 – 412	Email and attachments – COVID Surge Centre – Security Emergency Management Cabinet	30 April 2020	Partial Release	Schedule 1.6 Cabinet & Schedule 2.2 (a) (ii) Personal	YES
43.	413 – 414	Email – COVID-19 Surge Centre – Financials	1 May 2020	Partial Release	Schedule 2.2 (a) (ii) Personal & Schedule 2.2 (a) (iii) Security	YES

44.	415	Email – COVID Surge Centre – Spend versus Budget Summary	1 May 2020	Partial Release	Schedule 2.2 (a) (xi) Business Affairs	YES
45.	416 – 433	Email and attachment – MCHS20/222 SEMC Item COVID-19 Surge Centre	1 May 2020	Partial Release	Schedule 1.6 Cabinet Schedule 2.2 (a) (ii) Personal	YES
46.	434 – 476	Email and attachment – ACT COVID-19 Surge Centre	4 May 2020	Partial Release	Schedule 2.2 (a) (xi) Business Affairs	YES
47.	477 – 481	Email – financial information regarding Temporary ED	6 May 2020	Partial Release	Schedule 2.2 (a) (ii) Personal & Schedule 2.2 (a) (xi) Business Affairs	YES
48.	482 – 498	Email and attachment – AR Invoice 27300671 for CHS – Canberra Health Services, sent from Oracle EBS	11 May 2020	Partial Release	Schedule 1.6 Cabinet, Schedule 2.2 (a) (ii) Personal & Schedule 2.2 (a) (xi) Business Affairs	YES
49.	499 – 504	Email – May 2020 payment advice	12 May 2020	Partial Release	Schedule 2.2 (a) (ii) Personal Out of scope	YES
50.	505 – 563	Email and attachment – Aspen Contract	12 May 2020	Partial Release	Schedule 2.2 (a) (ii) Personal & Schedule 2.2 (a) (xi) Business Affairs	YES
51.	564 – 569	Email – May 2020 payment advice	13 May 2020	Partial Release	Schedule 2.2 (a) (ii) Personal Out of scope	YES
52.	570 – 573	Email and attachment – COVID 19 Surge Centre Work Order 3	13 May 2020	Partial Release	Schedule 2.2 (a) (ii) Personal & Schedule 2.2 (a) (xi) Business Affairs	YES
53.	574 – 578	Email and attachment – COVID 19 Surge Centre Work Order 3	13 May 2020	Partial Release	Schedule 2.2 (a) (ii) Personal & Schedule 2.2 (a) (xi) Business Affairs	YES
54.	579 – 589	Email and attachment – Work Order 3 PPE and Pharmacy	21 May 2020	Partial Release	Schedule 2.2 (a) (ii) Personal & Schedule 2.2 (a) (xi) Business Affairs	YES

55.	590 - 600	Email and attachment - Work Order 3 PPE and Pharmacy	22 May 2020	Partial Release	Schedule 2.2 (a) (ii) Personal & Schedule 2.2 (a) (xi) Business Affairs	YES
Total Number of Documents						
55						

Lowes, Shannon (Health)

From: Hollis, Gregory (Health)
Sent: Sunday, 22 March 2020 10:31 AM
To: Peffer, Dave (Health); Chatham, Elizabeth (Health); Gilmore, Lisa (Health)
Cc: McDonald, Bernadette (Health); Mitchell, Imogen (Health)
Subject: CHS, ED, Aspen, ADF - as requested, for your consideration
Attachments: Canberra Hospital Campus initial reception for COVID-19 response.docx

Importance: High

UNCLASSIFIED Sensitive

Dave, Liz, Lisa,

I will be direct in the below and attached.

As requested by you yesterday, a suggested model for the ED, and I have also gone beyond the requested scope. I am also proposing an integrated CHS/Aspen workforce model within the ED and within the Aspen site.

Decisions

- There were statements made by you yesterday that suggest there is some nervousness from key personnel in regard to making the wrong decision.
- I would suggest that a decision is required today, or Monday at the latest, re the below. If the answer is no, we need to move to alternate plans. If yes, we need to initiate the required actions now.
- In my opinion, in the situation we are potentially facing, a decision now that is OK, is much better than an extensively consulted and revised decision that is too late in a week or two.

Model – set Monday 13th April (3 weeks) as the *latest* date for everything below to be operational

Having Aspen on the oval, immediately adjacent to the Army Reserve in the school, and Health across the road gives the ACT tremendous capacity and flexibility to:

- Scale up or down as needed
- Adapt - Leverage the resources and different skills on site, move between Aspen, ADF, Health as things develop and the unexpected occurs.
- Skills & personnel – the 3 have different strengths – grabbing those resources now, so we can adapt as needed, stand down if not required will put us in a strong position.

3 big decisions to make now:

1. Aspen
2. Army Reserve – take the required big decisions and steps up, across and down the chain, to be able to commence in 12 days
3. Road&Oval – take the required steps now to Close the road in 12 days, acquire the Oval in 12 days.

- Aspen proposal presented by you yesterday
 - o Decide now. Operational by 13th April. See attached.
 - o Possibly at both hospitals depending on what you are doing in the back end (ward & ICU beds)
- Army Reserve
 - o Sounds extreme, but after sleeping on it, suggest you consider deciding immediately before further deterioration locally & nationally.
 - o Close Garran Primary in 12 days (end of week 9)
 - o Task them with the following – this is what they are good at:
 - converting the entire school into accommodation for COVID/?COVID that aren't quite sick enough to require a hospital bed, but can't go home (logistic or other reasons)
 - supplying all bedding, food, drink

- **ADD HITH** – this can enhance capacity/safety – eg daily recheck of sats/RR on those that are borderline for admit/discharge.
 - As this is immediately adjacent to the hospital, maximises ability to do this for a large number of people.
 - Adds an immediate flex/adaptable capacity on tap as we respond to changing demands over the coming weeks.
 - The use of Garran Primary under ADF reserve control can be adapted completely as we progress; if the above does not turn out to be a large issue, then adapt re staff, non-oxygen requiring patients, or other unanticipated requirements, or stand down.
- **Respiratory Hospital & Transport:**
- Some weeks ago advocated for Calvary as Resp, TCH as non, pool workforce, take over NCPH and Calvary Private and convert all available wards into COVID wards and ICU beds
 - While still likely ideal, given the blockers & decision-making issues, it's probably too late to sort, as we are already getting patients through the door.
 - If a decision is made to reverse and split roles, let me know – significant amendments will need to be made to the above and attached.
 - Either way, while still trying & putting in every measure, (and hopefully taking over every bed in TCH, Calvary, NCPH, JJH, Calvary private) we are kidding ourselves if we think every patient will end up at the right venue that has available ward/ICU/correct specialty
 - We will need to build in increased capacity for transfer between health facilities, including critical care
 - Suggest task CRRS urgently with amending/dedicating/expanding road capacity for this for the peak period, also other transport services for non-critical t/fs.
 - In my experience ADF reserve will NOT be good at the crit care bit, but could do the non-crit care bit well, if you are unable to source civilian resources (civilian would be plan A of course).

Happy to discuss prn.

Greg

Canberra Hospital Campus Site: Proposed amendments to the initial reception and management as part of the COVID-19 Response

This unofficial document was rapidly produced on 22/3/20 by G.Hollis in response to a request made on 21/3/20 from D.Peffer, E.Chatham, L.Gilmore. Minimal consultation or document review has occurred; I apologise in advance for any errors in the below.

Overall Workforce & Clinical

- Glenn Keys advises that if this progresses, he is likely to be more successful in providing a non-COVID workforce, but can aim for both COVID and non.
- Clinical & flow-wise, my opinion is that it is better for the COVID facility to be on the oval, and the existing ops facility to run in the current ED. Rationale includes – difficulty in moving/running some existing ops in Aspen facility, eg Mental Health emergency, Paed emergency, High end trauma resus, and knowledge of local hospital admit/discharge processes and streamlining.
- Combining those two issues, I propose:
 - o Complete integration of the Aspen and CHS ED workforce, with them working across both facilities, under the overall direction and governance of CHS.
 - o This allows the benefits of accessing a potentially larger workforce from Aspen, leveraging the local knowledge and skills of the CHS workforce, and maximising flexibility to changing demands as the crisis unfolds.
 - o Physical responsibilities – Aspen entirely responsible for the delivery and resourcing of the Aspen facility, CHS entirely responsible for the ED.

Existing ED

- Continue to run in current location, and aim for this to be NON-respiratory, NON-COVID presentations where possible
- Add altered security/triage physical and clinician process as per existing ED Action plan.
- Add ASU space if workforce able to be supplied internally via CHS, but use of the ASU space by the ED becomes less critical if Aspen proposal goes ahead. CHS should then consider alternate uses for the ASU space as ward beds.

ASPEN

Timescale – Operational by 13th April.

Contract: Physical and Workforce proposals as above.

Location:

- Garran oval, road closed, covered corridor route to a) Hospital, and b) Garran Primary
- NB: requires expert assessment of best location & routes. Quick drive around this morning, the Carpark behind NCPH could potentially be assessed to see if suitable as an alternative.

Scope/Role/Functions:

- COVID, possible COVID, or Respiratory presentations routed from Community to this facility.
- Initial reception, triage tool and stream to:
 - o D/C
 - o Transfer to Garran Primary Facility
 - o Wrong place (eg non-Covid – redirect to appropriate other facility – ED, WIC, GP etc)

- Enter facility for work-up
- Assessment/Management – to include full resus, multiple ventilator capacity.
- Critical Issue re Intubations – recommendation is this occurs in a negative pressure room.
Can one negative pressure room be provided in the Aspen facility? Would only need one, as can move patient out immediately after intubation.
- Planned CHS Intubation Team
 - Ideally integrate this as well, i.e. it responds through the corridor to the Aspen facility for Intubations
- Investigations
 - On site pathology all provided by Aspen
 - Imaging – Aspen provide plain CXR, and portable U/S on site.
 - Imaging – CT – need decision. ?use NCPH 24/7, or CHS, or Aspen provide on site.
- Flow
 - Expect 80% of presentations will be discharged (home or Garran Primary)
 - Expect 20% admit. 5% to ICU.

Capacity/Size:

- Requires urgent re-assessment to guide the below “best guesses” from available information
- Maybe work on an initial 50 space, and to be scale-able
- Including – multiple Ventilator/resus capacity (confirm with input from Aspen on set up elsewhere and urgent CHS work on presentation modelling)

Workforce

- Ask Aspen to provide an agreed number & type of clinicians to run a 50 space facility (or alternate number depending on CHS decision/modelling), including number of clinicians that would work in TCH ED alone, in Aspen facility alone, or rostered across both.
- CHS ED to advise re number of clinicians that would work in TCH ED alone, in Aspen Facility alone, or rostered across both.
- Governance and rostering through CHS
- Key clinical leads from CHS ED are placed in both the Aspen and the CHS ED

Garran Primary

- Army Reserve would be perfect to set up and run this. I have seen them do it on more than one occasion, e.g. recently in the Bushfire response.
- Do it in 12 days time, ie close school at the end of week 9 (3rd April), giving them 10 days to have it up and operational on 13th April (ADF will be able to do it quicker than that).
- Refitted as accommodation COVID/?COVID/resp presentations who are:
 - Not quite sick enough to require hospital bed, but too sick to go home
 - Logistics prevent D/C home
- HITH to provide clinical services, daily repeat of sats/RR in the borderline ones, to daily review decision re – out to home, or in to hospital.
- Adapt use of this human & physical resource up/down, or different functions as we progress.


Flexibility

Having Health, Aspen, and ADF resources all within a 100m walk of each other will give a great degree of adaptability/flexibility for the upcoming period.

Lowes, Shannon (Health)

From: Peffer, Dave (Health)
Sent: Sunday, 22 March 2020 5:21 PM
To: Gay, AndrewD (Health)
Subject: Fwd: Aspen proposal
Attachments: Aspen proposal.docx

DAVE PEFFER

 dave.peffer@act.gov.au
Strategy, Policy and Planning, Canberra Health Services
Building 24, Canberra Hospital, Garran ACT | www.health.act.gov.au

From: Peffer, Dave (Health)
Sent: Sunday, March 22, 2020 4:50:18 PM
To: Peffer, Dave (Health) <Dave.Peffer@act.gov.au>
Subject: Aspen proposal

UNCLASSIFIED

Canberra Health Services – Aspen Medical

Surge capacity for Emergency Department and wards

Background

Scenario numbers provided by the Chief Health Officer, drawn from a national modelling consultancy, indicate the ACT may experience COVID-demand of 25,130 emergency department presentations, 665 intensive care admissions and 15,152 ward admissions.

Advice provided by the Infectious Disease Division indicates that evidence from around the world would suggest an ICU length of stay of 12 days, and 5 days when discharged to a ward.

If the pandemic curve experienced within the Territory was comparable to other developed countries of Germany, United Kingdom, South Korea and Australia (including the ACT), at its peak, we could expect to see an additional 503 emergency department presentations per day. The busiest day CHS has experienced to-date has been 309.

Modelling suggests CHS would require an additional 140 ventilated ICU beds at its peak. We have surge capacity of 47 beds across CHS and National Capital. Leaving a potential shortfall of 92 ICU beds just within CHS. Meaning through the height of the curve, 2 in every 3 COVID patients requiring ICU care, would not receive it.

Proposal

Establish a stand-alone, air-gapped temporary hospital facility in close proximity to the hospital campus (site studies will be required to confirm final placement, and road closures may be needed to provide for safe logistics – through a covered corridor).

Initial capacity

The stand-alone facility should provide for an additional 50 emergency department beds, with the ability to scale rapidly as required. Aspen uses a 'modular' model of delivery, with further containers and spaces able to be added.

Scope and responsibilities

Separation of responsibilities – Aspen facility to be the designated COVID emergency response facility. The existing emergency department would continue to provide for business as usual activities.

The COVID facility would cover COVID, possible COVID or respiratory presentations – with all community based presentations routed to this facility.

Included services and function

The facility needs to be stand alone. It will require capacity for diagnostics covering x-ray and CT.

The facility must deliver at least one negative pressure room for intubation.

The facility must also deliver ventilators for each space, with five resuscitation bays to augment existing capacity in the Canberra Hospital.

Workforce

CHS proposes complete integration of CHS and Aspen workforces across the two facilities. This allows access to a potentially larger workforce of Aspen, paired with the local knowledge and skills of our own clinicians.

Some clinicians would work in only the Canberra Hospital or only the Aspen Hospital, and some will be rostered across both. Governance and rostering would be controlled by CHS. CHS senior clinical leads will cover both facilities.

Timing

Operational 13 April 2020. Three weeks to design, build and staff.

Supplementary facility – Garran Primary

Further supplementation of capacity we propose be delivered through Army Reserves in the Garran Primary School. This would require a decision to potentially close Garran earlier than 9 April.

CHS Clinical Director of ED is a reservist and advises the ADF is well positioned to convert the entire school into a health care facility for COVID patients that are not sick enough to require acute care but cannot return home (logistics or other reasons).

Aspen has confirmed it has integrated often with ADF, and could assist in securing ADF support.

ADF to provide all bedding, and food services.

Proximity to the Canberra Hospital and Aspen facility provides for response capability if patients deteriorate.

Adds an immediate flex capability, as well as step-down functionality. The model can be adapted as we progress. It may be in time that we need significant accommodation support for CHS workforce.

Risks / sensitivities / considerations

Cost is unknown. Design of the model will take days and a cost estimate will be narrowed. A final commitment will not be made until a cost estimate and contract is available for briefing to Ministers.

Workforce may prove challenging. With international borders shut, we have a limited national workforce. All governments are moving to shore up their own clinical capacity. Advice from Aspen is that a non-COVID workforce may be easier to source. Hence why we suggest full integration of CHS/Aspen workforces. It may be that our team primarily staffs the COVID facility, and Aspen clinicians support our existing ED.

Demand is unknown. Modelling provides a range of estimates. In the best case scenario, this additional capacity may not be needed and could be used to support the surrounding region. In the worst case, it will reduce the extent to which the system operates far in excess of capacity, and will assist in lowering the community fatality rate.

Consumables and supplies are also proving challenging. Aspen is confident it could execute against the proposal but has highlighted a number of known challenges to be overcome (Philips International has a back-order of 50,000 ventilators for example). Nevertheless, Aspen's strategic relationships with suppliers may be useful.

Lowes, Shannon (Health)

From: Peffer, Dave (Health)
Sent: Sunday, 22 March 2020 5:40 PM
To: Stephen-Smith, Rachel
Subject: FW: Aspen proposal
Attachments: Aspen proposal.docx

Importance: High

UNCLASSIFIED

From: Peffer, Dave (Health)
Sent: Sunday, 22 March 2020 5:40 PM
To: Bergin, Catherine <Catherine.Bergin@act.gov.au>; Cook, Michael <Michael.Cook@act.gov.au>
Cc: McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>; Mitchell, Imogen (Health) <Imogen.Mitchell@act.gov.au>; De'Ath, Michael (Health) <Michael.De'Ath@act.gov.au>; Leigh, Kathy <Kathy.Leigh@act.gov.au>; Croke, Leesa <Leesa.Croke@act.gov.au>; Engele, Sam <Sam.Engele@act.gov.au>
Subject: Aspen proposal
Importance: High

UNCLASSIFIED

Afternoon all

As discussed – attached is a high level summary of the proposal shaped between CHS and Aspen.

We have met with Aspen once, with a number of follow up phone conversations. We are hopeful of having a rough financial guide tonight.

At this stage we are seeking in-principle support to commit to designing the model with Aspen, beginning tonight. Any decision to enter a contract will be brought back to Ministers for endorsement.

Thanks

Dave

Dave Peffer
Deputy Chief Executive

Phone [REDACTED] Email: dave.peffer@act.gov.au
Building 24, Level 2, Canberra Hospital, Yamba Drive, Garran ACT 2605



ACT
Government

**Canberra Health
Services**

Canberra Health Services – Aspen Medical

Surge capacity for Emergency Department and wards

Background

Scenario numbers provided by the Chief Health Officer's office, drawn from a national modelling consultancy, indicate the ACT may experience COVID-demand of 25,130 emergency department presentations, 665 intensive care admissions and 15,152 ward admissions – with mitigation and a sustained response of 25-30 weeks.

Advice provided by the Infectious Disease Division indicates that evidence from countries further progressed on the pandemic curve, the world would suggest an ICU length of stay of 12 days, and 5 days when discharged to a ward.

If the pandemic curve experienced within the Territory was comparable to other developed countries of Germany, United Kingdom, South Korea and Australia (including the ACT), at its peak, we could expect to see an additional 503 emergency department presentations per day. The busiest day CHS has experienced to-date has been 309.

Modelling suggests CHS would require an additional 140 ventilated ICU beds at its peak. We have surge capacity of 47 ICU beds across CHS and National Capital. Leaving a potential shortfall of 92 ICU beds just within CHS. Meaning through the height of the curve, 2 in every 3 COVID patients requiring ICU care, would not receive it.

Proposal

Establish a COVID-only facility across the ACT, commencing with a stand-alone, air-gapped temporary hospital facility in close proximity to the hospital campus (site studies will be required to confirm final placement, and road closures may be needed to provide for safe logistics – through a covered corridor). Options include close to Calvary or the Canberra Hospital.

Initial capacity

The stand-alone facility should provide for an additional 50 emergency department beds, with the ability to scale rapidly as required. Aspen uses a 'modular' model of delivery, with further containers and spaces able to be added.

Scope and responsibilities

Separation of responsibilities – Aspen facility to be the designated COVID emergency response facility. Any suspected COVID patient would present there first and be streamed to appropriate care. The existing emergency department would continue to provide for business as usual activities.

The COVID facility would cover COVID, possible COVID or respiratory presentations – with all community based presentations routed to this facility.

Included services and function

The facility needs to be stand alone. It will require capacity for diagnostics covering x-ray and CT. However CHS will provide other ancillary supports, for example food, security and cleaning.

The facility must deliver at least one negative pressure room for intubation.

The facility must also deliver ventilators for each space, with five resuscitation bays to augment existing capacity in the Canberra Hospital.

Workforce

CHS proposes complete integration of CHS and Aspen workforces across the two facilities. This allows access to a potentially larger workforce of Aspen, paired with the local knowledge and skills of our own clinicians.

Some clinicians would work in only the Canberra Hospital or only the Aspen Hospital, and some will be rostered across both. Governance and rostering would be controlled by CHS. CHS senior clinical leads will cover both facilities.

Timing

Operational 13 April 2020. Three weeks to design, build and staff.

Next step in capacity increases could be designating Calvary as a COVID only expansions, and then expand across the system as required.

Lowes, Shannon (Health)

From: Gay, AndrewD (Health)
Sent: Tuesday, 24 March 2020 3:10 PM
To: Shadbolt, Catherine (Health)
Subject: FW: Aspen numbers

UNCLASSIFIED

FYI

From: Peffer, Dave (Health) <Dave.Peffer@act.gov.au>
Sent: Monday, 23 March 2020 10:58 PM
To: Gay, AndrewD (Health) <AndrewD.Gay@act.gov.au>
Cc: Croke, Isabella (Health) <Isabella.Croke@act.gov.au>
Subject: Aspen numbers

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Hi Andrew

Numbers as discussed

Facilities \$5.3 million
Equipment \$1.6 million
[both one-off costs]

Staffing \$1.4 million
[weekly charge for as long as we have it stood up]

Isabella – can you please line up an urgent telepresence with Treasury in the afternoon for Andrew and I. And please invite Sam Engele from Chief Minister’s too.

Thanks

Dave

Dave Peffer
Strategy, Policy and Planning

Phone [REDACTED] | Email: dave.peffer@act.gov.au
Building 24, Level 2, Canberra Hospital, Yamba Drive, Garran ACT 2605



ACT
Government

**Canberra Health
Services**

Lowes, Shannon (Health)

From: Peffer, Dave (Health)
Sent: Thursday, 26 March 2020 4:44 PM
To: Mitchell, Imogen (Health); Gay, AndrewD (Health)
Cc: McPherson, Alex (Health)
Subject: Aspen proposal - Minister endorsement and Treasurer approval
Attachments: 20200326 - Aspen proposal.docx; 20200326 - SS to Treasurer Aspen letter.dotx

Importance: High

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Imogen / Andrew

Can I please get you to cast your eye over this brief and letter.

I'm conscious I missed today's teleconference so may be completely out of the loop on some things.

But if you can make whatever changes you'd like and shoot them back to me, we'll get it to Bernadette for approval.

Timing is super tight – sorry about that. Treasury is breathing down my neck to confirm this will be in the supp approp numbers. We've added it in, but it'll need the Treasurer's sign off to be assured.

That bill is in the parliament now and will be amended during next week's sitting. Hence the tight turnaround for our minister as well.

Alex can you get this trimmed up ready to fire through the system once signed off.

Thanks

Dave



Canberra Health Services

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To: Minister for Health

Tracking No.: MCHS20/136

Date: 27/03/2020

From: Bernadette McDonald, Chief Executive Officer

Subject: Aspen Medical surge proposal

Critical Date: 27/03/2020

Critical Reason: Surge capacity should be brought online in advance of rapidly escalating emergency department COVID-19 presentations and admissions.

Recommendation

That you:

1. Agree to Canberra Health Services negotiating a COVID-19 surge proposal with Aspen Medical up to the value of \$23 million through to 30 June 2020;

Agreed / Not Agreed / Please Discuss

2. Sign the letter to the Treasurer seeking his agreement to fund the cost of the proposal (Attachment B); and

Signed / Not Signed / Please Discuss

3. Note the information in this brief.

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

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Background

1. Under a worst case scenario, the COVID-19 pandemic is expected to exhaust and overwhelm the Territory's health services resources.
2. Considerable effort has been invested in planning for COVID-19 surge capacity within existing facilities and using a variety of workforce strategies. A particular focus has been on ventilated beds within the Territory's facilities – and areas that could be converted for this purpose, including emergency departments.
3. An additional pressure for COVID-19 surge capacity is emergency departments to facilitate pathways for care in hospitals, including ventilation.
4. On Friday 20 March 2020 Canberra Health Services contacted Aspen Medical to determine whether it would have capacity to provide a surge emergency department facility in close proximity to Canberra Hospital.
5. Preliminary specifications were provided to Aspen to deliver a semi integrated emergency facility of 50 beds, with five providing for resuscitation and ventilation.
6. We advised Aspen an estimated workforce to operate the facility was 70 medical staff and 155 nursing staff. CHS would provide supporting services such as wardspeople, food services, cleaning and security.
7. The facility is also to provide imaging diagnostics, including CT and X-Ray.
8. On 23 March 2020 we briefed you and the Chief Minister on the proposal, seeking in-principle endorsement to continue discussions with Aspen Medical. Endorsement was given noting a further brief would be provided, and value for money considerations undertaken, before any contract was signed.
9. This in-principle endorsement was conveyed to Aspen Medical, and its team agreed to quote on the proposal.
10. On 25 March 2020 Aspen provided the attached indicative quote ([Attachment A](#)). It is indicative as the final costs will be dependent on design of the model, which would occur over the coming days, should you agree we proceed.

Issues*Model of care*

11. Canberra Health Services (CHS) is working to finalise the model of care for the ACT health system's response to COVID-19. This work is being led by Dr Imogen Mitchell, Clinical Director for COVID-19 response.
12. The model of care determines the method and scheduling of assets and workforce used to respond to the virus. It is being designed across the Territory and has had clinical input from both CHS and Calvary Public Hospital Bruce.
13. As the model has not been 'locked in', Aspen's proposal will be shaped over the coming days to integrate with the final model of care.
14. Its original design was to provide a COVID-19 Emergency Department in close proximity to Canberra Hospital. Its function would be to 'stream' patients.

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15. In addition, Aspen can deliver 50 ventilators, which can be used across the Territory to expand ICU capacity. However, those decisions are yet to be made.

Cost

16. The Aspen proposal is not cheap. It reflects market conditions and that all governments are competing for the same workforce and capabilities.
17. Quoted costs include \$5.3 million to build the facility, \$1.6 million to deliver operational equipment (including supplementing our supplies of PPE and diagnostic machinery). Then \$1.5 million per week to staff (70 medical officers and 155 nurses).
18. The cost of the facility and equipment is one-off; the staffing costs would be incurred so long as the facility is required. However Aspen Medical agreed to scale week to week as required (reducing the staffing profile to reflect what is needed).
19. There is a clear premium on costs. However, for CHS to deliver an equivalent facility, fully staffed and operational, within weeks, would be impossible.

Workforce

20. More progression on modelling of the required workforce to staff the Aspen facility has been undertaken, led by Dr Greg Hollis, Clinical Director of CHS Emergency Department (ED). Modelling indicates a reduction of 10 medical officers, and 65 nurses, with the addition of 10 administrative officers may still provide for safe 24-hour operation.
21. These numbers are considerably lower than the original estimates and will bring down the variable weekly cost of the proposal.
22. The workforce will integrate with CHS ED workforce and be governed by senior officers within CHS. Many CHS team members will work within the Aspen facility, and vice versa. Some staff members will work across both. This workforce model will ensure best use of human resources, maximising skills, coordination, and flexibility to adapt to changing demands.

Delivery timeframe

23. Design to delivery – three weeks. Delivery in that timeframe is likely to see capacity brought online before it is needed. However, we are unsure when we can expect to see a rapid escalation in presentations and admissions.
24. The proposal also delivers an additional 50 ventilators to the ACT, at a time when supply of ventilators is challenging.

Financial Implications

25. We are seeking agreement, and the Treasurer's authorisation to negotiate a contract with Aspen Medical up to, but no more than \$23 million, to have the facility installed by mid-April and functional through to 30 June 2020.
26. We are confident through the design stage, and contract negotiations, we can bring the cost of the proposal down through narrowing the number of staff employed, and further integration into CHS operations.

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27. Should you agree, and the Treasurer authorise the expenditure, we will bring a final brief with details of the final contract.

ConsultationInternal

28. Consultation has occurred with the CHS COVID-19 Taskforce.
29. Our COVID-19 Clinical Director is consulting widely on the Model of Care, which will guide decisions around resources and facilities.

Cross Directorate

30. Senior Treasury officers were briefed on the proposal on 25 March 2020. They acknowledged the cost was likely driven by the marketplace we find ourselves operating within. Advice from those officers has been to include our cost estimate of \$23 million in the brief on the Supplementary Appropriation and Treasury would 'ring fence' that funding so that it could only be spent in response to COVID-19. If we secure a lower contract price, that money could be redirected to other response activities, or rolled over into 2020-21.
31. The Head of Service and Under Treasurer participated in a teleconference on 22 March 2020 to discuss the proposal.
32. ACTHD officials, including the Chief Health Officer, have also been made aware of the proposal, and anticipated costs have been provided to the CFO, ACTHD.

External

33. The CEO of CHS has discussed the proposal with the CEO of Calvary.

Work Health and Safety

34. CHS will have high expectations, reflected through the contract, in relation to WHS and the appropriate use of PPE.

Benefits/Sensitivities

35. This proposal has been framed to provide additional surge capacity to the ACT health system, including securing an addition 50 ventilators. At this stage it is impossible to identify with certainty what demand will look like in the coming months.
36. If demand does not exceed existing hospital capacity, we could be criticised for committing significant expenditure. In that scenario the ACT would look to provide a greater level of support for our region, recognising we would recover some of the cost from the Commonwealth, and some from NSW.

Communications, media and engagement implications

37. Communications materials have not yet been prepared. These will be prepared after approval has been granted.
38. Social media platforms will be used to provide messaging to the broader community.
39. All communications will be approved by PICC prior to release.

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Signatory Name: Dave Peffer

Phone: [REDACTED]

Action Officer: Alex McPherson

Phone: [REDACTED]

Attachments

Attachment	Title
Attachment A	Indicative quote from Aspen Medical
Attachment B	Letter to the Treasurer

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Minister for Aboriginal and Torres Strait Islander Affairs
Minister for Children, Youth and Families
Minister for Health
Member for Kurrajong

Mr Andrew Barr MLA
Treasurer
ACT Legislative Assembly
London Circuit
CANBERRA ACT 2601

Dear Treasurer

I write in follow up to our verbal briefing on 22 March 2020, concerning Canberra Health Services' proposal to engage Aspen Medical as additional surge capacity within the Territory's health care system.

At that briefing, we provided senior officials from our directorates with in-principle agreement to continue negotiations, acknowledging that a final decision would need to be made once an indicative cost had been received.

The Aspen Medical proposal is framed around the delivery of a dedicated COVID-19 Emergency Department, most likely to be located at Garran Oval. It would provide an additional five resuscitation beds and 45 emergency beds, all with associated monitoring equipment. In addition, there will be 50 ventilators to increase capacity for ventilated beds in the Territory.

The facility will also be equipped with diagnostic imaging equipment including a CT scanner and X-Ray. Initial estimates of staff required to operate the facility 24 hours a day included 70 medical officers and 155 nursing staff. Canberra Health Services (CHS) has capacity to provide security, cleaning and food services.

Aspen provided an indicative quote of \$5.3 million to build and run the facility, \$1.6 million for equipment and supplies, and \$1.5 million per week for staffing. The cost to stand the facility up and have it operating through to 30 June 2020 is \$23 million.

If the facility is required after 30 June 2020, the operating cost is simply the weekly staff budget. Aspen has advised that it is supportive of scaling staffing and the facilities up or down over the coming months to respond to demand.

Since providing initial estimates to Aspen on staffing, CHS has refined its analysis and considers 42 medical officers, 76 nurses and 10 administrative officers sufficient to operate the facility safely. This will bring down the staffing cost considerably.

ACT Legislative Assembly

London Circuit, Canberra ACT 2601, Australia GPO Box 1020, Canberra ACT 2601, Australia
Phone +61 2 6205 2661 Email stephen-smith@act.gov.au



@RachelSS_MLA



rachelssMLA



rachelss_mla



At this stage we do not know what peak demand generated by COVID-19 will look like in the Territory. In the event demand peaks lower than some models suggest, the additional capacity delivered through Aspen Medical will assist Canberra to support the broader region. Some level of cost recovery from the Commonwealth and New South Wales will be available.

Recognising the challenge in locking in a specialist workforce and equipment of this nature, in the environment we find ourselves in, I am seeking your endorsement for CHS to negotiate and commit to a contract, up to the value of \$23 million, to provide a dedicated surge facility for the ACT.

Should you agree to this proposal, I will ask that senior officers from CHS work closely with Treasury officials while settling the final details of the contract.

Yours sincerely

Rachel Stephen-Smith MLA

Lowes, Shannon (Health)

From: Gay, AndrewD (Health)
Sent: Friday, 27 March 2020 9:08 AM
To: O'Halloran, Peter (Health); McNiven, Peter (Health)
Subject: COVID 19 - Additional Capacity
Attachments: Aspen_Brief_IAM.docx; 20200326 - Aspen proposal V2_AG_IAM_Final.docx

Importance: High

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Peter & Peter,

Not for further distribution please.

Sharing a ministerial Dave and I are currently working on for additional capacity. Can you please review and consider IT impact – we hope for EDIS, but provider may have own self contained systems if we have capacity issues..... Thinking microwave link if easy to obtain license in this current environment.

Please advise any concerns / show stoppers or what specific information you will need to help your part of the project.

Thanks
 Andrew

From: Mitchell, Imogen (Health) <Imogen.Mitchell@act.gov.au>
Sent: Thursday, 26 March 2020 10:42 PM
To: Peffer, Dave (Health) <Dave.Peffer@act.gov.au>; Gay, AndrewD (Health) <AndrewD.Gay@act.gov.au>
Subject: Apologies

Dear Dave

I do apologise for getting delayed this evening [REDACTED]

I have had a look at both documents. There is one major change, the facility is not planned to be 50 intensive care beds. We want to use the ventilators around the territory to start with. The new facility will be mainly an " ER".

Again, I apologise for the delay.

With best wishes and do hope you are starting to feel better.

With best wishes
 Imogen



MINISTERIAL BRIEF

Canberra Health Services

UNCLASSIFIED

To: Minister for Health Tracking No.: MCH520/129

Date: Click or tap to enter a date.

From: Bernadette McDonald, Chief Executive Officer

Subject: Aspen Medical surge proposal

Critical Date: 27/03/2020

Critical Reason: Surge capacity should be brought on line in advance of rapidly escalating emergency department COVID-19 presentations and admissions

Recommendation

That you:

1. Agree to Canberra Health Services negotiating a COVID-19 surge proposal with Aspen Medical up to the value of \$23 million through to 30 June 2020.

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Agreed / Not Agreed / Please Discuss

2. Sign the letter to the Treasurer seeking his agreement to fund the cost of the proposal (**Attachment B**).

Signed / Not Signed / Please Discuss

Rachel Stephen-Smith MLA /...../.....

Minister's Office Feedback

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Background

1. Under a worst case scenario, the COVID-19 pandemic is expected to exhaust and overwhelm the Territory's health services resources.
2. Considerable effort has been invested in planning for COVID-19 surge capacity within existing facilities, and using a variety of workforce strategies. A particular focus has been on ventilated beds within the Territory's facilities – and areas that could be converted for this purpose, including emergency departments.
- 2-3. An additional pressure for COVID19 surge capacity are emergency departments to facilitate pathways for care in hospitals, including ventilation.-
- 3-4. On Friday 20 March 2020, Canberra Health Services contacted Aspen Medical to determine whether it would have capacity to provide a surge emergency department facility in close proximity to the Canberra Hospital.
- 4-5. Preliminary specifications were provided to Aspen to deliver a semi integrated emergency facility of 50 beds, each to be ventilated, with five providing for resuscitation and ventilation.
- 5-6. We advised Aspen an estimated workforce to operate the facility was 70 medical staff and 155 nursing staff. CHS would provide supporting services such as wardspeople, food services, cleaning and security.
- 6-7. The facility is also to provide imaging diagnostics, including CT and X-Ray.
- 7-8. On 23 March, we briefed you and the Chief Minister on the proposal, seeking in-principle endorsement to continue discussions with Aspen Medical. Endorsement was given noting a further brief would be provided, and value for money considerations undertaken, before any contract was signed.
- 8-9. This in-principle endorsement was conveyed to Aspen Medical, and its team agreed to quote on the proposal.
- 9-10. On 25 March 2020, Aspen provided the attached indicative quote (**Attachment A**). It is indicative as the final costs will be dependantdependent on design of the model - which would occur over the coming days, should you agree we proceed.

Issues

Model of care

- 10-11. Canberra Health Services is working to finalise the model of care for the ACT health system's response to COVID-19. This work is being led by Dr Imogen Mitchell, Clinical Director for COVID-19 response.
- 11-12. The model of care determines the method and scheduling of assets and workforce used to respond to the virus. It is being designed across the Territory and has had clinical input from both Canberra Health Services and Calvary Public Hospital Bruce.
- 12-13. As the model has not been 'locked in', Aspen's proposal will be shaped over the coming days to integrate with the final model of care.

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Tracking No.: MCHS20/129Tracking No.: MCHS20/129

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~~13,14.~~ Its original design was to provide a COVID-19 Emergency Department in close proximity to Canberra Hospital. Its function would be to 'stream' patients, ~~as well as providing an additional 50 ventilated spaces.~~

In ~~addition,~~ Aspen can deliver 50 ventilators, which can used across the Territory ~~actually,~~ some of these ventilators may be moved into CHS or Calvary facilities to expand their ICU capacities. However, those decisions are yet to be made.

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~~14.~~ We will ~~co-design the integration with Aspen Medical.~~

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Cost

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15. The Aspen proposal is not cheap. It reflects market conditions and that all governments are competing for the same workforce and capabilities.
16. Quoted costs include \$5.3 million to build the facility, \$1.6 million to deliver operational equipment (including supplementing our supplies of PPE, and diagnostic machinery), Then \$1.5 million per week to staff (70 medical officers and 155 nurses).
17. The cost of the facility and equipment is one-off, the staffing costs would be incurred so long as the facility is required. However Aspen Medical agreed to scale week to week as required (reducing the staffing profile to reflect what is needed).
18. There is a clear premium on costs. However, for CHS to deliver an equivalent facility, fully staffed and operational, within weeks, would be impossible.

Commented [GA(1): Side note for commercial negotiations, not for brief.

We should ask for this equipment to be owned by us at end of task.

Workforce

19. More ~~detailed progression on~~ modelling ~~on of~~ the required workforce to staff the Aspen facility has been undertaken, led by [Dr Greg Hollis](#), the Clinical Director of CHS Emergency Department. Modelling indicates a model with 42 medical officers, 76 nurses, and 10 administrative officers ~~would may~~ provide for safe 24 hour operation.
20. These numbers are considerably lower than the original estimates and will bring down the variable weekly cost of the proposal.
21. The workforce will integrate with CHS [Emergency Department](#) workforce, and be governed by senior officers within CHS. Many CHS team members will work within the Aspen facility, and vice versa. Some staff members will work across both. [This workforce model will ensure best use of human resources, maximising skills, coordination, and flexibility to adapt to changing demands.](#)

Commented [GA(2): Has this been updated to a 24/7 staffing model?

Suggest we have 90 nurses and 60 medical officers as indication we may be able to lean out our first proposal.

Delivery timeframe

22. Design to delivery – three weeks. Delivery in that timeframe is likely to see capacity brought online before it is needed. However, we are unsure when we can expect to see a rapid escalation in presentations and admissions.

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Tracking No.: MCH520/129 Tracking No.: MCH520/129

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23. The proposal also delivers an additional 50 ventilators ~~to ed beds to~~ the ACT, ~~At a~~ time when supply of ventilators is challenging.

Financial Implications

24. We are seeking agreement, and the Treasurer's authorisation to negotiate a contract with Aspen Medical up to, but no more than \$23 million, to have the facility installed by mid-April and functional through to 30 June 2020.
25. We are confident through the design stage, and contract negotiations, we can bring the cost of the proposal down through narrowing the number of staff employed, and further integration into CHS operations.
26. Should you agree, and the Treasurer authorise the expenditure, we will bring a final brief with details of the final contract.

Consultation

Internal

27. Consultation has occurred with the CHS COVID-19 Taskforce and CHS Communications and Engagement team.
28. Our COVID-19 Clinical Director is consulting widely on the Model of Care, which will guide

Cross Directorate

29. Senior Treasury officers were briefed on the proposal on 25 March 2020. They acknowledged the cost was likely driven by the marketplace we find ourselves operating within. Advice from those officers has been to include our cost estimate of \$23 million in the brief on the Supplementary Appropriation – and Treasury would 'ring fence' that funding so that it could only be spent only in response to COVID-19. If we secure a lower contract price, that money could be redirected to other response activities, or rolled over into 2020-21.
30. The Head of Service and Under Treasurer participated in a teleconference on 22 March 2020 to discuss the proposal.
31. ACTHD officials, including the Chief Health Officer, have also been made aware of the proposal, and anticipated costs have been provided to the CFO, ACTHD.

External

32. The CEO of CHS has discussed the proposal with the CEO of Calvary.

Work Health and Safety

33. CHS will have high expectations, reflected through the contract, in relation to WHS and the appropriate use of PPE.

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Benefits/Sensitivities

34. This proposal has been framed to provide additional surge capacity to the ACT health system, including securing an addition 50 ventilators. At this stage it is impossible to identify with certainty what demand will look like in the coming months.

34.

35. If demand does not exceed existing hospital capacity, we could be criticised for committing significant expenditure. In that scenario the ACT would look to provide a greater level of support for our region – recognising we would recover some of the cost from the Commonwealth, and some from NSW.

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Communications, media and engagement implications

36. Social media (Attachment A) platforms will be used to provide messaging to the broader community.

37. All communications will be approved by PICC prior to release.

Signatory Name: Dave Peffer

Phone: [Redacted]

Action Officer:

Phone:

Attachments

Attachment	Title
Attachment A	Indicative quote from Aspen Medical
Attachment B	Letter to the Treasurer


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Lowes, Shannon (Health)

From: Peffer, Dave (Health)
Sent: Friday, 27 March 2020 10:57 AM
To: Edghill, Duncan
Subject: Fwd: URGENT - Aspen Proposal
Attachments: 20200326 - Aspen proposal V2_AG_IAM_Final.docx; 20200327 - Min SS letter to Treasurer - Aspen.docx

DAVE PEFFER

 dave.peffer@act.gov.au
Strategy, Policy and Planning, Canberra Health Services
Building 24, Canberra Hospital, Garran ACT | www.health.act.gov.au

From: Peffer, Dave (Health)
Sent: Friday, March 27, 2020 7:10:16 AM
To: McPherson, Alex (Health) <Alex.McPherson@act.gov.au>; Stevenson, Nicole (Health) <Nicole.Stevenson@act.gov.au>; Whittall, Christine (Health) <Christine.Whittall@act.gov.au>
Cc: McDonald, Bernadette (Health)
Subject: URGENT - Aspen Proposal

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G'morning team – whoever gets in first could you please package up for Bernadette's review / signature.
Bernadette – this has been agreed by Greg, Andrew, Imogen and myself.
I have a teleconf this morning with Treasury at 8am to discuss.
Thanks

Dave



Canberra Health Services

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To: Minister for Health

Tracking No.: MCHS20/129

Date: Click or tap to enter a date.

From: Bernadette McDonald, Chief Executive Officer

Subject: Aspen Medical surge proposal

Critical Date: 27/03/2020

Critical Reason: Surge capacity should be brought on line in advance of rapidly escalating emergency department COVID-19 presentations and admissions

Recommendation

That you:

1. Agree to Canberra Health Services negotiating a COVID-19 surge proposal with Aspen Medical up to the value of \$23 million through to 30 June 2020.

Agreed / Not Agreed / Please Discuss

2. Sign the letter to the Treasurer seeking his agreement to fund the cost of the proposal (**Attachment B**).

Signed / Not Signed / Please Discuss

Rachel Stephen-Smith MLA

Minister's Office Feedback

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Background

1. Under a worst case scenario, the COVID-19 pandemic is expected to exhaust and overwhelm the Territory's health services resources.
2. Considerable effort has been invested in planning for COVID-19 surge capacity within existing facilities, and using a variety of workforce strategies. A particular focus has been on ventilated beds within the Territory's facilities – and areas that could be converted for this purpose, including emergency departments.
3. An additional pressure for COVID19 surge capacity is emergency departments to facilitate pathways for care in hospitals, including ventilation.
4. On Friday 20 March 2020, Canberra Health Services contacted Aspen Medical to determine whether it would have capacity to provide a surge emergency department facility in close proximity to the Canberra Hospital.
5. Preliminary specifications were provided to Aspen to deliver a semi integrated emergency facility of 50 beds, with five providing for resuscitation and ventilation.
6. We advised Aspen an estimated workforce to operate the facility was 70 medical staff and 155 nursing staff. CHS would provide supporting services such as wardspeople, food services, cleaning and security.
7. The facility is also to provide imaging diagnostics, including CT and X-Ray.
8. On 23 March, we briefed you and the Chief Minister on the proposal, seeking in-principle endorsement to continue discussions with Aspen Medical. Endorsement was given noting a further brief would be provided, and value for money considerations undertaken, before any contract was signed.
9. This in-principle endorsement was conveyed to Aspen Medical, and its team agreed to quote on the proposal.
10. On 25 March 2020, Aspen provided the attached indicative quote (**Attachment A**). It is indicative as the final costs will be dependent on design of the model - which would occur over the coming days, should you agree we proceed.

Issues*Model of care*

11. Canberra Health Services is working to finalise the model of care for the ACT health system's response to COVID-19. This work is being led by Dr Imogen Mitchell, Clinical Director for COVID-19 response.
12. The model of care determines the method and scheduling of assets and workforce used to respond to the virus. It is being designed across the Territory and has had clinical input from both Canberra Health Services and Calvary Public Hospital Bruce.
13. As the model has not been 'locked in', Aspen's proposal will be shaped over the coming days to integrate with the final model of care.
14. Its original design was to provide a COVID-19 Emergency Department in close proximity to Canberra Hospital. Its function would be to 'stream' patients.

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In addition, Aspen can deliver 50 ventilators, which can be used across the Territory to expand ICU capacity. However, those decisions are yet to be made.

Cost

15. The Aspen proposal is not cheap. It reflects market conditions and that all governments are competing for the same workforce and capabilities.
16. Quoted costs include \$5.3 million to build the facility, \$1.6 million to deliver operational equipment (including supplementing our supplies of PPE, and diagnostic machinery). Then \$1.5 million per week to staff (70 medical officers and 155 nurses).
17. The cost of the facility and equipment is one-off, the staffing costs would be incurred so long as the facility is required. However Aspen Medical agreed to scale week to week as required (reducing the staffing profile to reflect what is needed).
18. There is a clear premium on costs. However, for CHS to deliver an equivalent facility, fully staffed and operational, within weeks, would be impossible.

Workforce

19. More progression on modelling of the required workforce to staff the Aspen facility has been undertaken, led by Dr Greg Hollis, the Clinical Director of CHS Emergency Department. Modelling indicates a reduction of 10 medical officers, and 65 nurses, with the addition of 10 administrative officers may still provide for safe 24 hour operation.
20. These numbers are considerably lower than the original estimates and will bring down the variable weekly cost of the proposal.
21. The workforce will integrate with CHS Emergency Department workforce, and be governed by senior officers within CHS. Many CHS team members will work within the Aspen facility, and vice versa. Some staff members will work across both. This workforce model will ensure best use of human resources, maximising skills, coordination, and flexibility to adapt to changing demands.

Delivery timeframe

22. Design to delivery – three weeks. Delivery in that timeframe is likely to see capacity brought online before it is needed. However, we are unsure when we can expect to see a rapid escalation in presentations and admissions.
23. The proposal also delivers an additional 50 ventilators to the ACT, at a time when supply of ventilators is challenging.

Financial Implications

24. We are seeking agreement, and the Treasurer's authorisation to negotiate a contract with Aspen Medical up to, but no more than \$23 million, to have the facility installed by mid-April and functional through to 30 June 2020.

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25. We are confident through the design stage, and contract negotiations, we can bring the cost of the proposal down through narrowing the number of staff employed, and further integration into CHS operations.
26. Should you agree, and the Treasurer authorise the expenditure, we will bring a final brief with details of the final contract.

ConsultationInternal

27. Consultation has occurred with the CHS COVID-19 Taskforce and CHS Communications and Engagement team.
28. Our COVID-19 Clinical Director is consulting widely on the Model of Care, which will guide decisions around resources and facilities.

Cross Directorate

29. Senior Treasury officers were briefed on the proposal on 25 March 2020. They acknowledged the cost was likely driven by the marketplace we find ourselves operating within. Advice from those officers has been to include our cost estimate of \$23 million in the brief on the Supplementary Appropriation – and Treasury would ‘ring fence’ that funding so that it could only be spent only in response to COVID-19. If we secure a lower contract price, that money could be redirected to other response activities, or rolled over into 2020-21.
30. The Head of Service and Under Treasurer participated in a teleconference on 22 March 2020 to discuss the proposal.
31. ACTHD officials, including the Chief Health Officer, have also been made aware of the proposal, and anticipated costs have been provided to the CFO, ACTHD.

External

32. The CEO of CHS has discussed the proposal with the CEO of Calvary.

Work Health and Safety

33. CHS will have high expectations, reflected through the contract, in relation to WHS and the appropriate use of PPE.

Benefits/Sensitivities

34. This proposal has been framed to provide additional surge capacity to the ACT health system, including securing an addition 50 ventilators. At this stage it is impossible to identify with certainty what demand will look like in the coming months.
35. If demand does not exceed existing hospital capacity, we could be criticised for committing significant expenditure. In that scenario the ACT would look to provide a greater level of support for our region – recognising we would recover some of the cost from the Commonwealth, and some from NSW.

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Communications, media and engagement implications

36. Social media (Attachment A) platforms will be used to provide messaging to the broader community.
37. All communications will be approved by PICC prior to release.

Signatory Name: Dave Peffer

Phone:



Action Officer:

Phone:

Attachments

Attachment	Title
Attachment A	Indicative quote from Aspen Medical
Attachment B	Letter to the Treasurer

UNCLASSIFIED



Minister for Aboriginal and Torres Strait Islander Affairs
Minister for Children, Youth and Families
Minister for Health
Member for Kurrajong

Andrew Barr MLA
Treasurer
[Organisation]
[Address - Street or P O Box]
[SUBURB STATE POSTCODE - ALL CAPS - 2 SPACES BETWEEN EACH]
[Followed by 3 Returns.]

Dear Treasurer

I write in follow up to our verbal briefing on 22 March 2020, concerning Canberra Health Services' proposal to engage Aspen Medical as additional surge capacity within the Territory's health care system.

At that briefing, we provided senior officials from our directorates with in-principle agreement to continue negotiations, acknowledging that a final decision would need to be made once an indicative cost had been received.

The Aspen Medical proposal is framed around the delivery of a dedicated COVID-19 Emergency Department, most likely to be located Garran Oval. It would provide an additional 5 resuscitation beds, and 45 emergency beds – all with associated monitoring equipment. In addition, there will be 50 ventilators to increase capacity for ventilated beds in the Territory.

The facility will also be equipped with diagnostic imaging equipment including a CT scanner and X-Ray.

Initial estimates of staff required to operate the facility 24 hours a day included 70 medical officers and 155 nursing staff. Canberra Health Services has capacity to provide security, cleaning and food services.

Aspen provided an indicative quote of \$5.3 million to build and run the facility, \$1.6 million for equipment and supplies, and \$1.5 million per week for staffing. The cost to stand the facility up and have it operating through to 30 June is \$23 million.

If the facility is required after 30 June 2020, the operating cost is simply the weekly staff budget. Aspen has advised that it is supportive of scaling staffing and the facilities up or down over the coming months to respond to demand.

Since providing initial estimates to Aspen on staffing, Canberra Health Services has refined its analysis and considers 42 medical officers, 76 nurses and 10 administrative officers sufficient to operate the facility safely. This will bring down the staffing cost considerably.



At this stage we do not know what peak demand generated by COVID-19 will look like in the Territory. In the event demand peaks lower than some models suggest, the additional capacity delivered through Aspen Medical will assist Canberra to support the broader region. Some level of cost recovery from the Commonwealth and New South Wales will be available.

Recognising the challenge in locking in a specialist workforce and equipment of this nature, in the environment we find ourselves in, I am seeking your endorsement for Canberra Health Services to negotiate and commit to a contract, up to the value of \$23 million, to provide a dedicated surge facility for the ACT.

Should you agree to this proposal, I will ask that senior officers from Canberra Health Services work closely with Treasury officials while settling the final details of the contract.

Yours sincerely

Rachel Stephen-Smith MLA

Lowes, Shannon (Health)

From: Ponton, Ben
Sent: Tuesday, 31 March 2020 8:53 AM
To: Edghill, Duncan
Cc: Playford, Alison; Peffer, Dave (Health); Gray, Sophie; Rutledge, Geoffrey; Brady, Erin; Phillips, Brett; Cilliers, George; Marcantonio, Laura; Edgar, Olivia; Vest, Petra
Subject: FW: Temporary Emergency Department
Attachments: letter - mpc - temporary emergency health facility - 300320.pdf

Importance: High

UNCLASSIFIED Sensitive

Dear Mr Edghill,

Thank you for your letter of 30 March 2020 seeking my advice in relation to a proposed temporary emergency health facility proposed to be constructed at Garran Oval (copy of your correspondence is attached).

Exemption from the requirement for development approval

The proposed site, Garran Oval, (Block 9 Section 33 Garran) is currently zoned *PRZ1 Urban Open Space*.

The development of both a “health facility” and a “hospital” are prohibited uses under the *PRZ1 Urban Open Space* zone. However, the “Exempt Development” category within the development table under the *PRZ1 Urban Open Space* zone of the Territory Plan 2008 provides that “Development identified in the *Planning and Development Act 2007* as exempt (see sections 133 and 134 of the Act and section 20 and schedule 1 of the *Planning and Development Regulation 2008*)” does not require development approval. This is an important distinction given that the Territory Plan 2008, at Section 1.1 – Governance, provides that development applications cannot be made for prohibited development and therefore can proceed on the land if categorised as exempt development.

The development of a “health facility” or a “hospital” in response to the current emergency, declared as such under section 119 of the *Public Health Act 1997*, would place the development as something that must be dealt with under section 1.94 (*Emergencies affecting public health or safety or property*) of Schedule 1 of the *Planning and Development Regulation 2008*.

Section 1.94 (*Emergencies affecting public health or safety or property*) in Schedule 1 of the Regulation states that the following will be exempt from the requirement for development approval:

1.94 Emergencies affecting public health or safety or property

(1) A development carried out by or for the Territory if the development is carried out because of an emergency to protect—

(a) public health or safety; or

(b) property.

Note: Other territory laws must be complied with (see s 1.4).

(2) In this section:

emergency—see the *Emergencies Act 2004*, dictionary.

emergency as defined under the *Emergencies Act 2004* means: an actual or imminent event that requires a significant and coordinated response.

Examples of events: 1 fire, flood, storm or earthquake

2 accident or explosion

3 epidemic or animal disease

4 shortage of electricity, gas, fuel or water

As one of the examples used under the definition of emergency refers to an “*epidemic*”, it is clear that the intention of this exemption, could only have been to respond quickly to the type of emergency we are currently experiencing, without the need for the typical development approval process. The ACT Government should therefore be able to fully rely on it for the current situation.

Again, as noted above, section 135(2) of the *Planning and Development Act 2007* states that *a person cannot apply for approval of a development proposal for exempt development.*

On this basis I consider that as long as the development is in response to the current emergency, for example for the duration of the declaration under section 119 of the *Public Health Act 1997*, it will be exempt from the requirement for development approval – that is, it is not a permanent arrangement.

Other planning or land matters affecting the proposed development

In considering other matters as per your correspondence, I draw your attention to section 1.4 of Schedule 1 of the *Planning and Development Regulation 2008*:

1.4 Exemption does not affect other territory laws

(1) An exemption under this schedule in relation to a development does not affect the operation of any other territory law relating to land use or the provision of services for the development.

Examples—laws not affected

- *Building Act 2004*
- *Electricity Safety Act 1971*
- *Scaffolding and Lifts Act 1912*
- *Utilities Act 2000*
- *Water and Sewerage Act 2000*

(2) To remove any doubt, the following provisions of this schedule do not limit the operation of subsection (1):

(a) section 1.14 (Criterion 4—heritage, tree, environment and conservation);

(b) section 1.15 (Criterion 5—compliance with lease and agreement collateral to lease).

This provision effectively requires you to consider the operation of the *Building Act 2004*. In this regard, I suggest that you seek advice from your appointed certifier or works assessor for the project as to any other approvals that may be required for the purpose of building and construction compliance.

In this context you should also consult with the relevant utility service providers, including service providers for water (Icon Water), electricity (Evoenergy), gas (Jemena), and telecommunications (e.g. Telstra and possibly NBN Co) to establish any possible impact this development may have on utility services provided on or in proximity to the site.

I understand that regular bus services operate along Gilmore Crescent and Kitchener Street. It is therefore advisable that you consult with Transport Canberra and City Services. I also note a reference to ‘possible road closure’ within your correspondence – again a matter for Transport Canberra and City Services to consider.

There are several trees of varying quality on the fringes of Garran Oval. As the site is unleased Territory land, the *Tree Protection Act 2004* will not apply to these trees. These trees are managed by Transport Canberra and City Services, Urban Treescape Team, and you should seek its advice if any trees are proposed to be affected by the development. Although the *Tree Protection Act 2004* does not apply to these trees, I suggest that appropriate tree protection fencing be erected prior to the commencement of any work on the site to protect all trees that are not authorised for removal or for tree damaging activity.

Public parking provided for Option 2 has the potential to impact trees along the north-western edge of Garran Oval. The northern staff parking lot for both options will need to be carefully managed to limit its impact on trees.

A sewer easement is located along the south-eastern boundary of the site and could be straddling the boundary with Garran Oval. Although this easement does not appear to be impacted by any of the options, it is recommended to clarify the alignment and use of it with the service provider (Icon Water).

Block 8 Section 33 to the north of Garran Oval is leased land (Scout Association of Australia ACT Branch Inc.) and should be permitted unimpeded access from Kitchener Street, if possible. I expect that the scout hall will not operate during this time, but suggest that the Crown lessee be notified about this if possible, and if time allows.

The current parking requirement under the *Parking and Vehicle Access General Code* of the Territory Plan 2008 for a "health facility" is 4 spaces/practitioner, and for a "hospital" is 0.8 spaces/peak shift employee plus 1.3 spaces/bed. I accept that the actual parking demand will be vastly different considering the current circumstances, restrictions and limitations, and that most staff would already be associated with the Canberra Hospital. I also note that this is a temporary facility and is exempt from requiring development approval in any event. I only raise this as a guide for your consideration.

Both proposed options provide vehicle access from Kitchener Street. The access point from Kitchener Street might require additional (temporary) traffic control measures due to its proximity to the Fitchett Street junction. Option 1 provides public parking access from Gilmore Crescent with less pressure on the Kitchener Street access. Transport Canberra and City Services may have a view on this point.

The internal (on-site) arrangement for the access road from Kitchener Street should be carefully considered to allow sufficient width for passing of vehicles and delivery vehicles, as well as for holding areas or waiting areas for vehicles exiting the site to cause minimum disruption or queuing of traffic along Kitchener Street.

Similarly, the access arrangement for the (extended) public parking lot for Option 1 should be carefully considered. The current one-way traffic flow configuration for this parking facility appears, based on the information provided, to operate well.

Emergency vehicle access to the proposed emergency department is not detailed and should be carefully considered. Similarly access and on-site turning movements should be considered for waste and delivery vehicles.

Temporary lighting should be considered for all walkways for easy after-hours access. After hours pedestrian access to the northern staff parking lot for Option 1 may require a temporary path and lighting for safety and security reasons.

Accessibility and wayfinding needs should be a consideration for all footpaths and walkways, with a preference for compliance with AS1428.1 and AS1428.4 where practically possible.

Temporary signage associated with this development should be carefully placed with regard to limiting potential disturbance to adjacent residents where possible.

Prior notification of adjacent residents of proposed works, particularly along Kitchener Street and Robson Street is recommended, although not required in the particular circumstances – I'll leave that to you and your client to further consider.

Please feel free to seek further advice from my Directorate as more design details become available. The contact is Mr George Cilliers, Executive Branch Manager, Development Assessment who has been copied into this e-mail.

I trust this information is of assistance.

Yours sincerely,

B

Ben Ponton | Director-General

Phone +61 2 6207 8359

Environment, Planning and Sustainable Development Directorate | **ACT Government**

Level 3, 16 Challis Street, Dickson | GPO Box 158 Canberra ACT 2602 | www.environment.act.gov.au

From: Edghill, Duncan <Duncan.Edghill@act.gov.au>

Sent: Monday, 30 March 2020 9:12 PM

To: Ponton, Ben <Ben.Ponton@act.gov.au>

Cc: Playford, Alison <Alison.Playford@act.gov.au>; Peffer, Dave (Health) <Dave.Peffer@act.gov.au>; Gray, Sophie <Sophie.Gray@act.gov.au>

Subject: Temporary Emergency Department

Importance: High

UNCLASSIFIED Sensitive

Dear Ben,

Please find attached a letter in connection with a proposed temporary Emergency Department in Garran.

Kind Regards

Duncan

Duncan Edghill | Chief Projects Officer

Major Projects Canberra

T 02 6205 3842 | M [REDACTED] | E duncan.edghill@act.gov.au

GPO Box 158, Canberra ACT 2601





Mr Ben Ponton
ACT Chief Planning Executive
Environment, Planning and Sustainable Development Directorate
16 Challis Street
Dickson ACT 2602

Via email: Ben.Ponton@act.gov.au

cc: Ms Alison Playford, Director-General, Transport Canberra and City Services

Dear Mr Ponton

Re: Temporary Emergency Health Facility at Garran

I am writing to kindly request, to the fullest extent possible:

1. An exemption or waiver from all planning, environmental and other similar approval requirements in connection with a temporary emergency health facility (and all associated works and facilities) proposed to be constructed at Garran as described in this letter (the '**Emergency Facility**'); and
2. Your assistance in identifying and addressing any other planning or land-related matters necessary to facilitate the construction and operation of the Emergency Facility.

This request is being made in the context of the unprecedented health emergency being experienced by the ACT as a consequence of the COVID-19 pandemic. The proposed Emergency Facility will provide additional capacity in the ACT health system to facilitate the provision of vital healthcare to Canberrans in direct response to the current health emergency.

I write to you in my capacity as Chief Projects Officer within the ACT Government. Major Projects Canberra is assisting Canberra Health Services and the ACT Health Directorate to deliver this vital infrastructure.

The Nature of the Emergency Facility

The Emergency Facility will be a dedicated COVID-19 Emergency Department in close proximity to the Canberra Hospital at Garran.

The precise scope of the Emergency Facility is presently the subject of design activities and negotiations with the Territory's likely delivery partner (Aspen Medical). In summary, however, it is currently expected that the Emergency Facility:

- Will comprise five resuscitation beds, 45 treatment bays and associated triage, other medical, staff and patient spaces;
- Be single level over an approximately 2,000 m² temporary building footprint. This excludes walkways, logistics areas and carparks as discussed below;

- Include temporary carparking spaces for staff and patients;
- Include logistics and delivery areas;
- Include a connection to the Canberra Hospital campus by way of a covered walkway. This will likely be across Gilmore Crescent, prohibiting the through movement of traffic on that road; and
- Include associated site preparation, services connections, site rehabilitation and other works.

The construction of the Emergency Facility may occur in stages.

Location

The Emergency Facility is required to be located in close proximity to the Canberra Hospital to facilitate timely patient transfers. Initial investigations have determined that there is insufficient suitable space on the hospital campus itself to house the facility.

As such, the Emergency Facility is proposed to be located on Garran Oval (Garran: Block 9, Section 33) with a covered walkway across Gilmore Crescent to the Canberra Hospital. The works associated with the Emergency Facility may also involve the installation of temporary signage in the broader vicinity.

The exact positioning of the Emergency Facility is the subject of ongoing design work. Two indicative options presently under consideration are shown at Attachments A to this letter.

Timing

The Emergency Facility is proposed to be constructed as fast as design, contract and logistical matters will allow. This may involve almost immediate site preparation works, with the Emergency Facility itself currently expected to become operational in early May 2020. It will operate on a 24/7 basis.

The Emergency Facility is temporary in nature. It is proposed to be established at the site only during the current COVID-19 health emergency as required by Canberra Health Services. Once it is no longer needed, there will be a period of time required to de-mobilise the facility and rehabilitate the site. It is not currently expected that this total period will exceed 12 months from the date of this letter.

Should you require further details of the proposed development or clarification of any matters raised in this letter, please do not hesitate to contact me. Thank you in advance for your consideration of this request.

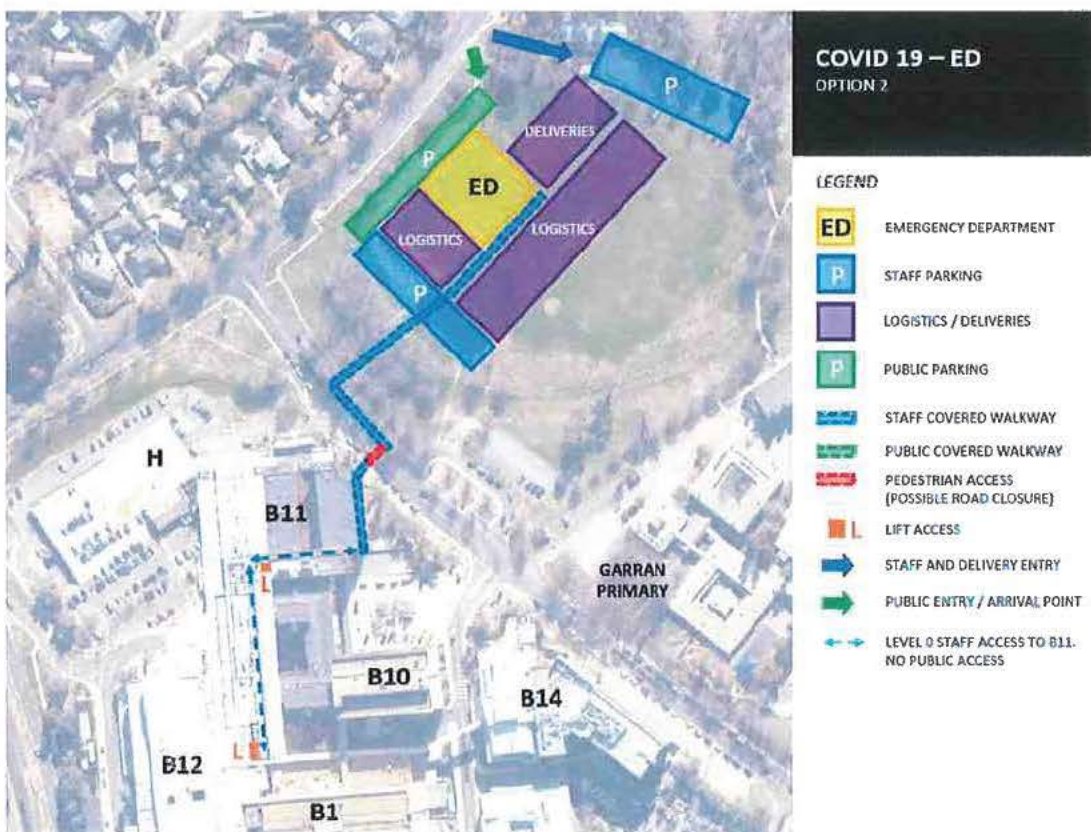
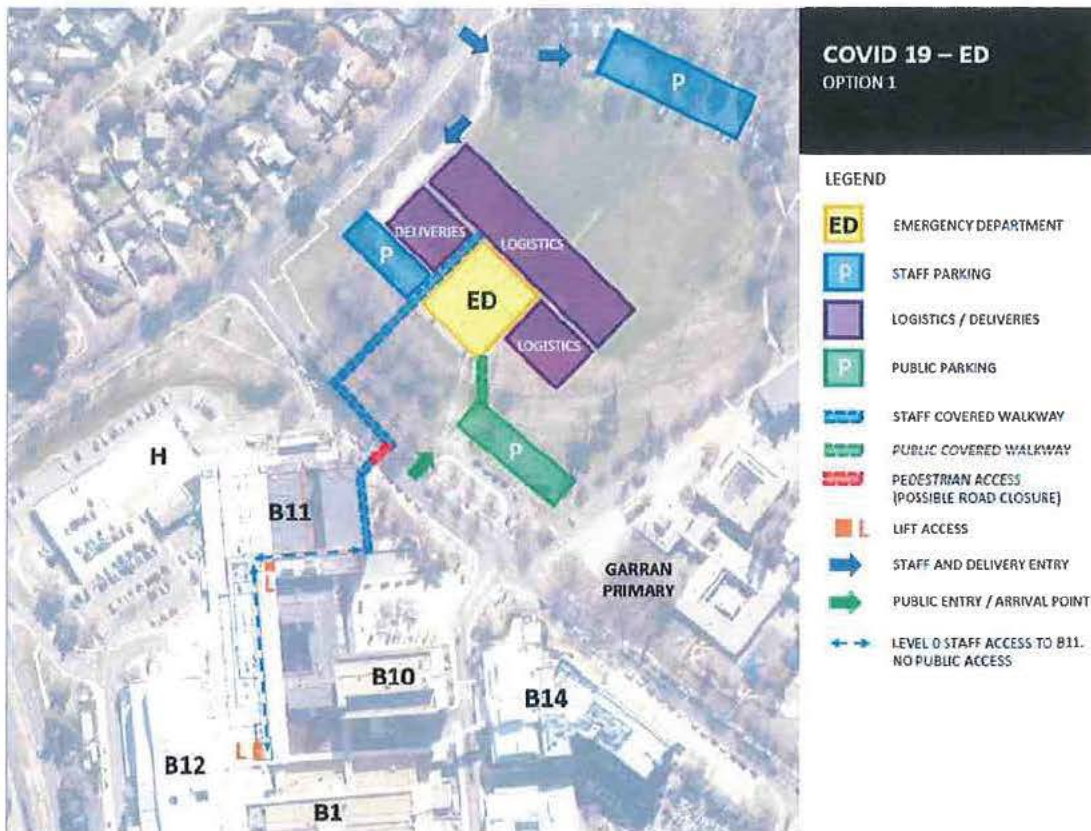
Yours sincerely



Duncan Edghill
Chief Projects Officer
Major Projects Canberra

30 March 2020

Attachment A



Lowes, Shannon (Health)

From: Morris, Ben
Sent: Tuesday, 31 March 2020 7:14 PM
To: Peffer, Dave (Health); Chambers, Kate (Health)
Cc: Whybrow, Mark
Subject: CM letter re funding and Aspen
Attachments: Att B - Reply to M Health.pdf

UNCLASSIFIED

Dave/Kate

Please see attached signed correspondence from the CM regarding the \$63m in approp and the Aspen contract

Ben



Andrew Barr MLA

Chief Minister

Treasurer
 Minister for Social Inclusion and Equality
 Minister for Tourism and Special Events
 Minister for Trade, Industry and Investment
 Member for Kurrajong

Ms Rachel Stephen-Smith MLA
 Minister for Health
 ACT Legislative Assembly
 GPO Box 1020
 CANBERRA ACT 2601

Dear Minister *Rachel*

Thank you for your letters of 27 March 2020 regarding the estimated cost of the COVID-19 response in 2019-20 and the Aspen Medical Emergency Department.

I note there is a significant level of uncertainty around the cost of the COVID-19 response, and that the figure of \$126.6 million in 2019-20 is an indicative estimate only. I also understand that your request assumes the Commonwealth will contribute toward all associated costs on a 50/50 basis.

On that basis, I support your request for appropriation of \$63 million in 2019-20 for the COVID-19 response. I also note that you will bring forward a Cabinet Submission with a further refinement of costs and with a business case for the estimated 2020-21 response impact.

I also provide my endorsement for Canberra Health Services to negotiate a contract with Aspen Medical for a dedicated COVID-19 Emergency Department, up to the value of \$23 million in 2019-20. Anticipated costs from 1 July 2020 under the Aspen arrangement should be included in your advice to Cabinet.

I have also requested Treasury officials to work with ACT Health Directorate and CHS officials to monitor the total cost of COVID-19 services along with offsetting cost reductions and future impacts associated with the delay of existing health services and diversion of resources to the COVID-19 response.

Yours sincerely

Andrew Barr MLA
 Chief Minister

31 March 2020

ACT Legislative Assembly

London Circuit, Canberra ACT 2601, Australia GPO Box 1020, Canberra ACT 2601, Australia
 Phone +61 2 6205 0011 Fax +61 2 6205 0157 Email barr@act.gov.au



@ABarrMLA



AndrewBarrMLA



andrewbarrmla



Lowes, Shannon (Health)

From: Peffer, Dave (Health)
Sent: Wednesday, 1 April 2020 7:01 AM
To: McDonald, Bernadette (Health); Gay, AndrewD (Health)
Subject: FW: CM letter re funding and Aspen
Attachments: Att B - Reply to M Health.pdf

UNCLASSIFIED

Treasurer has signed off on the funding estimate.

Dave

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

From: Morris, Ben <Ben.Morris@act.gov.au>
Sent: Tuesday, 31 March 2020 7:14 PM
To: Peffer, Dave (Health) <Dave.Peffer@act.gov.au>; Chambers, Kate (Health) <Kate.Chambers@act.gov.au>
Cc: Whybrow, Mark <Mark.Whybrow@act.gov.au>
Subject: CM letter re funding and Aspen

UNCLASSIFIED

Dave/Kate

Please see attached signed correspondence from the CM regarding the \$63m in approp and the Aspen contract

Ben



Andrew Barr MLA

Chief Minister

Treasurer

Minister for Social Inclusion and Equality

Minister for Tourism and Special Events

Minister for Trade, Industry and Investment

Member for Kurrajong

Ms Rachel Stephen-Smith MLA
Minister for Health
ACT Legislative Assembly
GPO Box 1020
CANBERRA ACT 2601

Dear Minister *Rachel*

Thank you for your letters of 27 March 2020 regarding the estimated cost of the COVID-19 response in 2019-20 and the Aspen Medical Emergency Department.

I note there is a significant level of uncertainty around the cost of the COVID-19 response, and that the figure of \$126.6 million in 2019-20 is an indicative estimate only. I also understand that your request assumes the Commonwealth will contribute toward all associated costs on a 50/50 basis.

On that basis, I support your request for appropriation of \$63 million in 2019-20 for the COVID-19 response. I also note that you will bring forward a Cabinet Submission with a further refinement of costs and with a business case for the estimated 2020-21 response impact.

I also provide my endorsement for Canberra Health Services to negotiate a contract with Aspen Medical for a dedicated COVID-19 Emergency Department, up to the value of \$23 million in 2019-20. Anticipated costs from 1 July 2020 under the Aspen arrangement should be included in your advice to Cabinet.

I have also requested Treasury officials to work with ACT Health Directorate and CHS officials to monitor the total cost of COVID-19 services along with offsetting cost reductions and future impacts associated with the delay of existing health services and diversion of resources to the COVID-19 response.

Yours sincerely

Andrew Barr MLA
Chief Minister

31 March 2020

ACT Legislative Assembly

London Circuit, Canberra ACT 2601, Australia GPO Box 1020, Canberra ACT 2601, Australia
Phone +61 2 6205 0011 Fax +61 2 6205 0157 Email barr@act.gov.au



@ABarrMLA



AndrewBarrMLA



andrewbarrmla



Lowes, Shannon (Health)

From: Edghill, Duncan
Sent: Wednesday, 1 April 2020 10:02 AM
To: Nicol, David
Cc: Peffer, Dave (Health); Miners, Stephen; Hall, Damon; Gray, Sophie; Whybrow, Mark
Subject: Pop-Up ED Budget
Attachments: spreadsheet - pop-up ed indicative costs - 010240.xlsx

Importance: High

UNCLASSIFIED Sensitive: Cabinet

David,

As discussed on DG Hook-up, the anticipated costs of the pop-up ED are still moving - the exact location needs to be resolved which will have knock-on implications, and a final proposal from Aspen has not yet been received.

We are of course looking to closely manage costs. Having said that, there are a number of material costs which fall outside the original Aspen quote – separate site preparation and rehabilitation costs, IT, temporary helipad (depending on site), temporary carparking, contingency and so forth.

Please see attached. Our current estimate is [REDACTED] for this financial year (not next year), inclusive of contingency – but even that involves risk.

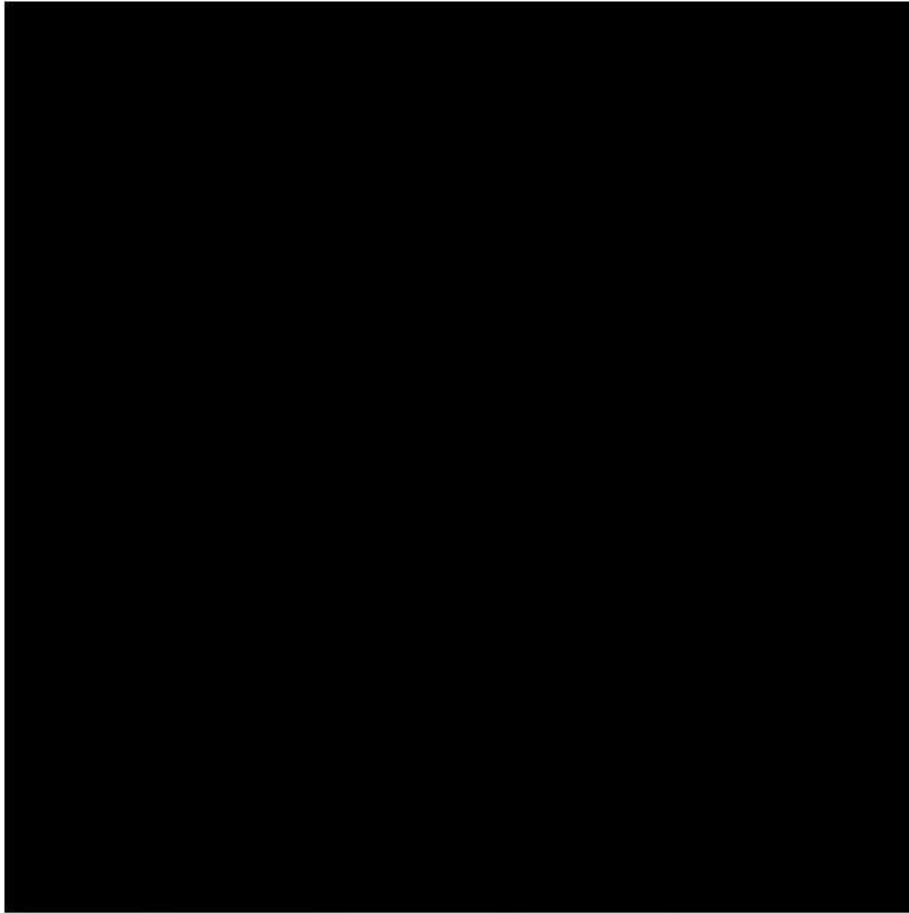
Again, we are looking to minimise costs, but we suggest a higher amount be budgeted for if possible - at the least that a material contingency is maintained.

I am happy to discuss. Thank you.

Kind Regards
Duncan

Emergency Department Pop Up - Budget Breakdown FOR CURRENT FINANCIAL YEAR ONLY

01-Apr-20



Lowes, Shannon (Health)

From: Turnbull, Ian (Health)
Sent: Wednesday, 1 April 2020 11:57 AM
To: Gay, AndrewD (Health)
Subject: FW: GP Clinic Engagement model
Attachments: GP VMO.pdf

UNCLASSIFIED

FYI

From: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Sent: Wednesday, 1 April 2020 11:53 AM
To: Turnbull, Ian (Health) <Ian.Turnbull@act.gov.au>
Cc: Swift, Catherine (Health) <Catherine.Swift@act.gov.au>; McNamara, JasonW (Health) <JasonW.McNamara@act.gov.au>; Svoboda, Anne-Marie (Health) <Anne-Marie.Svoboda@act.gov.au>; Beaumont, Cassandra (Health) <Cassandra.Beaumont@act.gov.au>
Subject: RE: GP Clinic Engagement model

UNCLASSIFIED

Ian and Team

Thanks for your work with this

I had to make a call on this yesterday to get them contracted and on board – although that is still in train so could change it if case was compelling enough.

Option 1 does not detail how they would be engaged – I presume you are thinking they would just be renters, based on the comment about charging them. The problem with this approach is that we can't guarantee sufficient patient flow at this point in time to be able to guarantee income and therefore would not be able to attract any GPs! Its not the most enticing place to work as a clinician so we need to be making it as risk free and as attractive as possible to the GPs.

We have gone for option 2b

If you want to pursue option 3 in terms of getting rights to PP in the VMO contract we could look at that, but I am advised even getting a provider number for them will take weeks.

Not only will we be able to look at Tier 2 funding, but their fees will be tracked as a COVID response and therefore eligible for the 50:50 Commonwealth funding agreement (as I understand it)

I will need to look at how we will be recording their activity to make sure it gets picked up as a tier 2 – I guess we can just walk them in to the Weston RAC that has been established in ACTPAS, and select GP as clinician

I think this flow chart will be very useful for others thinking about engaging GPs in the future.

Cathie

From: Turnbull, Ian (Health) <Ian.Turnbull@act.gov.au>
Sent: Wednesday, 1 April 2020 11:21 AM
To: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Cc: Swift, Catherine (Health) <Catherine.Swift@act.gov.au>; McNamara, JasonW (Health) <JasonW.McNamara@act.gov.au>
Subject: GP Clinic Engagement model

UNCLASSIFIED

Hi Cathie

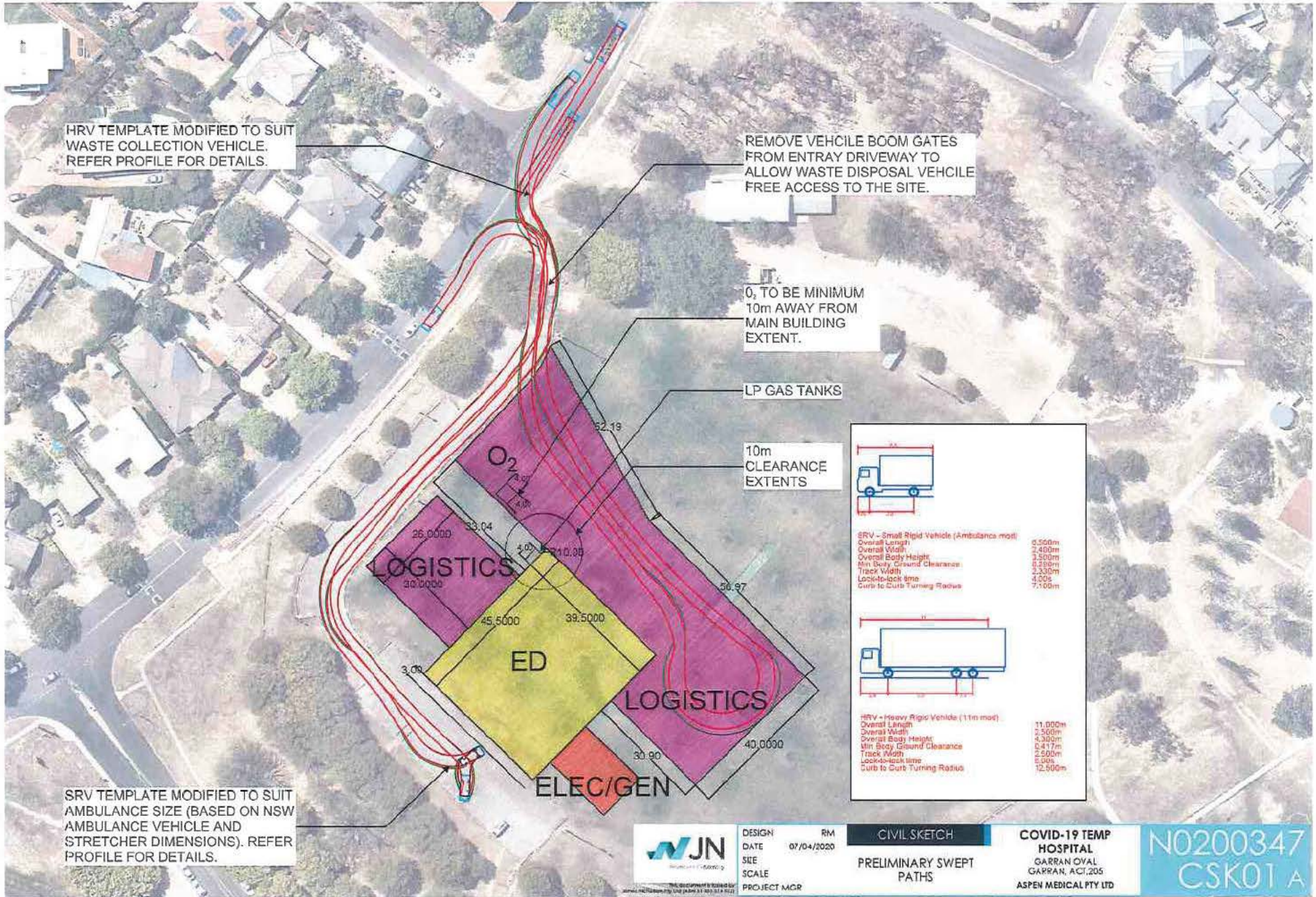
Not sure if Andrew caught up with you earlier this morning. Attached is the options we see for the use of GPs in a pup-up clinic environment.

We are happy to talk you through the assumptions and impacts but essentially Option 1 appears to be the easiest to implement, CHS would receive some revenue and the risk profile is not significant.

If you would like to chat, I am happy to set up a Webex with you to discuss.






Ian

Ian Turnbull | Senior Director Accounting, Compliance and Business Improvement
Phone 02 5124 9705 | Email: ian.turnbull@act.gov.au
Finance and Business Intelligence | Canberra Health Services | ACT Government
Building 6 Level 2, Canberra Hospital, Garran ACT 2605 | health.act.gov.au
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



**Clinic operated by General Practitioners
COVID-19**

Assumption: The purpose behind this approach is to enable the establishment of pop-up COVID clinics at one or more CHS owned locations staffed by GPs to divert patients from ED and provide increased access to assessment centres.

	 OPTION 1  Recommended Option	 OPTION 2A	 OPTION 2B	 OPTION 3
Billing Approach	GP Manages Patient Billing	No Patient Billing As Medicare referral rules not met	No Patient Billing As Medicare referral rules not met	CHS Manages Patient Billing
Administration	<ul style="list-style-type: none"> GP manages administration and billing GP manages patient records GP responsible for insurances GP agrees to only provide bulk-billed COVID services 	<ul style="list-style-type: none"> CHS manages administration CHS manages patient records CHS responsible for insurances 	<ul style="list-style-type: none"> CHS manages administration CHS manages patient records CHS responsible for insurances 	<ul style="list-style-type: none"> CHS manages administration and billing CHS manages patient records CHS potentially responsible for insurances
Contract Model	CHS charge a fee to cover consumables and rent (noting pending ACTGOV announcement on rent)	Engage GP as Senior Staff Specialist, possibly as casual, and pay salary/wages	Engage GP as VMO (Sessional) Hourly rate with penalties as appropriate	Engage GP as Locum VMO with amendments to Schedule 3 for billing etc LEGAL ADVICE REQUIRED
Pros and Cons	<ul style="list-style-type: none"> + Rapid implementation possible + Low impact on CHS administration + Diverts patients from ED - GPs may not wish to have the administrative burden - ACTGOV to announce rental changes WC 30/3 which mean possible no rent revenue - CHS cannot report activity - CHS does not have access to patient information - Risk that GP doesn't pay invoice for service fee 	<ul style="list-style-type: none"> + CHS can report activity + Diverts patients from ED + Incentive for GPs as reduces their administration. - Potential increased legal liability for the Territory - Increased administrative burden - Take time to implement - Creates an Employer / Employee relationship - Any revenue would arise from ABF only. 	<ul style="list-style-type: none"> + CHS can report activity + Diverts patients from ED + Incentive for GPs as reduces their administration. - Potential increased legal liability for the Territory - Increased administrative burden - Clear rosters would need to be developed - Take time to implement - Any revenue would arise from ABF only. 	<ul style="list-style-type: none"> + CHS can report activity + Diverts patients from ED + Revenue is controlled by CHS + Incentive for GPs as reduces their administration. - Potential increased legal liability for the Territory - Increased administrative burden including establishment of provider numbers - Legal advice required on contract - New provider numbers would need to be obtained - Take time to implement - Potentially blurs "private practice"

Lowes, Shannon (Health)

From: Pearson, Karen (Health) on behalf of CHS DLO
Sent: Tuesday, 7 April 2020 12:35 PM
To: MPC Ministerial
Cc: ACT Health DLO
Subject: MCHS20/129 COVID-19 Temporary Emergency Department Site Location
Attachments: scan_karen_pearson_2020-04-07-11-42-47.pdf

UNCLASSIFIED

Hi Nikki

Please see attached brief signed by the Minister for Health, a copy has been provided to Minister for Sport and Recreation for her signature.

Many thanks
KP

Karen Pearson | Assistant Director | Assembly and Ministerial Liaison
Phone: 02 5124 9524 | Email: CHS.Ministerial@act.gov.au
Government Relations | Canberra Health Services | ACT Government
Level 1, Building 24 Canberra Hospital, Garran ACT 2605 | health.act.gov.au
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Pearson, Karen (Health) <karen.pearson@act.gov.au>
Sent: Tuesday, 7 April 2020 11:43 AM
To: Pearson, Karen (Health) <Karen.Pearson@act.gov.au>
Subject: Your scan (Scan to My Email)



MINISTERIAL BRIEF

Canberra Health Services
Major Projects Canberra

SENSITIVE

To:	Minister for Health Minister for Sport and Recreation	Tracking No.: MCHS20/129
Date:	06/04/2020	
From:	Bernadette McDonald, Chief Executive Officer Canberra Health Services (CHS) Duncan Edghill, Chief Projects Officer Major Projects Canberra (MPC)	
Subject:	COVID19 Temporary Emergency Department Site Location	
Critical Date:	07/04/2020	
Critical Reason:	To allow the preferred site location of the temporary COVID19 Emergency Department to be announced and site mobilisation and preparation works to commence.	

Recommendation to Minister for Health

That you:

1. Note the information provided in this brief.

Noted / Please Discuss

2. Agree to locate the COVID19 Temporary Emergency Department on the Garran Oval opposite the Canberra Hospital.

Agreed / Not Agreed / Please Discuss


3. Agree to the media statement at Attachment B being released at a time of your choosing.

Agreed / Not Agreed / Please Discuss

SENSITIVE

SENSITIVE

Rachel Stephen-Smith MLA



6/14/20

Minister for Health's Office Feedback

Thank you.

Recommendation to Minister for Sport and Recreation

That you:

1. Agree to locate the COVID19 Temporary Emergency Department on the Garran Oval opposite the Canberra Hospital.

Agreed / Not Agreed / Please Discuss

Yvette Berry MLA/04/2020

Minister for Sport and Recreation's Office Feedback

Background

1. On 31 March 2020 the Chief Minister endorsed Canberra Health Services negotiating a contract with Aspen Medical for a dedicated COVID-19 Emergency Department (the 'Facility'), up to the value of \$23 million in 2019-20.
2. The proposal to establish the Facility in partnership with Aspen Medical was publicly announced on 1 April 2020.
3. The entire project consists of the delivery of the Facility and ongoing services in conjunction with Aspen Medical, together with all other associated activities (the 'Project'). The Project has three key components:
 - Design, site preparation, construction, fit-out, commissioning, demobilising and site rehabilitation works associated with the Facility. Not all of these activities will occur under the contract with Aspen Medical. Site preparation and rehabilitation works will occur through other contractors;

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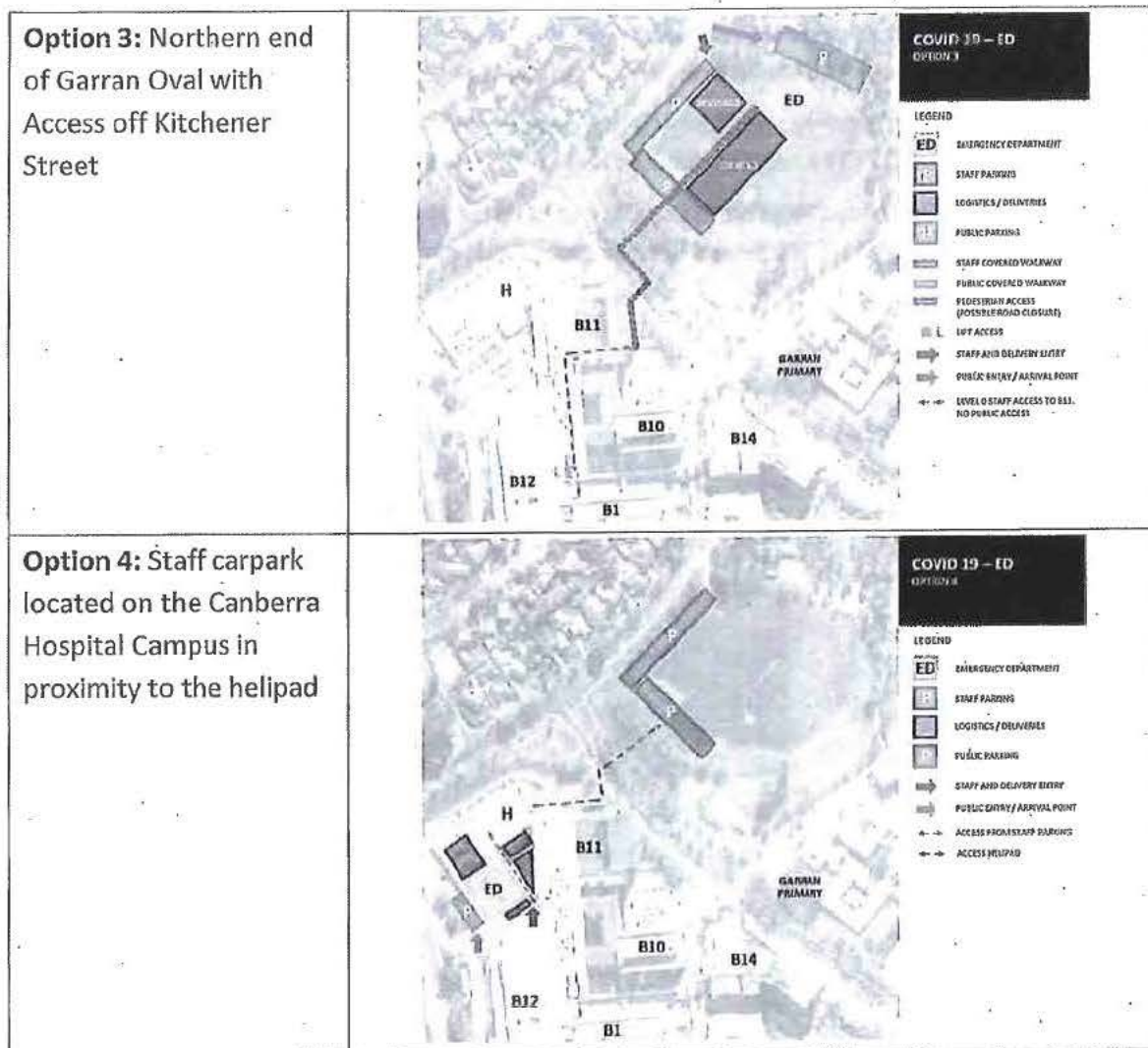
- Provision of a workforce required to safely operate the Facility, noting the detail of this workforce profile is currently being determined; and
 - Supply of equipment. Aspen Medical is required to provide Personal Protective Equipment (PPE) to safely operate the Facility and 50 ventilators.
4. The appropriation for the Project sits with Canberra Health Services. Major Projects Canberra is delivering the project in close consultation with Canberra Health Services.

Issues – Recommended Site Location

5. Four site options were considered for the location of the Facility as follows:

<p>Option 1 (Recommended): Southern end of Garran Oval with access off Gilmore Crescent [NOTE – An enlarged picture provided at Attachment A]</p>	<p>COVID 19 – ED OPTION 1 INDICATED LAYOUT FOR FACILITY KITCHENER STREET</p> <p>LEGEND</p> <ul style="list-style-type: none"> ED EMERGENCY DEPARTMENT STAFF PARKING LOGISTICS / DELIVERIES PUBLIC PARKING PATIENT TRANSFER STAFF COVERED WALKWAY PUBLIC COVERED WALKWAY PEDESTRIAN ACCESS LIFT ACCESS STAFF AND DELIVERY ENTRY PUBLIC ENTRY / ARRIVAL POINT LEVEL 0 STAFF ACCESS TO B1L, NO PUBLIC ACCESS
<p>Option 2: Western side of Garran Oval with access off Kitchener Street</p>	<p>COVID 19 – ED OPTION 2 INDICATED LAYOUT FOR FACILITY KITCHENER STREET</p> <p>LEGEND</p> <ul style="list-style-type: none"> ED EMERGENCY DEPARTMENT STAFF PARKING LOGISTICS / DELIVERIES PUBLIC PARKING STAFF COVERED WALKWAY PUBLIC COVERED WALKWAY PEDESTRIAN ACCESS (POSSIBLE ROAD CLOSURE) LIFT ACCESS STAFF AND DELIVERY ENTRY PUBLIC ENTRY / ARRIVAL POINT LEVEL 0 STAFF ACCESS TO B1L, NO PUBLIC ACCESS

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6. Option 1 above (with no road closure of Gilmore Crescent) is the recommended option as endorsed by the Clinical Health Emergency Coordination Centre ('CHECC') (including the CHS CEO) and Chief Health Officer. TCCS is the land custodian of Garran Oval and has also endorsed its temporary use for this purpose (refer paragraph 17 below). In summary, 'option 1' is recommended on the basis that it provides:
- A large flat open space for rapid construction of the temporary Facility with ample circulation space around the site for construction and logistics vehicles;
 - Acceptable proximity to the Canberra Hospital campus;
 - A visible arrival point with staff and community parking in close proximity to the Facility. Temporary signage in the broader vicinity can be erected to direct traffic flows along Yamba Drive and Kitchener Street;
 - Opportunities for expansion, if required, to respond to an increase in COVID-19 presentations; and
 - No impacts on the Canberra Hospital existing operations.

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7. The key disadvantages with the alternative options are as follows:
 - Option 2 is further from the hospital campus and may be of greater sensitivity to local residents;
 - Option 3 is the most distant to the hospital campus; and
 - Option 4, whilst the most proximate to buildings on campus, is constrained by the area available and would require the retrieval service to be relocated elsewhere.
8. Key risks and disadvantages associated with the recommended option include:
 - A covered walkway of approximately 515 meters from the Facility to Building 12 at the Canberra Hospital presents some heightened clinical risks to patient transfers compared to transfers of a shorter distance. Vehicle transfers also require additional staff at a time when numbers of suitably trained staff may already be stretched. Aspen Medical will take responsibility for patient transfers and will provide both the patient transfer vehicle and the transfer medical team.
 - There will be sensitivities to this location from local residents and other stakeholders (such as Garran Primary School);
 - Garran Oval will not be available to the community for the period of the Facility's operations and demobilisation. The oval will be damaged from the works, requiring reinstatement expenditure after the temporary Facility is removed; and
 - Constructing on an oval presents challenges and costs in respect of utilities connections and construction in the event of rain.
9. The ACT Chief Planner has confirmed that as long as the development is in response to the current emergency (for example for the duration of the declaration under section 119 of the Public Health Act 1997) it will be exempt from the requirement for development approval.
10. Reinstatement of Garran Oval: Once the Facility is no longer required to meet the needs of the current health emergency, Garran Oval will be promptly rehabilitated to at least its current standard as a cost to be borne by the Project.

Issues – Update on Other Matters

11. Design Activities: Facility design activities are ongoing with Aspen Medical. The Facility will be fully self-contained including public and staff amenities. The concept design provides 44 Treatment Bays and six Resuscitation Bays. A staged delivery of the Facility is under consideration.
12. Model of Care: Model of Care planning is in progress.
13. Commercial Negotiations: At the time of drafting, a priced proposal from Aspen Medical was pending finalisation of design activities. Key outstanding issues relate to pricing (not yet received), workforce planning matters, the management of patient data, the certainty of equipment provision, liability provisions, Facility ownership at end of term and the scope of service provision.

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14. Program: Delivery and commissioning of the Facility is being accelerated and is targeting a 'go live' date in May 2020.
15. Forecast Costs: The initial appropriation of \$23m was based on an earlier estimate of a contract to be negotiated with Aspen Medical up to that amount for this financial year. As previously alerted to Treasury, total Project costs are likely to be in excess of that amount when other site establishment, demobilisation, IT, contingency and other expenses are taken into account (as per the indicative costs table below). This will be a topic of conversation with Treasury once a final proposal has been received from Aspen Medical:

**Communications**

16. For construction activities to commence, a media announcement regarding the site of the Facility is necessary. Attachment B provides the statement proposed for release as soon as possible following your approval. It is anticipated that the community will have some concerns regarding the location of the Facility on the Garran Oval. Key community stakeholder representatives will be contacted prior to the media release being issued.
17. All external communications will be coordinated through the PICC.

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Consultation

18. This brief has been prepared by Major Projects Canberra in close consultation with Canberra Health Services and endorsed by:
- a. the Clinical Health Emergency Coordination Committee ('CHECC') (including the CHS Chief Executive Officer) and Chief Health Officer;
 - b. the Chief Projects Officer, Major Projects Canberra; and
 - c. TCCS (in relation only to the temporary use of Garran Oval on the basis it is rehabilitated to at least its current standard as a project cost following the end of the Facility's operations).
19. A copy of this brief has been provided for information to the Directors-General of the ACT Health and Education Directorates.

Signatory Name: Sophie Gray (Major Projects Canberra)

Phone: [REDACTED]

Action Officer: Nikki Pulford

Phone:

Attachments

Attachment	Title
Attachment A	COVID19 ED Site Plan Option 1
Attachment B	COVID19 ED Media Release

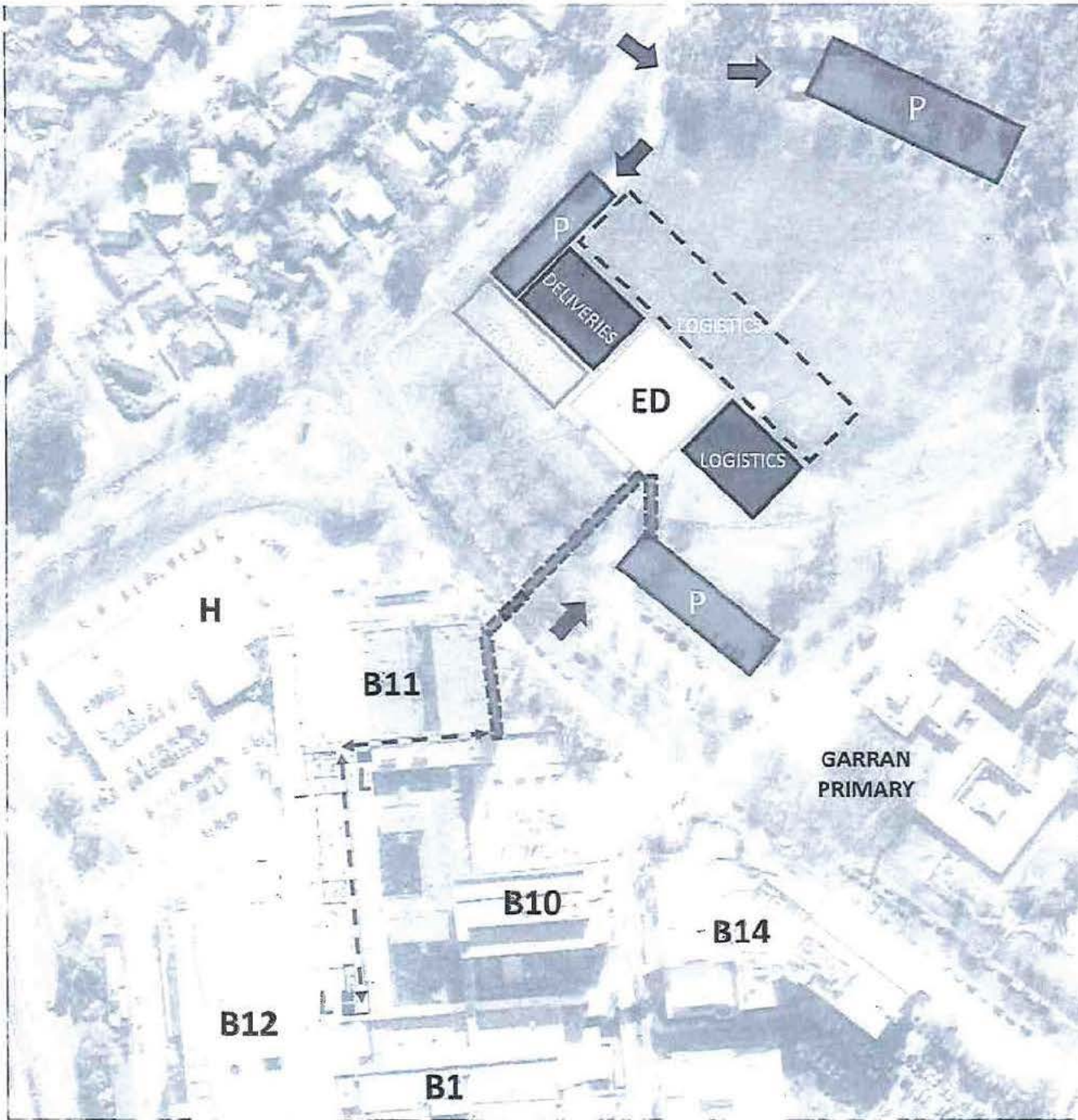
SENSITIVE

COVID 19 – ED OPTION 1

INDICATIVE LAYOUT FOR DISCUSSION
PURPOSES ONLY

LEGEND

-  **ED** EMERGENCY DEPARTMENT
-  **P** STAFF PARKING
-  LOGISTICS / DELIVERIES
-  **P** PUBLIC PARKING
-  PATIENT TRANSFER
-  STAFF COVERED WALKWAY
-  PUBLIC COVERED WALKWAY
-  PEDESTRIAN ACCESS
-  LIFT ACCESS
-  STAFF AND DELIVERY ENTRY
-  PUBLIC ENTRY / ARRIVAL POINT
-  LEVEL 0 STAFF ACCESS TO B11.
NO PUBLIC ACCESS





Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs
 Minister for Children, Youth and Families
 Minister for Health
 Member for Kurrajong

X April 2020

Location chosen for new temporary COVID-19 Emergency Department

The ACT Government will build its temporary COVID-19 Emergency Department (ED) on Garran Oval, adjacent to the Canberra Hospital.

The location has been selected to mitigate any interruptions to the Canberra Hospital operations through this critical period. It provides flexibility for the facility to have adequate area available for logistics and essential equipment servicing the facility. The facility is intended to be fully self-sufficient by way of public and staff car parking and amenities.

The ACT Government, along with partners Aspen Medical, will commence site investigation for the temporary ED over the next week to inform final design and site layout. Construction will begin shortly after.

Minister for Health Rachel Stephen-Smith said the ACT Government has been working closely with experts across both the health and construction sectors to ensure the facility could be constructed quickly and would meet the anticipated demand for healthcare in the months to come.

"We have been consulting with representatives from the World Health Organisation, as well as local and other international clinical experts as we work through the early designs," said Minister Stephen-Smith.

"Though the designs aren't yet finalised, we are moving as quickly as possible to plan, design and deliver this new facility, and ensure we are well-equipped to cope with the anticipated increased demand on our healthcare system."

"In moving ahead quickly on this project, the government is planning for the worst scenario whilst hoping for the best outcome for our community. We will continue to take decisive action during these uncertain times to make sure we're as ahead of the game as we can be."

ACT Legislative Assembly

Phone (02) 6205 2661 Email: stephen-smith@act.gov.au

@RachelSS_MLA

rachelssMLA

rachelss_mla



CANBERRA



Rachel Stephen-Smith MLA

Minister for Aboriginal and Torres Strait Islander Affairs

Minister for Children, Youth and Families

Minister for Health

Member for Kurrajong

"We anticipate the temporary facility will be built in approximately four weeks, meaning it will be ready to open in May. Before this time, we will provide the community with further information about the model of care and the operation of the facility, including who should use it and when."

The ACT Government is investing \$23 million ~~to open~~ to build, equip and operate the temporary ED until the end of July 2020. For more information and advice on COVID-19 visit www.covid19.act.gov.au

Statement ends

Media contact/s:

Caitlin Cook T (02) 6207 8731 M 0434 702 827 caitlin.cook@act.gov.au

ACT Legislative Assembly

Phone (02) 6205 2661 Email: stephen-smith@act.gov.au

@RachelSS_MLA

rachelssMLA

rachelss_mla



Lowes, Shannon (Health)

From: Edghill, Duncan
Sent: Wednesday, 8 April 2020 11:31 AM
To: Cant, Amanda; Peffer, Dave (Health)
Cc: Ross, Carolina; Drake, Angie (Health); Gray, Sophie; Hall, Damon
Subject: RE: Temp ED - notice of works - URGENT CLEARANCE
Attachments: Attachment A - Attachment A - Recommended COVID-ED Option 1 - 030420.pdf

UNCLASSIFIED For-Official-Use-Only

Mandy,

It looks good to me thanks. I'm good for it to go – a few points though:

- Let's not capitalise 'ASPEN' (unless there's been a request to do so);
- We should provide a phone number – how do we handle a complaint on Easter Sunday about noise for example? At the least suggest including the Access Canberra number and giving Access Canberra instructions as to who they can contact.
- My inclination is to provide the community with an indicative layout of the facility on the site – please see attached. The "option 1" and "indicative for discussion" references would need to be removed of course. Perhaps you could give two options to the office please, one with and one without the map.

Thanks
 Duncan'

From: Cant, Amanda <Amanda.Cant@act.gov.au>
Sent: Wednesday, 8 April 2020 11:21 AM
To: Edghill, Duncan <Duncan.Edghill@act.gov.au>; Peffer, Dave (Health) <Dave.Peffer@act.gov.au>
Cc: Ross, Carolina <Carolina.Ross@act.gov.au>; Drake, Angie (Health) <Angie.Drake@act.gov.au>; Gray, Sophie <Sophie.Gray@act.gov.au>; Hall, Damon <Damon.Hall@act.gov.au>
Subject: RE: Temp ED - notice of works - URGENT CLEARANCE

UNCLASSIFIED For-Official-Use-Only

Hi Duncan

Further to my email below, please see attached notice of works for urgent clearance. This has been reviewed by CHS DCEO. I will need to get this to MO by 12pm today to meet the print deadline (Damo copied in to assist with clearance if required).

In regards to other comms materials:

- COAP – final teaks received from CHS and I will send through for review shortly.
- Media statement – with MO
- Web copy and social media – with CHS for review

Thanks
 Mandy

From: Cant, Amanda
Sent: Tuesday, 7 April 2020 5:19 PM
To: Edghill, Duncan <Duncan.Edghill@act.gov.au>; Gray, Sophie <Sophie.Gray@act.gov.au>; Brady, Vanessa (Health)

<Vanessa.Brady@act.gov.au>; Pepper, Dave (Health) <Dave.Peffer@act.gov.au>

Cc: Ross, Carolina <Carolina.Ross@act.gov.au>; Catanzariti, John <John.Catanzariti@act.gov.au>; Drake, Angie (Health) <Angie.Drake@act.gov.au>

Subject: RE: Aspen Medical - Procurement Plan Minute for endorsement [DLM=For-Official-Use-Only]

UNCLASSIFIED For-Official-Use-Only

Thanks Duncan

The timing of the media announcement has yet to be confirmed by the MO. There is a preference to put some distance between the Education announcement and this and earlier advice suggested that it may be dropped Wednesday night to run Thursday, noting works will commence Thursday also. I will provide further advice once confirmed, however this would mean our courtesy briefing calls would occur late Wednesday.

In regards to the notice of works, we will need signoff by 12pm tomorrow to meet the print deadline and ensure distribution on Thursday. Given the out of hours works to occur (work on the long weekend) as well as equipment impacts it is important to get this notification circulated. Sophie has committed to providing high-level works detail to me tonight so that this can be drafted and sent on for urgent approvals tomorrow morning.

Cheers
Mandy

From: Edghill, Duncan <Duncan.Edghill@act.gov.au>

Sent: Tuesday, 7 April 2020 4:30 PM

To: Gray, Sophie <Sophie.Gray@act.gov.au>; Brady, Vanessa (Health) <Vanessa.Brady@act.gov.au>; Pepper, Dave (Health) <Dave.Peffer@act.gov.au>

Cc: Ross, Carolina <Carolina.Ross@act.gov.au>; Cant, Amanda <Amanda.Cant@act.gov.au>; Catanzariti, John <John.Catanzariti@act.gov.au>

Subject: RE: Aspen Medical - Procurement Plan Minute for endorsement [DLM=For-Official-Use-Only]

UNCLASSIFIED For-Official-Use-Only

Sophie,

Thank you. Noting that the PPM has a fairly narrow purpose:

- Authorising a single select procurement with Aspen Medical and Shaw Building Group; and
- Noting the composition of the Evaluation Panel,

I don't have any substantive comments and endorse it. For completeness though, suggest you could ask the delegate to also endorse the single select early purchase of equipment from Aspen Medical as part of this approval.

Separately, I note with respect to the program over the next few days:

- We'll need to resolve funding before entering into contracts which exceed the appropriation (or identify which other elements of the appropriation can be utilised); and
- If the media release is going out mid-Wednesday morning, this would point to making community group calls first thing on Wednesday morning (MANDY – please note).

Kind Regards
Duncan

Duncan Edghill | Chief Projects Officer
Major Projects Canberra

T 02 6205 3842 | M [REDACTED] E duncan.edghill@act.gov.au
 GPO Box 158, Canberra ACT 2601



From: Gray, Sophie <Sophie.Gray@act.gov.au>
Sent: Tuesday, 7 April 2020 3:27 PM
To: Brady, Vanessa (Health) <Vanessa.Brady@act.gov.au>; Edghill, Duncan <Duncan.Edghill@act.gov.au>; Peffer, Dave (Health) <Dave.Peffer@act.gov.au>
Cc: Ross, Carolina <Carolina.Ross@act.gov.au>; Cant, Amanda <Amanda.Cant@act.gov.au>; Catanzariti, John <John.Catanzariti@act.gov.au>
Subject: Aspen Medical - Procurement Plan Minute for endorsement [DLM=For-Official-Use-Only]
Importance: High

Good afternoon Vanessa, Duncan and Dave

Please find attached the procurement plan minute for the single select procurement of Aspen Medical for the delivery of the Temporary COVID19 ED.

Can I ask each of you, for the purposes of speed on this occasion, to provide your endorsement by reverted email. I'll follow up with the formal paperwork and wet signatures retrospectively.

Dave - I understand from discussions with Vanessa that you are the nominated delegate for this procurement, however if this is not correct, please advise and I will follow up with the appropriate person.

By way of project progress, below is a dot point update.

- **Tuesday** We anticipate Aspen's equipment list imminently so that an early equipment order can be placed.
- **Tuesday** ACTHD are setting up the financial system PMARS/APIAS to facilitate placement of the equipment order
- **Tuesday** The layout has been endorsed and fabrication has commenced (Fyshwick)
- **Wednesday** We will finalise the Value for Money assessment of Aspen's offer with a letter of award issued on Wednesday night
- **Wednesday** A Media Statement will be released Wednesday mid-morning advising on the site
- **Thursday** Layout survey will commence
- **Friday** Excavation of footings will commence for the main facility and works will continue on site over Easter.
- **From Thursday** Michael Whitehouse the MPC Superintendent of Works (Safety Advisor) and myself will attend site each day for a safety walk
- **Ongoing** MPC/CHS team working with Aspen to resolve site planning details, engineering services, services delineation and services model

If you require any further information, please do not hesitate to contact me.

Thanks
 Sophie

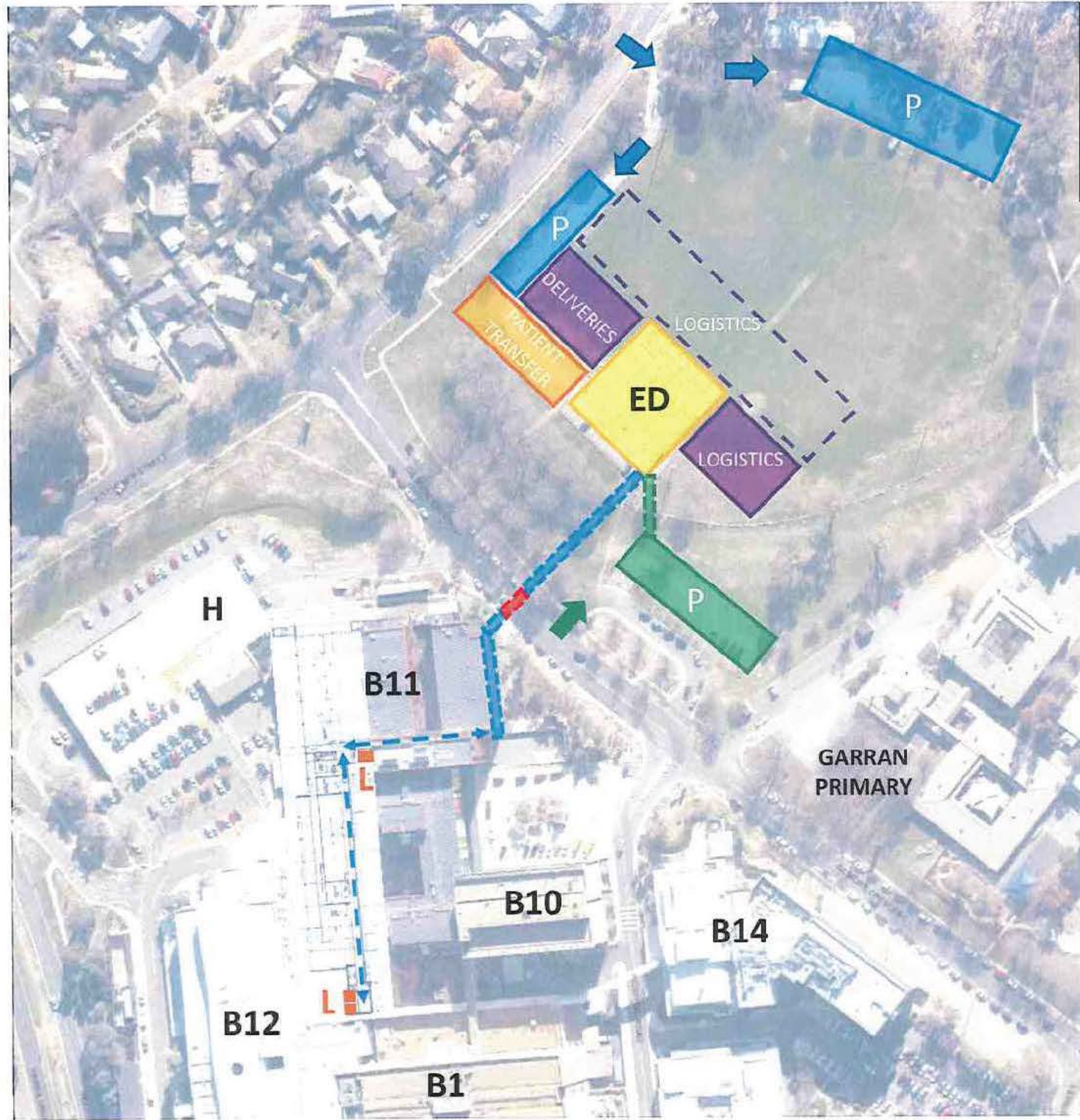
Sophie Gray
 Major Projects Canberra
 Phone 02 5124 7022 | Mobile [REDACTED] sophie.gray@act.gov.au
 Level 1 Building 3, The Canberra Hospital, Yamba Drive, Garran, ACT 2605 | GPO Box 158, Canberra ACT 2601 | act.gov.au



COVID 19 – ED

OPTION 1

INDICATIVE LAYOUT FOR DISCUSSION PURPOSES ONLY



LEGEND

-  EMERGENCY DEPARTMENT
-  STAFF PARKING
-  LOGISTICS / DELIVERIES
-  PUBLIC PARKING
-  PATIENT TRANSFER
-  STAFF COVERED WALKWAY
-  PUBLIC COVERED WALKWAY
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-  LIFT ACCESS
-  STAFF AND DELIVERY ENTRY
-  PUBLIC ENTRY / ARRIVAL POINT
-  LEVEL 0 STAFF ACCESS TO B11. NO PUBLIC ACCESS

Lowes, Shannon (Health)

From: Cant, Amanda
Sent: Wednesday, 8 April 2020 12:51 PM
To: Edghill, Duncan; Peffer, Dave (Health)
Cc: Ross, Carolina; Drake, Angie (Health); Gray, Sophie
Subject: RE: Temp ED - notice of works - URGENT CLEARANCE
Attachments: 200408 - Temporary ED - Notice of works FINAL.docx

UNCLASSIFIED For-Official-Use-Only

Hi all

Confirming the notice of works letter has now been cleared by MO. They wish to include the map.

Final attached for your record.

Thanks for your assistance.

Cheers

Mandy

From: Edghill, Duncan <Duncan.Edghill@act.gov.au>
Sent: Wednesday, 8 April 2020 11:31 AM
To: Cant, Amanda <Amanda.Cant@act.gov.au>; Peffer, Dave (Health) <Dave.Peffer@act.gov.au>
Cc: Ross, Carolina <Carolina.Ross@act.gov.au>; Drake, Angie (Health) <Angie.Drake@act.gov.au>; Gray, Sophie <Sophie.Gray@act.gov.au>; Hall, Damon <Damon.Hall@act.gov.au>
Subject: RE: Temp ED - notice of works - URGENT CLEARANCE

UNCLASSIFIED For-Official-Use-Only

Mandy,

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- Let's not capitalise 'ASPEN' (unless there's been a request to do so);
- We should provide a phone number – how do we handle a complaint on Easter Sunday about noise for example? At the least suggest including the Access Canberra number and giving Access Canberra instructions as to who they can contact.
- My inclination is to provide the community with an indicative layout of the facility on the site – please see attached. The "option 1" and "indicative for discussion" references would need to be removed of course. Perhaps you could give two options to the office please, one with and one without the map.

Thanks

Duncan'

From: Cant, Amanda <Amanda.Cant@act.gov.au>
Sent: Wednesday, 8 April 2020 11:21 AM
To: Edghill, Duncan <Duncan.Edghill@act.gov.au>; Peffer, Dave (Health) <Dave.Peffer@act.gov.au>
Cc: Ross, Carolina <Carolina.Ross@act.gov.au>; Drake, Angie (Health) <Angie.Drake@act.gov.au>; Gray, Sophie <Sophie.Gray@act.gov.au>; Hall, Damon <Damon.Hall@act.gov.au>
Subject: RE: Temp ED - notice of works - URGENT CLEARANCE

UNCLASSIFIED For-Official-Use-Only

Hi Duncan

Further to my email below, please see attached notice of works for urgent clearance. This has been reviewed by CHS DCEO. I will need to get this to MO by 12pm today to meet the print deadline (Damo copied in to assist with clearance if required).

In regards to other comms materials:

- COAP – final teaks received from CHS and I will send through for review shortly.
- Media statement – with MO
- Web copy and social media – with CHS for review

Thanks
Mandy

From: Cant, Amanda
Sent: Tuesday, 7 April 2020 5:19 PM
To: Edghill, Duncan <Duncan.Edghill@act.gov.au>; Gray, Sophie <Sophie.Gray@act.gov.au>; Brady, Vanessa (Health) <Vanessa.Brady@act.gov.au>; Peffer, Dave (Health) <Dave.Peffer@act.gov.au>
Cc: Ross, Carolina <Carolina.Ross@act.gov.au>; Catanzariti, John <John.Catanzariti@act.gov.au>; Drake, Angie (Health) <Angie.Drake@act.gov.au>
Subject: RE: Aspen Medical - Procurement Plan Minute for endorsement [DLM=For-Official-Use-Only]

UNCLASSIFIED For-Official-Use-Only

Thanks Duncan

The timing of the media announcement has yet to be confirmed by the MO. There is a preference to put some distance between the Education announcement and this and earlier advice suggested that it may be dropped Wednesday night to run Thursday, noting works will commence Thursday also. I will provide further advice once confirmed, however this would mean our courtesy briefing calls would occur late Wednesday.

In regards to the notice of works, we will need signoff by 12pm tomorrow to meet the print deadline and ensure distribution on Thursday. Given the out of hours works to occur (work on the long weekend) as well as equipment impacts it is important to get this notification circulated. Sophie has committed to providing high-level works detail to me tonight so that this can be drafted and sent on for urgent approvals tomorrow morning.

Cheers
Mandy

From: Edghill, Duncan <Duncan.Edghill@act.gov.au>
Sent: Tuesday, 7 April 2020 4:30 PM
To: Gray, Sophie <Sophie.Gray@act.gov.au>; Brady, Vanessa (Health) <Vanessa.Brady@act.gov.au>; Peffer, Dave (Health) <Dave.Peffer@act.gov.au>
Cc: Ross, Carolina <Carolina.Ross@act.gov.au>; Cant, Amanda <Amanda.Cant@act.gov.au>; Catanzariti, John <John.Catanzariti@act.gov.au>
Subject: RE: Aspen Medical - Procurement Plan Minute for endorsement [DLM=For-Official-Use-Only]

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Sophie,

Thank you. Noting that the PPM has a fairly narrow purpose:

- Authorising a single select procurement with Aspen Medical and Shaw Building Group; and
- Noting the composition of the Evaluation Panel,

I don't have any substantive comments and endorse it. For completeness though, suggest you could ask the delegate to also endorse the single select early purchase of equipment from Aspen Medical as part of this approval.

Separately, I note with respect to the program over the next few days:

- We'll need to resolve funding before entering into contracts which exceed the appropriation (or identify which other elements of the appropriation can be utilised); and
- If the media release is going out mid-Wednesday morning, this would point to making community group calls first thing on Wednesday morning (MANDY – please note).

Kind Regards

Duncan

Duncan Edghill | Chief Projects Officer
Major Projects Canberra

T 02 6205 3842 | M [REDACTED] E duncan.edghill@act.gov.au
GPO Box 158, Canberra ACT 2601



From: Gray, Sophie <Sophie.Gray@act.gov.au>

Sent: Tuesday, 7 April 2020 3:27 PM

To: Brady, Vanessa (Health) <Vanessa.Brady@act.gov.au>; Edghill, Duncan <Duncan.Edghill@act.gov.au>; Peffer, Dave (Health) <Dave.Peffer@act.gov.au>

Cc: Ross, Carolina <Carolina.Ross@act.gov.au>; Cant, Amanda <Amanda.Cant@act.gov.au>; Catanzariti, John <John.Catanzariti@act.gov.au>

Subject: Aspen Medical - Procurement Plan Minute for endorsement [DLM=For-Official-Use-Only]

Importance: High

Good afternoon Vanessa, Duncan and Dave

Please find attached the procurement plan minute for the single select procurement of Aspen Medical for the delivery of the Temporary COVID19 ED.

Can I ask each of you, for the purposes of speed on this occasion, to provide your endorsement by reverted email. I'll follow up with the formal paperwork and wet signatures retrospectively.

Dave - I understand from discussions with Vanessa that you are the nominated delegate for this procurement, however if this is not correct, please advise and I will follow up with the appropriate person.

By way of project progress, below is a dot point update.

- **Tuesday** We anticipate Aspen's equipment list imminently so that an early equipment order can be placed.
- **Tuesday** ACTHD are setting up the financial system PMARS/APIAS to facilitate placement of the equipment order
- **Tuesday** The layout has been endorsed and fabrication has commenced (Fyshwick)

- **Wednesday** We will finalise the Value for Money assessment of Aspen's offer with a letter of award issued on Wednesday night
- **Wednesday** A Media Statement will be released Wednesday mid-morning advising on the site
- **Thursday** Layout survey will commence
- **Friday** Excavation of footings will commence for the main facility and works will continue on site over Easter.
- **From Thursday** Michael Whitehouse the MPC Superintendent of Works (Safety Advisor) and myself will attend site each day for a safety walk
- **Ongoing** MPC/CHS team working with Aspen to resolve site planning details, engineering services, services delineation and services model

If you require any further information, please do not hesitate to contact me.

Thanks
Sophie

Sophie Gray

Major Projects Canberra

Phone 02 5124 7022 | Mobile [REDACTED] sophie.gray@act.gov.au

Level 1 Building 3, The Canberra Hospital, Yamba Drive, Garran, ACT 2605 | GPO Box 158, Canberra ACT 2601 | act.gov.au



09 April 2020

Dear resident,

Re: Temporary COVID-19 Emergency Department at Garran Oval, adjacent to the Canberra Hospital

The ACT Government is acting now to boost our frontline health services and ensure the Territory is prepared for an increase in patients requiring hospital care for COVID-19.

A new temporary Emergency Department will be built on Garran Oval, adjacent to Canberra Hospital, and will provide approximately 50 emergency beds. The location has been selected to mitigate any interruptions to the Canberra Hospital operations through this critical period. It also provides flexibility for the facility to have adequate area available for logistics and essential equipment servicing the facility.

Aspen Medical is assisting the ACT Government with the construction of this facility. From Thursday 9 April works will commence at the Garran Oval site. This will include:

- Site establishment, including the installation of site fencing, site sheds, carparking and staff amenities
- Foundation works, including establishing hardstand areas and drilling footings for the main building
- Utilities work, including connecting services such as power, water, communications, sewer and storm water

Meanwhile, the main building will be fabricated offsite and delivered to Garran Oval for assemblage.

The works are expected to occur during the months of April and May, with the facility to open shortly thereafter. When the facility is no longer required it will be dismantled and Garran Oval will be reinstated.

What to expect

Work will involve the following activities:

- Excavation and earthworks, including drilling footings and trenching for services in the oval
- Compaction of the hardstand areas using a vibrating roller
- Concrete and form work to prepare for installation of the modular buildings
- Use of heavy machinery, including bobcats, excavators, concrete trucks and cranes
- Use of general hand tools
- Trucks entering and exiting the site for equipment and materials delivery

Construction works and timing

Due to the urgent nature of this facility, out-of-hours works will be required. This will include construction works occurring over the Easter long weekend, as well as after hours. Every effort will be made to minimise construction impacts during this time. Mitigation measures will include:

- Turning off equipment and vehicles when not in use
- Directing noisy equipment away from residences and businesses where possible
- Using non-tonal reversing beepers on all machinery and vehicles
- Using dust suppressants
- Directing site lighting away from residences and businesses where possible

Traffic management

Throughout April you will likely notice an increase in construction traffic in the local area.

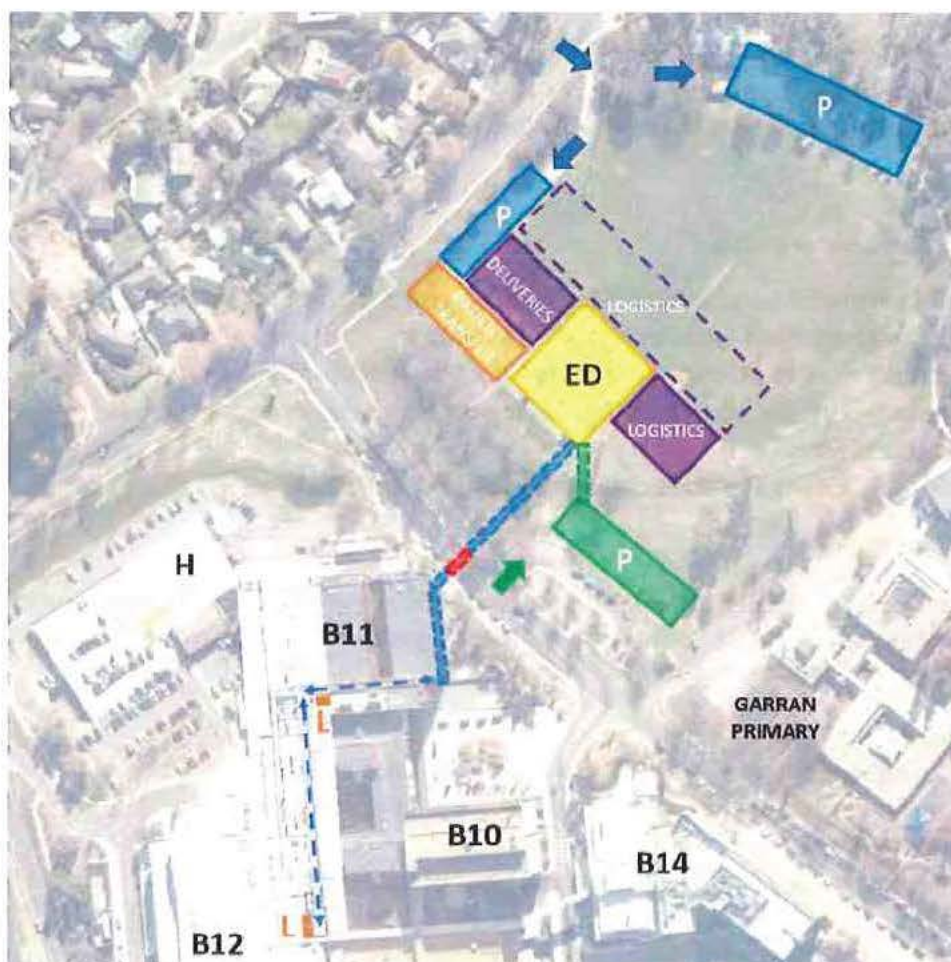
Traffic movements along Kitchener Street and Gilmore Crescent will be maintained during this work, with the use of traffic management where required.

We appreciate your patience and understanding as we work to deliver this important health infrastructure project. If you have any questions or would like to know more about these works, please contact me on 0401 674 387 or email majorprojectscanberra@act.gov.au

Yours sincerely,

Sophie Gray, Project Director
 ACT Government

Site map (subject to change based on site investigations and final design):



Lowes, Shannon (Health)

From: Gay, AndrewD (Health)
Sent: Thursday, 9 April 2020 11:16 AM
To: Chambers, Kate (Health); Turnbull, Ian (Health)
Cc: Shadbolt, Catherine (Health); McDonald, Bernadette (Health); Pepper, Dave (Health)
Subject: COVID-19 : CHS Funding Estimate - May 2020
Attachments: 20200409 - Attachment A - ACT COVID Submission - CHS May 2020.xlsx
Categories: FYI

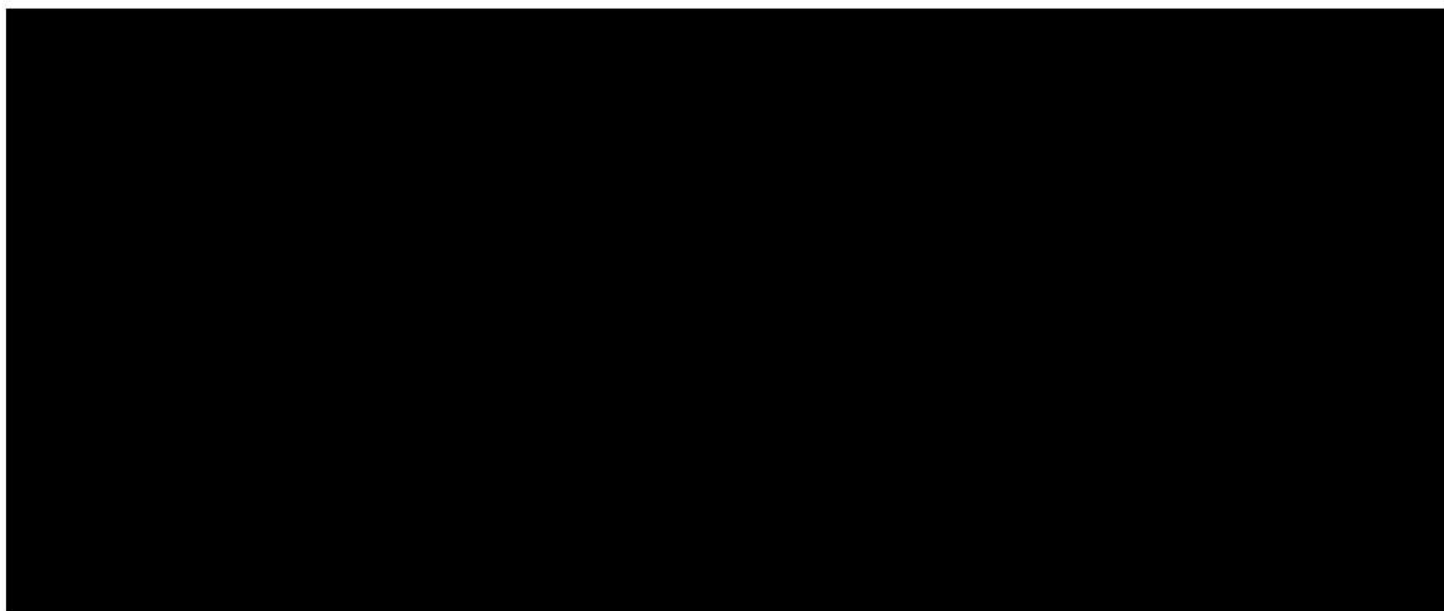
UNCLASSIFIED Sensitive

Kate,

Attached is our funding requirements related to COVID-19 for May 2020. Continue to be based on estimate methodology.

Aspen capital and operating costs are excluded from this submission.

Summary breakdown of May Costs:



Thanks
Andrew

Andrew Gay | Executive Group Manager & Chief Financial Officer
Phone 02 512 49683 | Email: AndrewD.Gay@act.gov.au
Finance, Business Intelligence, Clinical Information, Procurement & Supply
Canberra Health Services | ACT Government
Yamba Drive Garran WODEN ACT 2606 | PO Box 11 WODEN ACT 2606 | www.health.act.gov.au

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Lowes, Shannon (Health)

From: Gray, Sophie
Sent: Thursday, 9 April 2020 4:58 PM
To: McDonald, Bernadette (Health); Brady, Vanessa (Health); Pepper, Dave (Health)
Cc: Mooney, Colm (Health); Gilmore, Lisa (Health); Edghill, Duncan
Subject: RE: COVID-19 Emergency Department - Aspen Medical Information Requests [DLM=For-Official-Use-Only]

Good afternoon all

By way of an update, we have just now received the Aspen Medical commercial offer.

The tender evaluation team and technical advisors will be assessing this over Easter with a view to providing a recommendation early next week for delegate approval.

Regards
 Sophie

Sophie Gray
 Major Projects Canberra
 Phone 02 5124 7022 | Mobile [REDACTED] | sophie.gray@act.gov.au
 Level 1 Building 3, The Canberra Hospital, Yamba Drive, Garran, ACT 2605 | GPO Box 158, Canberra ACT 2601 | act.gov.au



From: McDonald, Bernadette (Health)
Sent: Thursday, 9 April 2020 4:17 PM
To: Brady, Vanessa (Health) <Vanessa.Brady@act.gov.au>; Pepper, Dave (Health) <Dave.Pepper@act.gov.au>
Cc: Mooney, Colm (Health) <Colm.Mooney@act.gov.au>; Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>; Gray, Sophie <Sophie.Gray@act.gov.au>; Edghill, Duncan <Duncan.Edghill@act.gov.au>
Subject: Re: COVID-19 Emergency Department - Aspen Medical Information Requests

Dear Sophie, thanks for the update, please let me know if we need to escalate to Glenn.

Regards
 Bernadette

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From: Brady, Vanessa (Health) <Vanessa.Brady@act.gov.au>
Sent: Thursday, April 9, 2020 8:42:36 AM
To: Pepper, Dave (Health) <Dave.Pepper@act.gov.au>; McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>
Cc: Mooney, Colm (Health) <Colm.Mooney@act.gov.au>; Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>; Gray, Sophie <Sophie.Gray@act.gov.au>; Edghill, Duncan <Duncan.Edghill@act.gov.au>
Subject: COVID-19 Emergency Department - Aspen Medical Information Requests

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Hi Bernadette and Dave

Please note that this week we were planning to formalise the scope of the contract services and contract stages with Aspen.

A RFT submission was due from Aspen on Tuesday, as at this morning, no proposal has been received and Aspen are not responding to telephone and email communications.

We will continue to follow up, however this is delaying us in being able to assess their offer on PPE, Equipment, Workforce and Infrastructure capacity and costs. We have no detailed delivery program either.

We are lined up on our side:

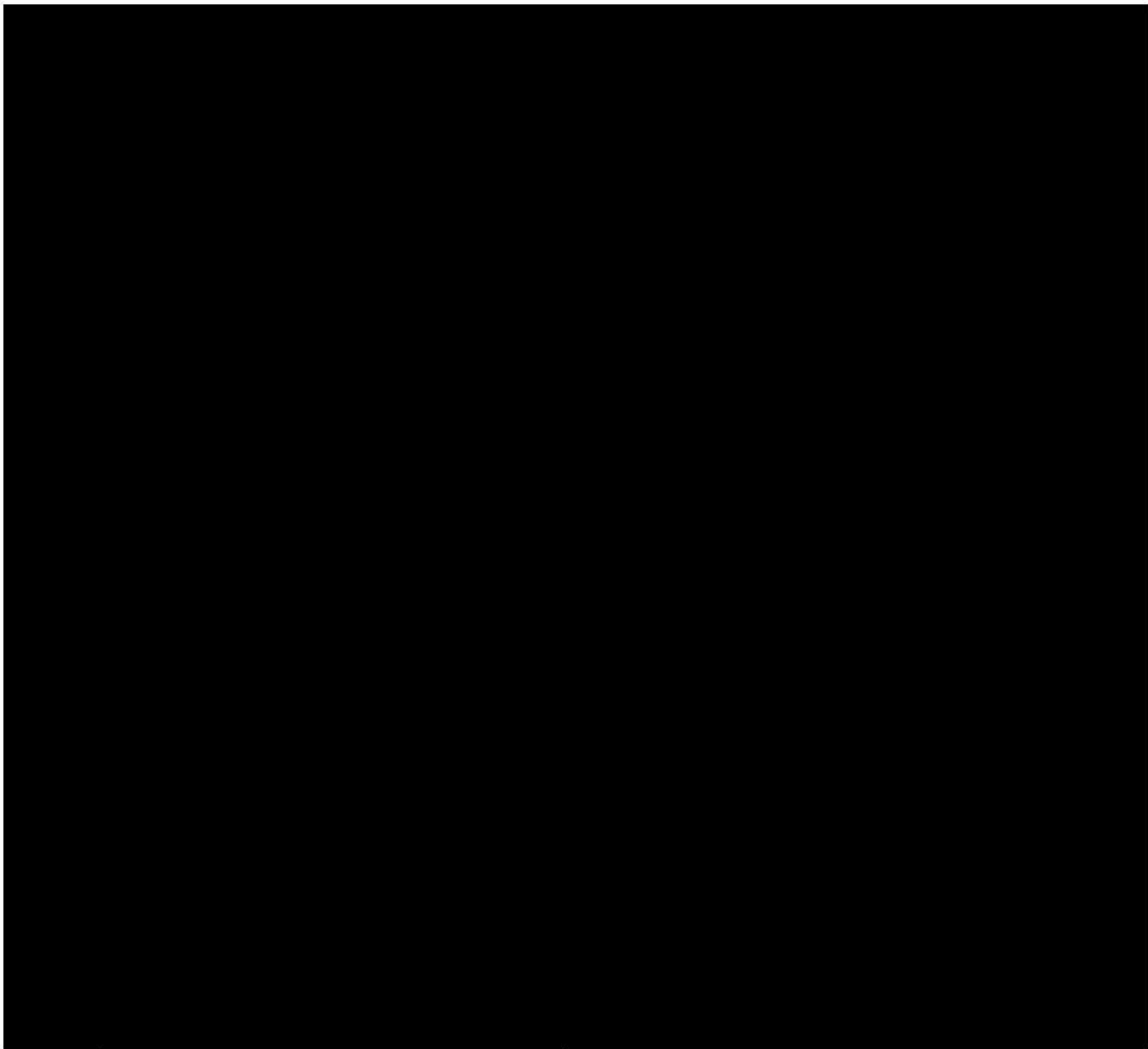
- Draft contract is prepared with input from GSO.
- The Equipment schedule has been reviewed and returned with CHS inputs.
- CHS integration services (anticipated to be required) are commencing their planning phase.
- Site mobilisation works at the Garran Oval commence today.

The RFT Evaluation Team are on standby, we will assess over Easter.

Regards

Vanessa Brady

[Project Director | Canberra Hospital Campus Modernisation Program](#)



Lowes, Shannon (Health)

From: McDonald, Bernadette (Health)
Sent: Wednesday, 15 April 2020 5:42 PM
To: Jean, David (Health); Peffer, Dave (Health); Mitchell, Imogen (Health)
Subject: Re: Canberra Times interview on temp ED, plus RiotACT interview on staff preparedness

Dave, I think we need to do the interviews however I would like to wait a few days on the Aspen ED as it needs to get through cabinet and we need to get clear on the narrative.

Thanks
Bernadette

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From: Jean, David (Health) <David.Jean@act.gov.au>
Sent: Wednesday, April 15, 2020 12:27:54 PM
To: McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>; Peffer, Dave (Health) <Dave.Peffer@act.gov.au>; Mitchell, Imogen (Health) <Imogen.Mitchell@act.gov.au>
Subject: Canberra Times interview on temp ED, plus RiotACT interview on staff preparedness

UNOFFICIAL

Hi Bernadette, Imogen and Dave,

See below request. I actually think it would be beneficial for someone to do an interview later this week for the Sunday paper articulating where we are at with this facility. I explained to them that we don't have all the answers as yet because we are exploring the best ways to integrate the facility into the whole system. Options for model of care are still being explored and we have to work through the potential scenarios.

I've also suggested they have a look at how they are looking to increase capacity interstate – refurbishing convention centres etc.

I've got Angie working up a Q&A document today and tomorrow so we can start to agree on our comms about this anyway, so an interview (with one of you three) about where we are at with our planning and thinking could be a good way to start to get our key messages out to the public.

We also have a separate, broader request from the Riotact to interview someone this week about how we are preparing staff to manage COVID-19. **Imogen**, perhaps an opportunity to raise your profile as the Clinical Director? We've pushed back on this request today, but again its an opportunity for us to push key messages.

We've got a very supportive local media currently, so doesn't hurt to provide interviews at the appropriate times. Let me know your thoughts. If you're happy to proceed we an arrange around your schedules. I'd suggest no earlier than Friday for the temporary ED interview.

Thanks,

David Jean

Senior Director, Strategy and Communications

Communications and Engagement

Canberra Health Services | ACT Government

P. (02) 512 46115 | M. [REDACTED] | E. David.Jean@act.gov.au

Canberra Health Services media on-call phone: 0466 948 935

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From [REDACTED]
Sent: Wednesday, 15 April 2020 12:01 PM
To: Jean, David (Health) <David.Jean@act.gov.au>
Subject: Hospital
hey mate,

As discussed, we're doing a bit more of an in-depth look at the pop-up hospital being built for Sunday's paper, considering how unique a project it is. Hoping to be able to chat to someone about it for both some colour and any extra details that might be known (and hopefully get a pic that updates progress). Below are a few questions I'd be interested in.

- any projections on how many people would be using it
 - why this was chosen as opposed to repurposing another building etc
 - how it will sure up Canberra's response?
 - why was it deemed necessary, noting it's a unique project in Australia?
 - who would be treated there etc
 - how big a challenge is it to create a pop-up hospital from scratch
- Cheers,

[REDACTED]

Journalist
Australian Community Media

[REDACTED]

A 9 Pirie Street, Fyshwick, ACT, 2609
W www.canberratimes.com.au



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Lowes, Shannon (Health)


From: Peffer, Dave (Health)
Sent: Wednesday, 15 April 2020 6:17 PM
To: Gray, Sophie; Gay, AndrewD (Health); Mitchell, Imogen (Health); Mooney, Colm (Health); Vanessa Brady
Subject: Re: CM letter re funding and Aspen


Is it possible for you to have first cut please - strat board may go for a while yet. Then I'm happy to discuss with Duncan and ensure we reflect concerns raised.

Thanks


Dave


DAVE PEFFER

 | dave.peffer@act.gov.au
 Strategy, Policy and Planning, Canberra Health Services
 Building 24, Canberra Hospital, Garran ACT | www.health.act.gov.au

From: Gray, Sophie <Sophie.Gray@act.gov.au>
Sent: Wednesday, April 15, 2020 6:11:21 PM
To: Peffer, Dave (Health) <Dave.Peffer@act.gov.au>; Gay, AndrewD (Health) <AndrewD.Gay@act.gov.au>; Mitchell, Imogen (Health) <Imogen.Mitchell@act.gov.au>; Mooney, Colm (Health) <Colm.Mooney@act.gov.au>; Vanessa Brady 
Subject: Re: CM letter re funding and Aspen
 Cool Dave
 Are you happy to provide some edits in track changes or alternatively I can draft for you and Duncan to consider.
 Thanks
 Sophie

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From: Peffer, Dave (Health) <Dave.Peffer@act.gov.au>
Sent: Wednesday, April 15, 2020 6:09:46 PM
To: Gay, AndrewD (Health) <AndrewD.Gay@act.gov.au>; Mitchell, Imogen (Health) <Imogen.Mitchell@act.gov.au>; Gray, Sophie <Sophie.Gray@act.gov.au>; Mooney, Colm (Health) <Colm.Mooney@act.gov.au>; Vanessa Brady 
Subject: Fwd: CM letter re funding and Aspen
 Hi all


 The \$23m is this year's spend. The CM was advised there's additional costs next financial year if the facility continues to operate.

We'll reflect concerns in the sub's drafting.

Thanks

Dave

From: Morris, Ben <Ben.Morris@act.gov.au>
Sent: Tuesday, March 31, 2020 7:13 pm
To: Peffer, Dave (Health); Chambers, Kate (Health)
Cc: Whybrow, Mark
Subject: CM letter re funding and Aspen
UNCLASSIFIED

Dave/Kate

Please see attached signed correspondence from the CM regarding the \$63m in approp and the Aspen contract

Ben

Lowes, Shannon (Health)

From: Peffer, Dave (Health)
Sent: Wednesday, 15 April 2020 10:23 PM
To: Andrea Moore (Calvary); Taylor, Jacqui (Health); Bear, Jacqui (Health); Darlene Cox; Belinda Yates (Calvary); Gay, AndrewD (Health); Jean, David (Health); Mitchell, Imogen (Health); Mooney, Colm (Health); Patterson, Denise (Health); Rea, Katrina (Health); Shadbolt, Catherine (Health); Foote, Claire (Health); Frank Bowden (Calvary); George, Jacinta (Health); McNiven, Peter (Health); Sloane, Jen (Health); McDonald, Bernadette (Health); Wells, Patrick (Health)
Cc: Brady, Vanessa (Health); Gray, Sophie
Subject: FW: Marked-Up Cab Sub
Attachments: 0. Cover Brief - Temporary COVID-19 Emergency Department (A25411148) (002).docx; cabinet submission - mpc - cic - temporary ed - mark-up - 150420 (002).docx

UNCLASSIFIED Sensitive: Cabinet

Evening CHECC team

Thank you again for the robust discussion this afternoon. Your feedback and the concerns we collectively explored will help to shape a more flexible proposal, deliver better value for money and ultimately (and most importantly), provide better care for our community.

Duncan, Sophie and I have attempted to reflect as best we can the discussion in tracked changes to the brief and submission. I think this accurately reflects the strength of views and the issues we'd still like to work through in greater detail before we (the CHECC) reach the point of making a final recommendation to Bernadette, in advance of pen being put to paper.

We agreed to revisit the paper at 8.30am during our huddle. If there's any 'show-stoppers' we can ensure the Minister has visibility of those concerns in advance of Cabinet.

Thank you for your patience, I'm very conscious under normal circumstances we would consult on a submission like this for weeks, and provide multiple versions for review. We don't however find ourselves in normal circumstances.

Dave

Dave Peffer
Deputy Chief Executive

Phone [REDACTED] | Email: dave.peffer@act.gov.au
 Building 24, Level 2, Canberra Hospital, Yamba Drive, Garran ACT 2605



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**Canberra Health
 Services**

From: Peffer, Dave (Health)
Sent: Wednesday, 15 April 2020 9:55 PM
To: Edghill, Duncan <Duncan.Edghill@act.gov.au>; McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>

Cc: Gray, Sophie <Sophie.Gray@act.gov.au>; Pulford, Nikki <Nikki.Pulford@act.gov.au>
Subject: RE: Marked-Up Cab Sub

UNCLASSIFIED Sensitive: Cabinet

Duncan and Sophie thank you for kindly coordinating comments. I've tracked my suggested inclusions to reflect the strength of views expressed through CHECC this afternoon.

Bernadette – will text you.

Thanks

Dave

Dave Peffer
Deputy Chief Executive

Phone: [REDACTED] Email: dave.peffer@act.gov.au
Building 24, Level 2, Canberra Hospital, Yamba Drive, Garran ACT 2605



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**Canberra Health
Services**

From: Edghill, Duncan <Duncan.Edghill@act.gov.au>
Sent: Wednesday, 15 April 2020 8:00 PM
To: McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>; Peffer, Dave (Health) <Dave.Peffer@act.gov.au>
Cc: Gray, Sophie <Sophie.Gray@act.gov.au>; Pulford, Nikki <Nikki.Pulford@act.gov.au>
Subject: Marked-Up Cab Sub
Importance: High

UNCLASSIFIED Sensitive: Cabinet

Bernadette, Dave,

Please find attached a marked-up Cab Sub which hopefully captures the pertinent CHECC comments from today. I've also attached the proposed cover brief to Minister.

I'd be grateful if you might confirm please whether we can get this over to Minister.

Kind Regards
Duncan

Duncan Edghill | Chief Projects Officer
Major Projects Canberra

T 02 6205 3842 | M [REDACTED] E duncan.edghill@act.gov.au
GPO Box 158, Canberra ACT 2601



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Major Projects Canberra

Lowes, Shannon (Health)

From: McDonald, Bernadette (Health)
Sent: Thursday, 16 April 2020 11:08 AM
To: Gilmore, Lisa (Health); Chatham, Elizabeth (Health); Peffer, Dave (Health); Mitchell, Imogen (Health); Tzavalas, Olivia (Health)
Subject: Re: Aspen ED forward planning

Dear Lisa, thanks for your email and the followup with Greg. It would be great if you can work up the plan in a bit more detail. I will ask Kat to talk to you about a possible format. I am less worried about the format and would rather pin down the details.

I have raised the discussion we had on the RAC and staged approach with the minister and she is comfortable with the approach so lets proceed on that basis.

I would suggest that we get back together early next week to discuss a further detailed plan.

I will ask Olivia to set up a time for discussion next Monday.

Lisa it would be great if you can reply to Gregs email.

Thanks Bernadette

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From: Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>
Sent: Thursday, April 16, 2020 10:54:29 AM
To: McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>; Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Peffer, Dave (Health) <Dave.Peffer@act.gov.au>; Mitchell, Imogen (Health) <Imogen.Mitchell@act.gov.au>
Subject: Aspen ED forward planning

UNCLASSIFIED

Hi all,

Please see attached top level summary of the discussion we had yesterday.

I spoke with Greg this morning and he agrees that a versatile (? RAC) staged approach to opening with a CHS ED demand trigger is sensible.

Please let me know if/when you would like this plan worked up in more detail and what format you would like it in.

Would you like me to reply to Greg's email dated 13/4/20 ?

Kind Regards

Lisa Gilmore | Executive Director

Phone: 02 5124 7135 | Email: lisa.gilmore@act.gov.au

Division of Critical Care | Canberra Health Services | ACT Government

Division of Allied Health | Canberra Health Services | ACT Government

Building 24, Level 2, Canberra Hospital PO Box 11, Woden ACT 2606 | health.act.gov.au

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**Canberra Health
Services**

Lowes, Shannon (Health)

From: Brady, Vanessa (Health)
Sent: Monday, 20 April 2020 12:44 PM
To: Chatham, Elizabeth (Health); Peffer, Dave (Health); Mitchell, Imogen (Health); O'Neill, Cathie (Health); Mooney, Colm (Health)
Subject: RE: ASPEN Medical Temporary ED Oversight Group meeting
Attachments: 200415 Aspen Program.pdf; 200419 COVID19 ED Aspen Clinical RFI Register.xlsx; 200419 COVID ED_Model of Care & Service Delivery.docx

UNCLASSIFIED Sensitive

Regards

Vanessa Brady

[Project Director | Canberra Hospital Campus Modernisation Program](#)

-----Original Appointment-----

From: Tzavalas, Olivia (Health) <Bernadette.McDonald@act.gov.au> **On Behalf Of** McDonald, Bernadette (Health)
Sent: Monday, 20 April 2020 12:21 PM
To: McDonald, Bernadette (Health); Gilmore, Lisa (Health); Chatham, Elizabeth (Health); Peffer, Dave (Health); Mitchell, Imogen (Health); O'Neill, Cathie (Health); Mooney, Colm (Health); Brady, Vanessa (Health); Gilmore, Lisa (Health); Chatham, Elizabeth (Health); Peffer, Dave (Health); Mitchell, Imogen (Health); O'Neill, Cathie (Health); Mooney, Colm (Health)
Subject: ASPEN Medical Temporary ED Oversight Group meeting
When: Monday, 20 April 2020 12:30 PM-1:30 PM (UTC+10:00) Canberra, Melbourne, Sydney.
Where: CEO Office (TCH)/ Webex (Details provided below)

Hi all,

Please accept this invitation to meet and discuss the ASPEN Emergency Department.

Please see below webex details:

-- Do not delete or change any of the following text. --

When it's time, join your Webex meeting here.

Meeting number (access code): 585 527 916

Meeting password: HRsaKwzu962

[Join meeting](#)

Join by phone

Tap to call in from a mobile device (attendees only)

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Kind regards

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ACT
Government

**Canberra Health
Services**

Model of Care Principles and Service Delivery Plan

COVID-19 Emergency Department

Outsourced Service Provider: Aspen Medical

19 April 2020

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Approvals

Position	Name	Signature	Date
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1.0 Introduction

Due to heightened global concerns around the pandemic potential of COVID-19, the World Health Organization (WHO) International Health Regulations Emergency Committee, declared the outbreak of COVID-19 a Public Health Emergency of International Concern on 30 January 2020.¹

The clinical severity of the disease will affect the number of people that present to primary care, and who need to be hospitalised. The ACT Government is prepared for an increase in patients requiring hospital care during the COVID-19 pandemic.

The objective of the COVID-19 Emergency Department is the delivery of a turnkey emergency response solution to meet the anticipated increase in demand for health care services and infrastructure to respond to the COVID-19 pandemic. The solution includes provision of clinical staff and a temporary Emergency Department facility that meets the health care needs of the ACT, as best as can be anticipated.

On 31 March 2020, the Chief Minister endorsed Canberra Health Services negotiating a contract with Aspen Medical for the provision of this turnkey solution, which will establish a dedicated COVID-19 Emergency Department (the '**Facility**'). The proposal to establish the Facility and associated outsourced services with Aspen Medical was publicly announced on 1 April 2020.

The scope of the contract arrangement with Aspen Medical has five key service delivery components:

- a. Design, construction, fit-out, commissioning and demobilising of the Facility.
- b. Provision of the clinical and non-clinical workforce required to safely operate the facility including medical, nursing, ward persons and clinical administration.
- c. Supply of medical equipment and fifty (50) ventilators.
- d. Supply of Personal Protective Equipment (PPE), pharmacy and consumable products.
- e. Provision of the following operational support services:
 - i. Facilities management;
 - ii. Internal physical and electronic security;
 - iii. Patient meal service;
 - iv. Cleaning;
 - v. Patient distribution;
 - vi. Material distribution; and
 - vii. Patient transfers via road retrieval to the Canberra Hospital.

The Facility is designed to be a 51 bed Emergency Department, configured as separate "pods" for the purposes of strict infection prevention and control.

¹ Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19), Department of Health

Table 1. Pod Configuration

Bed Type	Total Number of Beds	Configuration
Resus	6	3 x Suspected Case Resus Beds 3 x Confirmed Case Resus Beds
Moderate Case EMU Beds	16	8 x Suspected Case Beds with 4 x toilets (1 pod) 8 x Confirmed Case Beds with 4 x toilets (1 pod)
Acute Case EMU Beds	18	9 x Suspected Case Beds with 1 x ensuite (1 pod) 9 x Confirmed Case Beds with 1 x ensuite (1 pod)
High Care Beds	10	5 x Suspected Case Beds with 2 x toilets (1 pod) 5 x Confirmed Case Beds with 2 x toilets (1 pod)
Palliative Care	1	1 x Palliative Care Family Room
	51	

The delivery of the Facility solution is under an accelerated program, targeting a construction completion and go live date in May 2020.

2.0 Philosophy

The intent of the Facility is a purpose-built Emergency Department for suspect or confirmed COVID patients, enabling the distinct separation, safe and effective treatment of patients not displaying symptoms of the coronavirus from those patients who are either symptomatic or are known to have the disease.

This Facility will enable our health service to:

- safely separate (as far as practicable) COVID query or confirmed patients from non-suspect or negative COVID patients with an Emergency Department presentation;
- respond promptly and effectively to minimise the novel coronavirus outbreak impact;
- minimise the risk of further disease transmission; and
- protect the CHS workforce from risk of infection and transmission.

3.0 Model of Care Principles

The Model of Care principles rely upon the Facility operating as a part of the Canberra Health Services network. Importantly, there needs to be a recognition that there are a number of workforce, specialist equipment and infrastructure limitations in the COVID-19 Emergency Department Facility which determine that some patients with a COVID query or confirmed status would need be treated at the Canberra Hospital.

The delineation of these patient categories is defined in Table 1 and Table 2 below.