#### Lowes, Shannon (Health)

From:

Landon, Daniel (Health)

Sent:

Thursday, 16 April 2020 11:55 AM

To:

Campbell, Casey (Health)

Subject:

RE: Northside Brief

#### **UNCLASSIFIED**

Hi Casey

I've drafted a brief, it's currently with Brad for review.

Brad and I have a catch-up planned this afternoon – I'll chase up with him then.

Cheers

Dan

From: Campbell, Casey (Health) < Casey. Campbell@act.gov.au>

Sent: Thursday, 16 April 2020 11:44 AM

To: Landon, Daniel (Health) < Daniel. Landon@act.gov.au>

Subject: Northside Brief

#### UNCLASSIFIED

Hi Dan

Liz asked for a brief to be written about the new way forward for Northside – has this been drafted? Liz mentioned this can just be a minute to her.

Case

#### Casey-lee Campbell | Executive Assistant to Liz Lopa

Ph: 02 5124 9707 | Email: casey-lee.campbell@act.gov.au

Strategic Infrastructure | ACT Health Directorate

Level 4, 4 Bowes Street Phillip ACT 2606

health.act.gov.au



#### Lowes, Shannon (Health)

From:

Landon, Daniel (Health)

Sent:

Monday, 20 April 2020 9:15 AM

To:

Burch, Brad (Health)

Subject:

FW: NHDOA - Background Information, Asset Register & Desktop Condition

Assessment

Attachments:

60628807-NHDOA-DesktopConditionAssessment-CPHB\_BuildingInformation\_A.pdf;

60628807-NHDOA-DocumentRegister\_GapAnalysis-20200414.pdf; 60628807-

NHDOA-ProjectProgram-B.pdf; 60628807-NHDOA-

DesktopConditionAssessment\_A.pdf; 60628807-NHDOA-Return Brief-B.pdf

#### **UNCLASSIFIED**

Hi Brad

I've had a look at the updated return brief - it looks ok to me.

The updates about the change to the SAMP process also look ok.

There's just a few questions I've got:

- Sn 2.5: is 'by exception only' ok?
- 4.1: Current and future service demand profile. Do you want me to talk to Sarah G on Thursday about that?
- •
- •
- 7.4: needs updating:
  - Can I attend stage 1 and 2 of project control group?
  - Steering committee needs to include:
    - o Liz Lopa (committee chair), Executive Group Manager, Strategic Infrastructure Division;
    - o Jacinta George, EGM, Health System Planning and Evaluation Division;
    - o Margaret Stewart; EBM, Commissioning Branch;
    - o Brad Burch, EBM, Strategic Infrastructure Division; and
    - o Senior representative(s) of AECOM, by invitation.

Cheers

Dan

From

Sent: Tuesday, 14 April 2020 11:04 AM

To: Landon, Daniel (Health) < Daniel Landon@act gov aux Burch Brad (Health) < Brad Burch@act gov aux

Cc: Jarrad Nuss (Calvary

Subject: NHDOA - Background Information, Asset Register & Desktop Condition Assessment

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Brad and Daniel,

Please find attached:

- The document register which contains a list of documents received to date and a statement of their content
- A copy of the Desktop Condition Assessment spreadsheet including the definitions and rating guidance.
- A list of the CPHB Buildings to be included in the Desktop Condition Assessment.
- An update of the return brief including project program

The key outstanding information which we have requested and attempted to source is an Asset Register for fixed assets (i.e. plant and equipment) and building drawings. At this time we do not expect to receive this information and due to the schedule requirements of the project, we need to commence the Condition Assessment this week (as waiting for the provision of this information has put us 1 week behind our schedule). As this information is not available we will need to generate an asset register for which to complete the desktop assessment. We have outlined our proposed method for this in the Return Brief Section 2.5.3.

- 1. Could you please confirm that you are comfortable with the approach to the creation of an Asset Register as part of the Condition Assessment?
- 2. Could you please confirm that the buildings identified in the attached file '60628807-NHDOA-DesktopConditionAssessment-CPHB\_BuildingInformation\_A.pdf' captures all CPHB buildings to be covered by the condition assessment?
- 3. Could you please advise if there is any other data which you would like captured as part of the Condition Assessment/Asset Register process (i.e. new columns within the Condition Assessment spreadsheet)?

If you have any queries on the attached documents or proposed desktop condition assessment process please let me know.

#### Regards



#### AECOM

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www.aecom.com

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Client Name: ACT Health Project Name: Northside Hospital Development Options Analysis

Project No: 60628807

#### Desktop Condition Assessment Calvary Public Hospital Buildings Information

State	Agency	Campus	Hospital	Building	oor Area (m2)
ACT	Little Company of Mary	Bruce	Calvary Public Hospital	Xavier	10
ACT	Little Company of Mary	Bruce	Calvary Public Hospital	Xavier	00
ACT	Little Company of Mary	Bruce	Calvary Public Hospital	Xavier	10
ACT	Little Company of Mary	Bruce	Calvary Public Hospital	Xavier	200
ACT	Little Company of Mary	Bruce	Calvary Public Hospital	Xavier	00
ACT	Little Company of Mary	Bruce	Calvary Public Hospital	Xavier	30
ACT	Little Company of Mary	Bruce	Calvary Public Hospital	Xavier	30
ACT	Little Company of Mary	Bruce	Calvary Public Hospital	Xavier	30
ACT	Little Company of Mary	Bruce	Calvary Public Hospital	ICU / CCU Building	00
ACT	Little Company of Mary	Bruce	Calvary Public Hospital	Marian	00
ACT	Little Company of Mary	Bruce	Calvary Public Hospital	Marian	50
ACT	Little Company of Mary	Bruce	Calvary Public Hospital	Marian	50
ACT	Little Company of Mary	Bruce	Calvary Public Hospital	O'Shannassy	
A.C.T	Little Company of Mary	Bruce	Calvary Public Hospital	O'Shannassy	00
ACT	Little Company of Mary	Bruce	Calvary Public Hospital	Lewisham	00
ACT	Little Company of Mary	Bruce	Calvary Public Hospital	Engineering	****
ACT	Little Company of Mary	Bruce	Calvary Public Hospital	Keaney	76
ACT	Little Company of Mary	Bruce	Calvary Public Hospital	Residence C	
ACT	Little Company of Mary	Bruce	Calvary Public Hospital	Residence A	0
A,CT	Little Company of Mary	Bruce	Calvary Public Hospital	Residence A	00
ACT	Little Company of Mary	Bruce	Calvary Public Hospital	Residence B	00
ACT	Little Company of Mary	Bruce	Calvary Public Hospital	Residence B	<u> </u>

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Northside Hospital Development Options Analysis ACT Health Directorate 14-Apr-2020

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DRAFT

# Return Brief

Northside Hospital Development Options Analysis

Northside Hospital Development Options Analysis Return Brief Commercial-in-Confidence

#### DRAFT

## Return Brief

Northside Hospital Development Options Analysis

Client: ACT Health Directorate

Co No.: 82 049 056 234

#### Prepared by

AECOM Australia Pty Ltd
Civic Quarter, Level 4, 68 Northbourne Avenue, GPO Box 1942 ACT 2601, Canberra ACT 2601, Australia T +61 2 6100 0551 www.aecom.com
ABN 20 093 846 925

#### 14-Apr-2020

Job No.: 60628807

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# Quality Information

Document

Return Brief

60628807

Ref

https://aecom.sharepoint.com/sites/60628807northsidehospitaldevelopme

ntoptionsanalysis/shared

documents/general/210\_project\_plan\_risk/60628807-nhdoa-return brief-

b.docx

Date

14-Apr-2020

Prepared by

Reviewed by

Revision History

_	Revision Date	Details	Authorised	
Rev			Name/Position	Signature
Α	18-Mar-2020	Draft for initial review by ACT Health	Project Manager	
В	14-April-2020	Draft updated for COVID19 approach	Project Manager	
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# Acronyms

Acronym	Details
BCA	Building Code of Australia
BLP	Billard Leece Partnership (subconsultant to AECOM)
Calvary	Calvary Public Hospital Bruce
СРНВ	Calvary Public Hospital Bruce
IAM	Institute of Asset Management Noting PAS 55:2008 and ISO 55000 standards for asset management systems
ICON .	Intra-government Communications Network (Commonwealth Department of Finance
ICT	Information and Communications Technology
LCM	Little Company of Mary (Health Care), Calvary
LV	Low Voltage
MCA	Multi-Criteria Analysis
NHDOA	Northside Hospital Development Options Analysis
PCG	Project Control Group
PPE	Personal Protective Equipment
RUL	Remaining Useful Life
SAMP	Strategic Asset Management Plan
SH&E	Safety, Health and Environment .
SSICT	Shared Services ICT (ACT Government)
SWMS	Safe Work Method Statement

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#### DRAFT

#### 1.0 Introduction

With reference to the inception meeting held on Friday 6 March 2020, the following return brief reconfirms our understanding of the Commercial Advisor Consultancy for the Northside Hospital Development Options Analysis.

Text within this draft version of the document marked thus represents the following:

Text is still being developed

Text are direct extracts from ACT Health project brief / contract requirements documents

Explanatory notes regarding COVID19 approach

#### 1.1 Contract Details

ACT Government Contract No.

2018.2913.110.01 (20104)

Commencement date:

25 March 2020

Completion date:

St Neptember 2020

#### 1.2 Project Description

Canberra's northside has grown significantly since the main hospital facilities in our city were established. Between 2011 and 2016, Gungahlin was the second-fastest growing community in Australia. The ACT Government recognises that with Canberra's population shifting to the north, further investment is needed in local hospital and healthcare facilities.

#### 1.3 Client Expectations and Objectives

The purpose of this engagement is to contract an appropriately qualified and experienced provider from the ACT Government Infrastructure Commercial Advisors Panel to undertake detailed assets condition inspection for Calvary Public Hospital and subsequently an options analysis for future health service delivering in north Canberra.

The objective of the engagement is to gather assets information from Calvary Public Hospital to better understand the assets renewal needs and options which will feed into the full business case preparation (business case not included in this engagement). The gathered information will better inform the asset base size, condition, risks in addition to updating the renewal strategies existing data.

#### 1.4 Project Stages

The project will be delivered in a staged approach as requested in the RFQ, the stages include:

- Stage 1: Calvary Public Hospital Building Condition Assessments.
- 2. Stage 2: Calvary Public Hospital Strategic Asset Management Plan
- 3. Stage 3: Northside Hospital Development Options Analysis.
- 4. Stage 4: Northside Hospital Development Options Analysis Report.

#### 2

#### DRAFT

# Stage 1: Calvary Public Hospital - Building Condition Assessments.

## 2.1 Prepare an "Information Request"

 Prepare an "Information Request" which specifies the asset, maintenance and financial information required to inform the Building Condition Assessments.

An RFI will be prepared and submitted requesting information required to inform the Building Condition Assessments, the development of the Strategic Asset Management Plan and the Development Options Analysis.

The RFI will include, but not be limited to, requests for:

- Records for the buildings including layout drawings, structural drawings, operation and maintenance manuals etc.
- Asbestos register and management plan for the buildings.
- Any previous reports or investigations undertaken on the facilities.
- Maintenance records.

#### 2.2 Review of existing site and project documentation

2. Undertake a project due diligence review of all existing site and project documentation.

A Gap Analysis will be completed to determine the extent, age and completeness of information provided by ACT Health/CPHB on assets at the site.

The Gap Analysis will inform the approach to the Asset Condition inspections and SAMP, for example it will:

- Provide an overall appreciation of the layout, function, condition, age, and maintenance history of the facilities
- Assist in identifying buildings, spaces, plant and equipment which is critical for the delivery of health services
- 3. Determine where the site inspection teams will focus their effort
- 4. Assist in developing the approach to the strategic maintenance of the assets.
- Provide an understanding of the repairs and maintenance and capital costs of maintaining the assets to inform the estimate of future costs

The Gap Analysis for the Options Analysis will inform the schedule of accommodation, massing scenarios, options considered and cost estimates.

Information received will be recorded in a register with a range of data collected and captured to assist the team in finding relevant information and identifying where there may be gaps. The register will include:

- Document information, i.e. title, author, date, type
- · Asset information, i.e. the relevant building, room, plant or equipment the report relates to
- Synopsis of content
- Synopsis of omissions

As part of the Gap Analysis, our technical team will undertake a desktop review of the buildings, to familiarise ourselves with the current system layouts and identify the areas requiring further investigation by inspection. Existing site asset data will be used to prepopulate our site inspection tool.

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#### 2.3 Inspection of the Calvary Public Hospital site

Undertake an inspection of the Calvary Public Hospital site to ascertain an appreciation of the location, asset composition and development factors.

The inspections will be focused on spaces, plant and equipment which is critical for the delivery of health services. The criticality of infrastructure will be agreed with CPHB and ACT Health prior to commencing inspections, refer section 2.5.2 for further detail.

AECOM will utilise a digital form to capture data. This will enable staff to be prompted through the data collection process and enable automated identification of images relevant to specific data sets.

In completing inspections, review will be completed on an exception basis, whereby if fabric or equipment is entirely functional and in good condition an assessment will not be completed.

Our technical team will undertake site inspections of visible building elements only (no intrusive investigations), to determine the overall condition and compliance of each building element.

Inspections will be visual only, no destructive sampling or laboratory testing allowed for. No invasive or operational testing will be completed. No CCTV of stormwater or sewer infrastructure has been allowed for.

Access to all areas of the property will be made available to our survey team by ACT Health/CPHB staff.

The assets which will form part of the inspections are outlined in Section 2.5.1.

The assessment scope is outlined in Section 2.5.2.

Refer to Section 8.0 for Workplace Health and Safety requirements.

The Inspection of assets will occur at a future date following the COVID19 situation.

#### 2.4 Stakeholder workshops

4. Facilitate key stakeholder workshops with ACT Health and LCM as required.

During Stage 1 it is not envisaged that any large workshops will be conducted with stakeholders. Rather the assumptions and outcomes of the gap analysis, site inspection and condition assessment will be tested and agreed with CPHB and ACT Health.

#### 2.5 Buildings Condition Assessment

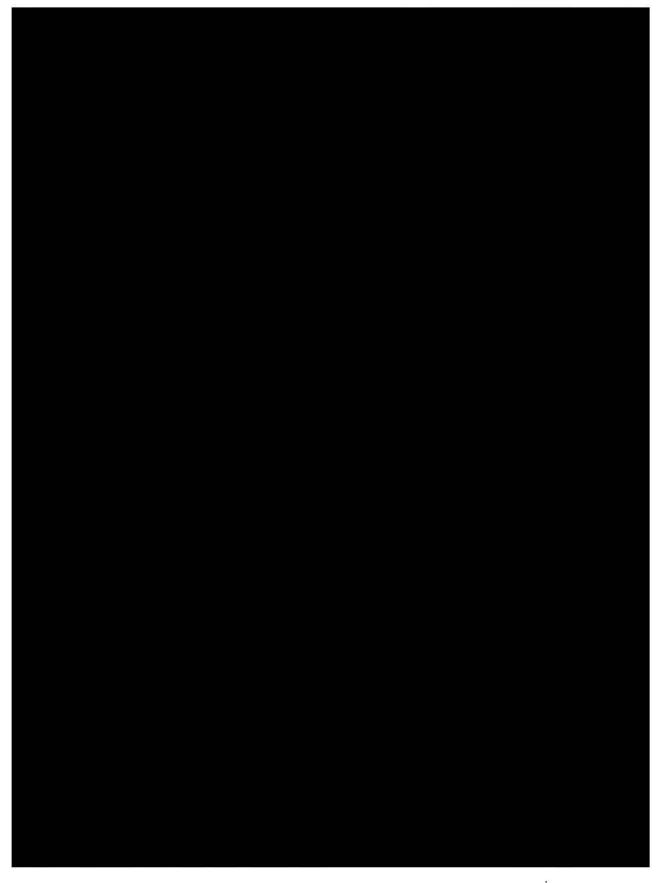
- 5. The Buildings Condition Assessment will include:
  - Building fabric and structure (including ICT equipment and infrastructure related to building management and services);
  - Plant and equipment (including ICT equipment and infrastructure related to building management and services) that form part of building services (including those core engineering assets which are managed by LCM); and
  - On-site roads and car parks, and power and water supply, and associated infrastructure that support campus-based facilities, managed by LCM.

The condition assessments will focus on key equipment and fabric items. Equipment in ceilings and/or of low value will not be the focus of the assessment. The assessment will focus on areas of obvious non-compliance or suspected non-compliance with the aim of informing the cost estimate.

This project does not aim to produce a complete and detailed asset database for each building/site assessed; it is generally by exception only.

The Condition Assessment to inform the Options Analysis will be based on a desktop assessment only. Following the COVID19 situation and the completion of the Site Investigations the Desktop Condition Assessment data will be updated to inform the finalisation of the SAMP.

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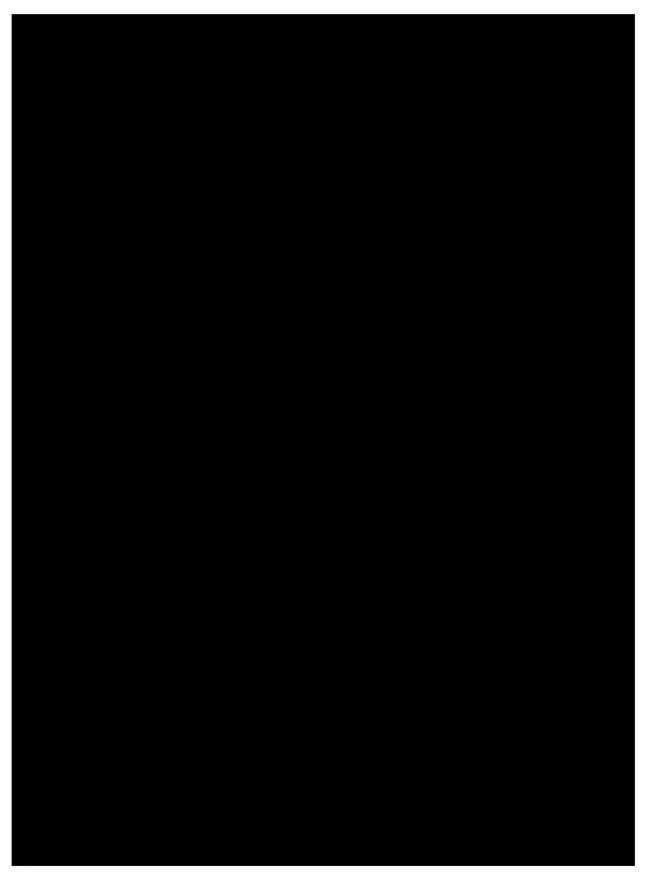


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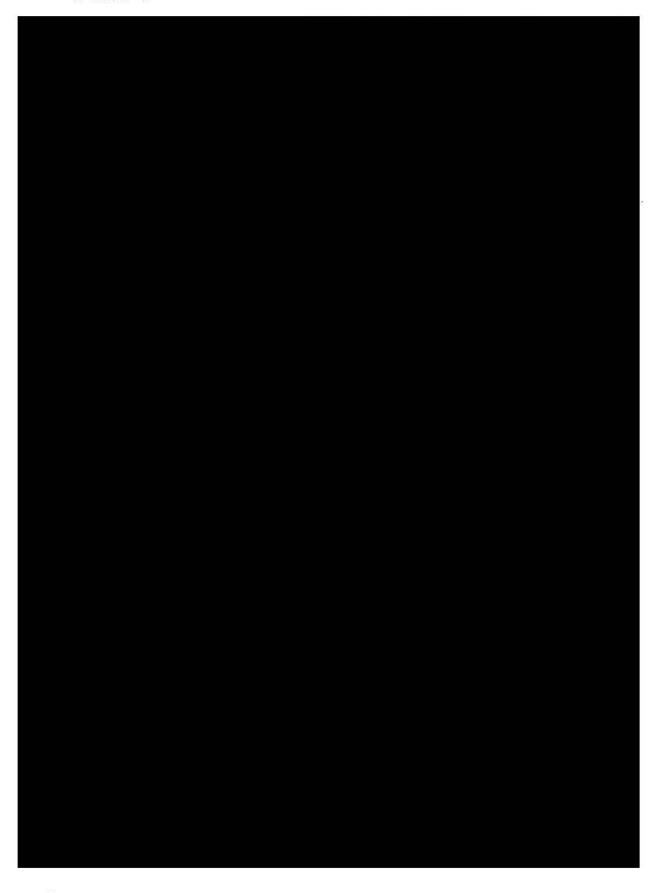


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## DRAFT

- Stage 2: Calvary Public Hospital Strategic Asset Management Plan.
- 3.1 Develop a Strategic Asset Management Plan
- Develop a Strategic Asset Management Plan, which comprises an assessment of existing assets on the Calvary Public Hospital campus, to determine:
  - The summary of the physical condition assessment of existing assets and building infrastructure:
  - Assessment of compliance with statutory requirements;
  - Assessment of the suitability of the asset to perform the required functions; and
  - Assessment of the assets operational efficiency in delivering the required service outcomes.
- The development of SAMP should be based on industry best practice (e.g. ISO 55000/1/2 and the Australian National Audit Office Better Practice Guide on Strategic and operational Management of Assets by Public Sector Entities (September 2010). Concepts and components from other asset management frameworks should be considered for integration, where applicable and appropriate (e.g. IAM PAS55-1/2).

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#### DRAFT

- 4.0 Stage 3: Northside Hospital Development Options Analysis.
- 4.1 Schedule of accommodation

Prepare a scriedule of accommodation for a new Northside Ansoliai, based of the current and
future service demand profile

#### 4.2 Stakeholder workshop

2. Facilitate key stakeholder workshops with ACT Health and LCM as required.

AECOM will facilitate two collaborative workshops; an option identification workshop and a risk assessment, opportunities and constraints workshop.

The option identification workshop will identify options for further investigation with input from key ACT Health and LCM stakeholders.

The risk assessment, opportunities and constraints workshop will focus on identifying key risks, opportunities and constraints with input from key ACT Health and LCM stakeholders.

#### 4.3 Development feasibility analysis

 Undertake a development feasibility analysis for a future Northside Hospital, which includes the following development options:

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## THE BLP



#### 4.4 Presentation

 Prepare and facilitate a presentation, with input co-ordinated from the Quantity Surveyor on the cost estimate for each development option. Northside Hospital Development Options Analysis Commercial-in-Confidence

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#### 4.5 **PCG** endorsement

The Project Control Group will provide endorsement on the Northside Hospital Development Options Analysis and action plan to inform the development of the final Northside Hospital Development Options Analysis Report.

AECOM will work with the ACT Health Team to have the Northside Hospital Development Options Analysis endorsed by the Project Control Group prior to finalising the Northside Hospital Development Options Analysis Report.

4.6	Stage 3 deliverables
	following deliverables will be produced, these will each be chapters in the Northside Hospital velopment Options Analysis Report:
1.	A summary clinical service demand profile.
	Primary Author:
	Verifier:
2.	Schedule of Accommodation for Base Case and Expanded demand option
	Primary Author:
	Verifier:
3.	Draft Northside Hospital Development Options Analysis.
	Primary Author:
	Verifier:
1.	Development Options Plan Cost Report.
	Primary Author: 180
	Verifier:

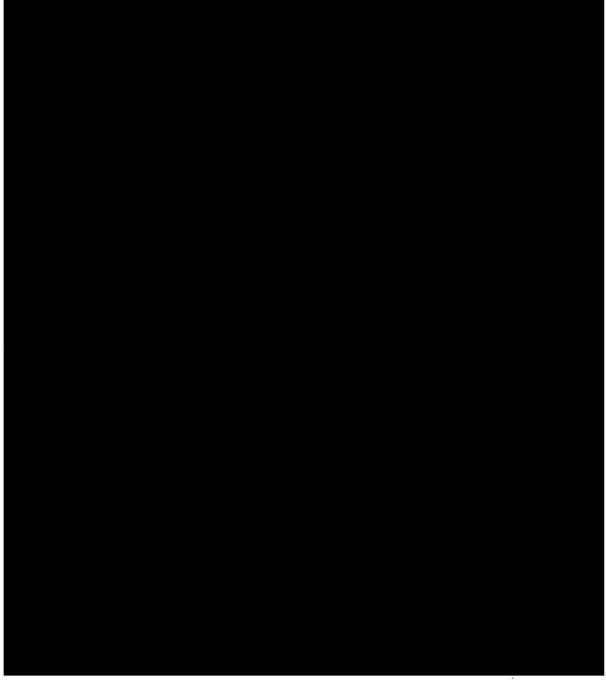
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- 5.0 Stage 4: Northside Hospital Development Options Analysis Report.
- 5.1 Northside Hospital Development Options Analysis Report

 Incorporate the feedback from the Principal and the project stakeholder team to develop the Northside Hospital Development Options Analysis Report (Report).



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We have allowed for the issue of one draft and the receipt of a single set of consolidated comments. Following receipt of the comments the draft will be updated and final report issued.

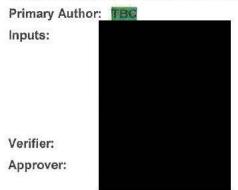
#### 5.2 Presentation

3. Prepare and facilitate a presentation of the Report to senior ACT Health and LCM stakeholders.

The report will be presented to inform senior ACT Health and LCM stakeholders of the outcomes and recommendations. ACT Health to advise list of required attendees.

#### 5.3 Stage 4 deliverables

Northside Hospital Development Options Analysis Report.



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# 6.0 Project Schedule

Refer Appendix A for a detailed project schedule Gantt chart format.

The schedule has been developed to meet this deadline.

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### 7.0 Governance

### 7.1 **AECOM Weekly Project Updates**

AECOM have proposed to replace the fortnightly project co-ordination report with AECOM's weekly project updates. The project updates will be submitted prior to and reviewed at the fortnightly Project Co-ordination Meetings.

The weekly project updates will have the following format:

- Key items we worked on this week
- Ongoing key items that we are working on
- Outstanding items/issues
- Safety update

### 7.2 **Monthly Status Report**

AECOM will prepare a formal monthly project report to be submitted to the ACT Health Project Manager. The monthly status report will take the form of a Dashboard Report and will contain the following information:

- Activity summary
- Key Issues/Risks being managed
- Stakeholder engagement activities
- Project progress % completion of tasks
- Budget update claimed / outstanding
- Variations proposed / accepted

### 7.3 Project coordination committee (fortnightly)

Project Co-ordination Meetings will occur on a fortnightly basis in Canberra.

Attendees: Brad Burch; Daniel Landon; Caitlin Bladin; Jarrad Nuss (CPHB, Stage 1 & 2 only) Team as required

### AECOM will:

- Prepare the meeting agenda and action statement.
- Prepare all materials and content required to facilitate the meetings.
- Prepare meeting minutes.
- Maintain a Project Decision Register, Risk Register and Issues Register.

### 7.4 Project control group (monthly)

A Project Control Group meeting will occur on a monthly basis in Canberra.

### Attendees:

Stage 1 & 2 Jarrad Nuss (CPHB) & Brad Burch (joint chairs), Sallyanne Pinney (CPHB attendees Contract Manager)

Stage 3 & 4 Brad Burch; Daniel Landon; Caitlin Bladin; Sallvanne Pinney (CPHB Contract attendees Manager), Sarah Galton (Service Planning) Team as required

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Steering Committee Jacinta George (Health Services Planning & Evaluation)

### AECOM will:

- Prepare the meeting agenda and action statement.
- Prepare all materials and content required to facilitate the meetings.
- Prepare meeting minutes.

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# 8.0 Project Safety, Health & Environment (SH&E)

AECOM requires that for any project, appropriate planning is undertaken to adequately identify the Safety, Health and Environmental (SH&E) risks associated with that project and to ensure adequate controls are implemented following AECOM's Safety for Life principles.



# Safety for Life

Derived from AECOM's Core Values, the ultimate goals of our new "Safety for Life" program are simple — to prevent:

- work-related injuries or illnesses,
- damage to properly and/or equipment from our activities, and
- adverse impacts to the environment from our ongoing projects or operations.

Our recently updated guilding principles, the nine "Life-Preserving Principles", will drive AECOM's employees to proactively commit to achieving these goals.

# Life-Preserving Principles

AECOM's "Life-Preserving Principles" help demonstrate the commitment of our Sefety for Life program. We firmly believe these principles will enable AECOM to achieve its goal of zero employee injuries and no property damage, as well as foster an environmentally friendly and sustainable workplace.

### Demonstrated Management Coramilment

Our Executive, senior and project managers will lead the SH&E improvement process and continuously demonstrate support and commitment.

### Employee Participation

Our employees will be encouraged and empowered to become actively engaged in our safety processes through their active participation in safety committees, training, audits, observations and inspections. Employees will be encouraged to participate in health initiatives and adopt a healthy lifestyle.

### **Budgeting and Staffing for Safety**

Our safely staff will be competent, fully trained and qualified to provide technical resources to our internal and external clients. A budget to support safety activities will be included in project proposals.

### Pre-Planning

Our design, engineering, project and construction management staff will deploy effective risk mitigation efforts to design, plan and build safety into every project. Pre-Project and Pre-Task planning will be an effective tool in proteoting our employees and the environment.

### Contractor Management

Our project staff will work closely with our sub-consultants, subcontractors, contractors and Joint Venture Partners to provide a safe work environment for employees and members of the public. Our goal of SH&E performance excellence will be equally shared by all project participants.

### Recognition and Rewards

Our employees will be recognized for their efforts in working safely and their support of our safety efforts.

### Safety Orientation and Trabalog

Our employees will be provided with effective safety training in order to identify and mitigate hazards in the workplace to prevent injuries to themselves and others who may be affected by their actions.

### incident Investigation

Our managers and safety professionals will investigate all recordable incidents and serious near misses to identify contributing factors and root causes in order to prevent a reoccurrence. Lessons learned shall be identified, communicated and implemented.

### Fit for Duty

Our employees are responsible to report to work each day lit for duty and not to pose a health and safety hazard to themselves or others.

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Some key aspects of the project safety plan can include details on:

- Appropriate training for AECOM employees and contractors/subcontractors under AECOM's supervision
- Appropriate equipment to perform the required tasks safely
- Ensuring key contacts for the project are identified and contact information is provided
- Defining roles and responsibilities for the key contacts including a clear delegation of authority
- Emergency response

It is a further AECOM requirement that any SH&E incidents or near misses associated with the project are reported, appropriate investigations conducted and identified corrective actions implemented. This includes incidents involving AECOM employees as well as contractors/subcontractors engaged by AECOM as part of the project.

### 8.1 Safe Work Method Statement (SWMS)

A SWMS is required for each activity outside of the office OR when an activity presents a risk of physical harm, property damage or environmental impact. A SWMS forms part of the Project Safety Plan which is required for high risk activities.

All project staff are responsible to ensure that they complete a relevant SWMS prior to undertaking work activities that are considered to require it or read and sign the SWMS developed for a given project task. Subcontractors employed by AECOM are also to develop an approved SWMS or adhere to AECOM's safety management plan which includes the signing of the SWMS as acknowledgement of understanding the safety requirements.

### 8.2 CPHB WHS Requirements

CPHB requires all contractors to undertake an induction and comply with the relevant PPE requirements. Site visitors must have a current White Card, Asbestos Awareness, and Photo ID, and will be escorted whilst on site. Site inductions must be organised with the CPHB Facilities team before site inspections commence.

### 8.3 Environment

Works will be planned, reviewed and implemented in accordance with AECOM's Environmental Policy and the appropriate PDF procedures the Environmental Management System that is part of the IMS and for aspects relevant relating to the delivery of the project deliverables.

DRAFT

# Appendix A

Schedule

DRAFT

# Appendix B

Risk and Issues Register DRAFT

# Appendix C

**Asset Categorisation** 

From:

Burch, Brad (Health)

Sent:

Monday, 20 April 2020 11:30 AM

To:

Galton, Sarah (Health)

Cc:

Lopa, Liz (Health); George, Jacinta (Health); Landon, Daniel (Health); Bladin, Caitlin

(Health); Stewart, Margaret (Health)

Subject:

Northside Scoping and Canberra Hospital Master Plan

Importance:

High

Follow Up Flag:

Follow up Completed

Flag Status: Categories:

Northside

### **UNCLASSIFIED Sensitive**

Good morning Sarah

Hope you are keeping well in all this craziness.

I understand that Liz spoke to Jacinta last week about our urgent need for service planning data, and I wanted to follow up with some detail.

### Northside Hospital Scoping Study

 We have engaged AECOM to complete a asset condition assessment and Strategic Asset Management Plan for Calvary Public Hospital Bruce, as well as a Strategic Options Analysis to determine the appropriate infrastructure solution for hospital services on the Northside; Happy to discuss.

Thanks and regards

Brad

Brad Burch | Executive Branch Manager

Strategic Infrastructure

**Corporate Services** 

(02) 5124 9719 or 0403 926 360 🖾 brad.burch@act.gov.au



**ACT Health** 

From:

Landon, Daniel (Health)

Sent:

Monday, 20 April 2020 11:45 AM

To:

Burch, Brad (Health)

Subject:

FW: NHDOA - April Monthly Meeting

### UNCLASSIFIED

Hi Brad

Are the dates below ok with you? I'd prefer the 30th to the 23rd.

Cheers

Dan

From

Sent: Monday, 20 April 2020 11:29 AM

To: Landon, Daniel (Health) < Daniel. Landon@act.gov.au>

Cc

Subject: NHDOA - April Monthly Meeting

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Daniel,

Please find below list of proposed dates for the NHDOA Monthly Meetings. Could you please review and confirm you are happy for us to put these into Calendars.

- 23/04/2020 or 30/04/2020
- 28/05/2020
- 25/06/2020
- 30/07/2020
- 27/08/2020

Regarding this month's meeting - we could either hold this Thursday or next Thursday (the latter in lieu of our fortnightly meeting). Please let me know which is preferred. Based on the above dates the fortnightly meeting schedule will be tweaked.

The Monthly Report will be issued on the Monday prior to the Monthly Meeting.

### Regards



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Please consider the environment before printing this email:

Read insights, share ideas on AECOM's Connected Cities blog.

From:

Landon, Daniel (Health)

Sent:

Monday, 20 April 2020 2:51 PM

To:

Campbell, Casey (Health)

Subject:

RE: INPUT: Northside Hospitàl Min Brief

### UNCLASSIFIED

Hi Casey

No worries – I'll have a look at this tomorrow and get something back to you.

Cheers

Dan

From: Campbell, Casey (Health) < Casey. Campbell@act.gov.au>

Sent: Monday, 20 April 2020 11:24 AM

To: Landon, Daniel (Health) <Daniel.Landon@act.gov.au>
Cc: Burch, Brad (Health) <Brad.Burch@act.gov.au>
Subject: INPUT: Northside Hospital Min Brief

### UNCLASSIFIED

### Morning Dan

Health Systems Planning and Evaluation have requested input on Northside Hospital for an updated brief they are preparing for the Minister.

I have attached the previous signed brief for information.

I have drafted the below based on recent briefs, given you have recently written a brief (with brad) it is likely it may be irrelevant now, but at least gives you some content.

Due: COB Friday, 24th April.

Let me know if I can do anything further to help.

Case.



### Casey-lee Campbell | Executive Assistant to Liz Lopa

Ph: 02 5124 9707 | Email: casey-lee.campbell@act.gov.au

Strategic Infrastructure | ACT Health Directorate

Level 4, 4 Bowes Street Phillip ACT 2606

health.act.gov.au



From:

Sent:

Tuesday, 21 April 2020 9:07 AM

To:

larrad Nuss (Calvary); Burch, Brad (Health); Landon, Daniel (Health);

Bladin, Caitlin (Health); Denise Holm (Calvary)

Subject:

RE: NHDOA - Fortnightly Co-ordination Meeting

Attachments:

60628807-NHDOA-Fortnightly Coordination-20200416.pdf

Categories:

Northside

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi all,

Please see attached minutes from last week's meeting.

Regards,

### AECOM

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---Original Appointment

From

Sent: Tuesday 14 April 2020 1:38 PM

arrad Nuss (Calvary); Brad Burch (brad.burch@act.gov.au); Landon, Daniel (Health) Bladin, Caitlin; Denise Holm

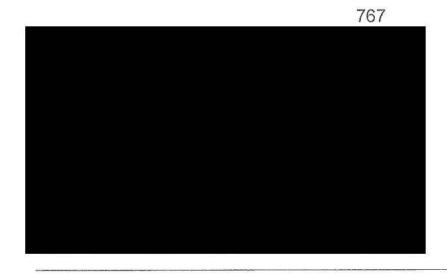
Subject: NHDOA - Fortnightly Co-ordination Meeting

When: Thursday, 16 April 2020 2:30 PM-3:30 PM (UTC+10:00) Canberra, Melbourne, Sydney.

Where: Teams Meeting

### Agenda:

- 1. Stage 1 Condition Assessment
  - a. Background Information
  - Desktop Condition Assessment Approach
- Stage 3/4 Options Analysis
- 3. Issues, Risks and Opportunities
  - a. Available Background Information impact on Condition Assessment





AECOM Australia Pty Ltd Civic Quarter, Level 4 68 Northbourne Avenue GPO Box 1942 ACT 2601 Canberra ACT 2601 Australia www.aecom.com +61 2 6100 0551 tel

ABN 20 093 846 925

# Minutes of Meeting

Nort	hside Hospi	ital Development Options Analysis		
Subject Fortnightly Co-o		Fortnightly Co-ordination Meeting	Page	1
Venue		Teams	Time	2.30pm
Partic	pants	Jarrad Nuss Brad Burch Daniel Landon Caitlin Bladin		
A I	ýsspania ma	Denise Holm		
\polog		98		
File/Re	2014 Det 012	60628807	Date	16-Apr-2020
Distrib	ution	As above		
lo	Item	7	Action	Date
	Opening	– introductions and agenda outline		
2.	Backgrou	nd information	Noted	
			Calvary	w/e 24/04/2020
			Noted	
			AECOM	w/e 17/04/2020



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18	Issues, Risks and Opportunities Available background information impact on condition		
	assessment		
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	Discussed above.	I.	

From:

Sent:

Tuesday, 21 April 2020 9:16 Aivi

To:

Landon, Daniel (Health): Burch, Brad (Health)

Cc:

Subject:

NHDOA Monthly Report - April 2020

Attachments:

60628807-NHDOA-MonthlyReport-202004\_A.pdf

Categories:

Northside

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Daniel and Brad,

Please find attached our second monthly report dashboard for April 2020.

Regards,



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From

Sent: Thursday, 26 March 2020 10:40 AM

To: Landon. Daniel < Daniel.Landon@act.gov.au>: Brad Burch (brad.burch@act.gov.au) < brad.burch@act.gov.au>

Co

Subject: NHDOA Monthly Report - March 2020

Hi Daniel and Brad,

Please find attached our first monthly report dashboard for March 2020. We have kept it succinct, please review and let me know if there is any other specific information you would like included and we will add to the template.

Renards



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# MONTHLY REPOR ANALYSIS

This is the second monthly report for the Northside Hospital Development Options Analysis (NHDOA) covering the period of April 2020.

### Key Activities in Past Month

- · Commencement of the Desktop Condition Assessment, document register and gap analysis
- Issue of the updated Return Brief and Project schedule to reflect alternate delivery method delaying the Site Inspections
- Receipt and review of Clinical Services Baseline and Demand data to inform the Schedule of Accommodation and Options
- · Finalisation of project set up activities

### **Outstanding Activities**

- · Receipt of background information drawings, asset register
- · Receipt of Demand Scenarios

### ACT Health/Calvary Decisions/Direction Required

- Response to Variation 001
- · Alternative approach to building fabric and finishes condition assessment

### Timeline Look-Ahead

### Key Risks and Issues

lis .	Description	Mitigation	Rating
R0003	COVID-19	<ul> <li>Change in project scope/delivery method and timing - i.e. complete desktop assessment of building condition.</li> <li>Personnel redundancy - team to maintain consistent levels of communication with the client and team via regular and consistent formal and informal communication via email, phone &amp; meetings.</li> </ul>	High
R0006	Receipt of background Information	<ul> <li>Communicate gaps to ACT Health and Calvary and confirm if other data sets/sources are available.</li> <li>Alternative approaches to delivery based on information available (i.e. creation of an Asset Register).</li> <li>Test assumptions regarding the interpretation of data.</li> </ul>	High
R007	Desktop Condition Assessment	<ul> <li>More time for both AECOM and Calvary personnel (impacting both the project schedule and fee) required to generate the Asset Register and Condition Assessment will be offset by a more focused site inspection scope and bringing focused site inspection.</li> </ul>	High

From:

Landon, Daniel (Health)

Sent:

Wednesday, 22 April 2020 1:39 PM

To:

Campbell, Casey (Health)

Cc: Subject: Burch, Brad (Health)
RE: INPUT: Northside Hospital Min Brief

UNCLASSIFIED

Hi Casey

How's this?



Cheers

Dan

From: Campbell, Casey (Health) < Casey. Campbell@act.gov.au>

Sent: Monday, 20 April 2020 11:24 AM

To: Landon, Daniel (Health) <Daniel.Landon@act.gov.au>
Cc: Burch, Brad (Health) <Brad.Burch@act.gov.au>

Subject: INPUT: Northside Hospital Min Brief

### UNCLASSIFIED

### Morning Dan

Health Systems Planning and Evaluation have requested input on Northside Hospital for an updated brief they are preparing for the Minister.

I have attached the previous signed brief for information.

I have drafted the below based on recent briefs, given you have recently written a brief (with brad) it is likely it may be irrelevant now, but at least gives you some content.

Due: COB Friday, 24th April.

Let me know if I can do anything further to help.

### Case



### Casey-lee Campbell | Executive Assistant to Liz Lopa

Ph: 02 5124 9707 | Email: casey-lee.campbell@act.gov.au Strategic Infrastructure | ACT Health Directorate Level 4, 4 Bowes Street Phillip ACT 2606 health.act.gov.au



From:

Landon, Daniel (Health)

Sent:

Thursday, 23 April 2020 11:43 AM

To:

Burch, Brad (Health)

Subject:

FW: NHDOA Condition Assessment Approach and Example Output

Attachments:

60628807-NHDOA-DocumentRegister\_GapAnalysis-20200417.pdf; 60628807-

NHDOA-DesktopConditionAssessment\_A-WIP-20200417.pdf

### **UNCLASSIFIED**

Hi Brad

Pls see below and attached. Are you ok with approach? It look ok to me.

Dan

From

Sent: Thursday, 23 April 2020 10:54 AM

To: Landon, Daniel (Health) < Daniel. Landon@act.gov.au>

Subject: FW: NHDOA Condition Assessment Approach and Example Output

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Daniel,

Per phone call, email below sent last Friday. As discussed, the reviewers have almost completed the review of the documentation received to date and we are almost ready to issue the Condition Assessment data more formally. We'd like feedback on the below before we send through a formal issue if possible.

Regards



L4, Civic Quarter, 68 Northbourne Ave, Canberra, ACT 2601 PO Box 1942 Canberra City 2601

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From

Sent: Friday, 17 April 2020 3:47 PM

To: Brad Burch (brad.burch@act.gov.au) <br/>brad.burch@act.gov.au>; Landon, Daniel (Health)

<<u>Daniel.Landon@act.gov.au</u>>; Jarrad Nuss

Denise Holm

Bladin, Caitlin < Caitlin. Bladin@act.gov.au>

Cc

Subject: NHDOA Condition Assessment Approach and Example Output

Hi All,

Following on from the Fortnightly Coordination Meeting, please find attached a copy of the work in progress condition assessment spreadsheet. This is provided for your information and high level review (it is not intended that you undertake a detailed review of the attached at this time).

The purpose of this release is to demonstrate the type and form of content we are able to generate based on the review of the background information (noting that the review of the documentation is ongoing and yet to be completed and those items currently blank or identified as no documentation available may be populated/located in other documentation yet to be reviewed).

If there are any questions on the attached or above please let me know.

### Regards

### **AECOM**

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From:

Landon, Daniel (Health)

Sent:

Tuesday, 28 April 2020 11:15 AM

To:

Burch, Brad (Health) Campbell, Casey (Health)

Cc: Subject:

EGM minute - Northside hospital options analysis governance and process - v1

Attachments:

EGM minute - Northside hospital options analysis governance and process -

v1.docx

#### **UNCLASSIFIED**

Hi Brad

Pls see attached. Is this on the right track? I've included the amended timetable, and information about the governance process.

If so, I'll send to Casey to put through the formal approvals process.

Cheers

Dan



TRIM Reference No. \_\_\_\_

SUBJECT:	Northside hospital options analysis – change of schedule due to COVID-19
Through:	Daniel Landon, Senior Director, Strategic Infrastructure Division
From:	Brad Burch, Executive Branch Manager, Strategic Infrastructure Division
Critical Date:	4 May 2020
Reason:	To ensure timely progress on the project.

## Recommendations

## That you:

Note the start of the Northside hospital options analysis.	NOTED
	PLEASE DISCUSS
Agree to the amended schedule outlined below for the Northside hospital options analysis and Calvary Public Hospital Bruce campus strategic asset management plan.	AGREED  NOT AGREED  PLEASE DISCUSS
Agree to the governance structure outlined below for the Northside hospital options analysis and Calvary Public Hospital Bruce campus strategic asset management plan.	AGREED  NOT AGREED  PLEASE DISCUSS
, IS	

**********	**********************
	Brad Burch
EBIM,	Strategic Infrastructure Division
	ACT Health Directorate

Xx/xx/2020



#### Purpose

To seek your approval for: a) a new schedule for the options analysis for the northside hospital; and b) a governance structure to oversee the options analysis.

## Background

An external consultant, AECOM, has been engaged to conduct an options analysis for a new northside hospital (see DGC20/108), and has now started work on the project.



In order to inform the feasibility of redeveloping the existing campus, AECOM will also do a condition assessment of existing CPHB buildings and prepare a strategic asset management plan (SAMP) for the campus.

#### Issues

#### Schedule

The project is due for completion by late August 2020, with a schedule as follows:

- Stage 1: Calvary Public Hospital Building Condition Assessments.
- Stage 2: Calvary Public Hospital Strategic Asset Management Plan.
- Stage 3: Northside Hospital Development Options Analysis.
- Stage 4: Northside Hospital Development Options Analysis Report.

CPHB was briefed about the project and was initially able to facilitate site visits to enable completion of Stages 1 and 2.

However, the COVID-19 pandemic has required a change of approach. CPHB is restricting non-essential visitor access, which means AECOM will now be unable to conduct the planned site inspections in order to gauge the condition of buildings on the CPHB campus.





#### Governance structure

A robust governance structure will be required to ensure the relevant parties – CPHB, AECOM, and various ACT Health branches – are informed, consulted, and provide input, as appropriate. SID has implemented the following structure:



<u>Steering Committee:</u> Providing strategic oversight of the project, meeting monthly, comprising:

- Liz Lopa (committee chair), Executive Group Manager, Strategic Infrastructure Division;
- Jacinta George, EGM, Health System Planning and Evaluation Division;
- Margaret Stewart; EBM, Commissioning Branch;
- Brad Burch, EBM, Strategic Infrastructure Division; and
- Senior representative(s) of AECOM, by invitation.

<u>Project Management Team:</u> Managing week-to-week management of the project, comprising:



#### **ACT Health**

## DIRECTOR-GENERAL MINUTE

- Brad Burch;
- Daniel Landon (co-chair) and Caitlin Bladin, Senior Directors SID; and
- AECOM project manager.

<u>SAMP Project Control Group:</u> Overseeing the development of the CPHB campus SAMP, comprising:

- Brad Burch (co-chair) and Daniel Landon;
- Sallyanne Pini, Senior Director (acting) Commissioning Branch;
- Jarrad Nuss (co-chair), Director of Business, Performance and Infrastructure, CPHB;
- Other CPHB nominee(s); and
- AECOM representatives.

Options Analysis Project Control Group: Overseeing the development of the options analysis, including scope and sites of the new facility. Will meet monthly during the SAMP process and then fortnightly, comprising:

- Brad Burch (chair), Daniel Landon and Caitlin Bladin;
- Sallyanne Pini;
- Sarah Galton, Senior Director, Health Systems Strategies and Program Support; and
- AECOM.

## Benefits/Sensitivities

To date, CPHB has given considerable assistance to AECOM; however SID and AECOM will need to remain mindful about minimising the impact on CPHB staff, most of whom will be responding to COVID-19; and that the ability of CPHB staff to discuss the project may be limited.



#### Consultation

Consultation has taken place with relevant ACT Health branches.

SID will continue to liaise closely with CPHB during the building condition assessment and SAMP phase of this project.



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Have relevant communications material to support this brief been attached (communications plan, draft media release, talking points etc)?	☐ Yes	ΓNο	▼ N/A
Has the Communications Branch been consulted?	T Yes	T No	▼ N/A

## **Financial**

Nil at this stage.

Signed off by:	Brad Burch	Phone:
Title:	Executive Branch Manger	
Branch/Division	Strategic Infrastructure Division	
Date:		

Action Officer:	Daniel Landon	Phone:	
Unit:	Senior Director, Strategic Infrastructure	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
zerzenia zereko	Division		

From:

Landon, Daniel (Health)

Sent:

Thursday, 30 April 2020 10:15 AM

To:

Campbell, Casey (Health)

Subject:

For approval by Brad and Liz - Northside hospital minute

Attachments:

EGM minute - Northside hospital options analysis governance and process.docx

### **UNCLASSIFIED**

Hi Casey

Pls see attached.

I've spoken to Brad about this and he asked if you could put through your normal processes for approval by him and then Liz.

And in future, would you like me to save briefs like this in the Q drive, and if so, in which folder?

Cheers

Dan

#### Daniel Landon

Phone | Email: daniel.landon@act.gov.au

Senior Director, Business Analysis, Strategic Infrastrcture Division | ACT Health Directorate health.act.gov.au



From:

Landon, Daniel (Health)

Sent:

Thursday, 30 April 2020 11:55 AM

To:

Burch, Brad (Health)

Subject:

FW: NHDOA - ACT Health CPH Risk Register

Attachments:

CPH Risk Register.pdf

#### UNCLASSIFIED

Hi Brad

Pls see below and attached.

Can we discuss at 1.00pm pls.

Dan

From

Sent: Thursday, 30 April 2020 11:11 AM

To: Landon Daniel (Health) < Daniel Landon@act.gov.au>

Cc

Subject: NHDOA - ACT Health CPH Risk Register

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Daniel,

One of the documents we requested was a copy of the current ACT Health Risk Register. We do not appear to have received this to date.

Attached is a copy of a register extract we received from CHS for CPH risks. I understand from a conversation with Brad that this may not represent current risks as they relate to CPH.

Could you please either confirm that the attached can be used to inform the SAMP/Options Analysis and/or provide a copy of the current ACT Health risk register?

Thank you



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From:

Landon, Daniel (Health)

Sent:

Thursday, 30 April 2020 3:18 PM

To:

Burch, Brad (Health)

Subject:

FW: NHDOA MCA Notice of Advice

Attachments:

60628807-NHDOA-NOA-MCA.pdf

#### UNCLASSIFIED

Hi Brad

Is it ok with you?

Dan

From

Sent: Friday, 24 April 2020 8:33 AM

To: Landon, Daniel (Health) < Daniel. Landon@act.gov.au>

Cc: Burch, Brad (Health) < Brad. Burch@act.gov.au>

Subject: NHDOA MCA Notice of Advice

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Daniel,

Please see attached a Notice of Advice detailing the Multi-Criteria Analysis (MCA) criteria and weightings AECOM propose to use to assess the options identified.

If you have any queries on the attached please let me know.

Regards,



#### **AECOM**

L4, Civic Quarter, 68 Northbourne Ave, Canberra, ACT 2601 PO Box 1942 Canberra City 2601 T +61 2 6100 0551

www.aecom.com

Please consider the environment before printing this email.

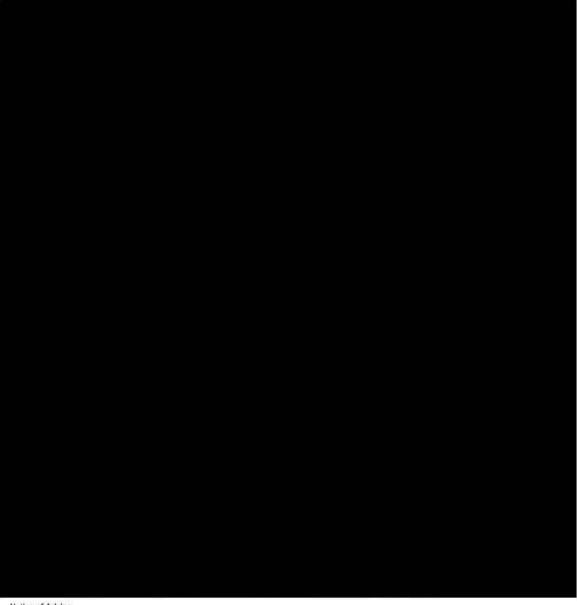
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Attention	Daniel Landon	Date	24/04/2020
CC	Drad Burch	Project No.	60628807
Project Name	Northside Hospital Development Options Ana	lysis	
From	- 1 <sup>2</sup> - 2000 - 2000 - 200	Email	0.00
Scope	Multi-Criteria Analysis criteria and weightings	· · · · · · · · · · · · · · · · · · ·	

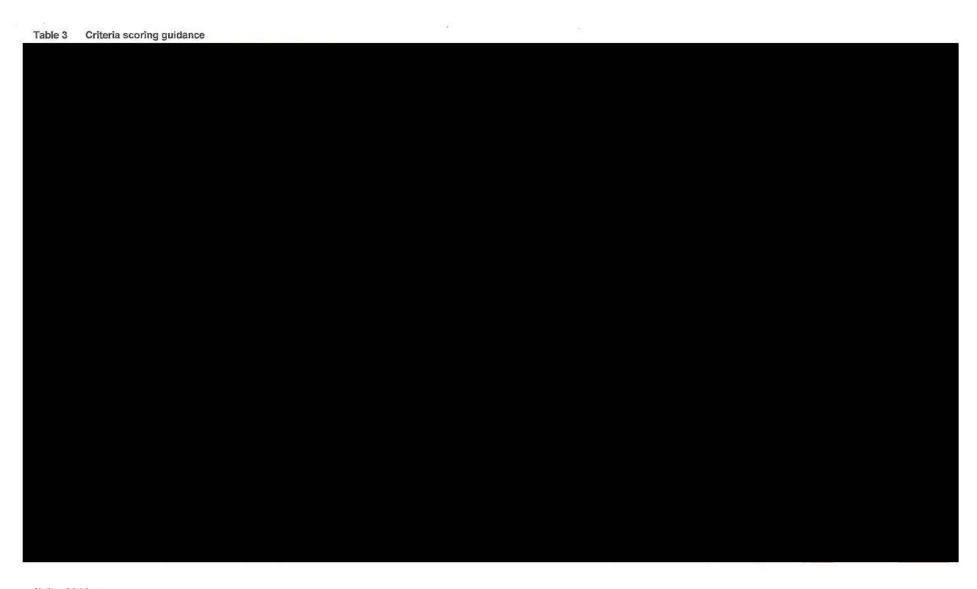
With reference to Work Order 20104, section A.6.3 Stage 3: Northside Hospital Development Options Analysis, item c., please find following a "Notice of Advice" which specifies the Multi-Criteria Analysis criteria and weightings AECOM propose to use to assess the options identified.



# DRAFT



# DRAFT



Notice of Advice
Revision A April 2020
https://aecom.sharepoint.com/sites/60628807northsidehospitaldevelopmentoptionsanalysis-pm/shared documents/pm/310\_client/noa/60628807-nhdoa-noa-mca.docx

# DRAFT



# Lowes, Shannon (Health)

From:

Landon, Daniel (Health)

Sent:

Thursday 30 April 2020 3:22 PM

To:

Subject:

FW: Northside Scoping and Canberra Hospital Master Plan

Attachments:

TWHSP consultation paper\_HPU and role delineation tables\_as at March 2020.xlsx; TwHSP current service challenges and opps\_DRAFT for SC consideration March 2020.xlsx; TwHSP strategies and actions\_DRAFT for SC consideration March 2020

\_v0.2.xlsx; updated Northside self sufficiency.xlsx

Categories:

Northside

## **UNCLASSIFIED Sensitive**

Hi

Kind regards

Dan

From: Galton, Sarah (Health) < Sarah. Galton@act.gov.au>

Sent: Wednesday, 22 April 2020 9:41 PM

To: Burch, Brad (Health) < Brad.Burch@act.gov.au>

Cc: George, Jacinta (Health) < Jacinta. George@act.gov.au >; Stewart, Margaret (Health)

< Margaret.Stewart@act.gov.au>; Peffer, Dave (Health) < Dave.Peffer@act.gov.au>; Lopa, Liz (Health)

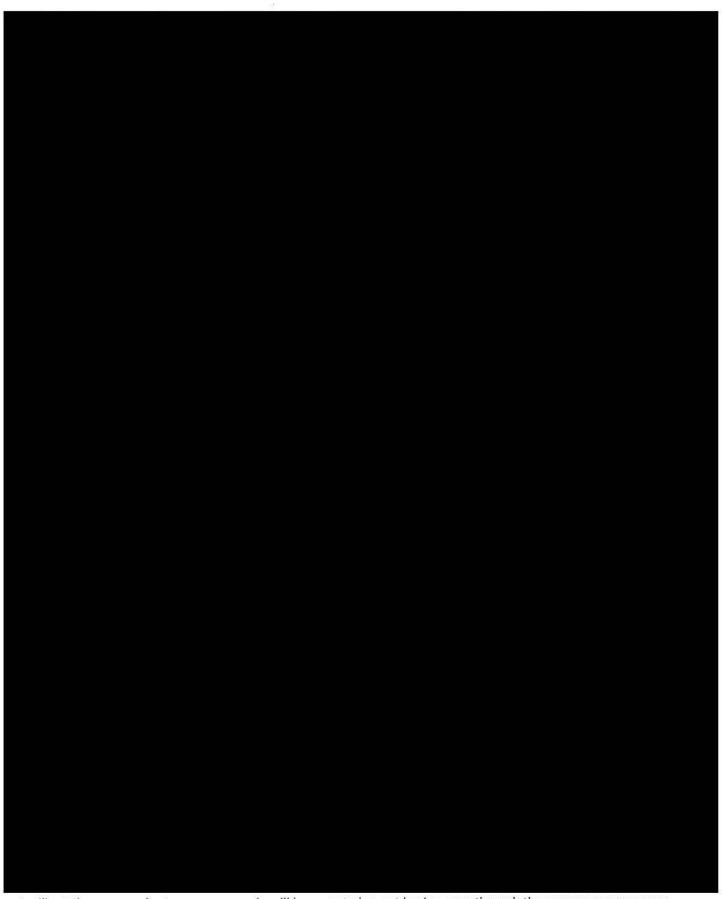
<Liz.Lopa@act.gov.au>

Subject: RE: Northside Scoping and Canberra Hospital Master Plan

## **UNCLASSIFIED Sensitive**

Hi Brad

FYI Margaret for CPHB and Dave for CHS this information is being provided to inform progress on master planning and northside hospital services scoping at this stage and will be updated as planning work is progressed and as scenarios below and those prioritised for the area finalised.



I will get those scenarios to you asap, again will be caveated as not having gone through the governance processes and I can't provide a timeframe for when that will happen and both the TWHSP being finalised at this stage.

Happy to discuss any of the above and attached.

Thanks Sarah

Sarah Galton| Senior Director, Health System Strategies and Program Support

Ph: (02) 5124 9877 | Email: sarah.galton@act.gov.au

Health System Planning and Evaluation, Health Systems, Policy and Research | ACT Health Directorate Level 3, 2-6 Bowes Street Phillip ACT 2606

health.act.gov.au









	Current
Service	СРНВ
Core Services	
Anaesthesia and recovery	4
Operating suite	4
Intensive Care Service	4
Nuclear Medicine	NPS
Radiology and Interventional Radiology	5
Pathology	4
Pharmacy	5
Emergency Medicine	
Emergency Medicine	4
Medicine	
Cardiology and Interventional Cardiology	4
Chronic Pain Management Services	NPS
Clinical Genetics	NPS
Dermatology	4
Drug and Alcohol Services	1
Endocrinology	NP5
Gastroenterology	4
General and Acute Medicine	4
Geriatric Medicine	4
Haematology	4
Immunology	4
Infectious Diseases	5
Neurology	4
Oncology - medical	2
Oncology - radiation	NPS
Palliative Care	5
Rehabilitation Medicine	2
Renal Medicine	NPS
Respiratory and Sleep Medicine	3
Rheumatology	2
Sexual Assault Services	1
Sexual Health	NPS
Surgery	
Burns	2
Cardiotheracic Surgery	NPS
ENT Surgery	4
General Surgery	4
Gynaecology	4
Veurosurgery	NPS
Ophthalmology	3
Oral Health	*
Orthopaedic Surgery	3
Plastic Surgery	4
Urology	4
Vascular Surgery	NPS
Child and family health services	711.0
Maternity	4
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Paediatric Medicine	NPS
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astic and Reconstructive Surgery	581	135	726	244			
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bstetrics	4,202	3,380	7,582	
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# Lowes, Shannon (Health)

From:

Landon, Daniel (Health)

Sent:

Friday, 1 May 2020 12:58 PM

To:

Pini, Sallyanne (Health)

Subject:

RE: Calvary asset register

### **UNCLASSIFIED Sensitive**

Hi Sallyanne

Thanks for the documents. I'm running them past Brad to review, and will then send them to AECOM.

Regards

Dan .

From: Pini, Sallyanne (Health) <Sallyanne.Pini@act.gov.au>

Sent: Thursday, 30 April 2020 1:12 PM

To: Landon, Daniel (Health) < Daniel. Landon@act.gov.au>

Cc: Stewart, Margaret (Health) <Margaret.Stewart@act.gov.au>; LHN Coord <LHNCoord@act.gov.au>

Subject: RE: Calvary asset register

## **UNCLASSIFIED Sensitive**

Hey Dan

Apologies for the delay in getting back to you on this.

LCM/Calvary own the buildings so we don't hold any asset register records for the Bruce site that I am aware of or have been able to locate. The only asset records ACTHD would have (which I assume SID has) relate those that are Territory owned (i.e. the multi storey car park).

I have saved copies of the following documents here for you to pass onto AECOM: O:\COMMON\Filedrop\LHN Commissioning (please move the whole folder over to your drive, or let me know once you've copied so I can delete). I will let SID decide if the last three are useful/relevant or not (you may already have them):

- Calvary Network Agreement (relevant extracts only)
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- Calvary Hospital Building Asset Management Plan (Barmco Mana Partnership) December 2011
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The only other more recent document I can think of would be the AECOM asset condition report from 2016 (but this was mostly focussed on Canberra Hospital) and AECOM would have this already.

As noted above, I've only included the sections of the contractual documents that we thought to be relevant. If there is anything listed in the contents that I've removed that AECOM think they need, please let me know. Additionally, the contractual documents are not widely available so it'd be appreciated if you can ensure they are stored/transmitted securely.

Thanks Sallyanne

# Sallyanne Pini | Senior Director, Governance and Reporting

Ph: 02 6205 4689 | M

Local Hospital Network Commissioning | Health System Planning and Evaluation | ACT Health Directorate

Level 4, 6 Bowes Street Phillip ACT 2606

health.act.gov.au



From: Landon, Daniel (Health) < Daniel. Landon@act.gov.au>

Sent: Thursday, 16 April 2020 9:54 AM

To: Pini, Sallyanne (Health) < Sallyanne.Pini@act.gov.au>

Subject: Calvary asset register

**UNCLASSIFIED** 

Hi Sallyanne

AECOM is under way with putting together a Calvary asset management plan as part of the new Northside hospital options analysis.

But one thing that AECOM has not been able to get from Calvary is an asset register. Calvary have sent AECOM many documents to inform the asset management plan, but an asset register isn't among them, which AECOM suspects is because no such asset register exists.

Do you know if there is an asset register, possibly held for the purposes of the contract that the ACT Govt has with Calvary? If there is a register, could I get a copy?

Please give me a call if you'd like to discuss.

Kind regards

Dan

Danie Landon

Phone Email: daniel.landon@act.gov.au

Senior Director, Business Analysis, Strategic Infrastrcture Division | ACT Health Directorate health.act.gov.au



# Lowes, Shannon (Health)

From: Sent: Landon, Daniel (Health) Friday, 1 May 2020 1:32 PM

To:

Subject:

FW: Calvary asset register

Attachments:

150615 Calvary Hospital Master Plan Stage 1 Report - Addendum.pdf; Bruce Health Care Precinct Deed - 7 December 2011 (Extracts for AECOM).pdf; Calvary Hospital Master Plan Stage 1 Report 2012.pdf; Calvary Network Agreement - 7 December 2011 (Extracts for AECOM).pdf; The Calvary Hospital Building Asset Management Plan - Dec 2011.pdf

## **UNCLASSIFIED Sensitive**



Sallyanne Pini (who was on the conference call yesterday) has compiled some documents, which I've attached (and pls note Sallyanne's request below re confidentiality about the contractual documents).

I'm not sure how many of the attached you already have (if any), however I'm sending to you just in case you haven't got them.

Kind regards

Dan

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Sent: Thursday, 30 April 2020 1:12 PM

To: Landon, Daniel (Health) < Daniel.Landon@act.gov.au>

Cc: Stewart, Margaret (Health) < Margaret.Stewart@act.gov.au>; LHN Coord < LHNCoord@act.gov.au>

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Thanks Sallyanne

### Sallyanne Pini | Senior Director, Governance and Reporting

Ph: 02 6205 4689 | M: Email: sallyanne.pini@act.gov.au | LHNCoord@act.gov.au | LHNCoord@act.gov.au | Local Hospital Network Commissioning | Health System Planning and Evaluation | ACT Health Directorate Level 4, 6 Bowes Street Phillip ACT 2606 health.act.gov.au



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Sent: Thursday, 16 April 2020 9:54 AM

To: Pini, Sallyanne (Health) <Sallyanne.Pini@act.gov.au>

Subject: Calvary asset register

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Kind regards

Dan

**Daniel Landon** 

Phone Email: daniel.landon@act.gov.au

Senior Director, Business Analysis, Strategic Infrastrcture Division | ACT Health Directorate

health.act.gov.au





# **Bruce Health Care Precinct Deed**

between

Australian Capital Territory (Territory)

and

Calvary Health Care ACT Limited ACN 105 304 989 (Calvary)

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		Survival of clauses	

THIS DEED is made on

7 December 2011

BETWEEN AUSTRALIAN CAPITAL TERRITORY the body politic established by section 7

of the Australian Capital Territory (Self-Government) Act 1988 (Cth) represented

by ACT Health Directorate (Territory)

AND CALVARY HEALTH CARE ACT LIMITED ACN 105 304 989 of Level 18, 68 Pitt

Street, Sydney, New South Wales (Calvary)

#### BACKGROUND

- (A) Calvary operates a Public Hospital and Private Hospital on the Land in accordance with the mission, vision and values of the Calvary Ministries.
- (B) Calvary and certain of its related entities also operate Calvary John James, Clare Holland House Hospice, Calvary Retirement Community, and Calvary Silver Circle in the Canberra region. Calvary and Little Company of Mary Health Care Limited remain committed to the long term growth and development of services in the region.
- (C) The Territory acknowledges the historical and ongoing contribution made by Calvary and the Sisters of the Little Company of Mary in the provision of health care services in the Australian Capital Territory. That ongoing contribution will continue under the Network Agreement and through the operation of each of the services referred to in recital B.
- (D) The Territory wishes to embark upon a redevelopment of the health care system to streamline the operation of public hospital and health care services in the Australian Capital Territory.
- (E) For this purpose, the Territory and Calvary have agreed to the terms of this Deed.

#### 1. DEFINITIONS AND INTERPRETATION

#### 1.1 Definitions

"Acquired Land" has the meaning attributed to it in clause 4.2.

"Approvals" includes any consent, authorisation, registration, filing, agreement, notification, certificate, permission, licence, approval, permit, authority or exemption issued by, from or with any Relevant Authority.

"Business Day" means a weekday other than a day on which a public holiday is declared in Canberra.

"Commencement Date" means the date the Network Agreement commences.

"Crown Lease" means the Crown lease of 'Block 1 Section 1 Division of Bruce' granted on 16 November 1999 by the Commonwealth to Calvary and registered as Volume 1577 Folio 94 at the ACT Registrar-General's Office.

"Development" means a development the subject of a Development Proposal endorsed by the Precinct Committee.

"Development Proposal" means a proposal for a development or redevelopment within the Precinct.

"Network Agreement" means the "Calvary Network Agreement" dated on or about the date of this Deed between the Territory and Calvary.

"Objectives" means the objectives set out in clause 6.2.

"Outline Plan" means the plan attached to this Deed at Schedule 1.

"Practical Completion" means the issue of a certificate of occupancy for a building that is part of a Development.

"Precinct" means the precinct described under clause 4.1 and includes any Acquired Land.

"Precinct Committee" means the committee established under clause 5.1.

"Precinct Master Plan" means the master plan for the Precinct developed in accordance with clause 6.1.

"Project Control Group" means the group established under clause 8.

"Relevant Authority" means the Territory, any Minister, the Executive, any administrative unit, section or department of the Territory, statutory authority, Territory owned developer, utility provider, or any other body, which has statutory and/or administrative responsibilities in respect of the Precinct, the infrastructure works or any development within the Precinct.

"Sublease Commencement Date" means the date of Practical Completion.

#### 1.2 2 Interpretation

In this Deed, unless a contrary intention is expressed:

- terms which are capitalised but not defined in this Deed have the meaning given to them in the Network Agreement;
- (b) references to a party includes any assignees, successors, employees, agents or subcontractors of that party;
- (c) references to legislation or to provisions in legislation include references to amendments or re-enactments of them and to all regulations and instruments issued under the legislation;
- (d) words importing a gender include the others; words in the singular number include the plural and vice versa; and where a word or phrase is given a particular meaning, other parts of speech and grammatical forms of that word or phrase have corresponding meanings;
- (e) 'include' is not to be construed as a word of limitation;
- (f) headings have no effect on the interpretation of the provisions; and
- (g) an obligation imposed by this Deed on more than one person binds them jointly and severally.

#### 2. PURPOSE OF DEED AND GUIDING PRINCIPLES

#### 2.1 Purpose

This Deed covers the relationship between the Territory and Calvary in relation to the Precinct and describes the processes for that relationship to create and progress the development of the Precinct.

# 2.2 Guiding principles

The parties agree and acknowledge that the following principles will govern the operation of and the rights and obligations of each of the parties to this Deed:

- the parties are committed to developing the Precinct into a prominent acute health care facility in the Australian Capital Territory;
- (b) the Precinct is to be operated in a manner which is consistent with the mission, vision and values of Calvary and LCMHC from time to time;
- to ensure sustainability of high quality effective health care at the Public Hospital, including continuance of the mission, vision and values of Calvary;
- (d) the parties will conduct themselves in a manner compatible with the principles of the Network Agreement; and
- (e) the importance of the concepts envisaged by this Deed in ensuring the long term viability of Calvary's operation of the Public Hospital under the Network Agreement.

# 3. TERM

- (a) This Deed commences on the Commencement Date and continues in force unless and until the date on which the Network Agreement terminates.
- (b) Should the Network Agreement terminate, this Deed will automatically terminate without either party being required to give notice to the other.

# 4. PRECINCT

#### 4.1 1 Definition

The Precinct is the "Bruce Health Care Precinct" which as at the Commencement Date is as shown on the Outline Plan. The parties acknowledge that Calvary operates the Public Hospital and the Private Hospital in and from the Precinct.

# 4.2 Acquired Land

Should either party acquire any land immediately adjacent to the Land (Acquired Land), and the permitted use of the Acquired Land is for purposes related to providing health services consistent with Calvary's Role Delineation under the Network Agreement, then the parties agree that such Acquired Land will also become part of the Precinct and be subject to the requirements of this Deed.

### PRECINCT MASTER PLAN

#### 6.1 Preparation of plan

By no later than 30 June 2012 the Territory and Calvary must jointly prepare and agree on the Precinct Master Plan for development of the Precinct in accordance with the Objectives.

# 6.2 Objectives

The objectives of the development of the Precinct are:

- to develop a plan for the renovation, replacement or rebuilding of the Public Hospital;
- to ensure the long term ability of Calvary to operate the Public Hospital in accordance with the Network Agreement, and particularly in accordance with the Role Delineation;
- (c) to deliver quality patient care and outcomes;
- (d) to provide for the development of a new multi-storey car park in the Precinct;
- (e) to allocate an area of the Precinct which may be used by Calvary at some future and undetermined date for the purposes of developing a private hospital and/or related services;
- (f) to best and, where possible, fully utilise the resources available to Calvary and the Territory in the delivery of health care, including sharing resources and infrastructure where appropriate (recognising that some resources are already shared);
- (g) to respond effectively to the needs of the north Canbeirra community and the ACT health system generally; and
- (h) to advance the strategic and operational development of the Precinct.

#### 6.3 Obligation on Territory

Subject to parliamentary appropriation and the Territory's health policy and budgeting priorities, the Territory will use all reasonable endeavours and support all applications to commit to provide funding sufficient to achieve the Objectives and the outcome envisaged in the Precinct Master Plan. For the avoidance of doubt, nothing in the clause will require the Territory to commit funding towards the development of a private hospital in the Precinct.

#### 6.4 Content

A Precinct Master Plan will stipulate the development to be carried out in the Precinct, including:

- (a) the party required to undertake and fund the development;
- (b) any necessary rights of access to that part of the Precinct to be developed to enable the Development to be undertaken;
- any necessary rights of access to or through the Precinct which will be required following the development to enable the Development to be utilised as intended;
- (d) a written statement of the proposed type and density of the developmen;t
- (e) a written statement of planning and design principles relating to the Precinct and its interaction with adjacent land uses; and
- (f) a coloured plan showing the broad pattern of land uses throughout the Precinct.

# 6.5 Calvary's development plan

In developing the Precinct and finalising the Precinct Master Plan, the Territory must take into account Calvary's views and any future development plan Calvary may have for the Precinct.

# 7. DEVELOPMENT IN THE PRECINCT

#### 7.1 Submission of DevelopmentProposal

A party may submit a Development Proposal to the Precinct Committee for endorsement.

#### 7.2 Contents

A Development Proposal must contain a detailed description of a development that the party proposes to undertake within the Precinct.

# 7.3 Planning and design

The planning and design for a Development under this clause will be undertaken by the parties jointly through the Precinct Committee or otherwise as agreed by the parties.

#### 7.4 Requirements

Any Development Proposal must:

- (a) be consistent with the Precinct Master Plan;
- reflect the Precinct design objectives to ensure the quality of built form outcomes and the contribution to the quality of the publicdomain;
- (c) describe the impact of the proposed development;

- specify mechanisms for addressing the needs for any community facilities within the proposed development, including the relocation of any existing facility;
- (e) set out details regarding the developing party's access to that part of the Precinct being developed, including any documents (such as easements, rights of access and subleases) which need to be prepared and signed to give legal effect to such rights of access during and after development;
- (f) identify who will operate any facility that is part of the Development Proposal;
- (g) identify necessary infrastructure works that may be required for completion;
- (h) address any environmental impact requirements; and
- (i) address any other matter required by the Precinct Committee.

#### 7.5 Endorsement

The Precinct Committee may endorse its approval of any Development Proposal submitted under clause 7.1 either:

- (a) in the form submitted; or
- (b) imposing such conditions as it may resolve are appropriate but only in respect of Developments which have a role in the provision of public healthcare services.

# 7.6 Development in accordance with Approvals

Each Development must be undertaken in accordance with any Approvals and the Precinct Master Plan.

### 7.7 Consultation

The parties will consult regularly regarding the progress of the Precinct and its development and any matters associated with the Precinct or any Development through the Precinct Committee in accordance with clause 5.3 during the course of the development of the Precinct.

#### 7.8 No development except in accordance with endorsed Development Proposal

No development may occur within the Precinct except in accordance with an endorsed Development Proposal.

# 9. OPERATION AND MANAGEMENT BY CALVARY

The operation and management of any facility developed under this Deed, will be in accordance with the Network Agreement and for the purposes of that agreement is part of the Public Hospital, unless otherwise agreed.

# 10. MISSION

The Territory agrees that it will not provide, nor will it permit any third party with which it may have entered into any arrangement to occupy or access any part of the Land to provide services which are inconsistent with the mission, vision and values of Calvary and LCMHC from time to time.

# 11. CLARE HOLLAND HOUSE HOSPICE

The Territory acknowledges and agrees that at no time during the term of this Deed will it transfer any of the palliative care services provided by Calvary at Clare Holland House Hospice to any sub-acute facility operated or developed by or for the Territory.

# 12. ENDORSEMENTS AND APPROVALS

Calvary acknowledges that any endorsement or approval given by the Territory or the Precinct Committee does not mean that any required Approval will be given by any Relevant Authority.

#### 13. ACCESS TO LAND

Each party (Owning Party) will permit the other party (Requesting Party) at the times reasonably requested by the Requesting Party, and on the provision of reasonable notice, adequate access to the Precinct so that the Requesting Party may carry out investigations as to the nature and condition of the Precinct, and its surroundings, and its suitability for any Development Proposal (including the conditions below the surface of the Precinct land), on such terms and conditions as the Owning Party reasonably requires.

#### 14. CROWN LEASE

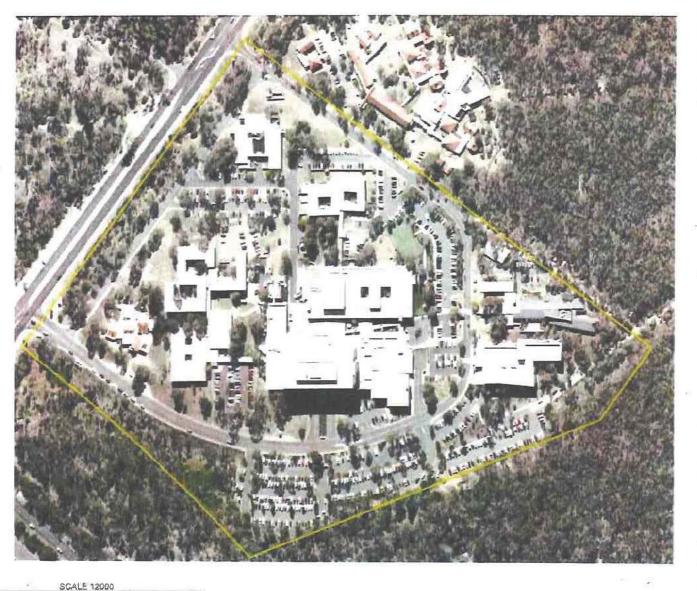
The parties agree to do all things reasonably necessary to ensure that the Crown Lease is varied as follows, and in respect of the Territory, such assistance will include supporting any application by Calvary to the ACT Planning and Land Authority:

- (a) to enable the Developments (including any easements, subleases and rights of access) endorsed by the Precinct Committee in accordance with this Deed and the use of the land under the Crown Lease in a manner not inconsistent with the Developments; and
- (b) to remove the requirement of Calvary to obtain the Territory's approval for any matters undertaken in accordance with this Deed.

# 15. PRECINCT REVIEW

The parties agree to review the relationship and obligations under this Deed and negotiate to address any issues in the relationship or under this Deed which at least one party has identified as requiring review:

- once every 10 years, with the first review to take place in the tenth year of this Deed; and
- (b) simultaneously with any review under clause 23 of the Network Agreement.



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# CLARKE & DI PAULI

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A. B. N. D. II. 051 995 996

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BLK I, SEC I, DP2360, CALVARY HOSPITAL, BRUCE, ACT

CALVARY HOSPITAL

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### **CALVARY NETWORK AGREEMENT**

BETWEEN

AUSTRALIAN CAPITAL TERRITORY (Territory)

AND

CALVARY HEALTH CARE ACT LIMITED ACN 105 304 989 (Calvary)

Level 25, Australia Square Tower, 264 George Street Sydney NSW 2000 Australia T+61 2 8248 5800 • F+61 2 8248 5899

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#### THIS AGREEMENT is made on

7 December 2011

BETWEEN AUSTRALIAN CAPITAL TERRITORY the body politic established by section 7

of the Australian Capital Territory (Self-Government) Act 1988 (Cth) represented

by ACT Health Directorate (Territory)

AND CALVARY HEALTH CARE ACT LIMITED ACN 105 304 989 of Level 18, 68 Pitt

Street, Sydney, New South Wales (Calvary)

#### RECITALS

- A. Calvary operates the Public Hospital and Private Hospital on the Land in accordance with the mission, vision and values of the Calvary Ministries.
- Calvary remains committed to the long term growth and development of services in the Canberra region.
- C. The Territory acknowledges the historical and ongoing contribution made by Calvary and the Sisters of the Little Company of Mary in the provision of health care services in the Australian Capital Territory.
- D. The parties have a shared commitment to the delivery of high quality public health services in the Territory and have agreed that Calvary will operate the Public Hospital as a Network Service Provider integrated into the Territory's public health system.
- E. Contractual arrangements between the Territory and Calvary relating to the conduct of the Public Hospital are documented in the Public Hospital Agreements.
- F. The parties intend to replace the Public Hospital Agreements with a single agreement which reflects Calvary's role as a network service provider in the Territory's health system.
- G. The parties are now giving effect to that intention by entering into this Agreement.

#### NOW IT IS AGREED as follows:

#### 1. DEFINITIONS AND INTERPRETATION

#### 1.1 Definitions

#### 1971 and 1979 Agreements means:

- the agreement between the Corporation of the Little Company of Mary and the Commonwealth made on 22 October 1971; and
- (b) the supplementary agreement between the Corporation of the Little Company of Mary, the Commonwealth, Calvary Hospital ACT Incorporated and the Capital Territory Health Commission, made on 9 April 1979.

**Accreditation** means accreditation by the ACHS or such other accreditation as the parties agree.

**ACHS** means the Australian Council on Healthcare Standards or other equivalent body for health care standards.

**ACT** Health means the Territory administrative unit known as 'ACT Health Directorate' or any other administrative unit or body responsible for the administration of public health services in the Territory.

ACTIA means the Australian Capital Territory Insurance Authority.

APRA means the Australian Prudential Regulation Authority.

#### Assets means:

- (a) the buildings and improvements on the Land;
- (b) the assets, fittings, furnishings, equipment (including replacements) used in the Public Hospital.

Business Day means a weekday other than a day on which a public holiday is declared in Canberra.

**By-Laws** means Calvary's By-Laws for the Public Hospital, as amended from time to time by Calvary.

Calvary Network Committee means the Calvary network committee established under clause Error! Reference source not found..

Chief Executive Officer will have the same meaning as provided under the *Public Sector Management Act 1994* (ACT).

Commencement Date means 1 February 2012.

Commonwealth means the Commonwealth of Australia.

Confidential Information means the kind of information that:

- is or relates to documents, submissions, consultations, policies, strategies, practices and procedures of either party which are by their nature confidential;
- (b) is notified (whether in writing or not) by one party to the other as being confidential; or
- (c) is Personal Information,

but does not include information that:

- (d) is or becomes public knowledge other than by breach of this Agreement;
- (e) is required by law to be disclosed; or
- (f) has been notified in writing by one party to the other as not being confidential.

Contract Employees means those employees listed in Schedule 3.

Contract Material means all material created, written or otherwise brought into existence as part of, or for the purpose of, a party performing its obligations under this Agreement including all reports (whether in draft or final form), documents, equipment, information and data stored by any means but does not include Health Records and Research IP.

**Crown Lease** means the Crown lease of the Land granted on 16 November 1999 by the Commonwealth to Calvary and registered as Volume 1577 Folio 94 at the ACT Registrar-General's Office.

Deed of Variation of the Private Hospital Agreements means the deed of variation dated on or about the Commencement Date and contained in Annexure C.

**Existing Liabilities** means any financial liabilities owing by either party under the Public Hospital Agreements outstanding as at the Commencement Date.

Financial Year means the period of 12 months beginning 1 July in each year.

Force Majeure Event means any of the following causes:

- act of God, earthquake, cyclone, fire, explosion, flood, landslide, lightning, storm, tempest, drought or meteor;
- (b) war (declared or undeclared), invasion, act of a foreign enemy, hostilities between nations, civil insurrection or militarily usurped power;
- (c) act of public enemy, sabotage, malicious damage, terrorism or civil unrest;
- ionising radiation or contamination by radioactivity from any nuclear waste or from combustion of nuclear fuel;
- confiscation, nationalisation, requisition, expropriation, prohibition, embargo, restraint or damage to property by or under the order of any government or government authority; or
- (f) any other cause which is not reasonably within the control of a party.

Funding Model means the funding model set out in clause Error! Reference source not found., as amended by written agreement between the parties or in accordance with clause Error! Reference source not found., from time to time.

GST means the goods and services tax imposed under the GST Act.

GST Act means the A New Tax System (Goods and Services Tax) Act 1999.

**Health Records** means health records (as defined in the *Health Records (Privacy and Access) Act 1997* (ACT) created, written or otherwise brought into existence as part of, or for the purposes of the provision of public health services under this Agreement.

ICU Assets means the assets, furnishings and equipment located or used in the Intensive Care Unit at the Public Hospital which, as at the Commencement Date, are owned by the Territory, but excluding the buildings or fixtures.

Insurance Determination means the Financial Management (Public Liability Insurance) Guidelines 2011 and any other determination made under the Guidelines.

Interim Funding Model means the funding model set out in clause Error! Reference source not found., as amended by written agreement between the parties or in accordance with clause Error! Reference source not found., from time to time.

Interim Period means the period when the Interim Funding Model is applied to the Public Hospital in accordance with clause Error! Reference source not found..

Land means Block 1 Section 1 Division of Bruce

LCMHC means Little Company of Mary Health Care Limited ACN 079 815 697.

**Management Employees** means any employees working in the Public Hospital and reporting directly to the Chief Executive Officer of Calvary.

**Network Service Provider** means an entity providing services to the Territory as part of ACT Health's strategy for delivering integrated care to the people of Canberra through the ACT Health network.

New Public Hospital Agreement means the agreement contained in Annexure B.

Period means the period when the Funding Model is adopted for the Public Hospital in accordance with clause Error! Reference source not found.

**Performance Plan** means the annual performance plan for the operation, management and funding of the Public Hospital prepared in accordance with clause **Errorl Reference source not found.** which will include, where relevant, the matters set out in Schedule 2.

Personal Information means information or an opinion (including information or an opinion forming part of a database), whether true or not, and whether recorded in a material form or not, about a natural person whose identity is apparent, or can reasonably be ascertained, from the information or opinion.

Precinct Deed means the Bruce Health Care Precinct Deed between the parties dated on or about the same date as this Agreement.

Precinct Master Plan means the plan to develop the Bruce health care precinct as specified in the Precinct Deed.

Prescribed Insurer means, in relation to:

- (a) public liability insurance, an insurer that is:
  - (i) accepted by ACTIA for the purposes of the Insurance Determination,
  - (ii) authorised by APRA to conduct new and renewal insurance business in Australia, or
  - (iii) if not authorised by APRA to conduct new or renewal insurance business in Australia, rated at A- or better by a ratings agency acceptable to ACTIA,

or any other insurer prescribed under the Insurance Determination from time to time; and

 other insurance, an insurer having a Standard and Poor's or Best's Rating Aor better.

**Private Hospital** for the purposes of this Agreement means the private health care business (including Hyson Green and Calvary Clinic) operated on the Land by Calvary.

Private Hospital Agreements means:

- the agreement between Calvary and the Australian Capital Territory Authority made on 26 April 1988;
- (b) the supplementary agreement between Calvary and the Territory made on 21 December 1994; and
- (c) the second supplementary agreement between Calvary and the Territory made on 24 November 1997.

**PSMA** means the *Public Sector Management Act 1994* (ACT) and includes any standards made under the Act.

Public Hospital means the Public Hospital operated on the Land.

#### Public Hospital Agreements means:

- (a) the agreement between the Corporation of the Little Company of Mary and the Commonwealth made on 22 October 1971 in relation to the construction, conduct, control and management of a public hospital, being Calvary public hospital;
- (b) the supplementary agreement between the Corporation of the Little Company of Mary, the Commonwealth, Calvary Hospital ACT Incorporated and the Capital Territory Health Commission, in relation to the construction, operation and maintenance of a public hospital being Calvary public hospital, made on 9 April 1979; and
- (c) the second supplementary agreement between Calvary Hospital ACT Incorporated and the Capital Territory Health Commission varying the supplementary agreement signed 9 April 1979, which provides for the employment of Calvary public hospital employees as public sector employees, made on 9 May 1991,

as varied in writing by the parties from time to time.

Public Hospital Employees means any current and future employees engaged under the PSMA that work at the Public Hospital.

**Public Hospital Employee Entitlements** means the annual leave, long service leave, personal/carers leave and other leave entitlements accrued to the Public Hospital Employees from time to time.

Public Patient means any patient treated as a public patient in the Public Hospital.

Related Body Corporate has the same meaning as in the Corporations Act 2001 (Cth).

Relevant Standards means the ACHS Standards published by the ACHS or such other standards as may be agreed between the parties from time to time.

Research IP means research intellectual property which is created by Calvary whether before or after the date of this Agreement in the course of providing the Services under this Agreement, including:

 copyright, trademark, design, patent, circuit layout, plant breeders', or other proprietary rights;

- (b) any right to have research information kept confidential; and
- (c) any rights to the registration of those rights.

Role Delineation means the role delineation for the performance of the Services by Calvary as set out in column 2 of Schedule 1 and as defined from time to time in the most recent edition of New South Wales Health (State Wide Services Development Branch) Guide to Role Delineation of Health Services.

**Services** means the services listed in Schedule 1 or as otherwise agreed in writing between the parties.

Significant Dispute means a difference or dispute between the parties in relation to clauses Error! Reference source not found., 7.4, Error! Reference source not found., Error! Reference source not found., 11.2, 11.3 or Error! Reference source not found. which involves:

- (a) a potential financial impact to Calvary in any one year of \$5 million or greater;
- actions by the Territory which materially adversely affect Calvary's ability to provide the Services in accordance with this Agreement; or
- (c) Calvary's reputation being materially adversely affected.

Tax Invoice has the same meaning as in the GST Act.

#### Territory means:

- (a) when used in a geographical sense, the Australian Capital Territory; and
- (b) when used in any other sense, the body politic established by section 7 of the Australian Capital Territory (Self-Government) Act 1988 (Cth).

**Territory Material** means any material provided by the Territory to Calvary for the purposes of this Agreement including documents, equipment, information and data stored by any means.

#### 1.2 Interpretation

In this Agreement, unless a contrary intention is expressed:

- references to a party includes any assignees, successors, employees, agents or subcontractors of that party;
- references to legislation or to provisions in legislation include references to amendments or re-enactments of them and to all regulations and instruments issued under the legislation;
- (c) words importing a gender include the others; words in the singular number include the plural and vice versa; and where a word or phrase is given a particular meaning, other parts of speech and grammatical forms of that word or phrase have corresponding meanings;
- (d) 'include' is not to be construed as a word of limitation;
- (e) headings have no effect on the interpretation of the provisions; and

(f) an obligation imposed by this Agreement on more than one person binds them jointly and severally.

#### 2. OBJECTIVES OF THIS AGREEMENT

The key objectives the parties wish to achieve by entering into this Agreement are to:

- improve the quality of, and access to, health care in the Australian Capital Territory;
- (b) acknowledge Calvary's commitment to the ongoing management and operation of the Public Hospital and provision of high quality, positive patient experience;
- (c) record the parties' agreement that Calvary will operate the Public Hospital as a Network Service Provider;
- (d) acknowledge the Territory's obligation to allocate funds to Calvary for the delivery of the Services at the Public Hospital;
- maintain funding for the Services while ensuring the most efficient and effective use of the funding;
- (f) provide extraordinary or special funding by the Territory to Calvary;
- (g) enhance clinical viability of delivery of health services in the Territory;
- end any contractual arrangements which are no longer relevant to the conduct of the Public Hospital;
- ensure the responsibilities, obligations, liabilities and rights of the parties are consistent with the delivery of high quality, accountable and efficient health services in the Territory; and
- allow for a flexible and responsive framework in which the parties may manage this Agreement and the future conduct of the Public Hospital.

## 3. TERMINATION OF PUBLIC HOSPITAL AGREEMENTS AND APPOINTMENT

#### 3.1 Termination

The Public Hospital Agreements are terminated with effect from the Commencement Date.

#### 3.2 Public Hospital Agreements cease to apply

- (a) Subject to clause 3.2(b), the terms of this Agreement supersede all obligations, liabilities and rights of the parties arising under the Public Hospital Agreements up to the date of termination of the Public Hospital Agreements.
- (b) Despite the termination of the Public Hospital Agreements, a party will continue to be responsible for any Existing Liabilities.

#### 3.3 Appointment of Calvary

- (a) From the Commencement Date, the Territory appoints Calvary, and Calvary accepts the appointment, to provide the Services as a Network Service Provider in accordance with the terms of this Agreement.
- (b) Calvary will operate the Public Hospital under the name 'Calvary Health Care' or such other name as the parties agree.

#### TERM

This Agreement commences on the Commencement Date and continues in force unless and until:

- it is terminated in accordance with clause Error! Reference source not found.; or
- (b) the Crown Lease is terminated.

#### 5. RELATIONSHIP OF PARTIES

#### 5.1 Role delineation

- (a) Calvary will operate and manage the Public Hospital and provide the Services as a Network Service Provider, in accordance with the Role Delineation.
- (b) The Territory must not alter the Role Delineation without the prior written consent of Calvary.
- (c) The parties acknowledge that they are currently developing a clinical services plan as a result of which the Role Delineation may be varied, subject always to the requirements under clause 5.1(b).

#### 5.2 Calvary's obligations

Calvary must:

- (a) operate the Public Hospital on the Land in accordance with the:
  - (i) terms of this Agreement; and
  - (ii) Relevant Standards;
- (b) participate in the Australian Capital Territory public health service delivery network (including clinical streams and service planning in accordance with clause Error! Reference source not found.);
- (c) work on quality and cost saving issues and initiatives across the whole of the Territory public health system in accordance with clause 20;
- (d) maintain Accreditation;
- ensure the Public Hospital will be continuously open subject to any other provision in this Agreement;

- (f) provide the Services to a level which at least meets the Relevant Standards;
- (g) conduct the Public Hospital:
  - in accordance with sound modern hospital practices and the laws for the time being in force and applicable to the Public Hospital;
  - (ii) by implementing and adopting policies, procedures and systems which Calvary reasonably determines to be the most appropriate and efficient for the Public Hospital in accordance with 20.2; and
  - (iii) in such a manner so as to make public health services available to all persons irrespective of their circumstances and otherwise in accordance with the principles set out in any funding agreement between the Territory and the Commonwealth; and
- (h) ensure that no person presenting at the Public Hospital requiring emergency care will be denied appropriate care and such persons will be treated on a clinical needs basis (provided that this will not restrict Calvary from arranging transfer of a person to another health facility provided that this is in accordance with prudent clinical practice).

#### 7. FUNDING PRINCIPLES

#### 7.1 Acknowledgement

In accordance with the provisions of this Agreement, the parties acknowledge that:

- (a) the Territory is responsible for the provision of efficient and effective public hospital services in the Territory and for meeting its responsibilities to the Commonwealth and the Territory under the various funding arrangements for these services;
- (b) Calvary will operate the Public Hospital as a Network Service Provider integrated into the Territory's public health system;
- the Territory and Public Hospital Employees have responsibilities under Territory law in relation to the protection of public money and property;
- (d) Calvary's board of directors has a duty under the Corporations Act 2001 to ensure that Calvary does not trade while insolvent; and
- (e) Calvary relies substantially on funding and cash flows from the Territory for the purposes of managing its cash, other assets and liabilities.

#### 7.4 Territory impact on Calvary costs

If the Territory implements any policy, contract or other arrangement which materially adversely impacts on Calvary's costs in providing the Services during the Interim Period:

(a) the Territory must allow for any adverse impact on Calvary's costs in the relevant year's Performance Plan; and

(b) if the additional cost is incurred part way through a relevant year's Performance Plan, pay Calvary the amount required to fund that additional cost if not otherwise met.

#### 11. ASSETS

#### 11.1 Calvary's obligations

Calvary must:

- (a) maintain the Assets and ICU Assets to the same level and condition as it was required to do in the year immediately preceding the Commencement Date provided that:
  - the Territory does not otherwise have those obligations in respect of any of the Assets under the Precinct Deed or any leasing arrangement entered into between the parties;
  - (ii) fair wear and tear is excepted;
  - (iii) the age of the Assets is taken into consideration such that Calvary is not required to maintain Assets which, in the reasonable opinion of Calvary, are outdated and need replacing; and
  - (iv) maintenance is in accordance with the Performance Plan;
- (b) apply to the Territory for any grants for significant capital funding for any maintenance, repairs, developments and/or new projects using the capital grants process which it has used in the years immediately preceding the Commencement Date.

#### 11.2 Territory's obligations

When assessing and allocating funding for maintenance, repair or development of the Assets or equipment, the Territory must:

- (a) act reasonably and in a manner consistent with the way it allocates funding for capital maintenance, repair, development or equipment to other public health facilities in the Australian Capital Territory; and
- (b) have regard to the age and nature of the infrastructure and any adverse effects this may have on Calvary's ability and responsibility to deliver patient care and effectively provide the Services under this Agreement.

#### 11.3 Assets

- (a) The parties acknowledge that:
  - at the date of this Agreement some of the Assets require substantial maintenance and it is the parties' intention that the obligations relating to the renovation, replacement or rebuilding of the Assets will be set out in the Precinct Master Plan;
  - (ii) if the parties do not reach agreement on the Precinct Master Plan by the required date set out in the Precinct Deed, and in the absence of any other agreement, the parties agree:

- that within 5 years of the Commencement Date, the parties will negotiate on the funding for the renovation, replacement or rebuilding of the Assets; and
- (B) subject to parliamentary appropriation and the Territory's health policy and budgeting priorities, any renovation, replacement or rebuilding will take place within 10 years from the date of this Agreement.

#### (b) The parties agree that:

- any significant maintenance, replacement or renovation of Assets or ICU Assets will be paid for by the Territory;
- (ii) if not otherwise provided for in the Precinct Master Plan the parties will negotiate to agree on funding of renovation, maintenance, replacement or development of new buildings or facilities:
  - (A) for use by Calvary as a Network Service Provider in its operation of the Public Hospital;
  - (B) to ensure Calvary maintains Accreditation for the Public Hospital;
  - (C) to ensure Calvary can provide the Services efficiently and in accordance with the Relevant Standards and otherwise in accordance with this Agreement; and
  - (D) which will reflect the needs of the ACT community at that time.

#### 11.4 Notification of damaged Assets

Calvary must promptly notify the Territory in writing of any loss, damage or destruction of an Asset.

#### 11.5 Calvary's fittings and equipment, heritage items

- (a) Subject to clause 11.5(b), Calvary must not acquire or install in the Public Hospital any fittings, equipment or furnishings with a value exceeding \$200,000.00 (or such other higher amount as specified from time to time by the Territory) without the Territory's written consent, which consent must not be unreasonably withheld.
- (b) If the Territory fails to respond to Calvary's written request for consent under clause 11.5(a) within 2 months from the date of receiving Calvary's written request, the Territory will be deemed to have consented to the acquisition or installation pursuant to clause 11.5(a).
- (c) Subject to clause 11.5(b), consent pursuant to this clause must be obtained by Calvary whether or not Territory funds are used to acquire and install such fittings, furnishings or equipment in the Public Hospital, as the case may be.
- (d) The Territory acknowledges and agrees that Calvary owns other items which have heritage or religious significance contained in the Private Hospital and Public Hospital and may maintain and replace those items at its discretion.

#### 11.6 Damage to Public Hospital

- (a) If the Public Hospital is damaged and Calvary cannot use or gain access to the whole or a significant part of the Public Hospital and is unable to provide the Services in accordance with this Agreement, then the Territory must, in consultation with Calvary, determine whether or not it will reinstate that part of the Public Hospital which has been damaged.
- (b) If the Territory determines it will not reinstate any damaged part of the Public Hospital in accordance with clause 11.6(a), it must give written notice to Calvary in which case this Agreement will be immediately terminated.
- (c) If the Territory determines to reinstate the Public Hospital in accordance with clause 11.6(a), the Territory will determine the design, fittings, dimensions and plans of the Public Hospital, in consultation with Calvary, and having regard to the obligations on Calvary under this Agreement.

#### 11.7 ICU assets

On the Commencement Date the Territory must transfer its right, title and interest in the ICU Assets to Calvary such that Calvary will become the legal and beneficial owner of the ICU Assets.

#### 12. PRECINCT DEED

#### 12.1 Entry into deed

The parties acknowledge that they have entered into the Precinct Deed which contemplates the entry into a Precinct Master Plan for purposes including the following:

- the development of the Land, including the development of a multi-storey carpark facility;
- (b) the renovation, replacement or rebuilding of the Public Hospital;
- (c) the allocation of an area of the Land which may be used by Calvary or its Related Body Corporate at some future date to develop a private hospital and/or related services.

#### 12.2 Precinct Master Plan

Unless otherwise agreed between the parties in writing:

- (a) the Territory will take reasonable steps to support all applications necessary to undertake and effect the development of the Land in accordance with the Precinct Master Plán and as approved by Calvary; and
- (b) Calvary will do all things reasonably necessary to assist the Territory to carry out its obligations under clause 12.2(a).

#### 18. CROWN LEASE

#### 18.1 1971 and 1979 Agreements

The Territory waives any breaches by Calvary of the 1971 and 1979 Agreements up to and including the Commencement Date which may give the Territory or ACT Planning and Land Authority the right to terminate the Crown Lease.

#### 18.2 Variation of Crown Lease

The parties agree that they will apply to the ACT Planning and Land Authority to vary clause 5(b) of the Crown Lease with effect from the Commencement Date by:

- replacing the reference to the 1971 and 1979 Agreements with a reference to this Agreement;
- (b) deleting the words "shall not be entitled to claim or receive any compensation whatsoever" from the end of the clause; and
- (c) inserting at the end of the clause the words "will be entitled to fair and reasonable compensation for the value of the buildings and other improvements having regard to the financial contribution made by the Lessee in the construction of those buildings and other improvements".

Both parties must do all things reasonably necessary to achieve a registered variation to the Crown Lease as soon as possible after the Commencement Date.

#### 19. EXPANDED PUBLIC FACILITIES

The parties agree to use their best endeavours to identify any new or expanded public facilities for providing additional health services to the ACT community and agree to consider the following matters:

- (a) the funding model to be adopted for any new services or facilities;
- (b) the impact of any new facility or service on:
  - (i) the Public Hospital's role delineation within the ACT health sector;
  - (ii) Calvary's business as operator of the Public Hospital; and
  - (iii) the reputation of Calvary, LCMHC or any Related Body Corporate of Calvary or LCMHC.

Opportunities for the operation of any new or expanded facilities must first be submitted and assessed by the Calvary Network Committee and subsequently submitted to each of the parties for consideration and discussion.

#### 20. INTEGRATION OF SERVICES

#### 20.1 Acknowledgement by parties

The parties acknowledge that efficiencies and cost reductions in the delivery of services by the Public Hospital can be achieved by the increased utilisation and integration of existing and future Territory and Calvary operational management and

support infrastructure, including accounts payable, accounts receivable, payroll, human resources, capital planning, assets management, information management and medical appointments (Infrastructure) in the Public Hospital.

#### 20.2 Integration

Calvary, in consultation with the Territory and the Calvary Network Committee, may identify and integrate Infrastructure which in the performance of the Services it considers efficient and effective to do so.

#### 25. INSURANCE

#### 25.1 Calvary's obligation to insure

Calvary must effect and maintain, at the Territory's cost, for the duration of this Agreement all insurance coverage required by law and not insured under clause 25.2 with a Prescribed Insurer and must produce evidence of that insurance as required by the Territory from time to time.

#### 25.2 Territory insurance

The Territory must effect and maintain for the duration of this Agreement:

- building and property insurance for the Assets and the ICU Assets for their full insurable value (based on replacement cost value);
- (b) public liability insurance for the Public Hospital with coverage in the amount of not less than \$20 million (or such greater amount as may be reasonably required from time to time) in respect of each occurrence; and
- (c) medical negligence insurance coverage in relation to the conduct of operations at the Public Hospital in the amount of not less than \$20 million (or such greater amount as may be reasonably required from time to time) in respect of each claim and in the annual aggregate,

with a Prescribed Insurer and must produce evidence of that insurance as required by Calvary from time to time.

#### 26. INDEMNITY

#### 26.1 Indemnification

Subject to clause 26.2, each party (indemnifying party) indemnifies the other party, its employees and agents in respect of all claims, costs and expenses and for all loss, damage, injury or death to persons or property caused by the indemnifying party, its employees, agents or contractors arising from:

- (a) the indemnifying party's breach of this Agreement; and
- (b) the indemnifying party's conduct of the Public Hospital, except to the extent that the other party caused the relevant loss, damage or injury.

#### 26.2 Insurance

An indemnifying party is not liable to make any payment for a claim made under clause 26.1 to the extent that the relevant claim, costs or expense is recoverable by the other party under a policy of insurance.

### Schedule 1

## Schedule of services for Public Hospital

	Calvary Public Hospital
Pathology	Clinical Support Services  Level 4  24 hr on site service. Core pathology services with on site pathology personnel with appropriate tertiary qualifications in accordance with NPACC Guidelines. Frozen needle aspirations, frozen sections and bone marrows available on site and a range of tests including liver function, cardiac enzymes, calcium, magnesium and phosphate. Other tests may need to be done on site to meet a clinical need if cannot be provided in a timely manner by a Level 5 or 6 Laboratory.
Pharmacy	Level 5 More than one permanent full-time Pharmacist employed plus support staff. Pharmacist on call for emergency advice. Director of Pharmacy involved in Drug Committee. Participation in ward rounds or meetings. Must have outpatient service. Sterile manufacturing and IV admixture service including cytoxic drugs in clinical unit present in hospital. Facilities to standard for SAA. Code of GMP standards followed. Clinical trial support for research activities.
Diagnostic Imaging	Level 5 Established department with designated Director. Staff Radiographer on call 24 hrs. Specialist Radiologist on site at least part time. Facilities for general X-Ray, fluoroscopy, mobile units for wards, OT & emergency medicine. Full ultrasound service (including all modalities eg Doppler) available. 24 hour on site service for urgent x-rays, and 24 hour on call service for CT scans. Leve 3 pharmacy and Level 4 Pathology, Anaesthetics, Intensive Care and Operating Suite services are required on site. Access to MRI and DSA locally.
Nuclear Medicine	Level 3 Access to a Level 4 Nuclear Medicine facility. Quality assurance activities.
Anaesthetics	Level 5 Specialist Anaesthetic staff on site during day and on 24 hour roster for good, moderate and bad risk patients. Anaesthetic Registrar on site 24 hours or available within 10 minutes. Nominated Specialist Director for anaesthetic staff.

	Calvary Public Hospital Clinical Support Services
Intensive Care	Level 4  Note – meets Level 5 descriptor but without the required support services.  Mechanical ventilation and simple cardiovascular monitoring for several hours. Separate and self contained facility in the hospital capable of providing basic, multi-system life support usually for less than 24 hours. Medical Director with training and experience in intensive care. In addition to attending specialist(s) the Unit must have at least one RMO on site or available to the Unit at all times.
Coronary Care	Level 4 Designated coronary care area with clearly defined admission and discharge program. Specialist Director. Day time medical officer(s) and experienced medical officer(s) on call after hours. Cardiologist or General Physician on call 24 hrs. Has bedside and central monitoring
Operating Suites	Level 4 (There is no Level 5 category) Equipped for major procedures. Separate recovery area with RN for every three recovering patients. Separate recover area with full time staff. 24 hr availability. Has Nurse Unit Manager and experienced RNs.  Indicative list of general surgery major surgical procedures:  Thyroidectomy, Vascular graft, Cholecystectomy, Bowel resection, Mastectomy, Exploratory laparotomy

<sup>&</sup>lt;sup>1</sup> NSW Health: Guide to Role Delineation of Health Services 2002

## Core Services (With minimum level of clinical support services listed)

V-33001			Co	re Services – Eme Calvary Publi		е		3
Emergency Medicine	and experience qualifications of appropriate his	ce in emergency on each shift. Sp gher level facilit	y medicine. Exp pecialists on call 2	lisation and assisted perienced MOs, R 24hrs in intensive of dics, anaesthetics ites	Ns on site 24 h care, general sur	rs including R gerv. paediatri	N with post ba	sic emergency
	Path	Phar	Diag I	NMed	Anae	ICU	CCU	Op/s
	4	4	4	3	4	4	4	Δ

				Core Service		-		···
					lic Hospital			
		For S	Services listed to	pelow Level 4 Ge	neral Medicine	capability pres	umed	
General	Level 4			-				79-11
Medicine	Registrar, Nurs	sing Unit Manag	er and experiend vices and liaison	ay have subspectived RNs. Allied It psychiatry. Form Service.	nealth profession	als on site. For	mal quality assu	rance program
	Path	Phar	Diag I	NMed	Anae	ICU	CCU	Op/s
	4	4	4	-	4	4	4	2
Cardiology	Level 4		ecialist Cardiolog		- 171 · 171	L ST	1	

Calvary Network Agreement

corporate/441992\_26

		For S	Services listed t	Core Service Calvary Pub celow Level 4 Ge	lic Hospital	capability presi	umed	
	Path	Phar	Diag I	NMed	Anae	ICU	CCU	Op/s
	4	4	4	3	4	4	4	2
Dermatology	Level 5 Appointed Spec	cialist Dermatolo	gist. Has Medica	al Registrar on call	24 hrs. Link with	Level 3 Radiat	on Oncology.	
	Path	Phar	Diag I	NMed	Anae	icu	CCU	Op/s
	4	4	4	3	4	4	4	2
				nagement service		e. Link with Le	vel 4 Health Pro	motion Serv
						ICU 4	CCU	Op/s
Gastroenterology	Path 4 Level 4 General Physic	Phar 4 sians with accrect as access to dru	Diag I  4  ditation in gastrog and alcohol co	NMed 3 enterology. Regul	Anae 4 ar endoscopy se Anae	ICU 4 rvice including of	CCU  CCU  CCU	Op/s 2 double ballo
Gastroenterology	Path 4 Level 4 General Physic enteroscopy. H	Phar 4 cians with accrecias access to dru	Diag I 4  litation in gastro g and alcohol co	NMed 3 enterology. Regulounselling.	Anae 4 ar endoscopy se	ICU 4 rvice including o	CCU 4 colonoscopy and	Op/s 2 double ballo
Haematology -	Path 4 Level 4 General Physic enteroscopy. H Path 4 Level 4	Phar 4 sians with accrec as access to dru Phar 4	Diag I 4  ditation in gastrog and alcohol co	NMed 3 enterology. Regulounselling.	Anae 4 ar endoscopy se Anae 4	ICU 4 rvice including of ICU 4	CCU 4  colonoscopy and  CCU 4	Op/s 2 double ballo
Gastroenterology  Haematology – Clinical	Path 4 Level 4 General Physic enteroscopy. H Path 4 Level 4	Phar 4 sians with accrec as access to dru Phar 4	Diag I 4  ditation in gastrog and alcohol co	NMed 3 enterology. Regulounselling. NMed	Anae 4 ar endoscopy se Anae 4	ICU 4 rvice including of ICU 4	CCU 4  colonoscopy and  CCU 4	Op/s 2 double ballo

		For	Services listed t	Core Service Calvary Pub celow Level 4 Ge	lic Hospital	capability pres	umed				
HIV / AIDS	Level 1 Limited range health services Program secon	of community se for consultation	rvices provided I	by non-specialist ovide health infor	staff in consultat	ion with GPs. A	ccess to special	ised community dle and Syringe			
	Path	Phar	Diag I	NMed	Anae	ICU	CCU	Op/s			
4		1000		Not Apr	olicable			Орго			
immunology	Level 4 General Physic	cians with interes	t in immunology.				<u> </u>				
	Path	Phar	Diag I	NMed	Anae	ICU	CCU	Op/s			
	4	4	4	3	4	4	4	2			
Infectious Diseases	Level 3  Management by General Physicians and a visiting consultant from Canberra Hospital.										
	Path	Phar	Diag I	NMed	Anae	ICU	CCU	Op/s			
			As	for appropriate leve	el in General Medic	ine		Фрго			
Medical Oncology	Level 4 General Physic palliative care,	cians with intere	st in medical on	cology. Visiting N			lished liaison wit	h radiotherapy			
	Path	Phar	Diag I	NMed	Anae	ICU	CCU	Op/s			
	4	5	4	3	4	4	4	3			
Radiation Oncology	No service				•						
	Path	Phar	Diag I	NMed	Anae	ICU	CCU	Op/s			
		<u> </u>		Not app	olicable						

		For S	Services listed b	Core Service Calvary Pub selow Level 4 Ge	olic Hospital	capability presi	umed	
Neurology	Level 4 Accredited neu services and at	irologists who sh t least Level 4 Re	nare on call with chabilitation and	General Physicia Level 4 Geriatric	ans with interest Services.	in neurology. Fo	ormal links to co	mmunity health
	Path	Phar	Diag I	NMed	Anae	ICU	CCU	Op/s
	4	4	4	-	. 4	4	4	2
Renal Medicine		managed by Ge with patients und Phar		. 24 hr access to renal unit. NMed	MO on site or a	ivailable within	10 minutes. May	have self care Op/s
	3	3	3	-	2	3	3	2
Respiratory Medicine	Level 4 General Physic Path 4	Phar	t in respiratory m	NMed	Anae	an.	CCU 4	Op/s
Rheumatology	Level 4	L		y, plus two accre			-	
	Path	Phar	Diag I	NMed	Anae	ICU	CCU	
	1 au	1 Hai	Diag.	THINCG	Allae	100	000	Op/s

		Core Services – Surgical Calvary Public Hospital For Services listed below Level 4 General Surgical capability presumed No emergency surgery other than LSCS specified under Obstetrics.											
General Surgery	Managers and liaison psychiat Hospital in the	Specialists on ca experienced RNs ry available, Linl Home and ambi	dures on good or all 24 hours. Has d s. Links with oncolo ks to community ba ulatory services and does not provide e	esignated Medical gy, radiotherapy ar sed health services I Community Nursi	Officers, Some sund palliative care so which support earns. Formal quality	urgical subspect ervices. Allied harly discharge from assurance pro-	ialties available. nealth profession rom surgical prod gram. Provides o	Has Nurse Unit					
	Path	Phar	Diag I	NMed	Anae	ICU	CCU	Op/s					
	4	4	4	3	4	4	3	4					
Burns	Level 2 Emergency cas	ualty service for	burns (able to mar	nage minor burns, i	e less that 5% tot	al body surface	area) All other	hurns stabilised					
Burns	Emergency cas and transferred	as per Burns Pro	burns (able to mar otocol.	nage minor burns, i	e less that 5% tot	al body surface	area). All other	burns stabilised					
	Emergency cas and transferred Path	Phar	Diag I	NMed -	Anae 1	ICU -	CCU 1	Op/s					
Burns  Thoracic / Cardiothoracic Surgery	Emergency cas and transferred Path	Phar	otocol.	NMed -	Anae 1	ICU -	CCU 1	Op/s					
Thoracic / Cardiothoracic	Emergency cas and transferred Path	Phar	Diag I	NMed -	Anae 1	ICU -	CCU 1	Op/s - ertaken.					
Thoracic / Cardiothoracic	Emergency cas and transferred  Path  1  Level 1-4 No place	Phar 1 anned emergence	Diag I - by thoracic/cardiotho	NMed - racic surgery service	Anae 1 ce. Noting that min	ICU - or, low risk prod	CCU 1 cedures are unde	Op/s					
Thoracic / Cardiothoracic	Path 1 Level 1-4 No pla Path Level 4 (There Common and in	Phar 1 anned emergence Phar e is no level 5 or	Diag I  y thoracic/cardiotho	NMed - racic surgery service  NMed  Not applied	Anae  1 ce. Noting that min Anae cable	ICU - or, low risk proc	CCU 1 cedures are unde	Op/s ertaken. Op/s					
Thoracic / Cardiothoracic Surgery	Path 1 Level 1-4 No pla Path Level 4 (There Common and in	Phar 1 anned emergence Phar e is no level 5 or	Diag I  y thoracic/cardiotho  Diag I  6 category) nostic and therapeu	NMed - racic surgery service  NMed  Not applied	Anae  1 ce. Noting that min Anae cable	ICU - or, low risk proc	CCU 1 cedures are unde	Op/s ertaken. Op/s					

				Core Services Calvary Public below Level 4 Gen rgery other than L	c Hospital eral Surgical cap			
Ear, Nose Throat	Common and I Specialist Anae	s no Level 1,2 or ntermediate EN sthetists, excludi	3 category)  surgical procedu ng neuro-otic or int	res on good or moracranial surgery. Fenced RNs. Audiolo	oderate risk patie las designated Me	nts performed redical Officer(s)	egularly by ENT or Surgical Regis	strar. Specialists
	Path	Phar	Diag I	NMed	Anae	ICU	CCU	Op/s
	4	3	4	-	4	3	3	3
	Common, inter Gynaecologists Path	rmediate and se and specialist Ar Phar	elected major gyna naesthetists. Has d Diag I	uired support service ecological procedu esignated Medical ( NMed	ires on good or Officer(s) and/or S Anae	urgical Registra	r. Specialists on CCU	call 24 hrs. Op/s
	4	4	4	55	4	. 4	3	4
Neurosurgery	No Service				-			
	Path	Phar	Diag I	NMed	Anae	ICU	CCU	Op/s
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Not applie	cable	2		
Ophthalmology	Common and i Medical Practiti for moderate ris	oner in anaesthe k patients. Medic	cedures on good of tics may provide a cal Officer on call 2	or moderate risk p naesthetics for goo 4 hrs. Access to Ort	d risk patients with hOp/tist.	Specialist Ana	esthetists provid	ing anaesthetics
禪	Path	Phar	Diag [	NMed	Anae	ICU	CCU	Op/s
Orthopaedics	As Level 3 plus and Specialist	major orthopaed Anaesthetists. H	dic surgical proced as NUM and expe	uired support servicures on good or morienced RN's. Rost	derate risk patien	vailable. Has de	esignated Medic	al Officer and/o
	Surgical Regist	rai. Has ailieu He	aiti protocoloridio .	nordaning i injeresine.				<b>**</b> **********************************

		Fo	or Services listed l No emergency su	Core Services Calvary Publicelow Level 4 Gen rgery other than L	c Hospital eral Surgical cap	ability presume	ed	W
-500	4	3	4	3	4	4	3	4
Plastic Surgery	Level 1-3 Note – meets L Selected plastic	evel 4 descriptor surgery procedu	but without the requires on good or mod	uired support servio derate risk patients.	ees			ge
	Path	Path	Path	Path	Path	Path	Path	Path
	4	4	4	4	4	4	4	4
lanta au	Line condition							
Jrology	Medical Officers	s on site 24 hrs.	dures on good or n Specialists on call 2	24 hrs. Links with or	ncology, radiothera	ılarly by Urologi apy and palliativ	sts and Specialis e care services.	st Anaesthetis
Urology	Selected major	urological process on site 24 hrs.  Phar	Specialists on call 2 Diag I	24 hrs. Links with or NMed	ncology, radiothera Anae	llarly by Urologi apy and palliativ	ets and Specialis e care services. CCU	st Anaesthetisi
Urology Vascular Surgery	Selected major Medical Officers Path 4 Level 1-3 Note – meets L	Phar 4 evel 4 descriptor	Specialists on call 2	24 hrs. Links with or NMed 3 uired support service	Anae Anae 4 ees	ularly by Urologi apy and palliativ ICU 4	sts and Specialis e care services.	st Anaesthetis
/ascular	Selected major Medical Officers Path 4 Level 1-3 Note – meets L	Phar 4 evel 4 descriptor	Specialists on call 2 Diag I 4 but without the requ	24 hrs. Links with or NMed 3 uired support service	Anae Anae 4 ees	ularly by Urologi apy and palliativ ICU 4	ets and Specialis e care services. CCU	st Anaesthetisi

**Maternity and Child Health Services** 

		- 10 Ti - 15 W		Ma		ublic Hospita nild Health Se			
Obstetrics	selected hi and experi and neona	igh risk pregna enced RNs. Ex tal nursing. Cl	ncies. Obstetrio perienced mid	cians, Neo wives on a nsultants	natologists ar all shifts. Esta	d Specialist A blished links	lective and unplanned Anaesthetists on call 24 with clinical nurse cons n site. Has a Level 4	hrs. Has Nurse U sultants / educators	nit Managers in midwifen
	Path	Phar	Diag I	NMed	Anae		ICU	CCU	Op/s
	4	4	4	3	4		4	3	3
Néonatal	complication	ons and conva	lescing babies.	Facilities	include incub	oators, oxyger	anagement of babies >3 n, cardio-respiratory mo cal Practitioners on call	onitoring, IV fluid	therapy, tube
Néonatal	As level 2 complication feeds, and site to proven RN's. Som referral lin	phototherapy. vide skilled reside RNs with ap	lescing babies. Obstetricians a uscitation and s propriate post i unit. Formal	Facilities and Paedia stabilisatio registratior	include incub tricians or Acc n pending tra n or enrolmen	pators, oxyger credited Medio nsfer. Nursing t qualification	n, cardio-respiratory me	onitoring, IV fluid 24 hours; Medical rable. Has NUM or of the service. Ha	therapy, tube Officer (s) or experienced s established
Néonatal	As level 2 complication feeds, and site to proven RN's. Som referral lin	phototherapy. phototherapy. vide skilled resine RNs with ap ks with Level !	lescing babies. Obstetricians a uscitation and s propriate post i unit. Formal	Facilities and Paedia stabilisatio registratior	include incub tricians or Acc n pending tra n or enrolmen	pators, oxyger credited Medio nsfer. Nursing t qualification	n, cardio-respiratory me cal Practitioners on call g radio of 1:4 cots desir s specific to the needs	onitoring, IV fluid 24 hours; Medical rable. Has NUM or of the service. Ha	therapy, tube Officer (s) or experienced s established
Néonatal	As level 2 complication feeds, and site to prove RN's. Som referral lin Formal qui	phototherapy. vide skilled resine RNs with ap ks with Level sality improvements.	lescing babies. Obstetricians a uscitation and s propriate post i 5 unit. Formal ent program.	Facilities and Paedia stabilisatio registratior protocols	include incub tricians or Aco n pending tra n or enrolmen and referral I	pators, oxyger credited Medionsfer. Nursing t qualification inks to allied	n, cardio-respiratory mocal Practitioners on call gradio of 1:4 cots desirt specific to the needs health professionals a	onitoring, IV fluid 24 hours; Medical rable. Has NUM or of the service. Hand liaison psychia	therapy, tube Officer (s) or experienced s established
Neonatal  Paediatric  Medicine	As level 2 complication feeds, and site to prove RN's. Some referral line Formal quarters of the state of the	phototherapy. vide skilled reside RNs with application with Level delity improvements.	lescing babies. Obstetricians a uscitation and s propriate post i 5 unit. Formal ent program.  Diag I 3 ediatric medica	Facilities and Paedia stabilisatio registration protocols  NMed  - I service of	include incub tricians or Aco n pending tra n or enrolmen and referral I Anae 4	pators, oxyger credited Medionsfer. Nursing t qualification inks to allied	n, cardio-respiratory metal Practitioners on call gradio of 1:4 cots desir s specific to the needs health professionals a	onitoring, IV fluid 24 hours; Medical rable. Has NUM or of the service. Hand liaison psychial Op/s	therapy, tube Officer (s) or experienced s established stry available
Paediatric	As level 2 complication feeds, and site to prove RN's. Some referral line Formal quarters of the state of the	phototherapy. vide skilled reside RNs with application with Level delity improvements.	lescing babies. Obstetricians a uscitation and s propriate post i 5 unit. Formal ent program.  Diag I 3	Facilities and Paedia stabilisatio registration protocols  NMed  - I service of	include incub tricians or Aco n pending tra n or enrolmen and referral I Anae 4	pators, oxyger credited Medionsfer. Nursing t qualification inks to allied	n, cardio-respiratory metal Practitioners on call gradio of 1:4 cots desir s specific to the needs health professionals a	onitoring, IV fluid 24 hours; Medical rable. Has NUM or of the service. Hand liaison psychial Op/s	therapy, tube Officer (s) or experienced s established try available

Ø		Ø.	- 1145 - 125 - 125 - 125	Ma	Calvary P ternal and C	ublic Hospital hild Health Sei	rvices	
Paediatric Surgery	Practitio anaesthe surgical, minutes. available	res on ASA canners credentialletic experience anaesthetic ar RN with skills appecific to the or carers. Oper	ategory 1 and 2 and in paediatric and/or qualificand resuscitation consistent with the needs of the	the age of 2 children of 3 surgery, a ations as det equipment a competent service. For	one year sho ver the age nd Specialist ermined by the available. Ha the Paediatric I mal consultar	ould not be admost of 1 year performance Anaesthetists are credentialing as 24 hour accepture caring for the links with F	mitted. Minor elective formed by General S or Medical Practition process involving the ess to Medical Officer the child. Continuing Paediatrician and Paedia	and selected moderate surgical surgeons or Accredited Medical ners with appropriate paediatrice relevant Colleges. Appropriate as on site or available within 10 nursing education al programs ediatric Surgeons. Amenities for carers. Formal quality assurance
	Path	Phar	Diag I	NMed	Anae	ICU	CCU	Op/s
	3		12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1				

# Integrated Community and Hospital Services

		180		Integrate		ublic Hospital ty and Hospita		8
Adolescent Health								nselling, information, education al and community services.
Adult Mental Health (Inpatient Care)	between		uperintendent	and the A	CT Chief Ps	ychiatrist. CNS		eral Medicine plus direct access on site. May operate specialist
	Path	Path	Path	Path	Path	Path	Path	Path
	4	4	4	4	4	4	4	4
Health (Community Care) Child / Adolescent Mental Health (Inpatient Care)	voluntar	hospital inpatie patients admi o higher level o	itted under ma	anagement	of GP or oth	er Medical Of	ealth beds or staff p ficer, including stabil	providing mental health care for isation of acute illness prior to
	Path	Phar	Diag I	NMed	Anae	ICU	CCU.	Op/s
	1	1	1		1	-	1	=
Child / Adolescent Mental Health	No Serv	ice	40				84	

Calvary Network Agreement

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						ublic Hospita		<i>(a)</i>	
Child Protection	Level 1	Q 4000		Integrate	ed Communi	ty and Hospit	tal Services		
Services	Reporting and appropriate referral by Medical Practitioner and health professionals. Management of presenting health professionals are to next level or appropriate community health service.  Level 1  Limited range of alcohol and other drugs services provided by GP or non specialist staff in consultation with Alcohol & oth Services. Access to specialist medical and other back-up by means of referral.  Unmedicated detoxification available.								
Alcohol and other Drugs Services									
Geriatrics	service	assessment and	pecialists supp	orted by Me	edical Registra	ars or Medica	I Officers. Access to	patients and inpatients. Medica consultant physician in geriatric	
	Path	Phar	Diag I	NMed	Anae	ICU	CCU	Op/s	
	3	3	4	-	3	3	3	3	
Health Promotion	Level 1 Provide membe	health informa	tion through p	amphlets, p	oublications a	and other med	dia. Provide patient	education to clients and family	
Palliative Care	to servi	ted community/hof Medical Regis ce. Has Registra l. Has links with	strar. Has Clinic or in palliative n n oncology, rac	cal Nurse Sp nedicine. Ba diotherapy,	pecialist or Co ase in or has a anaesthetics,	onsultant, soci staff with conjo psychiatry, n	al worker and allied hoint appointments between the condition of the condi	ison consultancy. Has Medica ealth professional staff attached ween hospice and major referra clinic, rehabilitation and surgica	
	Path 4		Diag I	NMed	Anae	ICU	CCU	Op/s	
Sexual Assault		4	5	3	5	3	1 1	4	
Services	Level 1 No plar with a L	ned service. Abl evel 4 Sexual A	e to provide tre ssault Service	eatment or s	upport prior to assist with tra	o referral to de	esignated sexual assa al centre.	ult service. Formal links in plac	

Rehabilitation Services	and rese Rehabilit Has des	earch roles. De ation Registrars ignated activities	fined inpatient . Has access to s of daily living	and out 24 hr me and ther	patient progra edical cover or apy areas wit	ms. Directed on site within 1 h special equip	by a Consultant 10 minutes.	Il geographical area. Has teaching ion Rehabilitation Medicine. Has ate with programs offered. Senior ms.
	Path	Phar	Diag I	NMed	Anae	ICU	CCU	Op/s
	3	4	4	3	4	3 -	3	4
Mental Health (Inpatient Care)	medicine expected	and Psycho-ge	eriatrician on si er of tele-psyd	te. Acces	ss to CNC spe	ecialising in ag	geing. May operate	a consultant physician in geriatric e specialised programs. Generally clinical supervision, professional
	Path	Path	Path	Path	Path	Path	Path	Path
				-				
	4	4	4	4	4	4	4	4

Community Health - General	No service	
Community Nursing	No service	
Genetics	No service	
Dental Health	No service	
Sexual Health Services	No Service	100 NOV - 100 NO

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## Schedule 2

Performance Plan

## Schedule 3

**Contract Employees** 

JOHN MACKAY	JOHN WATKINS	
Signature of Director	Signature of Director	
EXECUTED by CALVARY HEALTH CARE ACACN 105 304 989 in accordance with section 127 of the Corporations Act, 2001	CT LIMITED	
Witness		
4		
n the presence of:	A THE RESIDENCE OF THE	
SIGNED for and on behalf of the AUSTRALIAN	I CAPITAL TERRITORY	
EXECUTED as an agreement		

#### Annexure A

Protocols for the recognition of Cross Charges between Calvary Public Hospital and Calvary Private Hospital

Page 50

## Annexure B

New Public Hospital Agreement

Page 51

## Annexure C

Deed of Variation of the Private Hospital Agreements

Calvary Network Agreement





# Lowes, Shannon (Health)

From:

Sent:

Friday, 1 May 2020 3:03 PM

To:

Jarrad Nuss (Calvary); Landon Daniel (Health): Burch, Brad (Health)

Cc:

Denise Holm (Calvary

Subject:

NHDOA - Site Inspection Plan

Attachments:

60628807-NHDOA-NOA-Site Visits\_A.pdf

Follow Up Flag:

Follow up

Flag Status:

Completed

Categories:

Northside

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Jarrad,

Please find attached the plan for the Site Inspections next week. Included is a work in progress copy of the Desktop Condition Assessment.

Regarding the CPHB Contractor Induction Checklist (which is included in the attached) – could you please confirm if the inspection team need to be inducted? If they require induction, could we please book in a time with the CPBH representative for our team to be inducted virtually on Monday 04/05/2020 if possible (I'm happy to set up a Teams meeting to facilitate this)? Otherwise we will make sure the team has reviewed and completed the Checklist prior to attending site and has a copy available.

Could you please advise if there are any specific COVID related PPE or movement constraints in place at Calvary which are required to be reflected in our safety documentation?

If there are any questions on the above or attached please let me know.

### Regards



#### **AECOM**

L4, Civic Quarter, 68 Northbourne Ave, Canberra, ACT 2601 PO Box 1942 Canberra City 2601 T +61 2 6100 0551

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#### Notice of Advice Jarrad Nuss 01/05/2020 Attention Date Daniel Landon Denise Holms 60628807 Project No. CC Northside Hospital Development Options Analysis Project Name Email From Scope Site Investigations Plan

With reference to Work Order 20104, section A.6.2 Stage 1: Calvary Public Hospital – Building Condition Assessments, item c., please find following a "Notice of Advice" which specifies the proposed plan for undertaking the site investigations.

#### 1.0 Safety

AECOM has developed a SWMS for the site investigations which is provided for information in Attachment A. CPHB Contractor Induction Checklist is included as Attachment B. Prior to attending site out team will either be inducted or complete a review of the Induction Checklist and associated attachments.

Prior to attending site we would like confirmation of any specific PPE or activity constraints in place due to the COVID19 situation.

#### 2.0 Escorts

We understand that CPHB can supply one of the Facility Team to escort our team members on site. In order to maintain safe social distances, AECOM propose to send one team member per CPHB escort. I.e. there will be one CPHB team member and one AECOM team member on site at any one time.

#### 3.0 Disciplines

Seven disciplines are required to undertake site inspections to complete the condition assessment. AECOM team members have been identified for each discipline as shown in Table 1.

Table 1 AECOM Site inspection team and time required for each discipline

Person	Time required
	1 day
	1 day
	0.5 day
	1 day
	1 day
NOT HAVE	1 day
	1 day
	Person

## 4.0 Duration

We expect that each discipline/AECOM Team Member will require up to 1 day on site to assess the assets and populate the Condition Assessment gaps identified through the Desktop Condition Assessment. If we identify that the site inspections can be conducted quicker than intended, we will

DRAFT

restructure the proposed schedule with the intent to compress the overall duration of the site inspections.

Note: A work in progress copy of the Condition Assessment Spreadsheet is provided for information as an Attachment B.

We have identified a final day which may be required to close out any gaps in the data collected. If this day is needed, we will advise and confirm who will attend.

The proposed schedule of site attendances is given in Table 2.

Table 2 Proposed site investigation schedule

	Monday 04/05	Tuesday 05/05	Wednesday 06/05	Thursday 07/05	Friday 08/05
9:00am – 12noon					
1pm – 5pm					

	Monday 11/05	Tuesday 12/05	Wednesday 13/05	Thursday 14/05	Friday 15/05
9:00am – 12noon	Hydraulics		TBC		
1pm – 5pm	Hydraulics		TBC		

If there are any questions on the above or attached please contact

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Attachment A - CPHB Contractor Induction Checklist



Contractor Induction Checklist
Calvary Public Hospital Bruce
Function: [SYSTEM UPDATE]

Procedure Version 1 29 May 2019

# **Contractor Induction Checklist**

# 1 Applies to

This Induction Checklist applies to all Contractors engaged to provide service labour in any form to Calvary Public Hospital Bruce (CPHB).

# 2 Purpose

This Checklist is to confirm the induction content covered for an individual contractor who is to work on the Calvary Public Hospital campus including any remote location managed by CPHB.

The Checklist shall be used in conjunction with any applicable CPHB policy, procedure or guideline identified below and shall be specific to the type of work that the contractor is likely to perform.

# 3 Term

Contractors engaged to perform any work other than a specific 'one off' task shall be inducted to CPHB no less than two (2) yearly.

## 4 Induction Details

Date of Induction:	Induction	Conducted by:	
Name of Contractor Company:	AECOM Australia Pty Lt	d	
Name of Worker Inducted (prin	t Full Name):	Mobile Phone No:	
medical decrease and an analysis of the second	W-W-W-		
	<del></del>	1000 F 1000 F	
			1) 2) 000

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# Contractor Induction Checklist Calvary Public Hospital Bruce Function: [SYSTEM UPDATE]

Procedure Version 1 29 May 2019

Vork to be Performed:	
ite Inspections of fixed assets	
Site Orientation	
Calvary Mission, Values & Vision	Parking of Vehicles
Conduct and Appearance	Amenities (Toilets, Meals & Food Storage)
Privacy and Confidentiality	Building Layout
Personal Security	After-Hours Work, Log In / Log Out requirements
Restricted Areas	Identification to be displayed at all times
Fitness for Work	Waste Management
	STATE OF THE STATE
Access (Keys & Swipe Cards) Other Matters:	Electronic Emissions
Access (Keys & Swipe Cards) Other Matters: The Work	Electronic Emissions
Other Matters:	Electronic Emissions  Restricted Patient Areas
Other Matters:	
Other Matters:  The Work  Planning the Work—Special Requirements	Restricted Patient Areas
The Work  Planning the Work — Special Requirements  Work Area Hazards	Restricted Patient Areas  Site Signage Requirements
Other Matters:  The Work  Planning the Work – Special Requirements  Work Area Hazards  Risk Assessment	Restricted Patient Areas  Site Signage Requirements  Personal Protective Equipment (PPE)
The Work  Planning the Work — Special Requirements  Work Area Hazards  Risk Assessment  Noise, Dust and Fumes	Restricted Patient Areas  Site Signage Requirements  Personal Protective Equipment (PPE)  Communication and Consultation
The Work  Planning the Work — Special Requirements  Work Area Hazards  Risk Assessment  Noise, Dust and Fumes  Isolation of Services (Power, Gas, Medical Gases)	Restricted Patient Areas  Site Signage Requirements  Personal Protective Equipment (PPE)  Communication and Consultation  Initiating False Alarms
Planning the Work — Special Requirements  Work Area Hazards  Risk Assessment  Noise, Dust and Fumes  Isolation of Services (Power, Gas, Medical Gases)  Fire Isolations or Impairments	Restricted Patient Areas  Site Signage Requirements  Personal Protective Equipment (PPE)  Communication and Consultation  Initiating False Alarms  Equipment Security, Tool Security whilst on site
Dither Matters:  The Work  Planning the Work — Special Requirements  Work Area Hazards  Risk Assessment  Noise, Dust and Fumes  Isolation of Services (Power, Gas, Medical Gases)  Fire Isolations or Impairments  Site Security and Hoarding	Restricted Patient Areas  Site Signage Requirements  Personal Protective Equipment (PPE)  Communication and Consultation  Initiating False Alarms  Equipment Security, Tool Security whilst on site  Reporting damage, hazards or incidents



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Change Drawings	Work Order Completion				
Other Matters:					
7.	AN AN ANTALANA FORM				
Compliance Requirements					
Licences	Electrical Equipment Compliance				
White Cards	Power Boards and Electrical Cables				
Asbestos Awareness	Safety Data Sheets				
Trained to Work with Asbestos	Hot Works Permit				
Safe Work Method Statement	Work at Heights Permit				
Impairment Form	Confined Space Permit				
Danger Tags and Lock Off	Electrical Safety				
Emergency Management and Safety					
Introduction to Area Manager	Emergency Medical Care / Treatment				
Alarms and Evacuations – Work Area	Sharps and Exposure to Blood or Body Fluid				
Fire Extinguishers and Hose Reels	Infection Control				
Direction from Staff	Personal Illness				
Emergency Assembly Areas	Hand-Washing				
	Incident Reporting				

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Reco	d of Induction					
Perso	Person Conducting:		Contractor Inducted:			
	The contractors have been given or been given access to a copy of the applicable documents and been advised how to access further information.  The items listed above have been discussed and explained to the Contractor.  The Contractor has received a copy of this Induction Checklist		I have received or been given access to the applicable documents listed in Appendix A.  I acknowledge that it is my responsibility to read and comprehend the information contained in the polices and procedures listed in Appendix A and to consult with the relevant CPHB Manager (or site contact) if I have any questions concerning their contents.  I agree to undertake a Work Safety Assessment prior to beginning any work, that as a minimum, identifies risks identified in Appendix B.  I have received an induction and the items listed above have been explained to me.  I have received a copy of this Induction Checklist			
Signat	ure: Date:	Signatur	re: Date:			

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# Appendix A

List of applicable CPHB Policies and Procedures.

- · Work Health, Safety and Injury Management Policy Statement
- · Workplace Behaviour Policy and Procedure
- Prevention of Workplace Discrimination, Bullying and Harassment Policy
- Infection Control during Construction, Renovation and Maintenance Procedure
- Asbestos Management Plan
- Calvary Campus Car-park Design
- Calvary Privacy Policy
- Confined Spaces Plan
- Hand Washing Guidelines



Procedure Version 1 29 May 2019

Work Health & Safety Assessi	ment - com	olete c	letails below in relation to work to be perform	ned	
Risk Profile	Yes	No	Risk Profile	Yes	No
Confined space entry?			isolation of senices (power, water, gas etc.)?		T
Work on the roof or at heights?			Use of hazardous chonicals?		
Hot works?			Onling/demolition of building materials?		unnitum.
Fire system isolation/impairment?			Excavalion/dgging?		1
Working in Isolation?			Work on/near live switchboard/power lines?		
Potential impact on others (tumes/noise/dust atc)?			Work infrieur hygiene requirement areas?		

'YES' responses to be discussed with Site Contact and may require a permit and/or risk assessment before work commences

#### I declare that:

- \* I have accurately completed the Risk Profile above;
- \* All persons performing this work: have completed a site industion; agree to comply with all relevant WHS legislation, Codes of Practice and Calvary requirements; and he'd any relevant licences or competencies;
- \* As required a Safe Work Method Statement/Job Safety Analysis or equivalent has been or will be provided for the work being performed and will be amended to reflect any site specific hexards on the day.

Name -	Signature :	100

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# Appendix C

#### SITE ORIENTATION

#### Mission and Values

Our values are Hospitality, Healing, Respect and Stewardship. We are here to provide care to the ill and injured.

Contractors shall apply these values whilst engaged on the Calvary campus.

#### Parking of Vehicles

The Calvary Bruce campus is ACT public roads and is subject to the enforcement of parking compliance. Contractors shall park in compliance with displayed signage.

The loading dock shall only be used to load / unload materials and tools.

The campus parking design applies.

#### Conduct and Appearance

The Contractor shall apply Calvary's values of Respect and Hospitality in the conduct of their work on the site

The Contractor's conduct and appearance on the site is a reflection on their business. Unacceptable behaviour will result in the Contractor being removed from the site.

Calvary's Prevention of Workplace Discrimination, Bullying and Harassment and Workplace Behaviour Policies apply.

#### Amenities

There are Public toilets located throughout the facility that are available for use by Contractors. Staff toilets and toilets in patient rooms are not to be used.

Cafés are located in Xavier level 1 and in the Marian foyer.

Food storage and preparation is the responsibility of the Contractor.

#### Privacy & Confidentiality

The requirement for the privacy of patients shall be adhered to and inter-action between the patient and the Contractor shall, to that extent possible, be minimised.

Calvary's Privacy Policy applies.

#### **Building Layout**

The Requesting Officer shall identify the building layout to the Contractor as it applies to the task. This shall include the location and extent of the work site.





#### **Personal Security**

The Contractor is responsible for the security and safety of their vehicle, their tools and equipment and their person. Where the Contractor perceives a threat to the safety of their person or their belongings they are to immediately contact the Requesting Officer who shall notify Security.

Security will take those actions necessary to manage any threat.

#### Log In / Log Out Requirements (including After-Hours)

During normal working hours, contractors shall log In through the Requesting Officer or their agent before commencing a task and shall log out through that person upon completion of the task. This allows Calvary to meet its Duty of Care obligation to the Contractor whilst on its site.

#### **After Hours**

The Contractor shall log in and out at the Main Reception or with Security. In that case, the Contractor shall identify the location of the task and the expected completion time.

#### **Restricted Areas**

The Contractor shall not enter restricted areas unless escorted or approved by an Authorised Person.

Restricted areas include Pharmacy and Medication Rooms and any location where clinical procedures may be undertaken including Theatres, Post Anaesthetic Care Unit (Recovery), Endoscopy, Birth Suites and Special Care Nursery.

In these cases, the Contractor shall comply with all reasonable directions of the Authorised Person.

#### Identification

The Contractor shall be issued with a Calvary Visitor's permit by the Requesting Officer upon arrival at the site.

This pass shall be worn and clearly displayed at all times whilst on the site.

#### Fitness for Work

Calvary Public Hospital is a No Smoking workplace. Where necessary, the Requesting Officer may identify a Designated Smoking Area to the Contractor.

Contractors under the influence of drugs or alcohol and unfit to do their work will be removed from the site.

#### Waste Management

Calvary Public Hospital is committed to Environmental Sustainability and it seeks to manage ALL waste generated on the site. Waste shall therefore be disposed of in accordance with Calvary's waste diversion principles.

Receptacles for in excess of 30 waste streams are located throughout the facility. Contractors are encouraged to use those resources. The Majority of these receptacles are managed by an external waste management company, and use of such receptacles must first be approved by the Facilities Department.

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#### Access

The Requesting Officer shall provide access to the work site to the Contractor. This may be done through the issuing of keys and or swipe cards through Security.

#### **Electronic Emissions**

A significant proportion of medical equipment used on the site is electronic / digital in nature and may be subject to interference by external electronic emissions.

The contractor shall advise the Requesting Officer if equipment to be used may interfere with the normal operation of medical equipment.

#### THE WORK

#### Planning the Work

Planning the work requires that the task is <u>clearly</u> understood by the Contractor. Where there is doubt the Contractor shall discuss the task with the Requesting Officer. The task shall be planned to deliver the required outcome safely, regardless of the scale or complexity of the task. Planning the work shall include the conduct of Work Hazard and Risk Assessments as described below.

The plan shall be used to ensure that the contractor:

- identifies all work areas directly or indirectly affected by the work and considers those areas in their Risk Assessment; and
- has the tools required to complete the task and that risks and uncertainties are managed to that extent possible.

#### **Restricted Patient Areas**

Restricted Patient Areas are those rooms / areas where a patient may have a transmittable illness or be adversely affected by a transmittable illness.

Restricted Patient Areas include those defined in Restricted Areas or operating negative pressure rooms in the Critical Care Building or any patient room that has protective garments sited at the entry.

The Contractor shall comply with the reasonable direction of an Authorised Person to access these rooms

Access may be denied requiring the task to be rescheduled.

#### Work Area Hazards

Before commencing any assigned task, the Contractor shall review the work site for real or potential hazards. These hazards shall be managed before any work commences.

Hazards may include traffic flow, access, lighting and any other constraint or impediment to undertaking the work safely.

Workplace Safety legislation and policies apply.

#### Site Signage Requirements

The work site shall be sign-posted with appropriate warning signs.

These signs should be placed such that they can be clearly viewed from any direction of approach.

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#### Risk Assessment

After completing an assessment of Work Area Hazards the Contractor shall undertake a risk assessment of the task. A Risk Assessment guide is shown at Appendix B.

The Risk Assessment shall not be limited to the requirement detailed in the guide but must also consider matters related to:

- Working in a clinical environment and patient safety; and
- Any matters that may affect the implementation of the work.

All identified risks must be managed to the satisfaction of the Requesting Officer before commencing any work.

#### **Personal Protective Equipment**

Appropriate protective equipment shall be worn as determined through the task planning process.

When in doubt, the requirement should be exceeded until otherwise determined.

#### Noise, Dust and Fumes

Working at Calvary is, for the most part, in clinical areas. Noise, dust and fumes likely to be generated as a result of the work MUST be managed.

No work is to commence where any, or all of the items may be generated that are not proven to be managed

Calvary's Infection Control during Construction, Renovation and Maintenance Procedure applies.

#### Communication & Consultation

Communication and consultation regarding the implementation of a specific task shall be undertaken only through the Requesting Officer.

It shall be the responsibility of the Requesting Officer to consult and communicate with the client on any matters in relation to the specific task.

#### **Isolation of Services**

The implementation of a body of work may require the isolation of services including natural gas, power, water, sewerage, storm water, reticulated medical gases and reticulated suction.

These services are to be isolated by suitably qualified trades only after approval to do so has been provided by an Authorised Person. In the majority of cases the Authorised Person is the Facility Manager. Approval to isolate a service will only be provided where it is safe to do so.

#### **Initiating False Alarms**

Where a fire alarm is activated as a consequence of the work (dust or heat) the Contractor shall advise the Requesting Officer that they have activated an alarm and shall remain at the site.

The Requesting Officer shall carry out remedial actions to manage the alarm and prevent reoccurrence.

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#### Fire isolations and Impairments

Where a part of the fire detection or suppression systems require to be isolated to allow the completion of a task this may only be approved by the Facility Manager or their delegate. That person shall undertake any isolation.

Where a part of the detection or suppression systems is to be isolated for a period of eight (8) hours or longer an Impairment Form must be completed. This will be done in consultation with the Facility Manager and will be submitted to Calvary's Insurers.

#### **Equipment / Tool Security**

The Contractor shall ensure that they have all of the required tools and parts to complete the required work. This includes ladders, PPE, signage and the like.

No tools and equipment are to be left unattended to minimise the risk of loss or the risk of their being used for self-harm.

#### Work Site Security

The work site shall be secured through barriers or hoarding based on the outcomes of the Work Area Hazard and Risk Assessments.

Fire safety requirements, access and security shall be considered as part of the planning process.

#### Reporting Damage / Hazards / Incidents

#### Contractors:

- are required to report any damage to the building, plant or equipment caused by them through the completion of a task; and
- are encouraged to report any damage to buildings, plant or equipment seen.

The Requesting Officer shall take those steps necessary to rectify the identified damage.

#### Fire Barriers & Penetrations

There may be a requirement for a Contractor to penetrate a fire barrier to implement a body of work. In this case, it must be assumed that there is asbestos present and appropriate PPE shall be worn.

The penetration shall be re-fire rated by the contractor at the completion of the task.

The Requesting Officer shall identify fire barriers to the Contractor and shall validate that the fire barrier has been re-instated.

#### Maintain a Clean Work Site

The Contractor shall maintain a work site that is clean and free of obstructions, hazards and dust at all times but at the completion of a day's work as a minimum.

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#### Working in Clinical Areas

A significant number of assigned tasks will be within clinical areas. In that case, patient safety is the priority. Contractors shall comply with the reasonable direction of clinical staff in implementing tasks in clinical areas.

#### Recovering the Work Site

The work site shall be made good / recovered at the completion of the task. This includes a final clean, waste disposal, reseating of ceiling tiles and the like.

Where the site cannot be made good the Contractor shall advise the Requesting Officer who shall take remedial action accordingly.

#### Change of Drawings

Where any task fundamentally changes the design of any system particularly, but not limited to, the building, fire systems, hydraulics, electrical systems, reticulated gases and the like, the Contractor shall advise the Requesting officer and the Requesting Officer shall implement the changes to applicable drawings. This matter also applies to any asset lists.

#### **Work Order Completion**

The Contractor shall validate that the task has been completed through completing, in its entirety, any work order provided by the Requesting Officer initiating the task.

The task completion shall state that all compliance related actions have been completed (permits, fire barriers and so on).

# COMPLIANCE REQUIREMENTS

#### Licences

Where a licence is required to implement a body of work (electrical, plumbing and the like) the Requesting Officer shall validate that the required licence is held before the work commences.

#### **Electrical Equipment Compliance**

The Contractor shall ensure that any electrical equipment used to complete a task is fit for purpose and is safe to use.

#### White Cards

Any Contractor implementing a task related directly or indirectly to the building fabric shall have a White Card.

This card shall be provided to the Requesting Officer before any work commences.

#### Power Boards & Electrical Cables

The Contractor shall use, if required, only power boards where each outlet is individually switched.

Electrical cables shall be free of damage and fit for purpose. Electrical cabling shall be secured such that it is not a trip or safety hazard.

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#### Asbestos Awareness

Any Contractor implementing any task related directly or indirectly to the building fabric shall have successfully completed Asbestos Awareness Training.

Evidence of this training shall be provided to the Requesting officer before the task is commenced.

#### Calvary's Asbestos Management Plan applies.

#### Trained to work with Asbestos

Contractors engaged to work with asbestos shall be appropriately licenced.

No contractor shall work with asbestos unless licenced. This licence shall be provided to the Requesting Officer before any work commences.

#### Safe Work Method Statement

A Safe Work Method Statement related to the implementation of any task shall be provided to the Requesting Officer before that task is commenced.

#### Fire System Impairments

An impairment includes the isolation of the fire safety detection or suppression systems in part or their entirety for a period of eight (8) hours or longer.

Where it is likely that a body of work requires a part or the entirety of a system to be isolated for a lengthy period a Fire Impairment Permit must be obtained through the Requesting Officer.

Requirements detailed in that permit shall be adhered to.

#### Safety Data Sheets

SDS shall be provided to the Requesting Officer for any chemicals, paints, solvents and any similar materials used to complete a specified task.

The Requesting officer shall review the SDS and ensure that those actions necessary to manage the material are included within the task plan.

#### **Hot Work Permits**

In the event that a task requires any hot works to be undertaken within the building envelope (including welding, grinding and the like) a Hot Work Permit must be obtained through the Requesting Officer.

#### Work at Heights Permit

Where the task requires the Contractor to work at height a Work at heights Permit must be obtained through the Requesting Officer and actions required by that permit shall be applied.

#### **Confined Space Permit**

Where the task requires the Contractor to work in a confined space a Confined Space Permit must be obtained through the Requesting Officer and actions required by that permit shall be applied.

Calvary's Confined Spaces Plan applies.



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#### Danger Tags and Lock Off

Electricians shall not work 'live' on the Calvary campus,

Where a circuit requires to be worked on the electrician shall isolate the applicable circuit breaker and confirm that the electrical supply has been de-energised from that circuit.

The electrician shall then install a locking device with and approved pad lock and/or a tag to that circuit breaker. The locking device shall not become ineffective as a result of works being carried out in the vicinity of the circuit breaker.

Testing shall be done to validate that all affected contactors have been de-energised before any work commences

Sufficient lock off devices shall be held on site to allow multiple circuits to be locked off.

#### **Electrical Safety**

All Contractors shall comply with Calvary's electrical safety requirements. Plugs shall be removed from GPO correctly and electrical safety shall be reviewed as part of the Work Area Hazard Assessment.

This shall apply particularly to electrical cables and power boards.

#### **EMERGENCY MANAGEMENT AND SAFETY**

#### Introduction to Area Manager

Contractors shall, through the Requesting Officer, introduce themselves to the manager of the affected work area and state the reason for their being on site.

#### **Emergency Medical Care**

In the event that the Contractor suffers illness or injury whilst undertaking a task on the campus they are to immediately notify the Requesting Officer.

The Requesting Officer shall ensure that medical treatment is provided as a priority through, where applicable, the initiation of a MET call.

#### Alarms and Evacuation

Contractors shall remain in the work site upon activation of any alarm and shall comply with the reasonable direction of area Emergency Officers.

In the event that a functional area is required to be evacuated the Contractor shall evacuate with that functional area. The Contractor shall advise the Requesting Officer of their location.

#### **Sharps and Exposure**

In the event that a Contractor suffers a needle stick injury or is exposed to blood or body fluid they are to notify the Requesting Officer immediately.

The Requesting Officer shall carry out all required actions resulting from that injury / exposure in consultation with Infection Control & Staff Health.

This matter is an incident and shall be managed accordingly.

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#### **Extinguishers and Hose Reels**

Contractors shall be familiar with the extinguisher type best suited to manage any incidents resulting directly or indirectly from the work.

Contractors should make themselves aware of the Evacuation Plans in the area in which they're working which include the location of extinguishers.

Under no circumstances may a fire hose be used for the purpose of cleaning.

#### Infection Control

Infection Control is a core component of patient and staff safety. The Contractor shall adhere to all Infection Control related policies as they apply and shall comply with all reasonable direction provided by IC&SH staff.

#### **Direction from Staff**

Contractors shall comply with all reasonable direction from staff in relation to the completion of the task and any impact it may have on patient / staff well-being.

Where there is any doubt the Contractor shall discuss the matter with the Requesting Officer for resolution.

Staff are not authorised to alter the scope of work of a specified task.

#### Personal Illness

In the event that a Contractor is ill and that illness may or may not be transmittable that Contractor will not be approved to be on the site.

This is a patient safety issue and will be applied.

#### **Emergency Assembly Areas**

There are two Emergency Assembly Areas located on the Calvary campus: One on the South Side of the Campus- Adjacent to the Multi Storey Car Park (in front of the Xavier Building)

The other Assembly Area is located in the Northern Car Park adjacent to the Engineering Compound

In the event of an evacuation; Contractors shall remain at these locations until released by the Requesting Officer or the Emergency Officer as applicable.

#### Hand Washing

Contractor shall apply Calvary's handwashing procedures when working in clinical areas.

These procedures shall be identified to the Contractor by the Requesting Officer.

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#### **Incident Reporting**

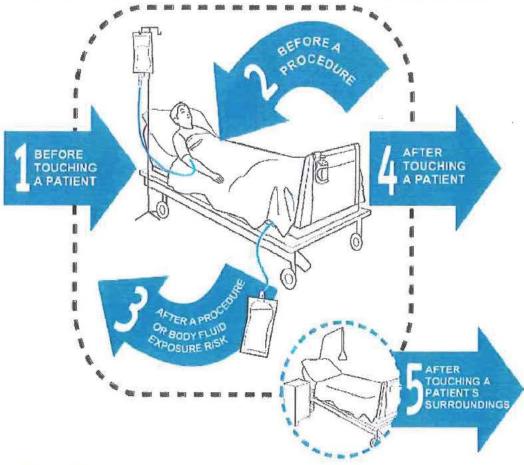
An incident is defined as an event or occurrence that results in some kind of unwanted harm. Incidents, whether or not they are directly or indirectly related to the Contractor or the work being performed, shall be reported to the Requesting Officer.

This reporting shall include 'Near Misses' where had the incident occurred there was a potential safety impact. The Requesting Officer shall complete the required actions accordingly.



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# 5 Moments for HAND HYGIENE



A PATIENT	When: Clean your hands before touching a patient and their immediate surroundings. Why: To protect the patient against acquiring harmful germs from the hands of the HCW.
2 BEFORE A PROCEDURE	When: Clean your hands immediately before a procedure. Why: To protect the patient from harmful germs (including their own) from entering their body during a procedure.
3 AFTER A PROCEDURE OR BODY FLUID EXPOSURE RISK	When: Clean your hands immediately after a procedure or body fluid exposure risk. Why: To protect the HCW and the healthcare surroundings from harmful patient germs,
4 AFTER TOUCHING	When: Clean your hands after touching a patient and their immediate surroundings, Why: To protect the HCW and the healthcare surroundings from harmful patient germs.
5 AFTER TOUCHING A PATIENT'S SURROUNDINGS	When: Clean your hands after touching any objects in a patient's surroundings when the patient has not been touched Why: To protect the HCW and the healthcare surroundings from harmful patient germs.





- 1. Main Entrance & Reception
- 2. Emergency Department Entry
- 3. Maternity & Day Services Entry
- 4. Xavier Building
- 5. Intensive Care Unit and Coronary Care Unit
- 6. Marian Building
- 7. Keaney Building
- 8. Calvary Clinic Specialists' Rooms
- 9. Hyson Green Private Mental Health
- 10. Calvary Private Hospital
- 11. Rotary Cottage

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- 12. O'Shannassy Building -Administration
- 13. ACU Calvary Clinical & ANU Medical School
- 14. Functions Rooms
- 15. Calvary Community Care
- 16. Staff Specialists Administration
- 17. Specialist Outpatient Clinics
- 18. Allied Health
- 19. Engineering Services
- 20. Delivery Dock (Public Hospital)
- 21. Bruce Ridge Early Childhood Centre

Bruce Campus Map Patient & Visitor Parking Parking Staff Only Parking Informal Parking 2 6 4 P

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# Prevention of Workplace Discrimination, Bullying and Harassment

#### **Policy Statement**

- Consistent with our values of Hospitality, Healing, Stewardship and Respect, Calvary is committed to promoting a healthy and safe work environment.
- Calvary Public Hospital Bruce seeks to build a work environment free from Harassment, Discrimination and Bullying.
- At Bruce Public, everyone has a right to be treated fairly and with respect.
- Discrimination, Bullying and Harassment<sup>†</sup> in any form will not be tolerated in Bruce Public workplaces onsite, offsite or after hours work related functions or conferences.
- This includes on-site, off-site or after hours work including whenever and wherever a worker may be as a result of their role or engagement.
- The purpose of this policy statement is to declare to all workers that Bruce Public is committed to providing a safe, equitable and respectful work environment free from all forms of Discrimination, Bullying and Harassment.
- Bruce Public has a stated expectation that workers neither ignore nor condone inappropriate behaviour.

We will demonstrate this commitment through:

- Providing all new starters and existing workers at Bruce Public with guidance materials to support the understanding of all workers in how to prevent and manage Discrimination, Bullying and Harassment.
- Enabling access to bullying and harassment, workplace conflict and duty of care e-learning for all workers who in their engagement are required to work on-site at Bruce Public.
- Fostering a culture of fairness and respect that has an open dialogue on what constitutes inappropriate behaviour.
- Encouraging each worker who may observe, or are advised of, unacceptable behaviour to fulfil their obligation to report that behaviour.

- Providing confidential pathways that are accessible to all workers for the reporting of inappropriate behaviour including that which may be constituted as Discrimination, Bullying and Harassment.
- Supporting all workers who raise or address unacceptable behaviour, including protection and anonymity for those who make complaints in good faith.
- Assuring that all Discrimination, Bullying and Harassment complaints will be treated seriously, professionally and confidentially.
- Ensuring that all complaints will be managed in accordance with the principles of natural justice and procedural fairness.
- Implementing a Respect, Equity and Diversity Framework with resources for resolving workplace issues including a trained network of contact officers.

We are providing all workers with access to the following complaint mechanisms:

- Complaints should usually be made to the Manager.
- However if the complaint is against the Manager or if there is a conflict of interest the complaint should be reported through Calvary's Riskman Staff to Staff Incident Behaviour Reporting Module.
- Contact REDCO@calvary-act.com.au.
- Contact the Director People & Organisational Development – 6264 7239, Health, Safety and Wellbeing Manager – 6201 6750, or Workplace Relations Manager – 6201 6120.
- Call the 24/7 EAP Hotline<sup>2</sup> 1300 361 008 for employees to access confidential counselling.
- Call the EAP Manager Hotline<sup>3</sup> 1300 361 008.

For Further Information refer to:

1 breads of the charge Decryptor Sen, Bully many Harmonian Principal

2 breads Anglore Program of the Principal

3 Many of carefor the for the growth for the principal

Mark Dykgraaf

General Manager, Calvary Public Hospital Bruce

Approved by:

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Approved Date: 29/05/2019

DRAFT

Attachment B - AECOM SWMS



APAC

# Safe Work Method Statement (SWMS)

S3[APAC]-209-PR1

This template is to be used in accordance with the Hazard Recognition and Risk Management Procedure (S3APAC-209-PR1). Completed and approved SWMS are to be circulated to all field staff and retained on the project file. For ANZ staff this paper version is only to be used when the Online SWMS system is not available.

Pre	oject & Acti	vity Deta	lls								
Pro	ject Name	Northside H Options And		l Development	Project No.		60628807		Client	ACT Heal	th
Act	ivity Start Date	05/05/2020			Activity En	d Date	15/05/2020		Business Line	cs	
	ivity Scope of	Travel to ar	nd from	site - Calvary P	ublic Hospital	Bruce	(CPHB)		Location	Canberra	
Wo	rk	Access to a		ospital site t, equipment and	other assets				SWMS Revision #	Α	
Wo	his SWMS asso rk Plan, or othe h Risks Associ	r SH&E Mar	agem	ent Plan?	No. of Street, or other party of the street, or other party or oth		'Yes', provide the name detail others as required)	of the	Plan and attach:		
×	Confined Space			Crane Lift Opera			Excavations / Underground Services		Working at Heights	×	Subcontractors (detail Sub & scope of services within the risk assessment)
$\boxtimes$	Hazardous Mate	erials		Isolation / LOTO		$\boxtimes$	Live Traffic / Mobile Plant		Rail Activities		Other:
Per	mits Required:	(Check all the	atapply	and detail other	s as required)			W = "		CECEU	
	Confined Space			Working at Heigi	nts		Isolation		Lifting Operations		Blasting / Explosives
	Hot Work			Excavation			Demolition		Man cage		Other:





#### SWMS Review, Approval and Monitoring

The following personnel have been consulted in the development, review and approval of this SWMS (all workers involved in development of this SWMS are to be listed).

The PM identified below is responsible for ensuring the work activity being undertaken is conducted in accordance with this document. If the work activity changes, the document becomes unsuitable or unexpected issues arise (including an incident or near miss) the SWMS must be reviewed and revised and re-approved as appropriate prior to the work recommencing.

Position / Role Na	me	Position / Role	Name	Signature	Date
SWMS Author Developer	- 10-11-11	Project Manager (PM) (Responsible for SWMS)			11-11
SWMS Author Developer		Regional SH&E Manager (High Residual Risk ONLY)			
SWMS Author Developer		Rail Approver (Rail Activities ONLY)	Not Applicable		
SWMS Author Developer		Other		i I	
Personal Protective I	Equipment (P.P.E	.)		*	er ere planar

#### High Vis Shirt or Vest □ Long sleeves/trousers Seat Belt Safety Footwear ☐ Wide Brim Hat ☐ Safety Eyewear At all times on site □ Task based: At all times on site Task based: At all times on site Task based: At all times on site Task based: ☐ At all times on site ☐ Task based: At all times on site Task based: ☑ Gloves Safety Helmet Mearing Protection Sunscreen Respirator. ☐ Other Describe Other: At all times on site Task based: At all times on site Task based: ☐ At all times on site ☑ Task based: ☑ Task based: Task based: Task based:



#### Risk Assessment Tools

This section is extracted from the Hazard Recognition and Risk Management Procedure and is to be used to assist with classifying consequence and likelihood and rating risks.

	40	un man Mer	dium Risk	Low Risk				
	Severity							
Likelihood	5 – Catastrophic	4 - Critical	3 – Major	2 – Moderate	1 - Minor			
5 - Frequent		新型	MANUAL TO THE PARTY OF THE PART		5			
4 - Probable	**************************************			8	E 1 4 1 1 -			
3 - Occasional			9	6	3			
2 – Remote		8	6	The America	2			
1 – Improbable	5	CONTRACTOR AND	I PER MARIN	2				

Likelihood	Likelihood Description	Probability of Occurrence	Severity	People	Property Damage (\$USD)	Environmental Impact	Public Image / Reputation
Frequent	Expected to occur during task / activity	9/10	Catastrophic	Fatality, Multiple Major Incidents	>\$1M, Structural collapse	Offsite impact requiring remediation	Government intervention
Probable	Likely to occur during task / activity	1/10	Critical	Permanent impairment, Long	>\$250K to \$1M	Onsite impact requiring remediation	Media intervention
Occasional	May occur during the	1/100	Matau	term injury/illness	- 04016 - 045016		
Remote	task / activity Unlikely to occur during	1/1,000	Major	Lost/Restricted Work	> \$10K to \$250K	Release at/above reportable limit	Owner intervention
Kemote	the task / activity	171,000	Moderate	Medical Treatment	> \$1K to \$10K	Release below	Community or local
Improbable	Highly unlikely to occur,					reportable limit	attention
	but possible during the task / activity		Minor	First Aid	=\$1K</td <td>Small chemical release contained onsite</td> <td>Individual complaint</td>	Small chemical release contained onsite	Individual complaint

Residual Risk Rating	Approval Process	Recommended Controls				
Low (f to 4)	Risk is tolerable, manage at local level	<ul> <li>Ensure SWMS/SHEMP controls in place and monitored for effectiveness and any changes</li> </ul>				
Medium (5 to 9)	Risk requires approval by the Project Manager	<ul> <li>Mandatory pre-start meetings, daily review of control effectiveness and opportunities to reduce</li> <li>All staff to be trained in Step back, 4Sight and Stop Work</li> <li>Verification of competency of workers involved in task</li> </ul>				
ange Musa Ma	Determine whether risk is tolerable. Risk requires approval by the Regional SH&E Manager	As per medium and;     Increased supervision by competent person(s) e.g. SQS, Engineer, etc.     Fitness for work assessment of those involved in task     Review of additional resources for contingencies     Emergency Response Plan in place and tested     Establishing permit to work system and exclusion zones around high risk activities				



# Risk Assessment

Job Step	Hazards Risk	Pre-Gontrol Risk Rating (L, M, H)	Site Specific Controls (considering Hierarchy of Controls, regulatory requirements and industry best practice)	Residual Risk Rating (L, M, H)
Travel to/from site	Car accident	High	<ul> <li>Carryout a pre-use visual inspection.</li> <li>Record and report any maintenance issues.</li> <li>No hand-held electronic devices are to be used while driving.</li> <li>If vehicle taken to site, make sure to park in safe / secure area.</li> <li>Ensure driver follows road rules; drives safely, adheres to speed limits.</li> <li>Let team members/emergency contacts know of expected departure and arrival times.</li> <li>Park in designated areas only.</li> </ul>	Medium
	Walking / public transport	Medium	<ul> <li>Follow all sign posted rules.</li> <li>Cross all roads on designated cross walks where practical.</li> <li>Use caution when walking after dark or in isolated areas.</li> </ul>	Low
Inspection of active Hospital site	Unaware of site conditions and emergency procedures	High	<ul> <li>Before commencing works on site, all AECOM personnel must be:         <ul> <li>Inducted and signed onto AECOM SWMS for the works</li> <li>Inducted by the Calvary Public Hospital Bruce</li> <li>Wear the appropriate PPE</li> <li>Undertaken Asbestos awareness training</li> <li>Not carry any loose unnecessary items</li> <li>Carry a copy of their Construction Induction Card at all times</li> </ul> </li> <li>Hold meetings with clients and other on-site staff away from active works and in designated or understood safe areas.</li> <li>Only stop to make notes or take phone calls in safe areas away from spaces in active use.</li> </ul>	Low
	Working around mobile plant and heavy equipment	High	<ul> <li>Follow designated pedestrian routes where available and exercise caution when moving around active vehicle areas.</li> <li>Stay out of the operating zone of equipment</li> <li>Do not enter the operating zone of equipment unless:         <ul> <li>You are being escorted by a Calvary Public Hospital Bruce employee</li> <li>The equipment has been de-energised, all elements brought to ground level and the equipment switched to neutral or off</li> </ul> </li> <li>Never walk or position yourself between any fixed object (eg working face, wall) and operating equipment, or between two operating pieces of equipment.</li> </ul>	Medium



# Risk Assessment

Job Step	Working near busy road  Hazards Risk R (L, M)  Working near busy road  High	Pre-Control Risk Rating (L, M, H)	(considering Hierarchy of Controls, regulatory requirements and industry best practice)		
		High Medium	<ul> <li>Hold meetings with clients and other on-site staff away from busy roads and in designated or understood safe areas.</li> <li>Only stop to make notes or take phone calls in safe areas away from busy roads.</li> <li>The maximum shift duration for any worker on the project is 12 Hours. Approval to work beyond these hours can be approved by the Project Manager in writing.;</li> <li>The expected maximum working conditions are 6 continuous days at 10hrs per day. Any deviation from this must be discussed with the AECOM Project Manager.</li> <li>Time between each rostered shift should not be shorter than 10 hours (total rest not including the journey to and from work).</li> <li>Personnel should not work continuous shifts for more than 2 weeks.</li> </ul>	Low	
	Slips, trips and falls	Low	<ul> <li>Take inventory of your surroundings noting any conditions which may pose a slip, trip or fall hazard.</li> <li>Use designated accessways at all times.</li> <li>Keep work areas and accessways clear and tidy.</li> <li>Ensure materials/equipment are stored in designated areas only.</li> <li>Raise with Contractor any corrective actions to eliminate hazards, erect barricades or place warning signs and cone.</li> <li>Don't walk and take notes/photographs at the same time.</li> <li>Never run on site.</li> </ul>	Low	
	Hot/cold weather	Low	<ul> <li>Seek shelter when resting.</li> <li>Monitor team mates for signs of hot/cold exposure.</li> <li>Check weather forecasts and wear appropriate clothing.</li> <li>Apply sun cream as required.</li> <li>Ensure access to amenities is available eg water, restrooms, lunch sheds.</li> </ul>	Low	
	Poisonous/venomous flora/fauna	Low	<ul> <li>Confirm presence of local wildlife, plants and insects.</li> <li>Avoid contact where possible.</li> <li>Avoid walking through overgrown areas.</li> <li>Be aware of team members allergies to bites or stings.</li> <li>Wear long pants and sleeves.</li> </ul>	Low	



#### Risk Assessment

Job Step	Hazards Risk	Pre-Control Risk Rating (L, M, H)				
	Hazardous substances/materials	Medium	<ul> <li>Avoid areas where hazardous substances/materials have been identified.</li> <li>Notify Calvary Public Hospital Bruce escort if any potentially hazardous substances/materials are located.</li> <li>Only appropriately trained/competent people are to work in areas potentially containing any hazardous materials eg asbestos removal, HAZWOPER.</li> </ul>	(L, M, H)_ Low		
	Isolated/ alone working	Medium	Site staff shall contact Project Manager and agree communication plan prior to any lone working (e.g. working in site office outside normal working hours).	Low		
	Noise	Low	<ul> <li>Hearing protection should be worn when working around heavy machinery or other processes, where use of hearing protection is signposted.</li> </ul>	Low		
	Contact COVID-19 (Corona Virus) prior to or while attending site meetings and/or inspections	High (12)	Regularly refer to the Australian Government Department of Health (AGDH) for real-time updates and guidance and follow recommendations <a href="https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert">https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert</a> Follow the instructions of the Calvary Public Hospital Bruce induction and/or employee  Maintain good hygiene practices, i.e. wash hands or use hand sanitiser, cough and/or sneeze into an elbow if a tissue is not readily available  If feeling unwell do not attend site and/or meetings, if feeling unwell while on site/in meeting, leave and seek suitable advice from a Health Professional			



# Emergency Response Plan (ERP)

An ERP is required for all projects/sites which do not have an existing ERP that adequately addresses all reasonably foreseeable emergency risks.

AECOM personnel are to follow all	I Contractor Emergency Respo	nse Plans wh	nich are located on the sit	e compound wa	all directly adjacent the door.
Is there an ERP already on site?	☑ No (if no, complete this section)	☐ Yes Reference / Does the si	availability:  te ERP adequately addres  No (if no. complete this se	ss each of the r	isks identified below?
		e incident		- V - 1440-000	☐ Man overboard ☐ Derailment ☐ Work at Heights (rescue) ☐ Confined space (rescue) ☐ Lift failure ☐ Aircraft crash ☐ Other:
Emergency Coordinators	/ Key Personnel				
Name	Title			Phone	
CPHB Escort	TBC			-	
	Associate	Director - Pro	ogram Management	-	
and the state of t	Major Pro	jects Director	- Canberra		
Emergency Agencies / Pu	blic Utilities		A A	•	Add rows as required
Туре	Details			Phone	
Ambulance				000	
Fire				000	
Police				000	
Poison Control Centre	Consent of	action manufacture and		131 123	
Pollution / Environmental					
	100000000000000000000000000000000000000	The letter to traverse of spicing	appendix of	9400 h	Add rows as required



#### **Emergency Equipment and Supplies**

	First Aid Kit			Eye Wash					Spill Kit
	Blankets			Isolated Work	Backpac	k			Fire Extinguisher
	Communications De	vice		Vehicle Safety Type:	Equipm	ent			Other:
Pro	ergency Response cedures cribe the steps to be taken)	11 20	low the directions of the CPHB Is case of emergency: Control the scene (isolate other First aid attendants are to treat Call for an ambulance if injure Contact other emergency services Notify the Project Manager and For serious incidents, do not of	ers from danger at injuries ad need to be tra vices as require ad SH&E Manag	ansported d (police, ger		7.0	ities, etc.)	
De	mestic Journey	Pla	1						
Are	you working on a ren	ote	site or using high risk travel n	nethods?	$\boxtimes$	No	☐ Yes	(if 'Yes', this section	on must be completed)
Che	ck-in Procedures				Che	ck-in	Person C	Contact Informat	ion
	ck-in Times* ommodation**			Check-in Person & Phone No Alternate Check-in Person					
(Esta	blishment Name/Phone No	)							

- \* When you check in, leave a message with the Primary contact listed. If there is an emergency, start with this person and work your way down the list until you can reach someone.
- \*\* If you fail to call your Check-in Person by the designated Check-in Time, the Emergency Response Procedures will be activated and the contact information above will be used to attempt to locate you and your crew



Acknowledgement

rield Team Conducting this Task (sign here on hardcopy to review the SWMS at site)							
Name	Signa	iture	Company	Date			
***************************************							
18-71 TV 18-11 TV 18-							
				32			
The state of the s	*Helicases) with reference of			* has also approximate the analysis of the			
			- Address - Addr	Transaction of the State of the			
				53			
	V	CONTRACTOR SANDER					
		**************************************		I management and a second seco			
Application of the Control of the Co	The adoption of	N. C. Berrico I. Pro . 15 Approximate restriction					
	- 1114 1010 283 283 115						

Add rows as require

DRAFT

Attachment C - Work-in-Progress Desktop Condition Assessment

## Lowes, Shannon (Health)

From:

Sent:

Wednesday, 6 May 2020 10:28 AM

To:

Jarrad Nuss (Calvary); Landon, Daniel (Health); Burch, Brad (Health); Pini, Sallyanne

(Health)

Cc:

Subject:

RE: NHDOA - Monthly Control Group

Attachments:

60628807-NHDOA-PCG Minutes 20200430.pdf; 20200430-60628807-

ConditionAssessmentSummary.pdf

Categories:

Northside

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi all,

Please find attached the minutes from last week's meeting, and a pdf of the presentation for your records.

Regards,



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----Original Appointment----

From

Sent: Thursday, 23 April 2020 2:20 PM

To: Jarrad Nuss (Calvary)

Landon, Daniel

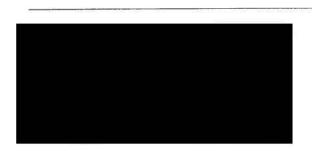
Brad Burch

(brad.burch@act.gov.au); Pini, Sallyanne (Health)

Subject: NHDOA - Monthly Control Group

When: Thursday, 30 April 2020 2:30 PM-3:00 PM (UTC+10:00) Canberra, Melbourne, Sydney.

Where: Microsoft Teams Meeting





## 1678

AECOM Australia Pty Ltd Civic Quarter, Level 4 68 Northbourne Avenue GPO Box 1942 ACT 2601 Canberra ACT 2601 Australia www.aecom.com +61 2 6100 0551 tel

ABN 20 093 846 925

## Minutes of Meeting

Northside Hospital Development Options Analysis

Subjec	Project Control Group Meeting			Page	1
/enue		ACT Health		Time	2.30 pm
Participants		Calvary / LCM - Jarrad Nuss, Denise Holm ACT Health - Brad Burch Denist Lendon Sallyanne Pini AECOM			
polog	ies	71 10 4 10 10 10 10 10 10 10 10 10 10 10 10 10			
File/Re	ef No.	60628807		Date	30-Apr-2020
Distrib	ution	As above			
	_	74 747 747 747	7		
No	Item		Action	1000	Date
1	Opening -	introductions and agenda outline			
Pro Stil pre fee	Progress to Still going presenting	owards milestones / deliverables through the analysis process but are current data to give ACT Health / Calvary a ere we are up to and some context for go next	Noted		
	identified a electrical a	capture from early this week, have since a further ~50 assets. More mechanical and assets than any other discipline, more assets for some buildings than others.	Noted		
Some disci		iplines have not identified any assets in dings.	Noted		
	Criticality – most assets have been able to be rated. Ratings need confirmation with Calvary and assessed for biases / missing data.  Compliance – most assets not able to be rated. Some buildings have no compliance information (Marian, Res B).		Noted		
			Noted		
	assessed.	Useful Life – most assets not able to be Likely impacted by the age of the s that were being assessed.	Noted		
	Life safety	- most assets able to be rated.	Noted		
	1		1		1

Noted

Review of Condition Assessment Spreadsheet

data

Mechanical discipline has more information than most other disciplines, but there are significant gaps in the



Vo	Item	Action	Date
	By end of this week AECOM are anticipating having reviewed all the data received to date.	Noted	
	Have identified four potential ways to move forward:	Noted	
	<ul> <li>Calvary review and populate missing data</li> </ul>		
	<ul> <li>New background documentation is received</li> </ul>	ſ	
	ACT Health and Calvary feel the gaps in the data are too large at the moment to accept as-is.	Noted	
	All agreed site visits are the preferred way forward. AECOM team will be able to be more focussed and populate the assessment rather than generating an asset register from scratch.	Noted	
	AECOM would like to proceed with site visits as soon as possible (middle of next week at the latest). Would prefer AECOM team members to be escorted by a Calvary team member.	AECOM to provide plan for site investigations and proposed dates and times	01/05/2020
	Calvary to organise staff to be available pending receipt of plan and proposed dates and times from AECOM.	Calvary to confirm dates and times, and staff availability	05/05/2020

Attachment: 20200430-60628807-ConditionAssessmentSummary.pdf

From:

**Sent:** Thursday, 7 May 2020 8:19 AM

To:

Luke Douma (Calvary)

Cc:

Landon, Daniel (Health); Jarrad Nuss (Calvary)

Burch, Brad (Health); Denise Holm (Calvary)

Subject:

RE: NHDOA - Calvary Building Information

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Luke,

Following on from site visit yesterday, we understand that the Calvary ICT team is able to provide the following documentation for the site:

#### ICT

- Documentation showing ICT infrastructure throughout the facilities
- Documentation showing major assets and dates installed

#### Facilities

- Single Line Diagrams (if any)
- Maintenance logs for RCDs

Could we please receive a copy of this information?

#### Regards



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From

Sent: Tuesday, 31 March 2020 4:35 PM

To: Luke Douma

Cc: Landon, Daniel (Health) < Daniel. Landon@act.gov.au>;

Subject: NHDOA - Calvary Building Information

Hi Luke,

Thank you again for your time this afternoon and the offer of assistance in navigating CPHB's extensive records.

You mentioned a 2010 Condition Assessment and a Service Strategy – we do not appear to have received these documents to date and based on our discussion I think they will be very useful to reference/inform the condition assessment.

As discussed, we are currently looking for the following drawings:

- General architectural floor plans for all buildings (Xavier, Marian and Keaney being priority #1)
- For those buildings which deliver critical clinical services (i.e. Xavier, Marian and Keaney) we are seeking
  drawings of plant, equipment and services as-builts (i.e. mechanical; electrical; fire; water; med gas; ICT;
  smoke management system; fire engineering reports etc)
- Operations and maintenance manuals for key critical infrastructure, for example cooling towers, chillers, boilers (we're looking for capacity, age, significant maintenance records)
- Site Plan with building names and numbers

As discussed, based on the information received we will produce a desktop asset condition assessment. Following our initial review of the documentation we will provide a copy of the assessment for your review and input to confirm what we have established from our review along with identifying any gaps or omissions.

As mentioned, we have a large file transfer system which may be useful in getting information to us (you can send up to 1GB at a time). I have registered you for this tool, please let me know if you run into any trouble with it.

Thank you again for your assistance in sourcing this information.

Regards

#### AECOM

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From:

Sent:

Thursday, 7 May 2020 4:47 PM

To:

Galton, Sarah (Health)

Cc:

Landon, Daniel (Health); Burch, Brad (Health);

Bladin, Caitlin

(Health)

Subject:

NHDOA - Service demand profiles for Schedule of Accommodation

Attachments:

60628807-NHDOA-SoA\_A-20200507.xlsx

Categories:

Northside

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Hi Sarah



If you have any queries on the attached please let me know, or contact

directly on

Regards



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From:

Sent:

Tuesday, 12 May 2020 8:29 AM

To:

Burch, Brad (Health); Landon, Daniel (Health); Jarrad Nuss (Calvary); Denise Holm

(Calvary): Bladin, Caitlin (Health);

Karen Caldwell (Calvary)

Subject:

NHDOA - Fortnightly Coordination Meeting 14/05/2020 - Agenda - SAMP

Discussion

Attachments:

60628807-NHDOA-SAMP\_Agenda-20200514.pdf

Categories:

Northside

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi All,

This week we will be using the fortnightly coordination meeting as the forum for a focused discussion the Strategic Asset Management Plan and the risks the infrastructure assets at CPHB present to the delivery of the current clinical services delivered at CPHB from AECOM will join us to facilitate the discussion.

If you have any queries or concerns regarding the attached please let me know.

Regards

#### AECON

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ABN 20 093 846 925

# Agenda of Meeting

Subject		Strategic Asset Management Plan Risk Discussion	Page	1
Venue		Microsoft Teams	Time	2:30 pm
Partici	pants	ACT Health: Brad Burch, Daniel Landon, Cait Calvary Public Hospital Bruce: Jarrad Nuss. D AECOM:	lin Bladin )enise Holm	n. Karen Caldwell
Apolog	gles	tba		And the second s
File/Re	ef No.	60628807	Date	14-May-2020
Distrib	ution	As above		*********
-	10			
No	Item			
1.	Opening	- introductions and agenda outline	9600	
2.	Safety N	Ioment		
3.	SAMP	Structure and Overview		
4.	-	of existing risk register Status What works have been done Best way to update the register	11/2	
5.	7	Service Levels - Clinical services strategy - Other services - Minimum service levels - Consequence of loss of service capability		
6.	Governance - Ownership of SAMP - Delivery of asset management			
7.	Question	ns.		

From:

Sent:

Wednesday, 13 May 2020 4:22 PM

To:

Jarrad Nuss (Calvary)

Cc:

Luke Douma (Calvary); Burch, Brad (Health); Landon, Daniel (Health); Denise Holm

(Calvary)

Subject:

NHDOA - Operating theatre issue

Attachments:

IMG\_1812.jpg; IMG\_1853.jpg

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Hi Jarrad,

Regards

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From:

Jarrad Nuss

Sent:

Thursday, 14 May 2020 2:32 PM

To: Cc:

Health); Landon, Daniel (Health); Denise Holm Luke Do

iona Carruthers (Calvary)

(Calvary)

Subject:

RE: NHDOA - Operating theatre issue

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### Regards

#### **Jarrad Nuss**

**Director Business Infrastructure and Performance** Finance and Business Information



**Public Hospital Bruce Business Support Facility** Dunlop Court Business Park 21 Thynne Street Bruce ACT 2617 PO Box 254 Jamison Centre ACT 2614 P: 02 6201 6818

www.calvary-act.com.au

Sent: Wednesday, 13 May 2020 4:22 PM

To: Jarrad Nuss

Cc: Luke Douma

Burch, Brad <Brad.Burch@act.gov.au>; Landon, Daniel

<Daniel.Landon@act.gov.au>: Denise Holm

Subject: NHDOA - Operating theatre issue

CAUTION: This email originated from outside of Calvary Public Hospital Bruce. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Jarrad,

Regards



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Continuing the Mission of the Sisters of the Little Company of Mary

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From:

Sent:

Thursday, 14 May 2020 2:59 PM

To:

Jarrad Nuss (Calvary)

Cc:

NHDOA - ACT Health CPH Risk Register

andon, Daniel (Health)

Subject: Attachments:

CPH Risk Register.pdf

Categories:

Northside

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Jarrad,

Attached is the risk registementioned in todays session. Based on our conversations with ACT Health we understand that this may not represent current risks as they relate to CPHB.

To date we have been attempting to confirm with ACT Health if they hold a more current register.

If you have a current risk register for CPHB a copy would be appreciated. Alternatively, if you could review the attached and confirm those risks which have been addressed and those which still exist.

### Regards



#### **AECOM**

L4, Civic Quarter, 68 Northbourne Ave, Canberra, ACT 2601 PO Box 1942 Canberra City 2601 T+61 2 6100 0551

www.aecom.com

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Friday, 15 May 2020 2:35 PM  Burch, Brad (Health); Landon, Daniel (Health); Jarrad Nuss (Calvary); Denise Holm (Calvary); Bladin, Caitlin (Health);  Cc: Subject: RE: NHDOA - Fortnightly Meeting 60528807-NHDOA-Strategic Asset Management Plan Risk Discussion-20200514.pdf  CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.  Hi all, Please see attached the minutes from yesterday's meeting. Let me know if there are any errors or omissions.  Thanks,  AECOM  4. Civic Quarter, 68 Northbourne Ave, Canberra, ACT 2601 20 Box 1942 Canberra City 2601 7-612 a flou 0551  www.aecom.com Please consider the environment before printing this email.  Read insights, share ideas on AECOM's Connected Cities blog.  ——Original Appointment—— From lent: Wonday, 4 May 2020 1:22 PM	From:	
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	Agenda to follow	



AECOM Australia Pty Ltd Civic Quarter, Level 4 68 Northbourne Avenue GPO Box 1942 ACT 2601 Canberra ACT 2601 Australia www.aecom.com +61 2 6100 0551 tel

ABN 20 093 846 925

## Minutes of Meeting

Northside Hospital Development Options Analysis Subject Strategic Asset Management Plan Risk Page Discussion Venue Time Teams 14:30 AECOM: Participants ACT Health: Brad Burch Caitlin Bladin Calvary: Jarrad Nuss Denise Holm Karen Caldwell Apologies Daniel Landon File/Ref No. 60628807 14-May-2020 Distribution As above Item No Action Date Opening - introductions and agenda outline 1. 2. Structure and Overview The SAMP is focused on services and service delivery. Noted It will assess risks to the assets in the context of service delivery, then plan for those risks by developing a strategy. 3. Review of existing risk register Status What works have been done Best way to update the register AECOM have a risk register for CPHB that was developed in 2016/17 using the risk management Noted framework used for UMAHA2 (ACT Health). AECOM will review the register against the Condition **AECOM** w/e 22/05/2020 Assessment data and make an initial assessment of those risks which have been resolved and/or new items. Noted A copy of the register in its current form was provided to CPHB during the meeting for information. CPHB to provide comments on the updated risk **CPHB** w/e 29/05/2020 register as to what has been delivered, what risks are

still current, and any additional risk items.



lo	Item	Action	Date
	A copy of the risk framework will be provided with the issue of the updated register.		
	Service level Clinical services strategy Other services Minimum service levels		
		СРНВ	
		Noted	
		Noted	
555			
			# 25
		CPHB to advise	8
		Noted	
20	CPHB to provide the following documents:  Schedule of future works Business Continuity Plan Calvary Risk Register	СРНВ	
•	Governance Ownership of SAMP Delivery of asset management		
	The SAMP will be a joint document, primarily owned by CPHB for purpose of day to day implementation	Noted	150
	Used to inform business cases CPHB can work with	Noted	12
	ACT Health to get through Treasury		1



No	Item	Action	Date
	Inform options analysis for future of service delivery	Noted	
	Executive Sponsor – Jarrad Nuss. There is a governance structure in place, Jarrad has endorsement to commission the SAMP	Noted	*
	Delivery of works will be managed by Calvary capital projects team, funded through government (generally). Calvary have a team of people that oversee these works, the facilities manager typically oversees smaller projects	Noted	
i.	AECOM to meet with Jarrad sometime during the SAMP development to better understand the governance and delivery of works i.e. threshold at which projects are delivered by facilities or capital projects teams.	AECOM	
6.	Other items		
	Site visits have been completed. AECOM team is currently capturing the outcome of the visits in the register.	Noted	162
	If items are identified which need site clarification AECOM will contact Luke Douma directly to confirm/organise a time to inspect and resolve.	Noted	
	A copy of the Condition Assessment Register is intended to be provided to CPHB/ACT Health next week for review and comment. The Report will follow.	AECOM	w/e 22/05/2020

From:

Landon, Daniel (Health)

Sent:

Tuesday, 19 May 2020 10:36 AM

To:

Lopa, Liz (Health)

Subject:

Northside hospital information needed by Aecom

Attachments:

60628807-NHDOA-SoA\_A-20200507.xlsx

#### **UNCLASSIFIED**

Hi Liz

Aecom is waiting on Sarah's team to complete the attached spreadsheet (see below for further info).

Could you please ask Jacinta/Sarah to complete the attached spreadsheet as a priority – Aecom needs the information asap.

Regards

Dan

Fron

Sent: Thursday, / May 2020 4:4/ PM

To: Galton, Sarah (Health) <Sarah.Galton@act.gov.au>

Co-Landon Daniel (Health) Daniel.Landon@act.gov.au>; Burch, Brad (Health) <Brad Burch@act.gov.au>

: Bladin, Caitlin (Health) < Caitlin. Bladin@act.gov.au

Subject: NHDOA - Service demand profiles for Schedule of Accommodation

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Sarah



If you have any queries on the attached please let me know, or contact

directly or

Regards

AFCON

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PO Box 1942 Canberra City 2601 T +61 2 6100 0551 www.aecom.com

Please consider the environment before printing this email.

From:

Sent:

Wednesday, 20 May 2020 4:31 PM

To:

Jarrad Nuss (Calvary)

Cc:

Denise Holm (Calvary); Landon, Daniel (Health)

Subject:

NHDOA - CPHB Information - Risk Meeting Actions

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Hi Jarrad,

Following up on the actions from our meeting last Thursday – Calvary indicated that there were a number of documents available which we could be provided, including:

- · Schedule of future works
- · Business Continuity Plan
- Calvary Risk Register

Wondering if these could be provided?

### Regards



### **AECOM**

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. Please consider the environment before printing this email.

From:

Sent: Wednesday, 20 May 2020 4:58 PM

To: Landon, Daniel (Health): Jarrad Nuss (Calvan)

Cc: Denise Holm (Calvary)

Subject: NHDOA - Stage 1 Draft Condition Assessment Register

Attachments: 60628807-NHDOA-DocumentRegister-20200520.pdf; 60628807-NHDOA-

ConditionAssessment\_A-20200520.xlsx; 60628807-NHDOA-

ConditionAssessment\_A-20200520.pdf

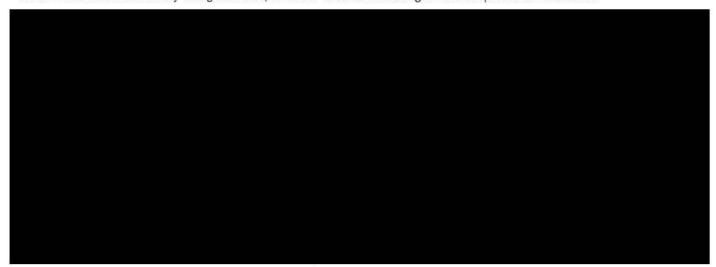
Categories: Northside

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Hi Daniel and Jarrad,

Please find attached a draft of the Condition Assessment Register and Document Register.

We would appreciate Calvary's review of the attached as this data will form the basis for the SAMP. If there are assessments which Calvary disagrees with, or items which are missing for the list please let me know.



Please let me know if you have any concerns regarding the above or the attached.

### Regards



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# Lowes, Shannon (Health)

From:

Bladin, Caitlin (Health)

Sent:

Thursday, 21 May 2020 10:17 AM

To:

Galton, Sarah (Health)

Cc:

Lopa, Liz (Health); Landon, Daniel (Health)

Subject:

FW: Northside hospital information needed by Aecom

Attachments:

60628807-NHDOA-SoA\_A-20200507,xlsx

Follow Up Flag: Flag Status: Follow up Completed

Categories:

Northside

#### **UNCLASSIFIED**

Hi Sarah

Now that you're back on board I thought I would follow up on this request for review/input from AECOM.

They are seeking confirmation on the data for the base case; and both demand scenarios (being the base+ and the self-sufficiency models).

I'm not sure if this format is how you have the projections, currently but if is it easier to just provide the format you have to us, and we can input the data, happy to do that too.

Happy to have a chat

Sincerely

Caitlin Bladin

Senior Director | Strategic Planning

Phone 02 5124 9963 | Mobile

caitlin.bladin@act.gov.au

Strategic Infrastructure Division | ACT Health Directorate Level 4, 4 Bowes Street, Phillip | www.health.act.gov.au

Fror

Sent: Thursday, 7 May 2020 4:47 PM

To: Galton, Sarah (Health) < Sarah. Galton@act.gov.au>

Cc: Landon Daniel (Health) < Daniel Landon@act.gov.au>; Burch, Brad (Health) < Brad.Burch@act.gov.au>

Bladin, Caitlin (Health) < Caitlin. Bladin@act.gov.au

Subject: NHDOA - Service demand profiles for Schedule of Accommodation

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Hi Sarah



Regards

#### **AECOM**

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# Lowes, Shannon (Health)

From:

Bladin, Caitlin (Health)

Sent:

Thursday 21 May 2020 12:44 PM

To: Cc:

Cc: Landon, Daniel (Health)

Subject:

RE: Northside hospital information needed by Aecom

Categories:

Northside

**UNCLASSIFIED** 

Thank

I've followed up with Sarah.

CB

From

Sent: Thursday, 21 May 2020 10:09 AM

To: Bladin, Caitlin (Health) <Caitlin.Bladin@act.gov.au>
Cc: Landon, Daniel (Health) <Daniel.Landon@act.gov.au>
Subject: RE: Northside hospital information needed by Aecom

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Hi Caitlin,

Regards



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T+61 2 6100 0551

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From: Bladin, Caitlin (Health) < Caitlin. Bladin@act.gov.au>

Sent: Thursday, 21 May 2020 9:46 AM

To

Cc: Landon, Daniel (Health) < Daniel: Landon@act.gov.au>

Subject: [EXTERNAL] FW: Northside hospital information needed by Aecom

# **UNCLASSIFIED**

Hi



If you could confirm I will go back to Sarah today.

Happy to chat if required

Sincerely

Caitlin Bladin

Senior Director | Strategic Planning Phone 02 5124 9963 | Mobile

caitlin.bladin@act.gov.au

Strategic Infrastructure Division | AC1 Health Directorate Level 4, 4 Bowes Street, Phillip | www.health.act.gov.au

From

Sent: Thursday, 7 May 2020 4:47 PM

To: Galton, Sarah (Health) < Sarah. Galton@act.gov.au>

Cc: Landon, Daniel (Health) < Daniel.Landon@act.gov.au >; Burch, Brad (Health) < Brad.Burch@act.gov.au >

Bladin, Caitlin (Health) < Caitlin.Bladin@act.gov.au >;

Subject: NHDOA - Service demand profiles for Schedule of Accommodation

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi Sarah



If you have any queries on the attached please let me know, or contact

irectly o

Regards



# **AECOM**

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# Lowes, Shannon (Health)

From:

Sent: Monday, 25 May 2020 11:40 AM

To:

Landon, Daniel (Health)

Cc:

Bladin, Caitlin (Health)

Subject:

AECOM Project Update - Northside Hospital Development Options Analysis w/e

22/05/2020

Attachments:

60628807-NHDOA-Project Program-D-20200518.pdf; 60628807-NHDOA-Project

Program-D-20200522.pdf

Categories:

Northside

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Hi Daniel,

Please find below Project Update for Northside Hospital Development Options Analysis.

Outstanding items/issues (italicised below)

- Receipt of documents from CPHB (refer Stage 2 below)
- Receipt of CPHB comments on Condition Assessment Spreadsheet (refer Stage 1 below)

### General

- Key items we worked on this week
- Attached is an updated schedule for the project.
- Ongoing key items that we are working on
- Monthly Report to be issued on 25/05/2020
- Monthly Control Group Meeting on 28/05/2020

#### Planned Leave

# Stage 1 Condition Assessment:

· Key items we worked on this week

Ongoing key items that we are working on

# Stage 2 Strategic Asset Management Plan

Key items we worked on this week



# Stage 3/4 Options Analysis

