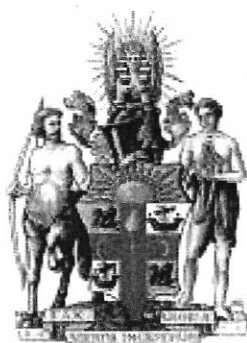


Dr Hin Fan Chan Urology	3 TCH UA (2016-17) 1 Calvary SET 1-2 (2016-17)	Urology	Other than MDT/Uro-radiology meetings at teaching platform, there is currently NO formal registrar teaching program in place due to inter-departmental issues Micro-teaching occurs frequently but on an ad-hoc basis during theatre, ward rounds, clinics It is envisioned when accredited urology training resumes in the future, the weekly 1 hour regular formal trainee testing (previously on Tuesday 7am) will be run as an in-house projected 4 hour session once a month pending RACS approval	There is no quiet room available to Urology trainees/registrars despite previously noted as an area for improvement following accreditation inspection Other areas noted for improvement included a lap trainer and urodynamic (video)	No access to equipment	Surgical/Medical Education Officer/Coordinator
Dr Wendell Neilson Vascular Surgery	1 A 1 UA	Vascular trainee General trainee	6 sessions of operating each week 1 session of angiography a week 2+ sessions of outpatients a week Mandatory attendance at ANZSUS (Vascular meeting) and annual trainee week	No study room 1 day every 4 weeks with no official commitment	Have access to vascular grafts and reps generally happy to supply simulators and trial grafts	As long as plenty of notice is given, generally happy to participate in structured education
Dr Robert Witherspoon Oral and Maxillofacial	2 A		Weekly tutorials with registrars Compulsory monthly teaching conducted by the Royal Australasian College of Dental Surgeons – specific for Oral and Maxillofacial surgery Free allocated study sessions	Library only	No access to equipment	Study room with computer access Access to reference books in our clinical areas would assist in registrar education Online access to ALL relevant Oral and Maxillofacial journals should be mandatory Update of the text/reference books in the library Some incorporation with other surgical specialties would be useful for our registrars
Dr Maurizio Damiani Orthopaedics	6 A 7 UA		AOA has formal bone school training for the accredited trainees - this is done via video-link up with Sydney most Tuesday evenings All registrars have extra teaching sessions including Monday morning X-ray meeting, spine school with Dr Ashman, and multiple informal tutorials with other surgeons	Access to the Hospital and Medical School library	Old equipment available in the hospital campuses is utilised	Urgently require a web server for the radiology systems at both TCH and Calvary Hospital Structured Saturday morning teaching sessions involving patients and case discussions would be ideal More funding for extra theatre time On-site cadaver laboratory

A = ACCREDITED

UA = UNACCREDITED

Appendix 2



The Royal Australasian College of Surgeons

Accreditation of Hospitals and Posts for Surgical Education and Training

Process and Criteria for Accreditation

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Foreword

Surgical trainees are postgraduate **medical doctors undergoing** specialist education and training, **as well as** employees of the health services. Each of these roles is important for a successful outcome of training. **Trainees are “doing for training” and “training for doing”**. They work in a broad range of clinical environments, each of which **should** provide a rich learning experience which is also aligned to the career aspirations of each individual trainee. Trainees make a significant contribution to the healthcare of patients and receive **significant** help in their training from the surgeons and the other staff with whom they work with on a daily basis in the hospitals which employ them.

This document has been prepared to help familiarise hospital administrators with the requirements necessary to educate and train surgeons. It aims to set clear standards and criteria for those who undertake and provide such training. These standards and criteria will ensure that trainees progress towards proficiency in the RACS nine core competency domains. It meets the recommendations on accreditation of sites for surgical training by the Australian Medical Council¹ Australian Competition and Consumer Commission² and takes into account international developments in accreditation.³

The first version of this document was produced in 2005 after extensive research, and consultation with the various College Boards, Specialty Associations and Societies, and the jurisdictions and signed off by all stakeholders and RACS Council. A revised version was produced in 2007 taking into account experience with its use, the extensive feedback received from surgeons, trainees and the jurisdictions and the recently published literature on accreditation. This document was approved by all the groups involved and by RACS Council at its meeting in February 2007.

The Surgical Education and Training (SET) competency-based program⁴ commenced in 2007 with the selection of the first cohort of trainees to begin training in 2008. The implementation of SET including the new workplace-based assessment requirements has increased the work of surgical supervisors and trainers and this is further recognised in this latest revision. The report of the RACS appointed Expert Advisory Group and the RACS 'Building Respect, Improving Patient Safety' Action Plan detail the many issues and projects to address same, within the surgical training environment. The relevance of these documents cannot be overstated.

The contribution of the Surgical Specialty Boards, Associations and Societies is gratefully acknowledged through the use of their logos on the cover of the document. (tbc ST)

A/Prof. Stephen Tobin
Dean of Education
June 2016

¹ Australian Medical Council Accreditation Report. Review of the education and training programs of the Royal Australasian College of Surgeons. February 2002. Available at <http://www.amc.org.au>

² Report of Review Committee: Review of the criteria for accrediting hospital training posts for advanced surgical training and hospitals for basic surgical training. April 2005. Available at <http://www.surgeons.org>

³ Collins JP. New standards and criteria for accreditation of hospitals and posts for surgical education and training. Australia and New Zealand Journal of Surgery. 2008; 78: 277-281

⁴ Collins JP, Gough IR, Civil ID, Stitz RW. A new surgical education and training programme. Australia and New Zealand Journal of Surgery. 2007 (In print)

Program Accreditation and Partnership

The Royal Australasian College of Surgeons (RACS) is accredited by the Australian Medical Council (AMC) and The Medical Council of New Zealand (MCNZ) to provide and manage the education and training (including assessment) and professional development programs for surgeons in Australia and New Zealand. RACS delivers its Surgical Education and Training (SET) program in association with the Specialty Societies and Associations ("the Specialty Societies") that represent the nine specialties in which Fellowships are awarded. Those Specialty Societies, which have entered into agreements with RACS, and are represented by membership of the relevant Specialty Training Board⁵, are consulted by RACS on all matters of quality and standards, are:

- Australian and New Zealand Society for Cardio and Thoracic Surgeons (ANZSCTS)
- General Surgeons Australia (GSA)
- New Zealand Association of General Surgeons (NZAGS)
- Neurosurgical Society of Australasia (NSA)
- Australian Orthopaedic Association (AOA)
- New Zealand Orthopaedic Association (NZOA)
- Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS)
- New Zealand Society of Otolaryngology Head and Neck Surgery (NZSOHNS)
- Australian Society of Plastic Surgeons (ASPS)
- New Zealand Association of Plastic Surgeons (NZAPS)
- Australian and New Zealand Association of Paediatric Surgeons (ANZAPS)
- Urological Society of Australia and New Zealand (USANZ); and
- Australian and New Zealand Society of Vascular Surgery (ANZSVS)

The Surgical Education and Training Program

RACS is committed to high standard, safe, comprehensive surgical care for the communities of Australia and New Zealand. RACS is responsible for all surgical training throughout Australia and New Zealand in nine surgical specialties:

- Cardiothoracic Surgery
- General Surgery
- Neurosurgery
- Orthopaedic Surgery
- Otolaryngology Head and Neck Surgery
- Paediatric Surgery
- Plastic and Reconstructive Surgery
- Urology; and
- Vascular Surgery.

RACS has developed the SET program to equip doctors with the knowledge, skills and behaviours to practise as effective, ethical surgeons capable of delivering high standards of patient care in unsupervised clinical practice.

SET trainees work and train in hospitals, to attain and demonstrate competence in nine key areas. These RACS competencies⁶ are:

- Medical expertise
- Judgment – Clinical Decision Making
- Technical expertise
- Professionalism and ethics
- Scholarship and teaching
- Health advocacy

⁵ The Federal Training Committee of the AOA has the delegated responsibility for the regulation of the Orthopaedic SET program in Australia, in accordance with relevant RACS policies.

⁶ Developed from the CanMEDs competency framework developed by the Royal College of Physicians and Surgeons of Canada. Frank JR (Ed) The CanMEDS 2005 Physician Competency Framework: Better Standards, Better Better Care. Ottawa The Royal College of Physicians and Surgeons of Canada.

- Collaboration and teamwork
- Communication
- Management and leadership

Doctors are selected directly into one of the surgical specialties with advancement through SET hinging on trainee competence. Trainees progress through integrated programs which provide them with increasing professional responsibility under appropriate supervision. RACS has described five stages of increasing complexity in its publication *Becoming a competent and proficient surgeon: Training Standards for the Nine RACS Competencies*. To support trainees' safe participation in surgical practice in clinical environments that provide the required knowledge, skills and experiences, Specialty Training Boards responsible for regulating SET accredit hospital-based training posts and ambulatory care facilities for surgical training in Australia and New Zealand.

Training Post Accreditation

The underlying principle of the accreditation process is to ensure that education and training sites provide learning environments that facilitate the training of safe and competent surgeons. In 2006 the then Dean of Education, Prof. John Collins FRACS worked with the Specialty Training Boards, the Specialty Societies, the Australian state and territory departments of health and the New Zealand Ministry of Health and District Health Boards to develop a set of accreditation criteria. These were based around seven core educational, clinical and governance standards required to provide training in a range of clinical contexts. The first version contained 43 individual criterion, reduced to 41 after a review in 2007 (published in 2008).

In 2015 RACS responded to reports of unacceptable behavior by establishing an Expert Advisory Group (EAG). The EAG consulted widely with the surgical community and other interested groups, conducting a prevalence survey, focus groups and interviews. It released its report in September 2015 and RACS accepted all its recommendations. The RACS Action Plan: *Building Respect, Improving Patient Safety*, published in November 2015, details how the EAG recommendations will be implemented. Specialty Society presidents supported the findings of the EAG and the RACS Action Plan.

Recognising those recommendations, the 2016 update of the standards and criteria includes a new standard to assess whether the institution seeking accreditation is committed to building and maintaining a culture of respect.

Hospital and health services seeking accreditation are required to meet all of the eight standards. However there is flexibility around the individual criterion within each standard. The 44 published criteria are typically used by each of the Specialty Training Boards, and may be supplemented by specialty specific criteria. They are an important guide to what is assessed when an institution seeks accreditation as a training site that will prepare today's doctors to be tomorrow's surgeons.

The accreditation process is flexible and recognizes that few hospitals will be able to provide the breadth of surgical experience necessary to fulfil all the specialty training requirements and that hospital networks or collaborations already exist (including some with the private sector) or are being developed to facilitate this. Clearly, most of the criteria are absolute requirements for the site being accredited, but some may be met within a network arrangement.

The education of surgical trainees is a multi-faceted process, shared by RACS and its Specialty Training Boards, hospitals, surgeons, trainees, and the Specialty Societies, who cooperate to achieve the best outcomes.

Applying for Accreditation

The process of accreditation may be initiated by a hospital (or a consortia of hospitals for a shared post) that wishes to undertake surgical training for the first time or to propose a new post in addition to existing accredited posts. Specialty Training Boards initiate the process when re-accreditation is required, due to the impending expiry of current accreditation or because concerns have been identified about the quality of training or other issues at a particular hospital.

When possible, Specialty Training Boards aim to confirm the number of posts available prior to the announcement in July of successful applicants for the next intake of trainees. To achieve this each board sets a closing date for applications for the accreditation of new posts. Any applications received after the advertised date will not

be eligible for consideration as a training post in the next training year.

Specialty Training Boards and their administrative support, often provided by a Specialty Society, are responsible for establishing the process of accreditation for their training program that complies with the RACS Training Post Accreditation and Administration policy, available at www.surgeons.org. Information about each accreditation process can be found as follows:

Board	Administration
Board of Cardiothoracic Surgery	RACS Surgical Training Department (www.surgeons.org/surgical-specialties/cardiothoracic/)
Board in General Surgery	General Surgeons Australia (www.generalsurgeonsaustralia.com.au) and New Zealand Association of General Surgeons (www.nzags.co.nz)
Board of Neurosurgery	Neurosurgical Society of Australasia (www.nsa.org.au)
Federal Training Committee (Orthopaedic Surgery in Australia)	Australian Orthopaedic Association (www.aoa.org.au)
New Zealand Board of Orthopaedic Surgery	New Zealand Orthopaedic Association (www.nzoa.org.nz)
Board of Otolaryngology Head and Neck Surgery	RACS Surgical Training Department (www.surgeons.org/surgical-specialties/otolaryngology-head-and-neck/surgical-training-post-requirements/)
Board of Paediatric Surgery	RACS Surgical Training Department (www.surgeons.org/surgical-specialties/paediatric/)
Australian Board of Plastic and Reconstructive Surgery	Australian Society of Plastic Surgery (www.plasticsurgery.org.au)
New Zealand Board of Plastic and Reconstructive Surgery	RACS New Zealand National Office (www.surgeons.org/surgical-specialties/plastic-and-reconstructive/)
Board of Urology	Urological Society of Australia and New Zealand (www.usanz.org.au)
Board of Vascular Surgery	Australian and New Zealand Society of Vascular Surgery (www.anzsvs.org.au)

Review of Accreditation

The status of an accredited training post may be reviewed at any time during the accredited period, particularly where there are concerns that the educational standard of the post has been compromised.

RACS is committed to ensuring that all training posts operate within a culture of respect. In the event that there is a proven complaint of unacceptable behaviour (discrimination, bullying, sexual harassment, etc.) against a current member of a unit hosting an accredited training post, that post will be reviewed, which may result in loss of accreditation. A second or subsequent proven complaint will result in the post having its accreditation reviewed by the Censor in Chief and Chair of BSET, in conjunction with the relevant Specialty Board Chair. It will not be eligible for reaccreditation until it can be demonstrated that corrective action has been successfully implemented.

Where the surgical supervisor or surgical trainers in the unit hosting an accredited post do not comply with mandated training, accreditation of the post will be withdrawn but may be reinstated when compliance is achieved.

Processing an application

While the accreditation process varies between Specialty Training Boards, each will generally follow a common framework:

1. After the accreditation application is received it will be checked for completeness and then acknowledged. A request for further information may also be made. All Boards aim to complete the accreditation of a post within six months of receiving complete information.

New applications that meet the minimum criteria are usually recommended for progression to an accreditation visit. If the information provided does not meet the minimum criteria, advice will be provided about how identified deficiencies can be rectified.

Based on available information including (but not limited to) the application and past accreditation reports relevant to the specialty and location, Specialty Training Boards may recommend a post for approval after a document-based assessment without an inspection visit. In these circumstances the Board may schedule an inspection visit during the accredited period.

2. When an inspection is required, staff supporting the relevant Specialty Training Board will liaise with the hospital for an accreditation team to visit. The accreditation team may include:

- A surgeon who is a Fellow of RACS with experience in supervision and training in the same specialty and in a hospital of similar type to that seeking accreditation.
- A recently admitted Fellow of RACS (a surgeon within five years of completing Specialist Surgical Training) where possible.
- A jurisdictional representative.

Some of the Specialty Training Boards include a further Fellow of RACS who is an experienced surgeon in that specialty, as part of the team. At least one of the Fellows involved in the accreditation team will usually be from a different region or state. To ensure the integrity of the accreditation process, no member of the accreditation team should be employed by the hospital or associated network being accredited.

3. The accreditation team will meet with the hospital CEO/Senior Management, with surgeons of the relevant unit, including the training supervisor, and with surgical trainees. They may also view the facilities and may meet with other hospital staff. Applying hospitals are expected to facilitate the inspection visit.
4. It is not necessary for each individual criterion specified by a Specialty Training Board within each of the eight standards to be met. It is the task of the accreditation team to decide whether enough criterion are met to demonstrate that the standard is achieved at that site.
5. On completion of the accreditation visit, or when accreditation is carried out on documentation only, a draft Accreditation Report is prepared. This report is made available to the hospital with a timeframe for commenting on perceived factual errors before the report is finalised.
6. After consideration of any comments from the applicants, the Specialty Training Board will finalise the report and confirm or reject accreditation.
7. The accreditation decision will be communicated promptly to the signatories of the application. This decision may include the maximum number of trainees for which a hospital is accredited and the maximum length of time trainees may spend at that particular hospital or network. Accreditation is normally granted for five years.
8. When accreditation or re-accreditation is not approved or when it is withdrawn, information about this decision will include the specific reasons or deficiency identified and outline what modifications may help

lead to accreditation (or reaccreditation) in the future. The Specialty Training Boards and Specialty Societies are keen to work with hospitals to overcome perceived deficiencies and if required consultation will take place between the Chair of the Accreditation Team or the relevant Board, and the hospital CEO and the Head of the relevant Surgical Service on how to achieve this.

9. When a hospital applying for accreditation is not satisfied with the outcome of an accreditation (or re-accreditation) application it has the right to appeal this decision through RACS's Appeals Committee. An appeal can be initiated by a written request to the Chief Executive Officer. The policy on appeals can be accessed on RACS website at www.surgeons.org by selecting "Policies".
10. Approved Training Posts will be acknowledged by a College Accreditation Certificate. The approved supervisor will also be acknowledged with a College Supervisor's Certificate.
11. There is an expectation that any hospital accredited for training will advise the relevant Specialty Training Board immediately of any major changes at an accredited site that threatens the educational quality of the post, such as substantial staffing changes or theatre closures.

ACCREDITATION CRITERIA

Minimum requirements marked with an * can be achieved within the hospital network. All others should be achieved within the hospital seeking accreditation.

Standard 1 – Building and maintaining a Culture of Respect for patients and staff. A hospital involved in surgical training must demonstrate and promote a culture of respect for patients and staff that improves patient safety.		
Accreditation Criteria	Factors Assessed	Minimum Requirements
1. The hospital culture is of respect and professionalism	Expressed standards about building respect and ensuring patient safety.	<ul style="list-style-type: none"> Hospital provides a safe training environment free of discrimination, bullying and sexual harassment. Hospital actively promotes respect, including teamwork principles. Hospital has policies and procedures, including training for all staff, that promotes a culture and environment of respect. Hospital policies, codes and guidelines align with RACS Code of Conduct and support professionalism.
2. Partnering to Promote Respect: MoU or similar statements/agreements about the need for 'Building Respect, Improving Patient Safety	Hospital collaboration with RACS about complaints of unacceptable behaviours (Fellows, Trainees and IMGs) that affect the quality of training.	<ul style="list-style-type: none"> Hospital is committed to sharing with RACS relevant complaint information by or about RACS Fellows and Trainees. Hospital actively reinforces positive standards leading to improved behaviours and a respectful environment. The hospital holds surgical teams to account against these standards.
3. Complaint Management Process	<p>Hospital has policies and procedures for the open and transparent management and investigation of complaints of discrimination, bullying, and sexual harassment.</p> <p>Summary data of complaints made, investigated and outcomes.</p>	<ul style="list-style-type: none"> Clearly defined and transparent policy detailing how to make a complaint, options, investigation process and possible outcomes. Clearly defined process to protect complainants. Hospital has documented performance review process for all staff, so it is aware of any repeated misdemeanours or serious complaints that need escalation/intervention requiring intervention to maintain a safe training environment. Process in place to share with RACS summary data, including outcomes or resolution of hospital managed complaints alleging discrimination, bullying and sexual harassment.
Standard 2 - Education facilities and systems required All trainees must have access to the appropriate educational facilities and systems required to undertake training		
Accreditation Criteria	Factors Assessed	Minimum Requirements
4. Computer facilities with IT support	Computer facilities and Internet/ broadband access	<ul style="list-style-type: none"> Computers and facilities available for information management, online references and computer searches Terminals at flexible sites which may include remote access 24-hour computer access acknowledging security issues

5. Tutorial room available	Documented booking and access processes	<ul style="list-style-type: none"> Tutorial rooms available when required
6. Access to private study area	Designated study area	<ul style="list-style-type: none"> Designated study area/room available isolated from busy clinical areas 24-hour access acknowledging security issues
7. General educational activities within the hospital	Weekly hospital educational program	<ul style="list-style-type: none"> Weekly program publicised in advance Weekly Grand Rounds Opportunities for trainees to present cases/topics
Standard 3 - Quality of education, training and learning Trainees will have opportunities to participate in a range of desirable activities, which include a focus on their educational requirements		
8. Coordinated schedule of learning experiences for each trainee	Publicised weekly timetable of activities which incorporate the learning needs of the trainee	<ul style="list-style-type: none"> Weekly Imaging meeting One formal structured tutorial per week
9. Access to simulated learning environment	Documentation on local opportunities for self-directed skills acquisition and practice	<ul style="list-style-type: none"> Simple basic skills training equipment available, e.g. for suturing practice
10. Access to external educational activities for trainees	<p>Documented hospital HR Policy on educational leave for trainees</p> <p>Documentation on educational equipment provided</p>	<ul style="list-style-type: none"> Trainees given negotiated educational leave to attend <u>mandatory face-to-face</u> RACS/Specialty courses For other significant courses, modern educational approaches to distance learning, e.g. video-conferencing, available or being explored* Evidence to confirm leave is provided
11. Opportunities for research, inquiry and scholarly activity	Recent or current research funding, publications, current research projects, recognised innovation in medicine, clinical care or medical administration	<ul style="list-style-type: none"> Regular research meetings* Trainees enabled to access medical records, once ethical approval (if necessary) for the project is obtained* Shared responsibility by hospital, surgeons and RACS*
12. Supervised experience in patient resuscitation	Documentation on opportunities for trainees to be involved in resuscitation of acutely ill patients	<ul style="list-style-type: none"> Trainees rostered for clinical responsibilities in ICU or HDU and Emergency Department*
13. Supervised experience in an Emergency Department	<p>Documentation on accreditation of Emergency Department</p> <p>Documentation on role of trainees in the Emergency Department</p>	<ul style="list-style-type: none"> Accreditation by Australasian College of Emergency Medicine* Trainees manage patients in the Emergency Dept under supervision*

14. Supervised experience in Intensive Care Unit (ICU)	Documentation on accreditation of ICU Documentation on role of trainees in ICU	<ul style="list-style-type: none"> Accreditation by ANZ College of Anaesthetists and the College of Intensive Care Medicine of Australia and New Zealand* Trainees involved in patient care in ICU, under supervision*
Standard 4 – Surgical supervisors and staff Program managed by appropriate and accessible supervisor supported by the institution and committed surgeons, delivering regular education, training and feedback		
15. Designated supervisor of surgical training	Documentation on supervisor	<ul style="list-style-type: none"> Clearly identifiable as supervisor FRACS in relevant specialty ± Member or Fellow of relevant specialty association or society Regularly available and accessible to trainees
16. Supervisor's role/responsibilities	Hospital documentation on supervisor's role/responsibilities in keeping with College requirements as documented in the Surgical Supervisors Policy.	<ul style="list-style-type: none"> Supervisor complies with RACS requirements as published on College website (responsibility for ensuring compliance shared by supervisor, hospital and RACS) Supervisor actively promotes surgical education principles Supervisor has completed mandatory training as specified in the Surgical Supervisors Policy
17. Credentialed specialist surgical staff willing to carry out surgical training	Documentation on qualifications of specialist surgical staff	<ul style="list-style-type: none"> Surgeons have FRACS (or are certified as equivalent) in that specialty and practise generally in the field and/or in related subspecialty areas Surgeons involved with training have completed mandatory training as specified in the Surgical Trainers Policy.
18. Surgeons committed to training program	Scheduled educational activities of surgeons	<ul style="list-style-type: none"> Surgeons attend scheduled clinical, educational, morbidity & mortality, and audit review meetings All surgeons facilitate learning of the RACS nine core competencies (Appendix1) <p>(responsibility for compliance shared by surgeons and hospital)</p>
Accreditation Criteria	Factors Assessed	Minimum Requirements
19. Regular supervision, workplace-based assessment and feedback to trainees	Documentation on hospital/ department practices relating to supervision, workplace-based assessment and feedback to trainees	<ul style="list-style-type: none"> Goals discussed and agreed between surgeon and trainee at the commencement of each surgical rotation One-to-one clinical supervision Frequent informal feedback encouraged Structured constructive feedback and recorded assessment on performance every three months Opportunities are provided for trainee to respond to feedback, especially with ongoing supervisor support Workplace-based assessment tools should be utilized including mini-CEX, DOPS, case-based discussions, observed clinical activities including procedures, operations and clinical work such as ward rounds, clinical consultations, organizing operating lists, supervision of (more) junior doctors.

20. Hospital recognition and support for surgeons involved in education and training	<p>Documentation on weekly service and educational activities of surgical staff</p> <p>Documentation on recognition and support for supervisors</p> <p>HR Policy on educational leave</p>	<ul style="list-style-type: none"> The designated Supervisor of Training in each specialty is provided with paid, protected administrative time to undertake relevant duties appropriate to the specialty and in accordance with the SET Surgical Supervisors Policy. This should be related to the number of trainees but should be at least 0.2 EFT if there are 5 trainees under supervision. Surgeons who attend mandated RACS and Specialty Society Supervisors' meetings / courses should have negotiated leave for these.
Accreditation Criteria	Factors Assessed	Minimum Requirements
	Secretarial services available for supervisor's role	<ul style="list-style-type: none"> Accessible and adequate secretarial and IT services should be available for the supervisor's role related to training.
21. Hospital response to feedback conveyed by RACS on behalf of trainees	Mechanisms for dealing with feedback	<ul style="list-style-type: none"> Resolution of validated problems
Standard 5 – Support services and flexibility for trainees Hospitals and their networks are committed to the education, training, learning and wellbeing of trainees who acknowledge their professional responsibilities		
22. Hospital support for trainees	<p>Safe hours practised</p> <p>Safety procedures for trainees leaving the hospital outside normal working hours</p> <p>Level and accessibility of Human Resources services</p> <p>Recognition of training needs of trainees by the hospital and RACS supervisor</p>	<ul style="list-style-type: none"> Rosters and work schedules in Australia take into account the principles outlined in the AMA National Code of Practice, Hours of Work, Shift Work, and Rostering for Hospital Doctors⁷ and in New Zealand the principles outlined in the Multi Employer Collective Agreement (MECA) Hospital promotes trainee safety and provide security when necessary Readily accessible Human Resources service available to trainees including counselling if required Allocation of clinical rotations take trainee's career/surgical specialty requirements and aspirations into account (joint hospital/supervisor responsibility)
23. Trainees' professional responsibilities – Duty of Care	Feedback from employers	<ul style="list-style-type: none"> Trainees' recognition of the concept of Duty of Care Trainee aware of College Code of Conduct Joint trainee/supervisor and College responsibility

⁷ National Code of Practice – Hours of Work, Shiftwork and Rostering for Hospital Doctors. 1999. Australian Medical Association. Available at <http://www.ama.com.au>

24. Flexible Training Options are available for Trainees	Commitment to enabling flexible employment for RACS trainees while continuing in training.	<ul style="list-style-type: none"> Hospital has a flexible employment policy allowing for part-time and job sharing options. Clearly identified processes for applying for flexible employment. Commitment to working with RACS to facilitate flexible employment for trainees.
Standard 6 - Clinical load and theatre sessions Trainees must have access to a range and volume of clinical and operative experience which will enable them to acquire the competencies required to be a surgeon		
Accreditation Criteria	Factors Assessed	Minimum Requirements
25. Supervised consultative ambulatory clinics	<p>Documentation on frequency of consultative clinics</p> <p>Documentation showing that trainees see new and follow-up patients</p> <p>Documentation on alternatives provided if no consultative clinics available in the hospital</p>	<ul style="list-style-type: none"> Trainees attend a minimum of one consultative clinic per week Trainees see new and follow-up patients under supervision Trainees attend alternative supervised consultative clinics, which may be external to the hospital and network.
26. Beds available for relevant specialty	Documentation on accessible beds for specialty	<ul style="list-style-type: none"> Sufficient beds to accommodate caseload required for training
27. Consultant led ward rounds with educational as well as clinical goals	Documentation on the frequency of consultant led scheduled ward rounds	<ul style="list-style-type: none"> Two ward-rounds per week Facilitation of learning for trainees on each ward round (or soon afterwards, especially for feedback purposes).
28. Caseload and casemix	<p>Summary statistics of number and casemix of surgical cases managed by the surgical department / specialty in the previous year</p> <p>Number and casemix of surgical cases managed by each trainee's surgical unit/team over the previous year</p>	<ul style="list-style-type: none"> Regular elective and acute admissions. This will vary depending on the type of service. (General guidelines will be provided six months before the accreditation cycle and more specific advice at least four weeks before the visit by the Accreditation Team) Number of patients and casemix varies between surgical units/teams. Supervisor focus is on competence acquisition (same as preceding point) by the trainee, across all the competency domains.

29. Operative experience for trainees	<p>Documentation on weekly theatre schedule</p> <p>Evidence of trainees' exposure to emergency operative surgery</p> <p>Evidence of specialist trainees' access to "index" cases from trainees' log book and feedback</p>	<ul style="list-style-type: none"> • Minimum of three elective theatre sessions per week per specialist trainee (focus is on opportunities to gain required competencies and is based on a combination of theatre time, case numbers and casemix) • No conflicting service demands which interfere with required operative experience by trainee • Number and level of surgical procedures varies with stage of training • Work schedules enable trainee to participate in emergency surgery • Specialist trainees have access to those indexed cases required for their training • Appropriate supervision is provided to trainees
30. Experience in perioperative care	<p>Clinical examination rooms available</p> <p>Timetable of postoperative ward rounds</p>	<ul style="list-style-type: none"> • Adequate rooms available to enable appropriate clinical examination of all preoperative patients: this could be at a pre-operative clinic or within day-of-surgery facility. • Scheduled daily postoperative ward rounds
31. Involvement in acute/emergency care of surgical patients	<p>Documentation showing frequency of involvement in acute/emergency care of surgical patients</p>	<ul style="list-style-type: none"> • Weekly (minimum of 1 in 5) involvement in acute/emergency care of surgical patients
Standard 7 - Equipment and clinical support services A hospital must have the facilities, equipment and clinical support services required to manage surgical cases in a particular specialty		
32. Facilities and equipment available to carry out diagnostic and therapeutic surgical procedures	<p>Hospital has the accredited status to undertake surgery</p>	<ul style="list-style-type: none"> • Evidence of accreditation by ACHS or NZCHS to undertake surgical care
Accreditation Criteria	Factors Assessed	Minimum Requirements
33. Imaging – suitable diagnostic and intervention services	<p>Documentation on accreditation</p> <p>Extent of services</p> <p>Timetable of weekly meetings with relevant surgical specialty</p>	<ul style="list-style-type: none"> • Accredited by appropriate body/agency • Regular meeting with surgeons and the relevant unit-team

34. Diagnostic laboratory services	Documentation on accreditation Extent of service Timetable of weekly meetings	<ul style="list-style-type: none"> Accredited by appropriate body e.g. NATA/ RCPA/ IANZ Appropriate and timely pathology services available* Regular multidisciplinary meetings and unit/team pathology meeting – these meetings will necessarily mesh with the hospital clinical service*.
35. Theatre equipment	Documentation on equipment available	<ul style="list-style-type: none"> This will vary from a standard suturing set to very sophisticated theatre equipment depending on the specialty of the post, size and casemix of the unit.
36. Support/ancillary services	Documentation on services	<ul style="list-style-type: none"> Physiotherapy, occupational therapy, speech therapy and social work Rehabilitation services Specialty specific, e.g. breast care nurse/stoma therapist/audiologist/prosthetics*

Standard 8 - Clinical governance, quality and safety⁸

A hospital involved in surgical training must be fully accredited and have the governance structure to deliver and monitor safe surgical practices

Accreditation Criteria	Factors Assessed	Minimum Requirements
37. Hospital accreditation status	Evidence of accreditation	<ul style="list-style-type: none"> Hospital accredited by ACHS or NZCHS
38. Risk management processes with patient safety and quality committee reporting to Quality Assurance Board	Documentation on processes including those for correct site surgery	<ul style="list-style-type: none"> Quality Assurance Committee or equivalent (with senior external member) reporting to appropriate governance body Documentation published by hospital on HR, clinical risk management and other safety policies
39. Head of Surgical Department and governance role	Documentation on structure of surgical department Position description and reporting lines	<ul style="list-style-type: none"> Designated head of department with defined role in governance and leadership
40. Hospital Credentialing or Privileging Committee	Documentation on Credentialing or Privileging Committee and its activities	<ul style="list-style-type: none"> Clinicians credentialed at least every five (5) years* Credentialing relates to certification, subsequent training and experience and current scope-of-practice.

⁸ The Healthcare Board's role in clinical governance. 2004. Available at <http://www.health.vic.gov.au/qualitycouncil>

41. Morbidity & mortality and audit activities constituting peer review.	Documentation on audit and peer review program for unit	<ul style="list-style-type: none"> • Regular (at least monthly) unit/team review of morbidity/mortality related to recent unit/team activities. • All surgical staff and assigned medical students participate respectfully • Opportunity for trainees to participate
42. Higher-level Hospital systems reviews	Documentation on systems reviews	<ul style="list-style-type: none"> • Surgeons and trainees participate in review of systems as appropriate* • Could include targeted projects and/or root cause analysis
43. Experience available to trainees in root cause analysis	Documentation on root cause analysis education	<ul style="list-style-type: none"> • Training and participation occurs in root cause analysis*
44. Occupational safety	Documented measures available to ensure safety against hazards such as toxins, exposure to infectious agents transmitted through blood and fluid, radiation, and potential exposure to violence from patients and others.	<ul style="list-style-type: none"> • Available measures to prevent these occurring • Hospital protocol for dealing with possible exposure to hazards such as needle-stick injuries • Respectful teamwork in operating theatres



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ACCOMMODATION VARIATION REQUEST (AVR)

The Strategic Accommodation Team, are responsible for providing high quality customer service delivery in response to requests for accommodation, relocation planning and the management of FF&E (Furniture, Fittings & Equipment). The team also provides considered space planning and audits across ACT Health occupied sites to allow for the efficient use of functional spaces.

Requesting Department

Branch:	Canberra Hospital and Health Services
Department:	Division of Surgery and Oral Health
Area:	Division of Surgery
Contact Officer:	Melanie Applebee
Phone Number:	6244 3207

Request Type

New or additional office furniture and/or joinery required:

- ☐ Sit-to-stand desk (*please attach workplace assessment and doctor's certificate*)
- ☐ WHS chair (*please attach workplace assessment*)
- ☒ Other
- ☐ Removal of surplus furniture
- ☐ Accommodation for new or additional staff
- ☒ Relocation of staff, team or department
- ☐ Address workplace safety issues/ workplace assessment (*please attach assessment*)
- ☐ Space analysis
- ☐ Other

Summary of Requirements

All SAOH specialties employ registrars, most of who are in accredited training programs such as Surgical Education and Training (SET). In 2018 SAOH will have 23FTE SET registrars allocated across multiple specialties. In order to maintain SET accreditation, ACT Health is expected to meet a number of requirements to maintain accreditation status.

Access to office / training space is a requirement of most SET programs. Most specialties are currently not meeting this requirement.

SAOH is seeking space to facilitate surgical education in the ACT and meet SET program requirements. The preference is that the below would be co-located.

1. Support areas – 2 Office (D) spaces to support administrative and clinical support.
2. Two areas with up to 6 hot desks and specialty library resources available to facilitate study and research.
3. 1-2 meeting/handover rooms for surgical education (similar to Meeting Room 1 Building 24) with at least one room to have video conferencing capability. Ability to alter seating / desk arrangements to suit multiple purposes.
4. 1-2 clinical skills wet labs for surgical skills workshops. These labs require 6 desk type benches that would comfortably seat 2 people at each bench. Vinyl flooring / sinks required in each room.

*Details of specific requirements in **Attachment A**

5. A tea/coffee space to service the multi-purpose education space/s.

Endorsement by Executive Director/Deputy Director General of Requesting Area

Please note: A funding source must be identified for the AVR to be progressed. No furniture orders will be placed or contractors engaged until the appropriate staff have reviewed and approved the submitted quote/s.

Name: Daniel Wood

Title: Acting Executive Director, Surgery and Oral Health

Cost Centre:

Signature:



Date:

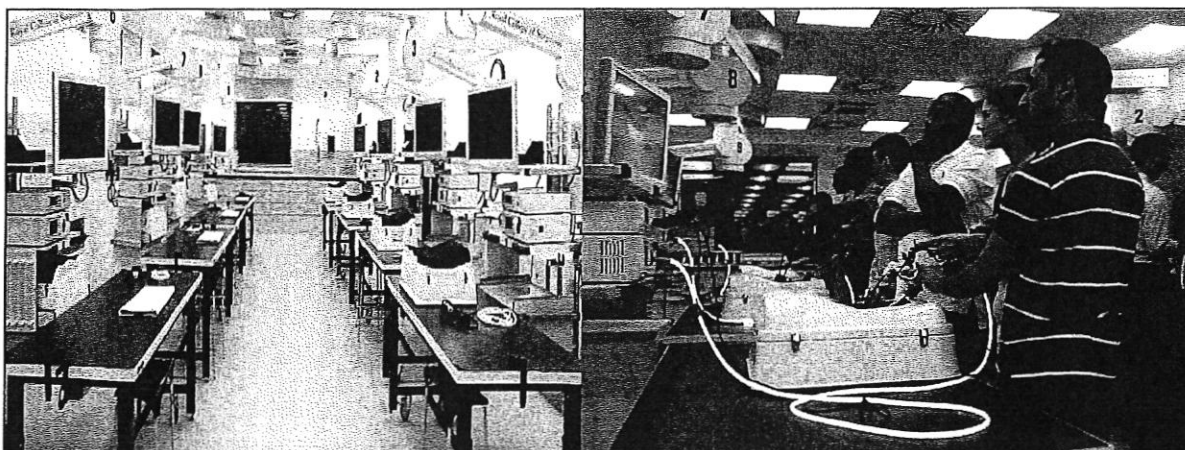
16/11/17

For all enquiries & submission of request, please email: AccommodationRequests@act.gov.au

Project Officer Initial Client Meeting – Scoping notes

**For Strategic Accommodation use only*

**ACT Health Surgical Training Education Centre
Schedule of Accommodation**

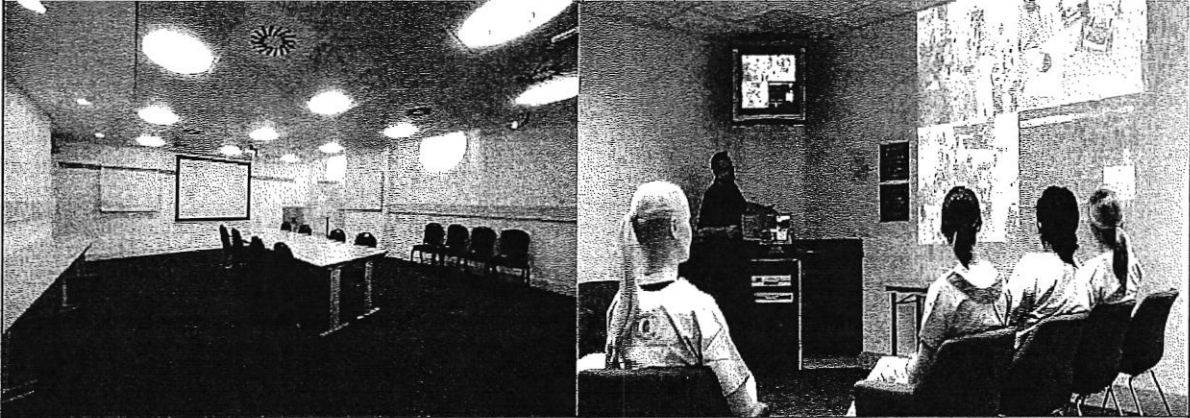
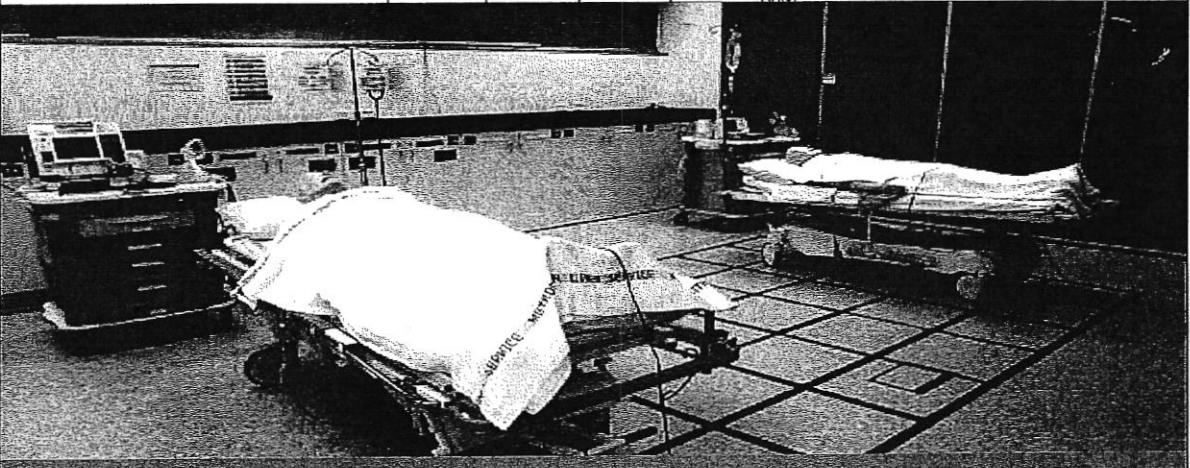


? Communications room	1	12	12	12	Maybe required to accommodate comms racks, control panels etc.
Sub Total			157		
Discounted circulation 15 %			24		
Security rating					Intruder resistant
Hours of operation					24 hours a day 7 days a week.
Window treatments					Integral venetians
Simulation FFE.					
State of the art audio visual throughout the centre					
High bandwidth videoconferencing internally and to the internet.					
Meeting /Handover Room					
2 Workstations - fully set up					
Secure storage of journals and academic texts					
Stackable seating					
Tilt top tables					
Videoconferencing, ICT etc.					
Clinical Skills Laboratory					
2 Stryker Prime series stretchers					
2 Metro Lifeline Emergency Carts					
Defibrillator					
Videoconferencing					
Surgical Skills Laboratory					
6 Height adjustable workstations with 2 training positions available at each station connected to an AV screen with video conferencing.					
2 HD (generic) Laparoscopic stacks with full complement of laparoscopic equipment					
1 Operating Microscope					
1 Harmonic scalpel					
1 Diathermy Unit					
1 Anatomage Table					

**ACT Health Surgical Training Education Centre
Schedule of Accommodation**

ACT Health Surgical Education, Training & Assessment Centre. June 2016 V 2.0 Revised SoA to meet the basic requirements of the RACS Training & Education Program.					
SUMMARY OF SPATIAL ALLOCATION	Area (m²)	Circ. (m²)	Total (m²)	AusHFG	Comments
Surgical Training Unit					
Total	204	31			
Total GFA			235		
DETAILS OF SPATIAL ALLOCATION	Minimum Area Required			AusHFG	Comments
	No.	Area (m²)	Total (m²)		
Surgical Training Centre					
Entry/Reception Area					
Reception	1	10	10	10	Area for a future staff member to provide administration function, or combined administration/clerical and reception to direct staff to the appropriate learning area. Include set down in joinery for disabled persons access. Provision of storage, files and MFD.
Support Areas					
Waiting/breakout area	1	10	10	10	adjacent to reception
Toilet - Staff	1	3	3	3	
Toilet - Accessible	1	6	6	6	
Office - single person	1	9	9		Office (D) for Education officer/Manager of the Surgical Centre (with significant supervisory responsibilities - in excess of 20 FTE staff). Desk, small meeting table, bookshelf and filing cabinet. As ACT Health Accommodation Policy
Office - single person	1	9	9		Office (D) for Clinical Supervisor with significant staff supervisory responsibilities and the position is 0.7 FTE or higher. Desk, small meeting table, bookshelf and filing cabinet. As ACT Health Accommodation Policy
Sub Total			47		
Discounted circulation 15 %			7		

ACT Health Surgical Training Education Centre **Schedule of Accommodation**

Teaching/Simulation Area				
Meeting Room/Handover room with Resource area (academic library and workstations).	1	35	35	An area for (2 workstations) computer based simulation that can be booked by individual users wishing to practice specific skills. Phone, data, PC, video link etc...ICT to review specific IT needs. Secure access 24/7. Space for academic library for study/research. (stackable chairs, tilt top tables). (based on a Level 5/6 facility). Will also accommodate surgical handovers and clinical tutorials - seating up to 25 seminar style. Design to include an operable wall to divide the room if required for parallel sessions. Beverage area to be incorporated into joinery.
				
Clinical Skills Laboratory	1	45	45	A fitted out, medium sized, room with space for 2 Hospital beds and the associated training equipment. The space will be flexible to facilitate the delivery of procedural, surgical or life support scenarios. This room could also be used for team training and patient scenarios where all aspects of patient care can be observed e.g.. Clinical skills, examination skills, procedural skills, communication, documentation and team work. The installation of a video wall would assist this.
				
Surgical Skills Training Laboratory.	1	65	65	** Modelled on Kolling Institute, RNS Hospital. A large multifunctional room that can be set up for surgical or procedural training. Could also be used for workshops, tutorials. This space allows for 6 workstations. Multiple AV screens (2 per table) will allow for excellent visibility for participants throughout the room. Videoconferencing connectivity to operating theatres and internet.

Attwood, Courtney (Health)

From: Jensen, Robyn (Health)
Sent: Monday, 18 March 2019 4:42 PM
To: Dougan, Shannon (Health)
Cc: Folger-Pleuger, Anne (Health)
Subject: RE: AVR17/134 - CHHS Division of Surgery and Oral Health [SEC=UNCLASSIFIED]

UNCLASSIFIED

Hi Shannon,

Thanks for your email. I'd like to assure you that finding suitable accommodation for the RACS Surgical Training Centre is definitely still being considered. However, this allocation of space is no longer sitting with our Accommodation team. Rather, it is within the Staging and Decanting aspect of the SPIRE project, at the direction of the CEO.

AVRs are a measure of our Accommodation work, against which we report in terms of timeframes and requests. Keeping this AVR open won't necessarily skew our statistics, but I hope you would understand that we should not be keeping requests open when the matter is being handled in another way.

I'm more than happy to discuss further, but would really encourage you to reconsider whether we can close this AVR please.

Look forward to hearing from you.

Regards,
 Robyn

Robyn Jensen
 Senior Manager | Staff Accommodation Projects
 Phone: 512-49774
 Mobile: [REDACTED]

Care Excellence Collaboration Integrity

From: Dougan, Shannon (Health)
Sent: Monday, 18 March 2019 4:33 PM
To: Folger-Pleuger, Anne (Health) <Anne.Folger-Pleuger@act.gov.au>
Cc: Jensen, Robyn (Health) <Robyn.Jensen@act.gov.au>
Subject: RE: AVR17/134 - CHHS Division of Surgery and Oral Health [SEC=UNCLASSIFIED]

Hi there

Apologies for the delay in my response.

I have spoken to both the Executive Director and Clinical Director of Surgery, and at this time we wish for this AVR to remain open at this time, please.

I understand that this issues has also been forwarded to the Chief Medical Officer for discussion with the CEO.

Please let me know if you require anything further from me at this time.

Otherwise, I will get in touch once I hear more.

With thanks

Shannon

Shannon Dougan | Acting Operations Manager
Division of Surgery
Canberra Health Services | ACT Government

Phone: 02 5124 3207 | Email: Shannon.dougan@act.gov.au
Building 24, Level 2, Canberra Hospital | PO Box 11, Woden ACT 2606 | act.gov.au

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From: Folger-Pleuger, Anne (Health)
Sent: Wednesday, 6 March 2019 6:28 PM
To: Dougan, Shannon (Health) <Shannon.Dougan@act.gov.au>
Cc: Jensen, Robyn (Health) <Robyn.Jensen@act.gov.au>; Applebee, Melanie (Health) <Melanie.Applebee@act.gov.au>
Subject: RE: AVR17/134 - CHHS Division of Surgery and Oral Health [SEC=UNCLASSIFIED]

UNCLASSIFIED

Dear Shannon

In Melanie's absence, I am writing to you with the proposal to close **AVR17/134** (concerning RACS surgical training space – please see attached, for your reference) which is based on an email, where the CEO has advised that the Surgical training space is to be accounted for in the SPIRE staging and decanting. The SPIRE project will be primarily led by another project team.

Should you have any questions, please do not hesitate to contact me or Robyn Jensen.

Thanking you.

Regards

Anne Folger-Pleuger

Manager
Staff Accommodation Projects
Infrastructure and Health Support Services
Building 3 Level 1 Canberra Hospital
Phone: 02 5124 9767
Mobile: [REDACTED]
E-mail: anne.folger-pleuger@act.gov.au or AccommodationRequests@act.gov.au

Care | Excellence | Collaboration | Integrity

From: Jensen, Robyn (Health)
Sent: Thursday, 29 November 2018 12:25 PM
To: Applebee, Melanie (Health) <Melanie.Applebee@act.gov.au>
Cc: Folger-Pleuger, Anne (Health) <Anne.Folger-Pleuger@act.gov.au>
Subject: FW: AVR17/134 - CHHS Division of Surgery and Oral Health [SEC=UNCLASSIFIED]

Hi Mel,

Just following up on your email below. Apologies for the delay. There was an extensive period of time where this was being managed outside of Strategic Accommodation, but I know this is now back with us.

I've been speaking with Frank this morning (and last week). I am escalating resolution of a move that needs to occur prior to us confirming which space can proceed for RACS and will hopefully know more by late next week.

Please feel free to contact Anne or me if you have any questions.

Regards,
Robyn

Robyn Jensen | Senior Manager Strategic Accommodation and Leasing | *Business Support Services* | p: 6207-8910 | m: [REDACTED]

Business Support Services – committed to timely, responsive and client-focused services
Care Excellence Collaboration Integrity

From: Folger-Pleuger, Anne (Health)
Sent: Thursday, 29 November 2018 12:21 PM
To: Jensen, Robyn (Health) <Robyn.Jensen@act.gov.au>
Subject: FW: AVR17/134 - CHHS Division of Surgery and Oral Health [SEC=UNCLASSIFIED]

Dear Robyn
As discussed
Regards

Anne Folger-Pleuger
Acting Manager
Strategic Accommodation and Leasing Unit
Level 4, 2 Bowes Street, Woden ACT 2606
Phone: 620 78826
Mobile: [REDACTED]
Generic Email Account: AccommodationRequests@act.gov.au



Care Excellence Collaboration Integrity

From: Applebee, Melanie (Health)
Sent: Wednesday, 28 November 2018 11:18 AM
To: Accommodation Requests <AccommodationRequests@act.gov.au>
Subject: Re: AVR17/134 - CHHS Division of Surgery and Oral Health [SEC=UNCLASSIFIED]

Hi

To a degree, yes it relates to the Royal College of Surgeons. This is quite a delay to have acknowledgement of the AVR.

Myself or Frank Piscioneri can be contacted about this.

Can you please provide an update as to how we progress?

Melanie Applebee
Operations Manager
Division of Surgery and Oral Health
Canberra Hospital and Health Services

Building 24, Level 2 - Division of Surgery
Canberra Hospital
P: (02) 6244 3207 M: [REDACTED]

On 13 Nov 2018, at 11:57 am, Accommodation Requests <AccommodationRequests@act.gov.au> wrote:

Dear Melanie

Hope you are well.

Unfortunately due to staffing changes and other priorities we haven't been able to action your Accommodation Variation Request – AV17/134 – see attached.

Could you please confirm that this AVR is relating to the Royal College of Surgeons and whether or not you are still the best contact person for this request?

Thank you.

Regards

Anne Folger-Pleuger

Acting Manager

Strategic Accommodation and Leasing Unit

Level 4, 2 Bowes Street, Woden ACT 2606

Phone: 620 78826

Mobile: [REDACTED]

Generic Email Account: AccommodationRequests@act.gov.au

<image002.png>

Care Excellence Collaboration Integrity

<20171121131217248.pdf>

Attwood, Courtney (Health)

From: Culver, Jakob (Health)
Sent: Monday, 25 March 2019 9:11 AM
To: [REDACTED]
Cc: [REDACTED] Burch, Brad (Health)
Subject: DRAFT ONLY - S&D Info for EY.pptx [DLM=For-Official-Use-Only]
Attachments: DRAFT ONLY - Staging and Decanting Info for EY.pptx; EXEC_Building 08_Option 2.pdf; EXEC_Building 08_Option 3.pdf; SH_Callum Offices Level 3.pdf; EXEC_Building 08_Option 1.pdf; ACT Health SPIRE Decanting Alternatives 20190320 Rev02.pdf

[REDACTED] Please see attached info in relation to staging and decanting. In the PPT I have circled the preferred options for S&D in red.

Note we will be refining the capital costs for these early this week, but I have also attached the capital cost plans and high-level plans feeding the info in the PPT.

These should assist with drafting of the BC.

Thanks
Jake

Jakob J Culver

Commercial Advisor | Strategic Infrastructure, Corporate Services | ACT Health Directorate
P: +61 2 5124 9707 | M: [REDACTED] | E: Jakob.J.Culver@act.gov.au | A: 2-6 Bowes Street PHILLIP ACT 2606

Pond, Aleks (Health)

From: Evans, Kate (Health)
Sent: Monday, 25 March 2019 12:35 PM
To: Lopa, Liz (Health)
Subject: Clinical Engagement - perioperative and anaesthetics options presentation.pptx
Attachments: Clinical Engagement - perioperative and anaesthetics options presentation.pptx

UNCLASSIFIED

Hi Liz,

I have incorporated the changes we discussed. I will update the sized and numbers after Sally-Anne does the scoping.

Would you mind having a look and letting me know if you need any changes?

Thank you

Kate

Lowes, Shannon (Health)

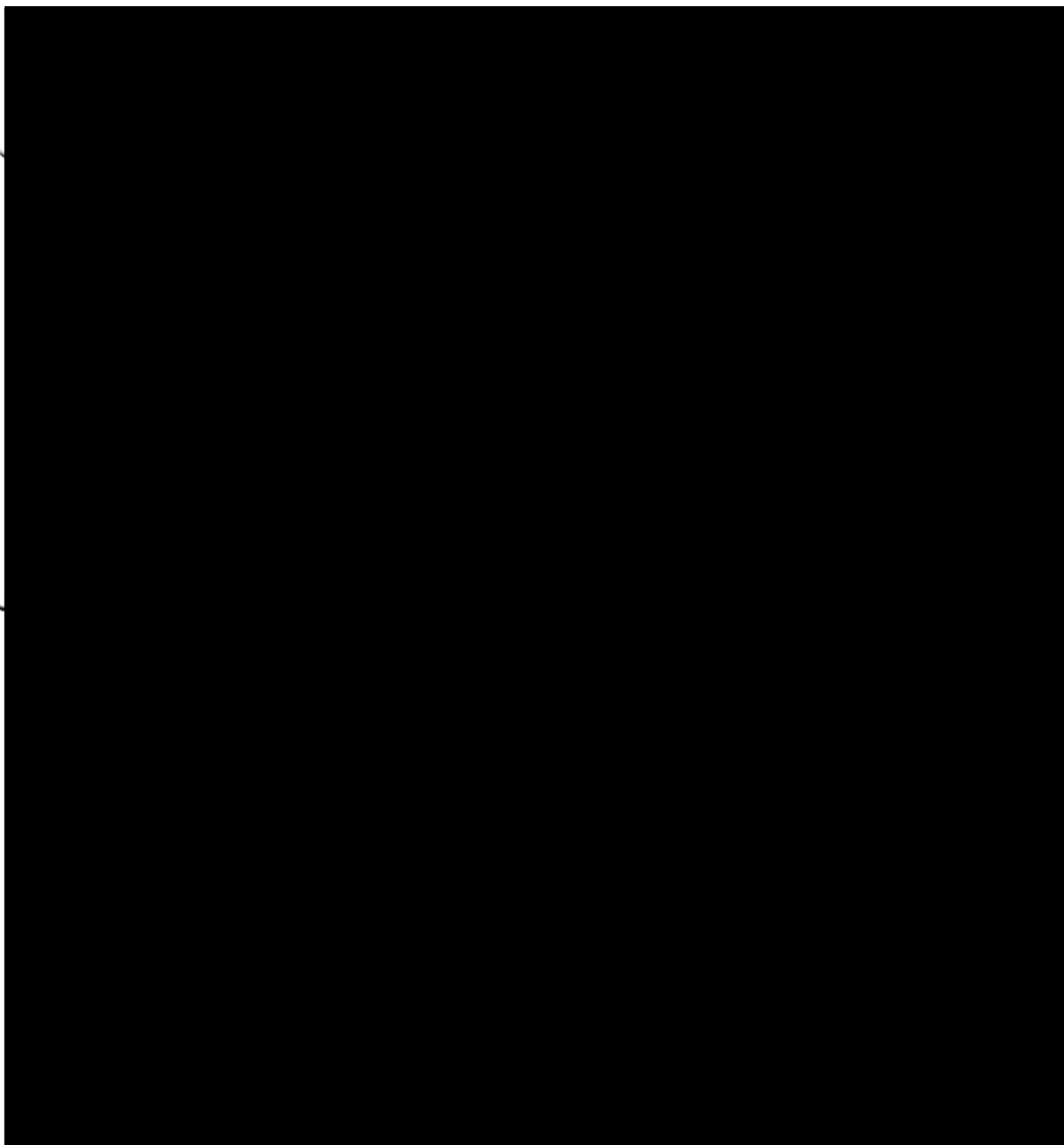
From: Evans, Kate (Health)
Sent: Monday, 25 March 2019 4:59 PM
To: Lopa, Liz (Health)
Subject: periop
Attachments: 20190325 Clinical Engagement - perioperative and anaesthetics options presentation.pptx

UNCLASSIFIED

*Kate Evans NP***Kathleen Evans | Clinical Liaison SPIRE | Senior Project Officer**Phone: (02) 5124 9668 Email: kate.evans@act.gov.au**Strategic Infrastructure | Strategic Infrastructure & Procurement | ACT Health Directorate | ACT Government**2-6 Bowes Street, Phillip, ACT 2606 | GPO Box 825, Canberra, ACT 2601 | www.health.act.gov.au

Pond, Aleks (Health)

From: Culver, Jakob (Health)
Sent: Tuesday, 26 March 2019 9:53 AM
To: Evans, Kate (Health)
Subject: FW: SPIRE - DRAFT Cost Plan for Inclusion in Business Case [SEC=UNCLASSIFIED]
Attachments: M18203 ACT Health BHSP SPIRE - RevE 20190308.pdf; 20190306_SPIRE Master Plan
[REDACTED] 20190206 STH SoA Analysis Rev F.pdf





Ivansson, Zoe (Health)

From: Gray, Sophie
Sent: Wednesday, 27 March 2019 7:43 AM
To: Doran, Karen (Health); Strachan, Shaun; Lopa, Liz (Health); Burch, Brad (Health); Culver, Jakob (Health); Catanzariti, John; Basic, Babita
Subject: SPIRE Critical Activity Tracker and Strategic Infrastructure projects updates [DLM=For-Official-Use-Only]
Attachments: SPIRE Critical Activity Tracker 27032019.xlsx; 10421_SPIRE Stakeholder Feedback Register.xlsx; ACT HD - Major Projects update meeting and discussion on resourcing/governance for CHWC Expansion [DLM=For-Official-Use-Only]

Hi All

As per our SPIRE team meeting on 26 March 2019, please find attached the updated tracker of critical activities. We did not have the opportunity to review in detail and as such, Liz can you or your team review the status of items and the most recent edits noted in red text and advise on updates as required. If you wish to discuss any of these items, please contact Lloyd or myself.

The second attachment for your information is the SPIRE Stakeholder feedback register which captures feedback received from stakeholder representatives through the PoC development process. This document will continue to be developed as the project progresses and will be provided to the Principal Consultant for issues to be addressed at the appropriate stages of the design development process.

Finally, I have attached copies of the final draft Major Project reports for February as issued previously. If there are any final changes or comments in relation to these reports, please let me know and we will bring these into the March reports which are being drafted from next week. Informing each of these reports is a detailed GANT programme. Project programmes are being updated at present to feed into the March reports. Liz, let me know if you would like your representatives to sit in on the programming meetings to review progress status and we can ensure this is arranged if not already in place. With regards to Clare Holland House and NBHF Machinery shed additional works, IFCW have provided procurement documentation to Strategic infrastructure to progress each of these initiatives. At present ICW cannot proceed further until these are approved. We are starting to see slippage on these procurement activities which I flagged at our meeting of 15 March. The programming meetings will be an opportunity to review the impact of this on end dates.

Regards
 Sophie

Sophie Gray | Executive Branch Manager Social Infrastructure
 Phone 02 5124 7022 | Mobile [REDACTED] | sophie.gray@act.gov.au
 Infrastructure Finance & Capital Works | Chief Minister, Treasury and Economic Development Directorate | ACT Government
 Level 1 Building 3, The Canberra Hospital, Yamba Drive, Garran, ACT 2605 | PO Box 158, Canberra City ACT 2601 | act.gov.au

Lowes, Shannon (Health)

From: Culver, Jakob (Health)
Sent: Wednesday, 27 March 2019 10:07 AM
To: Kinghorne, Sally-Anne (Health); JasonSmith, Rhona (Health); Evans, Kate (Health); Dowling, David (Health)
Cc: Lopa, Liz (Health); Burch, Brad (Health)
Subject: Re. AusHFGs [REDACTED] [SEC=UNCLASSIFIED]
Categories: Actioned

Hi all

Re. AusHFGs [REDACTED] I spoke with Kate this morning about a couple items that need finalisation to essentially close off these options.

- [REDACTED]
-

I need to turn these over to STH for costing this morning, therefore is it possible that I can get in the next hour or so? I assume these should be relatively straight forward to close off now.

As always, any questions or concerns please let me know.

Thanks

Jake

Jakob J Culver

Commercial Advisor | Strategic Infrastructure, Corporate Services | ACT Health Directorate
P: +61 2 5124 9707 | M: [REDACTED] | E: Jakob.J.Culver@act.gov.au | A: 2-6 Bowes Street PHILLIP ACT 2606

Pond, Aleks (Health)

From: Culver, Jakob (Health)
Sent: Wednesday, 27 March 2019 12:16 PM
To: Evans, Kate (Health)
Subject: FW: 20190327 Master SPIRE SOA Option 2A & 2B.xlsx [SEC=UNCLASSIFIED]
Attachments: 20190327 Master SPIRE SOA Option 2A & 2B.xlsx

FYI – This is what I have used at eth current final draft for sending to STH

From: JasonSmith, Rhona (Health)
Sent: Wednesday, 27 March 2019 10:45 AM
To: Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>
Subject: 20190327 Master SPIRE SOA Option 2A & 2B.xlsx

UNCLASSIFIED

Pond, Aleks (Health)

From: Culver, Jakob (Health)
Sent: Wednesday, 27 March 2019 12:17 PM
To: Evans, Kate (Health)
Subject: FW: SPIRE - Scope and Cost Plan Option [SEC=UNCLASSIFIED]
Attachments: 190327 SPIRE SOA for 1A and 1B (for STH) - 27 March 2019.xlsx

Importance: High

FYI – This is what I sent to STH for costing [REDACTED] I just added in some heading comments and formatting for clarity for STH.

From: Culver, Jakob (Health)
Sent: Wednesday, 27 March 2019 12:11 PM

To: [REDACTED]
Cc: Lopa, Liz (Health) <Liz.Lopa@act.gov.au>; Esau, Lloyd <Lloyd.Esau@act.gov.au>; Gray, Sophie <Sophie.Gray@act.gov.au>; Catanzariti, John <John.Catanzariti@act.gov.au>; Burch, Brad (Health) <Brad.Burch@act.gov.au> [REDACTED]

Subject: RE: SPIRE - Scope and Cost Plan Option [SEC=UNCLASSIFIED]

Importance: High

H [REDACTED]

Following on from the below emails and the draft cost plan and schedule of accommodation provided on 8 March 2019, please find attached the draft final schedules of accommodation informing the high-level schedule of accommodation for the 8 March 2019 cost plan [REDACTED] section). Note that in the process of coming to a final draft version of this, there has been a firming of the numbers [REDACTED]

Pond, Aleks (Health)

From: Evans, Kate (Health)
Sent: Wednesday, 27 March 2019 2:31 PM
To: Lopa, Liz (Health)
Subject: clinical engagement
Attachments: Clinical Engagement - options presentation - Emergency.pptx; Clinical Engagement - options presentation - Acute Cardiac and ICL.pptx; Clinical Engagement - options presentation - Intensive Care.pptx; Clinical Engagement - options presentation - Helipad.pptx

UNCLASSIFIED

FYI

*Kate Evans MP***Kathleen Evans | Clinical Liaison SPIRE | Senior Project Officer**Phone: (02) 5124 9668 Email: kate.evans@act.gov.au**Strategic Infrastructure | Strategic Infrastructure & Procurement | ACT Health Directorate | ACT Government**2-6 Bowes Street, Phillip, ACT 2606 | GPO Box 825, Canberra, ACT 2601 | www.health.act.gov.au

Ivansson, Zoe (Health)

From: Evans, Kate (Health)
Sent: Wednesday, 27 March 2019 2:36 PM
To: Lopa, Liz (Health)
Subject: Periop clinical engagement
Attachments: 20190325 Clinical Engagement - perioperative and anaesthetics options presentation.pptx

UNCLASSIFIED

FYI

*Kate Evans NP***Kathleen Evans | Clinical Liaison SPIRE | Senior Project Officer**Phone: (02) 5124 9668 Email: kate.evans@act.gov.au**Strategic Infrastructure | Strategic Infrastructure & Procurement | ACT Health Directorate | ACT Government**2-6 Bowes Street, Phillip, ACT 2606 | GPO Box 825, Canberra, ACT 2601 | www.health.act.gov.au

Lowes, Shannon (Health)

From: Lopa, Liz (Health)
Sent: Wednesday, 27 March 2019 2:39 PM
To: JasonSmith, Rhona (Health)
Cc: Evans, Kate (Health)
Subject: Periop clinical engagement [SEC=UNCLASSIFIED]
Attachments: 20190325 Clinical Engagement - perioperative and anaesthetics options presentation.pptx

Hi Rhona

For your information, this is what was discussed in the meeting on Monday. Periop were going to come back to us on the number of meeting rooms and offices/workstations for inclusion in SPIRE. There is nothing outstanding for anaesthetics and a decision was reached on number of hybrid theatres. So all that we need is a number on work areas (offices and stations) and meeting rooms.

This needs to be finalised by 10am Friday at the latest. I am happy to call Daniel if that is the best way forward.

Thanks

Liz

Pond, Aleks (Health)

From: Evans, Kate (Health)
Sent: Wednesday, 27 March 2019 4:01 PM
To: Kinghorne, Sally-Anne (Health)
Subject: FW: 1. How big is the current ED? & 2. Is the current SoA about right?

UNCLASSIFIED

FYI

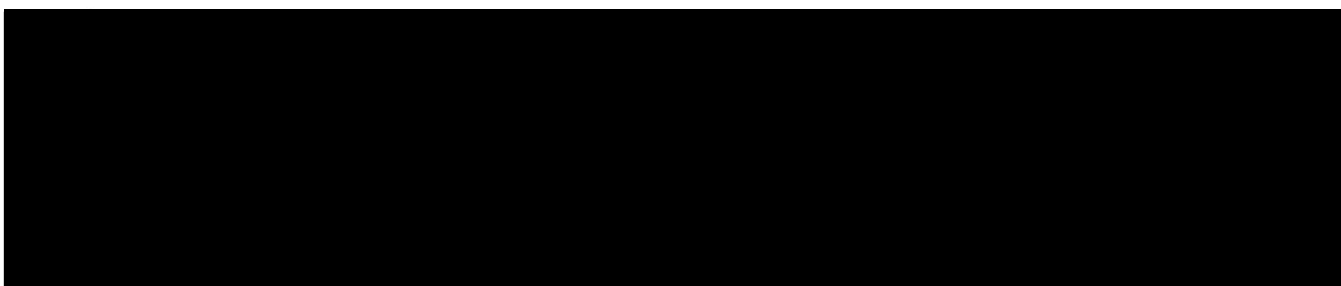
*A 2019 Evans MP***Kathleen Evans | Clinical Liaison SPIRE | Senior Project Officer**Phone: (02) 5124 9668 Email: kate.evans@act.gov.au**Strategic Infrastructure | Strategic Infrastructure & Procurement | ACT Health Directorate | ACT Government**2-6 Bowes Street, Phillip, ACT 2606 | GPO Box 825, Canberra, ACT 2601 | www.health.act.gov.au

From: Hollis, Gregory (Health)
Sent: Friday, 20 April 2018 11:42 PM
To: Bartholomew, Carolyn (Health) <Carolyn.Bartholomew@act.gov.au>; Slater, Nicole (Health) <Nicole.Slater@act.gov.au>; Slater, Amanda (Health) <Amanda.Slater@act.gov.au>; Evans, Kathleen (Health) <Kathleen.Evans@act.gov.au>
 [REDACTED]
 [REDACTED] Brady, Vanessa (Health) <Vanessa.Brady@act.gov.au>;
 [REDACTED] Burch, Brad (Health) <Brad.Burch@act.gov.au>
Subject: 1. How big is the current ED? & 2. Is the current SoA about right?

Hi all,

Following the brief discussion in our meeting on Wednesday re current ED size, I thought some ballpark info might aid discussions in our next meeting on Tuesday, given useful square metre numbers were not available this week.

Note that the below are rough estimates and should, of course, in no way be used for formal briefs, costs, etc. When formal plans/exact measures are done, please don't forget that in addition to checking all the building 12/extension/modifications are included, the two separate ED office areas/allocations have changed a lot and care will need to be taken to ensure correct measures are used.



See you in the next ED HPU meeting this week.

Greg

Lowes, Shannon (Health)

From: Kinghorne, Sally-Anne (Health)
Sent: Wednesday, 27 March 2019 4:41 PM
To: Evans, Kate (Health)
Subject: RE: Current size and numbers [SEC=UNCLASSIFIED]

ICU - Currently 31 beds [REDACTED]
 CCU - Currently 15 beds [REDACTED]

** please note, all these GFA's are measured off very crudely scaled up dwgs (so the numbers could be slightly up or down) as I cannot get in contact with anyone in Colm's area to respond to me to get anything better in this short timeframe.

I hope this helps.

sak

From: Evans, Kate (Health)
Sent: Wednesday, 27 March 2019 10:39 AM
To: Kinghorne, Sally-Anne (Health) <Sally-Anne.Kinghorne@act.gov.au>; Slater, Amanda (Health) <Amanda.Slater@act.gov.au>
Subject: Current size and numbers
Importance: High

UNCLASSIFIED

Good morning Sally-Anne and Amanda,

I am currently working on the presentations for the clinical engagement sessions tomorrow with ICU and cardiology. Would either of you know the current size (m2), the number of beds and the size of the administration area within the current ICU and CCU?

For ED I have been able to get the information from an email last year in which he stated the size of the each of the above areas for ED.

I would appreciate any information that you could provide to assist with this.

Kind regards

Kathleen Evans

Kathleen Evans | Clinical Liaison SPIRE | Senior Project Officer

Phone: (02) 5124 9668 Email: kate.evans@act.gov.au

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Lowes, Shannon (Health)

From: Burch, Brad (Health)
Sent: Wednesday, 27 March 2019 7:15 PM
To: Hall, Damon
Cc: Lopa, Liz (Health)
Subject: Re: SPIRE Project Team Model - Workshop

Thanks Damon - I will see what we can arrange, even if we can get your contribution towards the end of the workshop it would be very welcome.

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From: Hall, Damon <damon.hall@act.gov.au>
Sent: Wednesday, March 27, 2019 6:51 pm
To: Burch, Brad (Health)
Cc: Lopa, Liz (Health)
Subject: Re: SPIRE Project Team Model - Workshop
 Hi Brad

I can do 11:15-1:30 if that suits? We have a weekly meeting with Minister Steel on Monday's until about 11am.

Happy to be involved and contribute where I can.

Regards
 Damon

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From: Burch, Brad (Health) <brad.burch@act.gov.au>
Sent: Wednesday, March 27, 2019 6:23 pm
To: Hall, Damon
Cc: Lopa, Liz (Health)
Subject: SPIRE Project Team Model - Workshop
 Hi Damon

Hope all is well with you.

Sorry for the last minute request, but we were hoping we might be able to pick your brain in a workshop this coming Monday, in relation to developing the roles required for a project team commensurate with a project the size and scale of SPIRE; I am currently arranging with EY to facilitate and we are thinking 2-3 hours on Monday morning. It would be Karen Doran, Liz Lopa, EY reps, Jakob Culver and I, and we would really appreciate your perspective if it is at all possible

I'll give you a call in the morning to discuss, but wanted to give you a heads up as soon as I can - if I can't line things up, we may move it to a little later in the week, but we are running up against the clock at the moment.

Have a good evening and apologies again for the late email.

Thanks and regards

Brad.

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Lowes, Shannon (Health)

From: Lopa, Liz (Health)
Sent: Wednesday, 27 March 2019 9:29 PM
To: Evans, Kate (Health)
Subject: Re: Clinical Engagement presentation ICU

Thanks. I'll be in super early so can print so don't stress

Get [Outlook for iOS](#)

From: Evans, Kate (Health) <kate.evans@act.gov.au>
Sent: Wednesday, March 27, 2019 8:53 pm
To: Lopa, Liz (Health)
Subject: Clinical Engagement presentation ICU

'li Liz,

As discussed please find attached the updated Clinical Engagement presentation for ICU.

Happy to modify however you see appropriate.

I will aim to get to the hospital early enough to print the presentation prior to the meeting.

Kind regards

Kate

Lowes, Shannon (Health)

From: Lopa, Liz (Health)
Sent: Thursday, 28 March 2019 6:57 AM
To: Evans, Kate (Health)
Subject: RE: Clinical Engagement presentation ICU [SEC=UNCLASSIFIED, DLM=Sensitive: Cabinet]
Attachments: 20190327 Clinical Engagement - options presentation - Intensive Care.pptx

Hi Kate

I have modified so please use this version. I will print copies and bring to meeting. I do not have access into that building so I will meet you on that back ramp.

Liz

From: Evans, Kate (Health)
Sent: Wednesday, 27 March 2019 8:54 PM
To: Lopa, Liz (Health) <Liz.Lopa@act.gov.au>
Subject: Clinical Engagement presentation ICU

Hi Liz,

As discussed please find attached the updated Clinical Engagement presentation for ICU.

Happy to modify however you see appropriate.

I will aim to get to the hospital early enough to print the presentation prior to the meeting.

Kind regards

Kate

Lowes, Shannon (Health)

From: JasonSmith, Rhona (Health)
Sent: Thursday, 28 March 2019 11:16 AM
To: Evans, Kate (Health)
Subject: RE: Definitions

UNOFFICIAL

Hi Kate

- 1) Australasian Health Facility Guidelines Part B – Health Facility Briefing and Planning HPU 520 Operating Unit, Revision 6.0, 5 July 2018

- 1.4.1 Terminology Hybrid Operating Room

- An operating room with a fixed imaging platform designed to perform minimally invasive surgery and enable conversion to an open procedure.*

- 2) My search on the internet describes interventional ORs as:

- Interventional suites will have robotic capability, MRI, interactive imaging, 3D modelling, and navigational image guidance to support tightly coupled diagnosis and surgical treatment. These tools enable a surgeon to navigate and execute procedures with full knowledge of the surrounding anatomy.*

Hope this is helpful

R

From: Evans, Kate (Health)
Sent: Thursday, 28 March 2019 10:27 AM
To: JasonSmith, Rhona (Health) <Rhona.JasonSmith@act.gov.au>
Subject: Definitions
Importance: High

UNOFFICIAL

Hi Rhona,

Can you please send through the definitions which we are using for the Hybrid and the interventional theatres? I know this will be asked this afternoon in the medical imaging session.

Thank you

Kind regards

Kathleen Evans

Kathleen Evans | Clinical Liaison SPIRE | Senior Project Officer

Phone: (02) 5124 9668 Email: kate.evans@act.gov.au

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Lowes, Shannon (Health)

From: Dowling, David (Health)
Sent: Thursday, 28 March 2019 12:02 PM
To: Evans, Kate (Health)
Cc: Papin, Serge (Health)
Subject: RE: Cath lab projections
Attachments: 31. Car cath Lab.xlsx

UNOFFICIAL

Hi Kate,

The only thing we can give you right now is some work that Serge did in January last year – see attached spreadsheet.

This was done by applying ACTAIM 1.4 projection rates - which was based on actual data for the 5 year period up to and including 2013-14.

We are currently using ACTAIM 1.5 - based on actual data for the 5 year period up to and including 2015-16; and will soon receive 1.6 which will be based on actual data for the 5 year period up to and including 2017-18.

The Cardiac Cath lab is similar to ED and OR in that the projection is first based on the number of procedures and *then* converted to procedure room requirements.

We experienced a number of issues with identifying the number of Cath Lab *procedures*. I won't go into detail here, but am happy to if you would like.

I think this is something that at least the 3 of us (Serge, you and I) will need to work together to finalise a methodology.

Happy to discuss further.

Regards,

David

David Dowling

Health Planning Officer

Phone: 02 5124 9746 | Email: david.dowling@act.gov.au

Health System Planning and Evaluation | ACT Health Directorate | ACT Government

2-6 Bowes St, Philip, ACT 2606 | GPO Box 825, Canberra, ACT 2601 | www.health.act.gov.au

From: Evans, Kate (Health)

Sent: Thursday, 28 March 2019 11:22 AM

To: Dowling, David (Health) <David.Dowling@act.gov.au>

Subject: Cath lab projections

UNOFFICIAL

Good morning David,

Can you please tell me where I would find the projections for the cardiac catheter laboratories? We are head to a clinical engagement session this afternoon and I know that this will be a discussion point.

Kind regards

Kathleen Evans NP

Kathleen Evans | Clinical Liaison SPIRE | Senior Project Officer

Phone: (02) 5124 9668 Email: kate.evans@act.gov.au

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2-6 Bowes Street, Phillip, ACT 2606 | GPO Box 825, Canberra, ACT 2601 | www.health.act.gov.au

Lowes, Shannon (Health)

From: Culver, Jakob (Health)
Sent: Thursday, 28 March 2019 2:56 PM
To: Burch, Brad (Health); Lopa, Liz (Health)
Cc: Evans, Kate (Health)
Subject: Options for SPIRE BC (DRAFT ONLY) [DLM=Sensitive: Cabinet]
Attachments: 190318 SPIRE Scope for Business Case DRAFT ONLY v0.1.pdf

Brad / Liz

Please see attached proposed draft options for the SPIRE BC, noting that this is a work in progress and for discussion.

We may need to discuss and work through, but would be good to establish an in-principal basis so that EY can continue to progress drafting.



Kate – can you look at the numbers and ensure alignment with the draft SoAs, in particular DSU beds.

Thanks
Jake

Jakob J Culver

Commercial Advisor | Strategic Infrastructure, Corporate Services | ACT Health Directorate
P: +61 2 5124 9707 |  E: Jakob.J.Culver@act.gov.au | A: 2-6 Bowes Street PHILLIP ACT 2606

Lowes, Shannon (Health)

From: [REDACTED]
Sent: Thursday, 28 March 2019 3:57 PM
To: Culver, Jakob (Health); Doran, Karen (Health); [REDACTED]; Lopa, Liz (Health); Burch, Brad (Health); [REDACTED]
Subject: RE: ACTH & ANU SPIRE Meeting - Agenda [DLM=For-Official-Use-Only]

Thanks Jake,

That's very helpful

Regards

[REDACTED] Chief Operating Officer | The Australian National University
 Level 2, Chancellery Building, East Road, Acton ACT 2600
www.anu.edu.au



*QS World University Rankings 2018/2019 International Alliance of Research Universities (IARU) CRICOS# 00120C

From: Culver, Jakob (Health) [mailto:Jakob.J.Culver@act.gov.au]
Sent: Thursday, 28 March 2019 12:32 PM
To: Doran, Karen (Health) <Karen.Doran@act.gov.au> [REDACTED]; Lopa, Liz (Health) <Liz.Lopa@act.gov.au>; Burch, Brad (Health) <Brad.Burch@act.gov.au>; [REDACTED]
 [REDACTED]

Subject: RE: ACTH & ANU SPIRE Meeting - Agenda [DLM=For-Official-Use-Only]

Dear all

As discussed, based on our records Gross Floor Area (GFA) in total of Building 4 is 4,115 m², which I understand is spread over 2-3 levels.

Thanks and regards
 Jake

Jakob J Culver

Commercial Advisor | Strategic Infrastructure, Corporate Services | ACT Health Directorate
 P: +61 2 5124 9707 | M: [REDACTED] E: Jakob.J.Culver@act.gov.au | A: 2-6 Bowes Street PHILLIP ACT 2606

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

From: Doran, Karen (Health)

Sent: Wednesday, 27 March 2019 2:18 PM

To: Doran, Karen (Health); [REDACTED] Lopa, Liz (Health); Burch, Brad (Health);

[REDACTED] Culver, Jakob (Health)

Subject: ACTH & ANU SPIRE Meeting - Agenda

When: Thursday, 28 March 2019 11:00 AM-12:00 PM (UTC+10:00) Canberra, Melbourne, Sydney.

Where: ACTH-Bowes-Conf Room 4.04 (seats 12)

AGENDA

1. Introductions (5 mins)
2. SPIRE Proof of Concept Status (10 mins) - Silver Thomas Hanley (Dave and Maxim)
3. SPIRE Project timelines (5 mins) - Liz/Brad
4. ANU Requirements (15 mins) - ANU
5. Options Discussion (20 mins) - All
6. Next Steps (5 mins) - All

Dear [REDACTED]

Our car park is located at the rear of No 4 Bowes Street and on the right there is a ramp. On arrival to the car park entry ramp, please call 5124 9500 to be given remote access to the car park. I will meet you in the car park to escort you to your meeting.

Please find attached a map and directions to the visitor's car park with the entrance and exit locations marked.

1. [REDACTED] Space Number # 27
2. [REDACTED] Space Number # 26

<< File: Visitors Car Park Map..docx >>

Best regards

Nerida Douglas

Executive Assistant to Karen Doran, Deputy Director-General, Corporate | ACT Health Directorate

P: (02) 5124 9190 | E: nerida.douglas@act.gov.au | DDGCorporate@act.gov.au | A: 2-6 Bowes Street PHILLIP ACT 2606

<< OLE Object: Picture (Device Independent Bitmap) >>

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Lowes, Shannon (Health)

From: Kinghorne, Sally-Anne (Health)
Sent: Thursday, 28 March 2019 4:41 PM
To: Evans, Kate (Health); Boyd, Narelle (Health); Smallbane, Suzanne (Health); Hollis, Gregory (Health); Slater, Nicole (Health); Slater, Amanda (Health); Lopa, Liz (Health); Kinghorne, Sally-Anne (Health)
Subject: SPIRE Proposed SoA for ED and ED administration [SEC=UNCLASSIFIED]
Attachments: Master ED & Administration SOA Option 2A & 2B.xlsx
Importance: High

Dear all

Kate has asked that these schedules be sent out to each of you to give you time to review before our meeting tomorrow.

Thank you

sak

Sally-anne Kinghorne
Senior Health Facility Planner
Facility and Health Planning Unit
ACT Health : 2-6 Bowes Street : Woden
PO Box 11 Woden 2606
E: sally-anne.kinghorne@act.gov.au
P: 02 51249747

Pond, Aleks (Health)

From: Slater, Amanda (Health)
Sent: Friday, 29 March 2019 10:16 AM
To: Hollis, Gregory (Health)
Cc: Evans, Kate (Health)
Subject: Master ED Administration SOA Option 2A 2B.xlsx
Attachments: Master ED Administration SOA Option 2A 2B.xlsx

UNOFFICIAL

Hi Greg,
Hope you are well.

I have just reviewed the ED SoA, fixed up the typo's and relooked at the Medical Imaging as per your prompt to Kate. I have updated the number of CT rooms and increased the size of the shared control room as per the HFG. Changed rows have been highlighted as we seem to be missing some support spaces in MI.

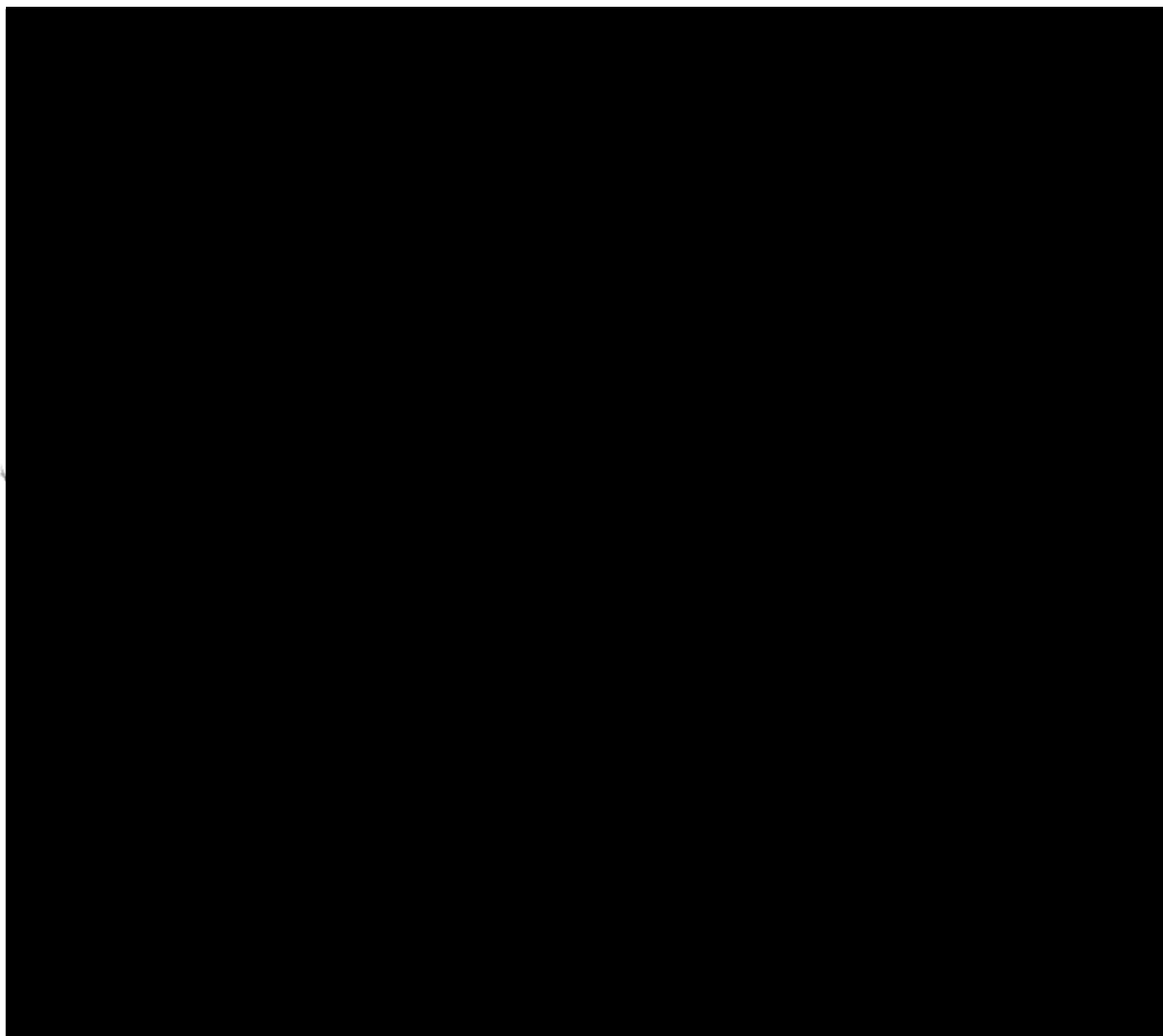
Regards
Amanda

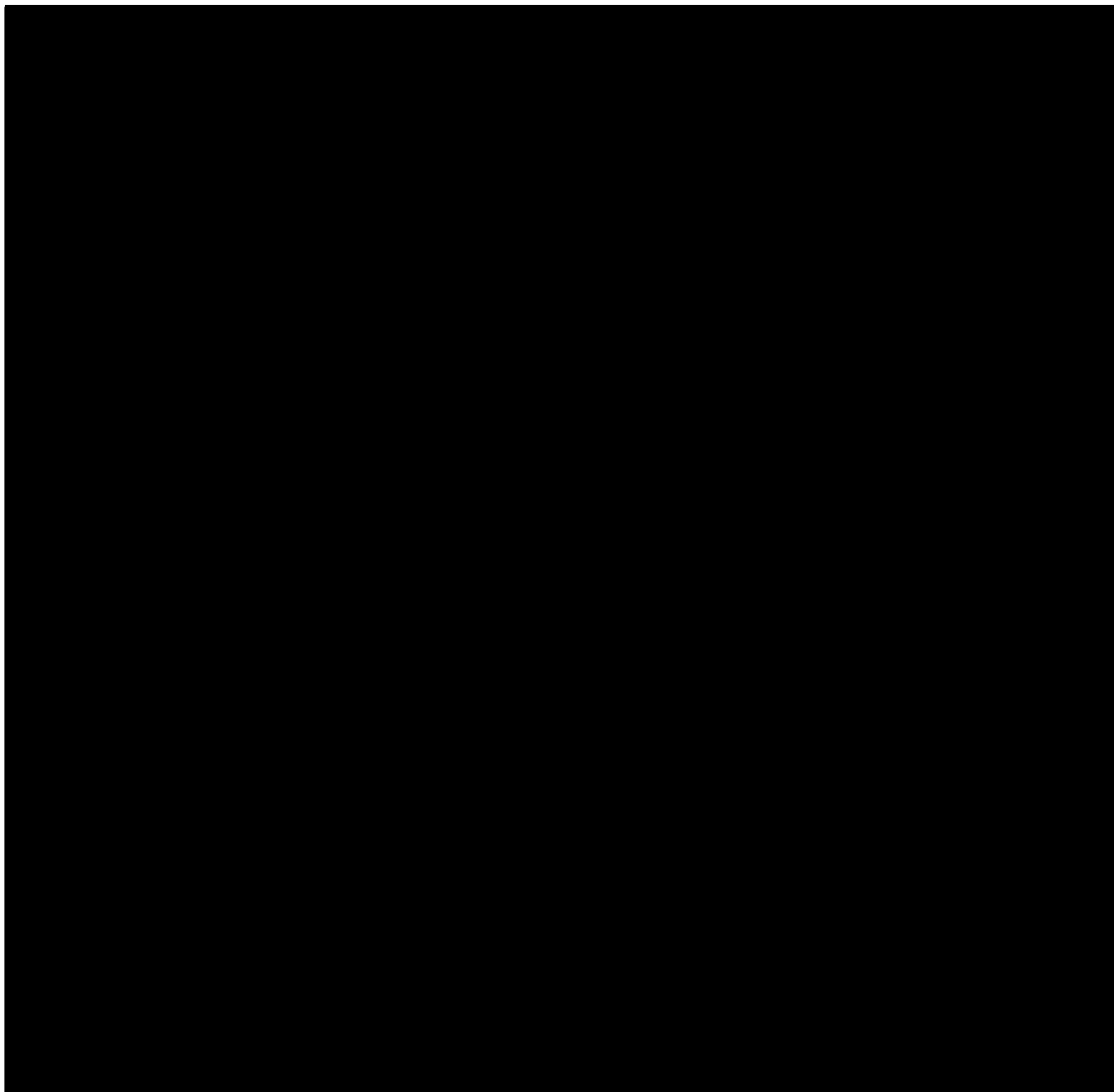
Ivansson, Zoe (Health)

From: Hollis, Gregory (Health)
Sent: Friday, 29 March 2019 12:19 PM
To: Kinghorne, Sally-Anne (Health); Evans, Kate (Health); Boyd, Narelle (Health); Smallbane, Suzanne (Health); Slater, Nicole (Health); Slater, Amanda (Health); Lopa, Liz (Health); McDonald, Bernadette (Health); Mooney, Colm (Health); Scanlan, Samuel (Health); Slater, Amanda (Health)
Subject: A solution for ED part of SPIRE - only 5,234m2 needed in the SPIRE building. [SEC=UNCLASSIFIED]
Attachments: gh Master ED Administration SOA Option 2A 2B (002) (Autosaved).xlsx
Importance: High

OK – here's my efforts to produce a potentially workable solution from overnight/this morning on what Sally-Anne sent. for discussion at the 1300 meeting today. . . .

changes tracked in purple in the attached)





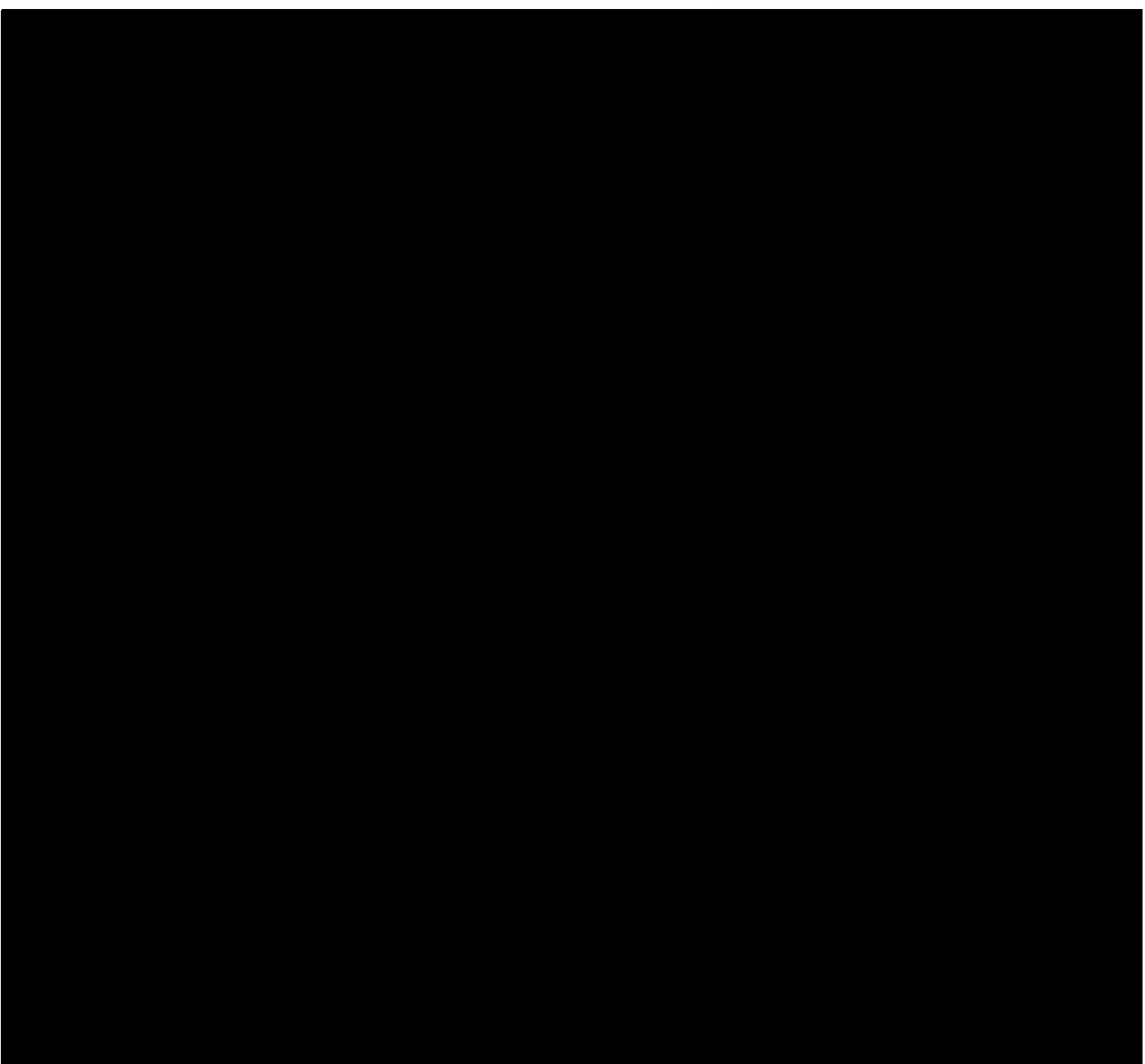
Attwood, Courtney (Health)

From: [REDACTED]
Sent: Friday, 29 March 2019 12:20 PM
To: [REDACTED] Culver, Jakob (Health)
Cc: Lopa, Liz (Health); Esau, Lloyd; Gray, Sophie; Catanzariti, John; Burch, Brad (Health); [REDACTED]
Subject: RE: SPIRE - Scope and Cost Plan Option [SEC=UNCLASSIFIED]
Attachments: M18203 ACT Health BHSP SPIRE - RevE1 20190329 Option B.pdf; M18203 ACT Health BHSP SPIRE - RevE1 20190329 Option B.pdf

Jacob, [REDACTED]

Please find attached cost plans as requested.

The revised totals are:



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From: [REDACTED]

Sent: Thursday, 28 March 2019 3:34 PM

To: Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>; [REDACTED]

Cc: Lopa, Liz (Health) <Liz.Lopa@act.gov.au>; Esau, Lloyd <Lloyd.Esau@act.gov.au>; Gray, Sophie <Sophie.Gray@act.gov.au>; Catanzariti, John <John.Catanzariti@act.gov.au>; Burch, Brad (Health) <Brad.Burch@act.gov.au>; [REDACTED]

Subject: RE: SPIRE - Scope and Cost Plan Option [SEC=UNCLASSIFIED]

Jake,

As discussed today, we missed that the helideck itself was still embedded in the area schedule as opposed to a direct cost item. As such, we have removed the helideck and walkway from the schedules which has reduced the schedule significantly.

[REDACTED] please take note of the helipad area change. I will ring to discuss.

Thanks

[REDACTED] Associate



SILVER THOMAS HANLEY
PELACO COMPLEX
BUILDING 3, LEVEL 2
21-31 GOODWOOD ST
(PO BOX 550)
RICHMOND 3121
VIC, AUSTRALIA

T: [REDACTED]
F: [REDACTED]
E: [REDACTED]
W: sth.com.au

From: [REDACTED]

Sent: Wednesday, 27 March 2019 1:50 PM

To: Culver, Jakob (Health); [REDACTED]

Cc: Lopa, Liz (Health); Esau, Lloyd; Gray, Sophie; Catanzariti, John; Burch, Brad (Health); [REDACTED]

Subject: RE: SPIRE - Scope and Cost Plan Option [SEC=UNCLASSIFIED]

Jake,

Thanks for the phone call, notes and schedules [REDACTED]

[REDACTED] Associate



SILVER THOMAS HANLEY
PELACO COMPLEX
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21-31 GOODWOOD ST
(PO BOX 550)
RICHMOND 3121
VIC, AUSTRALIA

T: [REDACTED]
F: [REDACTED]
E: [REDACTED]
W:sth.com.au

From: Culver, Jakob (Health) [<mailto:Jakob.J.Culver@act.gov.au>]

Sent: Wednesday, 27 March 2019 12:12 PM

To: David Collins

Cc: Lopa, Liz (Health); Esau, Lloyd; Gray, Sophie; Catanzariti, John; Burch, Brad (Health); Maxim Bachimov; Ernest Girardi; Stephen.McCullough@dcwc.com.au

Subject: RE: SPIRE - Scope and Cost Plan Option [SEC=UNCLASSIFIED]

Importance: High

Hi David

Following on from the below emails and the draft cost plan and schedule of accommodation provided on 8 March 2019, please find attached the draft final schedules of accommodation informing the high-level schedule of accommodation for the 8 March 2019 cost plan [REDACTED] section). Note that in the process of coming to a [REDACTED]

[REDACTED]

[REDACTED]

Thanks and regards
Jake

Jakob J Culver

Commercial Advisor | Strategic Infrastructure, Corporate Services | ACT Health Directorate
P: +61 2 5124 9707 | M: [REDACTED] | E: Jakob.J.Culver@act.gov.au | A: 2-6 Bowes Street PHILLIP ACT 2606

From: Catanzariti, John

Sent: Thursday, 21 March 2019 2:35 PM

To: Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>

Cc: Basic, Babita <Babita.Basic@act.gov.au>; Lopa, Liz (Health) <Liz.Lopa@act.gov.au>; Esau, Lloyd <Lloyd.Esau@act.gov.au>; Gray, Sophie <Sophie.Gray@act.gov.au>

Subject: FW: SPIRE - Scope and Cpst Plan Option [SEC=UNCLASSIFIED]

Jakob,

STH have reviewed the request for the alternate option on SPIRE and have requested that we provide additional information as detailed below to avoid unsubstantiated assumptions being made resulting in an incorrect cost plan. In order to expedite the process and get STH the level of additional information they require, I suggest that STH talk directly to the Health Planner(s).

Please let me know if you are happy with this approach and I will get STH to make contact with Sally-Anne.

Regards,
John

From: [REDACTED]

Sent: Thursday, 21 March 2019 2:22 PM

To: Catanzariti, John <John.Catanzariti@act.gov.au>

Cc: [REDACTED] Esau, Lloyd <Lloyd.Esau@act.gov.au>; Gray, Sophie <Sophie.Gray@act.gov.au>; [REDACTED]

Subject: RE: SPIRE - Scope and Cpst Plan Option [SEC=UNCLASSIFIED]

John,

Associate



SILVER THOMAS HANLEY
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 RICHMOND 3121
 VIC, AUSTRALIA

T: [REDACTED]
 F: [REDACTED]
 E: [REDACTED]
 W:sth.com.au

From: [REDACTED]
Sent: Thursday, 21 March 2019 9:36 AM
To: Catanzariti, John
Cc: [REDACTED] Esau, Lloyd; Gray, Sophie; [REDACTED]
Subject: RE: SPIRE - Scope and Cpst Plan Option [SEC=UNCLASSIFIED]

John,

We will do our very best to provide the cost plan by cob tomorrow, but we will need the schedule of accommodation provide to us by the ACTHD Health Planning Team, as we have noted previously, we haven't been involved in the development of the Models of Care and ensuing Schedules of Accommodation. I have copied Steve McCullough into the thread and left a phone message with him to determine time required to complete the exercise. If the Health Planners can send to us the updated areas to plug straight into the cost plan, it should be a relatively quick exercise.

Thanks John

Associate



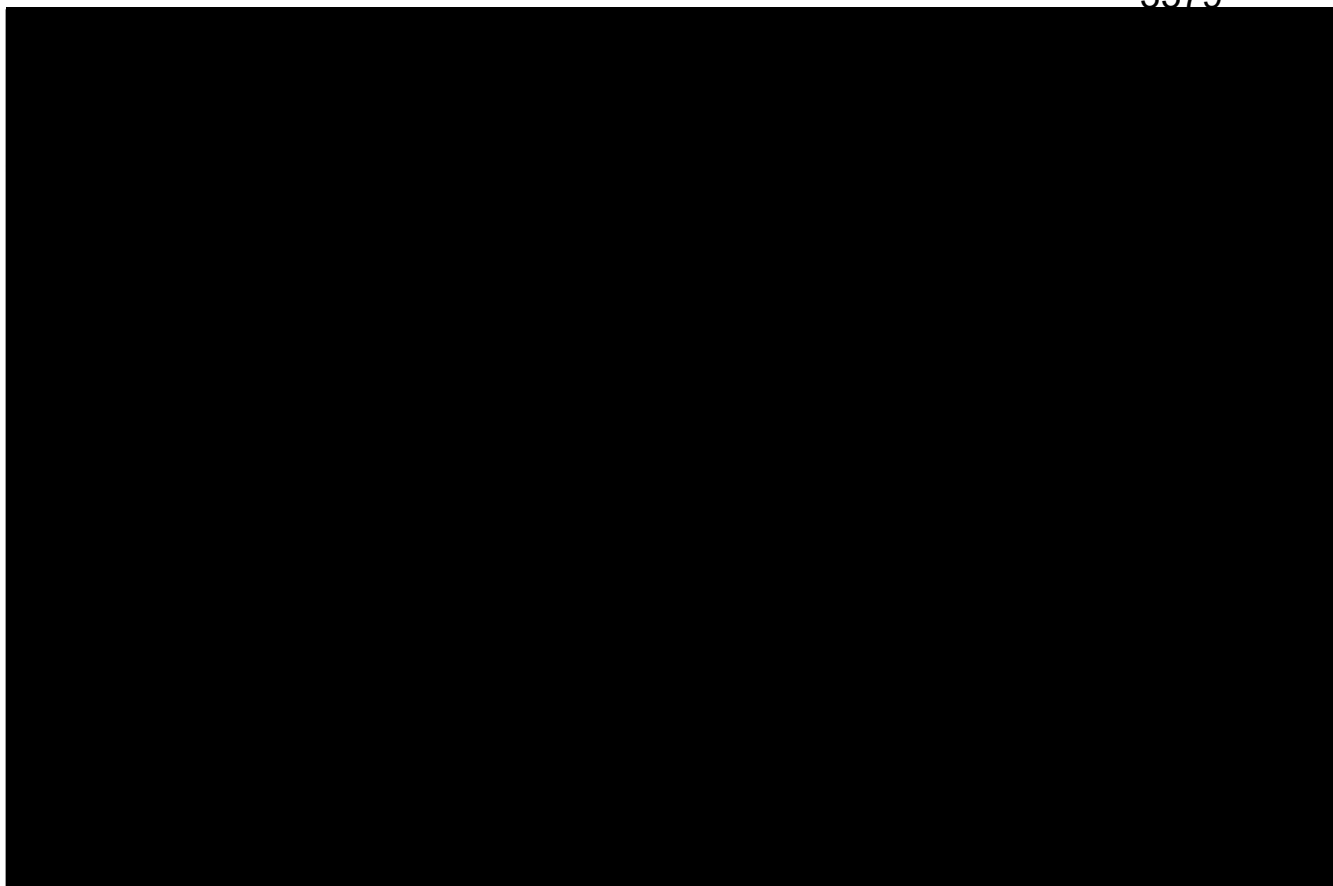
SILVER THOMAS HANLEY
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 21-31 GOODWOOD ST
 (PO BOX 550)
 RICHMOND 3121
 VIC, AUSTRALIA

T: [REDACTED]
 F: [REDACTED]
 E: [REDACTED]
 W:sth.com.au

From: Catanzariti, John [<mailto:John.Catanzariti@act.gov.au>]
Sent: Thursday, 21 March 2019 8:34 AM
To: [REDACTED]
Cc: [REDACTED] Esau, Lloyd; Gray, Sophie
Subject: SPIRE - Scope and Cpst Plan Option [SEC=UNCLASSIFIED]

Further to the draft cost plan and schedule of accommodation provided on 8 March 2019, ACT Health have requested that the following alternate option be assessed:

[REDACTED]



These changes will also need to incorporate any increases to direct support areas.

Could we please aim to have an updated cost plan and schedule of accommodation prepared and submitted by close of business Friday 22 March 2019.

Please let me know if you require any further details or clarifications.

Regards,
John

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<http://www.mailguard.com.au/mg>

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Ivansson, Zoe (Health)

From: [REDACTED]
Sent: Friday, 29 March 2019 1:04 PM
To: [REDACTED] Culver, Jakob (Health)
Cc: Lopa, Liz (Health); Esau, Lloyd; Gray, Sophie; Catanzariti, John; Burch, Brad (Health); [REDACTED]
Subject: RE: SPIRE - Scope and Cost Plan Option [SEC=UNCLASSIFIED]
Attachments: M18203 ACT Health BHSP SPIRE - RevE1 20190329 Option A.pdf

Apologies,

[REDACTED] Attached

Regards,

**DONALD
CANT
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CORKE**

[REDACTED]
Managing Director | Quantity Surveying
 [REDACTED]

Upper Level 3 GPO Building, 350 Bourke Street, Melbourne VIC 3000

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From: [REDACTED]
Sent: Friday, 29 March 2019 12:19 PM
To: [REDACTED] Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>
Cc: Lopa, Liz (Health) <Liz.Lopa@act.gov.au>; Esau, Lloyd <Lloyd.Esau@act.gov.au>; Gray, Sophie <Sophie.Gray@act.gov.au>; Catanzariti, John <John.Catanzariti@act.gov.au>; Burch, Brad (Health) <Brad.Burch@act.gov.au>; [REDACTED]
Subject: RE: SPIRE - Scope and Cost Plan Option [SEC=UNCLASSIFIED]

Jacob, [REDACTED]

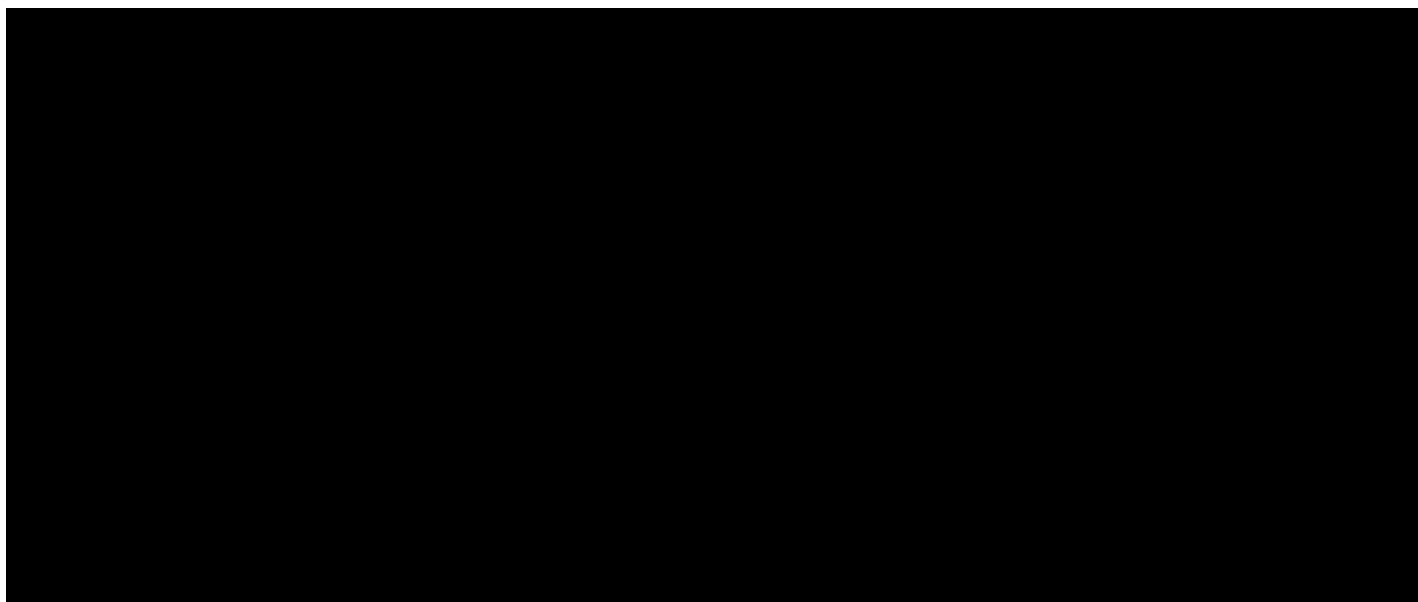
Please find attached cost plans as requested.

The revised totals are:

[REDACTED]

Attwood, Courtney (Health)

From: Culver, Jakob (Health)
Sent: Monday, 1 April 2019 7:30 AM
To: [REDACTED]
Cc: [REDACTED] Burch,
Brad (Health)
Subject: [REDACTED]
Attachments: 190318 SPIRE Scope for Business Case DRAFT ONLY v0.3.xlsx
Importance: High



Thanks
Jake

Jakob J Culver

Commercial Advisor | Strategic Infrastructure, Corporate Services | ACT Health Directorate
P: +61 2 5124 9707 | M: [REDACTED] | E: Jakob.J.Culver@act.gov.au | A: 2-6 Bowes Street PHILLIP ACT 2606

Pond, Aleks (Health)

From: Culver, Jakob (Health)
Sent: Monday, 1 April 2019 7:52 AM
To: Evans, Kate (Health)
Subject: FW: 20190329Master SPIRE SOA Option 2B.xlsx [SEC=UNOFFICIAL]
Attachments: 20190329Master SPIRE SOA Option 2B.xlsx

From: Slater, Amanda (Health)
Sent: Friday, 29 March 2019 4:34 PM
To: Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>
Subject: 20190329Master SPIRE SOA Option 2B.xlsx

UNOFFICIAL

Latest SoA as of 1630 29/3

Amanda

Ivansson, Zoe (Health)

From: Mooney, Colm (Health)
Sent: Monday, 1 April 2019 10:45 AM
To: Lopa, Liz (Health)
Subject: RE: SPIRE Block view
Attachments: option 2a.pdf

UNCLASSIFIED Sensitive: Cabinet

Great Thanks

I will use the attached stacking diagram to complement the earlier renders

Best Regards

Colm

From: Lopa, Liz (Health)
Sent: Monday, 1 April 2019 10:33 AM
To: Mooney, Colm (Health) <Colm.Mooney@act.gov.au>
Subject: Re: SPIRE Block view

Hi Colm
 Just forwarded it. I'm in a workshop but will call you later to discuss Liz

Get [Outlook for iOS](#)

From: Mooney, Colm (Health) <colm.mooney@act.gov.au>
Sent: Monday, April 1, 2019 10:06 am
To: Lopa, Liz (Health)
Subject: SPIRE Block view

UNCLASSIFIED Sensitive: Cabinet

Liz

Can you forward on an updated version of the 3D block image used during recent SPIRE briefings. [REDACTED]

Thanks

Colm

Colm Mooney AIPM CPPE
 Executive Group Manager | Infrastructure and Health Support Services
 T 02 512 49711 E colm.mooney@act.gov.au
 Level 1, Building 3, Canberra Hospital | GPO Box 825 Canberra ACT 2601 | act.gov.au



ACT
Government

**Canberra Health
Services**

Pond, Aleks (Health)

From: Hollis, Gregory (Health)
Sent: Monday, 1 April 2019 11:58 AM
To: Scanlan, Samuel (Health); Slater, Amanda (Health); Boyd, Narelle (Health); Slater, Nicole (Health); Gilmore, Lisa (Health); Smallbane, Suzanne (Health)
Cc: Evans, Kate (Health)
Subject: FW: ED 2B space.xlsx [SEC=UNOFFICIAL]
Attachments: ED 2B space.xlsx

Thanks Amanda.

I may not have time to go through this in detail this week, as there's a heap of things I'm trying to get done before going on leave.

I've added Sam Scanlan to the email – please include Sam in all correspondence/meetings etc, as he will be taking a lead role in this for the ED.

 Greg

Greg Hollis
Clinical Director, Emergency Medicine,
Senior Specialist, Capital Region Retrieval Service
Canberra Hospital

Phone: 02 5124 3309
 E-mail: gregory.hollis@act.gov.au
 Care | Excellence | Collaboration | Integrity

From: Slater, Amanda (Health)
Sent: Monday, 1 April 2019 8:52 AM
To: Hollis, Gregory (Health) <Gregory.Hollis@act.gov.au>; Boyd, Narelle (Health) <Narelle.Boyd@act.gov.au>; Slater, Nicole (Health) <Nicole.Slater@act.gov.au>; Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>; Smallbane, Suzanne (Health) <Suzanne.Smallbane@act.gov.au>
Cc: Evans, Kate (Health) <Kate.Evans@act.gov.au>
Subject: ED 2B space.xlsx

UNOFFICIAL

Dear All,
 Please find attached the update schedule from today. Any feedback appreciated. Apologies Greg about the variance Greg.

Regards
 Amanda

Pond, Aleks (Health)

From: Evans, Kate (Health)
Sent: Monday, 1 April 2019 2:58 PM
To: Lopa, Liz (Health)
Cc: Culver, Jakob (Health); Burch, Brad (Health)
Subject: Emergency Department Information Sheet
Attachments: Emergency Department Information Sheet.docx

Hi Liz,

Please find attached the update from the meeting on Friday.

I have saved all of the clinical engagement documents and presentations in the Q drive, link below.

Q:\CS\Central\Health Services Program\01. Building Health Services Program - Capital\16. Facility Planning\SPIRE\5. Meetings\Clinical Engagement

Kind regards

Kate

Pond, Aleks (Health)

From: Evans, Kate (Health)
Sent: Tuesday, 2 April 2019 2:10 PM
To: Lindemann, Monica (Health)
Subject: Clinical Engagement Register

Hi Monica,

As discussed below is the link to the Clinical Engagement Register. There are two file – one for 2018 and one for 2019.

Q:\CS\Central\Health Services Program\01. Building Health Services Program - Capital\16. Facility Planning\SPIRE\5. Meetings\Clinical Engagement

Kind regards


Kathleen Evans | Clinical Liaison SPIRE | Senior Project Officer

Phone: (02) 5124 9668 Email: kate.evans@act.gov.au

Strategic Infrastructure | Strategic Infrastructure & Procurement | ACT Health Directorate | ACT Government

2-6 Bowes Street, Phillip, ACT 2606 | GPO Box 825, Canberra, ACT 2601 | www.health.act.gov.au

Ivansson, Zoe (Health)

From: Evans, Kate (Health)
Sent: Tuesday, 2 April 2019 2:50 PM
To: Lopa, Liz (Health)
Subject: 20190328 Clinical Engagement - options presentation - medical imaging.pptx
Attachments: 20190328 Clinical Engagement - options presentation - medical imaging.pptx

Hi Liz,

Are you happy for me to print this?

Kind regards

Kate

