

Attwood, Courtney (Health)

From: Culver, Jakob (Health)
Sent: Wednesday, 2 January 2019 4:15 PM
To: Burch, Brad (Health)
Subject: Fwd: SPIRE > B5 & B24 staging & decanting
Attachments: image001.png; ATT00001.htm; SPIRE Staging and Decanting.v1.xlsx; ATT00002.htm

Sent from my iPhone

Begin forwarded message:

From: "Mooney, Colm (Health)" <Colm.Mooney@act.gov.au>
Date: 18 December 2018 at 6:31:48 am AEDT
To: "Culver, Jakob (Health)" <Jakob.J.Culver@act.gov.au>
Cc: "Jensen, Robyn (Health)" <Robyn.Jensen@act.gov.au>, "Gilbert, Dave (Health)" <Dave.Gilbert@act.gov.au>
Subject: SPIRE > B5 & B24 staging & decanting

UNCLASSIFIED For-Official-Use-Only

Jakob

Further to our recent conversation please see attached a quick snap shot of CHS thoughts relating to the impending decanting requirements for B5 and B24

Specific areas, but not limited to, that I am keen to understand are as follows:

1. Inputs for STH to inform their POC staging and decanting deliverables. Suggest STH facilitate S&D workshop to prevent duplication of effort
2. Resourcing cost for decommissioning/commissioning CHS..... CHS managed positions funded by the SPIRE project to facilitate smooth transfer of services during moves
3. Building works to prepare for TCH sites for service relocation where on campus
4. Car parking
 - a. To be considered as part of S&D options
 - b. Loss of b5 car parking
 - c. Increasing demand during construction phases including early works?
 - d. Net increase after completion of works
5. Multiple TCH project interdependencies.
6. Decommissioning /recommissioning of relocated services
7. Funding for offsite residential commitments

Will catch up for a chat tomorrow

Best Regards

Colm

Colm Mooney AIPM CPPE

Executive Director | Infrastructure Management and Maintenance

T 02 512 49171 E colm.mooney@act.gov.au

Level 4, 2 Bowes Street Phillip | GPO Box 825 Canberra ACT 2611 | act.gov.au

Attwood, Courtney (Health)

From: Culver, Jakob (Health)
Sent: Thursday, 3 January 2019 4:25 PM
To: Burch, Brad (Health)
Subject: FW: SPIRE User Group - Nominations [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]
Attachments: SPIRE POC Clinical Engagement Membership List.12.12.2018.docx

From: Mooney, Colm (Health)
Sent: Monday, 17 December 2018 8:06 AM
To: Busic, Babita <Babita.Busic@act.gov.au>
Cc: Gray, Sophie <Sophie.Gray@act.gov.au>; Catanzariti, John <John.Catanzariti@act.gov.au>; Esau, Lloyd <Lloyd.Esau@act.gov.au>; Gilbert, Dave (Health) <Dave.Gilbert@act.gov.au>; Tarbuck, Chris (Health) <Chris.Tarbuck@act.gov.au>; Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>; Bartholomew, Carolyn (Health) <Carolyn.Bartholomew@act.gov.au>
Subject: RE: SPIRE User Group - Nominations [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

UNCLASSIFIED For-Official-Use-Only

Babita

Here you go.

The attached list is primarily for clinical users.

Non clinical user nominations e.g. FM, sterilising, food, cleaning etc will follow later this week.

Please call me if you have any questions.

Thanks

Colm

From: Busic, Babita
Sent: Monday, 17 December 2018 7:46 AM
To: Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>; Bartholomew, Carolyn (Health) <Carolyn.Bartholomew@act.gov.au>; Mooney, Colm (Health) <Colm.Mooney@act.gov.au>
Cc: Gray, Sophie <Sophie.Gray@act.gov.au>; Catanzariti, John <John.Catanzariti@act.gov.au>; Esau, Lloyd <Lloyd.Esau@act.gov.au>
Subject: RE: SPIRE User Group - Nominations [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]
Importance: High

Good Morning

I am emailing to remind you that nominations are due to me by COB tomorrow.

Have a great day

Kind Regards

Babita Basic

Assistant Portfolio Manager – Social Infrastructure Branch

Phone 02 5127 49106 | Mobile [REDACTED]

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 | www.act.gov.au

Please consider the environment before printing this email. If printing is necessary, print double-sided and black and white.

From: Basic, Babita

Sent: Wednesday, 12 December 2018 3:33 PM

To: Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>; Bartholomew, Carolyn (Health) <Carolyn.Bartholomew@act.gov.au>; Mooney, Colm (Health) <Colm.Mooney@act.gov.au>

Cc: Gray, Sophie <Sophie.Gray@act.gov.au>; Catanzariti, John <John.Catanzariti@act.gov.au>; Esau, Lloyd <Lloyd.Esau@act.gov.au>

Subject: SPIRE User Group - Nominations [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Good Afternoon

I am seeking nominations for the SPIRE stakeholder user group workshops that will begin in early 2019.

Can you please email me your nominations COB Tuesday 18 December.

Kind Regards

Babita Basic

Assistant Portfolio Manager – Social Infrastructure Branch

Phone 02 617 49106 | Mobile [REDACTED]

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 | www.act.gov.au

Please consider the environment before printing this email. If printing is necessary, print double-sided and black and white.



ACT
Government

**Canberra Health
Services**

SPIRE Clinical Engagement List

Division	Area	Officer
Critical Care	ED	Greg Hollis
	ICU	Bronwyn Avard
	Retrieval	Kelvin Grove
Surgery and Oral Health	Surgery	Frank Piscioneri
	Anaesthesia	Thomas Brussel
Medical Imaging	Medical Imaging	Charles Ngu
Pathology	Pathology	Jane Dahlstrom
Clinical Support Services	Clinical Support Services (Division)	Lisa Gilmore
	Pharmacy	Sheridan Briggs

Medicine	Medicine (Division)	Girish Talaulikar
CACHS	Cancer services	Paul Craft
CACHS	Outpatients	Cathie O'Neill
Operations	Patient Flow	Lyn O'Connell
Allied Health	CAHO	Kerry Boyd
Medical Services	DMS	Paul Dugdale
Nursing	DoN	Hamish Jeffrey

Attwood, Courtney (Health)

From: Culver, Jakob (Health)
Sent: Friday, 4 January 2019 10:21 AM
To: Burch, Brad (Health)
Subject: FW: 20181011 Master SPIRE SOA.pdf [SEC=UNCLASSIFIED]
Attachments: 20181011 Master SPIRE SOA.pdf

From: Morgan, Sam (Health)
Sent: Thursday, 18 October 2018 5:04 PM
To: Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>
Cc: Bartholomew, Carolyn (Health) <Carolyn.Bartholomew@act.gov.au>; Burch, Brad (Health) <Brad.Burch@act.gov.au>
Subject: 20181011 Master SPIRE SOA.pdf [SEC=UNCLASSIFIED]

Jake

Attached is the revised summary with the Plant and Travel separated as discussed.

Cheers

Lowes, Shannon (Health)

From: Colliver, Deborah (Health)
Sent: Monday, 7 January 2019 2:18 PM
To: Bartholomew, Carolyn (Health)
Cc: Evans, Kate (Health); JasonSmith, Rhona (Health); Building Health Services Program
Subject: RE: 20181010 CARHU HPU V0.1 [SEC=UNCLASSIFIED]

Thanks Carolyn, that is very helpful.

For something that was below the radar it captures the work of the Unit well.

As discussed, CARHU will commence work on the MoC and I would appreciate you letting me know when this document can be shared with the Manager CHTSS.

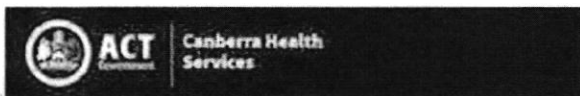
Kind regards
 Deborah

Deborah Colliver

Director | Women, Youth and Children Community Health Programs
 Phone (02) 5124 1616 | Email: Deborah.colliver@act.gov.au
 Division of Women, Youth & Children | Canberra Health Services | **ACT Government**
 Level 3 of 1 Moore St, Canberra | PO Box 825, Canberra ACT 2601 www.health.act.gov.au

This message, and any attachments to it, may contain information that is confidential. If you are not the intended recipient of this message, you must not review, copy, disseminate or disclose its contents to any other party or take action in reliance of any material contained within it. If you have received this message in error, please notify the sender immediately by return email informing them of the mistake and delete all copies of the message from your computer system.

Care ▲ Excellence ▲ Collaboration ▲ Integrity



From: Bartholomew, Carolyn (Health)
Sent: Monday, 7 January 2019 12:36 PM
To: Colliver, Deborah (Health) <Deborah.Colliver@act.gov.au>
Cc: Evans, Kate (Health) <Kate.Evans@act.gov.au>; JasonSmith, Rhona (Health) <Rhona.JasonSmith@act.gov.au>; Building Health Services Program <BuildingHealthServicesProgram@act.gov.au>
Subject: 20181010 CARHU HPU V0.1

UNCLASSIFIED

Hello Deborah

Thanks for your enquiry this morning.

As discussed, Health Planning Unit was asked to develop a high-level HPU and SoA for CARHU (and several other areas) prior to seeking engagement of a principal consultant for proof of concept for SPIRE.

At this time, the project was completely cabinet-in-confidence and the intent was for HPU/SoA to inform an *estimation* of spatial requirement for the campus only as is required with a proof of concept.

Once the business case has been approved and the next design phases progress, we would be happy to work with you on the development of a MoC, noting that the MoC can commence anytime now.

There are clinical liaison officers allocated to the SPIRE project who are co-ordinating the program for all the required health planning documents. For the SPIRE project the staff members are— Kathleen Evans and Rhona Jason Smith and one of these will be allocated to CARHU.

We look forward to working with you on the MoC and please let me know how we can assist in the meantime.

Many thanks Carolyn

Carolyn Bartholomew | A/g Executive Director
Health System Planning & Evaluation | Health Systems, Policy & Research
ACT Health Directorate | ACT Government
Level 4, 2-6 Bowes Street, Phillip ACT 2606 | GPO Box 825 Canberra ACT 2601 | www.act.health.gov.au
Phone (02) 620 52646 | Mobile [REDACTED]

Attwood, Courtney (Health)

From: Burch, Brad (Health)
Sent: Monday, 7 January 2019 4:56 PM
To: Mooney, Colm (Health)
Cc: Doran, Karen (Health); McDonald, Bernadette (Health); Bone, Chris (Health); Culver, Jakob (Health)
Subject: RE: SPIRE Catch Up Notes

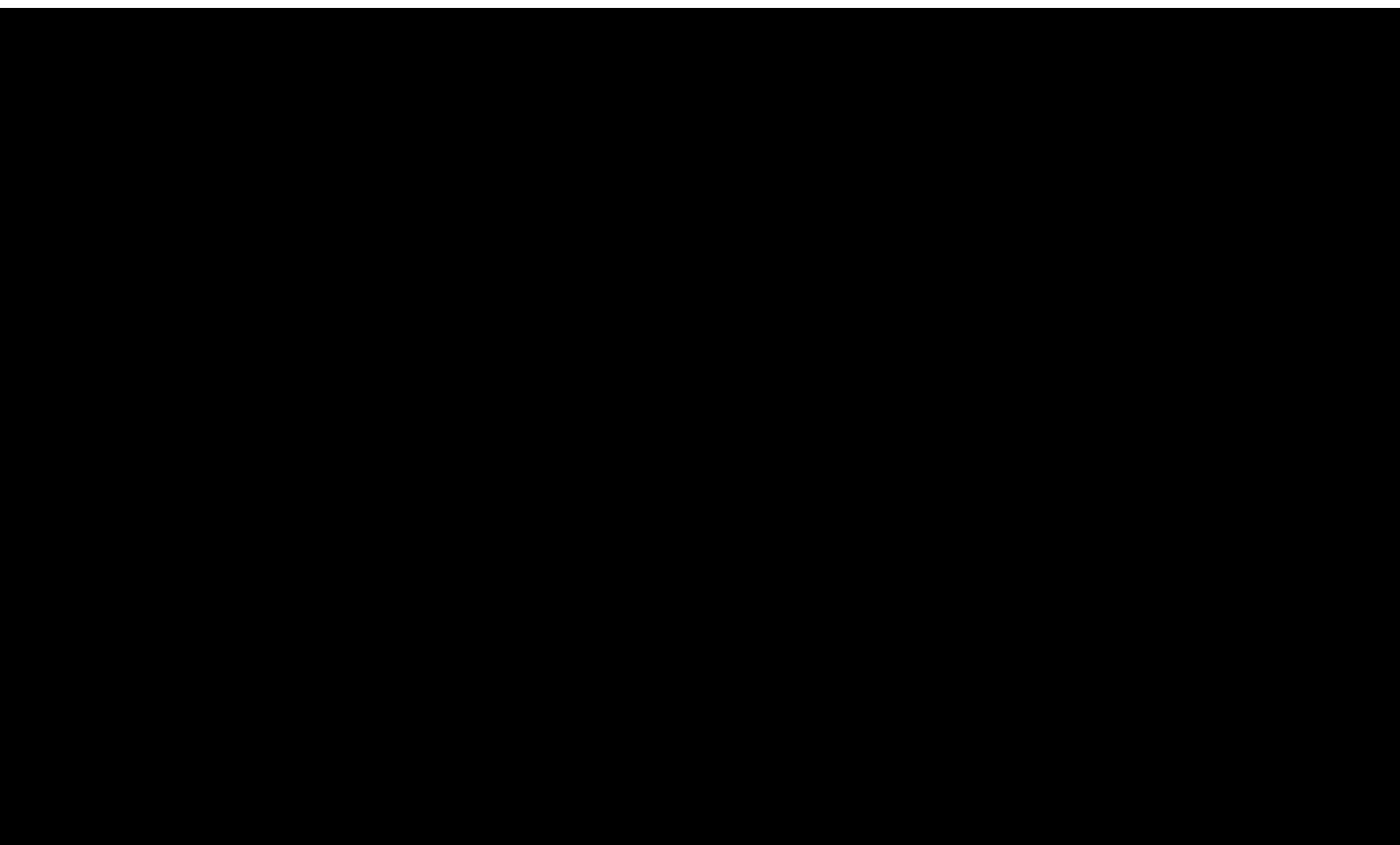
UNCLASSIFIED Sensitive: Cabinet

Good afternoon Colm

Thanks for your email and your time last week.

We have sought IFCW's support, as contract manager for the Silver Thomas Hanley (STH) engagement, to establish a Staging and Decanting meeting as soon as practical. I will be asking Silver Thomas Hanley to target the delivery of a first draft strategy by the end of January 2019, for consideration through a soon-to-be-established SPIRE Project Control Group (PCG) and Executive Steering Committee (consistent with the CHWC governance which will commence mid-January). I anticipate the Staging and Decanting Workshop attendees you mention below will form the working group reporting to the PCG and Executive Steering Committee, and providing updates to the IMM Steering Committee as needed.

As discussed, I agree parking will need to be a key element of the strategy on two fronts: the impact of lost parking amenity from the demolition of Buildings 5 and 24, and the future parking requirements in relation to the SPIRE facility (during construction and post-commissioning). STH will include this in their work on Staging and Decanting strategy and Proof of Concept documentation.



Thanks again and happy to discuss further.

Kind regards

Brad Burch | Executive Branch Manager, Strategic Infrastructure

Strategic Infrastructure and Procurement

Corporate Services

(02) 6207 2385 or [REDACTED] | brad.burch@act.gov.au



ACT
Government

ACT Health

From: Mooney, Colm (Health)

Sent: Monday, 7 January 2019 8:29 AM

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

Cc: Doran, Karen (Health) <Karen.Doran@act.gov.au>; McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>; Bone, Chris (Health) <Chris.Bone@act.gov.au>

Subject: SPIRE Catch Up Notes

UNCLASSIFIED Sensitive: Cabinet

Brad/Jakob

Further to our meeting on Friday please find below a summary of our discussion points as well as some other points for consideration for the SPIRE project. I have highlighted action follow ups for CHS/AHD

1. B5 and B24 Staging and Decanting:
 - a. A summary of potential decanting options is on the attached spreadsheet.
 - b. Existing project interdependencies with B5/B24 moves needs to be coordinated. In particular the long term solution for Pain Management Unit, previously located in B8 , requires resolution to prevent B3 project delays e.g. Lifts upgrades and Ward 14A/B upgrades. CHS to advise AHD of B8/PMU planned relocation option(s) this month
 - c. Information from STH about their S&D workshop requirements are required urgently such that a high level understanding of S&D plan can be agreed before the end of this month. AHD to expedite with STH w/c 7 January such that this can be an agenda item at start up workshop on 10 January 2019. S&D workshop to be convened before the end of January with representatives from impacted areas in B5 and B24 aswell as the following areas:
 - i. IMM Facilities
 - ii. IMM Parking
 - iii. IMM Security
 - iv. IMM Accommodation
 - v. Digital Solutions
 - vi. IFCW
 - d. Given the project interdependencies I propose that SPIRE S&D activities are covered off at the IMM S/C , commencing 30 January 2019, such that committee members are aware of the key issues of SPIRE S&D and their consequential impact on existing TCH operations.
 - e. Once a S & D plan is agreed then contractor engagement(s) will be via IFCW PMA panel contract to cover off the preparation of areas receiving decanted services from B5 and B24.
 - f. Funding for staging and decanting activities ,including but not limited to associated facilities upgrades e.g. toilet /shower blocks, clinical service recommissioning etc to be funded from SPIRE early works funding [REDACTED]
2. SPIRE and TCH Parking implications

- a. Parking strategy needs to be discussed at the Exec Start up workshop to understand what are the planning assumptions for SPIRE post completion and during demolition/construction phases of the project.
- 3. ICU expansion
 - a. **AHD** to provide an update on expansion options for current ICU based on work being undertaken by COX architects
- 4. B10 Space fit assessment;
 - a. Variation request to be issued to STH to undertake B10 accommodation feasibility assessment as per attached email request from late last year. **AHD** to liaise with IFCW to progress. CHS to support through workshop activities as required to support this additional STH project deliverable. B10 analysis to be undertaken in parallel with SPIRE POC works without detracting from key SPIRE business case priorities.

Regarding Exec Start up workshop later this week can you forward on a draft agenda in advance.

Best Regards

Colm

Colm Mooney AIPM CPPE

Executive Director | Infrastructure Management and Maintenance

T 02 512 49171 E colm.mooney@act.gov.au

Level 4, 2 Bowes Street Phillip | GPO Box 825 Canberra ACT 2611 | act.gov.au



ACT
Government

**Canberra Health
Services**

Attwood, Courtney (Health)

From: Culver, Jakob (Health)
Sent: Wednesday, 9 January 2019 11:04 AM
To: Catanzariti, John
Cc: Burch, Brad (Health)
Subject: Early Draft Decanting Space Options [SEC=UNCLASSIFIED]
Attachments: SPIRE Staging and Decanting.v1.xlsx

Hi John

Please find attached a draft spreadsheet identifying some early decanting options in relation to buildings 5 and 24 for the SPIRE project.

Would be informative for discussions at the decanting strategy meeting tomorrow with STH.

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: Burch, Brad (Health)
Sent: Wednesday, 9 January 2019 2:04 PM
To: Doran, Karen (Health)
Cc: Culver, Jakob (Health)
Subject: SPIRE and Master Plan Program Director
Attachments: Program Director Procurement SPIRE and Master Plan.docx

UNCLASSIFIED Sensitive

Hi Karen

Please see attached the summary of a statement of requirements for a Program Director for SPIRE and the Canberra Hospital Master Plan – if you are happy with the approach, I will ask Sophie's team to develop the detailed documentation to get this approved and out to market as soon as practical. Timing is critical, so I would be seeking a or 3 week tender advertising period, with wide distribution and a quick tender evaluation process. My suggestion for an evaluation panel, is you as Chair supported by me, Chris Bone and Sophie Gray as members – please let me know if this works for you.

Happy to discuss in detail if you would like.

Thanks and regards

Brad Burch | Executive Branch Manager, Strategic Infrastructure

Strategic Infrastructure and Procurement

Corporate Services

☎ (02) 6207 2385 or [REDACTED] | ✉ brad.burch@act.gov.au



ACT
Government

ACT Health

Program Director – SPIRE and Canberra Hospital Master Plan

ACT Health Directorate requires a suitably qualified Program Director to lead the delivery of the \$500 million SPIRE program, including a Canberra Hospital Master Plan, across five streams of work, including:

- Health Service Planning;
- Commercial (budget, costing and financing);
- Digital Technology;
- Communications and Stakeholder Engagement; and
- Facility Planning, Design and Construction (including commissioning strategy).

The Program Director will be required to manage and coordinate the project streams to ensure that the SPIRE Centre milestones are delivered on time and within budget and the outputs are fit-for-purpose. With an initial term of eighteen months, the Program Director will be required to steward the project through to completion of the construction procurement phase – with early works required to commence in mid-2020. In addition to the SPIRE Centre outputs, the Program Director will be required to deliver a Canberra Hospital Campus Master Plan by June 2020.

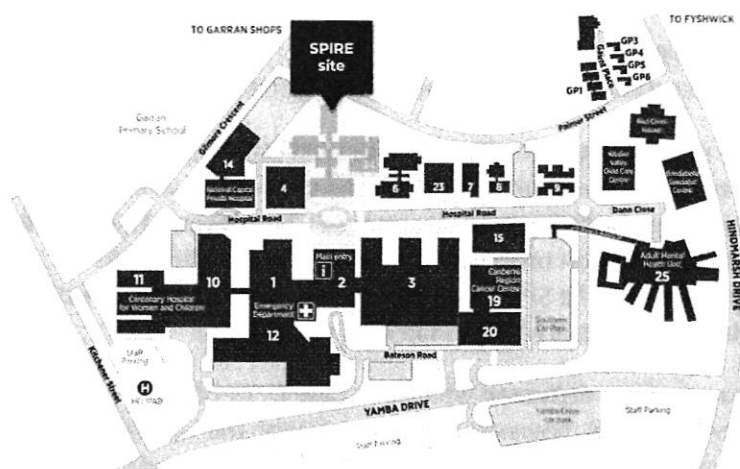
The inputs related to each of these streams will be delivered where possible by in-house resources (ACT Health and/or Canberra Health Services (CHS)), however where necessary, the Program Director will support ACT Health in the procurement of additional consultancy teams and/or realigning existing resources to support project delivery. This may include the coordination of an externally resourced construction management team.

The Program Director will report to the Executive Branch Manager, Strategic Infrastructure, and in addition to the roles described above, will be responsible for providing regular reporting, maintaining a master program and providing presentations to internal governance bodies, Senior Executives and Government as required. Respondents may wish to include additional support resources in their submission to deliver against the scheduling and reporting function.

This request for tender may be used to engage Program or Project Director services for other Major Projects at ACT Health's discretion.

Surgical Procedures, Interventional Radiology and Emergency Centre

The SPIRE Centre is a new acute services building on the existing Canberra Hospital campus, encompassing surgical services, interventional radiology, emergency department, intensive care, coronary care and support services, such as a central sterilising services department and a helicopter Landing Site. The SPIRE Centre will be located to the Northern end of the campus, between Hospital Road and Palmer Street, displacing existing aged administration, accommodation and outpatient buildings (Building 5 and 24).



Currently in the Proof of Concept design phase, a detailed business case is due to be presented to Government in early 2019; subject to Government's consideration, the \$500 million project is expected to be fully funded from 2019-20. Early works are expected to start in 2020, with construction completion required by 30 June 2024. The Program Director will be responsible for the coordination of the following deliverables:

- SPIRE program delivery plan, including project scheduling and budget (coordinating inputs from each stream);
- Service delivery plan;
- Finance strategy, including ongoing operational cost development;
- Workforce strategy;
- Digital and medical technology strategy;
- Advisor engagement strategy;
- Stakeholder engagement strategy;
- Commissioning strategy;
- Procurement strategy; and
- Other design and construction documentation to support procurement.

Canberra Hospital Campus Master Plan

Building on the significant work completed to date, ACT Health is required to develop a Campus Master Plan for the Canberra Hospital. Referencing the Canberra Hospital Strategic Asset Management Plan, the previous campus planning and infrastructure review documentation, including the Capital Asset Development Plan, the Upgrading and Maintaining ACT Health Assets program and the SPIRE planning outputs, the Canberra Hospital Campus Master Plan project will:

- Develop campus planning principles and an overarching vision for the Canberra Hospital Campus, through a series of workshops with key internal and external stakeholders;
- Develop Campus Master Planning documentation, including identification of future functional development zones, consistent with contemporary hospital campus design,

encouraging staff and patient wellbeing and operational efficiency. The Campus Master plan will include consideration of:

- Hospital logistics and wayfinding;
- Digital integration;
- Parking provision and access to public transport;
- Public open spaces;
- Staff amenity; and
- Engineering Services and Sustainability.
- Develop high-level planning and design guidelines consistent with the master planning principles, including urban design requirements, wayfinding and template approval documentation;
- Identify priority projects to deliver on the Campus Master Plan outcomes over a 10-year time horizon, with reference to clinical demand modelling and existing asset condition. The 10-year plan would include development of indicative costs and a high-level delivery program; and
- Identify, through benchmarking and review of contemporary facilities, opportunities for the integration of commercial, academic and/or research functions.
- Identify longer term opportunities for campus development.

The Program Director will be required to develop documentation to initiate the Canberra Hospital Campus Master Plan project, support the engagement of internal resources and specialist consultants to deliver the Master Plan, and manage the project through to completion.

Assessment Criteria

1. Demonstrated experience providing Program and/or Project Direction services on major health infrastructure projects;
2. Demonstrated understanding of health planning processes and principles;
3. Demonstrated experience in providing support for the procurement of specialist consultants and construction contractors in relation to a major health project;
4. Confirmation of availability of the Program Director, with a commitment of at least 80 per cent of full-time equivalent over the period of engagement; and
5. Fixed fee price, including:
 - a. an 18-month engagement;
 - b. an optional 12-month extension, to be accessed at ACT Health's discretion; and
 - c. hourly rates for all nominated resources.

Pond, Aleks (Health)

From: Lindemann, Monica (Health)
Sent: Wednesday, 9 January 2019 4:13 PM
To: Burch, Brad (Health)
Subject: intranet content [SEC=UNCLASSIFIED]
Attachments: BHSP Intranet content.docx; Staff comms plan and news item Jan 2019.docx

Hi Brad

Attached is draft updated, intranet content. The BHSP page will be a reference point that we can update as projects progress (eg final governance structures, key milestones, design images).

It will also be the reference point to which we link from the proposed monthly BHSP staff updates.

I've prepared a very brief paper outlining the purpose of, and topics covered by, the monthly staff updates, including our first article (CHWC expansion).

Appreciate your feedback and happy to discuss.

(Note: I've discussed this plan with Vanessa, Jack and Tacey in the ACTHD comms team – all are happy with the concept and ready to support. I've scheduled a meeting for Friday with Cynthia Douglas to sure-up CHS comms support)

Thanks
Monica

Monica Lindemann

Special Adviser | Strategic Infrastructure, Corporate Services | ACT Health Directorate
P: +61 2 5124 9191 | E: monica.lindemann@act.gov.au | A: lvl 4, 2 Bowes Street PHILLIP ACT 2606

Draft content for BHSP intranet page: <https://healthhub.act.gov.au/about-act-health/corporate/building-health-services-program>

The Building Health Services Program

As our city continues to grow, so too does demand for health services. The Draft ACT Health Territory-wide Health Services Framework 2017-2027 underpins ongoing planning to ensure the healthcare needs of Canberrans are met today and into the future. An important part of this planning is providing infrastructure that will allow us to fulfil our goal to provide quality care when it is needed, delivered by the right team in the right place.

ACT Health's Building Health Services Program (BHSP) is a major program of related infrastructure projects across the Territory that will meet the growing, and changing health care needs of the community.

BHSP's current major projects include:

- [Surgical Procedures, Interventional Radiology and Emergency Centre \(SPIRE\)](#)
- [Centenary Hospital for Women and Children Expansion](#)
- [the Northside Hospital Services Scoping Study](#)
- Clare Holland House Expansion
- Walk in Centres – Inner North (planning), Weston (in-progress), Gungahlin (complete)

During 2019, there will be significant planning, site preparation and building activity across these projects that will have some impact on staff and service provision. This page will provide updates as projects progress.

Project planning and governance

Collaboration and consultation with clinicians and medical staff is critical to the success of health services planning and infrastructure design. BHSP planning includes clinical and user group consultation throughout the development process for each project.

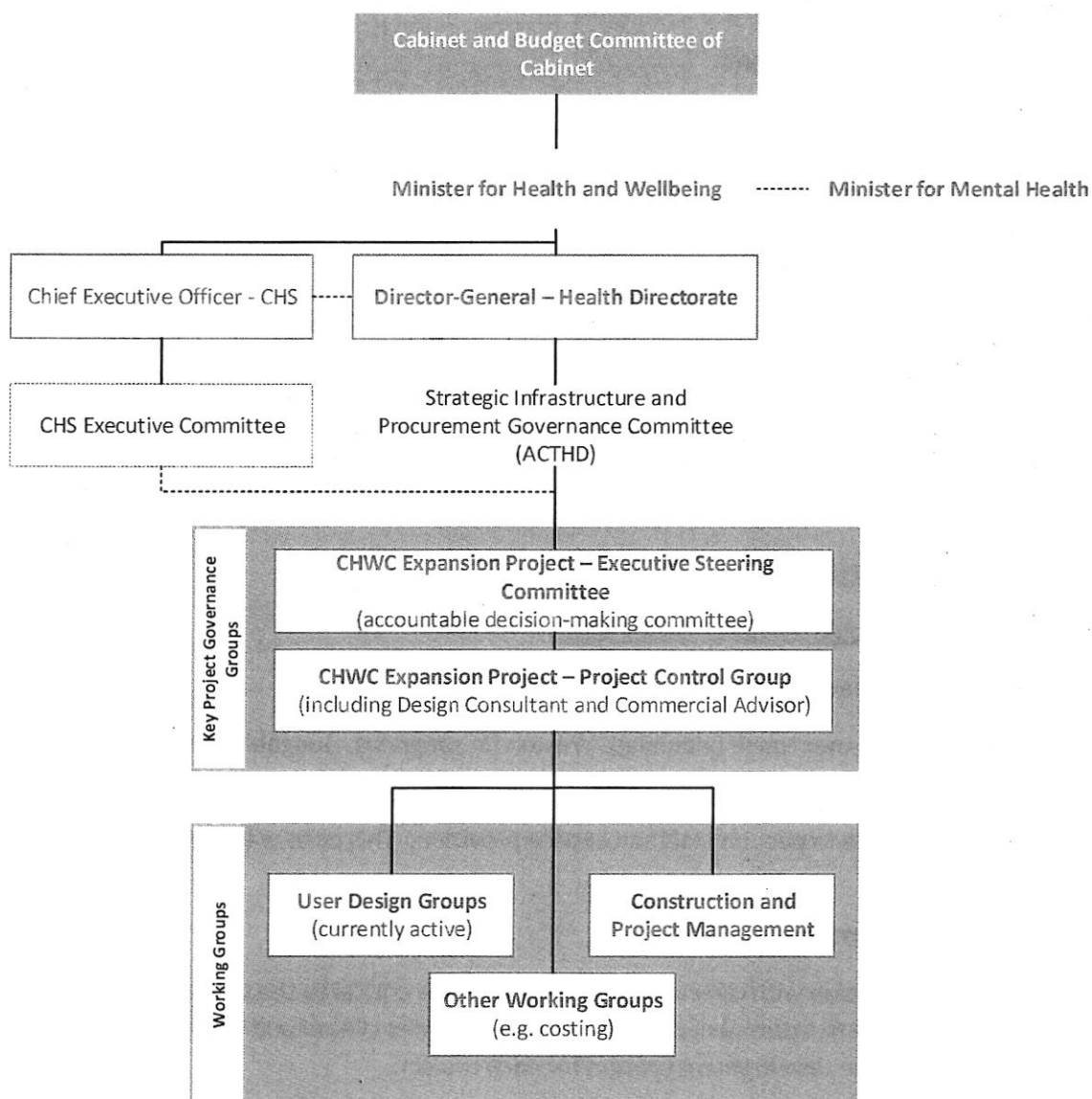
Each project's governance structure (LINK) includes representatives from key stakeholder groups with appropriate roles and responsibilities to ensure that final project design: meets user requirements; remains within project scope; and can be safely completed within desired timeframes.

Individuals engaged in the governance and development of BHSP projects are listed below (LINK). Should you wish to contribute your thoughts, ideas or concerns into the planning process please contact your manager, director, or the BHSP team.

Opportunities to stay informed

Project updates will continue to be published on this page. If you have any further questions, please contact BuildingHealthServicesProgram@act.gov.au

CHCW Expansion Project governance structure



Governance committees

Committee	Roles
Strategic Infrastructure & Procurement Steering Committee Terms of Reference (LINK)	<ul style="list-style-type: none"> Deputy Director-General Corporate Services (ACTHD) <i>Karen Doran, Chair</i> Members TBA
CHWC Project Executive Steering Committee Terms of Reference (LINK)	<ul style="list-style-type: none"> Executive Group Manager Strategic Infrastructure and Procurement (ACTHD) <i>TBC, Chair</i> Executive Branch Manager Strategic Infrastructure (ACTHD) <i>Brad Burch</i> Deputy Director General Canberra Health Services (CHS) <i>Chris Bone</i> Executive Director, Infrastructure Management & Maintenance (CHS) <i>Colm Mooney</i> Executive Director Health System Planning and Evaluation (ACTHD) <i>Carolyn Bartholomew</i> Branch Director Social Infrastructure Branch (CMTEDD) <i>Sophie Gray</i> Branch Director Social Policy Branch, Finance & Budget Division (CMTEDD) <i>Ben Morris</i>
CHWC Project Control Group Terms of Reference (LINK)	<ul style="list-style-type: none"> Branch Director Social Infrastructure Branch (CMTEDD) <i>Sophie Gray, Chair</i> Project Manager, Social Infrastructure Branch (CMTEDD) <i>John Catanzariti</i> Executive Branch Manager Strategic Infrastructure (ACTHD) <i>Brad Burch</i> Executive Director Women, Youth and Children (CHS) <i>Elizabeth Chatham</i> Executive Director Mental Health, Justice Health and Drug and Alcohol Services (CHS) <i>Katrina Bracher</i> Director Facilities and Maintenance (CHS) <i>Chris Tarbuck</i> Senior Manager Social Policy Branch Finance and Budget Division (CMTEDD) <i>Shaun Ryan</i>

Working Groups - User Design Groups

Executive User Group (DROP DOWN LIST)

- Branch Director Social Infrastructure Branch (CMTEDD) *Sophie Gray, Chair*
- Deputy Director General Canberra Health Services (CHS) *Chris Bone*
- Director of Nursing and Midwifery (CHS), *Karen Faichney*
- A/g Executive Director Health System Planning and Evaluation (ACTHD) *Carolyn Bartholomew*
- Project Manager Social Infrastructure Branch (CMTEDD) *John Catanzariti*
- Assistant Project Manager, Social Infrastructure Branch (CMTEDD) *Babita Basic*
- Capital Project Delivery Director (CHS), *Dave Gilbert*
- Executive Director Infrastructure Management & Maintenance (CHS) *Colm Mooney*
- Commercial Adviser (ACTHD) *Jakob Culver*

Neonatal Intensive Care Service User Group (DROP DOWN LIST)

- Director Silver Thomas Hanley (consultant), *Chair*
- Director Neonatology (CHS) *Hazel Carlisle*
- A/g Assistant Director Nursing Neonatology/Paediatrics (CHS), *Alison Moore*
- A/g Executive Director Health System Planning and Evaluation (ACTHD) *Carolyn Bartholomew*
- Commercial Adviser (ACTHD) *Jakob Culver*
- Project Manager, Social Infrastructure Branch (CMTEDD) *John Catanzariti*
- Assistant Project Manager, Social Infrastructure Branch (CMTEDD) *Babita Basic*
- Digital Solutions Infrastructure Program Manager (ACTHD) *Andrew Heldon*
- Senior Manager, Infrastructure Hub (ACTHD) *Mark Moerman*
- Director of Nursing and Midwifery (CHS), *Karen Faichney*
- Clinical Nurse Consultant (CHS) *Janine McEwan*
- Clinical Liaison Officer (ACTHD) *Yvonne Noakes*

Paediatric High Care Unit User Group (DROP DOWN LIST)

- Director Silver Thomas Hanley (consultant), *Chair*
- Director Paediatrics (CHS), *Anne Mitchell*
- A/g Assistant Director Nursing Neonatology/Paediatrics (CHS), *Alison Moore*
- Clinical Nurse Consultant (CHS), *Donna Colwill*
- Commercial Adviser (ACTHD), *Jakob Culver*
- Project Manager, Social Infrastructure Branch (CMTEDD), *John Catanzariti*
- Assistant Project Manager, Social Infrastructure Branch (CMTEDD), *Babita Basic*
- Digital Solutions Infrastructure Program Manager (ACTHD), *Andrew Heldon*
- Senior Manager, Infrastructure Hub (ACTHD), *Mark Moerman*
- Clinical Nurse Consultant (CHS), *Wendy Alder*
- A/g Executive Director Health System Planning and Evaluation (ACTHD) *Carolyn Bartholomew*
- Director of Nursing and Midwifery (CHS), *Karen Faichney*
- Midwife (CHS), *Jacqueline Gherarden*
- Clinical Liaison Officer (ACTHD) *Yvonne Noakes*

Adolescent Gynaecological Procedures Unit User Group (DROP DOWN LIST)

- Director Silver Thomas Hanley (consultant), **Chair**
- Clinical Midwifery Manager, *Julianne Nissen*
- Senior Registrar Obstetrics and Gynaecology (CHS), *Natalie Decure*
- Director Obstetrics and Gynaecology (CHS) *Boon Lim*
- Project Manager, Social Infrastructure Branch (CMTEDD), *John Catanzariti*
- Assistant Project Manager, Social Infrastructure Branch (CMTEDD), *Babita Busic*
- Digital Solutions Infrastructure Program Manager (ACTHD), *Andrew Heldon*
- Senior Manager, Infrastructure Hub (ACTHD), *Mark Moerman*
- Assistant Director Nursing Maternity (CHS), *Penny Maher*
- Clinical Liaison Officer (ACTHD) *Yvonne Noakes*
- Commercial Adviser (ACTHD), *Jakob Culver*
- Health Facilities Planner (ACTHD), *Sally Anne Kinghorne*
- A/g Executive Director Health System Planning and Evaluation (ACTHD) *Carolyn Bartholomew*

Maternity Assessment Unit User Group (DROP DOWN LIST)

- Director Silver Thomas Hanley (consultant), **Chair**
- Clinical Midwifery Manager, *Julianne Nissen*
- Director Obstetrics and Gynaecology (CHS), *Boon Lim*
- Senior Registrar Obstetrics and Gynaecology (CHS), *Natalie Decure*
- Project Manager, Social Infrastructure Branch (CMTEDD) *John Catanzariti*
- Assistant Project Manager, Social Infrastructure Branch (CMTEDD) *Babita Busic*
- Digital Solutions Infrastructure Program Manager (ACTHD) *Andrew Heldon*
- Senior Manager, Infrastructure Hub (ACTHD) *Mark Moerman*

Medical Surgical Inpatient Unit User Group (DROP DOWN LIST)

- Director Silver Thomas Hanley (consultant), **Chair**
- A/g Assistant Director Nursing Renal (CHS), *Anne Maguire*
- Project Manager, Social Infrastructure Branch (CMTEDD), *John Catanzariti*
- Assistant Project Manager, Social Infrastructure Branch (CMTEDD), *Babita Busic*
- Digital Solutions Infrastructure Program Manager (ACTHD), *Andrew Heldon*
- Senior Manager, Infrastructure Hub (ACTHD), *Mark Moerman*
- Clinical Liaison Officer (ACTHD) *Yvonne Noakes*
- A/g Executive Director Health System Planning and Evaluation (ACTHD) *Carolyn Bartholomew*
- Commercial Adviser (ACTHD), *Jakob Culver*
- A/g Assistant Director Nursing Surgery and Oral Health (CHS), *Tania Lawrence*
- Assistant Director Nursing Medical (CHS), *Tracey Duggan*

Building Health Services Program staff updates

Background

The Building Health Services Program (BHSP) stakeholder management plan has identified ACT Health and Canberra Health Services staff as major stakeholders in the suite of infrastructure projects underway as part of the BHSP.

During 2019 there will be significant building works taking place on the Canberra Hospital campus. Most notably:

- SPIRE: Site preparation including staging and decanting of buildings 5 and 24.
- CHWC Expansion: staging and decanting across a number of areas within the CHWC and, depending on final design, building 10.

These works will impact on the work environment of a number of staff and on the services they deliver.

Communication

As part of a comprehensive communications plan, monthly project staff updates are proposed. These updates will provide a broad overview of project progress and more detailed information on works that will directly affect staff.

Monthly staff updates will be delivered through following mechanisms, as required:

- ACT Health intranet – general news item and BHSP page update
- News item included in CHS staff bulletin (Pulse)
- News item included in ACT Health staff bulletin (TBC)
- Printed alerts for in-tray drops and staff rooms

Where possible, news items will be accompanied by an image illustrating design or planned works.

Content plan

Date	Content
14 January	Update BHSP Intranet page – include project governance structures and key contacts
January	CHCW Expansion project update and governance structure
February	SPIRE project update and governance structure
March	SPIRE staging and decanting plan
April	CHCW Expansion preferred design
May	CHCW staging and decanting plan
June	SPIRE project update
July	Northside WIC project update
August	SPIRE project update
September	CHCW project update
October	SPIRE project update
November	CHWC project update
December	BHSP – wrap up across projects

Staff news item - January

BHSP update: CHCW expansion project

Planning is well underway for an expansion of the Centenary Hospital for Women and Children (CHWC). ACT Health, Canberra Health Services and Department of Treasury staff representatives have been working with design consultant Silver Thomas Hanley to refine options for expansion and confirm user requirements.

The \$70 million project is part of the ACT Government's 10-Year Health Plan to meet the community's increasing demand for health care services across the territory. The expansion will increase the capacity of the CHWC and expand the range of services it can offer, including services for adolescents and new born babies with high care needs.

The ACT Government's 2017 Budget provided funding for the first stage of the expansion project which includes planning and design.

The first two of four planned User Design Group meetings took place during December 2018, with clinical staff reviewing draft designs, providing user feedback and refining service and staff requirements. The User Groups included representatives from neonatology, obstetrics and gynecology, maternity, infrastructure management and executive team members from both Canberra Health Services and ACT Health.

During January 2019, the final two User Design Group meetings will take place with a view to developing design options for review by the Project Control Group (WEB LINK). The Project Steering Committee (WEB LINK) will decide the final, preferred design option. A detailed business case for this design will then be developed for sign-off by the Minister for Health and Wellbeing.

Project milestones scheduled for the year ahead include:

- **February:** Development of staging and decanting plan (in preparation for building works)
- **March:** Deliver detailed business case for approval by Minister for Health and Wellbeing and inclusion in the 2019-20 Budget
- **April/May:** Commence implementation of staging and decanting plan (relocation of some services in advance of building works)
- **May/June:** Commence staged refurbishment and building works (managed to ensure minimal disruption to services)

The CHWC Expansion project is due for completion in 2021-22.

For further information on the project governance structure and key contacts visit [WEBLINK](#).

Enquiries may be directed to BuildingHealthServicesProgram@act.gov.au

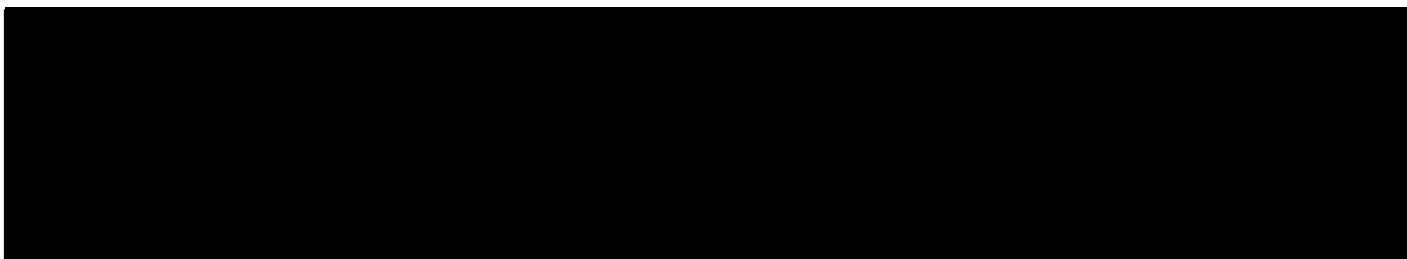
Pond, Aleks (Health)

From: Doran, Karen (Health)
Sent: Wednesday, 9 January 2019 6:19 PM
To: McDonald, Bernadette (Health)
Cc: Bone, Chris (Health); Mooney, Colm (Health); Burch, Brad (Health); Culver, Jakob (Health)
Subject: Proposed SPIRE Governance Model - Business Case development period
Attachments: 190101 Draft-for-Discussion only - SPIRE Governance Model Options v0.6.docx

UNCLASSIFIED

Hi Bernadette

As discussed yesterday, I am sending through the proposed governance model for the SPIRE project during the business case development period (please find attached a high-level governance document).



Next step is to prepare a brief to Michael on this governance structure to seek Director-General endorsement, however I would very much welcome feedback/comment from yourself, Chris and Colm before finalising.

Also I note the kick off meeting with Silver Thomas Hanley is tomorrow afternoon with Chris and Colm attending.

Look forward to hearing from you

Best regards
Karen

PROJECT GOVERNANCE MODEL – BUSINESS CASE DEVELOPMENT PERIOD

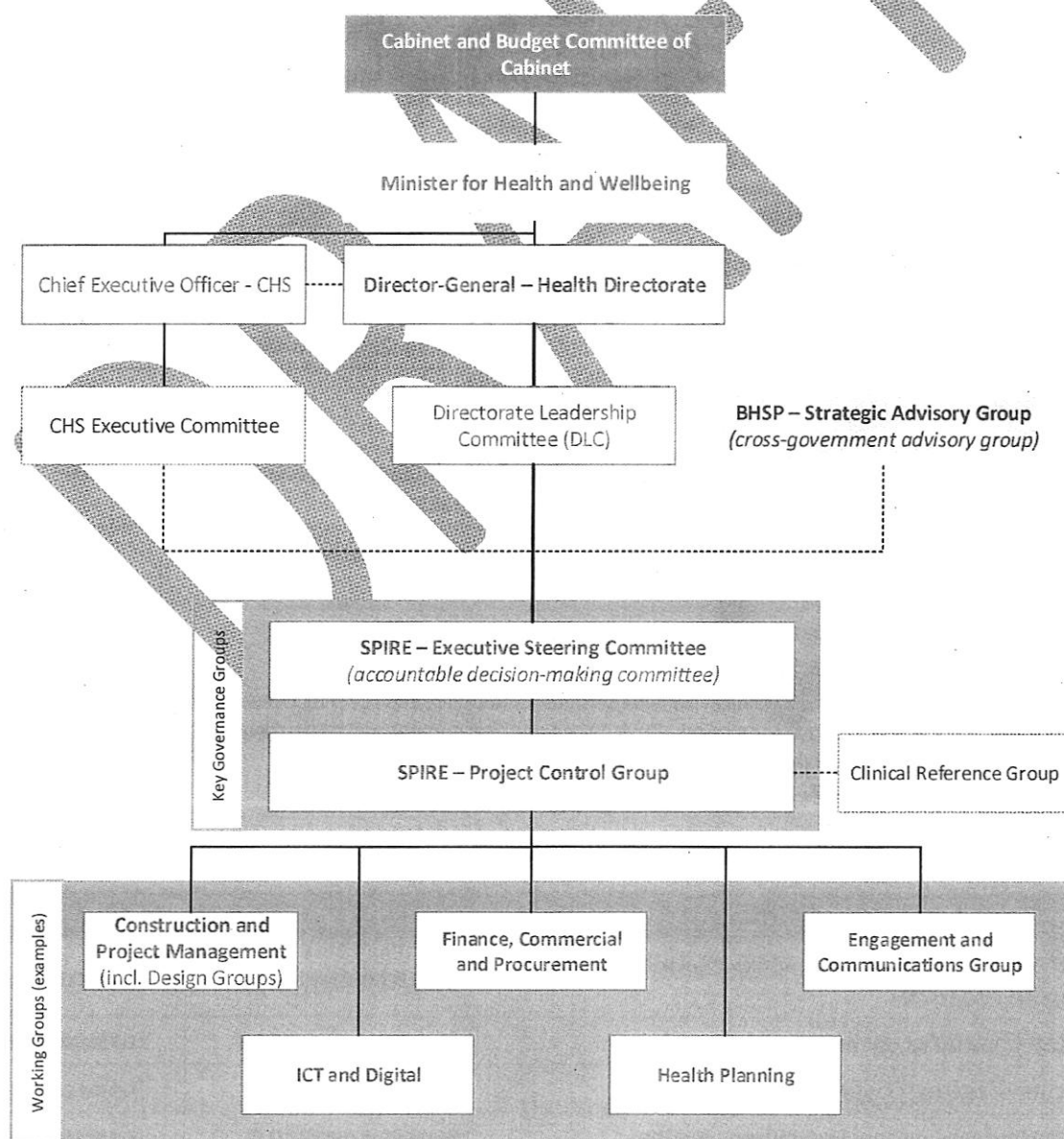
Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre

Tier 1 projects are defined in The Capital Framework as projects which are either over \$50 million in value or are over \$10 million in value and categorised as High Risk. With the Transition of ACT Health to two organisations, Tier 1 projects remain with the ACT Health Directorate, with Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB) as key clients.

This paper outlines the proposed project governance model for the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre Project, for the business case development phase of the project (through to the end of the 2018-19 financial year). Project governance for beyond the business case development phase (2019-20 forward) will be outlined in the detailed business case for the project and agreed by the Minister for Health and Wellbeing and the Treasurer through the 2019-20 Budget context processes.

The project governance model comprises of an Executive Steering Committee (accountable decision-making body) and Project Control Group (decision-setting and monitoring body) reporting to the Director-General of the ACT Health Directorate through the Directorate Leadership Committee (DLC). In addition, the governance model comprises a high-level cross-government advisory committee – Building Health Services Program (BHSP) Strategic Advisory Group – which will be chaired by the Director-General of the ACT Health Directorate.

Proposed Governance Structure



Roles and Responsibilities – Key Individuals within the Governance Structure

Role	Position	Organisation
Senior Owner	Director-General (Chair: SPIRE – Executive Steering Committee)	ACTHD
Deputy Senior Owner	Deputy Director-General, Corporate Services (Deputy Chair: SPIRE – Executive Steering Committee)	ACTHD
Project Executive	Executive Director, Strategic Infrastructure and Procurement (Chair: SPIRE – Project Control Group)	ACTHD
Deputy Project Executive	Executive Branch Manager, Strategic Infrastructure	ACTHD
Project Management Role	To be defined	ACTHD
Lead Project Managers	To be defined	ACTHD
Senior User	Chief Executive Officer	CHS
Deputy Senior User	Deputy Director-General, Clinical Services	CHS
User Representatives	Executive Director, Critical Care Executive Director, Surgery and Oral Health Executive Director, Medical Services Executive Director, Nursing and Midwifery Executive Director, Infrastructure Management and Maintenance	CHS
Lead Clinicians ¹ (for example)	Clinical Director, Emergency Department Clinical Director, Surgery Clinical Director, Intensive Care Clinical Director, Coronary Care	CHS
SPIRE Clinical Director	SPIRE Clinical Director (appointed by the Chief Executive Officer)	CHS
Senior Supplier	Executive Director, Infrastructure Finance and Capital Works (IFCW)	IFCW
Deputy Senior Supplier	Director, Social Infrastructure Branch	IFCW
Principal Design Consultant	Principal Design Consultant (External Consultant) – Reporting to IFCW for the development of the Business Case	STH ²
Business Case Advisor	Business Case Advisor (External Consultant) – Reporting to ACTHD	EY ²
Service Delivery Planning Consultant	Service Delivery Planning Consultant (External Consultant) – Reporting to ACTHD	TBC

1. In addition to Lead Clinicians, other clinical stakeholders will form part of the Working Groups to inform progression of project elements (e.g. design user groups to inform early design and preliminary/final design processes). Lead Clinicians will form part of the proposed Clinical Reference Group.

2. STH – Silver Thomas Hanley; EY – Ernst & Young

Proposed Scheduling of First Meetings for Governance Groups

Meeting	Date	Scheduling Status
Kick-Off Meeting – STH and EY and Key Executives from ACTHD, CHS and IFCW	Est. 10 January 2019	To be confirmed
1 st Project Control Group meeting	Mid-Late January 2019	To be scheduled
1 st Executive Steering Committee meeting	Late January 2019	To be scheduled
1 st BHSP Strategic Advisory Committee meeting	Early February 2019	To be scheduled

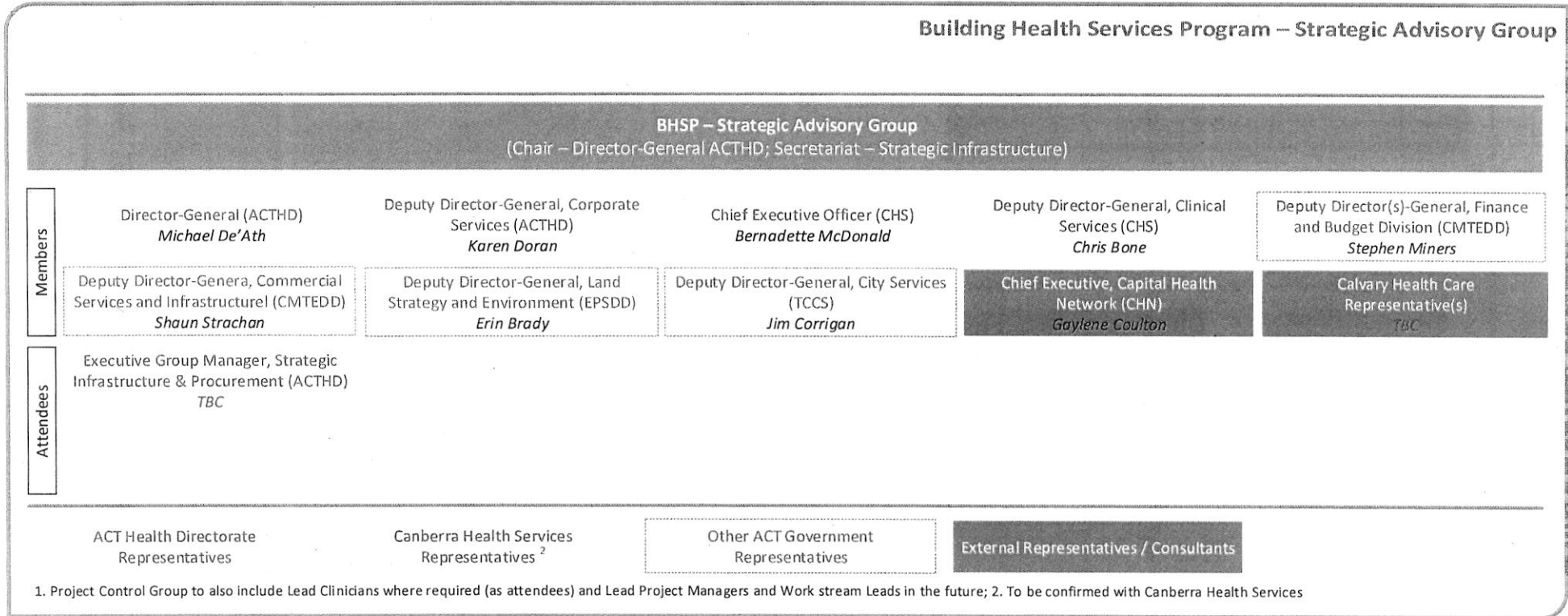
Draft-for-Discussion

Proposed Stakeholders of Key Governance Groups – Part A (Executive Steering Committee and Project Control Group)

Key Project Governance Groups for Business Case Development Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre Project					
SPIRE – Executive Steering Committee (Chair – Director-General; Deputy Chair – Deputy Director-General, Corporate Services; Secretariat – Strategic Infrastructure)					
Members	Deputy Director-General (ACTHD) Michael De'Ath	Deputy Director-General, Corporate Services (ACTHD) Karen Doran	Executive Group Manager, Strategic Infrastructure & Procurement (ACTHD) <i>TBC</i>	Chief Executive Officer (CHS) Bernadette McDonald	Deputy Director-General, Clinical Services (CHS) Chris Bone
	Executive Branch Manager, Strategic Infrastructure (ACTHD) Brad Burch	Executive Director, Infrastructure Management & Maintenance (CHS) Colm Mooney	Executive Director, IFCW (CMTEDD) <i>TBC</i>	Executive Director, Finance and Budget Division (CMTEDD) Mark Whybrow	Executive Director, Health System Planning and Evaluation (ACTHD) Carolyn Bartholomew
Attendees	SPIRE Project Management Role (Specialised Consultant) <i>TBC</i>	Specialist Advisor, Strategic Infrastructure (ACTHD) Monica Lindemann	SPIRE Clinical Director (Specialised Clinical Consultant) <i>TBC</i>		
SPIRE – Project Control Group ¹ (Chair – Executive Group Manager, Strategic Infrastructure and Procurement; Secretariat – Strategic Infrastructure)					
Members	Executive Group Manager, Strategic Infrastructure & Procurement (ACTHD) <i>TBC</i>	Executive Branch Manager, Strategic Infrastructure (ACTHD) Brad Burch	SPIRE Project Management Role (Specialised Consultant) <i>TBC</i>	SPIRE Clinical Director (Specialised Clinical Consultant) <i>TBC</i>	Executive Director(s), Medical Services and Nursing and Midwifery (CHS) Paul Dugdale AND Hamish Jeffery
	Executive Director, Surgery and Oral Health (CHS) Daniel Wood	Executive Director, Critical Care (CHS) Narelle Boyd	Director, Facilities and Maintenance, IM&M (CHS) Chris Tarbuck	Director, Social Infrastructure Branch, IFCW (CMTEDD) Sophie Gray	Director, Social Policy Branch, Finance & Budget Division (CMTEDD) Ben Morris
Attendees	Executive Director, Health System Planning and Evaluation (ACTHD) Carolyn Bartholomew				
	Clinical & Facilities Planning Lead(s), Strategic Infrastructure (ACTHD) Kate Evans	Commercial Advisor, Strategic Infrastructure (ACTHD) Jakob Culver	SPIRE ICT Services Lead, Digital Solutions Division (ACTHD) <i>TBD</i>	Silver Thomas Hanley (STH) Representatives	Ernst and Young (EY) Representatives
	Lead Clinicians <i>Where applicable (attendees)</i>	Lead Project Managers and Work Stream Leads <i>TBC</i>			
ACT Health Directorate Representatives		Canberra Health Services Representatives ²	Other ACT Government Representatives	External Representatives / Consultants	Consultant Executive Project Director
1. Project Control Group to also include Lead Clinicians where required (as attendees) and Lead Project Managers and Work stream Leads in the future; 2. To be confirmed with Canberra Health Services					

Proposed Stakeholders of Key Governance Groups – Part B (BHSP Strategic Advisory Group)

Building Health Services Program – Strategic Advisory Group



Pond, Aleks (Health)

From: Lindemann, Monica (Health)
Sent: Thursday, 10 January 2019 10:50 AM
To: Burch, Brad (Health); Building Health Services Program
Cc: Culver, Jakob (Health)
Subject: RE: ACT Health Curtin Office [SEC=UNCLASSIFIED]

Thanks Brad – will do.
 m

From: Burch, Brad (Health)
Sent: Thursday, 10 January 2019 10:48 AM
To: Building Health Services Program <BuildingHealthServicesProgram@act.gov.au>
Cc: Lindemann, Monica (Health) <Monica.Lindemann@act.gov.au>; Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>
Subject: RE: ACT Health Curtin Office [SEC=UNCLASSIFIED]

UNCLASSIFIED

Thanks Monica

I would suggest instead:

Thank you for your enquiry. The property at 129 Carruthers Street Curtin is owned by ACT Health; however, the property is currently leased to a non-government organisation, and hence it is not available for other uses at this stage.

In December, the Minister for Health and Wellbeing announced that the new Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre would be situated where Building 5 and 24 are currently located. The Strategic Infrastructure team will be working with Canberra Health Services (CHS) on a relocation strategy for services in Building 5 over the coming months, including the Sexual Health Clinic. CHS's Infrastructure Management and Maintenance is currently coordinating CHS input to the process if you need any additional information in the meantime.

We might want to include the IMM inbox cc on the reply.

Thanks

Brad Burch | Executive Branch Manager, Strategic Infrastructure

Strategic Infrastructure and Procurement

Corporate Services

☎ (02) 6207 2385 or [REDACTED] | ✉ brad.burch@act.gov.au



ACT
Government

ACT Health

From: Building Health Services Program
Sent: Thursday, 10 January 2019 9:45 AM
To: Burch, Brad (Health) <Brad.Burch@act.gov.au>
Subject: FW: ACT Health Curtin Office [SEC=UNCLASSIFIED]

Hi Brad

This enquiry, below, has come in from Andrew Barrow. As there may be some sensitivities around the QEI property, I want to check in with you as to how to respond.

Draft response below:

Hi Andrew

Thank you for your enquiry. The property at 129 Carruthers Street Curtin is owned by ACT Health. The Queen Elizabeth II Family Care Centre currently operates in this building. Please speak with XXX, position title, in relation to any spare storage capacity at this property.

From: Barrow, AndrewJ (Health)

Sent: Wednesday, 9 January 2019 4:04 PM

To: Building Health Services Program <BuildingHealthServicesProgram@act.gov.au>

Subject: ACT Health Curtin Office [SEC=UNCLASSIFIED]

Hi there

Are you able to let me know if the curtin offices are still owned by Health?

I've been asked to think about ideas for a new site for the Canberra Sexual Health Centre initially as they have outgrown their file storage space, but also in the setting of not being an acute service.

Cheers

Kind regards

Andrew Barrow

Administration Manager

Division of Medicine

Canberra Health Services

Phone: (02) 5124 2063

Address: Level 2, Building 15, Canberra Hospital, Garran ACT

Care | Excellence | Collaboration | Integrity



ACT
Government

**Canberra Health
Services**

 Please consider the environment before printing this email

Attwood, Courtney (Health)

From: Culver, Jakob (Health)
Sent: Friday, 11 January 2019 2:19 PM
To: Burch, Brad (Health)
Cc: Lindemann, Monica (Health)
Subject: Draft DG Brief - SPIRE Governance Model [SEC=UNCLASSIFIED]
Attachments: 181213 DG Brief - SPIRE Governance Structure v0.1.docx; Attachment A - 190101 Draft-for-Discussion only - SPIRE Governance Model Options v0.7.docx

Hi Brad

Please find attached DG Brief and Attachment (i.e. the governance model) for the SPIRE project moving forward.

For your review and clearance through to DDG Corporate. I have updated governance doc (att A) with IFCW as secretariat for Exec Steering Committee and PCG. We will secretariat the BHSP Strategic Advisory Committee.

I have also updated indicative first meeting dates for the PCG and Exec Steering Committee.

Will also print a copy for you.

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



TRIM Reference No. _____

SUBJECT:	Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre – Updated Governance Model
From:	<i>Karen Doran, Deputy Director-General, Corporate Services</i>
Through:	<i>N/A</i>
Critical Date:	<i>15 January 2019</i>
Reason:	<i>Implementation of updated project governance for the SPIRE Centre project is required as soon as possible.</i>

Recommendations

That you:

Note the information provided in this brief and its attachments, in particular in relation to the current status of the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre project and the proposed governance approach moving forward.	<i>NOTED PLEASE DISCUSS</i>
Agree to the proposed governance model for the SPIRE Centre project contained at <u>Attachment A</u> , for the business case development period or until the final governance model for the project has been agreed. Following your agreement, the governance model will be implemented immediately.	<i>AGREED NOT AGREED PLEASE DISCUSS</i>
Agree to provide a copy of this Brief to Bernadette McDonald, to ensure a concurrent update is provided to the Chief Executive Officer (CEO) of Canberra Health Services (Cc.. to Chris Bone).	<i>AGREED NOT AGREED PLEASE DISCUSS</i>
Note final governance and resourcing models for the project longer-term is currently being developed and in line with Cabinet's decision (18/657) will require agreement between the Minister for Health and Wellbeing and the Treasurer.	<i>NOTED PLEASE DISCUSS</i>

.....
Michael De'Ath
Interim Director-General
 ACT Health

January 2019



Purpose

To provide you with a high-level project update on the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre project, and seek your approval of implementation of the proposed governance model for the project moving forward.

Background

The SPIRE Centre project is an election commitment and ACT Government priority being delivered under the Building Health Services Program (BHSP). The project is a Tier One project, as per the ACT Government's the Capital Framework, and is owned by the ACT Health Directorate (ACTHD) under the leadership of the Corporate Services division. Canberra Health Services (CHS) is the client and end-user, and during the business case development period of the project will have project management functions delivered by Infrastructure Finance and Capital Works (IFCW) of the Commercial Services and Infrastructure division of ACT Treasury.

In December 2018 a Principal Design Consultant (Silver Thomas Hanley) and business case advisors (Ernst & Young) were engaged to enable the completion of Proof of Concept for the project and development of the project's final detailed business case. [REDACTED]

Proof of Concept for the SPIRE Centre project has commenced in early January 2019 with a kick-off meeting occurring on 10 January 2019. The kick-off meeting was attended by representatives from Silver Thomas Hanley and Ernst & Young, as well as key executives and stakeholders from the ACTHD, CHS and IFCW. As the project enters the Proof of Concept phase (a critical design phase), there is a critical need to ensure a robust, transparent decision-making governance structure at appropriate levels within the organisation.

Issues

Immediately following the kick-off meeting, Silver Thomas Hanley and Ernst & Young will be developing a detailed program for the ACTHD, CHS and IFCW's review, to deliver the detailed business case for submission in April 2019. In addition, the development and endorsement of a decanting strategy for occupants of buildings 5 and 24 (to be demolished for SPIRE) will be an immediate focus of the project and the design consultants – Silver Thomas Hanley, to ensure that the project is well position to commence demolition of these buildings in the back-half 2019 [REDACTED]



Regarding the business case development period for the project, i.e. the immediate future for the project, the ACTHD has developed a proposed governance model that will provide clarity of the structure within which the ACTHD will work with IFCW and CHS to progress Proof of Concept, deliver the project's business case and progress planning and early work to achieve early project milestones (e.g. demolition of buildings 5 and 24).

The proposed governance model for the business case development period is contained at Attachment A for your consideration and approval. The governance model includes the reinstatement of the Building Health Services Program (BHSP) Strategy Steering Committee as the BHSP Strategic Advisory Group with cross-Directorate representation. Draft Terms of Reference for the key governance groups (i.e. BHSP Strategic Advisory Group, SPIRE Executive Steering Committee, and SPIRE Project Control Group) will be tabled at first meetings for endorsement and approvals.

With your approval of the proposed governance model, the governance structure and approach will be implemented immediately, with first meetings of the key governance groups expected to commence from the end of January 2019/early February 2019.

Benefits/Sensitivities

A copy of the proposed governance model for the business case development period was provided for feedback and comment to Bernadette McDonald (Chief Executive Officer, CHS) on Wednesday 9 January 2019 (Cc... to Chris Bone, Deputy Director-General, Clinical Services, CHS; and Colm Mooney, Executive Director, Infrastructure Management and Maintenance, CHS). <Feedback was received on XX January 2019 indicating CHS's support for the proposed governance model and approach moving forward for the SPIRE Centre project>

Media

Have relevant communications material to support this brief been attached (communications plan, draft media release, talking points etc)?

☐ Yes ☐ No ☒ N/A

Has the Communications Branch been consulted?

☐ Yes ☐ No ☒ N/A

Signed off by:	Brad Burch	Phone:	X49405
Title:	Executive Branch Manager, Strategic Infrastructure		
Branch/Division	Corporate Services		
Date:	11 January 2019		
Action Officer:	Jakob Culver	Phone:	X49707
Unit:	Strategic Infrastructure		

PROJECT GOVERNANCE MODEL – BUSINESS CASE DEVELOPMENT PERIOD

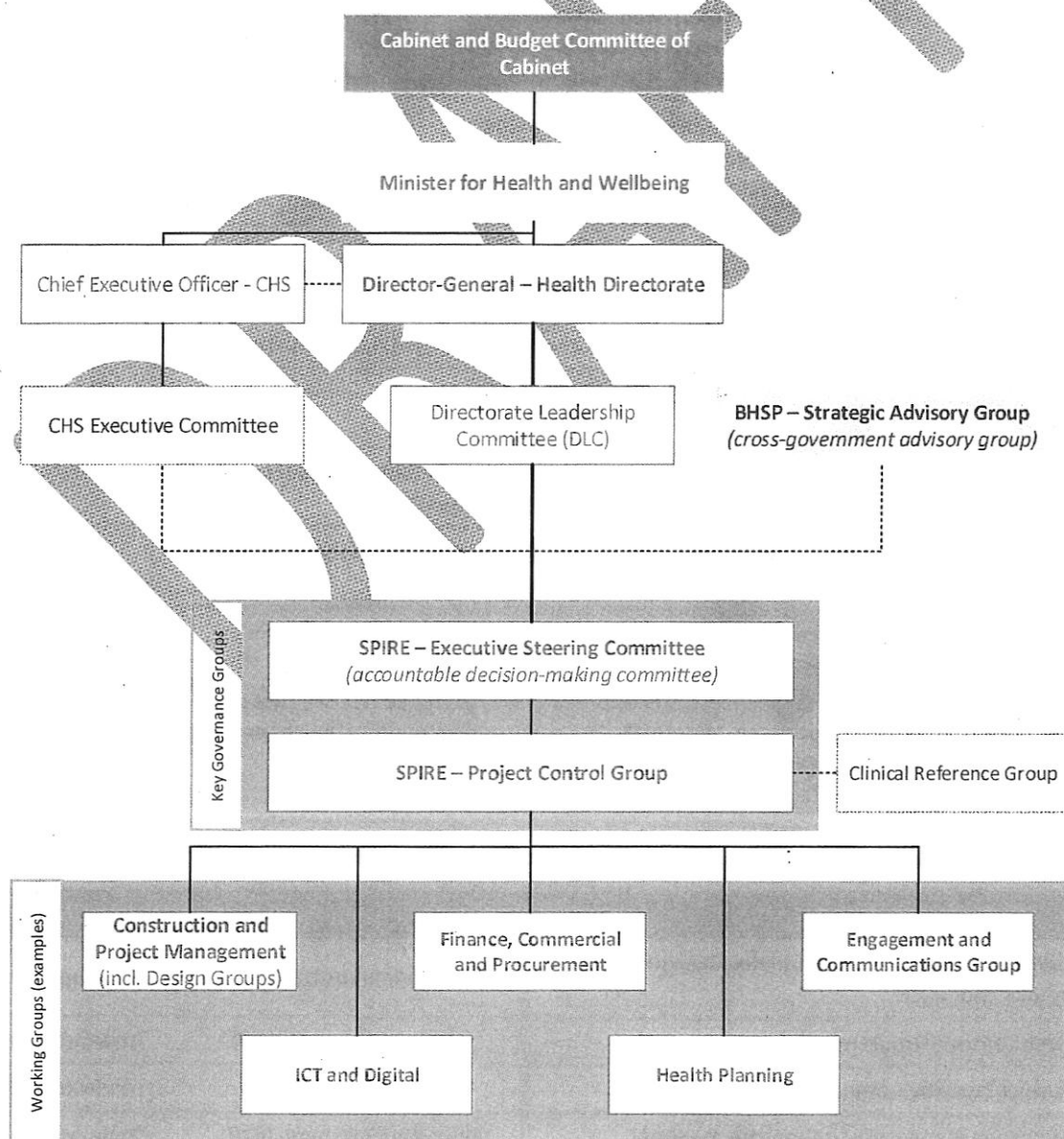
Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre

Tier 1 projects are defined in The Capital Framework as projects which are either over \$50 million in value or are over \$10 million in value and categorised as High Risk. With the Transition of ACT Health to two organisations, Tier 1 projects remain with the ACT Health Directorate, with Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB) as key clients.

This paper outlines the proposed project governance model for the Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre Project, for the business case development phase of the project (through to the end of the 2018-19 financial year). Project governance for beyond the business case development phase (2019-20 forward) will be outlined in the detailed business case for the project and agreed by the Minister for Health and Wellbeing and the Treasurer through the 2019-20 Budget context processes.

The project governance model comprises of an Executive Steering Committee (accountable decision-making body) and Project Control Group (decision-setting and monitoring body) reporting to the Director-General of the ACT Health Directorate through the Directorate Leadership Committee (DLC). In addition, the governance model comprises a high-level cross-government advisory committee – Building Health Services Program (BHSP) Strategic Advisory Group – which will be chaired by the Director-General of the ACT Health Directorate.

Proposed Governance Structure



Roles and Responsibilities – Key Individuals within the Governance Structure

Role	Position	Organisation
Senior Owner	Director-General (Chair: SPIRE – Executive Steering Committee)	ACTHD
Deputy Senior Owner	Deputy Director-General, Corporate Services (Deputy Chair: SPIRE – Executive Steering Committee)	ACTHD
Project Executive	Executive Director, Strategic Infrastructure and Procurement (Chair: SPIRE – Project Control Group)	ACTHD
Deputy Project Executive	Executive Branch Manager, Strategic Infrastructure	ACTHD
Project Management Role	To be defined	ACTHD
Lead Project Managers	To be defined	ACTHD
Senior User	Chief Executive Officer	CHS
Deputy Senior User	Deputy Director-General, Clinical Services	CHS
User Representatives	Executive Director, Critical Care Executive Director, Surgery and Oral Health Executive Director, Medical Services Executive Director, Nursing and Midwifery Executive Director, Infrastructure Management and Maintenance	CHS
Lead Clinicians ¹ (for example)	Clinical Director, Emergency Department Clinical Director, Surgery Clinical Director, Intensive Care Clinical Director, Coronary Care	CHS
SPIRE Clinical Director	SPIRE Clinical Director (appointed by the Chief Executive Officer)	CHS
Senior Supplier	Executive Director, Infrastructure Finance and Capital Works (IFCW)	IFCW
Deputy Senior Supplier	Director, Social Infrastructure Branch	IFCW
Principal Design Consultant	Principal Design Consultant (External Consultant) – Reporting to IFCW for the development of the Business Case	STH ²
Business Case Advisor	Business Case Advisor (External Consultant) – Reporting to ACTHD	EY ²
Service Delivery Planning Consultant	Service Delivery Planning Consultant (External Consultant) – Reporting to ACTHD	TBC

1. In addition to Lead Clinicians, other clinical stakeholders will form part of the Working Groups to inform progression of project elements (e.g. design user groups to inform early design and preliminary/final design processes). Lead Clinicians will form part of the proposed Clinical Reference Group.

2. STH – Silver Thomas Hanley; EY – Ernst & Young

Proposed Scheduling of First Meetings for Governance Groups

Meeting	Date	Scheduling Status
Kick-Off Meeting – STH and EY and Key Executives from ACTHD, CHS and IFCW	10 January 2019	Completed
1 st Project Control Group meeting	Mid-Late January 2019	To be scheduled
1 st Executive Steering Committee meeting	Early February 2019	To be scheduled
1 st BHSP Strategic Advisory Committee meeting	Early-Mid February 2019	To be scheduled

Draft-for-Discussion

Proposed Stakeholders of Key Governance Groups – Part A (Executive Steering Committee and Project Control Group)

Key Project Governance Groups for Business Case Development Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre Project					
SPIRE – Executive Steering Committee (Chair – Director-General; Deputy Chair – Deputy Director-General, Corporate Services; Secretariat – Infrastructure Finance and Capital Works)					
Members	Deputy Director-General (ACTHD) <i>Michael De'Ath</i>	Deputy Director-General, Corporate Services (ACTHD) <i>Karen Doran</i>	Executive Group Manager, Strategic Infrastructure & Procurement (ACTHD) <i>TBC</i>	Chief Executive Officer (CHS) <i>Bernadette McDonald</i>	Deputy Director-General, Clinical Services (CHS) <i>Chris Bone</i>
	Executive Branch Manager, Strategic Infrastructure (ACTHD) <i>Brad Burch</i>	Executive Director, Infrastructure Management & Maintenance (CHS) <i>Colm Mooney</i>	Executive Director, IFCW (CMTEDD) <i>TBC</i>	Executive Director, Finance and Budget Division (CMTEDD) <i>Mark Whybrow</i>	Executive Director, Health System Planning and Evaluation (ACTHD) <i>Carolyn Bartholomew</i>
Attendees	SPIRE Project Management Role (Specialised Consultant) <i>TBC</i>	Specialist Advisor, Strategic Infrastructure (ACTHD) <i>Monica Lindemann</i>	SPIRE Clinical Director (Specialised Clinical Consultant) <i>TBC</i>		
SPIRE – Project Control Group ¹ (Chair – Executive Group Manager, Strategic Infrastructure and Procurement; Secretariat – Infrastructure Finance and Capital Works)					
Members	Executive Group Manager, Strategic Infrastructure & Procurement (ACTHD) <i>TBC</i>	Executive Branch Manager, Strategic Infrastructure (ACTHD) <i>Brad Burch</i>	SPIRE Project Management Role (Specialised Consultant) <i>TBC</i>	SPIRE Clinical Director (Specialised Clinical Consultant) <i>TBC</i>	Executive Director(s), Medical Services and Nursing and Midwifery (CHS) <i>Paul Dugdale AND Hamish Jeffery</i>
	Executive Director, Surgery and Oral Health (CHS) <i>Daniel Wood</i>	Executive Director, Critical Care (CHS) <i>Narelle Boyd</i>	Director, Facilities and Maintenance, IM&M (CHS) <i>Chris Tarbuck</i>	Director, Social Infrastructure Branch, IFCW (CMTEDD) <i>Sophie Gray</i>	Director, Social Policy Branch, Finance & Budget Division (CMTEDD) <i>Ben Morris</i>
Attendees	Executive Director, Health System Planning and Evaluation (ACTHD) <i>Carolyn Bartholomew</i>				
	Clinical & Facilities Planning Lead(s), Strategic Infrastructure (ACTHD) <i>Kate Evans</i>	Commercial Advisor, Strategic Infrastructure (ACTHD) <i>Jakob Culver</i>	SPIRE ICT Services Lead, Digital Solutions Division (ACTHD) <i>TBD</i>	Silver Thomas Hanley (STH) Representatives	Ernst and Young (EY) Representatives
	Lead Clinicians <i>Where applicable (attendees)</i>	Lead Project Managers and Work Stream Leads <i>TBC</i>			
ACT Health Directorate Representatives		Canberra Health Services Representatives ²	Other ACT Government Representatives	External Representatives / Consultants	Consultant Executive Project Director
1. Project Control Group to also include Lead Clinicians where required (as attendees) and Lead Project Managers and Work stream Leads in the future; 2. To be confirmed with Canberra Health Services					

Proposed Stakeholders of Key Governance Groups – Part B (BHSP Strategic Advisory Group)

Building Health Services Program – Strategic Advisory Group

Building Health Services Program – Strategic Advisory Group

BHSP – Strategic Advisory Group (Chair – Director-General ACTHD; Secretariat – Strategic Infrastructure)					
Members	Director-General (ACTHD) <i>Michael De’Ath</i>	Deputy Director-General, Corporate Services (ACTHD) <i>Karen Doran</i>	Chief Executive Officer (CHS) <i>Bernadette McDonald</i>	Deputy Director-General, Clinical Services (CHS) <i>Chris Bone</i>	Deputy Director(s)-General, Finance and Budget Division (CMTEDD) <i>Stephen Miners</i>
	Deputy Director-General, Commercial Services and Infrastructure (CMTEDD) <i>Shaun Strachan</i>	Deputy Director-General, Land Strategy and Environment (EPSDD) <i>Erin Brady</i>	Deputy Director-General, City Services (TCCS) <i>Jim Corrigan</i>	Chief Executive, Capital Health Network (CHN) <i>Gaylene Coulton</i>	Calvary Health Care Representative(s) <i>TBC</i>
Attendees	Executive Group Manager, Strategic Infrastructure & Procurement (ACTHD) <i>TBC</i>				
ACT Health Directorate Representatives		Canberra Health Services Representatives ²	Other ACT Government Representatives	External Representatives / Consultants	

1. Project Control Group to also include Lead Clinicians where required (as attendees) and Lead Project Managers and Work stream Leads in the future; 2. To be confirmed with Canberra Health Services

1. Project Control Group to also include Lead Clinicians where required (as attendees) and Lead Project Managers and Work stream Leads in the future; 2. To be confirmed with Canberra Health Services

Attwood, Courtney (Health)

From: Elfving, Regan (Health) on behalf of DDGCorporate
Sent: Wednesday, 16 January 2019 9:52 AM
To: CEOHealth
Cc: DDGCorporate; Burch, Brad (Health); Culver, Jakob (Health)
Subject: FW: Proposed SPIRE Governance Model - Business Case development period [SEC=UNCLASSIFIED]

Hi Nic

Did Bernadette have an opportunity to review?

Kind regards

Regan Elfving
 A/g Business Manager
 Office of the Deputy Director-General, Corporate Services | ACT Health
 P: (02) 5124 9854 | M: [REDACTED] | E: Regan.Elfving@act.gov.au



ACT
Government

ACT Health

From: Attwood, Courtney (Health) **On Behalf Of** DDGClinical
Sent: Wednesday, 16 January 2019 9:49 AM
To: DDGCorporate <DDGCorporate@act.gov.au>
Subject: RE: Proposed SPIRE Governance Model - Business Case development period [SEC=UNCLASSIFIED]

UNCLASSIFIED

Hi Regan,

Chris has reviewed the Proposed SPIRE Governance Model and has no immediate concerns.

Thankyou

Kind Regards,

Courtney Attwood | Ag Executive Assistant to Deputy Director-General, Chris Bone
 Phone: 02 5124 2728 | Email: Courtney.attwood@act.gov.au
 Deputy Director-General Office | Canberra Health Services | ACT Government
 Building 24, Level 2, Canberra Hospital, Garran, ACT 2605 | PO Box 11, Woden, ACT 2606 | www.health.act.gov.au

From: Elfving, Regan (Health) **On Behalf Of** DDGCorporate
Sent: Monday, 14 January 2019 3:59 PM
To: CEOHealth <CEOHealth@act.gov.au>; DDGClinical <DDGClinical@act.gov.au>; IMM <IMM@act.gov.au>
Cc: DDGCorporate <DDGCorporate@act.gov.au>; Burch, Brad (Health) <Brad.Burch@act.gov.au>; Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>; Building Health Services Program <BuildingHealthServicesProgram@act.gov.au>
Subject: FW: Proposed SPIRE Governance Model - Business Case development period [SEC=UNCLASSIFIED]

Hi there

Following up on the below; could you please advise if CHS have any feedback or comments?

Kind regards

Regan Elfving

A/g Business Manager

Office of the Deputy Director-General, Corporate Services | ACT Health

P: (02) 5124 9854 | M: [REDACTED] | E: Regan.Elfving@act.gov.au



ACT
Government

ACT Health

From: Doran, Karen (Health)

Sent: Wednesday, 9 January 2019 6:19 PM

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

Cc: Chris Bone (Health) (<Chris.Bone@act.gov.au> <Chris.Bone@act.gov.au>; Mooney, Colm (Health) <Colm.Mooney@act.gov.au>; Brad Burch (Health) (<Brad.Burch@act.gov.au> <Brad.Burch@act.gov.au>; Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>

Subject: Proposed SPIRE Governance Model - Business Case development period

UNCLASSIFIED

Hi Bernadette

As discussed yesterday, I am sending through the proposed governance model for the SPIRE project during the business case development period (please find attached a high-level governance document).

This proposed governance model aligns with the recent decision of Cabinet, including that the Health Directorate retains accountability for the project but that governance mechanisms reflect the necessary close collaboration with CHS and involvement of other directorates (in particular Treasury).

In regards to governance structures for the project longer-term, post the business case development phase, this is currently being developed and in line with Cabinet's decision will require agreement between the Minister and Treasurer.

Next step is to prepare a brief to Michael on this governance structure to seek Director-General endorsement, however I would very much welcome feedback/comment from yourself, Chris and Colm before finalising.

Also I note the kick off meeting with Silver Thomas Hanley is tomorrow afternoon with Chris and Colm attending.

Look forward to hearing from you

best regards

Karen

Attwood, Courtney (Health)

From: Burch, Brad (Health)
Sent: Wednesday, 16 January 2019 10:57 AM
To: Lindemann, Monica (Health)
Cc: Culver, Jakob (Health)
Subject: RE: CM Weekly brief - SPIRE input [SEC=UNCLASSIFIED]
Attachments: CM Weekly Brief Input from ACT Health - 17 January 2019 (BB).docx

UNCLASSIFIED

Hi Monica – I've made some minor changes and cleared. If you are happy with the amendments, please send on to DDG Corporate.

Thanks!

Brad Burch | Executive Branch Manager, Strategic Infrastructure

Strategic Infrastructure and Procurement

Corporate Services

(02) 6207 2385 or [REDACTED] | brad.burch@act.gov.au



ACT
Government

ACT Health

From: Lindemann, Monica (Health)
Sent: Tuesday, 15 January 2019 12:21 PM
To: Burch, Brad (Health) <Brad.Burch@act.gov.au>
Cc: Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>
Subject: RE: CM Weekly brief - SPIRE input [SEC=UNCLASSIFIED]

DI and a bit of SPIRE info.

From: Dale, Emm (Health) **On Behalf Of** DDGCorporate
Sent: Tuesday, 15 January 2019 10:09 AM
To: Burch, Brad (Health) <Brad.Burch@act.gov.au>
Cc: Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>; Lindemann, Monica (Health) <Monica.Lindemann@act.gov.au>
Subject: CM Weekly brief - SPIRE input

UNCLASSIFIED For-Official-Use-Only

Hi All

Can I please have some input prepared about SPIRE for the CM weekly issues brief.

There are some guidelines attached which will be helpful as I don't think we've had to do one of these before.

Can I please get your response back by COB tomorrow.

Thanks
 Emm

CHIEF MINISTER'S WEEKLY ISSUES BRIEF

DATE: 17 January 2019

ACT HEALTH DIRECTORATE**Strategic Infrastructure Branch**

- Public information on the SPIRE development has been published on the ACT Health [website](#). There have been six enquiries (5 staff and 1 public) to the SPIRE enquiries inbox from the webpage since it launched on 12 December 2018. Staff were seeking opportunities to input into planning, and the public enquiry, from a Garran resident, enquired about the planned SPIRE building height and noise management during demolition/construction. All enquiries have been responded to.
- In December 2018, ACT Health engaged health architects Silver Thomas Hanley to work with clinicians and other stakeholders to develop early designs for Government's consideration.
- ACT Health representatives will give a SPIRE presentation at a public meeting of the Woden Valley Community Council, 6 March 2019.

The content has been cleared by

Name: Brad Burch

Position: Acting Executive Branch Manager, Strategic Infrastructure

FREEDOM OF INFORMATION REQUESTS**ACT Health Directorate****Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE)**

- FOI request from MLA for the following:
 - Reports and other documents prepared for the CEO of CHS regarding progress of the SPIRE project from 1 October 2018
 - Correspondence between CHS officials, ACTHD official and the Minister for Health and Wellbeing's office from 1 October 2018
 - A communications strategy for the SPIRE project and correspondence between CHS official, ACTHD officials and the Minister's office regarding the communications strategy since 1 October 2018
 - Communications with clinical staff, all CHS staff, unions and professional organisations regarding changes to the SPIRE project dated from 1 October.

Pond, Aleks (Health)

From: Catanzariti, John
Sent: Wednesday, 16 January 2019 11:40 AM
To: Burch, Brad (Health)
Cc: Gray, Sophie; Culver, Jakob (Health)
Subject: SPIRE - Draft PPM for Program Director [SEC=UNCLASSIFIED]
Attachments: Attachment A - Procurement Plan Minute.doc; Attachment A1 - Risk Management Plan.doc; Attachment A2 - Evaluation Plan.doc

Brad,

Please find attached the draft PPM for the SPIRE Program Director.

Could you please review and provide comments/feedback.

Regards,
John



Procurement Plan Minute

Procurement Overview													
To	Karen Doran, Deputy Director-General Corporate, ACT Health												
Name of Project	Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre – Program Director												
Project Number	30064												
Tender Number/s	tbc												
Subject Type	This minute seeks your agreement to procuring a Consultant to undertake Program Director associated with SPIRE.												
Procurement Methodology	Public Tender												
Purpose	This minute seeks your agreement to procuring a Consultant to undertake Program Director associated with SPIRE.												
Estimated value (\$) Inclusive of GST													
Timing/urgency	<p>When is it needed by and why?</p> <p>This procurement is required to engage a Consultant to undertake Program Director services to manage the design and head contractor procurement activities for the SPIRE project.</p> <p>Indicative timeframe:</p> <table> <tr> <td>RFx advertised</td><td>24/01/2019</td></tr> <tr> <td>RFx Closes</td><td>14/02/2019</td></tr> <tr> <td>Tender Evaluation</td><td>February 2019</td></tr> <tr> <td>Approval of Tender Evaluation Report</td><td>February 2019</td></tr> <tr> <td>Contract Awarded</td><td>March 2019</td></tr> <tr> <td>Debrief Unsuccessful Tenderers</td><td>March 2019</td></tr> </table> <p>(Note: timings are estimates and may change after the Procurement Plan is signed)</p>	RFx advertised	24/01/2019	RFx Closes	14/02/2019	Tender Evaluation	February 2019	Approval of Tender Evaluation Report	February 2019	Contract Awarded	March 2019	Debrief Unsuccessful Tenderers	March 2019
RFx advertised	24/01/2019												
RFx Closes	14/02/2019												
Tender Evaluation	February 2019												
Approval of Tender Evaluation Report	February 2019												
Contract Awarded	March 2019												
Debrief Unsuccessful Tenderers	March 2019												
Is Government Procurement Board sign off required?	No												
Is ACT Government Solicitor (ACTGS) consultation required?	Legal and probity advice will be sought as required from the ACTGS.												

PROCUREMENT REQUIREMENTS	
Scope of works or services to be provided	This procurement is required to engage a Consultant to undertake Program Director services to manage the design and head contractor procurement activities for the SPIRE project.
Funding	
Site	The Canberra Hospital Campus, Garran ACT.
Consultation (including pre tender)	Infrastructure Finance and Capital Works (IFCW) are working in partnership with the ACT Health (ACTH) on the development of a Proof of Concept design to inform a Detailed Business Case for the Surgical Procedures Interventional Radiology and Emergency (SPIRE) project.
PROCUREMENT POLICIES AND PRACTICES	
Canberra Region Local Industry Participation Policy (LIPP)	The policy will be followed in accordance with \$200k-\$5M threshold. An ECT Plan applies.
Secure Local Jobs Code Is this procurement for Territory funded work as defined in the <i>Government Procurement Act 2001</i> ?	No
Sustainable Procurement What are the key sustainability risks and opportunities that will be addressed through this procurement?	Not applicable for this consultancy engagement.
Social Procurement Is this suitable to be a Social Procurement?	No, this procurement is not suitable for consideration as a social procurement due to the complex and technical nature of the consultancy services required.
Aboriginal and Torres Strait Islander Procurement Is there a Canberra Region Aboriginal and Torres Strait Islander supplier potentially able to meet the requirement?	There are no suitable Indigenous businesses in the Canberra Region who are able to meet the requirements of this procurement.

PROCUREMENT RISK				
Risk	Refer to <u>Attachment 1</u> – Risk Plan			
EVALUATION METHODOLOGY				
Evaluation Criteria	Refer to <u>Attachment 2</u> – Evaluation Plan			
TENDER EVALUATION TEAM				
Name	1. Karen Doran	2. Chris Bone	3. Brad Burch	4. Sophie Gray
Position	Chair	Member	Member	Member
	ACT Health	ACT Health	ACT Health	IFCW
Statement on team composition	The Tender Evaluation Team (TET) have extensive experience in the delivery of health infrastructure, procurement and an understanding of ACT Health business. Specialist advisors will be available to the TET as required			
CONTRACT MANAGEMENT				
Number & form of contract	One Construction Related Services Contract for the provision of Program Director services.			
Contract management	Infrastructure Finance and Capital Works will manage the contract.			
Period of contract(s)	Up to twelve months with the opportunity to extend if required.			
AUSTRALIAN FREE TRADE AGREEMENTS (FTAs)				
Is the procurement covered by the Trans-Pacific Partnership (TPP-11) or other FTA?	No, the value of the procurement is under the Free Trade Agreement Threshold of \$9,396,000 for the procurement of works (including services associated with works).			
AUSTRALIAN GOVERNMENT FUNDING				
Is there Australian Government funding attached to this procurement?	No			
EXEMPTIONS				
Exemption	Not applicable			
Reason for Exemption	Not applicable			
PROCUREMENT ACT / INFRASTRUCTURE, FINANCE & CAPITAL WORKS RECOMMENDATION				
Project Officer		Signature and Date		
		Phone Number		
Manager		Signature		

		and Date	
Director	\$1 million to \$5 million – clearance by Manager & Director	Signature and Date	
Executive Director	\$5 million or above – clearance by Manager & Director & Executive Director [delete row if not required]	Signature and Date	
DIRECTORATE ENDORSEMENT			
Name		Phone Number	
Position			
Signature		Date	

DIRECTOR GENERAL/DELEGATE APPROVAL			
Name			
Position	Director General/delegate		
Statement	The Procurement Plan and attachments are approved.		
Signature		Date	

Attachments:

Attachment A1: Risk Plan

Attachment A2: Evaluation Plan

**ACT**
GovernmentChief Minister, Treasury and
Economic Development**Procurement Risk Management Plan**

931

Attachment A1

Project Details			
Project	Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Centre – Program Director		
Project Objectives	To procure a suitable consultant to undertake Program Director services on the SPIRE project		
Contact Details:			
Directorate	CMTEDD	Business Unit (if applicable)	IFCW
Name of Contact	John Catanzariti	Phone no.	02 5124 8156
Name of Decision Maker / Authority Holder	Sophie Gray		

Created by: John Catanzariti

Date: 16 January 2019

Reviewed by: Babita Basic

Date: 16 January 2019

Approved by: Sophie Gray

Date: January 2019

Internal and External [Name and Agency/Organisation]	Level of Influence [Ability to influence project outcomes]	Level of Interest [Level of interest in the project outcome]
Cabinet	High	High
Ministers for Health and Wellbeing and Mental Health	High	High
Health Directorate	Medium	High
Chief Minister Treasury and Economic Development Directorate	Medium	High

Procurement Risk Management Plan

Attachment A1

Risk Register

This risk register is consistent with AS/NZS ISO 31000:2009 risk management standard and the CMTEDD Risk Management Framework and Policy Statement; and Risk Management Policy.

Risk Ref. No.	Risk Description (source/ Cause) The risk event, source and cause What can happen (that will affect our ability to meet our objectives) and how it comes about.	Describe the consequence If what can happen does happen what is the impact or outcome? (In its most 'normal' form – not an extreme form)	Risk controls – what is in place to manage the risk. How are risks to be Managed? What ordinary policies, procedures and actions (BAU) are to be taken to manage the risk?	Risk Owner (person or entity who manages the risk)	Consequence	Likelihood	Current risk rating	Control effectiveness
1	Insufficient consultant experience on the Hospital campus and the provision of Program Director Services	Significant impact on the progression of PSP design development and the procurement of a head contractor to deliver SPIRE.	<ul style="list-style-type: none"> Selection of suitably experienced consultant that has undertaken works in the past 5 years on operational hospital sites, Tenders contain assessable criteria for their staff. There will be no re-assignment or alternate staff replacements without prior written approval. 	ACTH	Maj	Rare	Med	Adq
2	Tender Evaluation Process results in public perception of perceived conflicts of interest and probity issues	Scrutiny required by external committees or ACT Auditor General's Office, or inquest, etc. Non-compliance with work policy and standard operating procedures which require self reporting to the appropriate regulator and immediate rectification.	<ul style="list-style-type: none"> Any ACT government officer who may have any perceived conflicts in relation to the tender is not to be on the Tender Evaluation Team. Conduct evaluation in accordance with procurement plan, inclusive of the Probity Plan, using nominated Team. Deed of Confidentiality to be signed by the Tender Evaluation Team members and any specialist advisors with any perceived conflict of interest by the person, their company or subsidiary company to be declared prior to accessing proposal information. Public open tender in accordance with legislative requirements. 	ACTH	Mod	U/L	Med	Adq
3	Delays to the procurement process	Significant impact on business and strategic objectives. Key service delivery impaired.	<ul style="list-style-type: none"> Allow sufficient time in project schedule for procurement stages. Identify schedule critical path to ensure critical activities are prioritised and 	ACTH	Maj	U/L	High	Adq


ACT
 Government

 Chief Minister, Treasury and
 Economic Development

Procurement Risk Management Plan

Attachment A1

			targeted to minimise any potential delays.					
4	Delays by Client/Stakeholder due to lengthy review and approvals process	Significant impact on business and strategic objectives. Key service delivery impaired.	<ul style="list-style-type: none"> Ensure schedule has adequate allowance for Client / Stakeholder comment and approvals. Direct briefings form ED CHHS Program to ACT Heath DG at key approval points 	ACTH	Maj	Poss	High	Adq
5	Tender documents contain confidential or sensitive information	Potential for poor public perception or misunderstanding of information, political and media scrutiny. E.G.: front page headlines, TV, etc.	<ul style="list-style-type: none"> Confidentially deed sign-off by proponents prior to document release. 	ACTH	Mod	Poss	Med	Adq
6	Insufficient time to complete the required consultancy services	Design and procurement activities are delivered late which would impact the overall delivery of SPIRE	<ul style="list-style-type: none"> RFT to clearly detail program constraints and contract milestones dates 	ACTH	Maj	Poss	High	Adq
7	Returned tenders exceed the project budget	Budget overrun for that component of the project	<ul style="list-style-type: none"> Project team to maintain contingency for procurement risks. IFCW cost planner to validate the budget breakdown. 	ACTH	Min	Poss	Med	Adq
8	Lack of market coverage resulting in inadequate number of suitable consultants that tender	Difficulty in evaluating tender submissions.	<ul style="list-style-type: none"> Appointment of experienced Procurement Officers as chair and member of panel. Use of Tenders ACT for wide distribution to market. Open publically advertised RFT process with capture a wide cross section of industry. 	ACTH	Mod	Rare	Low	Adq
9	Loss of key personnel from Consultancy Team	Loss of continuity of Program Director services works. Replacement personnel have lesser capability or capacity to satisfy project demands	<ul style="list-style-type: none"> Contract commitment not to remove key personnel. Project Officer to monitor key personnel involvement on the project. 	ACTH	Min	U/L	Med	Adq

Evaluation Plan Template for Infrastructure Projects

Surgical Procedures, Interventional Radiology and Emergency (SPIRE) Project

Program Director Services

1. Introduction

This Evaluation Plan relates to the tender process to engage a consultant to undertake Program Director Services for the procurement and delivery of a Principal Consultant for the Preliminary Sketch Plan Design and the procurement of a Head Contractors associated with the SPIRE project.

This plan details the evaluation team and its responsibilities, the evaluation methodology and the evaluation criteria by which tenders received will be evaluated. The Request for Tender or other procurement/tender documents must include the evaluation criteria as set out herein (subject to any amendments approved by a relevant Director, noting that the Delegate must approve all changes to an endorsed Evaluation Plan).

The methodology for this procurement will be an open tender and the process will be undertaken in accordance with the Government Procurement Act, supporting regulation, the endorsed procurement plan minute, the Request for Tender issued and the Standard Conditions of Tender.

2. Evaluation Team

The evaluation team detailed below has been formed to evaluate the responses to the tender.

All members of the evaluation team are aware of their responsibilities and obligation to demonstrate impartiality and equity to all respondents.

2.1 Role

The evaluation team will be responsible for:

- a) maintaining probity;
- b) evaluating the responses in accordance with the criteria and methodology;
- c) documenting the evaluation process;
- d) preparing an evaluation report;
- e) seek Delegate approval to commence post tender negotiations with the preferred tenderer;
- f) seek Delegate approval to proceed with a contract with the preferred tenderer; and
- g) debriefing unsuccessful tenderers.

2.3 Members

Members of the evaluation team are personally appointed and cannot be withdrawn or replaced without the approval of the Director General or Delegate.

Name	1. Karen Doran	2. Chris Bone	3. Brad Burch	3. Sophie Gray
Position	Chair	Member	Member	Member
Agency	ACT Health	ACT Health	ACT Health	IFCW

2.4 Specialist Advice and Support

The evaluation team may, as required, utilise specialist advice to assist in the evaluation process.

The areas of experience may include*:

- a) technical analysis, including advice from Consultants and IFCW Directors/Managers;
- b) past performance, including advice from officers within ACT Government
- c) financial assessment;
- d) assessment of the Work Health and Safety System;
- e) assessment of the Local Industry Participation;
- f) assessment of Labour Relations Training and Workplace Equity Plans;
- g) probity and technical procurement advice, including from the ACT Government Solicitor and IFCW Directors/Managers (such advice may include, but not be limited to, technical drafting advice and review of draft evaluation reports for clarity and consistency with the *Government Procurement Act 2001* (ACT) and the RFT); and
- h) legal issues, including advice from the ACT Government Solicitor.

2.5 Probity

- a) The members of the evaluation team and advisors are required by the Probity and Ethical Behaviour Circular (PC21)) and (if relevant) the Probity Plan (consistent with probity obligations in the *Government Procurement Act 2001* (ACT)) to disclose any actual or apparent conflict of interest and take steps to avoid that conflict. The responsibility lies with each evaluation team member or advisor to promptly identify and disclose to the Chair, Procurement Officer or delegate (as the case may be) any actual, perceived or potential conflicts of interest involving themselves, their immediate family or any other relevant relationship.
- b) Without limiting the Probity Plan (if any), all disclosures of conflicts of interests will be fully documented. Evaluation team members, specialist advisors and Consultants will be required to provide written acknowledgement of confidentiality and declaration of conflicts of interest prior to the commencement of the evaluation process using the appropriate form. Continued membership of the evaluation team will be dependent on the declaration of, and determination of declared, conflicts of interest. If a conflict of interest is identified, the evaluation team member in question will be required to comply with the direction of the Chair and/or delegate. This may include being removed from any involvement in the

tender evaluation process and replaced with a delegate approved officer, if the delegate considers appropriate.

3. Evaluation Process and Criteria

3.1 Evaluation Process

- a) All tenders will be assessed using the methodology outlined below and in accordance with the published RFT and Standard Conditions of Tender. The methodology takes into consideration the process that will be used to assess value for money. Tenderers will be required to address the Evaluation Criteria listed as part of their Tender Submission and the Evaluation Team will examine each offer received.

3.2 Stage 1 - Conformity check including threshold criteria

- a) Any tender that:
 - (i) is submitted after the closing time and date;
 - (ii) is at variance with or does not respond to or does not fully comply with any requirement of the RFT (including Standard Conditions of Tender); or
 - (iii) is incomplete, cannot be read or decrypted;
 - (iv) has failed to comply with section 13 of the Standard Conditions of Tender (disclosure of conflicts of interest); or
 - (v) does not meet any Threshold Assessment Criterion, may be deemed to be non-conforming.
- b) The evaluation team may, in its absolute discretion, in respect of a Tender that is non-conforming or that it deems to be non-conforming decide to:
 - (i) reject and not consider the Tender any further;
 - (ii) ignore any non-conformance in the Tender and submit the Tender to further assessment against the Assessment Criteria; or
 - (iii) if it is possible to correct the non-conformance without affecting probity in the process, allow the Tenderer to correct the non-conformance.
- c) The evaluation team must record any non-conformity and, having regard to any probity advice sought from the probity advisor, its decision whether to reject the tender or to allow the tender to be submitted to further evaluation and the reasons.
- d) **Late Tenders:** Where a late tender is received, the time and date of receipt shall be noted on the document and endorsed by the recipient. When Tenders ACT receive and process a late tender lodgement, the Tenders ACT Support Team will advise the project officer the time and date of electronic lodgement for a particular tender. Late tenders are considered non-conforming. In deciding whether to admit a late tender for evaluation, the tender evaluation team may take into account any factors it considers relevant, including without limitation:
 - (i) whether the late tenderer is likely to have had an opportunity to obtain some unfair advantage from late submission;

- (ii) how late the tender is, the reasons given for lateness and evidence available;
 - (iii) whether the tender was mishandled by the Territory, by an official postal service or by a reputable delivery service; and
 - (iv) evidence of unfair practices.
- e) **Public Sector Offers:** Any offers received from Government bodies (Local, State, Territory or Commonwealth) will be evaluated using the principle of 'competitive neutrality' as defined by the National Competition Policy, i.e. offers should include all commercial costs that private sector organisations would include in their offers.
- f) **Alternative Tenders:** An Alternative tender may only be considered if it is submitted together with a conforming tender. If considered, they will initially be evaluated to determine if they provide a product or service which at least equals the project objectives set out in the tender documents. Should such an offer be considered not to provide such benefit it may be excluded from further consideration;
- g) **Clarifications:** The Evaluation Team may seek in writing additional information for clarification of offers received at any stage during the evaluation process. Clarifications must not be permitted to be used by tenderers as an opportunity to change or enhance their tender, including to change their tendered financial offer. All clarifications will be fully documented and appropriately filed.
- h) **Use of WHS adviser:** For Construction Contract tenders the evaluation team may seek an independent Safety Professional's assessment of each Tenderer's submission against Weighted Assessment Criteria – Work Health and Safety System. The independent Safety Professional will provide a written report supporting a suggested score (0 – 10 range in accordance with the attached Risk Rating Table), and this information can be taken into account by the tender evaluation team in its evaluation.
- i) **Use of LIPP adviser:** For procurements with an estimated value greater than \$5million the evaluation team may seek an independent assessment of each Tenderer's submission against the Weighted Assessment Criteria – Local Industry Participation. The independent assessment will provide a written report supporting a suggested score (0 – 10 range in accordance with the attached Risk Rating Table), and this information can be taken into account by the tender evaluation team in its evaluation.
- j) **Post-Tender Presentations:** Where provided for in the RFT, tenderers may be requested by the evaluation team chair to provide a presentation of their tender at a suitable date as determined by the evaluation team Chair. To the extent requested, tender presentations will be conducted separately and will be attended by the wider evaluation team as deemed appropriate by the chair. All documentation presented and minutes of the interview may be kept, including for possible inclusion in the Contract should the Tenderer be successful.

4.3 Stage 2 - Weighted Evaluation Criteria

- a) Initially a tender will be scored against the Evaluation Criteria using the scoring regime in the Risk Rating Table attached to this plan. The evaluation team will reach a consensus score for each response. The overall score is the cumulative total of individual weighted criteria multiplied by their respective score.