

**Ivansson, Zoe (Health)**

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**From:** Burch, Brad (Health)  
**Sent:** Tuesday, 8 October 2019 12:52 PM  
**To:** Lopa, Liz (Health)  
**Subject:** FW: SPIRE Enabling Works PCG Papers [SEC=UNCLASSIFIED]  
**Attachments:** SPIRE Enabling Works PCG #2 - 08.10.2019.pdf

UNCLASSIFIED

FYI

**From:** Burch, Brad (Health)  
**Sent:** Tuesday, 8 October 2019 12:50 PM  
**To:** Esau, Lloyd <Lloyd.Esau@act.gov.au>  
**Subject:** FW: SPIRE Enabling Works PCG Papers [SEC=UNCLASSIFIED]

UNCLASSIFIED

Hi Lloyd

Just another one on today's PCG, just so as to not surprise.

I note that HPU Briefs are being submitted for approval – HPU Briefs need to be signed off by ACT Health as the agency responsible for health facility planning following the transition to two organisations. We are still building up our team in this space, so we can't do a comprehensive review in line with the project's timeframes, and I don't want to hold you up, however I would be keen to understand if there are any deviations from the Australasian Health Facility Guidelines and the justification behind any deviations. This information is usually included in the schedules to the HPU Brief, but hasn't been included in the versions circulated.

It might be worth a conversation at some stage soon about how we can manage the HPU process for the SPIRE Project more generally as you come to complete Models of Care and updated HPU Briefs.

Happy to discuss as needed.

Thanks and regards

**Brad Burch** | Executive Branch Manager

**Strategic Infrastructure**

**Corporate Services**

(02) 5124 9719 or  [brad.burch@act.gov.au](mailto:brad.burch@act.gov.au)



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**ACT Health**

**From:** Fraszczak, Natalia <[Natalia.Fraszczak@act.gov.au](mailto:Natalia.Fraszczak@act.gov.au)>  
**Sent:** Wednesday, 2 October 2019 4:55 PM  
**To:** ACT Health StrategicInfrastructure <[ACTHealthStrategicInfrastructure@act.gov.au](mailto:ACTHealthStrategicInfrastructure@act.gov.au)>; Burch, Brad (Health)

<Brad.Burch@act.gov.au>

**Subject:** RE: SPIRE Enabling Works PCG Papers [SEC=UNCLASSIFIED]

UNCLASSIFIED

Hi Strategic Infrastructure Team

Papers for the next EW PCG attached.

Thank you

Regards

Natalia Fraszczak

**From:** Lopa, Liz (Health) <Liz.Lopa@act.gov.au>

**Sent:** Wednesday, 2 October 2019 4:48 PM

**To:** Fraszczak, Natalia <Natalia.Fraszczak@act.gov.au>

**Cc:** ACT Health StrategicInfrastructure <ACTHealthStrategicInfrastructure@act.gov.au>

**Subject:** RE: SPIRE Enabling Works PCG Papers [SEC=UNCLASSIFIED]

Thanks Natalia. I am away next week so Brad Burch will be attending in my absence. Can you please send papers to [ACTHealthStrategicInfrastructure@act.gov.au](mailto:ACTHealthStrategicInfrastructure@act.gov.au)?

Thanks

Liz

**From:** Fraszczak, Natalia

**Sent:** Wednesday, 2 October 2019 4:12 PM

**To:** Esau, Lloyd <Lloyd.Esau@act.gov.au>; Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Pepper, Dave (Health) <Dave.Pepper@act.gov.au>; Mooney, Colm (Health) <Colm.Mooney@act.gov.au>; O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>; Lopa, Liz (Health) <Liz.Lopa@act.gov.au>; Stellios, George <George.Stellios@act.gov.au>

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**Subject:** SPIRE Enabling Works PCG Papers

UNCLASSIFIED

Good afternoon PCG Members

Please find attached papers for the next SPIRE Enabling Works PCG.

Please don't hesitate to contact me if you have any further questions.

Regards

Natalia Fraszczak

Phone: 02 6205 3401 | [Natalia.Fraszczak@act.gov.au](mailto:Natalia.Fraszczak@act.gov.au)

SPIRE Project  
Major Projects Canberra | ACT Government  
GPO Box 158 Canberra ACT 2601  
[www.act.gov.au](http://www.act.gov.au)



I acknowledge the traditional custodians of the ACT the Ngunnawal people, and their continuing connection to land and community. I pay my respect to them, and to the Elders both past and present.




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Major Projects Canberra

## Agenda

### SPIRE Enabling Works PCG

<b>Date</b>	Tuesday, 8 October 2019
<b>Time</b>	13.00-14.00
<b>Location</b>	Canberra Hospital, Building 24, Level 1, Meeting Room 1
<b>Chair</b>	Lloyd Esau

Members		
Lloyd Esau	LE	A/g SPIRE Project Director (MPC)
Elizabeth Chatham	EC	Chief Operating Officer (CHS)
Dave Pepper	DP	Deputy CEO, Strategy, Policy and Planning (CHS)
Colm Mooney	CM	EGM, IHSS (CHS)
Cathie O'Neill	CO	A/g Executive Director, Cancer Ambulatory & Community Health (CHS)
Liz Lopa	LL	EGM, Strategic Infrastructure & Procurement (ACTHD)
George Stellios	GS	SPIRE Commercial Director (MPC)

Attendees		
Amanda Slater	AS	Staging and Decanting Lead (MPC)
Katherine Harris	KH	Project Manager, Spire Enabling Works
Chris Tarbuck	CT	Facilities Director, Infrastructure and Health Support Services (CHS)
Mark Moerman	MM	Senior Director, ICT Infrastructure
James Walsh	JW	Capital Project Delivery, IMM
Katrina Rea	KR	Business Manager, COO
Robyn Jensen	RJ	Accommodation Manager, IHSS
Rod Blockley	RB	UCPH Liaison Officer, IMM
Monica Lindemann	ML	Communications Officer, SPIRE Project Team (MPC)
Natalia Fraszczak	NF	Secretariat

Agenda Item	Lead	Item	Action
1. Minutes of previous meeting	LE	Paper	Approval
2. Enabling Works PCG Terms of Reference	LE	Paper	Approval
3. Action Register	AS/LE	Register	Update





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Agenda Item	Lead	Item	Action
<b>4. Staging and Decanting Strategy Resolution</b>			
4.1 Child at Risk Health Unit – HPU Brief	AS	Paper	Approval
4.2 Canberra Sexual Health Centre – HPU Brief	AS	Paper	Approval
4.3 Building 8 Schedule of Accommodation	AS	Paper	Noting
4.4 ANU location	AS	Verbal	Noting
4.5 University of Canberra scope	AS	Verbal	Noting
<b>5. Enabling Works Project Updates</b>	AS/KH	Verbal	Noting
5.1 Enabling Works Accommodation Policy	AS	Paper	Approval
5.2 Building 28			
5.3 Exec parking			
5.4 Building 8			
5.5 Building 3 L1 (CARHU)			
5.6 Hospital Road Services			
5.7 CIT Carpark Project			
<b>6. Communications</b>	ML	Verbal	Noting
<b>7. ICT Report</b>			
7.1 DAS recommendation	MM	Paper	Approval
7.2 AV recommendation	MM	Paper	Approval
7.3 Other	MM	Verbal	Noting
<b>8. Furniture Fitting and Equipment (FFE) Strategy</b>	AS/KH	Verbal	Noting
<b>9. Emerging Issues / Risks</b>			
9.1 Gas and Water line through Building 28 site	KH	Verbal	Noting
9.2 Building 28 DA	KH	Verbal	Noting
9.3 Building 28 Lift	KH	Verbal	Noting
9.4 Furniture	AS	Verbal	Noting
<b>10. Other Business</b>			

# SPIRE Project



## SPIRE Enabling Works Project Control Group Minutes of Meeting

### Meeting Details

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**Meeting:** SPIRE Project Enabling Works PCG #1  
**Date:** Tuesday, 10 September 2019  
**Location:** Canberra Hospital, Building 24, Level 1, Meeting Room 1

### Present

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#### Members:

Lloyd Esau	LE	A/g SPIRE Project Director (MPC)
George Stellios	GS	A/g SPIRE Commercial Director (MPC)
Dave Pepper	DP	Deputy CEO, Strategy, Policy and Planning (CHS)
Linda Kohlhausen	LK	A/g Chief Operating Officer (CHS)
Liz Lopa	LL	Executive Group Manager, Health Services Program (ACTHD)

#### Attendees:

Katherine Harris	KH	Project Manager, SPIRE Enabling Works (MPC)
Monica Lindemann	ML	Communications Officer, SPIRE Project Team (MPC)
Chris Tarbuck	CT	Facilities Director, IHSS (CHS)
James Walsh	JW	Capital Project Delivery, IHSS (CHS)
Mark Moerman	MM	Senior Director, ICT Infrastructure (CHS)
Robyn Jensen	RJ	Accommodation Manager, IHSS (CHS)
Rod Blockley	RB	UCPH Liaison Officer, IHSS (CHS)
Katrina Rea	KR	Business Manager, COO (CHS)
Natalia Fraszczak	NF	Secretariat (MPC)

#### Apologies:

Elizabeth Chatham	EC	A/g Chief Operating Officer, Clinical Services (CHS)
Colm Mooney	CM	Executive Group Manager, IHSS (CHS)
Amanda Slater	AS	Senior Health Facility Planner, SPIRE Project Team (MPC)

## Minutes

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### 1. Introduction

It has been suggested that there should be more clinical representation on EW PCG. LK recommended Cathie O'Neill.

**ACTION 1:** LE to follow up.

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### 2. Enabling Works PCG Terms of Reference (ToR)

1. EW PCG will be a decision-making body for matters that do not need to be escalated to the SPIRE Project Board. DP asked for guidance to be included in the ToR on what levels of authority the EW PCG would have.

**ACTION 2:** LE to look at approach taken on Light Rail and update the EW PCG Terms of Reference.

2. Decisions Register will be established and maintained by secretariat.
3. Any potential conflict of interest should be declared. Conflict of Interest section should be included in ToR.

**ACTION 3:** LE to include Conflict of Interest section in the ToR document.

**ACTION 4:** Any further comments/feedback on ToR to be provided to LE or NF.

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### 3. Note of prior decisions

The below decisions have been made prior to the formation of the EW PCG and provide the framework for this forum going forward:

1. Building 24 – staff will be relocated to a demountable building (Building 28), located near the multi-storey carpark.
  2. Staff Development Unit - to be located in new Building 8.
  3. Building 8 will be demolished and replaced with a demountable building.
  4. CARHU will be relocated to Building 3 Level 1.
  5. SHU will be provided with a solution within Building 8. [REDACTED]
  6. Social Infrastructure Branch (MPC) and IHHS will be relocated into Building 24 beginning to mid-January 2020. [REDACTED]
- 

### 4. Staging and Decanting Strategy Resolution

The following matters relating to enabling works matters still being resolved.

1. ANU location – decision still to be made regarding the location. Schedule of Accommodation (SoA) for Building 8 to be endorsed by the user group shortly, and a paper will be presented to the Project Board in two weeks' time.

**ACTION 5:** AS to present Building 8 SoA at the next PCG meeting for endorsement.

2. UC clinical school may be moved into Building 8 instead of Building 6.

3. [REDACTED]
4. CARHU to be relocated to Building 3 Level 1 early next year; the team is aware of requirements such as discrete entrance, back of house, etc.
5. For the PCG to note that no further changes to staging and decanting plan can be accommodated due to increasingly tight timeframes.

**ACTION 6:** KH to provide detailed enabling works program at the next PCG meeting.

## 5. Enabling Works Project Updates

### Building 24 update

1. Tentative relocation scheduled for end of January 2020.
2. Shape is the PMA on site; the Project Team attends the weekly meeting.
3. New program will be available for the next meeting.
4. Builder schedule and revised program will be issued to the SPIRE Project Team shortly.

**ACTION 7:** KH to issue new program to the PCG members.

5. Project Team to confirm the life cycle and selection of assets are appropriate for the life span of the building (at least 10 years).

**ACTION 8:** KH to confirm.

6. The fitout of the new building will be 'like for like'; however, current standards will be incorporated.
7. Security consultant engaged by Shape will provide recommendations to the user group, which will then be presented to the PCG.
8. Dispensation on ABW has been granted.

### Building 8 update

1. Final HPU brief to be issued
2. This will be an open plan work environment, with allocated desks for all staff.

**ACTION 9:** KH/AS to apply for an exempt from ABW.

**ACTION 10:** LL to provide KH with application for exemption for Building 24.

### Building 3 Level 1

1. Detailed design will commence late in 2019.
2. STH Proof of Concept contract has been varied to allow for concept sketch work on enabling projects [REDACTED]

## 6. ICT Report

1. DSD Infrastructure Team works closely with the SPIRE Project Team

2. Emergency Operation Centre AV needs are being finalised; with an options paper to be presented to the PCG at the next meeting
3. Majority of the AV equipment in Building 24 will need to be replaced as it reaches its end of life. This should be endorsed at the PCG level. Budget needs to be established.

**ACTION 11:** MM to present an options paper at the next PCG meeting.

4. There is a freeze on ICT contractors from 15 December 2019 to 6 January 2020 unless works are planned well in advance to allow for resource planning.

## **7. Furniture Fitting and Equipment (FFE) strategy**

1. All new FFE will be provided, with 100% sit-stand desks.
2. Shape to provide a copy of finishes schedule from B15 to allow consideration of similar finishes for value for money in maintenance.

## **8. CHS Carpark Project Update**

Discussed in section 3.

## **9. Emerging Issues/ Risks**

### Hospital Road services diversion

1. Services located behind retaining wall along Hospital Road – ARUP undertaking investigation.

**ACTION 12:** GS and KH to meet with CT.

2. Building 8 will require access from Hospital Road.
3. Buildings 7 and 23 – proposed sites for ANU – will require access from Hospital Road.
4. Relocation of fibre by ICT currently underway.

## **10. Communications**

1. The first SPIRE newsletter will be delivered to CHS staff shortly.
2. Staff presentations and union briefing sessions will be held in September and November.
3. Clinical Reference Group has been established.

## **11. Other Business**

Nil.

The meeting closed at 2:15pm

Next meeting: Tuesday 8 October 2019, 1:00pm.



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## SPIRE

Delivering a new emergency, surgical and critical healthcare facility at the Canberra Hospital

### Enabling Works PCG - Terms of Reference



Prepared by:

**MAJOR PROJECTS CANBERRA**

ACT Government  
Level 3, Callam Offices  
50 Easty Street  
Woden ACT 2606

September 2019

## DOCUMENT CONTROL

### Contact for enquiries and proposed changes

If you have any questions regarding this document or if you have a suggestion for improvements, please contact:

Contact officer    George Stellos  
Title                    Commercial Director  
Phone                 02 6207 8705

### Version History

Version No.	Date	Author	
1.0	7 Sep 2019	Lloyd Esau	First draft to PCG
2.0	15 Sep 2019	Lloyd Esau	Updated following discussion at 10.09.19 PCG

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### Endorsement

These Terms of Reference were presented to the Enabling Works PCG on 10 September 2019 for endorsement. They were endorsed subject to the following comments:

- section to be added for conflict of interests (added at section 2.3 in rev 2.0); and
- clarification required on decision making authority of the EW OCG (added at section 4.1 in rev 2.0).

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## 1 Introduction

### 1.1 The Purpose of This Document

These Terms of Reference establishes the SPIRE Enabling Works Project Control Group (EW PCG) and defines its authority, responsibility and composition.

### 1.2 The Project

For the purposes of this Charter, these Terms of Reference the "SPIRE Project" refers to the planning, procurement and delivery of a new emergency, surgical and critical healthcare facility at the Canberra Hospital campus in Garran.

"SPIRE" is an acronym for 'Surgical Procedures, Interventional Radiology and Emergency' and was coined during the early stages of the project's inception. It remains in use as a name for the project but is not used to describe the facility that will be constructed.

The SPIRE Project is broken down into distinct phases: Definition; Project Design; Enabling Works; Main Works Procurement; Main Works Delivery; and Commissioning. These stages, along with indicative timescales are indicated in Table 1 below.

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Table 1: Project Phases and Project Stages

Definition	Needs analysis	2016 – Q3 2019
	Proof of Concept Design	(completed)
	Business Case	
Enabling Works	Staging & Decanting and site preparation	Q3 2019 – Q4 2020
Project Design	Pre-tender design	Q4 2019 – Q2 2020
	Post-tender design by contractor	Q3 2020 – Q2 2021
Main Works Procurement	Main ECI tender process	Q4 2019 – Q4 2020
	Detailed design and fixed price offer	
Main Works Delivery	Main construction stage	Q1 2021 – 2023/24
	Building commissioning and acceptance	
Clinical Commissioning	Preparations for operational commencement	2023/24

The SPIRE Project consists of two main streams of activity that will run in parallel during 2019 and 2020. These are:

1. the SPIRE Main Works – the planning, design, procurement and delivery of the new emergency, surgical and critical healthcare facility, ~~and~~ and the process of clinical commissioning that will follow completion of construction; and
2. the SPIRE Enabling Works – the planning, design, procurement and delivery of multiple projects necessary to facilitate the decant from and demolition of Buildings 5 and 24.

These Terms of Reference refer only to the Enabling Works stage.

### 1.3 Relationship to other Governance bodies

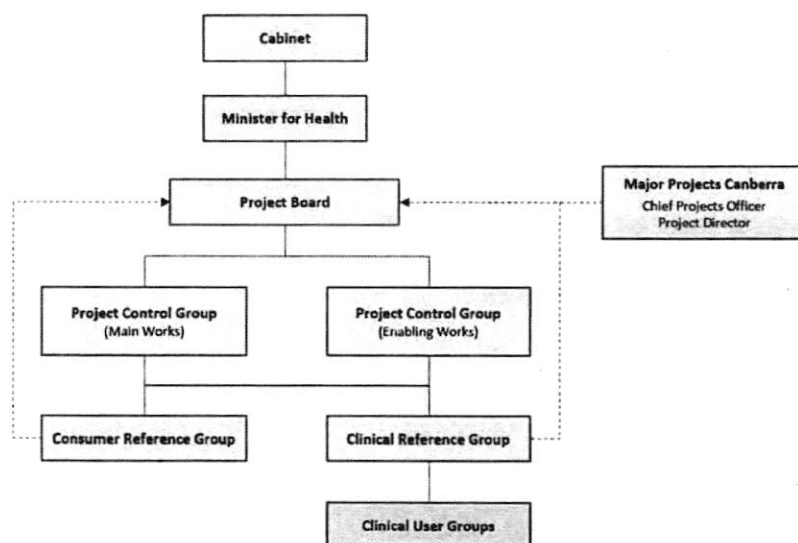
To ensure that appropriate focus is placed on both streams of activity, a PCG is established for both aspects of the SPIRE Project, Enabling Works and Main Works. The Project Director will ensure that issues which overlap these two areas of focus are understood by both PCGs.

The EW PCG will report to the SPIRE Project Board via the Project Director on all matters that require escalation for approval at that level.

### 1.4 Project Governance Structure

Figure 1 shows the structure of the governance arrangements for the SPIRE project.

Figure 1: Project Governance Structure



## 2 Function of the Early Works Project Control Group

### 2.1 Purpose of the EW PCG

The EW PCG will function as the primary working group for all matters relating to the Enabling Works component of the SPIRE Project. It will approve project delivery decisions where these fall within the overarching strategy and parameters that have been approved by the Project Board.

### 2.2 Role of the EW PCG

The EW PCG provides mutually agreed guidance, direction and oversight to the SPIRE Project Team and endorsement of recommendations from the Project Director. The PCG monitors project performance and reports to the SPIRE Project Board, escalating matters for approval where required.

Specific functions of the EW PCG include:

1. Represent relevant operational areas involved with, or impacted by, decanting of existing services and functions associated with the SPIRE project.
2. In partnership with communications and stakeholder engagement teams, provide appropriate and consistent engagement and communication with staff of Canberra Health Services to both gain input to, and disseminate information from the SPIRE EW PCG.
3. Endorse and/or make recommendations to the Project Board regarding the budget for the various aspects of the Enabling Works.
4. Provide direction, guidance and oversight to the Project Team during the planning and design development phases of the Enabling Works project.
5. Endorse and/or make recommendations to the Project Board on the proposed approach to the decanting of Buildings 5 and 24 and any related projects associated with the Enabling Works.
6. Advise on and/or approve brief changes, scope, prioritisation, risk management, design, budget allocation and staging of the works;
7. Review financial management for all aspects of the projects as well as financial progress against approved project budgets.
8. Monitor progress against the project programme to ensure that project milestones, timeframes are being met and outcomes achieved.
9. Review project risks and associated treatments through the life of the project.
10. Engage with the ACT Health Directorate, Canberra Health Services, and other relevant Stakeholders where appropriate.
11. Apply / implement policy, planning objectives and operational recommendations.
12. Endorse scope variations where these remain within the budgets endorsed by the Project Board.
13. Ensure that the Project Board is provided with adequate reporting of scope, cost and program matters, including significant changes to brief and budget to facilitate review and approval where required.
14. Approve service relocation plans and support clinical and administrative service delivery during relocation and commencement of full services in partnership with the SPIRE Project Team.
15. Oversee transition and commissioning activities relating to occupation of destination locations.

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

### 2.3 Conflicts of Interest

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

Members and other participants must:

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

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

### 2.32.4 Working Groups

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

## 3 Membership, Roles and Responsibilities

### 3.1 Members and Proxies

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

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Table 2 Table 1 lists the members and regular attendees of the EW PCG.

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

Table 2.1: EW PCG Membership

EW PCG Role	Position	Individual
Chair	SPIRE Project Director	Lloyd Esau
Member	Chief Operating Officer (CHS)	Elizabeth Chatham
Member	EGM, IHSS (CHS)	Colm Mooney
Member	Deputy CEO, Strategy, Policy and Planning (CHS)	Dave Pepper
Member	Commercial Director (SPIRE Project Team)	George Stellos
Member	EGM, Strategic Infrastructure and Procurement (ACTHD)	Liz Lopa
Member	Executive Director (CHS)	Cathie O'Neill
Attendee	Facilities Director, IHSS (CHS)	Chris Tarbuck
Attendee	Senior Director, ICT Infrastructure (ACTHD, DSD)	Mark Moerman
Attendee	Facility Planner (SPIRE Project Team)	Amanda Slater
Attendee	Project Manager(s) (SPIRE Project Team)	Katherine Harris
Attendee	Senior Manager, Capital Project Delivery, IHSS (CHS)	James Walsh
Attendee	Senior Manager Staff Accommodation Projects (CHS)	Robyn Jensen
Attendee	Stakeholder Engagement and Communications (CHS)	Angie Drake
Attendee	Communications Manager	Monica Linderman
Secretariat	Project Administration Officer (SPIRE Project Team)	Natalia Fraszczak

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

### 3.2 Secretariat Function

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

1. circulate the EW PCG agenda;

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

### 3.3 The Role of Members

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

### 3.4 Use of proxies

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

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

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

## 4 Meeting Principles

### 4.1 Decision Making

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

1. will introduce an item of non-essential additional scope to the Enabling Works phase that has not been authorised by the Project Board or Cabinet;
2. will cause the approved budget for the Enabling Works phase to be exceeded; or
3. has been determined by the EW PCG to be a matter that required escalation to the Project Board.

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

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

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



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

#### 4.2 Quorum

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

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

#### 4.3 Meeting Frequency

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

#### 4.4 Minutes and Meeting Papers

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

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

#### 4.5 Decisions and Actions Register

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

# SPIRE Project



## SPIRE Enabling Works Project Control Group Actions Register

### Action items from last meeting

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#### Purpose of Paper

To review action items which remained open at the conclusion of the meeting held on 10 Sept 2019.

#### Required Consideration

This paper is issued for information.

#### Background

Nil.

#### Author

Name: Natalia Fraszczak, SPIRE Enabling Works PCG Secretariat, SPIRE Project

Date: 25 September 2019

#### Attachments

1. Actions Register



## Actions Register

Outstanding action item	Comments	Raised (Meeting No)	Status	Responsible	Deadline
<b>Action 1:</b> LE to invite Cathie O'Neill to be the clinical representation on EW PCG		EW PCG #1	Completed	LE	
<b>Action 2:</b> LE to look at approach taken on Light Rail re: levels of authority the EW PCG would have, and update the EW PCG Terms of Reference		EW PCG #1	Completed; update to be provided at the next meeting	LE	8/10/2019
<b>Action 3:</b> LE to include Conflict of Interest section in the ToR document		EW PCG #1	Completed	LE	
<b>Action 4:</b> Any further comments or feedback on ToR to be provided to LE or NF		EW PCG #1	Pending	All	8/10/2019
<b>Action 5:</b> AS to present Building 8 SoA at the next PCG meeting for endorsement		EW PCG #1	Pending	AS	8/10/2019
<b>Action 6:</b> KH to provide detailed enabling works program at the next PCG meeting		EW PCG #1	Pending	KH	8/10/2019
<b>Action 7:</b> KH to issue new program to the PCG members		EW PCG #1	Pending	KH	8/10/2019

Outstanding action item	Comments	Raised (Meeting No)	Status	Responsible	Deadline
<b>Action 8:</b> KH to confirm that the life cycle and selection of assets are appropriate for the life span of the building (at least 10 years)		EW PCG #1	Pending	KH	8/10/2019
<b>Action 9:</b> KH/AS to apply for an exempt from ABW		EW PCG #1	Pending	KH/AS	8/10/2019
<b>Action 10:</b> LL to provide KH with application for exemption for Building 24		EW PCG #1	Pending	LL	8/10/2019
<b>Action 11:</b> MM to present an options paper re: replacement of AV equipment in Building 24 at the next PCG meeting		EW PCG #1	Pending	MM	8/10/2019
<b>Action 12:</b> GS and KH to meet with CT re: services located behind retaining wall along Hospital Road		EW PCG #1	Pending	GS/KH	8/10/2019

# SPIRE Project



## SPIRE Enabling Works Project Control Group Child at Risk Health Unit (CARHU) Health Planning Unit (HPU) Brief Meeting Paper

### Meeting Paper Details

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**Meeting Date:** 8 October 2019  
**Agenda Item:** 4.1  
**Paper Type:** For Approval  
**From:** Amanda Slater  
**Drafted:** 30 September 2019

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### Proposed Resolution

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That the PCG:

- **Approve** the Child at Risk Health Unit (CARHU) Health Planning Unit (HPU) Brief

### Purpose and context of this paper

---

The brief was developed in consultation with Users of CARHU, who have endorsed this HPU.

The CARHU HPU has been developed as a guiding document for relocation of CARHU to Building 3, Level 1 as part of the SPIRE enabling works.

The brief will form part of the tender documents in the procurement of a principle consultant for the design and delivery of this unit.









































# SPIRE Project

**ACT**  
Government

Major Projects Canberra

## SPIRE Enabling Works Project Control Group Canberra Sexual Health Centre (CSHC) Health Planning Unit (HPU) Brief Meeting Paper

### Meeting Paper Details

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Meeting Date: 8 October 2019

Agenda Item: 4.2

Paper Type: For Approval

From: Amanda Slater

Drafted: 30 September 2019

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### Proposed Resolution

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That the PCG:

- **Approve** the Canberra Sexual Health Centre (CSHC) Health Planning Unit (HPU) Brief

### Purpose and context of this paper

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The brief was developed in consultation with Users of CSHC, who have endorsed this HPU.

The CSHC HPU has been developed as a guiding document for the relocation of CSHC to Building 8 as part of the SPIRE enabling works.

The brief will form part of the tender documents in the procurement of a principle consultant for the design and delivery of this unit.

















































# SPIRE Project



SPIRE Enabling Works

Project Control Group

Building 8 Schedule of Accommodation Meeting  
Paper

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## Meeting Paper Details

**Meeting Date:** 8 October 2019

**Agenda Item:** 4.3

**Paper Type:** For Information and comment

**From:** Amanda Slater

**Drafted:** 30 September 2019

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## Proposed Resolution

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That the PCG:

- **Note** the Building 8 Schedule of Accommodation (SoA)

Schedule of Accommodation | SPIRE | BUILDING 8

Modality	Qty	Room Area	Total Area	Comments
Total Room Area				288
Total Discounted Circulation				28
Total Development Area				316

SHARED SUPPORT SERVICES AND AMENITIES				
Airlock/Entry	1	6	6	
Waiting Area	1	10	10	
Beverage Bay	1	4	4	
Store- photocopier	5	8	40	2 per 2nd and 3rd floor
Staff Room	2	35	70	2nd & 3rd floor
Toilet accessible	1	6	6	
Waste Streaming	3	4	12	
Toilet staff	10	3	30	Number as per NCCA
Meeting Room	1	55	55	
Meeting Room	1	30	30	
Meeting Room	1	20	20	
Cleaners room	1	5	5	
Sub-total			288	
Discounted Circulation @ 10%			29	
Total			317	

## Schedule of Accommodation | SPIRE | BUILDING 8

Modality	Qty	Room Area	Total Area	Comments
Total Room Area			1,125	
Total Discounted Circulation			292	
Total Development Area			1,417	

STAFF DEVELOPMENT UNIT				
OFFICES AND WORKSTATIONS				
Reception	1	10	10	
Office - workstations	41	4	180	26 SDU Staff, 2 simulation team staff, 9 Allied Health Training staff, 4 manual handling
Break out space	2	9	18	
Store photocopy/stationery	1	20	20	2 x multifunction printers, collation table x 1
Simulation storage	1	20	20	Located B3 L2
<b>Sub-total</b>			<b>238</b>	
Discounted Circulation @ 15%			36	
<b>Total</b>			<b>274</b>	

TEACHING AND TRAINING SPACES				
Store Equipment	1	20	20	Training area - basic life support equipment loan trolleys
Training room	2	130	260	Operable walls to enable 4 rooms
Manual Handling Store	1	20	20	Beds, lifters
Clinical skills teaching room - CU	1	20	20	5.1.18 - CU teaching room
Computer Training room	1	30	30	5.2.160, Computer training- 8 x training bays, 1 x trainer station
Computer Training room	1	40	40	5.2.161, Computer training- 8 x training bays, 1 x trainer station
<b>Sub-total</b>			<b>390</b>	
Discounted Circulation @ 15%			59	
<b>Total</b>			<b>449</b>	

SYNERGY				
Office, Professor	4	12	48	
Workstations	7	4	31	
<b>Sub-total</b>			<b>79</b>	
Discounted Circulation @ 15%			12	
<b>Total</b>			<b>91</b>	

SURGICAL TRAINING CENTRE (Based on Business Case 2016)				
Waiting/breakout	1	10	10	
Tutorial room/Meeting room/ Handover room with Resource area	1	50	50	Surgical handovers, clinical tutorials (seating 20-25), video conferencing, academic library, 2 workstations computer based simulation. Retractable wall
Clinical skills laboratories	1	45	45	2 x hospital beds, Procedural, surgical or life support scenarios. AVL link up
Observation room	1	10	10	to view
Surgical simulation laboratories/tutorial room	1	50	50	Procedural, surgical or life support scenarios. 6 workstations, 2 x AV screens per workstation AVL link up to ORs
Common room	2	25	50	Computer/e-learning/reading/library/study area/ x4 hot desks/ beverage bay (shared)
Quiet room	1	9	9	Multipurpose, AVL link up for management supervision of remote surgical placements
Office, 4 person shared	1	20	20	Medical Education Support/ lab assistant/ Tutpr shared
Breakout space	2	9	18	
<b>Sub-total</b>			<b>262</b>	
Discounted Circulation @ 15%			39	
<b>Total</b>			<b>301</b>	

ANU				
OFFICES AND WORKSTATIONS - existing space 316 inc circula				
ANU Medical School Volunteer & Pt Recruitment Office	2	4	9	5.2.172, 5.2.168
Office of Research - Child & Adolescent Trauma Grief and Loss	6	4	26	5.2.163, 5 workstations- Link corridor
Office ANU Academic Unit of Psychological & Addiction Medicine Research Unit	8	4	35	5.2.164, 9 workstations- Link corridor
Psychiatry and addiction medicine PhD students	1	12	12	
Interview room	2	9	18	
Computer Lab	1	55	55	5.2.166, 5.2.167
<b>Sub-total</b>			<b>155</b>	
Discounted Circulation @ 15%			23	
<b>Total</b>			<b>179</b>	

## Schedule of Accommodation | SPIRE Staging & Decanting

### Canberra Sexual Health Centre

Modality	Proposed m2			Comments
	Qty	Room Area	Total Area	

Total Room Area	552
Total Discounted Circulation	177
Total Development Area	729

Entry/Reception/Waiting				
Airlock- Entry 10m2	1	10	10	
Reception/Clerical,	1	9	9	Up to 4p
Office -4 person shared 20m2	1	20	20	With reception/ admin
Store - Files, 20m2	1	30	30	Compatus
Bay - photocopier/stationary	1	8	8	With reception/admin;shredder, x2 MFD, 2x secure waste
Waiting, 28m2	1	31	31	Include a play wall
Beverage Bay	1	4	4	associated with wait
Self-registration kiosk	3	1	3	
Toilet-Accessible 6m2	1	6	6	
<b>Sub-total</b>			<b>121</b>	
Discounted Circulation @ 32%			39	
<b>Total</b>			<b>160</b>	

Patient Areas				
Sub-wait	1	9	9	Vulnerable/distressed persons
Treatment room	10	14	140	
Ensuite	1	5	5	Ensuite adjacent to one treatment room
Interview room	1	12	12	
Resource room	1	16	16	Multi purpose room/ NGO
Toilet-Accessible 6m2	1	6	6	
Toilet patient 4m2	2	4	8	
Toilet sub-wait	0	0		
<b>Sub-total</b>			<b>196</b>	
Discounted Circulation @ 32%			63	
<b>Total</b>			<b>259</b>	

Clinical Support Area				
Bay- resuscitation	1	2	2	
Linen	1	2	2	
Clean Utility/Medication Room, 14m2	1	14	14	Dual access
Dirty Utility	1	8	8	
Laboratory	1	14	14	include additional power points - future proofing
Staff station, 10m2	1	10	10	10m2 standard size for 12 rms
Office - Clinic workroom	1	12	12	staff work, handovers, follows on from reception
Store-equipment 14m2	1	14	14	outreach equip, consumer info
Store -General, 9m2	1	9	9	General stock storage
Cleaner's room 5m2	1	5	5	ISS contractors
<b>Sub-total</b>			<b>90</b>	
Discounted Circulation @ 32%			29	
<b>Total</b>			<b>118</b>	

Staff Areas				
Meeting room	1	30	30	Connected to staff station, operable wall to seperate
Staff room 18m2	1	18	18	Connected to meeting room, operable wall to seperate
Waste streaming Bay	1	3	3	colocated with staff room
Lockers	1	2	2	colocated with staff room
Beverage Bay	1	4	4	colocated with staff room
Office -4 person shared 20m2	1	20	20	
Office -Single person 9m2	3	9	27	CNC, staff specialist x 2
Office -Single person 12m2	1	12	12	Director
Office- 2 person shared 12m2	1	12	12	Research/ office manager
Office workstation 4.4m2	4	4	18	NP, Reg x 3, RN, Hot Desk
<b>Sub-total</b>			<b>146</b>	
Discounted Circulation @ 32%			47	
<b>Total</b>			<b>192</b>	

## Schedule of Accommodation | SPIRE | BUILDING 8

Modality	Qty	Room Area	Total Area	Comments
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Total Room Area	369
Total Discounted Circulation @15%	55
Total Development Area	424

SPIRE Project team				
20 Staff - following ACT Gov guidelines	20	4	88	
Interview	1	9	9	
Sub-total			97	
Discounted Circulation @15%			15	
Total			112	

MPC - SI / IHHS				
Office, 12m2	1	12	12	ED IHSS
55 Staff - following ACT Health guidelines	55	4	242	
Interview	2	9	18	
Sub-total			272	
Discounted Circulation @ 15%			41	
Total			313	



## Schedule of Accommodation | SPIRE | BUILDING 8

Modality				Comments
	Qty	Room Area	Total Area	
SHARED SUPPORT SERVICES AND AMENITIES			317	
STAFF DEVELOPMENT UNIT				
OFFICES AND WORKSTATIONS			274	
TEACHING AND TRAINING SPACES			449	
ANU				
OFFICES AND WORKSTATIONS			179	
SURGICAL TRAINING CENTRE (Based on Business Case 2016)			301	
SPIRE Project team			112	
MPC - SI / IHHS			313	
CANBERRA SEXUAL HEALTH CENTRE			729	
SYNERGY			91	
TOTAL			2763	
TRAVEL AND ENGINEERING @25%			691	
			3454	

# SPIRE Project



## SPIRE Enabling Works Project Control Group

### Accommodation Policy

#### Meeting Paper Details

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**Meeting Date:** 8 October 2019  
**Agenda Item:** 5.1  
**Paper Type:** For Approval  
**From:** Amanda Slater  
**Drafted:** 30 September 2019

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#### Proposed Resolution

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That the PCG:

- **note** that the adapted ACTH Office Accommodation Policy is being used to guide the fitout design for Building 28; and
- **agree** that future staff office relocations, associated with the SPIRE enabling works, are to utilise the adapted ACTH Office Accommodation Policy.

#### Purpose and context of this paper

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This paper is provided to inform the PCG of the two possible Office Accommodation Policies that may be followed regarding relocations associated with the SPIRE enabling works, and to discuss the model that was used for Building 28.

## Background

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Possible accommodation guidelines that could be followed include:

- ACTH Office and Workstation Accommodation Policy: [Attachment A](#)
- Whole of Government Activity Based Working (ABW): [Attachment B](#)

The primary differences between these documents is staff allocation to dedicated workstations and eligibility to Office Space. The ACTH Office and Workstation Accommodation policy is more generous in who is eligible for an office, ranging from 9m2 office for Managers, to 18m2 offices for DG/CEO and staff have dedicated workstations.

During the planning of Building 28, the new Executive Building, CHS sought and was granted an exemption from the Whole of Government ABW at the Strategic Office Accommodation Committee.

An adapted ACTH Office and Workstation Accommodation Policy was followed through the fit out of Building 28 due to its limited floor plate. The decision was made to accommodate dedicated workstations, increase meeting space, and a reduction of individual offices. Therefore, only the CEO and Executive Directors have been allocated offices.

Bernadette McDonald (CHS CEO) has endorsed replication of the accommodation policy used in Building 28, for future enabling works office accommodation relocations.

## Issues

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### Strategic

Several staff in Building 8 are eligible to be allocated an office (Directors). However, allocation of offices to those staff may lead to a perceived inequity between staff occupying Building 28 and those in Building 8.

### Financial

Nil impact. The budgets developed for the SPIRE enabling works (i.e. the relocations component) is already based on utilisation of the adapted ACTH Office and Workstation Accommodation Policy.

### Key Risks

Staff dissatisfaction with accommodation allocation.

## Attachments

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**Attachment A – ACTH Office Accommodation Policy**

**Attachment B – Activity Based Working**



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## Attachment A

# ACT Health Policy

## ACT Health Office and Workstation Accommodation Policy

### Policy Statement

ACT Health is committed to allocating contemporary office and workstation accommodation in a manner that is safe, flexible and supports the changing work practices of ACT Health staff. ACT Health recognises the importance of providing office and workstation accommodation that supports the demands of delivering health care services.

### Purpose

The purpose of this policy is to ensure that ACT Health:

- provides a consistent approach to the planning, design and allocation of work spaces and office accommodation;
- provides flexible office/workstation accommodation that supports changing work practices and ensures work health safety (WHS); and
- allocates office and work spaces that support effective health care services and promote collaboration between health professionals with a focus on multi-disciplinary teams.

### Scope

This policy applies to:

- all employees, contractors and consultants within ACT Health; and
- all facilities and offices occupied by ACT Health or provided by ACT Health to external organisations; and
- design teams and the Health Service Planning Unit (HSPU) in providing contemporary office accommodation for new or refurbished health facilities.

The policy will be used for the allocation of workplace accommodation adhering to the Australasian Health Facilities Guidelines (AushFG), and based on contemporary guidelines from other jurisdictions.

### Roles & Responsibilities

The Strategic Accommodation Planning Committee (SAPC), chaired by DDG Corporate, is responsible for endorsing proposals developed and tabled by Strategic Accommodation for

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allocation of space to satisfy requirements for office and workstation accommodation in conjunction with operational and organisational objectives for ACT Health.

The Strategic Accommodation team, within Business Support Services, is responsible for: allocation of office and workstation accommodation, and oversight of office and workstation accommodation relocations, modifications and changes

Strategic Accommodation will operate on advice from Workplace Safety in relation to any work health safety needs for office and workstation allocation and equipment.

## Principles

The principles that underpin the provision of office accommodation in health facilities include:

- office spaces should only be provided on a demonstrated needs basis i.e. the type of office/workspace considered in the planning and design phase will depend on the employment hours of staff, work undertaken and work patterns of staff;
- shared offices or workspaces should be encouraged wherever possible, to promote cost effective office accommodation;
- single offices will only be provided where they can be justified by the nature of the work undertaken by the position. Considerations will include seniority, nature of supervisory role, productivity and time spent doing office-based duties;
- staff with multiple roles within or across an area should not be allocated more than one dedicated office or workspace; and
- office accommodation availability/allocation will be bound by the constraints of the available infrastructure. In this situation decisions on allocation will be made on a case by case basis.
- Safety is a key consideration in the design and provision of office and work spaces, with a view to minimising the risk of injury.

Exemptions to this policy, with Deputy Director-General/Executive Director endorsement, will be considered by the Strategic Accommodation Planning Committee on an individual or operational needs basis.

### Design Considerations

The design of open planned environments is now commonplace and is in keeping with contemporary office design.

**Work Health Safety (WHS):** WHS is to be a key design consideration. This includes in relation to work area design, work flow and work processes. Workplace Safety is to be consulted in relation to design considerations.

**Privacy:** Privacy is important for staff working in open plan workstations. It is important staff know they can undertake private conversations either at their workspace or in a meeting

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room/breakout area nearby. To achieve this, staff workstations should be "clustered" and each cluster should include a meeting room(s) or a private break out area(s).

**Teams:** Although open planned workspace environments can foster an atmosphere of collegiality across an entire organisation, staff must also have a sense of belonging to their team. To achieve this all team members at different organisational levels should be collocated, where operationally possible. This requires offices and workstations of varying sizes to fit together in a modular fashion allowing for fluctuations in team size.

**Utility:** Support spaces including beverage bays, printers/photocopiers and storage areas in an open planned workstation environment should be equally accessible by all staff.

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**Required Workspaces:**

Allocation of space is provided based on the position held by a staff member employed by ACT Health.

Space Type	M <sup>2</sup>	Functional Description	Position Description	Criteria
Office A	18	A single person office to carry out high level/volume of confidential information. High volume of 'meeting with people' as part of the role. Meetings would include internal and external senior health executives, visiting dignitaries, community leaders and politicians. Meeting area to be provided within this space.	Director-General.	
Office B	12	A single person office to carry out administrative functions in a degree of privacy. The room may allow for a small meeting space within the room.	Deputy Director-General, Executive Director (staff of Executive Level), Clinical Directors, Medical, Nursing and Allied Health. Visiting Medical Officer (VMO) that occupies the position of Clinical Director of a Department/Service Academic Professor.	Significant staff and supervisory responsibilities in excess of 20 FTE. If the position does not fit this criterion a workstation Type A will be allocated. Position is > 0.7 FTE.
Office C	9	A single person office where people can carry out administrative functions in a degree of privacy. This includes preparing rosters, reports, counselling and interviewing staff.	Staff Specialists, Assistant Directors of Nursing, Allied Health Managers, Nurse Managers, Clinical Nurse Consultants, Business Support Manager.	Significant staff and supervisory responsibilities in excess of 20 FTE. If the position does not fit this criterion a workstation Type A will be allocated. Position is > 0.7 FTE.
Office D - Shared	12	An office for two persons with two workstations to carry out administrative functions in a degree of privacy.	Research fellows, VMOs and any staff referred to in Office C.	Position < 0.7 FTE
Workstation A	4.4	Workstation type A (minimum 4.4sqm) will consist of: <ul style="list-style-type: none"> <li>1800mm long x 750mm deep (or greater up to 900mm) adjustable desk,</li> </ul>	All other staff that require a workstation.	Workstations will be allocated according to the time spent at the desk. Workstations will be calculated at FTE x 60 % for staff who spend a limited time at

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Space Type	M <sup>2</sup>	Functional Description	Position Description	Criteria
		(capable of accommodating 2 computer monitors)*. • 3 drawer lockable workstation pedestal  Provision made for additional storage nearby i.e. tambours. * Variations to workstation specifications must be approved by Workplace Safety.		their desks. An individual workstation Type A will be allocated to staff that spend the majority of the day at their desk.
Non allocated-Workstation	2.2	Workstation (minimum 2.2sqm) will consist of: • 1500mm long and 750 mm deep desk (or greater up to 900mm)*.  * Variations to workstation specifications must be approved by Workplace Safety.		Work space for intermittent use by visiting staff/consultants and is not designed as the primary workplace but a space to attend adhoc functions.

It should be noted that these space allocations do not reflect other workplace requirements, including circulation space, meeting rooms, breakout spaces, beverage bays and staff amenities. Planning and assessment of such space requirements is required to comply with the Australasian Health Facility Guidelines and whole of government guidelines, which should be used in conjunction with this office accommodation policy.

The position descriptions above are provided in line with whole of government guidelines. If exceptions to the Policy are required by operational need, the relevant Deputy Director-General/Executive Director is able to make presentation to SAPC for an exemption.

The criterion of 20 FTE in relation to office allocation has been previously approved by the Strategic Accommodation Steering Committee (prior to SAPC). As mentioned above, exemptions may be sought from SAPC on an individual or operational needs basis.

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## Related Policies, Procedures, Guidelines and Legislation

1. National Construction Code 2016.
2. Relevant Australian Standards e.g. AS 1428 Design for Access and Mobility.
3. Work Health and Safety Act 2011 A2011-35 Doc no 14, 14 October 2016.  
<http://www.legislation.act.gov.au/a/2011-35/current/pdf/2011-35.pdf>
4. ACT Government Discrimination Act 1991 Doc no 45, 3 April 2017.  
<http://www.legislation.act.gov.au/a/1991-81/current/pdf/1991-81.pdf>
5. ACT Government Disability Services Act 1991 A 1991-98 Doc no 9, 1 July 2014.  
<http://www.legislation.act.gov.au/a/1991-98/current/pdf/1991-98.pdf>
6. ACT Government Office Accommodation Policy, CMTEDD, ACT Property Group.

## Definition of Terms (only use this section if needed, delete if not needed)

<b>AusHFG</b>	Australasian Health Facilities Guidelines
<b>HSPU</b>	Health Services Planning Unit
<b>Office</b>	a room in which a particular person works, usually at a desk
<b>VMO</b>	Visiting Medical Officer
<b>Workstation</b>	the desk and computer at which a person works

## References

1. Australasian Health Facility Guidelines – Version 4, endorsed by the Australian Health Infrastructure Alliance (AHIA) in Australian and New Zealand - 17 December 2010  
[www.healthfacilityguidelines.com.au](http://www.healthfacilityguidelines.com.au)
2. Queensland Health Work Place and Office Accommodation Guideline –Version 1.0, March 10 2014. <https://www.health.qld.gov.au>
3. ACT Public Sector Medical Practitioners Enterprise Agreement 2013-2017  
<http://www.health.act.gov.au/employment/enterprise-agreements/medical-practitioners>
4. New South Wales Health-Office Accommodation Policy-Public Health Organisations and Ambulance Service 26 April 2005, Doc no PD2005\_576  
[http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005\\_576.pdf](http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005_576.pdf)
5. Canberra Region Medical Education Council (CRMEC) Accreditation Standards 2017  
<http://crmec.health.act.gov.au/>

## Search Terms

Accommodation, space allocation, office, workstation

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*Policy Team ONLY to complete the following:*

<i>Date Amended</i>	<i>Section Amended</i>	<i>Divisional Approval</i>	<i>Final Approval</i>
23 Apr 2018	Minor changes throughout	Rosemary Kennedy, ED BSS	PAC Chair

*This document supersedes the following:*

<i>Document Number</i>	<i>Document Name</i>

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## Attachment B

### Activity Based Working in the ACTPS

*This Policy was endorsed by the Strategic Office Accommodation Committee on 3 June 2016*

This document sets out what Activity Based Working (ABW) means in the ACTPS context, as well as setting out the strategic intent and guidelines for implementation across directorates.

#### Why ABW?

The ACTPS has an opportunity to leverage significant cultural change and organisational improvements through impending changes to its office estate. By physically changing the way we work, we can greatly improve our connectedness and collaboration, breaking down silos of both hierarchy and function. We can achieve greater agility and flexibility in terms of both accommodation capacity and operational resourcing, and attract and retain the best possible staff. We can improve individual and organisational performance through a necessary shift in focus to outcomes over physical presence. By implementing ABW, the ACTPS can also significantly reduce its office estate, saving as much as 20% of overall accommodation costs.

#### Principles of ABW

Activity Based Working (ABW) is a workplace strategy which can deliver productivity and efficiency benefits by enabling new ways of working.

- An Activity Based Workplace is designed to provide a range of different environments for staff to work in - space to focus; space to collaborate; and space to innovate.
- An Activity Based Workplace maximises opportunities for innovation<sup>1</sup>. It discourages siloing by removing physical and other barriers, and by extension facilitates planned and chance interactions through spaces designed to increase connectivity.
- There is a focus on shared space rather than individual space; with a presumption that staff do not have assigned desks or offices unless there is a business critical reason for them to do so.
- Technology supports mobility to enable staff to work flexibly within and outside of the office.
- Office relocations and refurbishments are ideal opportunities to leverage organisational and cultural change through the implementation of ABW.
- A shift to ABW needs to be accompanied by a significant workplace change management strategy, built around the ACT Government's aspirations of developing a **modern, agile, responsive and innovative workforce**.
- The key elements of this change management strategy are People, Property and ICT; ideally supported by implementation of an Electronic Document and Records Management System (EDRMS) and other business process initiatives aimed at reducing paper dependency.

#### Benefits of ABW:

#### *To the bottom line:*

<sup>1</sup> <http://www.gensler.com/design-thinking/research/framework-for-innovation-spaces> via foot note.

- Smaller property footprint (reduction across government of up to 20% of office lease costs)
- Smaller carbon footprint
- Lower energy bills
- Reduced costs associated with workforce expansion/contraction
- Reduced service charges
- Reduced maintenance costs
- Fewer printers and a reduction in paper
- Reduced costs associated with stationery and other office supplies.

***To corporate performance:***

- Improved communication, collaboration and engagement
- Increased focus and concentration
- Increased innovation
- Reduced absenteeism

***To employee satisfaction:***

- Greater flexibility and choice
- Improved work / life balance
- Empowerment
- Sense of reciprocal trust, ownership and obligation (loyalty)
- Reduced commuting time and lower travel costs
- Improved wellbeing and health through increased movement and postural variation
- Greater connectivity

***To ACTPS attraction and retention:***

- The leaders of the future have grown up with flexible technologies and the freedom to collaborate and work from anywhere
- Employees with caring responsibilities can more easily manage work/life pressures or re-engage with the workforce
- Incentives and enablers for those transitioning to retirement to remain engaged in the workforce for longer
- Flexibility helps to accommodate specific needs of staff returning to the workforce following injury or illness.

**Design considerations and core behaviours**

Although ABW environments should be designed collaboratively and in consideration of the business needs of the intended occupants, the types of knowledge workers in the ACTPS that occupy office space will generally have similar requirements. Bespoke or highly tailored design solutions should be avoided unless there is a compelling business case. This will ensure the continued flexibility of the office environment and enable greater workforce mobility.

There is a presumption that all staff will work flexibly unless there are significant workplace health and safety considerations that would make flexible working unsafe for the individual concerned. This means that no staff will have allocated desks, and a clear desk policy will require staff to remove all belongings from a workstation when they have finished using it, or at the end of each working day.

Flexible technologies (most significantly a mobile computer such as a laptop with Direct Access for network accessibility anywhere) are critical enablers for a transition to ABW. A reduction in the reliance on paper and physical records will also need to be supported through business process changes and a transition to a whole-of-government EDRMS solution.

As more office environments move to ABW, strong consideration should be given to providing office space at each of the five 'hub' locations (Civic, Dickson, Gungahlin, Belconnen and Woden) for ACTPS employees to work, minimising commuting requirements, increasing productivity, and improving environmental outcomes.

A transition to flexible, mobile technologies is a significant enabler for home based work. The ACTPS does not intend to actively pursue home based work for its employees, and all employees will be able to access office space in the execution of their duties. However, where an employee seeks to work from home or another preferred location, as long as suitable arrangements exist between that staff member and their manager and clear performance expectations have been agreed upon, such an arrangement should be given preferable consideration. Such arrangements should also contemplate the importance of team dynamics and human interactions in creating a healthy, safe and productive work environment.

#### **Leadership and change management**

Implementing ABW is a significant change process for a staff cohort accustomed to office design encompassing executive offices, partitions and allocated corner desks. Strong executive leadership is critical to the success of any ABW initiative. There are some unique and significant challenges for leaders in this change process, as senior executives are arguably more profoundly affected by the change than most. Demonstrating change as a leader is critical. Relinquishing an office can require significant adjustment to personal working habits and planning, and potentially a shift to a more accessible management style. Managing employees without always having visibility of them requires the development of mutual trust as well as regular, outcomes-focused performance discussions. Leaders have a central role in ensuring staff are engaged and understand expectations for self-directed work. These changes to working style and behaviours greatly benefit staff in understanding their performance expectations; in engendering a sense of self-direction and trust; and in providing increased accessibility to their management chain. All of these themes emerge regularly in staff surveys in terms of what staff are seeking from their managers and senior executives. To a large extent, the benefits of ABW for senior executives must be viewed through the lens of organisational performance rather than personal benefit.

A clear change management plan, identification of change champions throughout the workforce, and a willingness to openly engage and lead by example are crucial throughout the planning, implementation and business-as-usual phases of this change process.

# SPIRE Project



## SPIRE Enabling Works Project Control Group

### TCH Building 28 Mobile Coverage Options Paper

#### Meeting Paper Details

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**Meeting Date:** 8 October 2019  
**Agenda Item:** 7.1  
**Paper Type:** For Approval  
**From:** Mark Moerman  
**Drafted:** 24 September 2019

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#### Proposed Resolution

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That the PCG:

- **Approve** Option 1 as proposed by Mark Moerman and supported by Lloyd Esau.

#### Purpose and context of this paper

---

This Options Paper outlines five options for mobile coverage in Building 28 as documented within a report provisioned by DASLink in September 2019. The options presented were:

- The use of existing Coverage from Building 1;
- Installation of a Rooftop Antenna Repeater on Building 28;
- The use of the existing Building 11 Hybrid Distributed Antenna System (DAS) to provide in-building coverage to Building 28 through coax;
- The use of either Building 1, 2 or 3 passive Distributed Antenna System (DAS) Fed Repeater to provide services for Building 28; and
- The upgrade of the PRISM system in Building 11 and subsequent reticulation of these services to building 28 through Dedicated Fibre Connectivity.

The purpose of this options paper is to:

- Present the above options to ensure that the chosen solution addresses the mobile services coverage requirements for Building 28;
- Address the mobile coverage requirements listed in Section 2;
- Ensure the Digital Solution Division (DSD) infrastructure team and the Executive share a common understanding of the business requirements that the solution intends to satisfy; and
- Seek formal direction on the recommended option for a Building 28 mobile coverage solution.

## Background

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The Executive and staff currently located in Building 24 at Canberra Hospital will be relocated to a new demountable, Building 28 that is being constructed near the Multi-Storey carpark. Building 24 not only accommodates CHS Executive functions but is also purposed as the Health Emergency Operations Centre (EOC) for management of critical incident response and disaster recovery activities.

This document is intended to provide direction for the Mobile Coverage requirements for Building 28. The Endorsed Emergency Operations Centre ICT Business Requirements Specifications and the Building Infrastructure ICT Business Requirements Specifications state that:

1. The solution must support mobile phone and other mobile device coverage within Building 28;
2. The EOC participants must be able to use mobile phones without any coverage congestion for a minimum of 50 simultaneous users in Building 28.
3. Mobile phone coverage in Building 28 will be identical to the current coverage in Building 24.

To ensure compliance with the Endorsed Business Requirements, a Vendor, DASLink was engaged to conduct a Mobile Infrastructure Audit and Building 28 Mobile Coverage (Location) Survey with specific intent of providing Mobile services coverage recommendations for Building 28.

The vendor reported on the condition of current infrastructure supporting Building 24 and assessed these as relevant to the technology's life cycle. The vendor subsequently provided five options for coverage within the proposed Building 28, with consideration to the longevity, capacity and cost associated with each proposal. Given the maturity and capability of the current macro-infrastructure serving the campus including the proposed space for Building 28, the vendor has proposed that mobile coverage for Building 28 will be sufficient without the provision of additional in-building infrastructure.



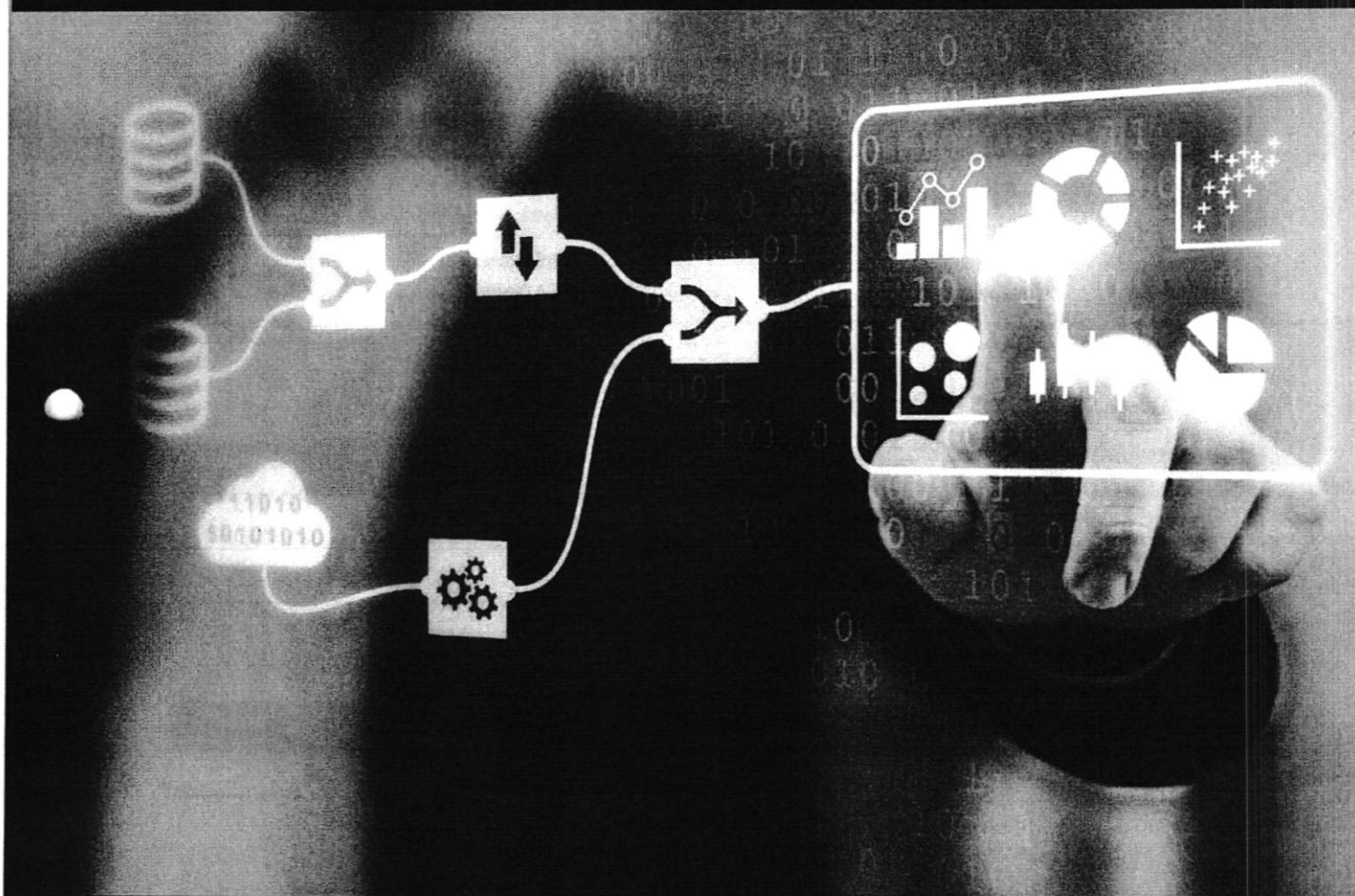
Digital Solutions Division

**ACT**  
Government**ACT Health**

# TCH Building 28 Mobile Coverage

## Options paper

Version 1.0 – 24 Sep 2019





## 2.1 Document Control

Version	Summary of Changes	Author	Date
Initial Draft 0.1	Initial Template	Mark Cahill, Senior Project Manager	20/09/2019

## 2.2 Document Review

Version	Reviewer	Position	Date
0.1	Nitin Saxena	Senior Solutions Architect	24/09/2019
0.1	Andrei Lena	Senior Project Manager	24/09/2019

## 2.3 Document Endorsement

Version	Approver	Position	Date
Final 1.0	Mark Moerman	Senior Director, ICT Infrastructure Hub, DSD	24/09/2019
Final 1.0	Sandra Cook	a/g Chief Information Officer, ACT Health Directorate	25/09/2019

## 2.4 References

Document	Version	Location
ACT Health ICT Standard & Specifications	TBA	Internal Location

## 2.5 Document Approval/Acceptance

Version	Approver	Position	Date

## Executive Summary

---

The Executive and the staff currently located in Building 24 at The Canberra Hospital (TCH) will be relocated to a new demountable, Building 28 that is being constructed near the Multi-Storey carpark. Building 24 not only accommodates CHS Executive functions but is also purposed as the Health Emergency Operations Centre (EOC) for management of critical incident response and disaster recovery activities.

This document is intended to provide direction for the Mobile Coverage requirements for Building 28.

The Endorsed Emergency Operations Centre ICT Business Requirements Specifications and the Building Infrastructure ICT Business Requirements Specifications state that:

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The vendor reported on the condition of current infrastructure supporting Building 24 and assessed these as relevant to the technology's life cycle. The vendor subsequently provided five options for coverage within the proposed Building 28 space, with consideration to the longevity, capacity and cost associated with each proposal. Given the maturity and capability of the current macro-infrastructure serving the campus including the proposed space for Building 28, the vendor has proposed that mobile coverage for Building 28 will be sufficient without the provision of additional in-building infrastructure.

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# 1. Introduction

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## 1.1 Document purpose

1.1.1 This document will outline five options for mobile coverage in Building 28 as documented within a report provisioned by DASLink in September 2019. The options presented were:

- The use of existing Coverage from Building 1;
- Installation of a Rooftop Antenna Repeater on Building 28;
- The use of the existing Building 11 Hybrid Distributed Antenna System (DAS) to provide in-building coverage to Building 28 through coax;
- The use of either Building 1, 2 or 3 passive Distributed Antenna System (DAS) Fed Repeater to provide services for Building 28; and
- The upgrade of the PRISM system in Building 11 and subsequent reticulation of these services to building 28 through Dedicated Fibre Connectivity.

1.1.2 The purpose of this options paper is to:

- Present the above options to ensure that the chosen solution addresses the mobile services coverage requirements for Building 28;
- Address the mobile coverage requirements listed in Section 2;
- Ensure the Digital Solution Division (DSD) infrastructure team and the Executive share a common understanding of the business requirements that the solution intends to satisfy; and
- Seek formal direction on the recommended option for a Building 28 mobile coverage solution.

## 2. Requirements

### 2.1 Classification of Requirements

Classification better allows for the prioritisation of requirements. Each requirement is given a classification or priority relating to the level of importance placed on it, relative to other factors such as regulatory compliance and stakeholder needs.

Requirements Classification	
<b>Mandatory (M)</b>	The solution must be able to support this requirement, otherwise there will be a major impact on the project. Typically, a project has few 'M' requirements (sometimes none).
<b>Highly Desirable (HD)</b>	Failure to meet such a requirement will have significant impact on the project. Failure to meet multiple 'HD' requirements may lead to the project not proceeding.
<b>Desirable (D)</b>	This feature would improve the ease of use of some element of the solution, or provide an additional function, over and above that defined by the 'M' and 'HD' requirements. Failure to meet 'D' requirements will have no impact on the project.

### 2.2 Statement of Requirements

The following sections (extracts from Endorsed Business Requirements documents) outline requirements that have been identified for the EOC in Building 28, however this document is referring specifically to the following Mandatory Requirements:

- VT-2 – Mobile Telephone Coverage;
- CE-4 – Mobile Phone Usage; and
- CE-5 – Mobile Phone Coverage.

#### 2.2.1 Voice Telephony

ID	Rating	Description
VT-1	M	<b>Fixed Telephone Coverage.</b> The solution must provide Voice over Internet Protocol (VoIP) fixed handset service within the building over the ACTGov data network.
VT-2	M	<b>Mobile Telephone Coverage.</b> The solution must support mobile phone and other mobile device coverage within the new Executive building.
VT-3	M	<b>Communications Room.</b> A VoIP phone must be provided in each communications room. The head contractor <b>must</b> ensure a data outlet is provisioned for the VoIP phone.

## 2.2.2 Communications Equipment

The table below outlines the communications requirements for EOC participants with other agencies:

ID	Rating	Description
CE-1	M	<b>Fixed Phones.</b> The solution must provide VoIP fixed handset service within the building and EOC over the ACTGov data network. It is expected that four VoIP phones will be required in the EOC.
CE-2	M	<b>TRN.</b> TRN system and handsets must be available for use by the EOC personnel.
CE-3	M	<b>Priority-1 Landline.</b> A separate Priority 1 landline must be available for the EOC.
CE-4	M	<b>Mobile Phone Usage.</b> The EOC participants must be able to use mobile phones without any coverage congestion for a minimum of 50 simultaneous users in Building 28.
CE-5	M	<b>Mobile phone coverage.</b> Mobile phone coverage in Building 28 will be identical to the current coverage in Building 24.
CE-5	M	<b>Clinical Devices.</b> Provision wireless network to support Clinical Mobile Devices.

## 2.2.3 Standards

The solution provided for EOC must adhere to several standards as follows:

ID	Rating	Description
S-1	M	<b>Cabling.</b> The cabling infrastructure must comply with the International and DSD Standards.
S-2	M	<b>Network.</b> The network infrastructure must comply with the DSD and SSICT Standards.
S-3	M	<b>Video Conferencing.</b> The video conferencing equipment must be installed according to Australian standards

## 3 Options

### 3.1 Business Problem

The Executive staff and functions within Building 24 will be relocated to the new Building 28. As a current function of Building 24 includes its use as the CHS EOC, Building 28 will also need mobile services coverage with adequate capacity to meet disaster recovery requirements.

### 3.2 Option 1 – The use of existing Coverage from Building 1

The Building 1 rooftop macro site is located approximately 380m to the north of Building 28 with line of sight to Building 28. It is expected that in-building coverage for both Telstra and Optus services may be obtained from rooftop transmissions that penetrate into Building 28 with little or no interference from external shielding.

#### 3.2.1 Advantages

- This is the most cost-effective option – no action/no funding required;
- Majority of Building 28 is likely to obtain coverage from Building 1; and
- Both Telstra and Optus have rooftop antennae oriented in a southerly direction (facing towards the location of building 28).

#### 3.2.1 Disadvantages

- Limited Building 28 surface area facing north towards the Building 1 rooftop from which network transmissions originate. Coverage **may not** be uniform throughout Building 28;
- Capacity shared with all mobile users in Garran and surrounding suburbs. This has the potential for congestion under emergency conditions;
- Network capacity and the impact under emergency conditions has not been tested; and
- Dependent on Building 1 carrier rooftop site availability and capacity.

#### 3.2.2 Cost

- Zero cost.

### 3.3 Option 2 – Installation of a Rooftop Antenna Repeater on Building 28

A Building 28 mobile repeater would be of similar architecture to the existing Optus system installed in Building 24, with a rooftop antenna driving a repeater, and that repeater subsequently providing signal to a series of indoor antennae.

Conventional repeater systems are relatively well understood, and relatively economical. The repeater solution would obtain its donor signal from the Building 1 rooftop site.



### 3.3.1 Advantages

- Cost effective, with the possibility of mobile carrier support;
- Straightforward and timely deployment; and
- Certainty of uniformity of coverage throughout Building 28.

### 3.3.2 Disadvantages

- Capacity shared with all mobile users in Garran and surrounding suburbs. This has the potential for congestion under emergency conditions;
- Dependent on Building 1 carrier rooftop site availability and capacity.
- Requires a separate repeater for each mobile carrier (DAS can be shared);
- Network capacity and the impact under emergency conditions has **not** been tested; and
- There is uncertainty in relation to the veracity of this solution as a mobile phone device will automatically use the dominant system rather than the most appropriate system. If the signal emergence from the rooftop in Building 1 is more dominant than the closest in-building solution for Building 28, a mobile phone device will ignore the in-building signal and use the Building 1 rooftop signal instead. Additional investigation is required to further analyse this risk.

### 3.3.3 Cost

- \$40,000 – repeater cost.

## 3.4 Option 3 – The use of the existing hybrid Building 11 DAS Repeater to provide in-building coverage to Building 28 through coax.

Using the existing hybrid DAS service within Building 11 provides the district advantage that capacity of the DAS is shared only with the host building occupants, not an entire suburb and surrounds. This significantly reduces, but does not eliminate the risks of congestion, as capacity is shared among a much smaller anticipated number of users. However, it does need to be noted that network capacity is still dependent upon the Donor site on the rooftop of Building 11.

The concept for this option is to a new repeater and extend the Building 11 DAS to Building 28, with the repeater's amplification compensating for considerable signal loss incurred due to the 380 metre coaxial cable route.

### 3.4.1 Advantages

- Robust coverage throughout Building 28; and
- Improved network traffic/network capacity ratio compared to other options.

### 3.4.2 Disadvantages



- Requirement to install a 380 metre coaxial cable would prove challenging given the relative inflexibility of coax, and the lack of straight cable path between the two buildings;
- Requires Optus endorsement to connect to DAS;
- Possible complication is the need for any Building 28 DAS to provide sufficient antenna transmission power to sufficiently overcome what would be interfering signals penetrating into Building 28 from the rooftop macro site;
- Possible requirement for the northern facing windows of Building 28 be treated with metallic tint, which attenuates Radio Frequency (RF), to reduce the interference potential of rooftop transmissions; and
- Network capacity and the impact under emergency conditions has not been tested.

### 3.4.3 Cost

- \$60,000
  - \$40,000 – repeater/DAS to Building 28;
  - \$20,000 – donor signal cable.
- No costings have been obtained for an experienced DAS cabling installer to conduct and inspection and survey to confirm cable installation viability from Building 11 to Building 28.
- Metallic tint, which attenuates Radio Frequency (RF), to reduce the interference potential of rooftop transmissions on the north facing windows of Building 28 has not been costed.

## 3.5 Option 4 – The use of either Building 1, 2, & 3 passive DAS Repeater to provide inbuilding coverage to Building 28.

Driving a Building 28 repeater from the all-passive, Building 1, 2 or 3 DAS presents the same challenges as identified in Option 3, but with a shorter coaxial cable length of approximately 280 metres minimum.

### 3.5.1 Advantages

- Robust coverage throughout Building 28;
- Improved network traffic/network capacity ratio compared to other options; and
- Shorter donor cable route than Option 3.

### 3.5.2 Disadvantages

- Although shorter than the building 11 option, the requirement to install a 280 metre coaxial cable would prove challenging given the relative inflexibility of coax, and the lack of straight cable path between the two buildings.
- Requires Telstra endorsement to connect to DAS;
- Donor DAS capacity is considered to be insufficient;
- Possible complication is the need for any Building 28 DAS to provide sufficient antenna transmission power to sufficiently overcome what would be interfering signals penetrating into Building 28 from the rooftop macro site;

- Possible requirement for the northern facing windows of Building 28 be treated with metallic tint, which attenuates Radio Frequency (RF), to reduce the interference potential of rooftop transmissions; and
- Network capacity and the impact under emergency conditions has not been tested.

### 3.5.3 Cost

- \$50,000
  - \$40,000 – repeater/DAS to Building 28;
  - \$10,000 – donor signal cable.
- No costings have been obtained for an experienced DAS cabling installer to conduct and inspection and survey to confirm cable installation viability from Building 1 to Building 28.
- Metallic tint, which attenuates Radio Frequency (RF), to reduce the interference potential of rooftop transmissions on the north facing windows of Building 28 has not been costed.

## 3.6 Option 5 – The upgrade of the PRISM system in building 11 and subsequent reticulation of these services to building 28 through Dedicated Fibre Connectivity

The provision of optical fibre fed active DAS hardware, fed from existing carrier Building 11 base stations presents with the least disadvantages.

### 3.6.1 Advantages

- Superior capacity, as network capacity is only shared with Building 11 occupants, not Garran and surrounding suburbs;
- Certainty of uniformity of coverage; and
- Single suite of 7 band remote amplifier & head/master unit can support multi-carrier/multi-band configurations and easy connection of other carriers at any time.

### 3.6.2 Disadvantages

- Most costly option at \$120,000 (noting that there will be an additional cost for mobile service providers to connect to the infrastructure)
- Requires endorsement from all participating carriers for their connection and connection of each participating carrier will incur an approximate cost of \$150,000;
- Requires Optus endorsement to extend DAS;
- Limited choice of active DAS hardware options may limit mobile phone service spectrum rationalisation process in the future;
- This option assumes use of the existing ACT Health fibre ring on the campus;
- Carriers may insist on dedicated fibre between Level 11, Building 1 master/head unit and Building 28;

- Possible complication is the need for any Building 28 DAS to provide sufficient antenna transmission power to sufficiently overcome what would be interfering signals penetrating into Building 28 from the rooftop macro site on Building 1;
- Possible requirement for the northern facing windows of Building 28 be treated with metallic tint, which attenuates Radio Frequency (RF), to reduce the interference potential of rooftop transmissions; and
- Network capacity and the impact under emergency conditions has not been tested.

### 3.6.3 Cost

- \$120,000, plus mobile carrier connection fee of approximately \$150,000 per carrier.  
\$60,000 – Active/passive DAS hardware supply;  
\$60,000 – professional services and installation;  
\$150,000 – connection fee per carrier.
- It is suggested that if Option 5 is taken up by the Executive, that the solution be upgraded to include 5G coverage for future use. It needs to be noted that **no** costings have been obtained to upgrade this solution to 5G capability.
- No costings have been obtained for the installation of a dedicated fibre for this solution.
- Carrier connection fee's have **not** been included in the costings – carriers will need to be consulted regarding their willingness to connect and any associated connection term prior to committing to this solution.
- Metallic tint, which attenuates Radio Frequency (RF), to reduce the interference potential of rooftop transmissions on the north facing windows of Building 28 has **not** been costed.

## 4 Recommendation

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### 4.1 DSD Recommendation

It is recommended that Option 1 be selected by the Program Group. This option addresses the mandatory requirements listed in Section 2, noting the requirement for capacity testing under load to confirm that Mandatory Requirement CE-4 can be achieved.

DASLink have suggested that no DAS infrastructure (Options 3, 4 & 5) is installed during Building 28 construction phase. Once the lock up stage is achieved, DASLink have suggested that testing is conducted inside Building 28 to determine the level of rooftop macro signal penetration and testing coverage and capacity under load. This additional analysis would then provide direction on further options to best meet the Business Requirements.

## Appendix A

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### 4.2 Glossary of terms

Term	Definition
BRS	Business Requirements Specifications
DAS	Distributed Antenna System
DSD	Digital Solutions Division
EOC	Emergency Operations Centre
ICT	Information and Communication Technology
RF	Radio Frequency
TCH	The Canberra Hospital

# SPIRE Project



## SPIRE Enabling Works Project Control Group Meeting Paper

### Meeting Paper Details

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**Meeting Date:** 8 October 2019

**Agenda Item:** 7.2

**Paper Type:** For Approval

**From:** Mark Moerman

**Drafted:** 20 September 2019

### Proposed Resolution

---

That the PCG:

- **note** the business requirement for Audio Visual in Building 28; with specific reference to the Emergency Operations Centre
- **agrees** to endorse Option 3 as recommended by Mark Moerman

### Purpose and context of this paper

---

This document outlines 3 options for Audio-Visual services at the new Building 28. The first option being the relocation of the existing equipment to the new building, the second being to procure all new equipment, and the third option is a combination of the first two which is recommended.

The purpose of this options paper is to:

- Present the options for fitting out building 28 meeting rooms with audio-visual equipment;
- Address the Audio-Visual requirements listed in section 3;
- Ensure the Digital Solution Division (DSD) infrastructure team and the Executive share a common understanding of the business requirements that the solution is intended to satisfy;
- Seek formal direction on the preferred option to fit out building 28 meeting rooms with audio visual equipment.

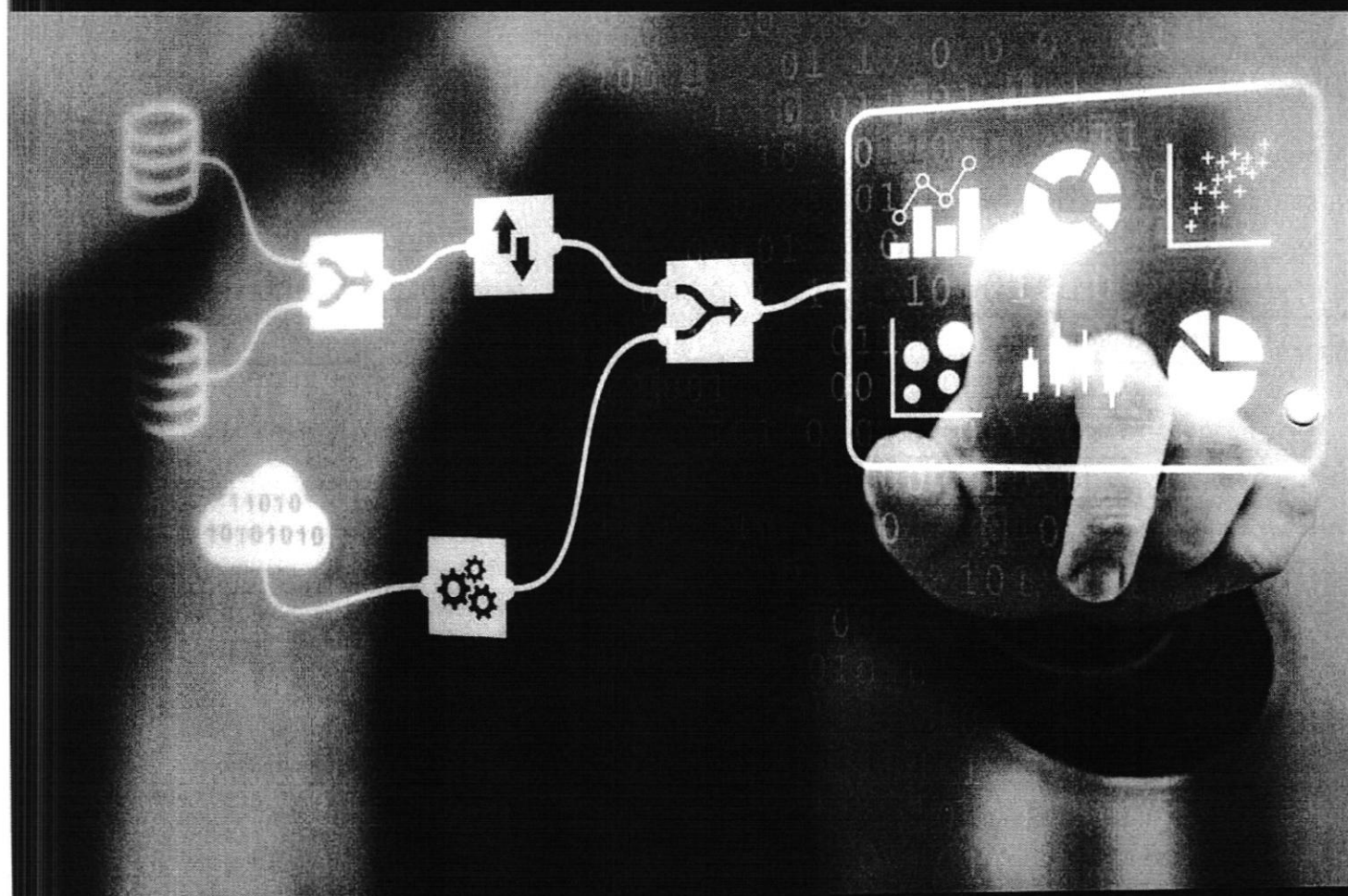
Digital Solutions Division

**ACT**  
Government**ACT Health**

# TCH Building 28 Audio Visual Services

## Options paper

Version 1.0 – 20 Sep 2019





## Document Control

Version	Summary of Changes	Author	Date
Initial Draft 0.1	Initial Template	Robert Vogt Project Manager	08/09/2019
0.2	Update content	Robert Vogt Project Manager	12/09/2019
0.3	Update content based on feedback	Robert Vogt Project Manager	17/9/2019
1.0	Final amendments	Robert Vogt Project Manager	17/09/2019

## Document Review

Version	Reviewer	Position	Date

## Document Endorsement

Version	Approver	Position	Date
Endorsed v1.0	Mark Moerman	Senior Director, ICT Infrastructure Hub, DSD	17/09/19
Endorsed v1.0	Sandra Cook	a/g Chief Information Officer, ACT Health Directorate	19/09/19

## References

Document	Version	Location
ACT Health ICT Standard & Specifications	TBA	Internal DSD Folder Location

## Document Approval/Acceptance

Version	Approver	Position	Date



## Executive Summary

The Executive and the staff currently located in Building 24 at The Canberra Hospital (TCH) will be relocated to Building 28 that is being constructed near the Multi-Storey carpark. Building 24 not only accommodates the Executive but also functions as a Health Emergency Operations Centre (EOC).

This document is intended to obtain direction for the Audio-Visual requirements for Building 28. The options in this paper are based on Building 28, 50% PSP floor plan which identifies Building 28 will have 5 meeting rooms instead of 4 in building 24.

## Building 24 Meeting Rooms Current State

The below table outlines the current state of audio-visual equipment located in Building 24.

Room	Equipment	Notes
Meeting room 1	Evoko meeting board Cisco Telepresence C-40	C-40 is end of life as of mid-2018
Meeting room 2	Evoko meeting board Cisco Room 70 Dual monitor	
Meeting room 3	Evoko meeting board Cisco 55" Webex board	Webex 55" board is too small for the new meeting room
Meeting room 4	Evoko meeting board Cisco 70" Webex board	
Executive office 1	Cisco 55" Webex	
Executive office 2	Cisco 55" Webex	

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# 1. Introduction

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## 1.1 Document purpose

This document will outline 3 options for Audio-Visual services at the new building. The first option being the relocation of the existing equipment to the new building, the second being to procure all new equipment, and the third option is a combination of the first two which is recommended.

The purpose of this options paper is to:

- Present the options for fitting out building 28 meeting rooms with audio-visual equipment;
- Address the Audio-Visual requirements listed in section 3;
- Ensure the Digital Solution Division (DSD) infrastructure team and the Executive share a common understanding of the business requirements that the solution is intended to satisfy;
- Seek formal direction on the preferred option to fit out building 28 meeting rooms with audio visual equipment;

## 2. Options

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### 2.1 Business Problem

The Executive staff located in Building 24 will be relocated to the new building 28. There is a requirement for several meeting rooms to be provisioned with high end audio-visual and conferencing capabilities. As part of the relocation the number of meeting rooms has increased from 4 to 5 rooms.

To ensure that DSD are ready to fit out the new building with appropriate audio-visual services a decision is required from the Executive on what equipment is to be installed in the meeting rooms. This will allow for ordering of equipment and the arrangement of labour to carry out installation of services.

### 2.2 Option 1- Relocation of existing equipment

#### 2.2.1 Advantages

- This is the most cost-effective option.

#### 2.2.2 Disadvantages

- This option **does not** meet the requirements listed in section 3 which were identified in the Business Requirements Specifications (BRS);
- This option **does not** address the requirement for a hearing loop;
- This option would require the relocation of **obsolete** equipment;
- This option **does not** cater for the 5<sup>th</sup> meeting room in Building 28; and
- This option would leave the meeting rooms in Building 24 without audio-visual equipment.

#### 2.2.3 Cost

- Below is a cost estimate for this option however as mentioned above this option **does not** address several requirements.

Option 1 relocate existing equipment only					
Building 24 room	Building 28 room	Equipment	Action	Capex	Opex
Meeting room 2 - EOC	Meeting room 2 - EOC	Dual 70 Webex room	Relocate	\$1,800.00	N/A
Meeting room 1	Meeting room 1	OLD cisco kit end of life	Relocate	\$1,000.00	N/A
Meeting room 3	Meeting room 3	55' Webex board	Relocate	\$1,000.00	N/A
Meeting room 4	Meeting room 4	70' Webex board	Relocate	\$1,000.00	\$1,380.00
	Meeting room 5			\$0.00	
Executive office 1	Executive office 1	55' Webex board	Relocate	\$1,000.00	N/A
Executive office 2	Executive office 2	55' Webex board	Relocate	\$1,000.00	N/A
Digital signage		2 digital signage	Relocate	\$900.00	
Evoca panels	Evoca panels	4 evoca panels	Relocate panels	\$4,000.00	N/A
Total				\$11,700.00	\$1,380.00
Gross total					\$13,080.00

## 2.3 Option 2 – Procure all new equipment

### 2.3.1 Advantages

- This option addresses all the mandatory and highly desirable requirements listed in section 3.
- All equipment would be new so there would be no disruption to building 24.
- As no equipment is removed from building 24 all its meeting rooms remain operational.
- This option addresses the hearing loop.
- This option addresses the 5<sup>th</sup> meeting room in building 28.
- This option addresses the requirement to share a screen or a document by provide access to the Webex board using either Webex Teams or Barco. (Note: Barco is not supported by SSICT)

### 2.3.2 Disadvantages

- This option at a cost of \$293,860 is the most expensive option.
- This option would leave the Cisco Room 70 in building 24 which is scheduled for demolition. This is an expensive piece of equipment and is difficult to store due to its size.
- This option also leaves 55" Webex boards in the executive offices in building 24

### 2.3.3 Cost

- Below is a cost estimate for this option. As mentioned above this option addresses all the requirements listed in section 3 of this document.

Option 2 Procure all new equipment					
Building 24 room	Building 28 room	Equipment	Action	Capex	Opex
Meeting room 2 - EOC	Meeting room 2 - EOC	Dual 70 Webex room	Leave in place and install new dual webex room system	\$68,000.00	N/A
	Meeting room 2 - EOC	70' Webex board	Install new 70" webex panel	\$28,100.00	\$1,380.00
	Meeting room 2 - EOC	Hearing loop	Install new hearing loop system.	\$20,000.00	
	Meeting room 2 - EOC	Barco	Install a barco solution to provide screen display on Webex board	\$8,000.00	
Meeting room 1	Meeting room 1	OLD cisco kit	Leave in place and install new 70" webex panel	\$28,100.00	\$1,380.00
Meeting room 3	Meeting room 3	55' Webex board	Leave in place and install new 70" webex panel	\$28,100.00	\$1,380.00
Meeting room 4	Meeting room 4	70' Webex board	Leave in place and install new 70" webex panel	\$28,100.00	\$1,380.00
	Meeting room 5	70' Webex board	Install new 70" webex panel	\$28,100.00	\$1,380.00
Executive office 1	Executive office 1	55' Webex board	Install new 55" webex panel	\$16,100.00	\$1,380.00
Executive office 2	Executive office 2	55' Webex board	Install new 55" webex panel	\$16,100.00	\$1,380.00
Digital signage		2 digital signage	Leave existing in place and install new units	\$2,000.00	N/A
Evoca panels	Evoca panels	4 evoca panels	Leave existing panels in place and install new panels for the 5 meeting rooms	\$13,500.00	N/A
Total				\$284,200.00	\$9,660.00
					\$293,860.00

## 2.4 Option 3 - Mixed approach

### 2.4.1 Advantages

- This option addresses all the mandatory and highly desirable requirements listed in section 3.
- This option at a cost of \$181,430 provides a balanced approach to the hardware procurement
- This option leaves building 24 meeting rooms in an operational state.
- This option addresses the hearing loop requirement.
- This option addresses the 5<sup>th</sup> meeting room in building 28

- This option addresses the requirement to share a screen or a document by provide access to the Webex board using either Webex Teams or Barco. (Note: Barco is not supported by SSICT)

## 2.4.2 Disadvantages

- Although this option is cheaper than option 2 there is still significant investment required.

## 2.4.3 Cost

- Below is a cost estimate for this option. As mentioned above this option addresses all the requirements listed in section 3 of this document.

Option 3 Mixed approach					
Building 24 room	Building 28 room	Equipment	Action	Capex	Opex
Meeting room 2 - EOC	Meeting room 2 - EOC	Dual 70 Webex room	Relocate	\$1,800.00	N/A
	Meeting room 2 - EOC	70' Webex board	Install new 70" webex panel	\$28,100.00	\$1,380.00
	Meeting room 2 - EOC	Hearing loop	Install new hearing loop system.	\$20,000.00	
Meeting room 2 - Old EOC		CISCO Roomkit PRO + 2x 70" display panels	Replaces Dual 70 in building 24	\$16,000.00	\$1,380.00
	Meeting room 2 - EOC	Barco	Install a barco solution to provide screen display on Webex board	\$8,000.00	
Meeting room 1	Meeting room 1	OLD disco kit	Leave in place and install new 70" webex panel	\$28,100.00	\$1,380.00
Meeting room 3	Meeting room 3	55' Webex board	Leave in place and install new 70" webex panel	\$28,100.00	\$1,380.00
Meeting room 4	Meeting room 4	70' Webex board	Relocate and replace with room kit	\$9,450.00	\$1,380.00
	Meeting room 5		Install new 70" webex panel	\$28,100.00	\$1,380.00
Executive office 1	Executive office 1	55' Webex board	Relocate	\$750.00	N/A
Executive office 2	Executive office 2	55' Webex board	Relocate	\$750.00	N/A
Digital signage	Kitchens levels 1 and 2	2 digital signage	Leave existing in place and install new units	\$4,000.00	N/A
Evoca panels	Evoca panels	4 evoca panels	Leave existing panels in place and install new panels for the 5 meeting rooms	\$13,500.00	N/A
Total				\$173,150.00	\$8,280.00
Grand Total					\$181,430.00

## 3 Requirements

### 3.1 Classification of Requirements

Classification allows prioritisation of requirements.

Each requirement is given a classification or priority relating to the level of importance placed on it relative to other factors such as regulatory compliance and stakeholder needs.

Requirements Classification	
<b>Mandatory (M)</b>	The solution must be able to support this requirement, otherwise there will be a major impact on the project. Typically, a project has few 'M' requirements (sometimes none).
<b>Highly Desirable (HD)</b>	Failure to meet such a requirement will have significant impact on the project. Failure to meet multiple 'HD' requirements may lead to the project not proceeding.
<b>Desirable (D)</b>	This feature would improve the ease of use of some element of the solution, or provide an additional function, over and above that defined by the 'M' and 'HD' requirements. Failure to meet 'D' requirements will have no impact on the project.

### 3.2 Statement of Requirements

The following sections outline requirements that have been identified for the EOC in the new Executive building.

#### 3.2.1 Audio Visual

ID	Rating	Description
AV-1	M	<b>Equipment.</b> Provision video and web conferencing equipment.
AV-2	M	<b>Sizing.</b> The video and web conferencing equipment must be sized appropriately for the size of the room.
AV-3	M	<b>Video Conferencing.</b> Must be able to support video conferencing with multiple participants in several locations.
AV-4	M	<b>Devices.</b> The participants must be able to join the conference call from devices such as mobile phones, tablet or a laptop/desktop.
AV-5	M	<b>Record.</b> Have the capacity to record a meeting to be able to view it at a later stage or send it to participants as required.
AV-6	M	<b>Share Documents.</b> Be able to share a screen or just one document from any device.



ID	Rating	Description
AV-7	M	<b>Digital White Board.</b> The Audio-Visual system must be able to support digital white board functionality.
AV-8	M	<b>Touch Screen.</b> The system must support touch screen.
AV-9	M	<b>Camera.</b> Eliminate the use of a separate camera for the video conferencing.
AV-10	M	<b>HD Video.</b> Support multi stream High-Definition video.
AV-11	M	<b>Wireless network.</b> Support presentation and content sharing on the Webex screens over the wireless network using Webex Teams 'app' from ACTGov laptops.
AV-12	HD	<b>Non-ACTGov laptop presentation.</b> Support presentation and content sharing from non-ACTGov laptops on the Webex screens using a solution such as Barco or Webex Teams 'app'. Note: Barco solution is not supported by Shared Services ICT.

### 3.2.2 Meeting Recordings

The recording requirement for the meeting rooms include:

ID	Rating	Description
MR-1	M	<b>Recording.</b> The solution should be able to record the meetings if required.
MR-2	D	<b>Encryption.</b> The recordings must be encrypted, and password protected for future reference and training.

### 3.2.3 ICT Infrastructure

The following requirements are applicable for the ICT infrastructure:

ID	Rating	Description
ICT-1	M	<b>Wired network.</b> A wired network must be provisioned to support the number of data outlets that are proposed to be installed within the building including meeting rooms.
ICT-2	M	<b>Network infrastructure.</b> The network switches must be capable of providing high speed connections to support high definition video conferencing.
ICT-2	M	<b>Wireless network.</b> A seamless and reliable wireless network coverage must be provided across the building.
ICT-3	M	<b>Wireless network.</b> The wireless network must support voice and data in the building.
ICT-4	M	<b>Network availability.</b> The ICT infrastructure must be highly available.

ID	Rating	Description
ICT-5	M	<b>Network resiliency.</b> The network architecture must be resilient and continue to provide connectivity for the systems.

### 3.2.4 Standards

The solution provided for EOC must adhere to several standards as follows:

ID	Rating	Description
S-1	M	<b>Cabling.</b> The cabling infrastructure must comply with the International and DSD Standards.
S-2	M	<b>Network.</b> The network infrastructure must comply with the DSD and SSICT Standards.
S-3	M	<b>Video Conferencing.</b> The video conferencing equipment must be installed according to Australian standards

## 4 Recommendation

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### 4.1 DSD Recommendation

It is recommended that Option 3 - Mixed approach be selected by the program group. This option addresses all the mandatory and highly desirable requirements listed in section 3.

Option 3 - Mixed Approach provides a balance between cost and functionality while providing for future growth. This option also addresses the make good of building 24 meeting rooms, which will allow the meeting rooms to be left in a usable state.

## Appendix A

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### Glossary of terms

Term	Definition
BRS	Business Requirements Specifications
DSD	Digital Solutions Division
EOC	Emergency Operations Centre
ICT	Information and Communication Technology
TCH	The Canberra Hospital

**Ivansson, Zoe (Health)**

---

**From:** Slater, Amanda (Health)  
**Sent:** Tuesday, 8 October 2019 3:27 PM  
**To:** Esau, Lloyd; Burch, Brad (Health)  
**Cc:** Evans, Kate (Health); Kinghorne, Sally-Anne (Health)  
**Subject:** RE: SPIRE Enabling Works PCG Papers [SEC=UNCLASSIFIED]  
**Attachments:** Departures from HSPU brief.xlsx

UNCLASSIFIED

Brad, Lloyd,

In previous projects, the departures from the AHFG have not formed part of the HPU as they had the potential to cause confusion by the reader. Instead a separate document (an example as attached from the Interim ED) was developed.

I will put together a similar document for each component of the Enabling works for submission.

Regards  
 Amanda

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**Subject:** RE: SPIRE Enabling Works PCG Papers [SEC=UNCLASSIFIED]

UNCLASSIFIED

Brad

Thanks for the note. As discussed at the PCG, we will ensure that all HPU briefs, together with an AusHFG comparison, are submitted to ACTHD as well as through the Project's governance structure.

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

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Hi Lloyd

Just another one on today's PCG, just so as to not surprise.

I note that HPU Briefs are being submitted for approval – HPU Briefs need to be signed off by ACT Health as the agency responsible for health facility planning following the transition to two organisations. We are still building up our team in this space, so we can't do a comprehensive review in line with the project's timeframes, and I don't want to hold you up, however I would be keen to understand if there are any deviations from the Australasian Health Facility Guidelines and the justification behind any deviations. This information is usually included in the schedules to the HPU Brief, but hasn't been included in the versions circulated.

It might be worth a conversation at some stage soon about how we can manage the HPU process for the SPIRE Project more generally as you come to complete Models of Care and updated HPU Briefs.

Happy to discuss as needed.

Thanks and regards

**Brad Burch** | Executive Branch Manager

**Strategic Infrastructure**

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**Subject:** RE: SPIRE Enabling Works PCG Papers [SEC=UNCLASSIFIED]

UNCLASSIFIED

Hi Strategic Infrastructure Team

Papers for the next EW PCG attached.

Thank you

Regards

Natalia Fraszczak

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**Subject:** RE: SPIRE Enabling Works PCG Papers [SEC=UNCLASSIFIED]

Thanks Natalia. I am away next week so Brad Burch will be attending in my absence. Can you please send papers to [ACTHealthStrategicInfrastructure@act.gov.au](mailto:ACTHealthStrategicInfrastructure@act.gov.au)?

Thanks

Liz

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**Subject:** SPIRE Enabling Works PCG Papers

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Good afternoon PCG Members

Please find attached papers for the next SPIRE Enabling Works PCG.

Please don't hesitate to contact me if you have any further questions.

Regards

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I acknowledge the traditional custodians of the ACT the Ngunnawal people, and their continuing connection to land and community. I pay my respect to them, and to the Elders both past and present.



Space designation (new spaces only)	Space allocation 100% PSP Architectural Design	AHPs	HPU Brief Requirements for VE 3/2 (noting that a brief for Interim ED has not been prepared)	HSPU comment	HSPU Recommendation
<b>Adult Acute - 30 Beds</b>					
Treatment bays x3 A-1, A-2, A-5				Existing treatment bays within the current acute stream of ED vary in size (ranging from 8 to 13m <sup>2</sup> ). As with the existing treatment spaces in the current ED, there will be limited circulation space with possible impact on work flow and clinical care due to restricted operational space around the patient with implication for space for carers	Supported acknowledging budget and design constraints around existing building envelope
Clean utility				Combined purpose room, will have a utility function as well as medication and imprest storage acknowledging that design space is 3m <sup>2</sup> less than planned space.	Supported acknowledging budget and design constraints around existing building envelope.
Dirty Utility				Given the number of staff that will be using the dirty utility (from the two separate streams), there is a operational requirement for a larger than recommended room.	Supported acknowledging design constraints around existing building envelope, and that this utility will be shared between two streams
General Store				Improved work flows and decreased travel times for staff by having various storage rooms allocated around the unit.	Supported acknowledging budget and design constraints around existing building envelope.
Staff base x 2				The increased size of the staff base is required to accommodate staff numbers this includes nursing, medical and allied health staff	Supported acknowledging design constraints around existing building envelope and existing infrastructure including pylons.
Utility Bay				Although this bay is termed a utility bay it will be used for a number of purposes including a linen bay (2m <sup>2</sup> ), equipment bay (4m <sup>2</sup> ), utility bay (1m <sup>2</sup> )	Supported
Corridor GFA total					Supported acknowledging design constraints around existing building envelope and existing infrastructure including pylons.
<b>EMU - 12 Beds</b>					
Clean utility				No operational implications	Supported acknowledging design constraints around existing building envelope and existing infrastructure including pylons.
Treatment bays E-6 and E-7				There will be limited circulation space around the patient with implication for space for carers in particular	Supported acknowledging design constraints around existing building envelope.
Ensuite - Accessible				Work done by a disability consultant in relation to UCPH indicated a space allocation of 6.7m <sup>2</sup> is required for accessible ensuites	Supported acknowledging design constraints around existing building envelope
Staff hub				Supports operational requirements	Supported
Store				Storage will support operation requirements	Supported
Corridor GFA total					Supported acknowledging design constraints around existing building envelope.
<b>Paediatric Stream - Treatment Beds</b>					
Treatment Beds				Paediatric beds do not have sufficient space to enable parent to sleep overnight, without encroaching into clinical space.	Support subject to HIP SC approval