



ACT
Government

ACT Health

Ref FOI18-125



Dear 

Freedom of Information Request – FOI18-125

I refer to your application transferred to ACT Health by Canberra Health Services on 3 January 2019 in which you sought access to information under the *Freedom of Information Act 2016* (the FOI Act).

In your application you have requested:

- *Reports or similar documents prepared for either the Director-General of ACT Health or the CEO of Canberra Health Services regarding progress of the SPIRE project from 1 October 2018 to 1 January 2019.*
- *Correspondence between either Canberra Health Services or ACT Health and the office of the Minister for Health and Wellbeing's from 1 October 2018 to 1 January 2019.*
- *A communications strategy for the SPIRE project and correspondence between either Canberra Health Services or ACT Health and the office of the Minister for Health and Wellbeing regarding the communications strategy from 1 October 2018 to 1 January 2019.*
- *Communications to all Canberra Health Services staff including clinical staff, as well as unions and professional organisations regarding changes to the SPIRE project dated from 1 October 2018 to 1 January 2019.*

I am an Information Officer appointed by the Director General under section 18 of the Act to deal with access applications made under Part 5 of the Act.

ACT Health was required to provide a response on your application by 1 February 2019. However, the due date was extended to 8 February 2019 with your agreement.

Decision on access

Searches were completed for relevant documents and 34 documents were identified that fall within the scope of your request.

I have included as Attachment A to this decision the schedule of relevant documents. This provides a description of each document that falls within the scope of your request and the access decision for each of those documents.

I have decided to grant full access to 16 documents, partial access to 17 document and I have decided to refuse access to 1 document under section 50 of the Act, with deletions applied to information that I consider would be contrary to the public interest to disclose.

My access decisions are detailed further in the following statement of reasons and the documents release to you as Attachment B to this letter.

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

- The FOI Act
- The contents of the documents that fall within the scope of your request
- The *Human Rights Act 2004*

My reasons for deciding to grant partial access to the information in documents 1, 3, 4, 5, 6, 9, 14, 16, 17, 18, 19, 20, 34 is that the identified documents contain information regarding individuals mobile telephone numbers. I consider the disclosure of this information, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act as the information contained in these documents is personal information about individuals.

I have identified that there are no factors favouring disclosure of this information under Schedule 2, section 2.1. I have identified that the following factor favours non-disclosure:

- Schedule 2 2.2(a)(ii) - prejudice the protection of an individual's right to privacy or any other right under the *Human Rights ACT 2004*.

On balance, the information identified is contrary to the public interest and I have decided not to disclose this information. I have decided to refuse access to document 7 and to grant partial access to document 1, 10, 11, 12, 13 as the information is contrary to the public interest to disclose. This is because access to this document would disclose the deliberations of Cabinet in accordance with Schedule 1, 1.6 of the Act.

Charges

Processing charges are not applicable to this request.

Online publishing – disclosure log

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

Ombudsman review

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

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

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601

Via email: ACTFOI@ombudsman.gov.au.

ACT Civil and Administrative Tribunal (ACAT) review

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

Further information may be obtained from the ACAT at:

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

If you have any queries concerning Canberra Health Service's processing of your request, or would like further information, please contact the FOI Coordinator on 5124 9829 or email HealthFOI@act.gov.au.

Yours sincerely



Karen Doran
Deputy – Director General
Corporate

7 February 2019

FREEDOM OF INFORMATION REQUEST SCHEDULE

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

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

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

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div>	<ul style="list-style-type: none"> • <i>Reports or similar documents prepared for either the Director-General of ACT Health or the CEO of Canberra Health Services regarding progress of the SPIRE project from 1 October 2018 to 1 January 2019.</i> • <i>Correspondence between either Canberra Health Services or ACT Health and the Office of the Minister for Health and Wellbeing's from 1 October 2018 to 1 January 2019.</i> • <i>A communications strategy for the SPIRE project and correspondence between either Canberra Health Services or ACT Health and the Office of the Minister for Health and Wellbeing regarding the communications strategy from 1 October 2018 to 1 January 2019.</i> • <i>Communications to all Canberra Health Services staff including clinical staff, as well as unions and professional organisations regarding changes to the SPIRE project dated from 1 October 2018 to 1 January 2019.</i> 	FOI18-125

Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1.	1-3	Emails initiated by Directorate Liaison Officer	11 October 2018	Partial release	Personal Information Schedule 2 2.2(a)(ii) Disclose the deliberations of Cabinet Schedule 1.6.(1)(a)	Yes
2.	4	Email from CEO CHS to DDG ACT Health	29 October 2018	Full Release		Yes
3.	5-15	Emails – Fact Check SPIRE Speech with Attachment: Matters arising from QT - SPIRE	1 November 2018	Partial release	Personal Information Schedule 2 2.2(a)(ii)	Yes
4.	16-28	Emails – SPIRE 2.0 Concept for Consideration with Attachment – Minute to the Interim Director General regarding SPIRE Bed base – 16 April 2018, CoCO Brief re SPIRE 2.0 – 5 October 18	2 November 2018	Partial release	Personal Information Schedule 2 2.2(a)(ii)	Yes
5.	29-95	Emails – SPIRE Meeting follow up with Attachments: SPIRE RFT documents	12 November 2018	Partial release	Personal Information Schedule 2 2.2(a)(ii)	Yes
6.	96-146	Email – SPIRE RFT and Addendums with Attachments: 01 SPIRE – RFT, SPIRE PC Project Briefing Presentation – FINAL, master SPIRE SOA, Surgical IPU HPU	14 November 2018	Partial release	Personal Information Schedule 2 2.2(a)(ii)	Yes
7.	147-148	Emails – Cabinet in Confidence	29 November 2018	Access refused	Disclose the deliberations of Cabinet Schedule 1 1.6(1)(a)	No
8.	149	Email - SPIRE	29 November 2018	Full Release		Yes
9.	150-151	Emails – SPIRE – PoC TER	30 November 2018	Partial release	Personal Information Schedule 2 2.2(a)(ii)	Yes

10.	152-155	Email – SPIRE Meeting and Questions December 2018 with Attachment – SPIRE Meeting and Questions – December 2018	4 December 2018	Partial release	Disclose the deliberations of Cabinet Schedule 1 1.6(1)(a)	Yes
11.	156-160	Emails – SPIRE Meeting and Questions – December 2018 with Attachment: SPIRE Meeting and Questions – December 2018, Concept Design – Adolescent MH beds	4 December 2018	Partial release	Disclose the deliberations of Cabinet Schedule 1 1.6(1)(a)	Yes
12.	161-164	Emails – SPIRE Meetings and Questions – December 2018 with Attachment: SPIRE Meeting and Questions December 2018	4 December 2018	Partial release	Disclose the deliberations of Cabinet Schedule 1 1.6(1)(a)	Yes
13.	165-169	Emails – SPIRE Meeting and Questions with Attachment: SPIRE Meeting and Questions	4 December 2018	Partial release	Disclose the deliberations of Cabinet Schedule 1 1.6(1)(a)	Yes
14.	170-175	Emails – Pathology and infrastructure upgrades with Attachment: Attachment B – 10 year Infrastructure Planning	5 December 2018	Partial release	Personal Information Schedule 2 2.2(a)(ii)	Yes
15.	176-177	Emails – Pathology and carpark	5 December 2018	Full Release		Yes
16.	178-181	Emails – SPIRE Presentation	10 December 2018	Partial release	Personal Information Schedule 2 2.2(a)(ii)	Yes
17.	182-183	Emails – Updated Presentation	10 December 2018	Partial release	Personal Information Schedule 2 2.2(a)(ii)	Yes
18.	184-185	Emails – SPIRE announcement tomorrow	11 December 2018	Partial release	Personal Information Schedule 2 2.2(a)(ii)	Yes
19.	186-188	Emails – SPIRE announcement tomorrow	11 December 2018	Partial release	Personal Information Schedule 2 2.2(a)(ii)	Yes

20.	189-193	Emails – SPIRE announcemnt tomorrow with Attachment: Future proofing our health system	11 December 2018	Partial release	Personal Information Schedule 2 2.2(a)(ii)	Yes
21.	194-196	Emails – Email Drafts	11 December 2018	Full Release		Yes
22.	197-199	Emails – Email Drafts	11 December 2018	Full Release		Yes
23.	200	Email from CEO CHS	11 December 2018	Full Release		Yes
24.	201	Email – SPIRE decanting	11 December 2018	Full Release		Yes
25.	202-204	Email – SPIRE Fact Sheet with Attachment: SPIRE Fact Sheet	12 December 2018	Full Release		Yes
26.	205-206	Emails – SPIRE Fact Sheet	12 December 2018	Full Release		Yes
27.	207-215	Email – Meeting Requestwith Attachments: Arrangements Brief, SPIRE Talking PointsMedia Alerts, Media Release	12 December 2018	Full Release		Yes
28.	216-217	Email from CEO CHS – SPIRE Engagement	12 December 2018	Full Release		Yes
29.	218	Email – BHSP and SPIRE infor available online	12 December 2018	Full Release		Yes
30.	219	Emails – SPIRE Distribution List	14 December 2018	Full Release		Yes
31.	220-222	Email – A Message from the Director General - Achievements	17 December 2018	Full Release		Yes
32.	223	Email from CEO CHS – SPIRE meetings	20 December 2018	Full Release		Yes
33.	224-225	Emails – SPIRE Engagement	20 December 2018	Full Release		Yes
34.	226-227	Emails – SPIRE planning	20 December 2018	Partial release	Personal Information Schedule 2 2.2(a)(ii)	Yes

Finlay, India (Health)

From: ACT Health DLO
Sent: Thursday, 11 October 2018 9:22 PM
To: Burch, Brad (Health)
Subject: Re: VERY URGENT - SPIRE [DLM=Sensitive: Cabinet]

Thanks Brad

Sent from my iPhone

On 11 Oct 2018, at 7:46 pm, Burch, Brad (Health) <Brad.Burch@act.gov.au> wrote:

Hi Karen

Please find attached a new Attachment D to the SPIRE HSSI Submission – we believe that Attachment B (SPIRE Scope) is still necessary, as you will see from the way Attachment D is set out. Ultimately the new attachment shows the change to capacity rather than the specific infrastructure scope in order to match against demand.

I have also updated the Discussion Paper (in TRIM) to reflect the changes, however I have had issues uploading the new PDF to the record.

More than happy to discuss with you or the MO at your convenience.

Thanks and regards

Brad Burch

Director, Strategic Infrastructure
 ACT Health Directorate

From: Dale, Emm (Health) **On Behalf Of** DDGCorporate
Sent: Thursday, 11 October 2018 4:51 PM
To: Burch, Brad (Health) <Brad.Burch@act.gov.au>; Doran, Karen (Health) <Karen.Doran@act.gov.au>
Cc: Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>
Subject: VERY URGENT - SPIRE [DLM=Sensitive: Cabinet]
Importance: High

Hi Brad

See request below. As discussed and working on the versions in TRIM under GBC18/526, for your urgent action please.

Ta
 Emm

From: Pearson, Karen (Health) **On Behalf Of** ACT Health DLO
Sent: Thursday, 11 October 2018 4:11 PM
To: DDGCorporate <DDGCorporate@act.gov.au>; Doran, Karen (Health) <Karen.Doran@act.gov.au>
Cc: GovernmentBusinessHealth <GovernmentBusinessHealth@act.gov.au>; Wijemanne, Naveen (Health) <Naveen.Wijemanne@act.gov.au>
Subject: VERY URGENT - SPIRE [DLM=Sensitive: Cabinet]
Importance: High

Dear Karen

The Minister has some additional comments and requests regarding the SPIRE HSSI submission:

- Could Health please prepare one document that shows:
 - o Current capacity,
 - o SPIRE commitment, (original, proposed (including meeting the commitment at different locations)
 - o CHWC should be included if possible
 - o Projected demand and how capacity will meet demand (or not).
- Attachments B and D should be re-done into one document.

It would be appreciated if this could be provided as soon as possible as it will be part of the cabinet package that is going to HSSI Sub Committee.

I have also been advised that there will be some further comments on the discussion paper and I will send these as soon as they are provided to me.

Many thanks

K

Karen Pearson | Directorate Liaison Officer | ACT Health

Phone: 02 620 50499 | Mobile: [REDACTED] | Email: acthealthdlo@act.gov.au

Office of Meegan Fitzharris MLA | Minister for Health and Wellbeing | ACT Government

Office of Shane Rattenbury MLA | Minister for Mental Health and Justice Health | ACT Government

Level 2, London Circuit | GPO Box 1020, Canberra ACT 2601

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<Attachment 1D - Territory Wide Projected Capacity and Demand.pdf>



Tzavalas, Olivia (Health)

From: McDonald, Bernadette (Health)
Sent: Monday, 29 October 2018 1:33 PM
To: De'Ath, Michael (Health)
Cc: Doran, Karen (Health); Stevenson, Nicole (Health)
Subject: Briefing for SPIRE

Dear Michael,

Further to our conversation earlier today at the Ministers meeting can I put forward a list of the key stakeholders who we would recommend are invited to a briefing on SPIRE.

At a minimum we would suggest our

- Director Intensive Care
- Director Emergency Department
- Director Anaesthetics
- Key senior surgical heads of Department
- Executive Directors for Surgery and Critical Care
- Deputy DG CHS
- Director of Medical Imaging
- Director of Cardiology
- Director of Pathology

I would also suggest we include the operational directors and Directors of Nursing for each of the areas listed above.

- Director Infrastructure

In order to coordinate each of these people to attend we will need to send an invitation asap, especially if we are planning for mid November.

Please let me know how we can help to facilitate this briefing session to occur.

Kind Regards
Bernadette

Bernadette McDonald
Chief Executive Officer
Canberra Health Services

Phone: 02 5124 2728 | Email: bernadette.Mcdonald@act.gov.au
Building 24, Level 2, Canberra Hospital, Yamba Drive, Garran ACT 2605

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Finlay, India (Health)

From: Rad, Chadia (Health) on behalf of ACT Health DLO
Sent: Thursday, 1 November 2018 2:32 PM
To: Culver, Jakob (Health); ACT Health DLO
Cc: DDGCorporate; Burch, Brad (Health); Doran, Karen (Health); GovernmentBusinessHealth; Wijemanne, Naveen (Health)
Subject: RE: VERY URGENT - Fact Check SPIRE Speech [SEC=UNCLASSIFIED]

Thank you all much appreciated

Chadia

From: Culver, Jakob (Health)
Sent: Thursday, 1 November 2018 2:29 PM
To: ACT Health DLO <ACTHealthDLO@act.gov.au>
Cc: DDGCorporate <DDGCorporate@act.gov.au>; Burch, Brad (Health) <Brad.Burch@act.gov.au>; Doran, Karen (Health) <Karen.Doran@act.gov.au>; GovernmentBusinessHealth <GovernmentBusinessHealth@act.gov.au>; Wijemanne, Naveen (Health) <Naveen.Wijemanne@act.gov.au>
Subject: FW: VERY URGENT - Fact Check SPIRE Speech [SEC=UNCLASSIFIED]
Importance: High

Hi Chadia

Brad and I have reviewed and the only issue we have picked up is the following:

- The '\$420 million' reference on page 4 (second half of the page) needs to change to '\$433 million'.

The basis for the \$433 is the budget papers and comprises of the injection + provision amounts.

Thanks
 Jakob

From: Burch, Brad (Health)
Sent: Thursday, 1 November 2018 2:23 PM
To: Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>
Subject: Fwd: VERY URGENT - Fact Check SPIRE Speech [SEC=UNCLASSIFIED]

Sent from my iPad

Begin forwarded message:

From: ACT Health DLO <ACTHealthDLO@act.gov.au>
Date: 1 November 2018 at 2:23:15 pm AEDT
To: DDGCorporate <DDGCorporate@act.gov.au>, "Burch, Brad (Health)" <Brad.Burch@act.gov.au>
Cc: "Doran, Karen (Health)" <Karen.Doran@act.gov.au>, GovernmentBusinessHealth <GovernmentBusinessHealth@act.gov.au>, "Wijemanne, Naveen (Health)" <Naveen.Wijemanne@act.gov.au>
Subject: VERY URGENT - Fact Check SPIRE Speech [SEC=UNCLASSIFIED]

Hi Brad

Please review the attached speech and confirm if the funding aspect is accurate

I will need this by 2.30pm

Thank you
Chadia

Chadia Rad | Acting Directorate Liaison Officer | ACT Health

Phone: 02 620 50499 | Mobile: [REDACTED] | Email: acthealthdlo@act.gov.au

Office of Meegan Fitzharris MLA | Minister for Health and Wellbeing | Minister for Medical and Health Research | ACT Government

Office of Shane Rattenbury MLA | Minister for Mental Health and Justice Health | ACT Government
Level 2, London Circuit | GPO Box 1020, Canberra ACT 2601

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2018

THE LEGISLATIVE ASSEMBLY FOR THE
AUSTRALIAN CAPITAL TERRITORY

~~SPEECH ON SPIRE PROJECT~~ Matters arising from QT – SPIRE

Presented by
Minister Fitzharris
Minister for Health and Wellbeing
1 November 2018

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Madam Speaker, I am very pleased to provide an update to this Assembly on the significant work underway to meet Canberra's future health needs, in particular the Government's significant commitment to invest in health infrastructure to meet these needs.

I am pleased to update the Assembly about the Building Health Services Program and the SPIRE project in particular, in response to questions I took on notice during Question Time on Tuesday 29 October this week.

~~I thank the Opposition for their keen interest in the SPIRE project. I assume they want to know more about planning and building better health services, since all they could come up with at the last election was a recycled Labor policy.~~

~~As these members are aware ~~opposite are well aware~~, ACT Labor had a significant health policy package during the last election. A key component was SPIRE.~~

The SPIRE project, expansion of the Centenary Hospital for Women and Children ~~-and early feasibility planning for new~~ expanded hospital facilities in Canberra's north are major ACT Labor commitments, and go to the very heart of our plans to build new hospital infrastructure and

future-proof our public health system for the long-term benefit of
Canberrans.

Indeed, the government has committed to investing approximately
\$500 million to ~~establishing~~ build the SPIRE centreCentre at the
Canberra Hospital campus. SPIRE will increase the capacity of the
ACT's theatres, future proofing for future technological innovations,
have expanded capacity to offer day surgery as well as meet the
increasing demand for elective and emergency surgery, expand
coronary care, more inpatient beds, improved diagnostic and imaging
facilities.

Our 2016 election commitment stated that SPIRE was planned to open
in 2022-23, but noted this. ~~This was prior to any feasibility, planning and~~
early design works being undertaken. In the past two Budgets the
Government has signalled its absolute commitment to deliver SPIRE by
committing \$420 million for this project and the community and
Assembly with further out years to come in the next ACT Budget.

Alongside this commitment is also a commitment to ensure such a major
project proceeds with ~~s with all major infrastructure projects of this scale,~~
careful and detailed planning to deliver our commitment to ensure the

~~due diligence is critical during the planning phase to ensure success of SPIRE the projects.~~

Planning and Design for SPIRE needs to be considered carefully, for a range of reasons, but two important ones. 1. Consideration of both current and future service demand, detailed modelling and understanding of the Territory's health needs, service demand and clinical requirements of the territory wide public health system, which importantly includes collaboration with Calvary Public Hospital and the importance of the appropriate role delineation between both hospitals. And 2. As the hospital campus is an operational site, where the most efficient and effective way to continue to deliver existing services while construction is underway, existing health services will continue to be delivered while construction is underway.

Both these considerations must be thoroughly and methodically explored. And they have been. These are critical part of Exploring the most appropriate site location for SPIRE on the Canberra Hospital campus is a critical element of due diligence, to ensure appropriate integration with existing services and facilities. is achieved.

With ~~design~~ this work already well progressed, decanting and planning for early works will be the focus for SPIRE for the rest of 2018, through 2019, and early 2020.

Territory-Wide Health Services Planning processes have been key to the Government's ability to carefully plan for continued evolution of the SPIRE project, and this has included careful consideration most recently by ~~through~~ the Building Health Services Program Strategy Steering Committee.

The Strategy Steering Committee was convened to provide advice to me and to Government on the next phases of the Building Health Services Program, of which a major feature is the ~~and the~~ SPIRE project.

The Strategy Steering Committee included senior representatives from ACT Health and what is now Canberra Health Services, other ACT across Government Directorates, our partners at Calvary and the Capital Health Network, to ensure an integrated strategic approach. This has also given us the ability to draw on the broad expertise of these partners within government and outside. ~~planning, transportation, and treasury.~~

The integrated approach of the committee has been critical to ensure planning for projects meets the long-term health needs of our community.

The committee's recommendations have been essential to informing Government's consideration of the projects and of the most appropriate site location for SPIRE.

With the best advice, the Government remains confident that project works will commence in 2020, and we will continue to work towards project completion in the 2023-24 financial year.

Madam Speaker, over the coming weeks, we will be embarking on a critical next step, undertaking information briefings with key clinical staff from Canberra Hospital and Calvary Public Hospital Bruce, to provide an update regarding the project, and present material that informed the steering committee's deliberations and our infrastructure priorities.

This builds on the engagement of staff through the territory wide health services strategy and the ongoing development of Specialty Service Plans, which has also been a key component of the Government's

commitment to territory wide health services planning and to future proof the ACT's public health system.

These information briefings are part of essential clinical involvement in the SPIRE project and will be complemented throughout 2019 with the establishment of the Clinical Leadership Forum in the next two months, as well as further engagement with clinical and other staff, and key stakeholders.

~~Following conversations~~ the briefings with our clinical staff, the Government will make further announcements prior to the end of 2018 regarding ~~I will provide an update to the community on the preferred site location for SPIRE and our next steps~~ to begin the project in 2020.

I would remind Members that 2018 has seen a lot of progress in the provision of health infrastructure, in our hospitals and within our community based health services.

In 2018 we opened the brand new University of Canberra Hospital, which has significantly changed the way we deliver health services at our public hospitals, including the way we care for people recovering from surgery or experiencing mental illness.

We opened a new Walk-in Centre in Gungahlin and started the design process for a new Walk-in Centre in Weston Creek.

And we refurbished the maternity ward and operating theatres at Calvary Public Hospital Bruce.

The SPIRE project continues to be a key priority for the ACT Government and I look forward to ~~keeping~~ updating the Assembly, and the community, ~~updated~~ on this significant health infrastructure investment for the people of Canberra.

ENDS.

Finlay, India (Health)

From: Dykgraaf, Mark (Health)
Sent: Friday, 2 November 2018 11:23 AM
To: Mooney, Colm (Health)
Subject: FW: SPIRE 2.0 Concept for consideration [DLM=For-Official-Use-Only]
Attachments: Minute to the Interim Director General regarding SPIRE Bed Base - 16 April 2018 - version 2.pdf; CoCO Brief re SPIRE 2.0 - 5 Oct 18.pdf

Hi Colm,

As discussed. One point to note that I omitted from my brief as an oversight is that I think the endoscopy suite should go into the surgical block I am proposing. I discussed this full alternate idea for SPIRE with Bernadette in detail yesterday. One final comment I do think this proposal makes far more sense of the Canberra Hospital site,

Regards,

Mark

From: Dykgraaf, Mark (Health)
Sent: Friday, 5 October 2018 7:06 PM
To: McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>; Bone, Chris (Health) <Chris.Bone@act.gov.au>; Doran, Karen (Health) <Karen.Doran@act.gov.au>
Subject: SPIRE 2.0 Concept for consideration [DLM=For-Official-Use-Only]

Hi Bernadette, Chris, Karen,

As promised please find attached:

- Concept Brief regarding dealing with critical clinical infrastructure needs over the next 2 – 5 years. The concept takes all of the critical elements of SPIRE and seek to suggest a pathway that delivers them in a different and likely more cost effective and timely fashion;
- Brief re bed capacity in the original SPIRE concept. The version I have attached was the most recent that I provided to Michael and Chris in April – a similar earlier brief had been provided to Jodie Chamberlain and Vanessa Brady in March.

I have put this brief forward in my role as Chief of Clinical Operations and as Executive Sponsor for SPIRE. I trust this all makes sense and would be pleased to discuss further,

Regards,

Mark

Mark Dykgraaf
 A/g Chief of Clinical Operations
 Canberra Hospital and Health Services
 T - 02 6244 3125
 M - [REDACTED]
 e - mark.dykgraaf@act.gov.au



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DIRECTOR-GENERAL MINUTE

TRIM Reference No. _____

SUBJECT:	<i>Number of Surgical Inpatient Unit Beds in SPIRE Planning</i>
From:	<i>Mark Dykgraaf, A/g Chief of Clinical Operations, SPIRE Project Executive Sponsor</i>
Through:	<i>Chris Bone, Deputy Director General, Canberra Hospital and Health Services</i>
Critical Date:	<i>N/A</i>
Reason:	

Recommendations

That you:

Note the information in this Minute.	<i>NOTED PLEASE DISCUSS</i>
Agree that this matter be formally tabled for deliberation at the Building Health Services Programme – Executive Committee Meeting, scheduled for late April 2018	<i>AGREED NOT AGREED PLEASE DISCUSS</i>
Agree to formally factor the issue of SPIRE inpatient unit bed stock into the health services planning activity currently underway through the Territory Wide Services Planning and CHHS Site Master Planning process	<i>AGREED NOT AGREED PLEASE DISCUSS</i>
Note that this matter has been formally tabled at the SPIRE PCG and with the SPIRE Project Management Team so that mitigations can be formally considered and escalated as required to DDG and DG level.	<i>NOTED PLEASE DISCUSS</i>
Note that this issue will be included on the SPIRE Project risk register while mitigations are formally considered and the issue is managed.	<i>NOTED PLEASE DISCUSS</i>

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

April 2018



DIRECTOR-GENERAL MINUTE

Purpose

To highlight the issue of a likely shortfall of beds in the planning for the SPIRE (Surgical, Procedural, Interventional Radiology, Emergency) building in relation to the number of theatres proposed.

Background

The SPIRE Building project has come about as a result of an ACT Government election promise in 2016. Currently the strategic business case is in the final stages of development in order that it can be considered by ACT Government, prior to moving ahead with the Detailed Business Case.

Issues

Development of the SPIRE proposal commenced in August/ September 2016 in the form of a small working party convened by the Director General. The output from this work was formally considered and announced by Government as part of the election campaign. This process has meant that the parameters of the SPIRE building were defined very early in the development of the project.

Full development of the SPIRE proposal has been formally underway since April/ May 2017. One of the key promises canvassed in the early development, planning and the strategic business case are the number of operating theatres and inpatient units/ beds. As matters currently stand the SPIRE will contain 33 theatres and 2 inpatient units of 32 beds each. It is noted that the full scope of SPIRE is to be delivered inside a \$500 million envelope.

At opening in 2024 the current plan has SPIRE with 23 theatres and 1 inpatient unit (32 beds) and shell space for 1 more inpatient unit (32 beds). The concern, that will require further detailed consideration, is the number of beds proposed to service the number of operating theatres.

Currently Canberra Hospital and Health Services (CHHS) has 13 operating theatres supported by 173 surgical inpatient beds. This represents a ratio of 13.3 beds to every theatre (173/13). CHHS operating theatres are now functioning at close to full capacity in terms of the available sessions each week with the available supporting surgical bed stock fully utilised. This current operational situation of a 173 bed/ 13 theatre ratio is therefore a useful metric to utilize in considering required future bed stock for the SPIRE build.

When SPIRE opens in 2024 it is proposed that there will be 23 theatres commissioned noting that surgical activity currently at Calvary Public Hospital Bruce and at Calvary John James is proposed to come into SPIRE.

Utilising the 13.3 beds / 1 theatre ratio means that at SPIRE opening there will be a requirement for 306 surgical beds. This means that current bed base of 173 plus 32 new



DIRECTOR-GENERAL MINUTE

beds in SPIRE gives a total of 205 beds resulting in a bed shortfall of 101 beds at opening of SPIRE under the current plan.

This situation can be mitigated by having the 1 additional shell ward ready at opening (32 beds) meaning a shortfall of 69 beds at that time i.e. 306 beds required with 237 beds available. It is important to note that the fit out of the 1 additional inpatient ward by the 2024 opening is not currently in the cost projection envelope.

The issue compounds with the move to full operational capacity at 33 theatres when SPIRE is fully commissioned. Utilising the ratio 13.3 beds/ theatre a total of 439 surgical beds will be required to support the theatre stock. Total stock available at that time under current planning will be 237 beds. This represents a bed short fall of 202 beds to support the function of the theatres.

Further mitigations that could usefully be considered to deal with the expected bed stock shortfall, in addition to commissioning the 1 shell ward, include:

- Further detailed modelling of the required inpatient bed stock as the project moves through the detailed business case process;
- Utilisation of bed stock on the wider Canberra Hospital and Health Services site, noting the current realignment of services to University of Canberra Hospital and ongoing ward refurbishments;
- Utilisation of the Bruce General Hospital bed stock in terms of the Territory Wide Services Plan and Specialty Services Plans;
- Configuration of the SPIRE theatres in terms of space and design noting that the current plan includes 10 hybrid theatres which are of significant scale;
- Configuration of the inpatient units in SPIRE noting the current position of 90% single bed ratios per Inpatient Unit.

Clearly the above bed stock issue will need to be fully considered as ACT Health moves through the process of the detailed business case development. This process of formal consideration and management will include the Health Services Planning team working in close collaboration with the SPIRE Project Team, Project Control Group and key operational staff.

The likely bed shortfall issue will be placed on the risk register for the SPIRE project in order that it can be formally considered, mitigated and escalated as necessary.



DIRECTOR-GENERAL MINUTE

Signed off by:	Mark Dykgraaf	Phone:	
Title:	A/g Chief of Clinical Operations, SPIRE Project Executive Sponsor		
Date:	16 th April 2018		
Action Officer:	Kristi-Lee Vaughan	Phone:	62443603
Unit:	Medicine		

CONCEPT BRIEF

Agency:
Proposal name: Canberra Hospital – SPIRE – Version 2 Proposal

Brief description: A number of key areas of clinical infrastructure need to be addressed within the next 2 – 5 years. This proposal identifies the path forward

Region and Electorate: Region: All

Government priority:
Minister and Ministerial Portfolio: Minister Fitzharris - Health

Funding category: Election Commitment

Link to Budget Consultation: Yes / No – if yes, include submission reference(s)

Financial Impacts Summary ¹	2019-20 \$'000	2020-21 \$'000	2021-22 \$'000	2022-23 \$'000	Totals \$'000
Capital Impacts					
Capital					
Expense Impacts^(a)					
Expenses					
Expenses – depreciation					
Revenue/Savings/Offsets Impacts					
Revenue					
Savings					
Offsets ^(b)					
Costing assessment	Indicative – significant development still required <u>OR</u> Moderate confidence – some refinement still required <u>OR</u> Mature – well developed				

Staffing Impact	2019-20	2020-21	2021-22	2022-23
Total Additional FTEs (number)				

1. Financial impacts are to be supported by calculations, including details of assumptions and provided separately to your Treasury analyst.

(a) Capital works proposals should reflect the whole of life cost.

(b) Under the Budget Process Rules, all proposals must be accompanied by realisable options to offset the expenses.

Business case contact officer and phone number:

1. What is the issue or opportunity that is needing to be addressed?

Built infrastructure at the Canberra Hospital site has been the subject of ongoing work at CH for many years. In 2016 the government committed to the SPIRE Project – Surgical, Procedural, Interventional Radiology, and Emergency. Within this project the following areas were to be addressed:

- Operating theatres – 31 theatres (currently 13)
- Emergency Department – 120 treatment spaces (currently 75)
- Intensive Care Unit (inclusive of 4 PICU beds) – 48 beds (currently 31)
- Medical Imaging Expansion
- Coronary Care -32 beds (currently 19)
- Cardiac catheter labs – 4 (currently 2)
- Inpatient ward x 2 to a total of 64 beds;

The above was predicated on no acute services (ICU/CCU/Limited ED) being offered in Northern Canberra and all surgery occurring south side. The project was conceived in late 2016 and further developed in 2017 with a view to opening stage 1 in the 23/24 financial year. A key issue with the project was that at opening the SPIRE project would be 169 beds short of requirements if 23 theatres were commissioned and active as was planned – see attached briefing paper.

The SPIRE project has been delayed as a reconsideration of the project is now underway. Given this delay the earliest that the project would now deliver functional clinical areas would be the 25/26 years assuming the full project was signed off by government in the current financial year and key issues such as bed capacity and site location were addressed.

2. What is the proposal and its benefits?

Proposal Principles

It is important to note that the delay in the SPIRE build is on top of the earlier decision to not move ahead with the Building 3/2 redevelopment. This has meant that key areas of the built infrastructure now need to be addressed relatively urgently in order to meet clinical demand over the next 2 – 5 years and well before the completion of SPIRE in the original concept.

What is proposed in this brief is the following:

- That all of the core requirement of SPIRE could be delivered at significantly reduced cost and in a significantly reduced timeframe. For the purposes of this paper such a project is referred to as SPIRE 2.0;
- That a SPIRE 2.0 project would leverage on current infrastructure. There is an ongoing significant investment underway in older infrastructure (UMAHA Project) this proposal will leverage that investment particularly in buildings 1 and 12;
- That SPIRE 2.0 would be delivered in 4 locations on the site and not in one building;
- That SPIRE 2.0 will be well underway prior to the next election in 2020 with the possibility that certain phases of the project would be complete before the end of 2020. A number of the sub projects could be run concurrently significantly shortening project timelines.
- That SPIRE 2.0 will address urgent clinical needs particularly in ICU and the Coronary Care/ Cardiac Catheter suites. There will be an increasing risk to patients if the built infrastructure issues in ICU in particular are not addressed within the next 18 – 24 months. SPIRE 2.0 would also deliver longer term capability for the next 10 -15 years.

Key Areas

The key areas that will be addressed in this proposal are as follow:

- Intensive Care
 - Medical Imaging
 - Coronary Care/ Cardiac Catheter Laboratories
 - Operating Theatres
 - Northern Care Park
 - Site Master Plan/ Effectiveness
 - Emergency Department
- a. **Intensive Care** – the current ICU was built in the early 1990s and has been expanded twice since then resulting in the current 31 treatment spaces. The ICU is currently funded for 22 ICU equivalent beds. The current bed spaces do not meet Australian standards and storage is a significant issue for the Unit. Bed areas are routinely used to store equipment and patient chairs are being held at the end of corridors. The space issues within ICU will become critical within 2 years particularly during the peak winter season when it is not unusual to have up to 28 or 29 patients in the ICU.

In the 17 – 18 financial year actual average bed occupancy was 22.2 patients. It is important to note that these are average numbers and that it is routine for the Unit to have been 24 and 28 patients, noting the usual mix of HDU and ICU patients. Bed Occupancy by the 20/ 21 year will be 24.4 patients which means that there will be days when the Unit is at full capacity with no storage space. This represents a material risk to patient safety and the ability of the ICU to deliver care for an immediate urgent admission noting Canberra Hospital is the trauma and retrieval centre for Southern NSW.

What is proposed is that work commence on an immediate build expansion (2019/2020) of ICU onto the roof of the Emergency Department. In undertaking this expansion it would be proposed to completely rebuild the ICU. By way of comparison the ED was expanded in 2016/17 providing an additional approx. 1000 sq. metres of space and with a significant internal rebuild of existing space. The ED project from commencement to completion in the build phase took 12 – 14 months and cost \$23 million. Advice from the Construction Project team during the ED rebuild was that an additional floor could be built on the ED for expansion space for ICU.

Such an approach for ICU would deliver an estimated between 48 and 52 bed spaces (to be confirmed) and address a critical clinical need within a tight timeframe, the project could be delivered within 12 – 18 months from approval and deal with ICU capacity for the next 10 -15 years.

SPIRE 2.0 would have the additional benefit of delivering on the first part of the governments promise to commence "SPIRE" build prior to the next election in 2020. It would also be a highly cost effective approach. Noting the cost of the ED rebuild it is likely that the ICU rebuild will be in the \$20 million to \$30 million range – again this would need to be modelled and confirmed.

Key additional consideration in putting forward this concept will be the need for Canberra Health Service to offer a Paediatric Intensive care Unit (PICU) service in the coming years. Recent discussions with paediatrics and ICU, led by the Chief of clinical Operations, resulted in a very clear decision that any PICU should be

collocated with ICU and not in the Centenary Hospital building. This position is based on patient safety and clinician skill mix considerations.

- b. **Operating Theatres/ Medical Imaging** – as briefed previously the current 13 suite Operating Theatre block will be at capacity at some point in 2019. Decisions have already been taken to move elements of the elective surgery load to Calvary Public Hospital Bruce (CPHB) – this is under current negotiation. Emergency surgery demand continues to rise at over 6% per year and elective surgery demand at over 2% per year.

What is proposed is that a Day Theatre/ Elective Surgery block be built on the Eastern side of the campus between hospital Road and back through to Palmer Street (Building 5 and Building 24 location). It is proposed that such a theatre block would contain the following:

- Between 8 and 10 theatres;
- Medical Imaging – in order to expand/decongest the current Medical Imaging Department with a satellite unit in the proposed Surgical Services block. The focus of the Medical Imaging Unit in a Surgical Block would be to support the surgery services and deliver outpatient services. This would leave the current Medical Imaging area to service the acute units in Building 12 and Build 1.
- Outpatient suites – this is a significant issue currently on the campus and would allow for a significant expansion that would deliver far easier patient access. It is important to note that around 80% of all outpatient clinics are surgical disciplines.
- Relevant ward areas – modelling would determine the exact number required for both day and overnight beds.
- Discharge/ Transit Lounge
- A northern campus multistorey carpark behind the National Capital Private Hospital.

The benefit of this approach are as follow:

- All day and overnight (up to 48 hours) elective surgery could be delivered in this building. This would significantly improve elective surgery performance and separate this work from the emergency and more complex elective work that would continue in the current Building 12 Theatre Suite. Operational efficiencies would be realised by being able to focus on this patient cohort – “The Alfred Model”
- This approach separates routine surgery from the acute, emergency and trauma work currently undertaken in building 12. It also opens up the Eastern side of the campus to future development.
- There would be separate entrance and egress to the Surgical Services building away from the main part of the hospital significantly simplifying traffic and patient access issues. This would also assist by creating a second loading dock for the site which was a significant issue in the original SPIRE concept.
- Car parking would be very close to the building for patients and families meaning they could access the building easily via a covered walk way. It would also provide the parking solution that is needed at the Northern end of the Canberra Hospital site and allow patients and families to also access the main tower block via an “air bridge” removing significant foot traffic from hospital road.
- Depending on location and design, the Discharge Lounge could have a “drive through” allowing for direct pick-up of discharging patients. This could potentially be used for all discharging patients from the Canberra Hospital site;
- This would provide opportunity to address the significant outpatient clinic issues being experienced at the site and make entry and egress for patients visiting clinics far simpler;

- *The original SPIRE site required significant demolition works, particularly of the helipad adding around \$30 million to the project. No such action would be required for this approach. The helipad would stay in the current location.*
 - *Day procedures and routine outpatient testing for Medical Imaging would be able to occur away from the main Medical Imaging Suite in the acute services block in Building 12.*
 - *The cost of such a “surgical block” would need to be modelled but it is likely to be significantly more cost effective than the original SPIRE concept for the following reasons:*
 - *No complex demolition works for the helipad and the need for a helipad on top of the SPIRE building.*
 - *It is a smaller and simpler building.*
 - *No need to demolish a current care park as was the case with the original SPIRE concept. Likewise no need to build a car park on the western side of Yamba drive which would be some distance from the hospital and incurred additional land planning considerations.*
 - *Demolition works would be relatively straightforward on the Building 5/ 24 site so site preparation would be simpler than the original SPIRE concept;*
 - *No need to build a completely new ICU, larger ED or 33 theatres.*
 - *A simplified operating theatre build. The original SPIRE concept included 10 hybrid (fully robotically enabled) theatres this would not be required in this build. It is important to note that no major hospital in Australia currently has more than 2- 3 hybrid theatres. This issue was researched during the SPIRE deliberations.*
 - *Significant surgical capacity would be realised in the main theatre suite which represents significant future proofing of surgical capacity at the Canberra Hospital site. This approach also more firmly secures Building 12 as the acute services building with ED, an expanded ICU, an acute medical Imaging Suite and acute theatres all in the one building while ambulatory radiology, day surgery and simpler elective surgery would move across the road. This will make the entire Canberra Hospital site more effective.*
- c. **Coronary Care/ Cardiac Catheter Suites (level 3 – Building 1)** – *The current coronary care is now over 25 years old and the Cardiac Catheter Suites are very congested with neither unit now meeting national healthcare building standards in terms of space. The bed spaces in Coronary care do not meet current standards requirements and the actual bed numbers will become problematic in the 3 – 5 year timeframe.*
- Coronary Care/ cardiac catheter labs currently occupy the 3A floor space (Building 1) while the outpatient clinics and consultation rooms occupy the 3 B space. What is proposed is as follows:*
- *That the current outpatient spaces and consult rooms be moved from the 3B space either to another location on site or to an off-site location. Current onsite possibilities would include 12 A or Level 3 – Building 2;*
 - *The whole of Building 1, level 3 could then be utilised to expand the Coronary Care/ Cardiac Catheter Labs effectively doubling the foot print. The original SPIRE proposal recommended a 32 bed Coronary Care and 4 cardiac catheter labs, this would need to be revisited but certainly there would be sufficient space for a major expansion.*
- d. **Northern Car Park and Site Master Plan** – *one of the key challenges with the original SPIRE Project was the location of the SPIRE building in terms of traffic flow and patient/ visitor movement. A core recommendation of this proposal is that a multistorey car park is built on the current car park behind the National Capital Private Hospital. The exact number of car spaces would need to be confirmed but modelling for the SPIRE project indicated some 800 car spaces would be required.*

The benefits of this approach are as follow:

- Patients and families will be able to park close to the proposed surgical block.
 - It will provide a covered access to the main part of the campus assuming that an elevated walk way is built from the car park to the surgical block and then across hospital road. This will remove significant foot traffic from Hospital Road and will provide an alternate access to the site from Palmer Street simplifying traffic flows.
 - It is recommended that the elevated walk way that currently links from the Adult Mental Health Unit to the Southern Car Park be taken fully down hospital road in order to link the various building on the site. The benefit of this approach are obvious in that:
 - Patients and families will be able to move around the site completely undercover.
 - Foot traffic is largely removed from hospital road.
 - Staff can move safely between clinical units at all times and particularly after hours which will also simplify patient transfers.
 - MET call transfers from the AMHU will no longer require an Ambulance call out to get the patients back to ICU.
- e. **Education Training** – the original SPIRE project proposed significant training space. This could still be factored into the proposed Surgical Services block. This would also have the additional benefit of locating the training space next to the ANU Medical School in Building 4.
- f. **Emergency Department** – the original SPIRE proposal recommended an ED with 120 treatment spaces. This was predicated however on a downsized Northside Hospital and ED. This issue would need to be revisited but at this time no significant expansion to the ED is proposed in light of the expansion in 2016/17. Were expansion required build options are available and could include expansion into:
- Ward 25A – this space is currently being utilised by ED as part of the Winter Plan
 - Medical Imaging – given the proposal for a Medical Imaging Expansion into a satellite Unit in the Surgical Services Building, space may become available; or
 - Mental Health Short Stay Unit which would require a relocation of this important unit.

However given the recent significant investment in the ED Expansion it is not proposed to further expand the ED in the next 3 -5 year period particularly given the current reconsideration of what will occur Northside.

- g. **Overall Benefits of the SPIRE 2.0 proposal are as follow:**
- a. Delivers on the SPIRE project in a much more timely fashion at a likely significantly reduced cost. The work also leverages the significant current investments being made under the UMAHA Projects.
 - b. Key urgent clinical build needs will be addressed in a far more timely manner over the next 24 months particularly in ICU.
 - c. It will improve organisational efficiency significantly in terms of surgical throughput – “The Alfred Model”.
 - d. It makes patient and family access to services significantly more effective and safer for the whole Canberra Hospital site.
 - e. It significantly improves the overall operation of the site and opens the Eastern side of the campus to future development.
 - f. It makes patient and staff movement around significantly easier with enclosed elevated walkways.

- g. It addresses future demand needs in the key areas of surgery, ICU, Coronary Care and Medical Imaging while leaving options open to further expand ED if required.*

Prepared by:

Mark Dykgraaf

A/g Chief of Clinical Operations

Canberra Health Service

5 October 2018

Finlay, India (Health)

From: Catanzariti, John
Sent: Monday, 12 November 2018 1:39 PM
To: Mooney, Colm (Health)
Cc: Burch, Brad (Health); Gray, Sophie
Subject: FW: SPIRE Meeting follow up [DLM=Sensitive: Cabinet]
Attachments: 01 SPIRE - RFT to (DSC-ACT-2013) v3.doc; Addendum No. 1.doc; Addendum No. 2.doc; Addendum No. 3.doc

Colm

Please find attached the RFT documents and addenda for the SPIRE PoC Consultant. I have not included the attachments as they are too large to email, but if needed I can copy them to a location on the Q-Drive.

Regards,
 John

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

From: Burch, Brad (Health)
 Sent: Monday, 12 November 2018 11:43 AM
 To: Catanzariti, John <John.Catanzariti@act.gov.au>
 Cc: Mooney, Colm (Health) <Colm.Mooney@act.gov.au>; Gray, Sophie <Sophie.Gray@act.gov.au>
 Subject: FW: SPIRE Meeting follow up [DLM=Sensitive: Cabinet]

Hi John

Could you please send through the final RFT documentation for the SPIRE PoC Consultant to Colm? Please include any addenda released to date as well.

Thanks and regards

Brad Burch
 Director, Strategic Infrastructure
 ACT Health Directorate


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

From: Mooney, Colm (Health)
 Sent: Monday, 12 November 2018 11:32 AM
 To: Burch, Brad (Health) <Brad.Burch@act.gov.au>
 Cc: Doran, Karen (Health) <Karen.Doran@act.gov.au>; McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>; DDGCorporate <DDGCorporate@act.gov.au>
 Subject: RE: SPIRE Meeting follow up [DLM=Sensitive: Cabinet]

Brad

Brad

Can you send on RFQ for SPIRE POC consultancy?

Thanks

Colm

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

From: Burch, Brad (Health)

Sent: Friday, 9 November 2018 9:47 AM

To: Mooney, Colm (Health) <Colm.Mooney@act.gov.au>

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

Subject: RE: SPIRE Meeting follow up [DLM=Sensitive: Cabinet]

Good morning Colm

Please find attached the HP Records Manager link to the ministerially endorsed (9 April 2018) strategic business case for SPIRE. I note that this did not proceed to Cabinet for consideration in the 2018-19 Budget context and represents the previous scope and proposed Territory-Wide role delineation.

Also attached is the Territory-Wide Projected Capacity and Demand document, developed to support the recent submission to the Human Services and Social Inclusion Subcommittee.

I note the list of proposed Canberra Health Services attendees for the BHSP Clinical Information Session is currently with Nic Stevenson for review and confirmation, and I can send it through as soon as we have confirmation of attendees.

I will also send through the RFQ documentation in a separate email shortly.

Regards

Brad Burch

Director, Strategic Infrastructure

ACT Health Directorate

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

From: Mooney, Colm (Health)

Sent: Wednesday, 7 November 2018 5:39 PM

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

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

Subject: SPIRE Meeting follow up

Brad

Further to today's meeting with Bernadette can you forward on the following items for review:

- SPIRE strategic business case
- RFQ documents for SPIRE poc consultancy and estimate of consultant engagement.
- bed projection numbers to support 2024 completion date
- statement of requirements for consultant engagement (STH?) to consider existing ICU options.
- Latest list of clinicians proposed for project briefing later this month.

Thanks

Colm

REQUEST FOR TENDER NO. 30064.111.01



**SURGICAL PROCEDURE, INTERVENTIONAL RADIOLOGY AND EMERGENCY CENTRE
PROOF OF CONCEPT SERVICES ON BEHALF OF ACT HEALTH DIRECTORATE**

(DSC – ACT – 2013)

CONTACT OFFICER: JOHN CATANZARITI

**INFRASTRUCTURE, FINANCE AND CAPITAL WORKS, CHIEF MINISTERS, TREASURY,
AND ECONOMIC DEVELOPMENT DIRECTORATE**

PHONE: (02) 6174 8156

FAX: (02) 6207 6500

EMAIL: john.catanzariti.act.gov.au

ISSUE DATE: 22 OCTOBER 2018

PROJECT BRIEFING/SITE INSPECTION DATE: 1 NOVEMBER 2018

CLOSING DATE: 20 NOVEMBER 2018

CLOSING TIME: 2:00PM CANBERRA TIME

**IMPORTANT NOTICE:
TENDERS MUST BE LODGED ELECTRONICALLY THROUGH TENDERS ACT**

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RFT 30064.110.002 Proof of Concept Design for SPIRE on behalf of Health Directorate
(DSC – ACT – 2013)

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1. STANDARD CONDITIONS OF TENDER

- 1.1.1. Tenderers must read this Request for Tender (RFT) in conjunction with the Standard Conditions of Tender applicable to (DSC-ACT-2013) (“Standard Conditions”) which Tenderers may download from Infrastructure, Finance and Capital Works website at <http://www.procurement.act.gov.au/home>. Refer [Standard_Conditions_Tender_Construction_Nov_16_v1.6%20\(1\).pdf](#).
- 1.1.2. To the extent of any inconsistency between this RFT and the Standard Conditions this RFT prevails.
- 1.1.3. This RFT consists of the following sections.

Section	Description	Note
Sections 1 – 8	Conditions of tender	Includes Assessment Criteria.
Attachment 1	Brief	Brief
Attachment 2	Pricing Schedule	To be completed and returned by Tenderer.
Attachment 3	Tenderer’s Declaration and Ethical Suppliers Declaration	To be completed and returned by Tenderer. This includes information that will be used to draft the Contract Particulars in the Contract with the preferred Tenderer.
Attachment 4	DCAP outline and plans	Information the Tenderer is requested to include in its DCAP. .
Attachment 5	Alternative Tenders	To be completed and returned by Tenderer if it wishes to submit an alternative tender.
Attachment 6	Confidential Text	To be completed and returned by the Tenderer if it wishes to request any confidential text.
Attachment 7	Contract Particulars	For the Tenderer’s information. These will form part of the contract with the preferred Tenderer.
Attachment 8	Special Conditions of Contract	For the Tenderer’s information. These will form part of the contract with the preferred Tenderer.

- 1.1.4 This RFT is the second of a two stage process to procure the services of the Proof of Concept Consultant – it is an invitation only process and only those consultants successful in the first (or Request for Registration Phase will be considered).

2. LOCAL INDUSTRY PARTICIPATION

The ACT Government is committed to ensuring competitive local businesses are given every opportunity to compete for government contracts. The Canberra Region Local Industry Participation Policy (LIPP) sets out the process and requirements for ensuring opportunities for local industry participation in Territory procurements. The LIPP aims to promote the development and growth of the broader Canberra Region economy to support local businesses capabilities and ultimately support more local jobs.

The requirements for compliance with the Local Industry Policy forms a weighted Criteria in the Tender assessment. Tenderers should inform themselves about the requirements of the LIPP by reviewing the policy which can be accessed on the Infrastructure, Finance & Capital Works website www.procurement.act.gov.au. An Economic Contribution Test is required - refer Weighted Criteria WC5.

3. TENDERS ACT

- 3.1.1. Tenders ACT is the ACT Government's procurement information system. Access to and use of Tenders ACT is subject to the acceptance of the Terms of Use located on Tenders ACT (www.tenders.act.gov.au) (link located on the side bar of the web site).
- 3.1.2. All queries and requests for technical or operational support in relation to Tenders ACT should be directed to:
- Tenders ACT Team
Telephone: 02 6207 7377
- International: +61 2 6207 7377
Email: tendersACT@act.gov.au
- 3.1.3. The Tenders ACT Team is available between 9 am and 5 pm ACT local time, Monday to Friday (excluding ACT and national public holidays).
- 3.1.4. All Tenders must be lodged electronically, in accordance with Section 10 of this RFT, through Tenders ACT.

4. BRIEF

4.1 Additional Definitions

The following definitions apply in this RFT, unless the context otherwise requires:

ACTHD means Australian Capital Territory Health Directorate

BHSP means Building Health Services Program

BSIEC means Building Services Infrastructure Executive Committee

CHWC means Centenary Hospital for Women and Children

HIOWG means Health Infrastructure Operations Working Group

HPB means Health Planning Briefs

IFCW means Infrastructure, Finance and Capital Works

MoC means Model(s) of Care

PoC means Proof of Concept

SPIRE means Surgical Procedure, Interventional Radiology and Emergency Centre

4.2 Description of Services

- 4.2.1 The Territory wishes to engage a suitably experienced and qualified consultant to undertake the Proof of Concept design of the SPIRE project, which will involve engagement with user groups and key stakeholders, engagement with authorities having jurisdiction over the works, presentation of progress at key milestones to identified bodies, budget control of proposed schemes and other works associated with the scope. There will be milestones for the work at 50%, 80% and 100% with cost plans at each stage to validate the design affordability within the stated budget. Detail of the Services are as set out in **ATTACHMENT 1 – Brief**.

5. ASSESSMENT

5.1 Value for Money

- 5.1.1. In evaluating Tenders the Territory has as its objective the attainment of best value for money and not necessarily the lowest tendered price.
- 5.1.2. Apart from the conformity with the requirements of this RFT, the Territory will evaluate Tenders in accordance with the Assessment Criteria outlined below.

5.2 Threshold Assessment Criteria

No	Threshold Criteria	Yes / No
TC1	<p>Prequalification</p> <p>The Tenderer must be prequalified with the ACT to CA-D as at the date of close of tenders.</p> <p>You do not need to supply a copy of your Certificate; the Territory will verify your prequalification status when assessing this tender.</p>	
TC2	<p>Deed of Confidentiality</p> <p>The Consultant is to have completed and lodged a compliant Deed of Confidentiality prior to close of tenders</p>	

- 5.2.1. Tenders that do not meet the above threshold criteria may be regarded as non-conforming, and will not be considered for further assessment against remaining criteria.

5.3 Weighted Assessment Criteria

No.	Weighted Assessment Criteria	Weighting
WC1	<p>Detailed Consultant's Activities Proposal (DCAP) and plans</p> <p>(a) The Tenderer is required to prepare and submit with its Tender a Detailed Consultant's Activities Proposals (DCAP).</p> <p>(b) The Tenderer is requested to address in its DCAP each item set out in ATTACHMENT C - DCAP and include such other information as the Tenderer considers necessary to clearly demonstrate:</p> <p>(i) the Tenderer's detailed understanding of what the Contract and Statement of Requirements requires the Tenderer to do in respect of all material aspects of the Services; and</p> <p>(ii) all material aspects of the way in which the Tenderer proposes to perform the Services which could distinguish the Tenderer's approach from that of other Tenderers.</p> <p>(c) The Territory will use the information contained in the</p>	30%

	<p>Tenderer's submitted DCAP to assess the extent to which the Tenderer has demonstrated that it:</p> <ul style="list-style-type: none"> (i) comprehends key issues and will implement appropriate solutions for the Services; and (ii) will implement appropriate management strategies for the Services, including for example: <ul style="list-style-type: none"> (A) methodology; (B) quality assurance; (C) work health and safety; (D) risk management – identification of key project specific risks and a mitigation strategy of addressing these risks; (E) environmental management; (F) time and cost control; and, (G) Whole-of-Life (WOL). <p>(d) The preferred tenderer's DCAP submitted with their RFT in this process will form part of the terms and conditions of Contract.</p> <p>(e) The Territory reserves the right to negotiate the DCAP submitted by the preferred Tenderer with a view to amending the terms of the DCAP prior to entering into any contract with the preferred Tenderer.</p> <p>(f) The Tenderer is requested to prepare and submit the following outline project plans focused on the Services, as defined in the Contract:</p> <ul style="list-style-type: none"> (i) Work Health and Safety Plan (ii) Design Management Plan (iii) User Group Consultation and Endorsement Plan <p>(g) The outline plans submitted by the preferred Tenderer will become the outline approach for the purposes of clause 7.4(a)(ii)A of the Contract.</p> <p>The Territory reserves the right to negotiate the outline project plans submitted by the preferred Tenderer, with a view to</p>	
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	amending the terms of the outline approach, before entering into any Contract with the preferred Tenderer.	
WC2	<p>Workload and proposed resources</p> <p>The extent to which the Tenderer has demonstrated that it has the availability and capability to effectively resource the Services.</p> <p>To assist the Territory in evaluating this Assessment Criterion, the Tenderer is requested to provide the following information.</p> <p>Workload</p> <p>1. Tenderers should submit the following details of its current and potential future workload (including those contracts for which tenders have been submitted but not yet accepted or rejected):</p> <ul style="list-style-type: none"> (i) project name and location; (ii) client name and contact details; (iii) total (or approximate total) contract price; (iv) amount of contract price remaining to be paid; (v) key award, start and completion dates; (vi) key disciplines. <p>Resources</p> <p>2. Tenderers should provide details of its proposed resources for the Services, including:</p> <ul style="list-style-type: none"> (i) the proposed Consultant's Representative (as defined in clause 1.1 of the Contract, see also clause 4.5 of the Contract); and (ii) the Tenderer's key people (see clause 4.5 of the Contract) and roles; <p>and in respect of each of (i) and (ii) above:</p> <ul style="list-style-type: none"> (iii) their current and potential future location (and if not within the general geographical location of the Site, how the Tenderer proposes to manage the Services from that location); (iv) the nature and extent to which they are proposed to be involved in the Services (including whether they 	20%

	<p>will be based on or off the Site and the estimated number of hours per week that they will be dedicated to the Services);</p> <p>(v) the nature and extent of their involvement in the current and potential future projects identified by the Tenderer in accordance with (a);</p> <p>(vi) their current and potential future workload and availability; and</p> <p>(vii) their relevant qualifications and other relevant experience.</p> <p>3. The Tenderer is also requested to submit:</p> <p>(i) a project-specific organisational chart; and</p> <p>(ii) curricula vitae for each of the consultant's representative and each of the key people, which should provide details of all relevant projects worked on in the last 5 years and the name and telephone number of at least two client referees.</p> <p><i>Sub consultants</i></p> <p>4. The Tenderer is requested to provide details of its proposed sub consultants for the Services, including:</p> <p>(i) their current and potential future location (and if not within the general geographical location of the Site, how the Tenderer proposes to manage the Services from that location);</p> <p>(ii) the reasons why it recommends each sub consultant;</p> <p>(iii) the nature and extent to which they are proposed to be involved in the Services (including whether or not they will be based on or off the Site and the estimated number of hours per week that they will be dedicated to the Services);</p> <p>(iv) the nature and extent of their involvement in the current and potential future projects identified in (a) above;</p> <p>(v) their current and potential future workload and availability; and</p> <p>(vi) the qualifications and relevant experience of each key</p>	
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RFT 30064.110.002 Proof of Concept Design for SPIRE on behalf of Health Directorate –
(DSC – ACT – 2013)

	<p>person from each sub consultant.</p> <p>5. The Tenderer is also requested to submit:</p> <p>(i) a project-specific organisational chart for each sub consultant; and</p> <p>(ii) curricula vitae for each key person from each sub consultant which should provide details of all relevant projects worked on in the last 5 years and the name and telephone number of a client referee.</p>	
WC3	<p>Program delivery</p> <p>The extent to which the Tenderer has demonstrated that it has satisfactorily programmed the Services.</p> <p>The Tenderer is requested to submit a detailed program showing its order of work, periods for carrying out all design and documentation activities, milestones and key dates. The program should be based on achieving completion of each milestone by the relevant date for completion and should make adequate allowance for the performance of services by any sub consultants including Agreed Sub consultants.</p> <p>The program should also:</p> <p>(a) show all individual design activities including all co-ordination and design development meetings (both internal and with the Territory);</p> <p>(b) allow for all necessary meetings (internal and external), reviews, consents and approvals;</p> <p>(c) make adequate allowance for the performance of the Agreement Sub consultant Services by the Agreed Sub consultants (if any is specified in Item 2 Attachment 7 – Contract Particulars); and</p> <p>be in Gantt Chart format</p>	20%
WC4	<p>Fee</p> <p>The extent to which the Tenderer has demonstrated that its Fee, when considered in conjunction with all other assessment criteria</p>	20%

RFT 30064.110.002 Proof of Concept Design for SPIRE on behalf of Health Directorate –
(DSC – ACT – 2013)

	<p>and other information taken into account, constitutes value for money (noting that the type of information the Territory is seeking is outlined in Tender Attachment 2 – Pricing Schedule and Resources Allocation); and / or</p> <p>Subject to clause 3.2 (including the Territory's absolute discretion with respect to alternative proposals), alternative proposals (if any). The extent to which the Tenderer has demonstrated greater value for money (noting that the type of information the Territory is seeking is outlined in Tender Attachment 5 - Alternative Tender);</p> <p>Note: the Territory in its absolute discretion may conduct a financial assessment on the Tenderer's current financial capacity. The Territory may negotiate with a preferred Tenderer or possible preferred tender any aspect of the check to confirm capacity.</p>	
<p>WC5</p>	<p>Local Industry Participation</p> <p>The Extent to which the Tenderer has demonstrated that its required Economic Contribution Test demonstrates how its proposal and business contribute to the economic benefit of the Canberra Region through the following:</p> <ul style="list-style-type: none"> • any updates on its current business presence in the Canberra Region, including relevant capital investment history and/or new commitments; • The estimated number of labour hours associated with the primary contract and the labour hours of local subconsultants within the primary contract; • Additional undertakings by the Tenderer to benefit the Canberra Region economy (e.g. partnerships with universities, region headquartering, training investments); • Approach to the workforce skilling and local skills transfer (e.g. through supply chain or local subconsultants). 	<p>10%</p>

5.3.1 Notwithstanding any other term of this RFT or Standard Conditions, the Territory may make enquiries of referees.

5.4 Non-weighted Assessment Criteria

There are no non-weighted Assessment Criteria

5.5 Assessment timetable

5.5.1. The proposed timetable for the procurement process relating to this RFT is:

RFT advertised	22/10/2018
Brief to Industry / Site inspection / Information session	01/11/2018
RFT closes	20/11/2018
Contract Awarded	January/February 2019*
Debrief unsuccessful Tenderers	February 2019

*Note: tenderers must confirm that the project team can be mobilised as early as 15 January 2019

6. CONTRACT REQUIREMENTS

6.1 Form of contract and compliance

6.1.1. The form of contract ("Contract") to be used to document the Services required by this RFT is the Territory's *Design Services Contract (DSC-ACT-2013)* which can be downloaded from the Infrastructure, Finance and Capital Works website (at [https://tenders.act.gov.au/ets/library/download.do?path=Design Service Agreement and Standard Conditions\Design Services Contract June 2014.pdf](https://tenders.act.gov.au/ets/library/download.do?path=Design%20Service%20Agreement%20and%20Standard%20Conditions%5CDesign%20Services%20Contract%20June%202014.pdf)). The Territory reserves the right to alter provisions of the contract and the form of contract if an alternative is determined to be more appropriate.

6.1.2. The Contract:

- (1) will be amended by the Special Conditions of Contract as set out in **ATTACHMENT 8 – Special Conditions of Contract**; and
- (2) will include the Contract Particulars as set out in **ATTACHMENT 7 – Contract Particulars** and, to the extent the information is requested to be provided by the Tenderer, the preferred Tenderer's response to **ATTACHMENT 3 – Tenderer Declaration**.

6.1.3. The Tenderer must accept (without departure, qualification, amendment, limitation or exclusion) the Contract. If it does not accept the Contract, the Tender may be regarded as non-conforming. If the Tenderer wishes to depart from, qualify, amend, limit or exclude any part of the Contract, it must expressly set out such matters in **ATTACHMENT 5 - Alternative Tenders** and not elsewhere in its Tender.

6.1.4. The Contract is expected to be for an initial period of 1 year, with provision for up to 2 extensions of 1 year. The maximum period of the Contract will be 3 years.

6.2 Insurance

Without limiting the insurance that is required to be held by the preferred Tenderer by law (e.g. workers' compensation) or under contract with the Territory, the preferred Tenderer will be required to take out and maintain:

- (1) public liability insurance with coverage in the amount of not less than \$20,000,000.00 (twenty million dollars) in respect of each occurrence; and
- (2) professional indemnity insurance with coverage in the amount of \$10,000,000.00 (ten million dollars) in the annual aggregate.

6.3 Financial information

The Territory may at its discretion require the preferred Tenderer to submit additional information for the purpose of the Territory assessing the preferred Tenderer's financial capacity and viability to provide the Services, which may, for example and without limitation, include the following:

- (1) details of any person/entity in a position to control or influence the Tenderer;
- (2) details of related companies, the identity of any trust or fiduciary capacity;
- (3) details of any claims or demands or actions against the Tenderer that are relevant to the Tenderer's potential on-going financial viability;
- (4) if part of a group of companies, relevant information in relation to the group's ability to contract with the Territory as a single entity; and/or
- (5) audited or unaudited financial statements, accounts or records from previous years comprising a profit and loss statement, balance sheet and statement of cash flow.

6.4 Agreed Subconsultants

6.4.1 The Territory may determine that part or parts of the Services to be delivered under the Contract will be carried out by Agreed Subconsultants (as defined in clause 1.1 of the Contract), and in that case the preferred Tenderer will be required, in accordance with the Contract, to either:

- (1) enter into Agreed Subconsultant Agreements (as defined in clause 1.1 of the Contract);
or
- (2) accept novation of a contract with the Agreed Subconsultant in accordance with the terms set out in the Contract.

7. ADDITIONAL CONDITIONS OF TENDER

7.1 National Code of Practice for the Construction Industry

- 7.1.1 The National Code of Practice for the Construction Industry (“National Code”) (see <https://www.abcc.gov.au/about/accountability-and-reporting/fwbc-annual-report-2011-12/national-code-practice-construction>) applies to the Services.
- 7.1.2 By submitting a Tender, the Tenderer will be deemed to have read and complied with the National Code in preparing its Tender and agrees to be bound by the National Code if selected as the preferred Tenderer.
- 7.1.3 It will be a condition of the Contract that the preferred Tenderer complies with the National Code in completing the Services. It will also be a condition that the preferred Tenderer must not appoint a subcontractor, consultant or supplier in relation to the Contract where the appointment would breach a sanction imposed by the Territory. Details of sanctions imposed by the Territory may be obtained from the Manager, Contracts, Infrastructure, Finance and Capital Works, phone 6207 5982.
- 7.1.4 If a Tenderer does not comply with the National Code in submitting its Tender, the Tender may be deemed non-conforming.

7.2 Project Briefing/Site Inspection

- 7.2.1. Tenderers are invited to attend a non-mandatory project briefing, to be held on 30 October 2018 commencing at 10.00am. Tenderers are requested to in the Canberra Hospital, Building 3 Level 1 Conference Room. The Project Briefing is anticipated to take approximately one hour.
- 7.2.2. Depending upon the level of enquiries, attendance at the industry briefing may be limited to two (2) representatives from each Tenderer.

7.3 Prequalification

- 7.3.1 Tenderers must maintain their prequalification to the required level at all times during the period of the Contract, and the Territory may at its discretion not consider (or not continue to consider) a Tender further if the Tenderer fails to maintain its prequalification to the required level.
- 7.3.2 The preferred Tenderer must be prequalified to the required level as a precondition to entering into contract with the Territory.
- 7.3.3 Tenderers are to provide certificates of currency for Public Liability and Professional Indemnity with their Tender responses to the levels required under this RFT and maintain them for the duration of the contract.

7.4 Quality Assurance Requirements

Covered under Prequalification requirements

7.5 Qualifications, Training and Knowledge

- 7.5.1 The preferred Tenderer will be required to ensure that all employees are adequately supervised to ensure that all Services are delivered in accordance with the requirements of the Contract, and any relevant legislation and Australian Standards.

7.6 Information Documents

- 7.6.1. The Territory provides the following Information Documents for the information only of Tenderers:
- High Level Functional Brief for Master Planning – SPIRE & CHWC Projects – 8 March 2018.
 - Australasian Health facilities Guidelines
<https://www.healthfacilityguidelines.com.au/>;
 - ACTHD Health Infrastructure Services (HIS) Departures documentation;
 - NSW Engineering Services Guidelines
https://aushfg-prod-com-au.s3.amazonaws.com/GL2016_020.pdf
 - ACTHD HIS Health Facility guidelines (generally services specifications, FFE templates but also include naming conventions and standards for project documentation).
 - ACTHD Documents – Health Planning Briefs and Models of Care – Refer Attachment 1 – Brief.
 - Canberra Hospital Northern Car Park Site Selection and Investigation Study Rev 0, 23 February 2018
 - The Canberra Hospital SPIRE Master Plan Report 2017 Rev 2 (for information noting that the proposed SPIRE site is now in the eastern corridor of the Canberra Hospital campus).

7.7 Amendments to the Standard Conditions

- 7.7.1 Tenders must remain valid for 120 days.
- 7.7.2 The Tenderer is to lodge the formal tender electronically as prescribed in tenders.
act.gov.au
- 7.7.3 The Territory will receive questions from Tenderers up to 72 hours prior to the close of Tenders.

8. TENDERER DECLARATION

- 8.1.1. The Tenderer must be the same entity as the Respondent selected from the Request for Registration of Interest.
- 8.1.2. Tenderers must complete and submit with their Tenders the Tenderer Declaration in the form provided at **ATTACHMENT 3 – Tenderer’s Declaration** to this RFT.
- 8.1.3. The Tenderer must be a legal entity and must provide, if the Tenderer is:
- (1) a corporation, the registered name of the corporation, address of its registered office, address of its principal place of business and its ACN;
 - (2) a person, the name in full and address of the person;
 - (3) a partnership, the name in full and the address of each member of the partnership, the trading name of the partnership, and its ABN.
- 8.1.4. Failure to submit the completed Tenderer Declaration or to supply required information (unless information is specified by a Tenderer to be “Not Applicable”) may render a Tender non-conforming.

9. CONFIDENTIAL TEXT

- 9.1.1. Tenderers are requested to submit with their Tender a form substantially in the form of **ATTACHMENT 6 – Confidential Text** if it wishes to specify any information it believes is confidential in accordance with and for the purposes specified in section 11 of the Standard Conditions.
- 9.1.2. The Territory will be entitled to assume the Tenderer does not believe any information is confidential for the purposes of section 11 of the Standard Conditions if the Tenderer does not submit a form substantially in the form of **ATTACHMENT 6 – Confidential Text**.

10. LODGEMENT OF TENDERS

10.1 Method of Lodgement

- 10.1.1. Tenders must be lodged electronically via Tenders ACT.
- 10.1.2. Tenderers must register on Tenders ACT in order to lodge a Tender.
- 10.1.3. Tenders must be lodged by the closing time of 2:00 pm, Tuesday 20 November 2018.
- 10.1.4. Tendered files must be lodged, as applicable or as otherwise instructed, in the following formats:
- (1) PDF; and/or

- (2) Microsoft Word; and/or
 - (3) Microsoft Excel; and/or
 - (4) Microsoft Project; and/or
 - (5) AutoCAD (dwg).
- 10.1.5. Tendered files must be free of viruses, malicious code or other disabling features which may affect Tenders ACT and/or the Territory's ICT environment.
- 10.1.6. Tenders ACT will accept up to a maximum of 15 files in any one upload. Each upload must not exceed the size limit of 100 MB per upload. If an upload would otherwise exceed the specified size limit, Tenderers should either:
- (1) transmit the Tender file(s) as a compressed (zip) file not exceeding the size limit; and/or
 - (2) lodge the Tender in multiple uploads ensuring that each upload does not exceed the size limit and clearly identify each upload as part of the Tender.
- 10.1.7. Tenderers should use a structured file naming convention to ensure clear identification of Tendered documents and their contents including the RFT number, a shortened Tenderer name and file description (for example: RFT_50094_MYTENDER_Pricing).
- 10.1.8. Tender file names must not:
- (1) use special characters, including but not limited to \ / : * ? " < > | . ; and
 - (2) exceed 80 characters in length.
- 10.1.9. Tendered files should:
- (1) be uploaded from a high level directory on the Tenderer's desktop so as to ensure that the total characters for both the file name and file path does not exceed 100 characters;
 - (2) not be selected from a secure or password protected location or from portable media such as, but not limited to, CD, DVD or USB;
 - (3) be zipped (compressed) together for transmission to Tenders ACT.
- 10.1.10. If a Tender consists of multiple uploads, due to the number of files or file size, Tenderers must ensure the transmission of all files is complete before the Closing Time.
- 10.1.11. Tenders must be completely self-contained. No hyperlinked or other material may be incorporated by reference.
- 10.1.12. All enquiries in relation to this RFT must be directed in writing to the Contact Officer named on the front page of this RFT.

10.2 Late Tender Responses

- 10.2.1. Any attempt to lodge a submission after the Closing Time will not be permitted by Tenders ACT. Such a submission will be deemed to be a Late Tender. Late Tenders will be treated in accordance with **Section 4.5 Standard Conditions of Tender Construction** ([https://tenders.act.gov.au/ets/library/download.do?path=Design Service Agreement and Standard Conditions\Standard Conditions Tender Construction June 2015 clean.pdf](https://tenders.act.gov.au/ets/library/download.do?path=Design%20Service%20Agreement%20and%20Standard%20Conditions\Standard%20Conditions%20Tender%20Construction%20June%202015%20clean.pdf)). Tenderers wishing to lodge a Late Tender must contact the Tenders ACT Team to obtain instructions on how a Late Tender can be lodged.

10.3 Lodgement Checklist

- 10.3.1. Below is a list of actions and/or information that Tenderers should review prior to submitting their Tender.

- Sufficient time allowed for the submission of a Tender;
- Tender files clearly titled with the RFT number, Tenderer's name and file description;
- Tenderer has read and understood the *Standard Conditions of Tender - Construction* (Refer www.tenders.act.gov.au)
- Tenderer has read and understood the Special Conditions of this Tender;
- All Assessment Criteria addressed;
- DCAP addressed and submitted **Attachment 4 – DCAP Outline and Plans**;
- Completed Pricing Schedule and submitted on a file separate from non-pricing information, **Attachment 2 – Pricing Schedule**;
- Completed and signed Tenderer Declaration;
- Completed and signed Ethical Suppliers and Statutory, if applicable (Refer **Attachment 3 – Tenderer's Declaration**);
- Insurance cover (including workers compensation) to the value requested by the Territory. Certificates of Currency to be provided.
- Economic Contribution Test or Local Industry Participation Plan (as applicable)

ATTACHMENT 1 – BRIEF

1. BACKGROUND

The ACT Government reports that community demand for health services is projected to increase rapidly over the next 15 years, and beyond. The ACT Government continues to implement its plans to reform health care, designed to respond to the community's needs over the next decade and beyond. The reform agenda recognises that an investment in infrastructure to support the health care needs of the community is essential as a complex mix of population ageing, changing technology, and provider and consumer expectations drive a significant increase in demand for health services.

The SPIRE project responds to these service development drivers and is vital to realise the further implementation of these strategies. SPIRE will deliver integrated services from modern leading-edge facilities in a more efficient way that brings greater operational efficiencies, increased quality of care, ability to perform new and Australian best care practices and also leverage this development to drive new university and private sector investment in the ACT.

The opportunities provided by the SPIRE project include:

- Respond to unprecedented rapid population growth in the ACT and surrounding NSW regions and address growing capacity gaps.
- Redesign theatre flows to separate planned and unplanned surgeries. This will have a significant impact on reducing cancellations, increasing efficiency, reducing operational cost and optimising care delivery.
- Clinical care delivery realignment across the ACT to support Centre of Excellence enabling a consolidation of specialty services to create critical mass, lower operational costs and increase clinical safety and quality of care.
- Expanding the integration of research and teaching into clinical care environments and into the fabric of the TCH campus. Enhancing the delivery of workforce development, recruitment and retention as well as being able to locally develop a workforce without needing to recruit from other States as much. The Teaching, Training and Research (TTR) integration can be an incubator to also recruit the 'best and the brightest'.
- Development of state-of-the-art facilities to support leading clinical care and to support the Canberra Hospital Strategic Asset Management Plan objectives to upgrade ageing infrastructure and services to ensure an effective and high quality facility.

SPIRE Planning Principles

ACT Health has developed a set of guiding principles for the SPIRE Project, as described below.

- The SPIRE project will include a new, purpose built building within the eastern corridor of the TCH campus.

- The SPIRE will enhance the delivery of primarily acute tertiary services with a focus on complex care, emergency services, intensive care, and surgery into a modern, efficient, purpose built facility.
- The SPIRE Emergency Department will have one entrance with appropriate, discrete streaming for (and separation of) adults, paediatric, older persons' and maternity patients.
- The SPIRE will facilitate the segregation of unplanned and/or complex surgery from planned and/or non-complex emergency surgeries and procedures in order to optimise patient flows.
- The SPIRE will operate with a surgical centre of excellence that works within an 'Interventional Suite' model. The Interventional Suite will collocate, the new hybrid theatres, the existing operating theatres and procedure rooms, interventional imaging and catheterisation laboratories. These technical suites will be supported by a dedicated day surgery centre with 'day of surgery' facilities (DOSAs) for the smooth admission and discharge of patients on the day of their surgery.
- The SPIRE will be designed to consider an urban planning and wayfinding solution that is intuitive and delivers a coordinated, navigable health precinct on the CH campus.

Proposed SPIRE Scope

SPIRE is proposed to be built within the north eastern corridor of the TCH campus (see Appendix C of the Site Investigation Report for map of area). The propose site is currently occupied by two buildings – Building 5 and 24 (see Appendix D of the Site Investigation Report for gross areas).

SPIRE will provide an estimated total capital development footprint of approx.. **48,863 m²**. This will comprise of total new build in the eastern corridor, with some shelled areas.

Proposed Draft SPIRE Capital Scope

Functional Area	SPIRE Scope (RRol)	SPIRE Scope Update (RFT)	Change
Inpatient Beds	32	64	+32
Inpatient Beds (Shelled)	32	64	+32
Adult Intensive Care Unit Beds	44	44	Nil
Paediatric Intensive Care Unit Beds	4	4	Nil
Coronary Care Unit (CCU)	32	24	-8
Cardiac Catheterisation Laboratory	3	3	Nil
Electrophysiology Laboratory	1	1	Nil
Interventional Radiology Suites	3	4	+1
Procedure Rooms	Nil	4	+4
Emergency Department (ED)	120	108	-12
Operating Theatres (Standard)	23	20	-3
Operating Theatres (Hybrid)	10	2	-8
Day Surgical Beds	32	To be confirmed	To be confirmed
Ambulance Bays	12	12	Nil
Teaching, Training and Research (Shell)	3,400m ²	Nil	-3,400m ²

Central Sterilising Services Department (CSSD)	Nil	≈ 2,200m ²	+2,200m ²
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The SPIRE project will deliver a renewed facility profile for the CH that places ACT Health and the CH campus at forefront of innovation and research-focussed major tertiary health care facilities in Australia.

Intensive Care Unit (ICU)

The SPIRE project will provide a new 48 bed ICU, inclusive of 4 bed Paediatric ICU. The new purpose built ICU is critical to expand a service, modernise clinical equipment and infrastructure for patients, address inefficient flows, and provide more appropriate storage to reduce occupational injury risk.

Cardiac/Coronary Care Unit (CCU)

SPIRE project will provide a new 24 bed CCU. The CCU will support best-practice clinical models for patient flow and movement between services. The current location and configuration of the CCU is no longer appropriate to the service.

Surgical Services and Interventional Services

The SPIRE project will provide an Integrated Interventional Suite, comprised of:

- 20 new operating theatres within the dedicated SPIRE building;
- 2 new hybrid theatres that can be effectly utilised to provide complex surgical services.
- 7 x Interventional Services Suites, including:
 - 3 x Cardiac Catheterisation Laboratories;
 - 1 x Electro Physiology Suite;
 - 4 x Interventional Radiology Suites; and
 - 4 x Procedural Rooms.

Emergency Department (ED)

The SPIRE project will provide a new Emergency Department for the Canberra Hospita, including short stay unit beds, resus bays, dedicated maternity, paediatric and older persons' services. Discrete facilities will be provided for adults and children, these spaces may be comprised of discrete FastTrack facilities, an Emergency Medical Unit, a short Stay Unit or similar.

Inpatient Units (IPU)

- 2 inpatient units comprising each of 64 beds.
- The inpatient units will have of 90% single rooms.

- The increase in overnight bed numbers will support the significantly expanded surgical services to minimise risk of impacts on theatre activity due to insufficient surgical inpatient beds.

The ACT Health Directorate wishes to appoint a consultant from the shortlisted respondents from stage one of this procurement (RROI). The preferred consultant from this process will undertake services to produce a Proof of Concept Study (PoC) for SPIRE. This PoC is to represent approximately 30% of a Preliminary Sketch Plan and consist of the deliverables as outline later in this document.

2. HEALTH PLANNING UNIT BRIEFS AND MODELS OF CARE

ACT Health's Planning Unit Briefs (HPB) outline the health planning specific requirements and will form part of the contract.

UID	Services / Unit	MoC	HPU	Brief Name
1	Emergency Department	Y		Emergency Department MoC V0.7
2	Emergency Department		Y	Emergency Department HPU V0.9
3	Helipad / Retrieval Services		Y	Helipad Retrieval HPU V0.6
4	ICU -Adult / HDU/PICU	Y		ICU MoC V0.7
5	ICU -Adult / HDU/PICU		Y	ICU HPU V0.6
6	Perioperative & Interventional Centre	Y		Perioperative & Interventional Centre MoC V0.5
7	Perioperative & Interventional Centre		Y	Perioperative & Interventional Centre HPU V0.6
8	Surgical Inpatient Unit		Y	Surgical IPU HPU V0.1
9	Acute Cardiac Care Unit and Interventional Cardiac Laboratories	Y		ACCU&ICL MoC V0.9
10	Acute Cardiac Care Unit and Interventional Cardiac Laboratories		Y	ACCU&ICL HPU V0.8
11	Procedure Rooms		Y	Procedure Rooms HPU V0.1
12	Sexual Health		Y	Canberra Sexual Health Centre HPU V0.1
13	CARHU		Y	CARHU HPU V0.1
14	B5 West Wing - Staff Development Uni, ANU		Y	Building 5 West Wing HPU V0.1
15	ACT Pathology		Y	ACT Pathology HPU V0.1
16	Receiving / Dispatch Loading Dock		Y	Receiving / Dispatch Loading Dock HPU V0.1
17	Sterilising Services		Y	Sterilising Services HPU V0.1
18	Helipad		Y	Helipad Retrieval Services HPU V0.6
19	Master SPIRE Schedule of Accommodation			

3. ENGAGEMENT MILESTONES TARGET COMPLETION DATES

The ACT Government's current indicative program for development of the Proof of Concept (PoC), with milestones at 50%, 80% and 100%, is outlined in the below table.

Milestone	Indicative Target Completion
Engagement	January 2019/February*
50% PoC and cost plan (incl. decant plan and site assessment)	April 2019
80% PoC and cost plan (incl. decant plan and site assessment)	June 2019
100% PoC and cost plan (incl. decant plan and site assessment)	July 2019

*Note: tenderers must confirm that the project team can be mobilised as early as 15 January 2019

As part of tender submissions, the ACT Health Directorate encourages proponents to consider delivery programs that achieve an accelerated completion of the milestones, which could distinguish the Tender's approach from that of other Tenderers. Final target completion dates will be agreed with the successful Tenderer.

4. PRINCIPAL CONSULTANT PROJECT DOCUMENTATION & DELIVERABLES

Document Formats

Throughout the Project, consultants are to provide reports, drawings, specifications and schedules in hard copy and electronic format (both in .pdf and .dwg). Drawings shall be provided in A1 and A3 sizes, specifications in A4 portrait format and Schedules may be bound in either A4 or A3 size. Programs as required are to be provided in both .pdf and Microsoft Project format.

General Document Standard

Documentation must be complete with respect to content, accuracy, interdisciplinary coordination and clarity of presentation and is reflected by the following:

- Complete comprehensive definition of scope in drawings, specifications and Schedules;
- Detailed, consistent and comprehensive use of dimensions on all plans, sections, elevations and details;
- Correct cross referencing of other disciplines' documents;
- Complete and correct references to standards, codes and technical publications in documents;
- Complete documentation of section, elevations and details to describe the full scope of work, apparent on the face of the documents;

- Complete coordination of elements between design disciplines;
- 3D modelling or presentation sufficient to convey complex concepts to likely stakeholders and contractors;
- Accurate, clear and concise text notations on drawings, clear line work, logical placement of notes, details and sections to assist interpretation of the drawing;
- Use of exploded views, erection sequence diagrams, isometric views, insets and assembly diagrams as necessary to convey complex details.

The Design Documentation shall be maintained up to date throughout the Term and be available to the Principal on request.

Proof of Concept Deliverables

- Feasibility – review and confirmation of planning and site constraints.
- 1:200(min) plans to test space fit (including RLs) within approved blocking and stacking plan.
- 1:200(min) sections.
- 1:200(min) building envelopes.
- **Building Services.**
 - High level commentary/report on concept building services.
- **Structural**
 - High level commentary on impacts on structural layouts.
- **Traffic**
 - Traffic analysis/report on access and egress requirements.
 - Road and traffic layouts 1:200(min).
 - Helipad analysis/report
- **Staging Options and Program**
 - Staging and decanting strategy for displaced areas (e.g. Buildings 5 and 24).
 - Cost analysis and program for staging options.
 - 50% POC presentation.
 - 80% POC presentation.
 - 100% POC Cost Plan report and presentation.
- **Risk Workshop**
 - Principal Consultant to attend and contribute to a risk workshop for SPIRE design and construction project at completion of POC.

The Principal Consultant will

- issue a PoC Report in line with Deliverables below at each milestone % as applicable.
- review the design documentation to date with the Cost Manager. Update Cost Plan with cost/m2 for spaces and uses by base building, fitout, ICT, FF&E and operating equipment.
- distribute the final copies of the PoC Report to the Principal

- present PoC Design Report to BHSP governance meetings as required

DELIVERABLE	Mthly	PoC 50%	PoC 80%	PoC 100%
Monthly Report	✓			
Design Management Plan	✓			
PoC Report		✓	✓	✓
Statement against relevant ACT Planning Criteria		✓	✓	✓
Cover Sheet		✓	✓	✓
Area Plan		✓	✓	✓
Site Plan		✓	✓	✓
Building/Block Floor Plans – for ACT Health and ACT Planning assessment		✓	✓	✓
Parking Plan		✓	✓	✓
Building/Block Elevations		✓	✓	✓
Building/Block Sections		✓	✓	✓
Artist's Impressions		✓□	✓□	✓□
Update Site Investigation Study		✓□	✓□	✓□
Staging and Decanting Strategy in relation to Displaced Areas (i.e. review and refinement of previous work)		✓□	✓□	✓□
Environmental Significance Opinion (ESO)		✓	✓	✓
Shadow Diagram(s)		✓	✓	✓
Safety In Design Report	✓			
Energy & Sustainability Report		✓	✓	✓
Accessibility & Mobility Report		✓	✓	✓
Acoustic Design Report / Noise Management Plan		✓	✓	✓
User Group Meeting Minutes (may be higher frequency, weekly etc.)	As req'd ✓	✓	✓	✓
Authorities Approval Schedule		✓	✓	✓
Schedule of departures from Australian Health Facility Guidelines & NSW ESG document		✓	✓	✓
Schedule of Circulation Areas		✓	✓	✓
Register of Design Non Conformities and Unresolved Issues (as a 'live' document)		✓	✓	✓
Schedule of User Groups and Membership		✓	✓	✓
Preliminary Max Services Loads		✓	✓	✓
Security Access Control Overview		✓	✓	✓
Preliminary Security Risk Assessment		✓	✓	✓
Cost Plan		✓	✓	✓

Proof of Concept Plan (PoC) Format and Layout

The complete Proof of Concept Design Report is to be provided in loose bound hardcopy format as well as in DWG and PDF format on USB and be made available to the Territory on Consultant managed documentation management system as directed by the Contract Administrator/Project Director with overall responsibility for the project.

- The hardcopy of the report is to be in A4 format with folded A3 drawings.
- All drawings included in the report as separate, indexed CAD compatible drawing (.dwg) files and .pdf file(s).

The document must be certified and signed by the Principal Consultant and key sub-consultants to the effect that they have included all of the required sections in the report and is approved for issue.

Document Minimum Requirements

The Proof of Concept Report(s) must include the following standard headings:

PoC REPORT	
ITEM	MINIMUM DETAILS
Executive Summary	<ul style="list-style-type: none"> • Executive Summary
Introduction	<ul style="list-style-type: none"> • Introduction
Terms of Reference	<ul style="list-style-type: none"> • Purpose of Project Design Study • Project Stakeholders • Project Participants • Project Consultants
Functional Brief & Schedule of Accommodation	<ul style="list-style-type: none"> • Model of Care • Summary Schedule of Accommodation • Schedule of Departures
Feasibility	<ul style="list-style-type: none"> • Summary findings on feasibility of project against budget • Position(s) available to marry project to budget
Architectural Design	<p>Including:</p> <ul style="list-style-type: none"> • Design Brief • Analysis of Context • Architectural Intent • Siting • Building Form/Height • Response to Model of Care • Integration with Other On-Site Facilities/Services • Constructability (Staging, Vehicular Access, Security, OH&S) • Future Expansion Capabilities • Landscape Design • Preliminary Schematic Design Plans (1:200) • CAD format (.dwg) • Material Selection (key elements only)

	<ul style="list-style-type: none"> Statement against relevant ACT Planning Criteria – demonstrating that the proposed development satisfies the criteria and therefore the intent of the relevant ACT Planning element. Decanting and Relocation Strategy
Program	<ul style="list-style-type: none"> Design Program Staging Program, including staging and decanting
Appendices	<ul style="list-style-type: none"> Cost Plan Refer to deliverables

Cost Plan Format and Layout

The Cost Plan will be:

- Holistic
- Based upon all documentation available at the time the Cost Plan is produced
- Incorporating all possible investigations
- Inclusive of individual Project characteristics and site specific features
- Established in conjunction with anticipated procurement methodologies and programme
- Inclusive of all applicable allowances and imposts including any applicable allowance for the carbon pricing mechanism

The Cost Plan Report will be appendices to the PoC Milestones and must be compliant with NSW Health Industry Cost Planning and reporting standards.

ATTACHMENT 2 – PRICING SCHEDULE

For the purposes of this ATTACHMENT 2 – PRICING SCHEDULE, “Milestone” means the milestones set out **Item 17 of the Contract Particulars at ATTACHMENT 7**.

PHASED DELIVERY – FIXED FEE – MILESTONE PAYMENTS

Item 1. Lump Sum

1.1 The lump sum fee is as follows [**Tenderer to complete**].

50% PoC and Cost Plan (Incl. Decant Plan and Site Study)	\$	(GST inclusive)
80% PoC and Cost Plan (Incl. Decant Plan and Site Study)	\$	(GST inclusive)
100% PoC and Cost Plan (Incl. Decant Plan and Site Study)	\$	(GST inclusive)
TOTAL TENDER FEE	\$	(GST inclusive)

RFT 30064.110.002 Proof of Concept Design for SPIRE on behalf of Health Directorate –
(DSC – ACT – 2013)

- 1.2 The Tenderer is requested to provide a detailed breakdown of the allocated lump sum fee proposed for each sub-consultant to be engaged on the project.

NOTE: Not all sub-consultants listed in the table below may be required, nor is it an exhaustive list of sub-consultants. The Tenderer may add any proposed sub-consultant included in their tender.

SPIRE: PoC Principal Consultant Discipline Fees (Lump Sum)	50% PoC and Cost Plan	80% PoC and Cost Plan	100% PoC and Cost Plan
Access Consultant	\$	\$	\$
Acoustic Consultant	\$	\$	\$
Architecture	\$	\$	\$
BCA Consultant	\$	\$	\$
Catering	\$	\$	\$
Civil Engineer	\$	\$	\$
Communications Engineer	\$	\$	\$
Electrical Engineer	\$	\$	\$
Facade Engineer	\$	\$	\$
Fire Eng.– Detection / Protection	\$	\$	\$
Green Star Consultant	\$	\$	\$
Health Specialist/Planning	\$	\$	\$
Hydraulic Engineer	\$	\$	\$
Interior Design	\$	\$	\$
ICT Engineer	\$	\$	\$
Landscape Architect	\$	\$	\$
Mechanical Engineer	\$	\$	\$
Programmer/Scheduler	\$	\$	\$
Security Engineer	\$	\$	\$
Structural Engineer	\$	\$	\$
Town Planner	\$	\$	\$
Traffic Engineer	\$	\$	\$
Vertical Transport Engineer	\$	\$	\$
Cost Planner / Quantity Surveyor	\$	\$	\$
Other (nominate)	\$	\$	\$
Sub-total by Milestone (incl GST).	M1\$	M2\$	M3\$
Total (inclusive of GST)	\$		

The Tenderer is requested to provide an anticipated cash flow for the anticipated duration of the Services. This cash flow is for tender evaluation purposes and will not limit or affect the scope of the Services or the Contract.

Item 2. Payment of Milestones on Approval

- 2.1 Tenderers are advised invoices will only be processed after the Contract Administrator has verified all the required elements of the relevant milestone have been satisfactorily provided.

Item 3. Table of Variation Rates and Prices

- 3.1 The Tenderer's attention is drawn to the definition of "Table of Variation Rates and Prices" in clause 1.1 of the Contract.
- 3.2 The Tenderer should submit a Table of Variation Rates and Prices in substantially the following format for:
- (a) each of the key people which the Tenderer nominates in its Tender; and
 - (a) all other job positions or levels of jobs (other than the key people referred to in subparagraph 0) which the Tenderer considers may be involved with the carrying out of the Services if selected as preferred Tenderer.

NOTE: Not all sub-consultants listed in the table below may be required, nor is it an exhaustive list of sub-consultants. The Tenderer may add any proposed sub-consultant included in their tender.

Project: Principal Consultant Discipline Fees (Rates)	Hourly Rate
Access Consultant	\$
Acoustic Consultant	\$
Architecture	\$
Director or equivalent	\$
Project Architect	\$
Architect	\$
Draftsperson	\$
Administrative support	\$
other	\$
BCA Consultant	\$
Catering	\$
Civil Engineer	\$
Communications Engineer	\$
Electrical Engineer	\$
Environmental Engineer (hazardous substances)	\$
Facade Engineer	\$